

# **CAUVERY COLLEGE FOR WOMEN (AUTONOMOUS)**

(Nationally Accredited with “A” Grade (III Cycle) by NAAC)

*ISO 9001: 2015 Certified*



**PG & RESEARCH DEPARTMENT OF SOCIAL WORK**

**SYLLABUS – BACHELOR OF SOCIAL WORK**

<b>SEM VI</b>	<b>GENDER STUDIES</b>	<b>Category</b>	<b>Course Code</b>	<b>Instructional Hours</b>	<b>Credit</b>
		Gender Studies	19UGGS	15	1

### Preamble

The course enlightens the learners on the basic concepts of Sex, Gender, Problems and welfare measures for Women.

### Course Outcomes

On the successful completion of this course, the students will be able to

<b>CO Number</b>	<b>CO Statement</b>	<b>KNOWLEDGE LEVEL</b>
<b>CO1.</b>	Define the basic concepts of Gender	K1
<b>CO2.</b>	Recall the role of gender in social institutions	K1
<b>CO3.</b>	Explain the forms of Gender Based Violence	K2
<b>CO4.</b>	Demonstrate the health status of Indian Women	K2
<b>CO5</b>	Identify the practices of gender equality and equity in society.	K3

## Syllabus

### Unit I (3 hours)

**Understanding Basic Concepts:** Sex, Gender, Sexuality; Femininities, Masculinities and other sexualities; Gender Identity Theories

### Unit II (3 hours)

**Gender and Society:** Family, Marriage, Kinship, Religious Institutions; Social Stratification: Caste and Class; Power, Race and Ethnicity; Community and Religion

### Unit III (3 hours)

**Gender Based Violence:** Structures, Forms and Types: Caste, Tribe, Ethnicity and Minority; differently -abled and elderly persons; Perspectives and Consequences of Violence against Women

### Unit IV (3 hours)

**Gender and Health:** Sexual and reproductive health, Mental health and wellbeing, Occupational health, Impact of violence on women's health

### Unit V (3 hours)

**Gender and Equality:** Gender Discrimination; Gender Division of labour; Gender Stereotyping; Gender Sensitivity – Gender Equity and Equality; Committees and Commissions, Reports, State Policies

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**Pedagogy:** Chalk & Talk, lecture, Seminar, E Content, E Quiz, Group Discussion, Case Study, Flipped Classroom, Google classroom & Google meet.

**Course Designer :Dr.G.MettildaBuvaneswari**

# **GENDER STUDIES**

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## FOREWORD

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In delving into the intricate tapestry of human existence, this book unfolds the multifaceted dimensions of gender – a dynamic interplay between biological realities and socially constructed roles. As we navigate through the realms of sex, gender roles, and sexuality, it becomes apparent that these aspects are not mere abstract concepts but integral components that shape our identities and experiences.

The discussion extends to the intricate bop between masculinity and femininity, where societal constructs translate biological differences into social expectations. As we navigate through adjectives that define these constructs, we recognize the power society wields in shaping our perceptions of strength, beauty, and emotional expression. The delineation between what is considered 'masculine' and 'feminine' becomes a lens through which individuals view themselves and are viewed by society.

Sexuality emerges as a vibrant spectrum encompassing myriad emotions, desires, and experiences. This book delves into the complexities of sexual orientation – a fundamental aspect of human identity. Heterosexuality, homosexuality, and bisexuality are explored not as choices or diseases but as innate orientations that contribute to the rich diversity of human expression. Through the facets of sensuality, intimacy, sexual identity, and reproductive health, we gain insight into the holistic nature of human sexuality.

In acknowledging the expansive spectrum of sexual identities, this book brings to light the diversity that exists beyond the binaries of male and

female. From transgender individuals embracing their authentic selves to those who navigate the fluidity of gender expression, we encounter a range of identities that challenge societal norms and broaden our understanding of what it means to be human. This book meticulously unravels the multifaceted construction of gender, shedding light on the myriad factors that influence its formation in the intricate landscape of Indian society. This scholarly work delves into the fundamental theories that underpin our understanding of gender identity. In the contemporary tapestry of human existence, the concept of Gender-Based Violence (GBV) looms large as a pervasive and disturbing reality that demands our unwavering attention. Comprehensive exploration of this deeply entrenched issue is both timely and essential. In this profound examination, authors navigate the intricate layers of GBV, shedding light on its various forms, impact, and the urgent need for societal transformation.

In conclusion, this seminal work by the authors serves as a beacon, illuminating the shadows that shroud Gender-Based Violence. It beckons policymakers, advocates, scholars, and the broader community to confront this pervasive issue collectively. As we delve into the pages of this exploration, may it kindle a flame of awareness and ignite transformative actions that dismantle the structures fostering violence and inequality.

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*CHAPTER 1*

*BASIC CONCEPTS OF GENDER*

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**Dr. G. Mettilda Buvaneswari**

**Sex**

Sex is a descriptor of the genetic/biological composition or code of an individual. Sex, a distinction based on biological and genetic qualities, accounts for the biological differences between men and women. People do not acquire sex. It is innate; they are born with it.

Sex refers to the biological and physiological differences between males and females. Thus, based on the sex of the infant, the infant is called a 'boy' or a 'girl'. The genital differences between male and female form the basis for such categorization and most people are born as one sex or another. They are socialized according to their sex and expected to play specific roles. Biological males learn to take on masculine roles. They are socialized to think and act in masculine ways. Biological females learn to take on feminine roles. They are socialized to think and behave in feminine ways. A feminist writer Simone de Behaviour puts it as "one is not born a man but becomes one" and "one is not born a woman but becomes one". At birth, besides the basic biological differences in the genitals and reproductive organs, there is not much difference between the male child and the female child. Society makes the differences between boy and girl through gender constructions.

**Gender**

According to World Health Organization "Gender refers to the economic, social and cultural attributes and opportunities associated with being male or female at a particular point in time". Gender is an acquired, learned, or socially constructed rather than biologically constructed notion, a human invention that identifies the social, psychological, and cultural differentiation between the sexes. It refers to social attributes, roles and responsibilities associated with being male and female and the relationship between men and women. People are born female or male, but they learn to

be girls and boys who grow into women and men. They are taught what the appropriate behaviours and attitudes, roles and activities are for them, and how they should relate to other people. This learned behaviour is what makes up gender identity, and determines gender roles. Gender refers to the learned roles, norms and expectations on the basis of one’s sex. It is a sociocultural definition of a boy and a girl, of a man and a woman. Not only their responsibilities are set by the society but also norms/values, dress codes, attitudes, opportunities, rights, mobility, freedom of expression, priorities and even dreams are determined by the society (Bhasin Kamala, 1997). It varies from society to society and can be changed.

**Sex Vs Gender**

Sex identifies the biological differences between men and women. Eg. Women can give birth and men provide sperm. Gender identifies the social relations between men and women. Gender is socially constructed. But gender roles are dynamic and change over time.

**Difference between Sex and Gender**

<b>Sex</b>	<b>Gender</b>
Biological	Socially Constructed roles and responsibilities
Women can give birth to child and breast feed, and men cannot	They are socially created traditions, customs, practices imposed in the respective culture
Prevails the same throughout History /Culture	Different in Different Societies and time periods
Sex is Natural. It is Universal and men and women are biologically same “everywhere”	Men are expected to be providers; women to look after household work Created by the Society. Change over age, region, culture etc
Not changeable	Changeable
Irrevocable, given and deliberately revoked for human made reasons.	Revocable and differ across region, time, nation, community, caste etc. Dynamic and change is possible.

**Masculinity and Femininity**

Masculinity and femininity are concepts which signify the social outcomes of being male or female. The sex/gender differences raise the issue of Male/Female and Masculine/Feminine, male associated with Masculinity and female associated with femininity. With each constructions the biological differences between men and women get translated into social terms and descriptions.

The gender difference is seen when the character is either masculine or feminine. For example, pink and blue are gendered colours, former regarded as “feminine” and the latter as “masculine”. Further to be “strong” and “tough” is masculine. Being “weak” and “soft” are associated with feminine character. There are several other traits that are categorized as masculine and feminine.

More adjectives used for Masculinity and Femininity as follows.

Masculinity	Femininity
Adventurous	Patient
Brave	Tolerant
Strong	Forgiving
Virile	Chaste
Hard, Tough	Motherly
Aggressive	Passive
Intelligent	Obedient
Rational	Beautiful
Decides Quickly	Soft, Loving
Manly	Sacrificing
Bread Winner	Caring
Handsome	Cheerful
Independent	Quiet
Sexually Active	Sympathetic
Hard Working	Adjusting
Angry	Cries Easily

## **Sexuality**

Sexuality covers a wide range of issues, emotions and experiences.

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors. (WHO draft working definition, 2002)

## **Sexual Orientation**

Sexual orientation defines a person's sexual attraction to the other person. This sexual orientation or preference could be of three types:

- 1) Heterosexuality is a state of being when a person is sexually attracted to a person of the opposite sex. This is the most common and acceptable form of sexual orientation in our society.
- 2) Homosexuality is a state of being when a person is sexually attracted to another person of the same sex. You may be familiar with terms like gay (male homosexual) and lesbians (female homosexual) in this context. Homosexuals do not openly come out in public as they are not acceptable in society.
- 3) Bisexuality is a state of being when a person is sexually attracted to people of both sexes. Many bi -sexual are in dual relationship as they are under pressure from family to get married and have children. At the same time, they have sexual attraction and relationship with partners of same sex.

## **Facets of Sexuality**

**Sensuality:** This constitutes awareness and feelings about one's body and other's bodies, especially of one's sexual partner.



**Intimacy:** This constitutes the ability to be emotionally close with another person and to accept closeness in return.

Intimacy includes

- **Sharing and Caring:** These make the personal relationships rich and worthwhile. Joys and pain are to be shared, which in turn express care.
- **Liking/Loving another person:** Having emotional connection apart from just physical contact shows intimacy.

**Sexual identity:** The three interlinked components of gender identity, gender role and sexual orientation constitute the sexual identity of an individual.

It includes:

- **Gender Identity:** It is understanding whether one is male or female.
- **Gender role:** These are socially constituted roles of males and female in the society and are different from sex roles that are biologically determined. Gender roles expect the females to show “feminine” characteristics/behaviours like being soft, submissive, beautiful, dependent and so on. Gender roles also expect males to show “masculine” characteristics/behaviours like being strong, assertive/aggressive, macho and independent, in control, decision maker and so on.
- **Sexual orientation:** This determines whether a person’s basic attraction is towards people of same sex (Homo sexuality) or opposite sex (hetero sexuality) or both the sexes (bisexuality). Terms like gays, lesbians etc. are used to identify people’s sexual orientation.

**Reproduction and sexual health:** This constitutes a person’s ability to procreate and also enjoy healthy sexual life.

It includes:

- **Factual information about reproduction:** Knowledge about anatomy and physiology of male and female bodies, process of conception, pregnancy and child birth are important to make informed choices

regarding sexual expression and to ensure wellbeing of self and partner.

- Copulation/sex: A behaviour/act that produces sexual pleasures.
- Factual information on contraceptive methods: Comprehensive knowledge about this will promote healthy sexual expression, and prevent infection/diseases and unwanted pregnancies.

To conclude Sexuality includes

- One's awareness and feelings about one's own body and other people's bodies
- One's ability and need to be emotionally close to someone else.
- One's understanding of what it means to be a male or female
- One's feeling of Sexual attraction to others
- One's physical capacity to reproduce

Sexuality is an important, joyful, natural part of being a person.

## **Other Sexualities**

### **Sexual Identity**

Sexual identity refers to how an individual feels on the inside as a sexual being. For example, a boy may feel that he is actually a girl trapped in a boy's body. Some people express/manifest their sexual identity differently. Some of these include:

### **Transgender**

Transgender is a term used to describe people who may act, feel, think, or look different from the gender that they were born with. The word transgender is used to include many groups of people who share one important "trait" (a way of feeling or behaving) but may not be the same in other ways. The common trait for transgender people is that they call themselves "transgender" and feel that their given gender is not quite right. Sometimes the word "transgender" is also used by people who prefer it to the word "transsexual".

## **Gender-queer**

This means someone who uses both male and female roles, look, or actions at the same time. Some gender-queer people reject the whole idea of a gender binary.

## **FTM**

This means 'female-to-male.' It is someone who was born in a female body but who in some way feels or acts male. A FTM person is also sometimes called a transgender man, a transsexual man, or a trans man.

## **MTF**

This means 'male-to-female.' It is someone who was born in a male body but who in some way feels or acts female. A MTF person is also sometimes called a transgender woman, a transsexual woman, or a trans woman.

## **Intersex**

Intersex is a medical word for people who are born with both some male and some female biological traits. Many people argue that they do not belong under the transgender umbrella.

## **Cisgender**

An adjective used to describe a person whose gender identity and gender expression align with sex assigned at birth.

## **Transvestite, Tranny or TV**

A transvestite is a person who chooses to outwardly express their inner feelings through their appearance. They could be male or female yet have the desire to show their feminine or masculine nature through dress.

## **Cross Dresser or CD**

Whilst most Transgendered groups could be considered as a form of cross dressing is often seen as something more specific; it's when dressing is done for sexual pleasure.

## **Drag Queens**

A Drag Queen is the name given to a performer or entertainer who dresses as a woman. Majority of the Drag Queens are gay and the woman they portray themselves as is really a caricature of femininity.

## **Sissies**

A sissy is a man who enjoys being dominated by another, normally a woman. Their Mistress may make them do a variety of things both sexual and non-sexual ranging from serving her doing housework.

## **Intersexual (Hermaphrodites)**

Intersexed people are born with the physical sexual organs of both genders, although they may not be fully formed. For them, choosing which sex to live as can be the most important consideration as some have surgery to remove one set of organs. Although their parents are often placed in the difficult decision of deciding at birth resulting in many becoming female since medically this is easier.

## **Shemales**

A shemale is someone who takes hormones and may undergo feminizing surgery but chooses to keep their male genitalia.

## **Androgynous**

To be androgynous is to be on the borderline between male and female. There are people who enjoy creating confusion this way (gender terrorists) or just naturally look that way. One can be androgynous in thought or appearance.

## **Auto-gynephile**

This is a relatively new term that deals more with sexual arousal in the sense that there are many men - often classed transvestites, transexuals or cross dressers who find themselves aroused at the thought of themselves being female.

## LGBT

LGBT stands for Lesbians, Gays, Bisexuals, Transgenders. The word lesbian denotes a woman who is attracted to another woman. Similarly, if a man is attracted to another man, that man will be known as gay. Bisexual means the person attracted to both sexes, i.e., he is attracted to a man and a woman. Transgender denotes those persons whose gender identity matches neither a man nor a woman. When these lesbians, gays, bisexuals, transgenders are attracted to the same sex rather than the opposite sex, we call them homosexual. Homosexuality is nothing but a mere sexual orientation. Some find it a disease, whereas some find it a mental problem which is incorrect. When people think that homosexuality is a personal choice or disease, their attitude towards homosexuals, like gays, lesbians, transgenders, becomes negative. "Homosexuality is viewed by many as a social problem. As such, there has been keen interest in elucidating the origins of homosexuality among many scholars, from anthropologists to zoologists, psychologists, to theologians. Research has shown that those who believe sexual orientation is inborn are more likely to have tolerant attitudes toward gay men and lesbians, whereas those who believe it is a choice have less tolerant attitudes.

Sexual diversity is the integral part of human history; there have always been people with homosexual, bisexual orientation and diverse gender identity (transgender, cross-dresser etc). In ancient India, there was positive attitude towards diverse sexuality and there is a number of sculptures, scriptures available indicating to its diverse sexual culture. It was home for various sexual diversities, as can be seen in various examples from ancient Indian tradition such as Shiva, one of the three main deities of Hinduism, is presented as half male and half female in one of his popular avatars Ardhanariswara, Shikhandi in Mahabharata was a eunuch or third gender. It is said in the Vedas and Kamasutra that there are three types of human nature (Prakriti) i.e. Pums Prakriti (male nature), Stri Prakriti (female nature) and Tritiya Prakriti (third nature). There are examples like dual feminine deities in creation myth in Rig Veda, lesbian sexual postures in temples of Khajuraho and Konark, Queerness in Vishnu Sharma's Panchatantra, Vatsyana's Kamasutra etc. (Dasgupta 2011). However due to

socio-cultural factors hetero-sexuality became the norm of society and people who do not conform to this dominant social norm are subjected to violence, avoidance and humiliation while they are denied of their basic human rights.

### **Summary**

The above chapter introduces the basic concepts of gender. Sex refers to the biological and physiological differences between males and females. Sex is natural and Universe. It exists worldwide and throughout the history which is innate and not changeable. Gender is acquired and it is socially, culturally and psychologically constructed notion. The new born infant is socialised and reared up pertaining to his/her sex. Being a Male or a female, the child is expected to imbibe certain traits and qualities as the child grows into adulthood. Male child is expected to be masculine and the female child to be feminine. Sexuality differs from sex. It covers wide range of feeling, emotions and experiences. It forms the basis for happiness, joy, love, procreation and for the sustenance of humanity. There are other sexualities which could be classified based on the feelings and emotions of a person being born as one sex and aspire to live as another sex. Earlier the term “Eunuch” was familiar denoting the “Third Gender” and there are more sexuality recently identified throughout the world based on certain behavioural characteristics of people who claim themselves as other sexual.

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**CHAPTER 2*****Factors of Gender Construction***

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**Dr.G.Mettilda Buvanewari****Construction of Gender**

Gender is constructed through different ways when the child learns the sex category he/she belongs to. Construction of gender differs based on the family system, socialization, environment, experiences, values, culture, customs, traditions, behaviours, beliefs, attitudes, folklore and mores, geographical areas etc. Further the construction of gender depends upon how far the above mentioned factors influence a person in shaping his/her gender identity. The primary factors are discussed below.

**Socialization and Gender**

Socialization is the process, through which the child becomes an individual respecting his or her environment laws, norms and customs. Gender socialization as the learning of behavior and attitudes considered appropriate for a given sex. The gender socialization process occurs in multiple social institutions, including the family, religious and educational institutions, mass media and peer networks. Gender socialization is a more focused form of socialization, it is how children of different sexes are socialized into their gender roles and taught what it means to be male or female.

**Agents of gender socialization**

Family is considered as the basic institution that has the greatest impact on gender socialization. Parents usually hold a number of gender stereotypes, which are views about how a girl and a boy should ideally act and think. The choice of toys for the children seem to an image of what is expected of them in their future. Girl children are taught to be soft, timid, caring, adjusting, sacrificing, responsible, obedient, chaste, learn household



chores, the carriers of traditional values to next generation etc where as boy children are expected to be bold, courageous, aggressive, fearless, daring, brave etc. Children learn from their parents by observing the way each parent behaves. In most of the Indian families, father is the bread winner of the family and takes decision, controls family members and remains to be the power centre. The mother takes care of the household chores, responsible for fulfilling the needs of the family members, taking sole responsibility of the kitchen, nursing the sick, disciplining the children etc. If she is working women she plays dual role of a bread winner and a home maker. Hence the gender stereotyped roles getting perpetuated even though changes occur in Indian household as men also entering into kitchen when women entered into workforce several decades back.

The next environment is school where deliberate socialization takes place. Schools are major contexts for gender socialization. In elementary and middle school, boys usually get more time to talk, are called on more often, and receive more positive feedback than girls. Tough activities are assigned to boys and mild kind of activities are given to girls. Same attitudes prevails in higher educational institutions. In choosing courses for boys and girls in higher education, professional courses for boys children and Arts and Science courses for girls suggested by most of the parents in India when they plan for collegiate education for their children. Hence gender construction process continues when the child is in educational institutions.

Mass media are powerful channels which can make a great impact on people and changing their attitudes and behaviours. Young minds are easily influenced by mass media in the era of electronic revolution. There is an explosion of information available at their hand. The print media, Television and the electronic gadgets play a vital role in forming the values, attitudes of the youngsters towards gender. Certain programmes like Television serials justify the stereotyped gender roles and becomes an instrument of perpetuating the tradition.

Religion is another strong agency of gender socialization. As India is a spiritual nation, religious practices and rituals are the part and parcel of the life of Indians. During Vedic period no religious rites were performed by a

man without his wife. The same tradition is in practice as most of the religious rituals are performed by women compared to men. It is the responsibility of the woman to continue her family tradition and pass it on to the next generation. Hence the construction of gender is formed through playing the religious roles by males and females in Indian Society. Gender Socialization differs in different culture in different geographical areas - urban & rural, north and South, Asian countries, western countries etc.

### **Culture and gender**

Sapir defines “Culture includes those general attitudes, views of life and specific manifestations of civilization that give a particular people its distinctive place in the world”. The perceptions with regard to gender roles include personality, attitudes and actions associated with a particular gender within that culture. Gender role is generally defined as a set of social and behavioural norms, within a specific culture and is widely considered to be socially acceptable and appropriate for individuals of a specific sex. Culture performs a requisite role in affecting gender, and the way gender is constructed through everyday activities, defines gender roles, relations and identities (Schalkwyk, 2000). Indian culture sets a pattern of behavioural norms for masculine and feminine genders which includes dressing pattern, public behaviour, gender roles in families, performing religious rituals, choosing a life partner, decision making, political participation, occupational preferences, marital obligations and relationships, parent-child relationships, child rearing practices, extended family systems, social relationships, celebration of festivals etc.

### **Patriarchy**

Patriarchy refers to male oriented society. It is “the absolute rule of the father or the eldest male member over his family”. Patriarchy is thus the rule of the father over all women in the family and also over younger socially and economically subordinate males. Literally, patriarchy means rule by the male head of a social unit (like family, tribe). The patriarch is typically a societal elder who has legitimate power over others in the social unit. Patriarchy automatically privileges men over women such that women have little or no claims to material, sexual and intellectual resources of the

society. That is, in a patriarchal society women have to struggle to be educated, to have property or to make choices regarding marriage and other aspects of life. For men, these resources are a matter of right and can make choices that affect their lives. Patriarchal behaviour is overwhelming in Indian society in day today life.

When a man raises his voice in the course of an argument and insists on his point of view, without letting others especially women get to utter a single word, his actions are likely to be described as “aggressively patriarchal”. If a women complains of sexual harassment at her work place, and all the men in her office deny that this could ever happen. The reasoning of men can be described as being “typically patriarchal”. Hence the patriarchal system affects the construction of gender.

### **Summary**

There are several factors contributing to the construction of gender in Indian society. Family is the basic and primary unit which forms the behaviours, attitudes, values and personality of its members. Parents play a vital role in influencing the child in forming the behavioural pattern. Children take parents as their role model and try to imitate them. Children learn the gender roles by observing their parents. They internalize the values practiced in the family. Children acquire ideas from their father the way of treating females, their role in the family and the position of males and females in the family. The socialization practices still make the gender construction stronger in the young minds and that will be carried over into their adulthood. These learnt behaviour will be replicated in the educational institutions by the teachers and the peer group when the child enters into school. The mass media justify and foster gender stereotypes. Cultural norms and values define the appropriate behaviours for the respective genders. As we live in a patriarchal society, there is a clear demarcation of roles expected to be played by males and females in the society. The theoretical explanation extends the process of gender construction and in general how gender is systematically constructed in various societies.

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*Chapter 3**Gender Identity Theories*

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**Dr.G.Mettilda Buvaneswari**

Gender identity refers to an individual's belief that he or she is either male or female. It is an image of oneself as masculine or feminine in characteristics. Gender roles are the culture's expectations for behaviour of a person who is perceived as either male or female, including attitudes, actions and personality traits associated with a particular gender within that culture. The process by which people learn about their culture's preferences and expectations for proper masculine or feminine behaviour is gender typing. The following theories explain the genesis of gender typed behaviours.

**Biological Theory**

The sexuality of individuals is purely determined by the genes and hormones. Biological theory states that biological sex is responsible for gendered behaviour. Males and females possess distinctive biological characteristics by nature and are not acquired from external influence (Burke & Embrick, 2020). Gender differences are attributed to the different hormones secreted by the chromosomes men (XY) and women (XX). Women and men produce different sex hormones in varying quantities. Besides affecting the functioning of various bodily organs (e.g. causing the menstrual cycle in women) these sex hormones appear to have an effect on behaviour. The Y chromosomes in males produce male sex hormones testosterone and androgen . These hormones cause the males to develop male genital organs and develop brain functioning different from females. It is these differences in brain development, brain activity and the secretion of androgen in adulthood makes the males behave differently.

Hence the production of estrogen and androgen can influence not only male and female brain development but also childhood play behaviour, sexual orientation, and critical gender identity (Chong, 2005). Females are genetically inclined towards meekness and nurturing behaviour due to high

levels of oxytocin in them, whereas males are predisposed towards adventure and aggression because of greater production of testosterone in them (Rimmele et al., 2009; Dabbs et al., 1995).

Men are privileged to possess the biological sex hormones that stimulate sexual hierarchy, such as physical strength, courage, ambition, and promiscuity, whereas women are made up of biological traits that stimulate fidelity, nurturance, dependence, and caution (Rhode 1997). Biological theory relates aggressiveness, forcefulness, assertiveness, dominance, and strength of personality traits to masculinity, whereas meekness, submission, and passivity are associated with femininity (Jun 2009). Playing activities of boys and girls can portray their distinguish features that boys play with heavy toys like cars, trains, trucks, aeroplane, and weapons, whereas girls prefer lighter toys like dolls and kitchen sets. The biological theory bring forward to the understanding that males and females are not the same in terms of behaviour and physical appearance due to their biological differences, which make them behave and act differently in response to these innate features.

However biological theory is criticized for not explaining influence of environment in forming gendered behaviour. Biological differences alone cannot form the distinguished behaviour of males and females.

### **Cognitive theory**

Cognitive theory proposes the thinking process of children makes the construction of gender identity and roles. Cognitive psychologists are interested in how children gather and make sense of information about gender and how their understanding of gender changes over time (a developmental perspective). They assume that changes in gender role behaviour reflect changes in how children understand and think about gender. These changes in understanding, in turn, reflect (1) the accumulation of information about gender gathered from the environment and (2) developmental changes in the child's brain that allow it to process information in more sophisticated ways.

### **Kohlberg's stages of gender development**

Kohlberg (1966) purports gender development through different stages. The child's understanding about gender increases as the child grows. As the child moves through the stages its understanding of gender becomes more complex.

**First stage-Gender Labeling (Approximately 2 years):** When the child reaches 2 years, the child is able to correctly label its own sex. The child gets the knowledge that one is male or female due to their anatomy.

**Second stage - Gender Stability (Approximately 4 years):** The child reaches this stage by the age of 4 years. At this stage the child realizes that gender remains the same across time. Children have the belief that their own gender is permanent. However, its understanding of gender is heavily influenced by external features like hair and clothing. A boy at this stage might say that if he puts a dress on he would be a girl.

**Third stage - Gender Constancy ( 7 Years) :** The child starts to understand that gender is independent of external features. The child gets the understanding that gender will not change despite changes to physical appearances (e.g. a woman wearing pants is still a female). This stage is usually reached by the age of 7 years.

Kohlberg's theory suggests that gender development is driven primarily by maturation. That is, the stage the child is at determines how it processes information about gender and that children do not actively start processing gender information until they reach gender constancy. These children value their gender identity positively and try to behave only in ways that match their conception.

### **Gender Schema Theory**

Schema is defined as mental representation we use to organise and simplify our knowledge of the world around us. Gender Schema theory suggests that children play a more active role in their own gender development from an earlier age. In cognitive psychology, a schema is a cognitive structure used to organise information about a particular type of object, person or

situation. People make sense of new information by matching it to the schemas they have produced from past experience. Gender schema theory suggests that a child's gender development reflects the increasing complexity of the schemas it develops around maleness and femaleness. By about the age of two the child is able to label itself and others as female or male. This reflects the development of a basic gender schema. The child then starts to seek out information from its environment in order to increase its understanding of maleness and femaleness and thereby to guide its own behaviour. The child identifies activities and objects associated with its own gender and starts to ignore or reject those that do not fit in with this. At this early stage their understanding of gender is simplistic and quite rigid and this is reflected in their behaviour (e.g. a three year old girl may reject any object that isn't pink). As their gender schemas increase in complexity, however, the child becomes better at coping with ambiguity and their ideas about what is acceptable or appropriate start to relax somewhat.

Gender-schema is therefore a cluster of concepts about male and female physical traits, behaviors, and personality traits. E.g. In the dimension of strength - Male stereotype – weakness - Female Stereotype.

Children seek information concerning gender-typed traits and live up to its expectations. E.g. a boy may fight back as they are expected to do so. Girls may be gentle and kind because that is expected of girls. Self-esteem will depend on how they measure up to the gender schema.

### **Social Cognitive Theory**

Social Cognitive Theory considers roles of rewards and punishments (reinforcement) in gender typing. Children are corrected by their parents/elders when they don't act appropriately according to their sex. This theory proposes the ways in which children learn from observing others and deciding which behaviours are appropriate for them. Social Schema theory believes that children learn what is "masculine" or "feminine" by observing and imitating models of the same sex.



Socialization provides children with information about gender-typed behaviours expected of them.

## **Psychoanalytic theories**

Sigmund Freud's perspective is known as identification theory. Sigmund Freud with a medical background established Psychoanalytic theory. He explicated the psycho-sexual development of a child in different stages as the child grows into adulthood.

## **Stages of Psycho-sexual Development**

### **Oral Stage (birth to 12-18 Months):**

In this stage the child expresses its emotions through mouth by crying or smiling, laughing. During this stage the child needs to be fed properly and needs love and affection, care and warmth of the parents. Deprivation of care, love and affection in oral stage affects the proper forming of the personality.

### **Anal Stage (18-36 Months):**

In this stage the child recognizes that the child is about to urinate/excrete. At this stage the child has to be given toilet training.

### **Phallic Stage (3-6years):**

Around the age of four, children become aware of their own genitals and the fact that genitals of boys and girls differ. They begin to discriminate the sex role of their parents. Initially the child will identify with the parent of opposite sex. A boy's love for his mother becomes more sexual and tends to view his father as his rival which is called Oedipus complex. Oedipal phase of the phallic stage also gives way to one in which identification of same sex parent occurs. Such identification helps to form the perception of gender roles and personality. For boys, identification is motivated by what Freud called castration anxiety. The boy child fears castration for competing with father now tries to emulate his father. By identifying with his father, the boy develops masculine characteristics and identifies himself as a male. Girls also go through a similar situation, developing unconscious

attraction to their father which is termed the Electra complex. Hence during the phallic stage, identification takes place and children begin to unconsciously model their behavior after their same-sex parent, thus learning gender appropriate behavior.

Psycho-analytic theory is being criticized by the feminist as it defined females as inadequate; they are jealous, passive, and sadistic.

### **Social Learning Theory**

Social learning theory suggests that gender identity and roles are learned through observing and imitating the behaviors of others in the environment. Children pick up on gender-related behaviors by watching people around them, known as models. The process involves several steps :

**Observation:** Children observe the behaviors of those around them, including actions related to gender.

**Attention and Encoding:** They pay attention to certain individuals (models) and remember or encode their behaviors.

**Imitation:** At a later time, children may imitate the behaviors they observed, regardless of whether these behaviors are considered 'gender appropriate.' Several factors influence the likelihood of a child reproducing behavior considered appropriate for their gender:

**Similarity:** Children are more likely to imitate those they perceive as similar to themselves, particularly those of the same sex.

**Reinforcement and Punishment:** The reactions of people around the child play a significant role. If a child's gender-appropriate behavior is positively reinforced, they are more likely to repeat it. Conversely, punishment or lack of attention may discourage gender-inappropriate behavior.

**Vicarious Reinforcement and Punishment:** Children also learn by observing the consequences of others' behaviors. They are motivated to imitate behaviors that are rewarded (vicarious reinforcement) and avoid those that are punished (vicarious punishment).

In summary, social learning theory emphasizes the role of observation, imitation, reinforcement, and punishment in shaping gender identity and behavior. Children are likely to adopt behaviors deemed appropriate for their gender based on their observations and the reactions they receive from those around them.

### **Symbolic Interaction Theory**

Symbolic Interaction Theory doesn't judge whether gender is good or bad. Instead, it sees gender as a crucial factor in shaping our relationships in everyday life. In this theory, men often take on a more influential role in society, influencing behaviors. Women tend to follow more expected behaviors, while men often initiate interactions. According to Symbolic Interaction Theory, things like race, ethnicity, or gender are not natural or objective aspects but are created through social interactions. Society assigns certain character traits, labeled as feminine or masculine, to those identified as "females" or "males." Gender doesn't exist on its own; it comes to life through how people interact in society. Goffman explains that we all have various roles within us, and we use them when the situation calls for it, like actors on a stage. Gender, according to this theory, is one of our roles, and we present ourselves as male or female in society.

In summary, Symbolic Interaction Theory proposes that individuals shape their social reality through daily interactions, viewing gender as a part of personal performance. Gender plays a role in shaping all relationships in people's daily lives.

### **Feminist Theory in Gender**

Feminist theory is a significant and ongoing perspective on gender in society. Feminism advocates for the social equality of men and women and opposes sexism and patriarchy. Feminists focus on several key issues, including working towards increased equality, expanding choices for individuals in society, dismantling gender stratification, ending sexual violence, and promoting sexual freedom. Feminist theory can be categorized into three main groups: Radical Feminism, which seeks to abolish the family system; Liberal Feminism, which advocates for equality

of opportunity; and Marxist/Socialist Feminism, which aims to eliminate gender roles and social classes.

In the third part, she explored how women's inferiority is not only reinforced by religion and family but also by science, which legitimizes women's subordinate status. She described how girls learn to conform to societal expectations, following a path of youth, marriage, motherhood, and wider societal roles, emphasizing that women must not lose control and must adhere to their assigned roles.

### **Summary**

This comprehensive overview explores various theories surrounding gender identity, emphasizing the complexity and multifaceted nature of this concept. Biological Theory focuses on the role of genes and hormones in shaping gendered behaviors. Emphasizes distinct biological characteristics in males (XY) and females (XX). Hormones like testosterone and estrogen influence brain development and behavior. Critics argue that it doesn't fully consider environmental influences. Cognitive theory proposes that thinking processes contribute to the construction of gender identity. Kohlberg's stages of gender development detail the evolution of a child's understanding of gender. Progresses through stages of gender labeling, stability, and constancy. Gender Schema Theory suggests children actively participate in their gender development.

**Psychoanalytic Theories:** Sigmund Freud's identification theory explores psycho-sexual development. Psychoanalytic stages include the oral, anal, and phallic stages. Gender identity forms during the phallic stage through identification with same-sex parents. Criticized by feminists for defining females as inadequate. **Social Learning Theory:** Focuses on observational learning and reinforcement in gender identity formation. Children imitate gender-related behaviors observed in their environment. Reinforcement and punishment influence the likelihood of imitating behaviors. Acknowledges the role of external influences in shaping gender identity. **Symbolic Interaction Theory:** Views gender as a crucial factor in shaping daily interactions. Recognizes societal roles and expectations associated with gender. Emphasizes that gender is socially constructed through

interactions. Individuals "perform" their gender roles in society. Feminist Theory: Advocates for social equality of men and women, opposing sexism and patriarchy. Focuses on issues such as increasing equality, expanding choices, and ending gender stratification. Categorized into Radical, Liberal, and Marxist/Socialist Feminism. Recognizes the role of societal structures in shaping gender roles. In conclusion, these theories provide diverse perspectives on how individuals develop and understand their gender identity. From biological determinants to social interactions and feminist critiques, each theory contributes to a broader understanding of the complexities surrounding gender identity and roles.

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*CHAPTER - 4*

*GENDER AND SOCIETY*

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**Dr. G. KANAGA**

**Gender**

Gender refers to the characteristics of women, men, girls and boys that are socially constructed.

According to Oxford Dictionary, Gender is the distinction of sex. There are three genders, the masculine, the feminine, and the neuter.

Gender is considered significant in defining the power, privilege and possibilities that some people have and some people do not have in a given society. It affects progress towards equality and freedom from discrimination. It influences how people perceive themselves and each other, how they act and interact, and the distribution of power and resources in society.

**Society**

A Society is the largest number of human beings who interact to satisfy their social needs and who share a common culture. “A Society maybe be defined as a network of Interconnected major groups viewed as a unit and sharing a common culture”—J.H. Fichter, 1957

A society consists of groups of human beings who are linked together by means of specific systems and customs, rites and laws, and have a collective social existence.

Morris Ginsberg defines society as a collection of individuals united by certain relations or mode of behavior which mark them off from others who do not enter into these relations or who differ from them in behavior.

Society plays a vital role in shaping the lives of individuals and providing a framework for their interactions, beliefs, and behaviors. It is a fundamental

aspect of human existence that impacts various aspects of our lives, ranging from personal relationships to economic systems.

According A.W. Green, “Society is the regularities, customs and ground rules of antihuman behavior. These practices are tremendously important to know how humans act and interact with each other. Society does not exist independently without individual.”

### **Characteristics of Society:**

#### **1. Society is abstract:**

If society is viewed as web of social relationships, it is distinct from physical entity which we can see and perceive through senses. As written earlier, Maclver argued, “we may see the people but cannot see society or social structure, but only its only external aspects”. Social relationships are invisible and abstract. We can just realize them but cannot see or touch them. Therefore, society is abstract. Reuter wrote: “Just as life is not a thing but a process of living, so society is not a thing but a process of associating”.

#### **2. Likeness and difference in society:**

Society involves both likeness and difference. If people are all exactly alike, merely alike, their relationships would be limited. There would be little give-and- take and little reciprocity. If all men thought alike, felt alike, and acted alike, if they had the same standards and same interests, if they all accepted the same customs and echoed the same opinions without questioning and without variation, civilisation could never have advanced and culture would have remained rudimentary. Thus, society needs difference also for its existence and continuance.

We can illustrate this point through the most familiar example of family. The family rests upon the biological differences between the sexes. There are natural differences of aptitude, of capacity, of interest. For they all involve relationships in which differences complement one another, in which exchange take place.

Likeness and difference are logical opposites but for understanding likeness, comprehension of its relation to the other is necessary. Society exists among those who have some degree of likeness in mind and in body. F.H. Giddings called this quality of society as “consciousness of kind” (a sense of likeness). Though likeness and difference both are necessary for the society to exist, but difference is always subordinated to likeness in society. Likeness has a predominant share in the constitution of society.

### **3. Cooperation and conflict in society:**

Cooperation and conflict are universal elements in human life. Society is based on cooperation but because of internal differences, there is conflict also among its members. This is why, Maclver and Page observed that “society is cooperation crossed by conflict”. We know from our own experience that a person would be handicapped, showed down, and feels frustrated if he is expected to do everything alone, without the aid of others. “Cooperation is most elementary process of social life without which society is impossible” (Gisbert, 1957).

Though cooperation is essential for the constitution of society but modern conflict theorists (such as Marx) have highlighted the role of conflict in society. If there is no conflict, even in small measure, society may become stagnant and people may become inert and inactive. However, the expression of disagreement in the form of conflict must always be held within tolerable bounds.

### **4. Society is a process and not a product:**

“Society exists only as a time sequence. It is becoming, not a being; a process and not a product” (Maclver and Page, 1956). In other words, as soon as the process ceases, the product disappears. The product of a machine endures after the machine has been scrapped. To some extent the same is true not only of material relics of man’s past culture but even of his immaterial cultural achievements.



### **5. Society as a system of stratification:**

Society provides a system of stratification of statuses and classes that each individual has a relatively stable and recognisable position in the social structure.

Above mentioned characteristics of society will give a comprehensive picture of the society and how it constitutes and operate the individual's relation with family.

### **Family**

The word 'family' has been taken from the Roman word, 'famulus', which means a servant and the Latin word 'familia' meaning 'household'. Family is one of the most important primary groups in society. It is a small social group consisting ordinarily of a father, mother, and one or more children. Family in India has remained a vital institution. It is sheet-anchor of the patriarchal authority on the one hand, and a protector and defender of individual member's right to property on the other. Despite several wide-ranging changes in Indian society, because of synthesis between collectivism and individualism, the Hindu family continues to be joint, partly structurally and mainly functionally.

### **Types of Family**

A classification of families into joint and nuclear types is usually based on the way in which families are organized.

For instance, the most popular definition of a nuclear family is to refer to it as a group consisting of a man, his wife and their unmarried, children.

The joint family is commonly defined as the nuclear family plus all kin belonging to the side of husband, and/or wife living in one homestead.

Frequently, the term 'extended' family is used instead of the term joint family to indicate that the combination of two or more nuclear families is based on an extension of the parent-child relationship.

### **Salient Features of Family**

The salient features or characteristics of the family in society are as follows:

- i) **Universality:** Family is a universal social unit and existed in every age and in every society. Every person is a member of one family or the other.
- ii) **Financial Provision:** Every family makes some kind of financial provision so that all the basic requirements of the family can be met of the members of family.
- iii) **Limited Size and Nucleus:** Family is considered to be smallest kinship group and basically made up of a husband, wife and their unmarried children. It is limited in size and its membership is confined to those who are related by either marriage (these are also referred to as affiances or by blood ties (called consanguine). There are joint families or extended families, as well, which have at least three generations of parents and their children along with their own elderly parents and sons and their spouses living together.
- iv) **Emotional Basis:** The members of family are emotionally bound to each other and share pleasures and pains with one another. The integration of bonds in a family is mutual affection and blood ties and they provide love, care and protection to each other.
- v) **Social Regulations:** In a family, the members are trained through socialization to follow social norms, customs and social conduct in the process of socialization. Among the family members interrelationship and interactions are guided by social and legal regulations.
- vi) The nuclear family of husband wife and their unmarried children grow into a joint family when the children grow up and get married and have their own children. The family then becomes joint till the children leave or parents die.

vii) A Fixed or common Habitation: Every family has a fixed place of habitation and members usually share a common residence in which husband, wife, their children and other relatives live together.

## **Characteristics of Family:**

1. Family is a Universal group. It is found in some form or the other, in all types of societies whether primitive or modern.
2. A family is based on marriage, which results in a mating relationship between two adults of opposite sex.
3. Every family provides an individual with a name, and hence, it is a source of nomenclature.
4. Family is the group through which descent or ancestry can be traced.
5. Family is the most important group in any individual's life.
6. Family is the most basic and important group in primary socialization of an individual.
7. A family is generally limited in size, even large, joint and extended families.
8. The family is the most important group in society; it is the nucleus of all institutions, organizations and groups.
9. Family is based on emotions and sentiments. Mating, procreation, maternal and fraternal devotion, love and affection are the basis of family ties.
10. The family is a unit of emotional and economic cooperation.
11. Each member of family shares duties and responsibilities.

12. Every family is made up of husband and wife, and/or one or more children, both natural and adopted.

13. Each family is made up of different social roles, like those of husband, wife, mother, father, children, brothers or sisters.

### **Kinship:**

Man does not live alone in society. From birth till death he is surrounded by a number of people. Some of these people are his relatives, some are friends, and some are neighbors' while all others are strangers and unknown to him. He is bound to all those people who are related to him either on the basis of blood or marriage. The relations based on blood or marriage may be close or distant. The bond of blood or marriage which binds people together in group is called kinship. According to the Dictionary of Anthropology, kinship system includes socially recognized relationships based on supposed as well as actual genealogical ties. These relationships are the result of social interaction and recognized by society.

### **Types of Kinship:**

Kinship is of two types:

#### **1. Affinal Kinship:**

The bond of marriage is called affinal kinship. When a person marries, he establishes relationship not only with the girl whom he marries but also with a number of other people in the girl's family. Moreover, it is not only the person marrying who gets bound to the family members of the girl but his family members also get bound to the family members of the girl. Thus, a host of relations are created as soon as a marriage takes place. For example, after marriage a person becomes not only a husband, but he also becomes brother-in-law and son-in-law. Here it may be noted that in English language a number of relations created by marriage are referred by the same term. Thus, the same term 'brother-in-law' is used for sala, jija etc. On marriage, a person also becomes foofa, nandoi and mausa.

Likewise, a girl on marriage becomes not only a wife but also becomes daughter-in-law; she also becomes chichi, bhabhi, devrani, jethani, mami etc. Thus, marriage creates a host of relationships which are called affinal kin.

## 2. Consanguineous Kinship:

The bond of blood is called consanguineous kinship. The consanguineous kin are related through blood whereas the affinal kin are related through marriage. The bond between parents and their children and that between siblings is consanguineous kinship. Siblings are consanguineous kinship. Siblings are the children of the same parents. Thus, son, brother, sister, uncle, elder uncle, nephew and cousin are consanguineous kin. i.e., related through blood. In this connection, it may be pointed out that blood relationship may be actual as well as supposed. Among polyandrous tribes the actual father of a child is unknown. An adopted child is treated as if it were one's own biologically produced child. Thus, blood relationship may be established not only on biological basis but also on the basis of social recognition.

### **Functions of Kinship:**

Kinship usages accomplish two major tasks. First, they create groups: special groupings of kin. Thus, marriage assigns each mother a husband, and makes her children his children, thereby creating a special group of father, mother and children, which we call "family". The second major function of kinship usage is to govern the role relationships between kin; that is how one kinsman should behave in a particular kinsman's presence, or what one kinsman owes to another. Kinship assigns guidelines for interactions between persons. It defines proper, acceptable role relationship between father and daughter, between brother and sister, between son-in-law and mother-in-law and between fellow lineage members and clansmen. Kinship thus acts as a regularizer of social life and maintains the solidarity of social system. It may, however, be noted that rules governing the relationship between a pair of kinsmen are integrative in nature and are group-oriented.

**Marriage:**

Westermarck defines marriage as “A relation of one or more men to one or more women, which is recognized by custom or law and involves certain rights and duties both in the case of the parties entering the union and in the case of children born of it.” Therefore, marriage, as is clear from the above definition, implies much more than a mere regulation of sexual behavior of the members of a society. It involves rights and duties of various kinds of the parties to the union and of the offspring born of it. As such, marriage has a reference to the structure and function of the family.

- Marriage is the universal social institution
- It is established by the human society to control and regulate the sex life of human
- It is found in almost all societies and at all stages of development
- Marriage is a permanent bond between husband and wife
- As an institution, marriage designed is designed to satisfy the biological needs

**Functions of Marriage:**

- Marriage is an institutionalized relationship within the family system
- It fulfils many functions attributed to the family in general
- Family functions include basic personality formation, status ascriptions, socialization, tension management and economic cooperation, increase man power, provide legal parents to children.
- Provide social security to women
- Establishes joint fund
- Marriage contributes to emotional, intellectual & inter stimulation of the partners
- Marriage is another human construction to ensure the continuity of the family and the eventual perpetuation of the human species

- Marriage as a special contract of permanent union between a man and a woman entered into accordance with law for the establishment conjugal and the family life
- Marriage is always associated with some civil and religious ceremony
- The social and religious ceremony provides validity to marriage
- It promotes better understanding between the spouse
- It minimizes jealousy, hatred and quarrels in the family
- It upholds gender equality and provides equal status to men and women
- Children are taken proper care by parents
- It facilitates easy rules of inheritance and succession
- Types of marriages are Monogamy, polygamy, Polyandry
- Endogamy within their own circle
- Exogamy outside the circle different social categories
- Marriage plays a significant role in forming family

## **Religion:**

According to Taylor:

“Religion is the name of faith in spiritual faith which can be both super natural on divinely”

According to Ogburn:

“Religion is your attitude towards inhuman powers”

## **Functions of Religion:**

As one of the basic social institutions, religion performs several important functions. These are as follows:

1. It helps man to deal with his fear of the supernatural powers. It helps individuals to overcome pain, fear and anxiety.
2. It is a means used by man to adjust to his belief in the existence of supernatural powers.
3. It gives people explanations regarding the road to salvation or release from the cycle of births and rebirths.

4. It is a potent and powerful means of controlling social behavior. The fear of punishment from supernatural powers for violating religious rule is an effective means of controlling the behavior of individuals within society. Each religion has its own code regarding acceptable and unacceptable modes of behavior, which is binding on all the individuals who belong to, or follow a particular religion.
5. It provides emotional and psychological comfort by assuring people that there is a meaning in life, and there is a purpose even in suffering. It is a great source of comfort and solace in times of crises.
6. It unites people and brings social solidarity.
7. It provides answers to certain basic questions in life—what is the purpose of life, why do people suffer, why do people die, what happens after death, and so on.
8. It provides guidelines regarding everyday life, societal behavior, behavior towards others, and so on.
9. It helps people to adapt to changing situations, environment and customs. It helps individuals to adapt to all kinds of social change, including change in marital status, death in the family, and change in family structure due to death, divorce or separation.
10. It provides individuals with a sense of identity.
11. It is an effective means of preserving or conserving the values and morals of life.
12. All religions promote welfare of people, and inculcate a desire to help the needy.
13. It helps individuals to understand the reason for their existence, and makes the world more understandable.

**Role of Religious Institution:**

Religious Institution means any church, mosque, temple or building which are used primarily for religious worship and related religious activities.



**Rules and standards of behavior:****Social control**

Religious Institutions are the visible and organized manifestations of practices and beliefs in particular social and historical contexts like human emotions and attitudes, religious beliefs and practices.

Religious institutions, then, take shape in relation to both religious impulses and contextual configurations. The following entry suggests some of the enduring and changing features of religious institutions in Islam in broad historical strokes.

Religious beliefs and practices have been noticeably expressed in key institutions constructed in uniquely different social and historical contexts. The caliphate as a universal political and social order was the key institution developed in the early period of Islam. This was followed by more clearly religious institutions like the school of law (madhhab) and Sufi order (tariqa). The modern period has witnessed the emergence of various forms of religious states together with the independent religious association in secular contexts.

**Social Stratification:**

Social stratification refers to the way in which society is organized into layers or strata, based on various factors like wealth, occupation, education level, race, or gender.

It's essentially a kind of social hierarchy where individuals and groups are classified on the basis of esteemed social values and the unequal distribution of resources and power.

**Purpose of Social Stratification**

Ensures Roles are Filled by the Competent: Stratification means that positions are given to those who have the ability and skill to execute the duties of the job. People in higher strata often have higher education and skills.

**Maintains Social Order:** By establishing a hierarchy and clear societal roles, stratification can contribute to overall societal stability and order.

Social stratification is a relatively fixed, hierarchical arrangement in society by which groups have different access to resources, power, and perceived social worth.

## **Characteristics of Social Stratification**

- It is universal
- It is social
- It is ancient
- It is in diverse forms
- It is consequential
- Social mobility - from lower to higher, from higher to lower
- Vertical mobility and horizontal mobility

## **Determinants of Social Stratification**

Stratification is usually based on:

- Power: the ability to impose one's will on others
- Prestige: the respect given by others
- Property: forms of wealth (economic resources)
- Wealth: the value of economic assets
- Occupation: High- and low-class professions
- Education: level and standard of education attained.
- Caste: Positions are ascribed, not achieved
- Class: Positions based on individual achievement

## **Caste:**

A caste is a fixed social group into which an individual is born within a particular system of social stratification: a caste system. Within such a system, individuals are expected to: marry exclusively within the same caste (endogamy), follow lifestyles often linked to a particular occupation, hold a ritual status observed within a hierarchy, and interact with others

based on cultural notions of exclusion, with certain castes considered as either more pure or more polluted than others.

### **Advantage or Merits of Caste System**

1. **Preservation of Culture:** Caste system helped in preservation of culture and these were passed on from generation to generation.
2. **Preservation of Purity:** Caste system, because of its endogenous nature, permitted marriage only within the caste and thus preserved purity of each caste.
3. **Division of Labor:** Caste system required each individual to do the work prescribed for his caste, i.e. Brahmins job was to teach, Kshatriyas to fight war, Vaishyas to run trade and Shudras to serve other castes. This division of labor ensured smooth functioning of society.
4. **Co-operation within Castes:** Caste system fastened cooperation with each caste. They co-operated with each other to preserve their culture and protect it from degradation by other castes.
5. **Absence of Competition:** As social status was hereditary and no amount of personal accomplishments could change it, there was no competition to improve status. People, therefore, utilized their energies for general benefit of society rather than Personal advancement.
6. **Panchayat System:** Panchayat system is an outcome of caste system. All disputes within a caste were referred to the caste Panchayat. Panchayats though secular in outlook exist even now in rural India.
7. **Increased Professional Proficiency:** Caste system helped in increasing proficiency in each vocation because accumulated experience of and store was handed over by father to son.
8. **Healthy Social Life:** Caste system made people disciplined and co-operative. People carried out the duties assigned due to their caste with responsibility. There was social amity between members of same caste.
9. **Protected the Society:** Rigidity of our caste system was responsible for protecting our society from cultural invasion by alien societies.

10. **Permanency and Continuity:** Each caste had a permanent body of constitutions to guide his social behaviors and action. The customs and beliefs were passed on from generation to the next. Thus, caste system had permanency and continuity.
11. **Improved Living Standards:** Each caste struggled hard to maintain and improve living standards of its members to retain its superiority over subordinate castes. This resulted in overall progress and prosperity.
12. **Social Life Not Dependent on Political Conditions:** Caste system was predominantly influenced by religion. It was totally independent of prevailing political conditions and, therefore provided stability in society.

## **Class:**

One of the simplest definitions of class is that it is a broad group in society having common economic, cultural, or political status. Social class refers to a group of people with similar levels of wealth, influence, and status. The term class first came to widely used in the early 19th century, replacing terms such as rank and order as descriptions of the major hierarchical groupings in European society.

Group of people within a society who possess the same socio-economic status.

Collection of individuals sharing similar economic circumstances has been widely used in census and studies of social mobility.

It is based on wealth, educational attainment, occupation, income and membership in a subculture or social network.

## **Difference between Caste and Class is explained here in detail**

A caste is a form of social stratification determined by one single factor i.e. ritualistic legitimization of authority.

Class of a person is based on multiple factors like economic status, education, power, achievements etc.

The major differences between Caste and Class are:

<b>Caste</b>	<b>Class</b>
<p>Castes are perceived as hereditary groups with a fixed ritual status according to Max Weber's phraseology</p>	<p>A person's Class is based on social status, wealth and power acquired, level of education and other achievements.</p>
<p>A person belonging to certain caste has to follow certain traditions, rituals and customs</p>	<p>A person belonging to a certain class is not bound by customs, rituals or traditions.</p>
<p>According to Anthropologist Louis Dumont and Social Anthropologist Edmund Leach, caste is unique to the Indian sub-continent</p>	<p>Classes are usually found in highly industrialized countries located in Europe, North America.</p>
<p>The caste system does not promote democracy, since it severely limits equal opportunity to rise from an individual's station</p>	<p>Class system does not necessarily act as a hindrance to democracy, since classification is based on education, social status, and the work one does.</p>
<p>Occupational mobility is one of the biggest banes of the Caste system. A person has to continue in the line of work of his ancestors irrespective of his interest, education and skills.</p>	<p>Social class does not act as a hindrance to occupational mobility. A person belonging to any class can change his occupation based on his skills, education and interests.</p>

The Social Gap between people belonging to different castes is very wide which is not healthy for the overall progress of a nation	The Social gap between people belonging to different classes is narrower when compared to the gap that is prevalent among people belonging to different Castes.
Caste System is static	The class system is dynamic
Caste system works as a political force.	Class system does not act as a political force.
Cumulative Inequality is a distinctive feature of the caste system	Dispersed Inequality is a distinctive feature of the class system

**Race:**

Race is defined according to physical differences, which are mostly inherited. Although scholars identify many racial groups but anthropologists recognize that there are four major race classifications in the world, which are Caucasian, mongoloid or Asian, negroid or black and Australoid.

Scientifically speaking, races are defined as a group of people that are separated and grouped together because they have common inherited physical traits that distinguishes them from other groups. Race is biologically determined, but it has acquired social meaning and significance. What do we mean by this?

The differences between physical traits have become basis for social grouping, discrimination, social prejudice, and ranking culture and values system of communities belonging to different races. Thus, racism is the

prejudice based on socially significant physical features. Racism is asymmetrical or discriminatory treatment of some people as superior or inferior. Racism or racist behavior approves social segregation, marginalization and discrimination of the people from different races.

**Features of Race:**

Although commonalities in physical traits such as facial features, skin color, and hair texture comprise part of the race concept, this linkage is a social distinction rather than an inherently biological one. Other dimensions of racial groupings include shared history, traditions, and language. For instance, African-American English is a language spoken by many African Americans, especially in areas of the United States where racial segregation exists. Furthermore, people often self-identify as members of a race for political reasons.

**Characteristic of Major Races:**

	<b>Caucosoid</b>	<b>Mongoloid</b>	<b>Negroid</b>
<b>Skin Colour</b>	Pale reddish white to olive green Medium to Tall.	Saffron to Yellow Brown, reddish brown.	Brown to black brown yellow brown.
<b>Stature</b>	Medium to Tall.	Medium tall to Medium short	Tall to very Short.
<b>Head Form</b>	Long-broad and Short Medium, high-very high.	Medium height, predominantly broa	Predominantly long, Low height.
<b>Hair Colour</b>	Light blonde to dark brown, straight to wavy.	Brown to brown black, Straight.	Brown black light curl and wooly.
<b>Body Build</b>	Latear to lateral slender to refuged	Tend to be lateral, some linearity evident	Tend to be linear and muscular
<b>Nose</b>	Usually high,	Low to medium	Low, medium to

	narrow to medium board.	form, medium broad.	very broad.
<b>Blood Group</b>	More A than B.	High in B.	High is Rhe

**Ethnicity:**

Ethnicity is fundamentally associated with a group's shared identity of culture, religion, language, nationality, common ancestry, and more. It is the embodiment of a shared cultural history that created similar worldviews, values, and ideals. For many peoples around the world, their ethnicity gives their daily lives meaning and purpose. Individuals accept their ethnic identity based on their membership with the collective group and participation in the traditions of that group, the most central characteristics of which seem to be shared language and religion.

**Definition of Ethnicity:**

- An ethnic group, or an ethnicity, is a category of people who identify with each other based on similarities such as common ancestry, language, society, culture or nation.
- Ethnicity is usually an inherited status based on the society in which one lives.
- Membership of an ethnic group tends to be defined by a shared cultural heritage, ancestry, origin myth, history, homeland, language or dialect, symbolic systems such as religion, mythology and ritual, cuisine, dressing style, art, and physical appearance.
- An 'ethnic group' has been defined as a group that regards itself or is regarded by others as a distinct community by virtue of certain characteristics that will help to distinguish the group from the surrounding community.



## **Racial classification of Indian People by different Anthropologist:**

- India's present-day population is a conglomeration of people belonging to different racial groups with different ethnic backgrounds.
- The people entered India from different parts of the world at different time periods adopting themselves.
- India has been a meeting point of different races and tribes from times immemorial.
- Almost all the major races of the world are found in India.
- As a result, India has a varied population and diversified ethnic composition.
- Different Anthropologists classify racial composition of Indian people based on their works. Some of the notable classification are Sir Herbert Hope Risley (1915), B.S. Guha (1937), Giufrida-Ruggeri (1921), A.C. Haddon (1924), Eickstedt (1934), S.S. Sarkar (1961) etc.

## **Community:**

A group of people with a common characteristic or interest living together within a larger society are known as Community.

A common definition of community emerged as a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings. The participants differed in the emphasis they placed on particular elements of the definition. Community was defined similarly but experienced differently by people with diverse backgrounds. These results parallel similar social science findings and confirm the viability of a common definition for participatory public health.

## **Characteristics of Community are as follows:**

Meaning of community can be better understood if we analyze its characteristics or elements. These characteristics decide whether a group is

a community or not. However, community has the following characteristics or elements.

(1) A group of people:

A group of people is the most fundamental or essential characteristic or element of community. This group may be small or large but community always refers to a group of people. Because without a group of people we can't think of a community, when a group of people live together and share a common life and binded by a strong sense of community consciousness at that moment a community is formed. Hence a group of people is the first pre-requisites of community.

(2) A definite locality:

It is the next important characteristic of a community. Because community is a territorial group. A group of people alone can't form a community. A group of people forms a community only when they reside in a definite territory. The territory need not be fixed forever. A group of people like nomadic people may change their habitations. But majority community are settled and a strong bond of unity and solidarity is derived from their living in a definite locality.

(3) Community Sentiment:

It is another important characteristic or element of community. Because without community sentiment a community can't be formed only with a group of people and a definite locality. Community sentiment refers to a strong sense of awe feeling among the members or a feeling of belonging together. It refers to a sentiment of common living that exists among the members of a locality. Because of common living within an area for a long time a sentiment of common living is created among the members of that area. With this the members emotionally identify themselves. This emotional identification of the members distinguishes them from the members of other community.

## (4) Naturality:

Communities are naturally organized. It is neither a product of human will nor created by an act of government. It grows spontaneously. Individuals become the member by birth.

## (5) Permanence:

Community is always a permanent group. It refers to a permanent living of individuals within a definite territory. It is not temporary like that of a crowd or association.

## (6) Similarity:

The members of a community are similar in a number of ways. As they live within a definite locality, they lead a common life and share some common ends. Among the members similarity in language, culture, customs, and traditions and in many other things is observed. Similarities in these respects are responsible for the development of community sentiment.

## (7) Wider Ends:

A community has wider ends. Members of a community associate not for the fulfillment of a particular end but for a variety of ends. These are natural for a community.

## (8) Total organized social life:

A community is marked by total organized social life. It means a community includes all aspects of social life. Hence a community is a society in miniature.

## (9) A Particular Name:

Every community has a particular name by which it is known to the world. Members of a community are also identified by that name. For example people living in Odisha is known as odia.

## (10) No Legal Status:

A community has no legal status because it is not a legal person. It has no rights and duties in the eyes of law. It is not created by the law of the land.

## (11) Size of Community:

A community is classified on the basis of its size. It may be big or small. Village is an example of a small community whereas a nation or even the world is an example of a big community. Both the type of community are essential for human life.

## (12) Concrete Nature:

A community is concrete in nature. As it refers to a group of people living in a particular locality we can see its existence. Hence it is concrete.

(13) A community exists within society and possesses distinguishable structure which distinguishes it from others

### **Power:**

- Possession of control, authority, or influence over others
- One having such power
- Legal or official authority, capacity, or right
- Power refers to the possession of control
- Authority
- Influence over others
- Ability to act or produce an effect
- To move with great speed or force

### **Formal power**

Formal power is the authority and influence that comes from official positions, roles, or rules. For example, a mayor, a police chief, or a school board member have formal power in a community. Formal power can be based on legal, institutional, or contractual norms, and it can be enforced

by sanctions, rewards, or coercion. Formal power can be useful for creating stability, accountability, and legitimacy, but it can also be abused, corrupted, or challenged by other sources of power.

### **Informal power**

Informal power is the influence and leverage that comes from personal relationships, networks, or reputations. For example, a local leader, a trusted advisor, or a popular influencer have informal power in a community. Informal power can be based on trust, loyalty, charisma, or expertise, and it can be exercised by persuasion, negotiation, or mobilization. Informal power can be valuable for building solidarity, creativity, and diversity, but it can also be hidden, unpredictable, or contested by other actors.

- Power and influence are used to get others to take action; power is based on positional authority while influence is based on relationships
- Leaders use various sources of power to get others to act or change behavior
- Some methods of influence are more effective than others
- The amount of force used to influence, as well as the number of followers' buy-in determines whether you'll get resistance, compliance, or commitment
- Individuals can employ numerous tactics to increase their influence

### **Sources of Power:**

**Legitimate:** ability to request certain behaviors of others based on title, roles, or position (elected/ appointed)

**Reward:** ability to control the allocation of rewards valued by others and to remove negative sanctions

**Coercive:** ability to apply punishment (i.e., peer pressure) or take away items of value

**Expert:** ability to influence others based on the possession of valuable knowledge or skills

**Referent:** ability to influence others because the leader is admired and respected

**Information:** ability to influence based on access to and control over distribution of information

**Ecological:** ability to influence how tasks are organized or the ability to alter the team's physical environment

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**CHAPTER 5**

***GENDER BASED VIOLENCE***

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**Dr. O. Aisha Manju & Ms. PL. Rani**

**Introduction**

Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It may be physical, sexual, emotional, verbal, financial and/or psychological. It can occur in public or in private and individuals of all genders can be victims. It disproportionately affects women, girls, and those of diverse gender identity or diverse sexual orientation (LGBTQI) persons because of underlying gender inequalities. Worldwide, an estimated one in three women will experience physical or sexual abuse in her lifetime. (International Organization for Migration, 2024)

**Type of Violence against women**

Violence against women can be divided into two categories:

- a) Physical, sexual and psychological violence occurring within the community including rape, sexual abuse and intimidation at work or elsewhere, trafficking of women and forced prostitution.
- b) Physical, sexual and psychological violence occurring in the family including battering, sexual abuse of female children in the household, dowry related violence and other traditional practices harmful to women and non-spousal violence.

**Forms of Gender Based violence**

Gender-based violence takes place in many forms: physical, sexual, emotional, and psychological. Examples include female genital mutilation, killing in the name of so-called 'honour', murder, forced and early marriage, and sex trafficking, Cybercrime etc. Two of the most prevalent

types of violence that women experience intimate partner violence (IPV) and non-partner sexual violence (NPSV)(Worldbank,2022).

### **Gender-based violence can take the form of:**

- Physical violence
- Sexual, emotional or psychological violence
- Intimate partner violence
- Honour killings
- Sexual exploitation
- Trafficking
- Child, early and forced marriages and unions (CEFMU)
- Female genital mutilation (FGM)
- Violence occurring online, including harassment and abuse

**Source:** <https://plan-international.org/>

### **Intimate-partner violence**

Intimate partner violence refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. This is one of the most common forms of violence experienced by women globally. Intimate partner violence can include acts of physical violence such as slapping, choking or burning, sexual violence including spousal rape, psychological violence such as fear by intimidation or forced isolation, and economic violence by maintaining total control over financial resources, withholding access to money, and/or forbidding attendance at school or employment, among others.

Intimate partner and sexual violence are the result of factors occurring at individual, family, community and wider society levels that interact with each other to increase or reduce risk (protective). Some are associated with



being a perpetrator of violence, some are associated with experiencing violence and some are associated with both.

**Risk factors for both intimate partner and sexual violence:**

Lower levels of education (perpetration of sexual violence and experience of sexual violence); a history of exposure to child maltreatment (perpetration and experience); witnessing family violence (perpetration and experience); antisocial personality disorder (perpetration); harmful use of alcohol (perpetration and experience); harmful masculine behaviours, including having multiple partners or attitudes that condone violence (perpetration); community norms that privilege or ascribe higher status to men and lower status to women; low levels of women's access to paid employment; and low level of gender equality (discriminatory laws, etc.).

**Factors specifically associated with intimate partner violence:**

Past history of exposure to violence; marital discord and dissatisfaction; difficulties in communicating between partners; and male controlling behaviours towards their partners.

**Sexual violence**

Sexual violence is any sort of harmful or unwanted sexual behaviour that is imposed on someone. It includes acts of abusive sexual contact, forced engagement in sexual acts, attempted or completed sexual acts with a woman without her consent, sexual harassment, verbal abuse, threats, exposure, unwanted touching, incest, and others.

Sexual violence can include the following: Sexual harassment may involve any conduct of a verbal, nonverbal or physical nature, including written and electronic communications. Sexual harassment can take a variety of forms – from looks and words though to physical contact of a sexual nature. Examples of sexual harassment include sharing sexual or lewd anecdotes or jokes; unwelcome touching, including pinching, patting, rubbing, or purposefully brushing up against another person, repeatedly asking a person for dates or asking for sex and making sexual comments about appearance, clothing, or body parts, among others.

Rape is any non-consensual vaginal, anal or oral penetration of a sexual nature of the body of another person with any bodily part or object, including through the use of physical violence and by putting the victim in a situation where they cannot say no or complies because of fear. This can be by any person known or unknown to the survivor, within marriage and relationships, and during armed conflict.

Corrective rape is a form of rape perpetrated against someone on the basis of their sexual orientation or gender identity. It is intended to force the victim to conform to heterosexuality or normative gender identity.

Sexual violence in conflict: Acts of violence against women include violation of the human rights of women in situations of armed conflict, such as systematic rape, sexual slavery and forced pregnancy, as well as forced sterilization, coercive/forced use of contraceptives, female infanticide and prenatal sex selection.

**Factors specifically associated with sexual violence perpetration :**

Beliefs in family honour and sexual purity; ideologies of male sexual entitlement; and weak legal sanctions for sexual violence

**Femicide**

Femicide is the intentional killing of a woman or a girl because she is a woman or a girl. The gender-related motivation of the killing may range from stereotyped gender roles, discrimination towards women and girls, to unequal power relations between women and men in society. Gender-related killings of women and girls (femicide/femicide) are the most extreme and brutal manifestation of violence against women. They can take place in a wide range of situations within the private and public spheres, and within different contexts of perpetrator–victim relationship.

They include for instance cases with previous record of physical, sexual, or psychological violence/harassment, killings occurring in situation of trafficking in persons, forced labour or slavery; or killings where the body of the victim is disposed of in a public space.

Gender-related killings can also include so-called honor killings, which are the murder of a family member, usually a woman or girl, for the purported reason that the person has brought dishonor or shame upon the family. These killings often have to do with sexual purity, and supposed transgressions on the part of female family members.

### **Human trafficking**

Human trafficking is a global crime that trades in people and exploits them for profit. Physical and sexual abuse, blackmail, emotional manipulation, and the removal of official documents are used by traffickers to control their victims. Exploitation can take place in a victim's home country, during migration or in a foreign country. Human trafficking has many forms. While men, women and children of all ages and from all backgrounds can become victims of this crime, women are the primary targets and girls are mainly trafficked for sexual exploitation.

### **Female genital mutilation**

Female genital mutilation (FGM) refers to all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons. It is most often carried out on young girls between infancy and age 15. FGM has no health benefits and can lead to serious, long-term complications and even death. Immediate health risks include hemorrhage, shock, infection, HIV transmission, urine retention and severe pain. Psychological impacts can range from a girl losing trust in her caregivers, to longer-term feelings of anxiety and depression. In adulthood, girls subjected to FGM are more likely to suffer infertility or complications during childbirth, including postpartum haemorrhage, stillbirth and early neonatal death. FGM is a violation of girls' and women's fundamental human rights, including their rights to health, security and dignity. It was first classified as violence in 1997 via a joint statement issued by WHO, UNICEF and UNFPA.

### **Child, early and forced marriage**

Child marriage is any marriage where at least one of the parties is under 18 years of age. Forced marriage is a marriage in which one and/or both parties

have not personally expressed their full and free consent to the union. A child marriage is considered to be a form of forced marriage, given that one and/or both parties have not expressed full, free and informed consent. Child marriage is a violation of children's rights and has several harmful effects on the lives of children (overwhelmingly girls), including early and frequent pregnancies, higher risks of maternal mortality and morbidity, limited decision-making in family matters and school dropout.

### **Online or technology-facilitated violence**

Technology-facilitated violence against women is any act that is committed, assisted, aggravated, or amplified by the use of information communication technologies or other digital tools, that results in or is likely to result in physical, sexual, psychological, social, political, or economic harm, or other infringements of rights and freedoms. It can occur in online spaces, and it can be perpetrated offline through the use of technological means, such as controlling a woman's whereabouts by using a GPS tracker. Technology-facilitated gender-based violence exacerbates existing forms and patterns of violence against women, such as intimate-partner violence, and also comes with new forms of violence such as online stalking and image-based abuse through artificial intelligence like deepfake videos. These include forms of non-consensual intimate image abuse, like cyber flashing and sextortion as well as virtual rape.

### **Cyber Violence Against Women and Girls**

CVAWG is part of the continuum of violence against women and girls and represents yet another form of abuse and silencing embedded within existing gendered power structures. The violent acts taking place through technology are an integral part of the same violence that women and girls experience in the physical world, for reasons related to their gender. Also, there are many forms of cyber violence that target women and girls almost exclusively.

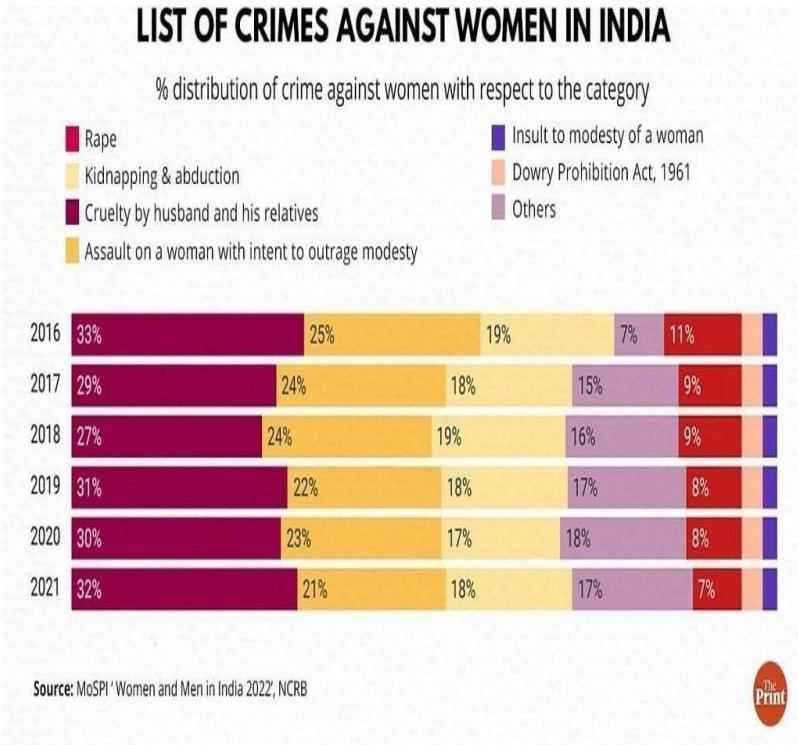
### **Common forms of Online violence /Cybercrimes**

Cyberbullying: involves sending intimidating or threatening messages.

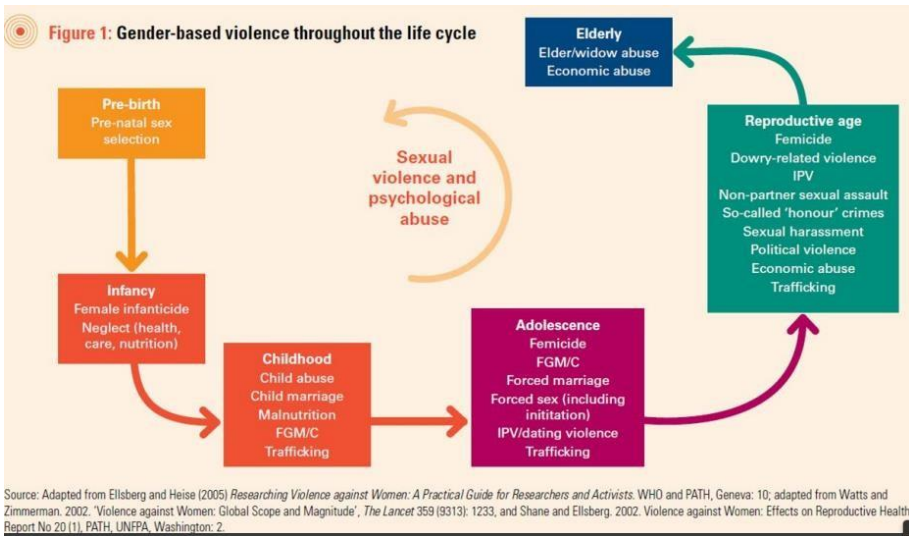
Non-consensual sexting: sending explicit messages or photos without the recipient’s consent.

Doxing: public release of private or identifying information about the victim.

The issue of violence against women has been recognized as a basic human rights issue and the elimination of gender based violence has been seen as central to equality, development and peace. Violence against women includes not only physical violence, but also sexual, psychological and emotional abuse.



Many forms of violence are not even recognized as such and are ignored, condoned or justified by involving religious, cultural or traditional beliefs. There is increasing evidence to show that women regardless of age, educational level, class, caste, community and family living arrangement are vulnerable to violence.



## Conclusion

The violence against women has increased to the extent that not a single day passes without the news about violence. The term violence against women refers “to many types of harmful behaviour directed at women and girls because of their sex.” In 1993 the United Nations offered the first official definition of such violence when the General Assembly adopted the Declaration on the Elimination of Violence against Women. According to United Nations violence against women consists of “any act of gender based violence that result in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or

private life”. There is increasing consensus as reflected in this declaration, that abuse of women and girls, regardless of where and how it occurs, is best understood within a gender framework because it stems in part of women’s and girls’ subordinate status in society. The wide spread violence against women is seen both as an indicator and means of perpetrating the subordinate status of women, which also manifests itself through various forms of structural violence such as low health status, lack of access to education and employment. In such a scenario wherein women are generally powerless, direct violence against women appears to have the dual function of at once controlling women and perpetuating their subordinate status. In other words, violence against women is a manifestation of unequal power relation, which has led to man’s domination over and discrimination against women.

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**CHAPTER 6*****PERSPECTIVES AND CONSEQUENCES OF VIOLENCE  
AGAINST WOMEN***

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**Dr.O.Aisha Manju & Ms.PL.Rani****Introduction**

Patriarchy is a system that operates on both the ideological and material levels and interacts with the relation of production and transforms itself accordingly to benefit both men and the capitalist system. It is about the social relations of power between men and women, women and women, and men and men. It is a system for maintaining class, gender, racial, and heterosexual privilege and the status quo of power – relying both on crude forms of oppression, like violence; and subtle ones, like laws; to perpetuate inequality. It reproduces itself in different ways, through different relations and institutions to maintain systemic inequality between the sexes. Whilst the majority of women share the prevalent understanding of male domination and patriarchy, their reactions differ relative to the intensity of the violence and their class origins.

**Patriarchy and Gender based violence:**

Patriarchal beliefs of male, heterosexual dominance and the devaluation of girls and women lie at the root of gender-based violence. Patriarchy is a structural force that influences power relations, whether they are abusive or not. Patriarchy perpetuates that girl and women are of less value, and in a patriarchal society, GBV often is widely accepted by society (. Explicit recognition of GBV is essential when developing health care policies, laws and legislations because what is unnamed is more likely to be unsupported. Studies have shown that commonly used measures of gender quality scores, such as female labour force and the number of seats held by women in national parliament did not significantly influence society's acceptance of GBV. There is a need for international and domestic violence prevention policies to not only focus on narrowly defined economic or political

‘empowerment’ because that is insufficient when it comes to challenging existing gender inequalities (7).

Violence against girls and women maintains and is maintained by ideas about and practices of patriarchal masculinities. Violence is used, mostly by men but sometimes by other women, to keep girls and women in their position of having less economic, political and social power than men overall. When women try to assert their claims to such power, for example when they are involved in protests over economic and political rights, they are often attacked, verbally and physically. And because to be female is to be identified with the feminine which, in most societies, is treated as being weaker and lesser than the masculine, then girls and women are seen as being ‘naturally’ vulnerable to male violence, and thus in need of male protection. These ideas about feminine weakness/vulnerability and masculine strength/protection expose girls and women to more violence and reinforce the belief in masculine superiority which is central to patriarchal masculinities. The amount of violence that follows from this is truly staggering. Globally, the World Health Organisation reports that 35 percent of women have experienced either intimate partner violence or non-partner sexual violence in their lifetime.

Four types of factors can be identified as caused of Gender based violence and they are Cultural, legal, economic and political factors. Patriarchal and sexist views legitimise violence to ensure the dominance and superiority of men. Other cultural factors include gender stereotypes and prejudice, normative expectations of femininity and masculinity, the socialization of gender, an understanding of the family sphere as private and under male authority, and a general acceptance of violence as part of the public sphere (e.g. street sexual harassment of women), and/or as an acceptable means to solve conflict and assert oneself. The lack of economic resources generally makes women, but also LGBT+ people particularly vulnerable to violence. Many women still being considered guilty of attracting violence against themselves through their behaviour. This partly accounts for enduring low levels of reporting and investigation. The under-representation of women and LGBT+ people in power and politics denies

their opportunities to shape the discussion and to affect changes in policy, or to adopt measures to combat gender-based violence and support equality.

Religious and historical traditions have sanctioned the physical punishment of women under the notion of entitlement and ownership of women. The concept of ownership, in turn, legitimises control over women's sexuality, which, according to many legal codes, has been deemed essential to ensure patrilineal inheritance.

### **A global pandemic requiring local solutions**

Gender based violence is a pandemic. UNCEDAW committed to end all forms of violence against women and girls, the problem remains immense. Understanding the prevalence of sexual violence and associated risk factors, however, is only the first step in developing essential prevention and support services for survivors.

Gender based violence is more prevalent when there are no legal consequences, sexist and patriarchal cultural norms, and in humanitarian emergencies or conflict. Younger people are more at risk, as are girls who grow up in abusive households. Women who married before 18 or are one of many wives are also more at risk.

Addressing these risk factors will require a close look at local circumstances as effective prevention and survivor services are built on contextual knowledge. An upcoming data story will look at successful interventions and how they potentially enable better outcomes for survivors of gender-based violence. Such initiatives and investments are fundamental for effective protection for women and girls against violence.

Domestic violence is an all-pervasive public-health concern that women face in various forms across different parts of the world. Women reported as high as 56% of some form of violence against them in Eastern part of India. The levels of physical, psychological and sexual violence against women were also considerably high.

## **Consequences of gender-based violence**

Violence causes lifelong damages to women, affecting their physical, mental, sexual, and reproductive health. Physical consequences associated with experiencing IPV include acute injuries, chronic pain, gastrointestinal illness, gynaecological problems, substance abuse, sexually transmitted infections including HIV, a two- to three-fold increased risk of depression (Beydoun, Hind A et al., World Bank), and even suicide (Devries, Karen et al.). IPV has severe consequences for women's reproductive control and health.

### **Health consequences**

Intimate partner (physical, sexual and psychological) and sexual violence cause serious short- and long-term physical, mental, sexual and reproductive health problems for women. They also affect their children's health and wellbeing. This violence leads to high social and economic costs for women, their families and societies.

### **Social and economic costs**

The social and economic costs of intimate partner and sexual violence are enormous and have ripple effects throughout society. Women may suffer isolation, inability to work, loss of wages, lack of participation in regular activities and limited ability to care for themselves and their children. Violence against women is one of the most frequent human rights violations. It is a threat to women's lives, it puts their physical and psychological health at risk, and it is a threat to the well-being of their children, with consequences for the whole community. The perpetrators can be found in every social and economic milieu, and the majority of them are male. The reason: In societies shaped by patriarchy, violence against women is an expression of unequal power relationships between men and women. So the causes of this violence are to be found not only at the individual level but also, and particularly, at the structural level. These causes need to be eliminated in order to prevent further violence. Gender justice cannot be established unless misogynist structures are resolved. Only then will women and girls be able to live a life free of violence.

**Environmental Pressures and Gender-Based Violence.**

Gender inequalities rooted in legal and social norms – including unequal access to education, economic opportunities and decision making – and gender differentiated roles and responsibilities dictate how (and if) women and men access and have control over land and resources related to forests, agriculture, water and fisheries. Evidence and experiences in the context of land and natural resources show that GBV is often employed as a way to maintain these power imbalances, violently reinforcing sociocultural expectations and norms and exacerbating gender inequality.

Access to and control over natural resources are also often a source for sexual exploitation, as seen in land tenure when authorities suggest or demand sexual favours for land rights (Matsheza et al., 2012); when male fishers demand sex-for-fish from women fish buyers and processors (Béné & Merten, 2008); or where male supervisors in natural resource industries sexually harass and abuse women, punishing those who do not submit by relegating them to dangerous work or limiting hours if their advances are denied (UN Women, 2018). Resource scarcity, conflicts and displacement caused by environmental degradation deepen existing inequalities. In such cases, gender-based violence is often used as a means of reinforcing privileges and control over resources.

Climate change worsens these effects. During prolonged drought, for example, child marriage is used by families as a strategy to cope with scarcity of food and income.

Overcrowded and unsafe conditions in disaster shelters and climate refugee camps can also expose women, girls and gender minorities to violence, while medical and legal services are overwhelmed, making it harder to get help. Occurring in all societies, gender-based violence is used to keep gender inequalities intact, to the detriment of livelihoods, human rights, conservation and sustainable development. Expressions of gender-based violence affect an estimated one in three women and girls, but are also experienced by people of all sex and gender identities. They can include sexual assault, domestic violence, verbal abuse, harassment, stalking, child

marriage, economic deprivation, survival sex (exploitation in exchange for access to subsistence resources) and forced prostitution..

Climate change is fundamentally challenging the ways in which societies access, benefit from and interact with natural resources and the environment. Successively warmer surface and ocean temperatures have altered hydrological systems and geographical ranges, migration patterns, abundance and seasonal activities of certain species. These climatic changes have resulted in sea-level rise, degraded environmental resources and an observed increase in weather-related disasters, such as heat waves, droughts, floods, cyclones and wildfires.

The impacts of climate change and weather-related disasters can indirectly exacerbate different types of GBV (gender-based violence), including violence associated with the stresses of resource scarcity and climate-driven migration. Given the complexity and pervasiveness of GBV and the multiple casualties surrounding it, the research presented in this study suggests that to meet global development goals and effectively tackle environmental concerns, gender-responsive action that addresses GBV in climate change mitigation, adaptation and resilience building strategies will be necessary.

### **Where does gender-based violence happen?**

Children, especially girls and young women, often experience violence at home and in their communities. School and the journey to it can also be a place where girls experience violence, from sexual harassment, bullying and intimidation. This violation of girls' rights, especially when committed by those in positions of care or authority, can impact on girls' ability to continue and complete their education. During emergency situations, including crisis like the COVID-19 pandemic and climate related disasters, girls are at heightened risk of violence, abuse, and exploitation.

Gender-based violence is also a rising issue in online spaces, with girls and young women reporting violence, harassment and abuse. Girls account for the majority of victims of child abuse and exploitation, accounting for 90% of those featured in online child abuse materials. Online violence is a

significant barrier to the full realisation of gender equality and violates girls and young women's rights.

## **Why does gender-based violence happen?**

Gender-based violence occurs in all parts of the world, but the risk is higher where violence is normalised and where rigid concepts of gender exist. In many cultures, violence towards girls and young women is accepted as a social norm. This must be challenged as a matter of urgency, and the blame, shame and stigma faced by victims must be eliminated.

Girls must never be held responsible for the violence that happens to them. Violence is the sole responsibility of the perpetrator, who must be held accountable according to national or international legislation. Fear or threat of violence must not restrict girls from living free and full lives, or from realising their full potential.

## **Conclusion**

Gender inequality and norms on the acceptability of violence against women are a root cause of violence against women. Certain groups are more vulnerable to violence, including girls and young women from poor, rural or indigenous communities, those who are or are perceived to be LGBTQIA+, those living with disabilities, and girls and women who speak out about political, social and cultural issues and gender inequality.

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*CHAPTER 7*

*INTERNATIONAL AND NATIONAL RESPONSE ON GENDER  
BASED VIOLENCE*

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**Dr.O.Aisha Manju & Ms.PL.Rani**

**Introduction**

Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children WHO, in collaboration with partners, is Building the evidence base on the size and nature of violence against women in different settings and supporting countries; efforts to document and measure this violence and its consequences, including improving the methods for measuring violence against women in the context of monitoring for the Sustainable Development Goals. This is central to understanding the magnitude and nature of the problem and to initiating action in countries and globally.

**WHO response**

At the World Health Assembly in May 2016, Member States endorsed a global plan of action on strengthening the role of the health systems in addressing interpersonal violence, in particular against women and girls and against children. Strengthening research and capacity to assess interventions to prevent and respond to violence against women. Undertaking interventions research to test and identify effective health sector interventions to address violence against women. Developing guidelines and implementation tools for strengthening the health sector response to intimate partner and sexual violence and synthesizing evidence on what works to prevent such violence. Supporting countries and partners to implement the global plan of action on violence and monitoring progress including through documentation of lessons learned.

Collaborating with international agencies and organizations to reduce and eliminate violence globally through initiatives such as the Sexual Violence Research Initiative, Together for Girls, the UN Women-WHO Joint Programme on Strengthening Violence against Women measurement and data Collection and use, the UN Joint Programme on Essential Services Package for Women Subject to Violence, and the Secretary General's political strategy to address violence against women and COVID-19.

WHO and UN Women, along with other partners, co-lead the Action Coalition on Gender-based Violence, an innovative partnership of governments, civil society, youth leaders, private sector and philanthropies to develop a bold agenda of catalytic actions and leverage funding to eradicate violence against women. These bold actions and investments will be announced at the Generation Equality Forum in Mexico (March 29-31) and in France (June), along with those of other five Generation Equality Action Coalitions.

### **Important initiatives for preventing gender-based violence in India**

The Parliament being a vehicle of social change is responsive to women rights and has enacted several women-specific and women-related legislations. Some of the important laws for women are:

- **The Protection of Women from Domestic Violence Act 2005 (PWDVA)** which came into effect in October 2006 is enacted to provide protection and support to victims of domestic violence. The law is civil in nature and defines domestic violence to include all acts of omission and commission that causes injury to a woman's physical, sexual or mental health and includes specific forms of violence such as physical, sexual, verbal, emotional and economic abuse. It seeks to provide relief to women in the form of protection orders, residence orders, monetary relief, custody order and compensation orders. Breach of any protection order is a criminal offence under the Act. The PWDVA recognizes the right of all women to live free from violence within the private sphere of home – both before and after marriage. The objective of the law is to prevent violence

and provide emergency relief in case of such situations irrespective of the status of their relationship with the respondent.

- **The Hindu Marriage Act of 1955** amended in 1976 provides the right for girls to repudiate a child marriage before attaining maturity whether the marriage has been consummated or not; The Marriage (Amendment) Act, 2001 amended the Hindu Marriage Act, Special Marriage Act, Parsi Marriage and Divorce Act, the Code of Criminal Procedure providing for speedy disposal of applications for maintenance; and a wide discretion has been given to the Magistrate to award appropriate maintenance.

- **The Prohibition of Child Marriage Act, 2006** prohibits the solemnization of child marriages where a person, if a female has not completed 18 years of age and if a male has not completed 21 years of age and punishes those who promote, perform and abet child marriages.

- **The Immoral Traffic (Prevention) Act, 1956** deals with trafficking of persons for the purpose of commercial sexual exploitation and it does not recognise trafficking of persons for the purpose of physical and other forms of exploitation.

- **The Dowry Prohibition Act 1961:** This legislation was enacted to address the social evil of dowry. The Act defines dowry and penalizes the giving, taking or abetting the giving and taking of dowry. It also lays down a built-in implementation mechanism in the form of Dowry Prohibition Officers to ensure effective enforcement of the law.

- **The Medical Termination of Pregnancy Act 1971** legalizes termination of pregnancy till 20 weeks of gestation under prescribed circumstance and by registered medical practitioners • The Indecent Representation of Women (Prohibition) Act of 1986 and the Commission of Sati (Prevention) Act, 1987 have been enacted to protect the dignity of women and prevent violence against them as well as their exploitation.

- **The Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) (PC&PNDT) Act, 1994** prohibits sex selection, before or after conception and prohibits misuse of pre-natal diagnostic techniques for determination of sex of foetus leading to female foeticide.
- **Criminal Law (Amendment), Act 2013** was enacted for effective legal deterrence against sexual offences. Further, the Criminal Law (Amendment) Act, 2018 was enacted to prescribe even more stringent penal provisions including death penalty for rape of a girl below the age of 12 years. The Act also inter-alia mandates completion of investigation and trials within 2 months each. Efforts are being made by the Government towards making Personal Laws gender-friendly with the help of all stakeholders including the community and religious leaders.
- **‘The Muslim Women (Protection of Rights on Marriage) Act, 2019’** makes all declaration of talaq, including in written or electronic form, to be void (i.e. not enforceable in law) 5 and illegal. Talaq-e-biddat refers to the practice under Muslim personal laws where pronouncement of the word ‘talaq’ thrice in one sitting by a Muslim man to his wife results in an instant and irrevocable divorce.
- **Setting up of the National Commission for Women by an Act of Parliament in 1990** to safeguard the rights and legal entitlements of women. The National Commission for Women (NCW) has been conducting gender sensitization workshops and programmes for the police, administration and judicial officials across the country. Legal Awareness Programmes are also organized in partnership with State Commissions for Women and civil society organizations for disseminating information about women rights.
- **Mahila Police Volunteers:** Ministry of Women and Child Development in collaboration with the Ministry of Home Affairs has envisaged engagement of Mahila Police Volunteers (MPVs) in the States/UTs who will act as a link between police and community and in distress. The broad

mandate of MPVs is to report incidences of violence against women such as domestic violence, child marriage, dowry harassment and violence faced by women in public spaces.

### **The Sexual Harassment of Women at Workplace (Prevention and Protection & Redressal) Act, 2013**

The Sexual Harassment of Women at Workplace (Prevention and Protection & Redressal) Act, 2013 The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 The Act was brought into force in 2013 to provide protection to women against sexual harassment and a safe and secure environment at the workplace. The Act applies to any organization, public and private sector including organized and unorganized sectors. It gives a comprehensive definition for sexual harassment at the workplace broadening it to cover circumstances of implied or explicit promise or threat to a woman's employment prospects or creation of hostile work environment or humiliating treatment, which can affect her health or safety. It covers all woman, irrespective of age or employment status, whether in the organised or unorganised sectors, public or private including clients and customers. The domestic workers has also included under the ambit of the Act. The workplace expands to include any place visited by the employee during the course of employment including transportation.

The law provides a redressal mechanism in the form of Internal Complaints Committee (ICC) and Local Complaints Committee (LCC). The Act places onus on the employer to create an environment which is free from sexual harassment. Employers are required to organize workshops and awareness programmes at regular intervals for sensitizing the employees about the provision of this legislation and display notices regarding the constitution of Internal Committee and penal consequences of sexual harassment. Dowry Prohibition (Amendment) Act 1984.

The Dowry Prohibition Act was enacted in the year 1961, to eradicate the practice of dowry. Both giving and taking bribes is prohibited by the Act. The Act has been amended time to time. The Dowry Prohibition

(Amendment) Act 1984 was followed by the Dowry Prohibition (Maintenance of List of presents to the Bride and Bridegroom) Rules in 1985 for carrying out the purposes of the Act.

- The Act defined ‘dowry’ as any property or valuable security given or agreed to be given wither directly or indirectly by one party to a marriage to the other or the parents of either party.
- Penalty for giving and taking dowry or abetting the giving and taking of dowry is imprisonment for a term which is not less than 5 years and with a fine not less than 15000 rupees or the amount of the value of such dowry, whichever is more.
- Demanding dowry, directly or indirectly, from parents or other relatives or guardian of the bride or bridegroom, is punishable with imprisonment for a term not less than 6 months, which can extend to 2 years and a fine that can be extend to 10,000 rupees.
- Offers through advertisement of any share in property or money or both as a share in business or other interest as consideration for the marriage of son or daughter or any relative is punishable up to a term of not less than 6 months which may extend to 5 years, or with fine which may extend to 15000 rupees.
- Any agreement for giving and taking dowry is void.
- **Kavalan SOS app:** Kavalan (meaning Police in Tamil) is an SOS app developed by the Tamil Nadu Police as part of the Tamil Nadu State Police Master Control Room initiative. The app is for the people of Tamil Nadu to seek police assistance instantly in emergency situations such as physical emergencies, eve teasing, kidnapping or natural disasters such as floods, earthquake, etc.
- **The “National Database on Sexual Offenders” (NDSO)** has been launched on 20 September 2018 to facilitate investigation and

tracking of sexual offenders across the country by law enforcement agencies. NDSO has data of over 5 lakh sexual offenders.

The Ministry of Home Affairs (MHA) has issued advisories to all State Governments/UTs, advising them to ensure thorough investigation, conducting of medical examination of sexual assault survivors without delay and for increasing gender sensitivity in Police. In order to facilitate States/UTs in the matter, an online analytic tool for police i.e. “Investigation Tracking System for Sexual Offences” has been launched on 19 February 2019.

### **All Women Police Stations, Tamil Nadu**

A pioneering initiative in Tamil Nadu is commissioning of All Women Police Stations. These stations were formed in 1992 to shield victims of domestic violence and play the role of a watchdog against violence and cruelty on women, and to nail the culprits. 30% reservation for women was implemented since 1997 in the recruitment of Women Police Constables. In order to enable women to approach Police Stations without fear and instil in them a feeling of confidence, the Government ordered the appointment of one women Sub-Inspector and two women police constables (Grade II) in each of the existing Police Stations in the state.

All Women Police Stations provide immediate relief to women in distress, rescue girls and missing children, assist policemen in the raids to curb immoral trafficking and for public order duties at large gatherings where women congregate. All the crime cases against women under Indian Penal Code, Dowry Prohibition Act, Tamilnadu Prevention of Women Harassment Act, Domestic Violence Act, Child Marriage Act, Medical Termination of Pregnancy Act, Child Labour act, Juvenile Justice act, Prevention of Immoral Traffic Act, etc. are investigated by AWPS. Women Help Line and child Help Line are yet to be activated. AWPS personnel are striving hard to create awareness on crimes against women and to redress the grievances of affected women.

## **Women Helpline**

The Government of India has allocated 181 to Tamil Nadu as the Women Helpline and it is intended to provide 24\*7 emergency response to women affected by violence. Referrals (linking with appropriate authority such as Police, One Stop Centre, Hospital etc based on the need of the caller) and information about women related Government schemes are provided.

## **Conclusion**

Framing gender-based violence against women as a human rights violation implies an important conceptual shift. It means recognizing that women are not exposed to violence by accident, or because of an in-born vulnerability. Instead, violence is the result of structural, deep-rooted discrimination, which the state has an obligation to address. Preventing and addressing gender-based violence against women requires legislative, administrative and institutional measures and reforms, including the eradication of gender stereotypes.

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**CHAPTER 8**  
**GENDER BASED VIOLENCE & DIFFERENTLY ABLED**  
**PERSONS**

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**Ms.PL.Rani & Dr.O.Aisha Manju**

### **Introduction**

Owing to the improved socio-economic condition of the differently abled persons (DAPs) living longer, their presence in society is becoming more visible and their numbers are growing. Defining disability is difficult because there are dozens of definitions each with a purpose of it. These range from the very narrow to the very broad, from the medical to the social, from the cultural to the local, from the one intended to integrate them in society to the one for exclusion and segregation. People are labelled as disabled or handicapped because they look different from the rest of society on account of their appearance, behaviour or capacity to learn.

According to the World Health Organization (WHO) “Disability is any restriction or lack (resulting from an impairment) of ability to perform in a manner or within the range considered normal for a human being” and classified into three categories viz., impairment, disability and handicap. These three concepts are defined by it as follows (*DFID: 2000*).

1. **Impairment:** Impairment includes blindness, deafness, loss of sight in an eye, paralysis of a limb, amputation of a limb; mental retardation, partial sight, loss of speech, autism.
2. **Disability:** Disability includes difficulty in seeing, speaking or hearing; difficulty in moving or climbing stairs; difficulty in grasping, reaching, bathing, eating, and toileting.
3. **Handicap:** Handicap includes being bedridden or confined to home; being unable to use public transport; being socially isolated.

According to Article 1 of the United Nations (UNs) Convention on Rights

of Persons with Disabilities, Personwith Disabilities (Equal opportunities, protection of rights and full participation) Act 1995 (PWD 1995) include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (*www.un.org*).

The Planning Commission of India defined any person who is unable to ensure himself/herself wholly or partly the necessities of a normal individual or social life including work, as a result of deficiency in his/her physical or mental capability. In 1986, the Ministry of Welfare, Government of India (GoI) in its order standardized test for certification of disability (*UDPH: 1986*):

The PWD Act 1995 defines disability as a person suffering more than 40% of any disability as certified by a medical authority. Further, this Act identifies the seven types of disability in India (PWD 1995):

1. Blindness
2. Low Vision
3. Leprosy cured
4. Locomotors handicapped
5. Hearing impairment
6. Mental retardation
7. Mental Illness

The National Sample Survey Organization (NSSO: 2002) stated disability as “Any restriction or lack of abilities to perform an activity in the manner or within the range considered normal for the human being”. It excludes illness/ injury of recent origin (morbidity) resulting in temporary loss of ability to see, hear, speak or move.

### **Types of Disabilities**

As explained earlier there are various types of disabilities. But these can be grouped namely into physical disabilities or mental disabilities. Physical disabilities are those that involve our bodily structure or function (physique

means body). They are as follows (*PWD: 1995*):

**1. Locomotor Disability:** The Locomotor Disability means movement. Locomotor disabilities may involve human arms, hands, limbs knees, legs muscles spinal cord and nerves. In this context, PWD Act defined “Locomotor Disability” means disability of the bones, joints or muscles leading to substantial restriction of movements of the limbs or any form of cerebral palsy”.

**2. Speech and Hearing Disability:** The Speech and Hearing Disability means that the person or child is unable to speak or hear totally or has difficulties in speaking or hearing. The PWD Act defined “Hearing Impairment means loss of sixty decibels or more in the better ear in the conversational range of frequencies”.

**3. Visual Disability:** Visual Disability means that the person unable to see properly or totally. The “PWD Act defined “Blindness refers to a condition where a person suffers from the absence of sight or Visual activity not exceeding 6/60 or 20/200 (Snellen) in the better eye with correcting lenses or Limitation in the field of vision subtending an angle of 20 degrees or worse.

### **Sexual And Gender-Based Violence Against Women with Disabilities in India**

As per the Census of India 2011, there are over 26.8 million persons with disabilities in India. This constitutes 2.21% of the population, among which about 15 million are men and 11.8 million are women. Women with disabilities are at the greatest risk of violence. Other intersecting factors—class, caste, ethnicity, rural/urban residence, low education, weak response systems—compound the impact of gender and disability. Women with disabilities experience violence in the private and public spheres. They face disproportionate domestic violence and are confronted by inhuman, degrading and torturous treatment when detained in institutions. This situation is exacerbated in the presence of existing structural violence. Gender-based violence against women with disabilities takes many unique forms. It includes violence that is perpetuated by stereotypes that

infantilizes women, excludes or isolates them, and dehumanizes them. 1 We are thankful to Women with Disabilities India Network for helping create the resource work.

### **I. Violence against Women with Disabilities in the Home**

Gender-based violence within the home ranges from harassment and emotional abuse to rape and physical violence. During the pandemic, domestic violence against all women has increased significantly, particularly against women with disabilities. Domestic violence can be perpetuated not only by family members but also by personal carers who are very important to the woman's daily life. It could take the form of incest (WWDIN, 2014). This violence also extends to children with disabilities. It is, however, less likely to be investigated or persecuted, which means that abusers know it is easier to escape consequences even once the abuse is discovered (TARSHI, 2018). Certain living arrangements violate the right of persons with disabilities to live independently and be included in the community; this can happen due to restrictions on personal autonomy and the control accorded to caregivers, who are in many cases perpetrators of violence. Accessing information is a challenge for women with disabilities in most circumstances. Complaint mechanisms are not accessible to women with disabilities; for example, deaf women cannot use helplines and blind women cannot access WhatsApp message groups. Many women with disabilities have no access to smartphones or even basic phones.

### **II. Violence in Public Spaces**

Women with disabilities who may need to leave the home due to violence become homeless. Women with psycho-social disabilities found wandering on the streets and without homes leaves them at high risk of sexual abuse. During the lockdown, it was reported by a number of sources that personal carers had either not been able to reach such women or abandoned them. This left many women (with disabilities) without access to food, essential goods and medicines, and with no assistance to carry out basic daily activities such as bathing, cooking, and eating (United Nations Human Rights Commissioner, 2020)

### III. Violence in the Institutional Context

Women with psycho-social disabilities face violence in state- and privately-run care homes and institutions and this forced institutionalization deprives them of legal capacity [Article 12 of the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD)] of the right to equal recognition before the law. It can amount to torture or ill-treatment (UN CRPD 2016: PARA 40).

In India, this violence begins with forced institutionalization of women with psycho-social or intellectual disabilities, often without any recourse to challenging the institutionalization. Disability organisations have documented many instances of forced institutionalization and abuse in institutions (WWDIN, 2014). The abuse includes repeated forced treatment of women with disabilities, including coercing them to take medication and using electroconvulsive therapy (which can have many side effects), with only the consent of their guardians or the psychiatrist and often without women even being aware that they are receiving this treatment (Human Rights Watch, 2014). Cases of fraudulent admissions, over sedation, kidnapping, abandonment, sexual abuse, chaining, and indefinite incarceration and shock without consent have been reported from mental institutions and rehabilitation centres (India: National CRPD Coalition-India towards Parallel Report 2019, Article 15 and 16). The majority of victims in these cases are women with disabilities (Human Rights Watch, 2014). Educational institutions that house children and adults with intellectual and psycho-social disabilities have also witnessed violence against women and girls with disabilities. Asha Kiran, an institution in New Delhi, was found to house 243 inmates with mental health concerns. Of this, 180 were women and girls, many of whom had been sexually abused (Alkazi, 2016).

Physical and sexual violence in shelters for children with disabilities has often been reported in government facilities, with some states reporting cases of child kidnapping, murder and rape (India CRPD Alliance Report 2019, Article 15 and 16). Educational Institutions Children, especially girls, are known to be at a higher risk for abuse partly because they are

seen as ‘easy victims’ and the abuse is less likely to be investigated or persecuted (WWDIN 2019: 19). They have no access to comprehensive sexuality education as they are considered asexual, especially girls with intellectual disabilities and those who are deaf-blind. (WWDIN, 2019: 20).

In Healthcare Institutions, women and girls are disproportionately subject to forced sterilization. Sterilization of girls is based on the false assumption of their inability to parent or control their menstrual cycles (UN Special Rapporteur on Violence Against Women 2012; Misra, 2008). In case of women with psycho-social disabilities, forced abortion is allowed based on consent by their guardian (Medical Termination of Pregnancy Act 1971 Section 3(4) \_ a). The degrading practice of the ‘two finger test’ to prove that rape has taken place continues despite the Health Ministry banning it (WWDIN: 2019: 28).

**IV Violence Due to Structural Inequality: Poverty** The majority of women with disabilities in India suffer from the triple challenges of being female, being disabled and being poor. The key welfare indicator of three meals a day year-round shows a clear difference, with households with persons with disabilities almost one quarter less likely to report a positive answer.

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**CHAPTER 9*****GENDER BASED VIOLENCE TOWARDS ELDERLY***

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**Ms.PL.Rani & Dr.O.Aisha Manju****Introduction**

Ageism is the systemic stereotyping of and discrimination against people because they are considered old. The social construction of old age is reinforced by ageism, which can further inhibit the realization of equality for older women. Violence against older persons in general has been addressed through the frame of elder abuse. The World Health Organization (WHO) defines elder abuse as harm to an older person aged 60- plus through any single or repeated act—physical, psychological, sexual, emotional, or financial— including neglect and abandonment. This definition of abuse lacks a specific gender lens and excludes women who are beyond reproductive age but not yet considered “old” in their cultural context.

**Gender Inequality and Ageism**

The Beijing Declaration underscored the reality that across the globe, women’s full and equal participation in society is prevented and their opportunities are restricted “by discriminatory attitudes, unjust social and economic structures, and a lack of resources” throughout their entire lifespan. Older age adds another layer of discrimination and deprivation. Combined, age and gender discrimination can lead to a lifetime of greater likelihood of poverty, limited access to protective resources, and heightened risk of violence and abuse.

The World Health Organization (WHO) regards as "elder abuse" harm to a person aged 60 or older, through any single or repeated act, including physical or sexual violence, emotional or financial abuse, and, neglect and abandonment. Accumulated gender disparities experienced over a lifetime means women are more vulnerable to violence, as they are to poverty, in

their later years. But "elder abuse" lacks a specific gender lens and excludes women beyond reproductive age but not yet considered "old" in their specific cultural context.

Violence against older women is widespread but mostly hidden. It occurs in numerous, often intersecting ways, inflicted by a variety of perpetrators including intimate partners or spouses, family members, caregivers both in homes and institutional settings, and community members.

Older women are not only confronted with negative views of aging (ageism) that are exacerbated by sexist social norms, but also often suffer from a lower standard of living in old age resulting from diminished opportunities for economic security and education throughout their lifespan on account of their gender. For example, in many countries, older women—who were as girls denied the opportunity to complete secondary school—have lower levels of education than older men. In low- and middle income countries, nearly twice the proportion of women aged 65-plus are illiterate compared with men of the same age group (58% compared to 34%).

For many older women, poor health and disability is another manifestation of gender disparity across the lifespan. According to the World Bank, 15 to 50 million women per year are injured or seriously disabled during childbirth, suffering from conditions such as severe anemia, incontinence, damage to the reproductive organs or nervous system, chronic pain, and infertility.<sup>20</sup> These conditions can worsen in later life, leading to greater dependence, lower quality of life, and increased marginalization and vulnerability.

## **Types of Elder Abuse**

### **Physical Abuse**

Any non-accidental use of force against an elderly person that results in physical pain, injury, or impairment is classified as physical abuse against Seniors. This kind of abuse includes not only physical assaults such as

hitting or shoving the Senior, but also the inappropriate use of drugs, restraints, or confinement against the Senior's will done by another person.

## **Emotional or Psychological Abuse**

This kind of abuse happens when people speak to or treat elderly people in ways that results in emotional pain or distress for the Senior.

Verbal forms of emotional elder abuse can take the form of:

- Intimidation through yelling or threats
- Humiliation & ridicule
- Habitual blaming or scapegoating

Nonverbal psychological elder abuse include:

- Ignoring the Senior
- Isolating the Senior from friends or activities
- Terrorising or menacing the Senior

## **Sexual Abuse**

Any sexual contact with a Senior without the Senior's consent is categorised under sexual elder abuse. This can involve physical sex acts, but activities such as showing a Senior pornographic material, forcing him or her to watch sex acts, or forcing them to undress without their consent are also considered sexual elder abuse.

## **Neglect or Abandonment by Caregivers**

This particular type of elder abuse constitutes more than half of all reported cases of elder abuse. It can be intentional or unintentional, based on factors such as ignorance or denial that a Senior needs as much care as he or she does.

### **Financial Exploitation**

This involves unauthorized use of a Senior's funds or property, either by a caregiver or an outside scam artist. An unscrupulous caregiver might:

- Misuse a Senior's personal checks, credit cards, or accounts
- Steal cash, income checks, or household goods
- Forge the Senior's signature
- Engage in identity theft

### **Healthcare Fraud & Abuse**

This is often carried out by unethical doctors, nurses, hospital personnel, and other professional care providers. Some examples of this kind of abuse include:

- Not providing healthcare, but charging for it
- Overcharging or double-billing for medical care or services
- Getting kickbacks for referrals to other providers or for prescribing certain drugs
- Overmedicating or under medicating
- Recommending fraudulent remedies for illnesses or other medical conditions

### **Interpersonal Violence**

Violence against older women is widespread yet mostly hidden. It occurs in multiple, often-intersecting forms by varying perpetrators, including intimate partners or spouses, family members, caregivers (both in and outside of institutional settings), or members of their community. Reliable, comprehensive prevalence data are lacking.

- Violence against older women includes physical, sexual, and psychological violence, verbal abuse, financial exploitation (including economic coercion), and neglect. For more information, please visit the Terminology section of our website.

It is important to note that older women can be subject to all of these forms of violence throughout their lives, though some types of abuse are even more likely to occur in older age. For example, a perpetrator might exploit an older woman's vulnerability in terms of physical ability, social status, availability of financial resources, or all of the above. In addition to the terms explored on our website, older women can also experience:

**Psychological/emotional abuse** through denial of access to sacred sites or participation in faith activities, most salient in cultures in which spiritual and religious traditions are strong; o Financial exploitation or economic abuse through the illegal or improper use of their money, property, or assets, including the use of threats, intimidation, and/or force to take control of their resources; and o Neglect, including desertion or abandonment, or intentional failure by a caregiver to provide essential support such as food, clothing, shelter, and health and medic Additional Risk Factors for Violence Data on violence against older women in vulnerable settings or from marginalized populations is very limited; however, several studies, complemented by observations from development practitioners working with older populations, have identified factors that can magnify older women's risk for violence and abuse.

- Isolation. Older women who are isolated from friends, family, and community have a threefold risk of exploitation and limited to no access to services or support in the event they experience violence or abuse.

Living alone, particularly when coupled with poor health or mobility challenges, increases the risk of isolation and creates barriers for older women to access social services. Worldwide, almost half of older women live alone due to being widowed, divorced, or never married.

**Cognitive decline and dementia** of all people with dementia—most of whom are women— about half experience some form of abuse.<sup>50</sup> Older

women with dementia are especially vulnerable, as it may prevent them from seeking help for abuse or cause the recipients of reports to question their veracity. Globally, the rate of people with dementia being abused by their caregivers is high, ranging from prevalence of 34% to 62%.<sup>51</sup> In regions where belief in witchcraft is strong, older women with cognitive decline or severe dementia are sometimes accused of being witches, and are subjected to extreme physical and emotional violence and/or social exclusion.

**Disability and care dependency:** Women and girls with disabilities of all ages are subjected to violence and abuse at alarmingly high rates, as high as 80% over the course of their lifetimes. Disability can be an added risk factor for older women, who may acquire an age-related disability. Women with a lifelong disability can become more vulnerable to violence as they become older, particularly if they are dependent on another person for daily care.

Along with partners across the globe, today we mark World Elder Abuse Awareness Day. This UN observance has since 2011 called attention to the often invisible abuse, violence, and neglect experienced by older people—mostly women—around the world.

## **Conclusion**

The global population of people 60 and older will more than double from 542 million in 1995 to about 1.2 billion in 2025 and 2 billion in 2050, according to UN estimates. In both developed and less developed economies, older women are more likely than their male counterparts to live in poverty—which, as our brief highlights, increases their vulnerability to violence and curbs their ability to leave an abusive partner or household. Even where women are legally entitled to own or inherit land, further, they do so at rates far below those of men—and in largely agrarian developing countries, widows, often older women, can be denied equal land and inheritance rights following a husband's death. Some communities use violence, threats, and intimidation to drive them away from their property, often accusing them of witchcraft—a harmful practice impacting older women and rarely addressed in development discourse.

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**CHAPTER - 10**  
**GENDER AND HEALTH**

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**Ms.S.HEMA**

**Health**

Health is a state of complete physical mental and social well-being. It's not only the absence of disease.

A person is said to be healthy when he/she is free of any type of disease (infectious/deficiency) when he/she is mentally happy and healthy, and when his/her social relationships are healthy in society.

Hence, to have a healthy life one has to be physically, mentally, and socially complete.

**Women's health**

Women's health refers to the branch of medicine that focuses on the treatment and diagnosis of diseases and conditions that affect a woman's physical and emotional well-being.

Women's health includes a wide range of specialties and focus areas, such as:

- Birth control, sexually transmitted infections (STIs), and gynecology
- Breast cancer, ovarian cancer, and other female cancers
- Mammography
- Menopause and hormone therapy
- Osteoporosis
- Pregnancy and childbirth
- Sexual health
- Women and heart disease



- Benign conditions affecting the function of the female reproductive organs

## **Reproductive Health**

“Reproductive health refers to the complete physical, mental and social well-being and not simply the absence of a disease in an individual capable of reproducing.”

As per the WHO (World Health Organization), reproductive health can be defined as the total well-being and proper functioning of reproductive organs in all phases of reproduction. This includes a complete state of mental, physical, and social well-being.

There are a number of programs which are directed toward maintaining reproductive health. These programs include both small ads and a few entertainment shows telecasted on the television for promoting safe sexual habits and awareness about various sexually transmitted diseases (STDs). All these efforts by the government and NGOs aim at achieving a reproductively healthy society.

Let us understand more in detail about the reproductive health followed by its problems and its strategies.

What is reproductive health?

The 1994 Programme of Action of the International Conference on Population Development (ICPD) defines reproductive health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.

Reproductive health care includes having access to a range of good-quality information and services: Family-planning counselling, information, education, communication and services, including access to:

- Safe and effective contraceptive methods; Education and services for prenatal care, safe delivery and post-natal care, especially breast-feeding
- Infant and women's health care; Prevention and appropriate treatment of infertility;
- Prevention of unsafe abortion
- Management of the consequences of abortion; Prevention and treatment of reproductive tract infections, sexually transmitted diseases and other
- Reproductive health conditions; Prevention of harmful practices, such as female genital mutilation;
- Information, education and counselling, as appropriate, on human sexuality, reproductive health
- Responsible parenthood.

Women's health and women's reproductive health are high priorities for CDC's Division of Reproductive Health. Our goal is to improve women's health from menarche through menopause. CDC/DRH activities focus primarily on research about the following:

### **Contraception (birth control)**

There are several safe and highly effective methods of birth control available to prevent unintended pregnancy. These include intrauterine contraception, hormonal and barrier methods, and permanent birth control (sterilization). Using effective birth control methods can greatly reduce the chances of having an unintended pregnancy. CDC's Division of Reproductive Health has a long history of conducting epidemiologic studies on the safety and effectiveness of contraceptive methods. Results from these studies have informed contraceptive practices.

## **Depression**

Prevalence and treatment of depression among women of reproductive age and postpartum depression. Depression is common. Often, trying to get pregnant, being pregnant, or the birth of a baby can increase the risk for depression. Also, many women don't know that depression sometimes happens with other events, such as losing a baby or having trouble getting pregnant. Women may also feel depressed for many other reasons—some may not even know why. There are ways to help you feel better, such as counseling or other treatments. Talking to your health care provider is a good first step if you think you may suffer from depression.

## **Heart Defects and Women's Reproductive Health**

Get informed about contraception, preconception health, and pregnancy for people living with heart defects. If you're living with a heart defect, you may need specialized medical care to manage your reproductive health and heart health.

## **Hysterectomy**

Hysterectomy is the surgical removal of a woman's uterus. The uterus is the place where a baby grows when a woman is pregnant. Sometimes the cervix, ovaries, and fallopian tubes are also removed. Hysterectomies are very common—1 of 3 women in the United States has had one by age 60.

## **Female Genital Mutilation/Cutting**

Female genital mutilation or cutting (FGM/C) is defined by the World Health Organization (WHO) as "all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons." These procedures could mean piercing, cutting, removing, or sewing closed all or part of a girl's or woman's external genitals.

## **Infertility**

Infertility means not being able to get pregnant after 1 year of trying. If a woman is 35 or older, infertility is based on 6 months of trying to become pregnant. Women who can get pregnant but are unable to stay pregnant may also be considered infertile. About 10% of women (6.1 million) in the United States aged 15–44 years have difficulty getting pregnant or staying pregnant. CDC is committed to preventing infertility and its burden on women and families. We work with other federal agencies and nonprofit organizations providing data and evidence about infertility, including its causes and consequences.

## **Menopause**

Menopause is a normal change in a woman's life when her period stops. A woman has reached menopause when she has not had a period for 12 months in a row. This often happens between 45–55 years of age. Menopause happens because the woman's ovary stops producing the hormones estrogen and progesterone.

## **Reproductive health is central to the 2030 Agenda**

The 2030 Agenda for Sustainable Development contains a number of targets related to reproductive health. Specifically, target 3.7 calls for ensuring universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes by 2030. Likewise, target 5.6 calls for ensuring universal access to sexual and reproductive health and reproductive rights. Other targets in the 2030 Agenda related to reproductive health include reducing the global maternal mortality ratio to less than 70 per 100,000 live births (target 3.1); ending preventable deaths of newborns and children under 5 years of age (target 3.2); and eliminating all harmful practices, such as child, early and forced marriage and female genital mutilation (target 5.3). Meeting the targets related to reproductive health can contribute positively to the achievement

of other goals and targets of the 2030 Agenda, including those related to poverty, health, education and gender equality.

## **Objectives of Reproductive Health**

Following are the major objectives of reproductive health:

1. To make quality maternal and reproductive health services accessible to the people living in rural areas.
2. To enhance the prevention of diseases that might affect maternal health.
3. To broaden the institutional and human resource capacities of local governments, health centres, communities, and men and women involved in reproductive health.

## **Importance of Reproductive Health**

- Reproductive Health conveys complete awareness of various sexually transmitted diseases.
- Provides accurate information about sexual life, reproduction, and contraception methods.
- Helps in maintaining safe sexual and reproductive health.
- With this awareness, an individual can protect themselves from sexually transmitted infections and diseases.
- It provides complete education to all pregnant mothers about how to take care of their health, to have proper medicines, to maintain good health and hygiene when they are pregnant, have a safe delivery and to deliver a healthy baby.

## **Problems and Strategies related to Reproductive Health**

There are various problems related to reproductive health such as increasing population, sexually transmitted diseases, female foeticide,

infant and maternal deaths and many social evils. There are many measures taken to achieve reproductive health and control the population explosion.

- **RCH-** Reproductive and child health care programmes are run to improve the reproductive health of society
- Family planning programmes were introduced in 1951 with the aim to control the population
- Reproduction related awareness is being created using print and digital media
- Sex education in school should be promoted so that teenagers get the first-hand information and clear their doubts about any misconceptions or myths
- Awareness about birth control measures, pre and postnatal care, educating people about sexual organs and hygiene, safe sexual practices and STDs (sexually transmitted diseases) has helped people leading healthy reproductive life
- Sex-determination is banned to stop female foeticide. Sex determination by amniocentesis or Ultrasonography has been made a criminal offence
- Awareness regarding the menstrual process and reproduction process has helped in eradicating social evils, where a female was blamed for giving birth to a female child and other related issues
- Amniocentesis and other screening techniques have helped in determining genetic disorders in the growing foetus, e.g. haemophilia, down syndrome, sickle cell anaemia, etc.

## **Types of Assisted Reproductive Technology**

Some commonly used methods of ART include:

1. In vitro fertilization (IVF) – one of the most common forms of ART is IVF. Here fertilization occurs outside the body.

2. Gamete intrafallopian transfer (GIFT) – It involves the transfer of sperms and eggs into the fallopian tube of a woman where fertilization takes place.
3. Zygote intrafallopian transfer (ZIFT) – also known as tubal embryo transfer is somewhat similar to IVF wherein fertilization takes place outside the body. The young embryo is then inserted into the fallopian tube and not the uterus.
4. Intracytoplasmic sperm injection (ICSI) – this technique is usually used for couples where the male is infertile. Sometimes it is also used for those with failed IVF attempts or even for older couples. Here the principle that is followed is that a single sperm is introduced into a mature egg, contrary to what is seen in conventional fertilization techniques wherein the sperm and egg is placed in a petri dish and the sperm fertilizes the egg on its own.
5. Artificial insemination – deliberate introduction of sperms into the female’s cervix or uterus to achieve pregnancy without sexual intercourse. It can be of the following types:
  - Intrauterine insemination
  - Intracervical insemination
  - Intratubal insemination

## **Mental Health**

**According to WHO (World Health Organization)**, mental health is defined as “a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community”.

**According to Sigmund Freud**, mental health is the capacity of an individual “to work and to love”.

## **World Mental Health Day**

October 10th is World Mental Health Day. The day is observed every year to raise awareness about mental health issues around the world and mobilizing support for mental health.

**The theme for this year is – ‘Psychological First Aid’.**

Psychological First Aid (PFA) is a caring, supportive, and practical approach for people exposed to a high level of stress and who may need support. It is an approach to help people recover by responding to their basic needs and showing them concern and care in a way that respects their wishes, culture, dignity, and capabilities.

It involves giving non-intrusive realistic care and support, assessing people’s needs, listening to but not pressurizing to talk, providing them with basic requirements like food, water, clothing, etc, and comforting and protecting people from further harm.

National Mental Health Week is also observed in India from October 8th to 15th, to create awareness about the magnitude of mental health problems in India.

Main hurdles in overcoming the problem of mental health In India-

- Lack of awareness in common people.
- Stigma related to mental disorders.
- Delayed treatment-seeking behaviour.
- Lack of low-cost diagnostic test.
- Limited access and availability to easily available treatment.
- Over beliefs in traditional medicine and supernatural powers delay diagnosis and treatment.

India gave its attention all these years mainly to improve maternal and child health and communicable diseases. This led to huge lacunae in developing and implementing policies to address mental disorders.



## Common Reasons \_\_\_\_\_ for mental illnesses

- ✓ Deprivation and poverty
- ✓ Illiteracy or limited education
- ✓ Low household income
- ✓ Lifetime disorders such as panic, phobia, generalized anxiety disorder
- ✓ Alcohol dependence
- ✓ Drug Abuse
- ✓ Modern lifestyle
- ✓ Stress

## Common \_\_\_\_\_ Symptoms Include

- ✓ Confused thinking
- ✓ Prolonged depression
- ✓ Feeling of extreme highs and lows
- ✓ Changes in sleeping and eating habits
- ✓ Suicidal tendency
- ✓ Intense fear

## Diagnoses \_\_\_\_\_ & Treatment

The treatments may differ from person to person and there is no specific treatment that works for all. The various modes of treatment include:

- ✓ Psychotherapy
- ✓ Medication
- ✓ Hospitalization
- ✓ Peer support
- ✓ Support group

## Preventive \_\_\_\_\_ Measures

- ✓ Taking a healthy diet
- ✓ Getting regular exercise
- ✓ Avoiding stress
- ✓ Sharing problems with others
- ✓ Avoid taking alcohol and drugs
- ✓ Taking enough rest
- ✓ Spreading awareness among people to initiate the early treatment.

## **Legislations supporting mental health in India – Pre-independence-**

- Lunacy asylum act 1858.
- Lunacy act in 1912.

## **Post-independence-**

- Indian psychiatric society was established in 1947.
- Narcotic drugs and psychotropic substances act (NDPS) 1985- supports mental health care indirectly

## **Mental health Act (MHA) 1987.**

An Act to consolidate and amend the law relating to the treatment and care of mentally ill persons, to make better provision concerning their property and affairs and other matters connected therewith.

## **Person with disability act 1995-**

To remove discriminations in the sharing of developmental benefits concerning non-disabled persons and to prevent abuse and exploitations of persons with disability (PWD). It provided special provisions for the integration of PWD into the social mainstream.

## **National trust act 1999-**

This act got enacted in the year 1999 for the welfare of persons with autism, mental retardation, cerebral palsy, and multiple disabilities to facilitate and empower them to live as independently and as close to the community to which they belong and to make possible the realization of equal opportunities and protection of rights.

United Nations convention for rights of persons with disabilities 2006 – UNCRPD was adopted in 2006. It was ratified by the Parliament of India

in 2008. Accordingly, Countries that have signed and ratified the UNCRPD are required to bring their laws and policies in harmony with it. The convention marks a standard shift in respect of disabilities from a social welfare concern to a human right concern. The new pattern is based on the belief of legal capacity, equality, and dignity.

### **The Mental Healthcare Bill 2016(Proposed) –**

The Bill repeals the Mental Health Act, 1987. Bill provides for mental healthcare and services for persons with mental illness and to protect, promote, and fulfill the rights of such persons during the delivery of mental healthcare and services.

### **Risk Factors for Poor Mental Health**

Mental health is described as a state of well-being where a person is able to cope with the normal stresses of life. This state permits productive work output and allows for meaningful contributions to society.<sup>1</sup>

However, different circumstances exist that may affect the ability to handle life's curveballs. These factors may also disrupt daily activities, and the capacity to manage these changes.

The following factors, listed below, may affect mental well-being and could increase the risk of developing psychological disorders.

### **Childhood Abuse**

When a child is subjected to physical assault, sexual violence, emotional abuse, or neglect while growing up, it can lead to severe mental and emotional distress.

Abuse increases the risk of developing mental disorders like depression, anxiety, post-traumatic stress disorder, or personality disorders.

Children who have been abused may eventually deal with alcohol and substance use issues. But beyond mental health challenges, child abuse may also lead to medical complications such as diabetes, stroke, and other forms of heart disease.<sup>2</sup>

## **Environment**

A strong contributor to mental well-being is the state of a person's usual environment. Adverse environmental circumstances can cause negative effects on psychological wellness.

For instance, weather conditions may influence an increase in suicide cases. Likewise, experiencing natural disasters firsthand can increase the chances of developing PTSD. In certain cases, air pollution may produce negative effects on depression symptoms.<sup>3</sup>

In contrast, living in a positive social environment can provide protection against mental challenges.<sup>4</sup>

## **Biology**

Your biological makeup could determine the state of your well-being. A number of mental health disorders have been found to run in families and may be passed down to members.

These include conditions such as autism, attention deficit hyperactivity disorder, bipolar disorder, depression, and schizophrenia.<sup>5</sup>

## **Lifestyle**

Your lifestyle can also impact your mental health. Smoking, a poor diet, alcohol consumption, substance use, and risky sexual behavior may cause psychological harm. These behaviors have been linked to depression.<sup>6</sup>

## **Signs of Mental Health Problems**

When mental health is compromised, it isn't always apparent to the individual or those around them. However, there are certain warning signs to look out for, that may signify negative changes for the well-being. These include:

- A switch in eating habits, whether over or undereating
- A noticeable reduction in energy levels
- Being more reclusive and shying away from others
- Feeling persistent despair
- Indulging in alcohol, tobacco, or other substances more than usual
- Experiencing unexplained confusion, anger, guilt, or worry
- Severe mood swings
- Picking fights with family and friends
- Hearing voices with no identifiable source
- Thinking of self-harm or causing harm to others
- Being unable to perform daily tasks with ease

## **Benefits of Good Mental Health**

Whether young or old, the importance of mental health for total well-being cannot be overstated. When psychological wellness is affected, it can cause negative behaviors that may not only affect personal health but can also compromise relationships with others.

Below are some of the benefits of good mental health.

### **A Stronger Ability to Cope With Life's Stressors**

When mental and emotional states are at peak levels, the challenges of life can be easier to overcome.

Where alcohol/drugs, isolation, tantrums, or fighting may have been adopted to manage relationship disputes, financial woes, work challenges,

and other life issues—a stable mental state can encourage healthier coping mechanisms.

## **A Positive Self-Image**

Mental health greatly correlates with personal feelings about oneself. Overall mental wellness plays a part in your self-esteem. Confidence can often be a good indicator of a healthy mental state.

A person whose mental health is flourishing is more likely to focus on the good in themselves. They will hone in on these qualities, and will generally have ambitions that strive for a healthy, happy life.

## **Healthier Relationships**

If your mental health is in good standing, you might be more capable of providing your friends and family with quality time, affection, and support. When you're not in emotional distress, it can be easier to show up and support the people you care about.

## **Better Productivity**

Dealing with depression or other mental health disorders can impact your productivity levels. If you feel mentally strong, it's more likely that you will be able to work more efficiently and provide higher quality work.

## **Higher Quality of Life**

When mental well-being thrives, your quality of life may improve. This can give room for greater participation in community building. For example, you may begin volunteering in soup kitchens, at food drives, shelters, etc.

## How to improve Mental Health and Well-Being?

Because mental health is so important to general wellness, it's important that you take care of your mental health. To keep mental health in shape, a few introductions to and changes to lifestyle practices may be required. These include:

- Taking up regular exercise
- Prioritizing rest and sleep on a daily basis
- Trying meditation
- Learning coping skills for life challenges
- Keeping in touch with loved ones
- Maintaining a positive outlook on life

Another proven way to improve and maintain mental well-being is through the guidance of a professional. Talk therapy can teach you healthier ways to interact with others and coping mechanisms to try during difficult times.

Therapy can also help you address some of your own negative behaviors and provide you with the tools to make some changes in your own life.

## Role of School Counsellors:

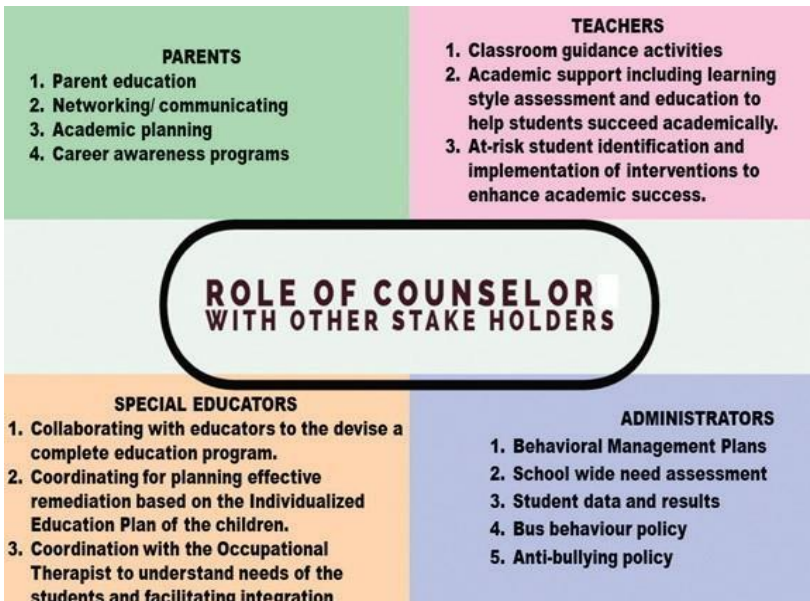
**Academic and career direction:** Sometimes, students feel directionless in the absence of guidance at home or outside to actualize their academic potential. The school counselor can act as a mentor and help to better understand higher study options after school. Counselors today are expected to keep themselves abreast with the latest career trends and developments for this purpose.

**Peer issues:** serious issues like bullying, 'groupism', unhealthy exposure to social media are often seen in schools. Counselors are expected to be aware, and if required, assess and report such situations to the school authorities, and work with school and family members to rectify the situation

**Working with Teachers:** Teachers have a crucial role in offering care, and referring students to the school counsellor whenever there is a need. Teachers can offer the support to a counselor in ensuring that a child manages to cope with pressure, and help unburden the child – emotionally and mentally.

**Collaborating with Parents:** The counselor may seek the help of parents to monitor the child's after school behaviour and ensure the strategies suggested are being used effectively.

**Psychosocial Problems:** A Major part of a counselor's time in school is spent in identifying problematic behaviors in children and rectifying before they snowball into a major concern . In such cases, the counsellor may also seek parents' support to help enable the child to solve his/her issues.





## **Occupational Health**

Occupational health is an area of work in public health to promote and maintain highest degree of physical, mental and social well-being of workers in all occupations.

Its objectives are:

1. The maintenance and promotion of workers' health and working capacity;
2. The improvement of working conditions and the working environment to become conducive to safety and health;
3. The development of work organization and working cultures that should reflect essential value systems adopted by the undertaking concerned, and include effective managerial systems, personnel policy, principles for participation, and voluntary quality-related management practices to improve occupational safety and health.

The science and practice of occupational health involves several disciplines, such as occupational medicine, nursing, ergonomics, psychology, hygiene, safety and other.

### **According to the World Health Organization's occupational health definition:**

Occupational health deals with all aspects of health and safety in the workplace and has a strong focus on primary prevention of hazards. The health of the workers has several determinants, including risk factors at the workplace leading to cancers, accidents, musculoskeletal diseases, respiratory diseases, hearing loss, circulatory diseases, stress-related disorders and communicable diseases and others.

Employment and working conditions in the formal or informal economy embrace other important determinants, including working hours, salary,

workplace policies concerning maternity leave, health promotion and protection provisions, etc.

### **Understanding Occupational Health — What is it?**

Historically, the focus on occupational health was centered primarily on those who did manual labor, such as factory workers. After the Civil War, many factories opened all over the United States, and this provided thousands of jobs for people. These factories, however, often employed young and inexperienced workers, and the workplace was riddled with safety risks. A report published in 1872 by the Massachusetts Bureau of Labor highlights many incidents involving lost limbs or death resulted from inadequate equipment or physically demanding tasks. Factories were dirty and many had poor ventilation, which forced the workers to breathe toxic fumes and accumulated dust.

The Occupational Safety and Health Administration was established to oversee and ensure that workers operated in safe conditions. Estimates suggest that after the inception of OSHA, the number of workplace fatalities plummeted by 65%. Proactively putting occupational health programs in place is a key component of creating safer and healthier workplaces.

For example, a company might notice increased carpal tunnel syndrome claims among its workers doing daily office work. The goal is to treat the existing injury but also to use occupational health programs to identify the risk of this condition and work to reduce it. As a result, the company invests resources in improving ergonomics.

The ultimate goal of occupational health is to prevent workplace-related illnesses and injuries through a variety of actions, including:

- Encouraging safety in the workplace through safer work practices.
- Ensuring that employees are using ergonomically proper methods and actions.

- Monitoring overall health in the workplace, and looking for opportunities for improvement.
- Supporting employees who are struggling with illness or absences related to sickness.
- Providing ongoing mental health support for those with work or home stressors.

Occupational health helps employers look at their current environment and work to reduce health risks and stay compliant with evolving regulations.

## **The Risk of Workplace Injuries**

Occupational health is designed to prevent and treat workplace injuries, but just how large is this risk? Workplace injuries occur on average every seven seconds. This quickly adds up to 510 injuries per hour, 12,660 injuries a day and 4.6 million injuries each year. The cost to employees is high for the pain, emotional impacts and struggle — but the cost to employers is high as well.

Estimates suggest that 104 million production days are lost annually due to workplace injuries. What's more, many of these injuries can be prevented to avoid needless pain and suffering. Here are a few of the most common types of injuries:

- Sprains, strains or tears
- Soreness or pain
- Cuts, lacerations or punctures

For example, imagine that an employee is restocking an office supply closet. The employee is using a ladder and climbing to a high shelf to put away a ream of computer paper. As the employee climbs, she misses a step and comes down hard on her ankle.

When she visits the doctor, the physician determines that the ankle is seriously sprained, which could take four to six weeks to heal. Could this

injury have been prevented? This is the question that occupational health works to examine, and it addresses putting tools in place to help that employee recover quickly and get back to the job.

This is just one example of a workplace injury, but statistically, the top three most common types of injuries that result in lost workdays include the following:

- **Overexertion accounts for 33% of workplace injuries.** This may include lifting or lowering and repetitive motions. For example, employees unpacking boxes might pull muscles in their back.
- **Contact with objects or equipment accounts for 26% of injuries.** This can include getting struck by or falling against an object or a piece of equipment. For example, a new employee might unknowingly stand too close to a heavy piece of machinery and get struck, causing serious injury and keeping him or her away from work for weeks and even months.
- **Slips, trips and falls account for 25% of injuries.** This might include falling to a lower level or even falling on the same level. For example, an employee might be carrying small boxes to another department. Navigating a set of stairs, the employee could miss one and injure his or her knee.

Companies need to safeguard against potential risks, but there are several professions and industries that have higher-than-usual occupational health risks, including:

- Public service (such as firefighters and police)
- Transportation and shipping
- Manufacturing and production
- Installation, maintenance, and repair
- Construction

Even if your company isn't included in one of these categories, it doesn't mean that risk does not exist and that behavioral healthcare is not relevant.

For example, an employee might miss days of work due to repetitive motions in the job, resulting in the need for an operation to correct carpal tunnel syndrome. All jobs have health risks, and the key to managing those risks is understanding what they are and putting the right resources in place to reduce those risks — and then handling issues more effectively and efficiently when they occur.

### Various Hazards At Work Place



### What is Hazard?

Hazard identification is a risk assessment practice that aims to identify and record safety risks and work hazards to ensure the safety of workers and personnel. Hazard identification is usually done:

- when new processes, equipment, and/or machinery are introduced into the standard workflow;
- before each shift;

- in the performance of work;
- during formal or informal inspections; and
- after incidents occur.

The National Institute for Occupational Safety and Health (NIOSH) also developed the hierarchy of controls to guide workplaces in implementing effective hazard control measures.

Early detection of hazards and implementing safety practices will help the business in achieving its goals. It would also help:

- Prevent numerous work-related injuries and illnesses;
- Improve compliance with laws and regulations;
- Reduce costly repairs and unexpected damages;
- Improve employee engagement, productivity, and efficiency; and
- Boost overall business operations.

## **1. Safety**

A safety hazard is the most common type of hazard that is always present in a construction site. It includes unsafe working conditions that can cause injury, illness, or death. Here are the basic examples safety hazards in the workplace:

- Spills on floors or tripping hazards such as blocked aisles or cords running across the floor;
- Working from heights including ladders, scaffolds, roofs, or any raised work area;
- Unguarded machinery and moving machinery parts; guards removed or moving parts that a worker can accidentally touch;
- Electrical hazards like frayed cords, missing ground pins, improper wiring;
- Confined spaces; and
- Equipment and machinery-related hazards (lockout tagout, boiler safety, forklifts, hand, and power tools, etc.)

## 2. Biological

Biological hazards associated with working with animals, people, or infectious plant materials. Most at-risk workers include those who work in schools, daycare facilities, colleges and universities, hospitals, laboratories, emergency response, nursing homes, and outdoor occupations. Here are the types of biological hazards workers may be exposed to:

- blood and other body fluids;
- fungi/mold;
- bacteria and viruses;
- insect bites; and
- animal and bird droppings.

Browse our guide on the specific biological hazard examples along with the biohazard levels associated with them.

## 3. Chemical

Chemical hazards are present when a worker is exposed to any chemical preparation in the workplace in any form (solid, liquid, or gas). Chemicals can be safer to others, but to some sensitive workers, even the most common solutions can cause illness, skin irritation, or breathing problems. Workers should be aware of the following examples chemical hazards in the workplace.

- Liquids like cleaning products, paints, acids, solvents – especially if chemicals are in an unlabeled container;
- Vapors and fumes that come from welding or exposure to solvents;
- Gases like acetylene, propane, carbon monoxide, and helium;
- Flammable materials like gasoline, solvents, and explosive chemicals; and
- Pesticides.

Browse here for free safety checklists you can use to manage chemical hazards

#### **4. Ergonomic**

Ergonomic hazards occur when the type of work, body positions, and working conditions put a strain on the body. They are the hardest to spot since you don't always immediately notice the strain on the body and the harm that these hazards pose. Short-term exposure may result in "sore muscles" the next day or in the days following exposure while long-term exposure can result in serious long-term illnesses. Ergonomic hazards include the following:

- Improperly adjusted workstations and chairs;
- Frequent lifting;
- Poor posture;
- Awkward movements, especially if they are repetitive;
- Repeating the same movements over and over;
- Having to frequently use too much force; and
- Vibration.

Learn more about ergonomics in the workplace and 10 simple ergonomic principles to follow. Also, browse for these free ergonomic assessment checklists.

#### **5. Work Organization**

Work organization hazards are stressors that cause psychosocial hazards such as tension, anxiety, or strain to workers. These can be experienced in short term (stress) or long term (strain) that is associated with workplace issues such as workload, lack of control and/or respect, etc. Here are work organization hazards examples:

- Workload demands;
- Workplace violence;



- Intensity and/or pace;
- Respect (or lack of);
- Flexibility/Control or say about things;
- Social support/relations; and
- Sexual harassment.

## 6. Physical

Physical hazards are factors within the environment that can harm the body without necessarily touching it. Examples of physical Hazards include the following:

- Radiation: including ionizing, non-ionizing (EMF's, microwaves, radio waves, etc.);
- Prolonged exposure to sunlight/ultraviolet rays;
- Temperature extremes – hot and cold; and
- Constant loud noise (which can be a harmful hazard if not well-managed or mitigated).

Employers, managers, and safety officials can reduce common workplace hazards by establishing adequate safety protocols, hazard identification procedures, and conducting regular hazard assessments.

One of the most affected part of the body when it comes to hazards are our hands. In some cases, it is also mostly responsible for triggering hazards in the workplace. Hand safety should be observed by people in the workplace to avoid injuries and accidents.

Occupational health is designed to prevent health-related challenges in the workplace and also help employees treat any existing health issues.

### **Preventive approach to manage Occupational Health**

**On-site clinics:** Services may include access and outreach to behavioral health specialists and tele-behavioral health services for employees.

Workplace health-related screening tools may be provided for areas such as behavioral health, addiction and pain. Employee screening for stressful and dangerous occupations may also be provided.

**Absence and disability management:** Fitness-for-duty evaluations that include a behavioral health component may be provided.

**Digital mental health:** Digital tools support prevention by building resilience and keeping employees mentally strong through on-demand self-guided cognitive behavioral therapy courses, coaching and short-term counseling.

**Worker's compensation:** Customized and managed treatment plans for injured workers with pain and who use opioids. Also centralized care management with physicians and psychologists may be available.

Providing these types of services has many benefits for employees and their employers. Missing days of work can cause hardship for employees and employers. Understanding the benefits of occupational health can help companies communicate the value to employees and create a relationship that is healthy and collaborative.

### **Benefits of Occupational Health**

Workplace injuries and illnesses cost employers approximately \$60 billion annually. The costs for different types of injuries vary, but the cost to businesses of overexertion is about \$13.79 billion annually in direct costs. The cost to companies of employees being struck by equipment is about \$4.43 billion, and falling on the same level costs companies around \$10 billion annually. One of the major benefits of implementing a strong occupational health program is helping reduce workplace injuries and mitigate the risk. Other benefits include the following:

**Reduced expenses:** Occupational health specializes in understanding the types of injuries that employees face and focuses on helping employees get

better and back to work. This helps companies reduce overall expenses and assists employees with getting the exact care they need to treat the injury.

**Worker's compensation:** Occupational health programs clearly understand the worker's compensation claims process and understand the importance of clearly communicating with all those involved in the process.

**Safety:** This type of program can aid in creating preventative measures to ensure that the workplace is safer. For example, employers might require pre-employment drug screening to make sure that employees operating heavy equipment or driving vehicles are doing so safely. An employer might also require physicals and other medical checkups.

**Prevention:** One of the primary goals of occupational medicine is prevention. Prevention programs are designed to help minimize the risk of occupational health issues and prevent employees from becoming sick or injured on the job. They may include digital mental health resources, a health assessment and other wellness programs to assist employees in specific circumstances with remaining healthy.

Working with an occupational health provider that has a wide variety of experiences to help employees get back on their feet more quickly is useful in keeping employees safe and secure on the job.

### **Setting Up Employees for Success**

A solid occupational health program can help a company improve employees' safety before their first day on the job. For example, pre-placement physical exams and pre-employment drug screenings can make sure that new hires are the right fit to safely perform their job tasks.

Some companies also use pre-placement physicals to understand a candidate's ability to complete physically demanding work. Ensuring that an employee is up to the physical demands of a job is critical to preventing

potential injuries. This empowers companies to hire the right person for the right job.

Setting up employees for success also includes preventative measures, including things such as the following:

- Health screenings
- Vaccinations
- Medical surveillance exams
- Mental health support

These processes can help employees avoid work hazards and minimize the risk of injury. Regular health screenings, also known as preventative exams, can also help employees identify potential issues sooner and proactively get treatment. Providing access to mental health solutions keeps employees mentally strong and present to prevent accidents and injuries.

Employees working with hazardous materials may also benefit from medical surveillance experts, who can help companies reduce worker exposure to occupational hazards and lower the risk of health issues. For example, workers may be exposed to hazards such as toxic chemicals or extreme noise. These medical surveillance exams will help safeguard workers by implementing consistent safeguards to ensure that employees are operating with their maximum health in mind.

Occupational health deals with all aspects of health and safety at the workplace with special emphasis on primary prevention of hazards. The health of the workers has several determinants, including risk factors at the workplace leading to cancers, accidents, musculoskeletal diseases, respiratory diseases, hearing loss, circulatory diseases, stress related disorders, communicable diseases and others.

Employment and working conditions in the formal and informal economy embrace important determinants such as working hours, salaries, work

place policies concerning maternity leave, health promotion benefits and protection provisions, amongst others.

Safety and health of workers has a positive impact on productivity and economic and social development. Prevention should form an essential part of economic activities. To ensure sustainable and fair economic growth, having the highest standards of safety and health standard are just as important as business performance, profits and bottom line.

In India, constitutional provisions form the basis of workplace safety and health laws. It is the duty of the state to implement policies that encourage workplace safety and health of workers.

The major occupational diseases/morbidity of concern in India are silicosis, musculoskeletal injuries, coal workers' pneumoconiosis, chronic obstructive lung diseases, asbestosis, byssinosis, pesticide poisoning and noise induced hearing loss. The Directorate General of Factory Advisory Services & Labour Institutes (DGFASLI) is an attached office of the Ministry of Labour & Employment, Government of India. It serves as a technical arm of the ministry and assists in formulating national policies on occupational safety and health in factories and docks. It also advises factories on problems concerning safety, health, efficiency and well-being of every employee.

OSHA standards are sets of guidelines and requirements enforced by the Occupational Safety and Health Administration (OSHA) to minimize health and safety risks in US-based workplaces. They regulate companies to maintain safe and healthy working conditions and to provide suitable training and assistance to their employees before doing their jobs.

## **Women violence**

Violence against women does not mean only physical violence. It is much broader and includes sexual, emotional, psychological and financial abuse.

The National Plan targets two main types of violence against women – domestic and family violence, and sexual assault.

On an international level, the United Nations Declaration on the Elimination of Violence against Women provides the following definition:

‘The term violence against women means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.’

### **Domestic violence**

- acts of violence that occur between people who have, or have had, an intimate relationship;
- ongoing pattern of behaviour aimed at controlling a partner through fear, for example by using behaviour which is violent and threatening. In most cases, the violent behaviour is part of a range of tactics to exercise power and control over women and their children, and can be both criminal and non-criminal; and threatening or violent behaviour can comprise of physical, sexual, emotional, psychological and financial abuse.

**Physical violence** can include slaps, shoves, hits, punches, pushes, being thrown down stairs or across the room, kicking, twisting of arms, choking, and being burnt or stabbed.

**Psychological and emotional abuse** can include a range of controlling behaviours such as control of finances, isolation from family and friends, continual humiliation, threats against children or being threatened with injury or death.

**Financial or economic violence** includes forcibly controlling another person’s money or other assets. It can also involve stealing cash, not allowing a victim to take part in any financial decisions or preventing a victim from having a job.

**Family violence** is a broader term that refers to violence between family members, as well as violence between intimate partners. It involves the same sorts of behaviours as described for domestic violence. As with domestic violence, the National Plan recognises that although only some aspects of family violence are criminal offences, any behaviour that causes the victim to live in fear is unacceptable. The term ‘family violence’ is the most widely used term to identify the experiences of Aboriginal and Torres Strait Islander people, because it includes the broad range of marital and kinship relationships in which violence may occur.

**Sexual assault** or **sexual violence** can include rape, sexual assault with implements, being forced to watch or engage in pornography, enforced prostitution, and being made to have sex with friends of the perpetrator.

Research has demonstrated that violence against women often involves a continuum of violence from psychological, economic and emotional abuse through to physical and sexual violence.

### **What are the causes?**

Many of the misconceptions surrounding violence against women centre on its causes. There are a number of myths that exist, such as:

- men can’t control their anger or sexual urges;
- alcohol causes men to be violent;
- women could leave violent partners if they wanted to; and
- men experience equal, if not greater, levels of violence perpetrated by their partners or former partners.

**Research has shown that the significant drivers of violence against women include:**

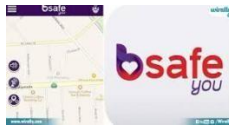
- unequal distribution of power and resources between men and women
- Adherence to rigidly defined gender roles and identities i.e., what it means to be masculine and feminine.

Attitudes that condone or tolerate violence are recognised as playing a central role in shaping the way individuals, organisations and communities respond to violence. VicHealth has summarised five key categories of violence supportive attitudes that arise from research. These include attitudes that:

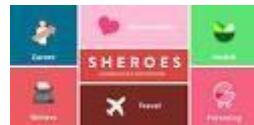
- justify violence against women, based on the notion that it is legitimate for a man to use violence against a woman;
- Excuse violence by attributing it to external factors (such as stress) or proposing that men cannot be held fully responsible for violent behaviour (for example, because of anger or sexual urges);
- Trivialise the impact of violence, based on the view that the impacts of violence are not serious or are not sufficiently serious to warrant action by women themselves, the community or public agencies;
- Minimise violence by denying its seriousness, denying that it occurs or denying that certain behaviours are indeed violence at all; and
- Shift blame for the violence from the perpetrator to the victim or hold women at least partially responsible for their victimisation or for preventing victimisation.



Safetipin



BSAFE



Sheroes



Himmat



Shake2Safety  
Personal Safety



- Women safety





Smart24x7



Disha SOS



CitizenCOP



Nirbhaya



India



Life360

## Apps for women's safety in India

### Impact Of Violence On Mental Health

Violence against women can cause long-term physical and mental health problems. Violence and abuse affect not just the women involved but also their children, families, and communities. These effects include harm to an individual's health, possibly long-term harm to children, and harm to communities such as lost work and homelessness.

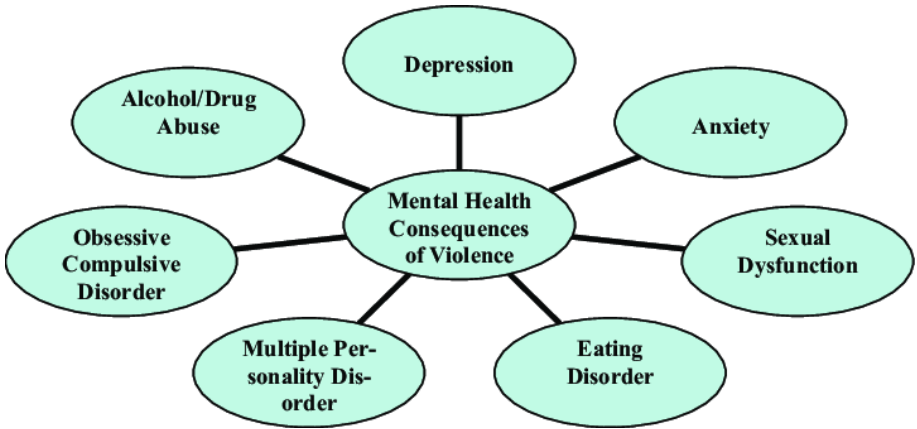
Long-term mental health effects of violence against women can include:<sup>5</sup>

- **Post-traumatic stress disorder (PTSD).** This can be a result of experiencing trauma or having a shocking or scary experience, such as sexual assault or physical abuse.<sup>6</sup> You may be easily startled, feel tense or on edge, have difficulty sleeping, or have angry outbursts. You may also have trouble remembering things or have negative thoughts about yourself or others. If you think you have PTSD, talk to a mental health professional.
- **Depression.** Depression is a serious illness, but you can get help to feel better. If you are feeling depressed, talk to a mental health professional.
- **Anxiety.** This can be general anxiety about everything, or it can be a sudden attack of intense fear. Anxiety can get worse over time

and interfere with your daily life. If you are experiencing anxiety, you can get help from a mental health professional.

Violence against women has physical and mental health effects, but it can also affect the lives of women who are abused in other ways:

- **Work.** Experiencing a trauma like sexual violence may interfere with someone's ability to work. Half of women who experienced sexual assault had to quit or were forced to leave their jobs in the first year after the assault. Total lifetime income loss for these women is nearly \$250,000 each.<sup>8</sup>
- **Home.** Many women are forced to leave their homes to find safety because of violence. Research shows that half of all homeless women and children became homeless while trying to escape intimate partner violence.<sup>9</sup>
- **School.** Women in college who are sexually assaulted may be afraid to report the assault and continue their education. But Title IX laws require schools to provide extra support for sexual assault victims in college. Schools can help enforce no-contact orders with an abuser and provide mental health counseling and school tutoring.
- **Children.** Women with children may stay with an abusive partner because they fear losing custody or contact with their children.



Violence against women has **serious health consequences.**

<b>Death</b> 	<b>Physical injuries</b> 	<b>Unintended pregnancies, induced abortions</b> 
<b>Sexually transmitted infections, including HIV</b> 	<b>Depression, post-traumatic stress disorder</b> 	<b>Harmful use of tobacco, drugs, and alcohol</b> 

World Health Organization

## **WHO response in Violence against Women**

At the World Health Assembly in May 2016, Member States endorsed a global plan of action on strengthening the role of the health systems in addressing interpersonal violence, in particular against women and girls and against children.

- Global plan of action to strengthen the role of the health system within a national multi sectoral response to address interpersonal violence, in particular against women and girls, and against children

## **WHO in collaboration with partners is:**

- Building the evidence base on the size and nature of violence against women in different settings and supporting countries' efforts to document and measure this violence and its consequences, including improving the methods for measuring violence against women in the context of monitoring for the SustainableDevelopment Goals. This is central to understanding the magnitude and nature of the problem and to initiating action in countries and globally.
- Strengthening research and capacity to assess interventions to prevent and respond to violence against women.
- Undertaking interventions research to test and identify effective health sector interventions to address violence against women.
- Developing guidelines and implementation tools for strengthening the health sector response to intimate partner and sexual violence and synthesizing evidence on what works to prevent such violence.
- Supporting countries and partners to implement the global plan of action on violence and monitoring progress including through documentation of lessons learned.
- Collaborating with international agencies and organizations to reduce and eliminate violence globally through initiatives such as the Sexual Violence Research Initiative, Together for Girls, the UN Women-WHO Joint Programme on Strengthening Violence against

Women measurement and data Collection and use, the UN Joint Programme on Essential Services Package for Women Subject to Violence, and the Secretary General’s political strategy to address violence against women and COVID-19.

- WHO and UN Women, along with other partners, co-lead the Action Coalition on Gender-based Violence, an innovative partnership of governments, civil society, youth leaders, private sector and philanthropies to develop a bold agenda of catalytic actions and leverage funding to eradicate violence against women. These bold actions and investments will be announced at the Generation Equality Forum in Mexico (March 29-31) and in France (June), along with those of other five Generation Equality Action Coalitions.

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*CHAPTER – 11*  
*GENDER AND EQUALITY*

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**Dr.R.Anitha**

**Introduction**

Gender includes the aspects of being a man, woman, or transgender based on social, psychological, cultural and behavioral attitude. This is a sex-based social structures and gender expression. Gender is hierarchical and produces inequalities that intersect with other social and economic inequalities. Gender equality is a fundamental human right, it's also necessary for the foundation of peaceful, prosperous and sustainable world. Gender and equality can be understood with the knowledge about gender discrimination, division of labour, gender sensitivity and gender inequality.

**Gender discrimination**

Gender discrimination is when dominating people treated individuals unequally or is advantageously based on their gender but not necessarily in a sexual nature. That includes discrimination and harassment based on sex, gender identity, or gender expression. Gender discrimination is harmful by limiting the ways people express and identify themselves. Women, including transwomen, also frequently experience gender discrimination because of sexism. Prejudice, stereotyping, or discrimination on the basis of sex or gender leads to the experiences of inequality or restrictions.

Women faced various forms of discrimination such as sexism, implicit sexism, sexual assault and sexual harassment. Sexism is the prejudice or discrimination based on sex, especially in the form of discrimination against women. Socialization of gender norms is the one of the ways in which sexism is manifested in countries and cultures around the world. In general centuries in the West portrays that gender roles have represented women as the more nurturing, emotional, and physically weaker gender. Thus, women have been relegated to the domestic sphere, while gender roles have depicted men as more fit for political life, higher position in

business, policy making and academia. Children can be socialized from an early age to believe that women and men have different and proper gender roles in society. Those children may then grow up to perpetuate the existence of these damaging and restrictive roles in society.

Implicit sexism can often be Implicit Bias sometimes referred to as unconscious bias, is defined as a term of art referring to relatively unconscious and relatively automatic features of prejudiced judgment and social behavior. Sexual assault is a one type of gender discrimination its act in which one intentionally sexually touches another person without that person's consent, or coerces or physically forces a person to engage in a sexual act against their will. It is a form of sexual violence that includes child sexual abuse, groping, rape (forced sexual penetration, no matter how slight), drug facilitated sexual assault, and the torture of the person in a sexual manner.

Sexual harassment can be referred to unsolicited verbal or physical behaviour of a sexual nature and sexually motivated behaviour that the victim finds offensive. Women and girls can be victims of sexual harassment in the home, the workplace, in school, and the larger community, among other places. Sexual harassment could be unwanted touching, comments of a sexually suggestive nature, rude or offensive comments about one's gender identity or gender expression, questions prying into the personal private life about their sexual history or orientation and showing phonograph related to sex.

### **Causes of Gender discrimination**

Gender discrimination is a pervasive issue in India, impacting Indian women and girls in a variety of ways. While there are many causes of gender discrimination and some of the most common include:

- **Uneven access to education** When girls are not educated on the same level as boys, it has a huge effect on their future, kinds of opportunities they'll get. It's also retard their overall growth and development.



- **Lack of employment equality** Employment became a more even playing field, it has a positive domino effect on other areas prone to gender discrimination. Employed women having more decision-making power in the family compared to educated unemployed women.
- **Job segregation** One of the causes for gender discrimination within employment is the division of jobs. This discrimination results in lower income for women. Women also take on the primary responsibility for unpaid labor, even as they participate in the paid workforce; they have extra work that never gets financial recognition.
- **Lack of legal protections** According to research from the World Bank, over one billion women don't have legal protection against domestic sexual violence or domestic economic violence. Both have a significant impact on women's ability to thrive and live in freedom. Still now women have bias to get legal protection for their discrimination.
- **Lack of bodily autonomy** Many women around the world do not have authority over their own bodies or when they become parents. Accessing birth control is frequently very difficult. According to the WHO, over 200 million women who don't want to get pregnant are not using contraception. There are various reasons for this such as a lack of options, limited access, and cultural/religious opposition. These mothers often become financially dependent on another person or the state, losing their freedom.
- **Poor medical care** In addition to limited access to contraception, women overall receive lower-quality medical care than men. They are less likely to be able to afford good healthcare. Many women also experience discrimination and dismissal in broadening the gender gap in quality healthcare.
- **Lack of religious freedom** When religious freedom is attacked, women suffer the most. The researchers were also able to connect religious intolerance with women's ability to participate in the economy. When there's more religious freedom, an economy becomes more stable thanks to women's participation.

- **Lack of political representation**The women are still grossly underrepresented in government and the political process. This means that certain issues that female politicians tend to bring up – such as parental leave and childcare, pensions, gender equality laws and gender-based violence – are often neglected.
- **Racism**It would be impossible to talk about gender discrimination without talking about racism. It affects what jobs women of color are able to get and how much they're paid, as well as how they are viewed by legal and healthcare systems.
- **Societal mindsets**How society determines the differences and value of men vs. women plays a starring role in every arena, whether it's employment or the legal system or healthcare. Beliefs about gender run deep and even though progress can be made through laws and structural changes, there's often a pushback following times of major change. These types of mindsets prop up gender inequality and delay significant change.

### Effects of Gender discrimination

Gender discrimination reveals itself in many different forms, sometimes obvious and sometimes not. Unequal treatment of people based on their gender has lifelong and generational impacts in many areas such as

- **Unequal pay:** Women in India often earn less than men for doing the same work especially in the unorganized sector such as construction work and agricultural work. They are also underrepresented in higher-paying jobs especially in organized sectors.
- **Lack of education:** Girls in India often do not get the same education as boys even though they are in same cadre, which causes a big difference in literacy rates between men and women.
- **Violence against women:** Violence against women is a major problem in India. According to the National Crime Records Bureau, there were over 371 503 reported cases of violence against

women in India in 2020. This includes cases of sexual assault, domestic violence, and other forms of abuse. The actual number of cases is likely much higher, as many incidents of violence against women go unreported.

- **Health care discrimination:** Health care discrimination is a serious issue that affects many women in India. Women may have difficulty accessing quality health care due to a number of factors, including poverty, lack of education, and lack of access to transportation. In addition, women in India are often more likely to experience discrimination and mistreatment when seeking medical treatment, which can further discourage them from seeking the care they need.
- **Restrictions on women's freedom:** Women in India face numerous restrictions on their freedom. This can include societal norms and expectations that limit their choices and opportunities, as well as legal barriers that discriminate against them. These restrictions can make it difficult for women to participate fully in society and make their own decisions.

Especially girl children become exposed to the possibility of child marriage, teenage pregnancy, child domestic work, poor education and health, sexual abuse, exploitation and violence due to the gender discrimination.

### **Steps to overcome gender discrimination**

- Ensure equal access to education.
- Empower women in the workplace.
- Protect reproductive rights.
- Strengthen legal protections and political participation.
- Provide better medical care.

- Achieve better political representation.
- Prioritize the most marginalized.
- Access to capital to start their own livelihoods
- End all violence against and exploitation of women and girls
- Promote empowerment of women through technology

### **Gender division of labour**

The gender division of labour is generally referred to the way work is divided between men and women according to their gender roles. This does not necessarily concern only paid employment, but more generally the work, tasks and responsibilities that are assigned to women and men in their daily lives, and which may, on their turn, also determine certain patterns in the labourmarket. Within the division of labour, there are several types of roles carried out by the men and women are

- **Productive roles:** Activities carried out by men and women in order to produce goods and services either for sale, exchange, or to meet the subsistence needs of the family.
- **Reproductive roles:** Activities needed to ensure the reproduction of society's labor force. This includes house work like cleaning, cooking, childbearing, rearing, and caring for family members. These tasks are done mostly by women.
- **Community managing role:** Activities undertaken primarily by women at the community level, as an extension of their reproductive role, to ensure the provision and maintenance of scarce resources of collective consumption such as water, health care and education. This is voluntary unpaid work performed during "free" time.
- **Community politics role:** Activities undertaken primarily by men at the community level, often within the framework of national politics. This officially-recognized leadership role may be paid directly or result in increased power or status.

- **Triple role:** This refers to the fact that women tend to work longer and more fragmented days than men as they are usually involved in above mentioned three different roles: reproductive, productive and community work.

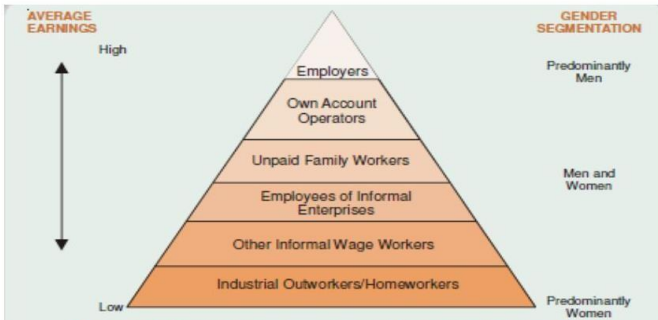
In the labour market (education and training) is heavily segregated along gender lines, with differences between regions and cultures. Also some generalizations about gender divisions in the labour force are quite truthful, as men and women separately dominate certain sectors and occupations such as concentration of women in services and of men in manufacturing. By sub-sector there is also a gender division: in manufacturing, for instance, there are more women concentrated in the electronics and garments industries, and men in the car industry. This is division of labour is called 'Occupational segregation', which is commonly split into a horizontal and a vertical dimension.

**1. Horizontal segregation** refers to the extent to which men and women are located in different occupational sectors. Women are usually highly concentrated in the sectors that require lesser skills (e.g. agriculture), that promise little chance for career advancements (e.g. services) and that are related to care-giving (e.g.: nursing), which often coincide also with low wages.

**2. Vertical segregation** refers to the extent to which men and women occupy different hierarchical positions within the same occupational sector. Within the same sector, women tend to occupy the lower ranks of the hierarchical ladder (consequently lower salary ranges).

The gender division of labour is not fixed for all time; it changes in response to wider economic, political and social changes. For example, men and women follow different migration patterns, and engage in different occupations when they migrate. Migration may also result in men taking on tasks that they would not normally consider within their socially ascribed role, like having to cook for themselves. Some migrants often have to accept occupations for which they are overqualified. The employment of immigrant women in industrialized countries, as maids or care-providers, may not make

it possible for them to advance their professional area of work. The below figure portrays that division of labour based on the gender (Source: chenetal 2004).



### Gender division of labour in household activities

The occupational distributions of men and women in terms of domestic circumstances focus on sexual division at home based on the socially constructed gender roles. Women in the family are supposed to carry the responsibility for the care of the children, the ill and older people, together with other domestic responsibility of cooking, cleaning etc. It was assumed that women have relations to domestic circumstances and men to waged labour. For women this division entailed disadvantageous both in terms of accommodated hours of waged work to the domestic responsibilities and also in terms of lower occupational attainment and income. Whereas it was advantageous to men for they can claim as wage earners along with domestic responsibilities.

The specific sexual divisions of labour in the society assign to women based on special responsibilities that will not be shared by others and also their child rearing and homemaking responsibilities put them in a different and difficult position. Even when they take up paid employment outside home their home related duties and responsibilities remain the same, which make them to take double burden. Moreover the secondary role of women

in the family and society based on the gender roles and gendered division of labour extends to the labour market too.

### **Gender division of labour in the employment and other activities**

Although women entered the labour market in large numbers in the modern period their lives and work are defined largely on the basis of gendered division of labour. This gendered division of labour makes a good deal of women's work invisible. And in the visible paid employment women's potentials and capabilities are undervalued or undermined for the advantages of men. Women often have less access to better paying jobs in organized sector and are disproportionately represented high among unpaid family workers and in the informal sector. There are certain distributions within employment, which can be related to gender categories in the society. Also the pay and occupational distribution coincides with the gender categories. This bias in division of labour in the economy against women exists primarily in terms of work force participation occupational segregation and differential payment of wages due to the larger barriers in gaining access to skilled positions in the labour market.

### **Gender stereotyping**

A gender stereotype is a generalized view or preconception about attributes or characteristics, or the roles that are or ought to be possessed by, or performed by, women and men. A gender stereotype is harmful when it limits women's and men's capacity to develop their personal abilities, pursue their professional careers and/or make choices about their lives. Gender stereotyping refers to the practice of ascribing to an individual woman or man specific attributes, characteristics, or roles by reason only of her or his membership in the social group of women or men. Wrongful gender stereotyping is a frequent cause of discrimination against women. It is a contributing factor in violations of a vast array of rights such as the right to health, adequate standard of living, education, marriage and family relations, work, freedom of expression, freedom of movement, political participation and representation, effective remedy, and freedom from gender-based violence.

## Classification of Gender Stereotypes

Gender stereotypes can be classified according to the various categories based on

### I Effects of gender stereotype

- **Positive gender stereotypes:** Describe behaviors or attributes that align with accepted stereotypical ideas for that gender, and that people of that gender are encouraged to display (for example, girls should play with dolls and boys should play with trucks)
- **Negative gender stereotypes:** Describe behaviors or attributes that are stereotypically undesirable for that gender and that people from that gender are discouraged from displaying (such as women shouldn't be assertive, or men shouldn't cry)

### II Generalized themes

- **Communion:** This stereotype orients people to others. It includes traits such as compassionate, nurturing, warm, and expressive, which are stereotypically associated with girls/women/femininity.
- **Agency:** This stereotype orients people to the self and is motivated by goal attainment. It includes traits such as competitiveness, ambition, and assertiveness, which are stereotypically associated with boys/men/masculinity.

### III Basic types of gender stereotypes

- **Personality traits:** Such as expecting women to be nurturing and men to be ambitious
- **Domestic behaviors:** Such as expecting women to be responsible for cooking, cleaning, and childcare, while expecting men to do home repairs, pay bills, and fix the car
- **Occupations:** Associates some occupations such as childcare providers and nurses with women and pilots and engineers with men



- **Physical appearance:** Associates separate characteristics for women and men, such as women should shave their legs or men shouldn't wear dresses

### **Effects of Gender Stereotypes in various fields**

Gender stereotypes negatively impact all genders including transgender in a number of ways in all areas especially in education, workforce, home based work, gender based violence and health aspects.

- In Schools unconscious bias plays a part in reinforcing gender stereotypes in the classroom. Educators may be more likely to praise girls for being well-behaved, while praising boys for their ideas and comprehension. Boys are more likely to be viewed as being highly intelligent, which influences choices. Intentional or unintentional steering of children toward certain subjects influences education and future employment.
- In the work force women are in large numbers, gender stereotypes are still in occupations with more female workers are often lower paid and have fewer opportunities for promotion than ones oriented towards men. More women are entering male-dominated occupations, but gender segregation often persists within these spaces with the creation of female-dominated subsets
- At home both men and women being in the workforce, women continue to be expected to perform a disproportionate amount of housework and taking care of children than do men.
- Gender stereotypes can contribute to gender-based violence. Men who hold more traditional gender role beliefs are more likely to commit violent acts. Men who feel stressed about their ability to meet male gender norms are more likely to commit inter-partner violence.
- In Health aspect Stereotypes and different ways of socializing genders can affect health such as adolescent boys are more likely than adolescent girls to engage in violent or risky behavior. Mental health issues are more common in girls than boys. The perceived "ideal" of feminine slenderness and masculine muscularity can lead to health

issues surrounding body image. Gender stereotypes can discourage people from seeking medical help or lead to missed diagnosis (such as eating disorders in males).

### How to break Gender based stereotypes

- **More women in the workforce:** As more women pursue education and careers, traditional gender divisions of labour inside and outside the home are being challenged. More women are taking on roles previously dominated by men.
- **Shift in childcare responsibilities:** With both parents working, childcare duties are being shared more equitably. Fathers are taking on more parenting/domestic duties than in previous eras where women did the majority of unpaid care work.
- **Women in non-traditional fields:** We see growing numbers of women entrepreneurs, in STEM careers, construction/trades, public office, etc. challenging ideas that certain jobs are only suited for masculine abilities.
- **Men in care professions:** There is a small but growing number of men pursuing careers traditionally done by women like nursing, teaching young children, social work. This helps break stigma around masculinity and caring roles.
- **Stay at home dads:** With mothers often becoming primary breadwinners, in some cases fathers are taking on the homemaker role while wives work outside the home full-time. This shifts perspectives on what roles are 'natural' for each gender.
- **Equal sharing at home:** In families with egalitarian attitudes, household chores and childcare are distributed based on individual preferences/availability rather than assumptions of 'women's work'.
- **Cultural attitude shifts:** Younger generations seem more comfortable with fluid gender roles. Media also increasingly portrays families with less rigid divisions of paid/unpaid labour between mothers and fathers.

## **Gender sensitivity**

Gender sensitivity is the process by which people are made aware of how gender plays a role in life through their treatment of others. Gender relations are present in all institutions and gender sensitivity especially manifests in recognizing privilege and discrimination around gender; women are generally seen as disadvantaged in society. Gender plays a large role in Indian thought processes. The separation of boy and girl indicators in India creates distance between men and women. Indicators of masculinity in boys include cars, the color blue, and superheroes; indicators of femininity in girls include dolls, the color pink, and princesses.

Gender-sensitive indicators allow for the measurement of changes in the relations between women and men in a certain policy area, programme or activity, as well as changes in the status or situation of women and men. Gender sensitivity trainings are used to educate people, usually employees, to become more aware of and sensitive to gender in their lives or workplaces.

## **Need for Gender Sensitivity**

- Gender sensitivity is very important in these changing times. Women and men both play a key role at home, office and in society. Therefore, it is important that both feel valued in society and lead a dignified life.
- Gender insensitivity and inequality in terms of difference in salary/wages, organisational culture, etc., are major factors that lead to a decline in productivity and increase absenteeism and staff turnover rate in an organisation.
- When both genders feel empathetic towards each other, it creates a positive culture at home, workplace and in society.
- Its also helpful to avoid gender based violence.
- Gender sensitivity can lead to gender justice, equality and inclusion.

- During the childhood period it's the parents as well as elders' role in the society to help the children of both genders to clarify themselves about gender sensitivity. It is behaviour that avoids discrimination by understanding and accepting the multiple differences between men and women.

## **Techniques to promoting gender sensitivity**

- Develop a gender-sensitive curriculum in schools and colleges. It is essential that it reflects the values of gender sensitivity by incorporating diverse perspectives and experiences into their lessons and ensuring that all students see themselves reflected in the material they are learning.
- Provide gender-neutral facilities in all the places such as bathrooms and locker rooms, can help create a more inclusive environment for all. These facilities can help to reduce gender-based discrimination and create a more positive and supportive atmosphere for all.
- Implement policies that support gender sensitivity and also provide specific schemes to support the marginalized people affected due to gender discrimination.
- Gender sensitization programmes are generally organised for groups of people. The aim of such programmes is to bring a definite orientation in the thinking practices and approach of individuals concerning gender. It involves four stages namely change in perception, recognition, accommodation and action. These changes take place in response to certain interventions.

## **Conclusion**

Gender equality or non-discrimination is that state where every individual gets equal opportunities and rights. Every individual of the society yearns for equal status, opportunity, and rights. However, it is a general observation that every individual as well as government taken a steps to strengthen the status of women and to promote gender equality. Our Government implementing various schemes/programmes to overcome gender disparity and provide

equal statuses to women in the country such as Beti Bacho Beti Padhao (BBBP), SwadharGreh Scheme, Mission Shakthi scheme, Ujjawala Scheme, Rashtriya Mahila Kosh (RMK), Working Women Hostels (WWH), Pudumai Pen Thittam, MagalirUrimai Thogai Thittam and so on. So as a citizen of India it's our role to step forward for promoting gender equality in our society.

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**CHAPTER - 12*****ADVANCING EQUALITY: STRATEGIES AND INITIATIVES  
FOR GENDER EQUITY"***

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**Meenakshi.P****Gender Equity:****Meaning and concept of Gender Equity**

Two guiding principles are at the core of gender equity: fairness and impartiality. Fairness has to do with just treatment without favoritism or prejudice, while impartiality is defined as treating all parties equally. Equity, in its simplest terms, means meeting communities where they are and allocating resources and opportunities as needed to create equal outcomes for all community members (find out more about the differences between equity and equality here).

Gender equity, defined by the European Institute for Gender Equality, is the “provision of fairness and justice in the distribution of benefits and responsibilities between women, men and all genders.” Gender equity is important because, historically, societies around the world have deemed females, transgender people, and non binary people as “weaker” or less important than males.

Today, gender equity has helped shape and change the roles and expectations of men, women and all genders at work, home and in society. Our world is a better place when all people are accepted for their talents, skills, and abilities, regardless of gender.

**Gender Equality**

Gender equality is not just a fundamental rights of human, but a very necessary foundation for a peaceful, prosperous and sustainable future.

Exterminating gender issues means a world where women and men, girls and boys all enjoy equal rights, resources, opportunities and protections.

Empowering girls from the start is proven to have lasting and compounding benefits over the course of their lives. When girls are supported to be active in civic and political spaces, in particular, they are empowered with the tools and skills they need to be drivers of positive change in their families and communities. Girls are the experts of their own experiences, priorities and needs, and are powerful catalysts for a world where gender equality flourishes.

Promoting gender equality is also central to ensuring child protection and the full fulfillment of child rights, as abuse, neglect, violence against women and exploitation both reflect and reinforce gender inequalities.

## **Significance of Gender Equality**

Gender equality is intrinsically linked to sustainable development and is vital to the realization of human rights for all. The overall objective of gender equality is a society in which women and men enjoy the same opportunities, rights and obligations in all spheres of life. Equality between men and women exists when both sexes are able to share equally in the distribution of power and influence; have equal opportunities for financial independence through work or through setting up businesses; enjoy equal access to education and the opportunity to develop personal ambitions, interests and talents; share responsibility for the home and children and are completely free from coercion, intimidation and gender-based violence both at work and at home.

Within the context of population and development programmes, gender equality is critical because it will enable women and men to make decisions that impact more positively on their own sexual and reproductive health as well as that of their spouses and families. Decision-making with regard to such issues as age at marriage, timing of births, use of

contraception, and recourse to harmful practices (such as female genital cutting) stands to be improved with the achievement of gender equality. However it is important to acknowledge that where gender inequality exists, it is generally women who are excluded or disadvantaged in relation to decision-making and access to economic and social resources. Therefore a critical aspect of promoting gender equality is the empowerment of women, with a focus on identifying and redressing power imbalances and giving women more autonomy to manage their own lives. This would enable them to make decisions and take actions to achieve and maintain their own reproductive and sexual health. Gender equality and women's empowerment do not mean that men and women become the same; only that access to opportunities and life changes is neither dependent on, nor constrained by, their sex.

### **Gender Equality for Men:**

The achievement of gender equality implies changes for both men and women. More equitable relationships will need to be based on a redefinition of the rights and responsibilities of women and men in all spheres of life, including the family, the workplace and the society at large. It is therefore crucial not to overlook gender as an aspect of men's social identity. This fact is, indeed, often overlooked, because the tendency is to consider male characteristics and attributes as the norm, and those of women as a variation of the norm.

But the lives of men are just as strongly influenced by gender as those of women. Societal norms and conceptions of masculinity and expectations of men as leaders, husbands or sons create demands on men and shape their behaviour. Men are too often expected to concentrate on the material needs of their families, rather than on the nurturing and caring roles assigned to women. Socialization in the family and later in schools promotes risk-taking behaviour among young men, and this is often reinforced through peer pressure and media stereotypes. So the lifestyles that men's roles demand often result in their being more exposed to greater risks of morbidity and mortality than women. These risks include ones relating to accidents, violence and alcohol consumption.



Men also have the right to assume a more nurturing role, and opportunities for them to do so should be promoted. Equally, however, men have responsibilities in regard to child health and to their own and their partners' sexual and reproductive health. Addressing these rights and responsibilities entails recognizing men's specific health problems, as well as their needs and the conditions that shape them. The adoption of a gender perspective is an important first step; it reveals that there are disadvantages and costs to men accruing from patterns of gender difference. It also underscores that gender equality is concerned not only with the roles, responsibilities and needs of women and men, but also with the interrelationships between them.

### **Gender Inequality on Transgender**

Transgender inequality is the unequal protection received by transgender people in work, school, and society in general. Transgender people regularly face transphobic harassment. Ultimately, one of the largest reasons that transgender people face inequality is due to a lack of public understanding of transgender people.

### **Misconceptions on Transgender:**

A common misconception is that a transgender person is therefore gay. However, being transgender focuses on gender identity and not sexual orientation. A transgender person may identify with any sexual orientation. Another important misconception is that individuals who cross dress are transgender. However, many cross dressers are comfortable with their assigned sex at birth.<sup>[9]</sup> Even though individuals who participate in cross dressing are officially under the Transgender Umbrella, most do not identify as transgender.

The status of transgender identity as a mental disorder is widely disputed. Many transgender people experience gender dysphoria, which is a disconnect between one's assigned sex at birth and the gender which the individual identifies with.

**Society Discrimination against Transgender:**

Several recent studies - from Trans Equality - have shown that transgender individuals face discrimination within their own family units and schools, in employment and housing, within government settings, through hate crimes, and under the justice and legal systems.

**Discrimination in Family:**

From a young age, the transgender children are often brought up in heteronormative settings within their own homes and in school. Parents oftent respond quite negatively when their children cross gender barriers, prompting transgender youth to run away. As a result, homeless transgender youth are more likely to turn to drug dealing, car theft, and sexual exploitation. According to the Human Rights Campaign, less than 43% of gender-expansive youth said they could turn to an adult in their family if they were worried or sad.

**Discrimination in Educational setup and work place :**

The majority of the people in this community are either illiterates or have less education, because of which they are not able to get involved much in the educated section of the society. According to a census which was conducted in 2011 the population of transgender people was 4.9 lakhs and in which only 46% of people were literate which is extremely less compared to the normal population which has a literacy rate of 74%. According to the right to education act, they are categorized as a 'disadvantage group' which means they have 25% reservation as an economically weaker section. The reasons why they are less educated can be listed as poverty, exclusion from own family and friends, mental health issues. Since they are not given education opportunities, this further results in not finding employment and even for those who pursue their education with full of struggles they are not given the same respect and value in the workplace.

**Lack of Legal protection:**

The Transgender community is not legally protected as much as any other community and because of this, they are easily victimized for the crimes that they didn't even commit. They undergo a lot of violence and become victims of hate crimes. A lot of police departments are insensitive when it comes to these communities and do not even register the complaints they come with. They are oppressed by the police officers which shows how inefficient we are as citizens.

**Committee And Commission For Women****Women's Commissions in India**

Women's commissions in India were established with great promise and high expectations, envisioned as institutions dedicated to safeguarding the rights and interests of women at both the national and state levels. Yet, as time has passed, the need for a critical review of their functioning and responses to pressing women's issues has become evident. Recent incidents of molestation and rape in Manipur have brought these commissions into sharp focus, revealing a disturbing saga of cruel disregard for human dignity and rights.

**National Commission for Women (NCW)**

The NCW is the statutory body of the Government of India, generally concerned with advising the government on all policy matters affecting women.

It was established in January 1992 under the provisions of the Indian Constitution, as defined in the 1990 National Commission for Women Act.

The objective of the NCW is to represent the rights of women in India and to provide a voice for their issues and concerns.

The subjects of their campaigns have included dowry, politics, religion, equal representation for women in jobs, and the exploitation of women for labour.

The NCW also receives and investigates complaints from women who are victims of violence, discrimination, harassment, or deprivation of their rights.

## **State Commissions for Women**

Apart from the NCW, there are also State Commissions for Women in various states and union territories of India.

These commissions are also established under the respective state acts or orders and have similar functions and powers as the NCW.

Some of the states and union territories that have their own commissions for women are Andhra Pradesh, Assam, Bihar, Chhattisgarh, Delhi, Goa, Gujarat, Haryana, Himachal Pradesh, Jammu and Kashmir, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Mizoram, Nagaland, Odisha, Punjab, Rajasthan, Sikkim, Tamil Nadu, Telangana, Tripura, Uttar Pradesh, Uttarakhand and West Bengal.

## **List of Committees For Women**

1. State Level Empowerment Committee for recommendation of Proposal received from NGOs.
2. State Level Executive Committee (to review Mission Shakti)
3. A State Level Task Force under the Chairmanship of Principal Secretary, Home Department to review and strengthen the functioning of MahilaEtSishu Desk-Member Convenor.
4. State Level Co-ordination Committee to Combat Trafficking and Sexual Exploitation of Women and Children. (Member-Convenor).
5. State Level Complaints Committee on Sexual Harassment of Women at the workplace.(Commissioner-cum- Secretary-member).

6. State Level Steering Committee headed by the Chief Minister, Orissa to take policy decision on Mission Shakti(Director-Member Convenor).
7. District Level Committee on Prevention, Rescue Et Rehabilitation for victims of trafficking.
8. Sub-Division aPanchayatSamiti level committee on Prevention, Rescue Et Rehabilitation for victims of trafficking.
9. District level Project Appraisal Committee for recommendation of Proposal received from NGOs

## **Global Gender Gap Report 2023**

India has been ranked 127 out of 146 countries in the latest Global Gender Gap report released by the World Economic Forum (WEF). India's overall score did improve in 2023 by 1.4 percentage points and eight positions compared to the 2022 report.

Gender Equality is one of the prime goals of Sustainable Development Goals (SDGs). Hence, the key highlights of the Global Gender Gap Report tend to reflect on the performance of the world towards the achievement of Goal 5 of the SDGs among other goals.

## **Global Gender Gap Index**

There are four dimensions based on which the Global Gender Index evaluates the performance of the countries:

1. Economic Participation & Opportunity
2. Education Attainment
3. Health and Survival
4. Political Empowerment

## Key Highlights of the Global Gender Gap Report 2023

India has achieved an overall rank of 127 out of the 146 countries in the 2023 edition of the report.

- India has closed 64.3% of the overall gender gap.
- But, the country has reached only 36.7 % parity in economic participation and opportunity.
- India's neighbouring countries' ranks:
  1. Pakistan – 142
  2. Sri Lanka – 115
  3. Bangladesh – 59
  4. China – 107
  5. Bhutan – 103
  6. Nepal – 116
- The most gender-equal country in the world is Iceland having been in the first rank for 14 consecutive years.
- It is the only country to have closed more than 90% of its gender gap.
- While India has seen improvement in wages and income, the share of women in senior positions and technical roles has dropped slightly since the 2022 report.
- The political empowerment of women in India has seen good improvement. India has achieved a parity of 25.3% with 15.1% of parliamentarians.
- In local governance, India has achieved women's representation of 44.4%. It is one of 18 countries to have more than 40% women's representation in local governance out of the 117 countries with available data since 2017.
- For India, the 1.9 percentage point improvement in the sex ratio at birth had driven up parity after more than a decade of slow progress, as per the report.

- According to the report, the comparatively low overall rankings on the Health and Survival sub-index for countries India, Vietnam, China and Azerbaijan are explained by skewed sex ratios at birth.
- Globally, the gender gap closed is at 68.4%, an improvement of 0.3% points since the last edition.
- No country has yet achieved full gender parity, although the top nine countries (Iceland, Norway, Finland, New Zealand, Sweden, Germany, Nicaragua, Namibia and Lithuania) have closed at least 80% of their gap.
- For the 146 countries covered in the 2023 index, the Health and Survival gender gap has closed by 96%, the Educational Attainment gap by 95.2%, Economic Participation and Opportunity gap by 60.1%, and Political Empowerment gap by 22.1%

## **Measures for Gender Equality and Empowerment of Women**

India is a signatory to Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). The treaty was signed on 30th July, 1980 and was ratified on 9th July, 1993.

The convention requires the Government to adopt measures for elimination of all forms of discrimination against women to achieve full equality between men and women. In the context of India, the principle of gender equality is enshrined within the Constitution of India, which guarantees gender equality and empowers the State to formulate affirmative action in favor of women.

The Government of India has taken various steps to ensure gender equality and empowerment of women through their social, educational, economic and political uplifting through various schematic interventions. While the schemes implemented by the Government like Beti Bachao Beti Padhao (BBBP), Pradhan Mantri Awas Yojana (Urban & Rural), the National Social Assistance Program (NSAP), Pradhan Mantri Vyay Vandana Yojana (PMVVY) and Scheme for Adolescent Girls (SAG) support women and girls to be socially secure, the initiatives like Samagra Shiksha,

Scheme of National Overseas Scholarship, Babu Jagjivan Ram Chhatrawas Yojna, Swacch Vidyalaya Mission, etc. ensure that schools are girl-friendly especially for vulnerable sections of society and have adequate facilities in place to fulfil their special requirements.

Further, the National Education Policy (NEP), 2020 prioritizes gender equity and envisions ensuring equitable access to quality education to all students, with a special emphasis on Socially and Economically Disadvantaged Groups (SEDGs).

In order to enhance the employability of female workers, the Government is providing training to them through a network of Women Industrial Training Institutes, National Vocational Training Institutes and Regional Vocational Training Institutes. To ensure economic independence of women through skill development and vocational training, the Government has also introduced Skill India Mission. The National Skill Development Policy focuses on inclusive skill development, with the objective of increased women participation for better economic productivity. Pradhan Mantri Kaushal Vikas Kendras lay emphasis on creating additional infrastructure both for training and apprenticeship for women; flexible training delivery mechanisms, flexible afternoon batches on local need-based training to accommodate women; and ensuring safe and gender sensitive training environment, employment of women trainers, equity in remuneration, and complaint redressal mechanism. There are schemes like Pradhan Mantri Mudra Yojana and Stand Up India, Prime Minister's Employment Generation Programme (PMEGP), for helping the women to set up their own enterprise. Under the Swacch Vidyalaya Mission, it was ensured that all schools have at least one functional toilet for girls. Pradhan Mantri Ujjwala Yojna (PMUY) aims to safeguard the health of women by providing them with clean cooking fuel and also from drudgery of collecting firewood.

Further, in order to encourage employment of women, a number of enabling provisions have been incorporated in the recently enacted Labor Codes viz. the Code on Wages, 2019, the Industrial Relations Code, 2020,



the Occupational Safety, Health and Working Conditions Code, 2020 and the Code on Social Security, 2020 for creating congenial work environment for women workers. Stand Up India scheme promotes entrepreneurship amongst women. The Mahatma Gandhi National Rural Employment Guarantee Act, 2005 (MGNREGA) mandates that at least one third of the jobs generated under the scheme (MGNREGS) should be given to women. Government has also made enabling provisions for allowing women's participation in non-conventional sectors such as fighter pilots in Indian Air Force, Commandos, Central Police Forces, admissions in Sainik Schools etc. The Government also implements the scheme of Working Women Hostels for providing safe accommodation to working women.

Though, "Police and Public Order" are State subjects under the Seventh Schedule to the Constitution of India and responsibility to maintain law and order, protection of life and property of the citizens including investigation and prosecution of crime against women and children rests primarily with the respective State Governments, the Central Government gives high priority to ensuring safety and security of women and has undertaken various legislative and schematic interventions in this regard. These include legislations such as "The Criminal Law (Amendment) Act, 2018", "The Criminal Law (Amendment) Act, 2013", "The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013", "The Protection of Women from Domestic Violence Act, 2006", "The Dowry Prohibition Act, 1961", etc. The schemes/ projects include One Stop Centres (OSCs), universalization of Women Helplines (WHL), Mahila Police Volunteers (MPV), Emergency Response Support System (ERSS) which is a pan-India single number (112)/ mobile app based system for emergencies, a cyber-crime reporting portal to report obscene content and assistance to States/ UTs for strengthening cyber forensic capabilities, safe city projects in 8 cities (Ahmedabad, Bengaluru, Chennai, Delhi, Hyderabad, Kolkata, Lucknow and Mumbai), training and skill development programs for Investigation Officers (IOs), Prosecution Officers (POs) and Medical Officers (MOs), distribution of Sexual Assault Evidence Collection (SAEC) Kits to States/ UTs, establishment of state of the art DNA laboratory at CFSL,

Chandigarh, assistance to 24 States/ UTs to strengthen Forensic Science Laboratories, assistance to States/ UTs for their respective victim compensation schemes under Central Victim Compensation Fund (CVCF), setting up of Fast Track Special Courts (FTSCs) for speedy disposal of cases of rape and cases under POCSO Act, setting up/ strengthening of Anti Human Trafficking Units (AHTUs) in all districts of the country, setting up/ strengthening of Women Help Desks (WHDs) at Police Stations, Integrated Emergency Response Management System (IERMS) at 983 railway stations, Video Surveillance System at Konkan Railway Stations, scheme for customization, deployment and management of State-wise vehicle tracking platform etc.

In addition, the Government of India has decided to implement the Umbrella Scheme for Safety, Security and Empowerment of Women as an integrated women empowerment program under the name '**Mission Shakti**', for addressing the issues of women on a life-cycle continuum basis and for making them equal partners in nation-building through convergence at different levels of governance and a participatory approach.

The schemes/ programs, as detailed above are implemented by various Ministries/ Departments of Central Government, out of their respective departmental budgets, details of which are not maintained by the Ministry of Women and Child Development.

In order to safeguard the interest of the migrant workers, the Central Government had enacted the Inter-state Migrant Workmen (Regulation of Employment and Conditions of Service) Act, 1979. This Act has now been subsumed in the Occupational Safety, Health and Working Conditions Code, 2020 and the Code has been notified on 29.09.2020. The above-mentioned code commonly known as OSH Code, provides for decent working conditions, minimum wages, grievances redressal mechanisms, protection from abuse and exploitation, enhancement of the skills and social security to all categories of organized and unorganized workers including migrant workers. The Code is applicable to every establishment

in which 10 or more inter-state migrant workers are employed or were employed on any day of the preceding 12 months.

## **State Policies**

Major initiatives, schemes, and measures taken by the government for achieving gender equality in India.

### **Beti Bachao Beti Padhao (BBBP)**

The Beti Bachao Beti Padhao Scheme focuses on ensuring the protection, survival, and education of the girl child. This Scheme was introduced by the government for addressing the issue of declining Child Sex Ratio (CSR). The overall goal of the scheme is to Celebrate the ‘Girl Child & Enable her Education’. The objectives of the Scheme are as follows:

- Preventing gender-based sex selective elimination
- To ensure survival & protection of the girl child
- To ensure education of the girl child

The official website of the Scheme is: <http://www.bbbpindia.gov.in/>

### **Mahila Shakti Kendra**

Mahila Shakti Kendra Scheme (MSK) aims at empowering rural women by providing opportunities for skill development and employment. The Scheme was approved for a period of three years i.e. 2017-18 to 2019-20. It is a sub-scheme under the umbrella scheme of the Mission for Protection and Empowerment of Women.

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### **Working Women Hostel (WWH)**

The Scheme for Working Women Hostel (WWH) aims at ensuring the security and safety of working women. The scheme seeks to provide safe accommodation for working women including daycare facilities for their children, wherever possible. The beneficiaries of the scheme include the following categories of working women and their children

1. Working women who are single, widowed, divorced, separated, or married but do not live in the same city/area as their husband or immediate family. Women from the disadvantaged sections of society may be given special preference. There should also be a provision for the reservation of seats for physically challenged beneficiaries.
2. Women undergoing job training as long as the total training period does not exceed one year. This is only if there is a vacancy available after accommodating working women. The number of women undergoing job training should not exceed 30% of the total capacity.
3. Girls up to the age of 18 years and boys up to the age of 5 years, accompanying working mothers, will be housed with their mothers. Working mothers may also avail of Day Care Centre services as provided under the scheme.

### **Scheme for Adolescent Girls**

Previously known as the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA), the Scheme for Adolescent Girls (SAG) was devised in the year 2010. The scheme covers adolescent girls aged 11 to 18 years old and aims to provide them with life skills education, nutrition and health education, and awareness of socio-legal issues, among other things. This Scheme replaced the Kishori Shakti Yojana (KSY) Scheme and the Nutrition Programme for Adolescent Girls(NPAG).

**The objectives of SAG are as follows:**

1. To enable adolescent girls to self-development and empowerment.
2. Improving nutrition and health of adolescent girls.
3. Promoting awareness regarding health, hygiene, nutrition, etc.
4. Upgrading the home-based skills, life skills, and vocational skills of adolescent girls.
5. Supporting the out-of-school girls to transition back to formal schooling.
6. Providing information regarding the available public services such as Primary Health Centres(PHCs), post offices, etc.

**Mahila Police Volunteers (MPV)**

This Scheme envisages the nomination of Mahila Police Volunteers in all States and Union territories who will act as a link between police and community and will facilitate the women in distress. An MPV shall serve as a public-policy interface in order to fight crime against women. MPVs shall be responsible for reporting crimes against women such as domestic violence, child marriage, harassment in relation to dowry, etc.

**Rashtriya Mahila Kosh (RMK)**

Established in March 1993, Rashtriya Mahila Kosh(RMK) is an autonomous body, a national level organization under the aegis of the Ministry of Women and Child Development with the objective of socio-economic empowerment of women. Currently, RMK acts as a facilitating agency wherein it provides loans to NGOs, Intermediary Micro-Financing Organization(IMO), and voluntary organizations which on-lend to Self-Help Groups(SHGS) of women.

### **National Crèche Scheme for the Children of Working Mothers**

A creche is a facility that enables parents to leave their children while they are at work and where children are provided with a stimulating environment for their holistic development. The objectives of the “National Creche Scheme for the Children of Working Mothers” are as follows:

- To provide day-care services for children aged 6 months to 6 years of working mothers in the community.
- To improve children’s nutrition and health status.
- To encourage the holistic development of children.
- To educate and empower parents/caregivers to provide better childcare.

### **Pradhan Mantri Matru Vandna Yojna**

The Pradhan Mantri Matru Vandana Yojana aims to benefit pregnant women and lactating mothers. The Scheme came into effect on 1st January 2017. The Scheme provides a benefit of Rs.5000 payable in three installments to Pregnant Women and Lactating Mothers (PW&LM) for the first live child in the family.

### **Deendayal Antyodaya Yojana-National Urban Livelihoods Mission (DAY-NULM)**

The DAY-NULM under the aegis of the Ministry of Housing & Urban Affairs, the Government of India aims to provide shelters equipped with essential services to the urban homeless in a phased manner. The objective of the Mission is to reduce poverty and vulnerability of the urban poor households by providing them with opportunities for gainful self-employment. The Mission covers the urban poor and the families of disadvantaged groups including women. It encourages the formation of

women's SHGs, provides for the skilling of street vendors, and facilitates access of the vulnerable groups to institutional credit and social security, etc.

## **Pradhan Mantri Ujjwala Yojana**

The Pradhan Mantri Ujjwala Yojana (PMYY) was introduced by the Ministry of Petroleum and Natural Gas in May 2016 with an objective to ensure the availability of clean cooking fuel such as LPG in the rural and deprived households which were otherwise using traditional cooking fuels such as firewood, cow-dung cakes, and coal, etc. The scheme aims to empower women and protect their health by providing free-of-cost LPG cylinders.

The official website of the scheme is: <https://www.pmyu.gov.in/index.aspx>

## **Sukanya Samridhi Yojna(SSY)**

Sukanya Samridhi Yojana (SSY) aims at the economic empowerment of women. Launched as a part of the 'Beti Bachao Beti Padhao' campaign, this Scheme is a small deposit scheme for a girl child in order to secure her future. The parents who have a girl child below the age of 10 years can invest in the scheme through any designated public and private banks and post-offices. The plan matures when the daughter attains the age of 21 years. The minimum deposit amount is Rs. 250 and the maximum amount is Rs. 1.5 lakh in a financial year. An interest rate of 7.6% p.a. is offered under the scheme.

## **Skill Upgradation and Mahila Coir Yojana**

Skill Upgradation and Mahila Coir Yojana(MCY) is a training programme of MSME which aims at empowering women by providing them spinning equipment at subsidized rates after appropriate skill development training.

A stipend of Rs. 10,000 per month is given to the trainees under the skill development programme.

## **Prime Minister's Employment Generation Programme (PMEGP)**

The objective of the Prime Minister's Employment Generation Programme (PMEGP) is to provide financial assistance to self-employment ventures in order to create job opportunities for unemployed youth and traditional artisans. The key benefits of the programme are as follows:

- Bank-financed subsidy scheme for setting up microenterprises in the non-farm sector.
- Margin money subsidy on bank loans of 15% to 35% for manufacturing projects of up to INR 25 lakhs, and INR 10 lakhs for service projects.
- For special category beneficiaries such as SC/ST/Ex-Servicemen/NER/Women/PH/Minorities, the money subsidy margin is 25% in urban areas and 35% in rural areas. The limit for the maximum project cost is INR 10 lakhs in the service sector and INR 25 lakhs in the manufacturing sector.

## **Stand-Up India**

The Stand-Up India Scheme for financing SC/ST and/or Women Entrepreneurs aims to promote female entrepreneurship by facilitating bank loans ranging from 10 lakh and 1 crore to at least one scheduled caste or scheduled tribe borrower and at least one women borrower per bank branch for setting up a greenfield enterprise in the manufacturing, services, agri-allied or trading sector.



**Eligibility**

1. SC/ST and/or woman entrepreneurs aged above 18 years.
2. Loans under the scheme are available for only greenfield projects i.e. the first-time venture of the beneficiary in the manufacturing, services, agri-allied activities, or the trading sector.
3. In the case of non-individual enterprises, 51% of the shareholding and controlling stake should be held by either SC/ST and/or Women Entrepreneurs.
4. The borrower should not be in default to any bank or financial institution.

**Mahila e-Haat**

Mahila e-Haat is a joint initiative of the Ministry of Women and Child Development and Rashtriya Mahila Kosh (RMK). Launched on 7th March 2016, Mahila e-Haat is a direct online marketing platform that leverages technology to support women entrepreneurs/SHGs/NGOs and showcase the products/services that they make/manufacture/undertake. This exclusive portal is the first in the country to offer a specialised, female-focused marketing platform. Being a bilingual portal, it aims at the financial inclusion and economic empowerment of women.

**One-Stop Centre (OSC) Scheme**

One-Stop Centre (OSC) Scheme was launched in 2015 by the Ministry of Women and Child Development with the goal of supporting women affected by violence in private and public spaces. The Scheme provides specialised services to women who have endured any type of gender-based violence including “attempted sexual harassment, sexual assault, domestic violence, trafficking, honour-related crimes, acid attacks or witch-hunting”.

Objectives of the scheme are as follows:

- Providing integrated support and assistance to women affected by violence, both in private and public spaces under one roof.
- Facilitating immediate, emergency, and non-emergency access to a variety of services, including medical, legal, psychological, and counselling support, all under one roof in order to combat all forms of violence against women.

## **Ujjawala Scheme**

The Ujjawala Scheme is a comprehensive scheme for “prevention of trafficking and rescue, rehabilitation and reintegration of victims of trafficking for commercial sexual exploitation.” The Scheme became effective on April 1st, 2016. The objectives of the Ujjawala Scheme are provided as follows:

- To prevent the trafficking of women and children for commercial sexual exploitation through social mobilisation and community involvement, awareness generation programmes, generate public discourse through workshops/seminars and such events, and any other innovative activity.
- Facilitating the rescue of victims from the place of their exploitation and placing them in safe custody.
- To give urgent and long-term rehabilitation services to victims by providing basic necessities/needs such as shelter, food, clothing, medical treatment, counselling, legal advice and guidance, and vocational training.
- To aid the victims’ reintegration into their families and society at large.
- To facilitate the repatriation of cross-border victims to their country of origin.

## **Women Helpline Scheme**

The Women Helpline Scheme came into effect on April 1, 2015. The Scheme provides a 24-hour emergency response to all women who are affected by violence both in the public and private spheres. The helpline is established in every state and union territory. Following are some of the significant objectives of the Women's Helpline:

- Provide toll-free 24-hours telecom service to women affected by violence seeking support and information.
- Facilitate crisis intervention through referral to police, hospitals, or ambulance services.
- Provide information about the appropriate support services available to the woman affected by violence, in her particular situation within the local area in which she resides or is employed.
- Creation and maintenance of a comprehensive referral database by the Helpline within its local area.

## **Swadhar Greh (A Scheme for Women in Difficult Circumstances)**

This scheme is being implemented by the Ministry of Women and Child Development with the objective to rehabilitate women in difficult circumstances. The Scheme covers the following categories of women:

- women who are deserted and without any social and economic support,
- women victims of domestic violence, family tension, and natural disaster.

Under this Scheme, a SWADHAR Greh will be set up in every district with the following objectives:

1. To meet the primary needs of women in distress who lack social and economic support, such as shelter, food, clothing, medical treatment, and care.
2. To help them regain their emotional strength, which has been hampered due to encounters with unfortunate circumstances.
3. Providing them legal aid and guidance to enable them to take steps for their readjustment in family/society.
4. To economically and emotionally rehabilitate them.

## **Support to Training and Employment Programme for Women (STEP) Scheme**

The objective of the STEP Scheme is to provide skills that give employability to women and also provide competencies and skills that enable women to become self-employed/entrepreneurs. The Scheme intends to benefit women all across the country who have attained the age of 16 years and above.

## **Women Entrepreneurship Platform (WEP)**

The Women Entrepreneurship Platform (WEP) is an initiative of NITI Aayog for the promotion of women entrepreneurship by:

- Promoting and supporting aspiring as well as established women entrepreneurs in India.
- Assisting and handholding the women entrepreneurs in their journey from starting up to scaling up and expanding their ventures.

This unique, one of its kind, enabling platform is built on three pillars:

1. 'Iccha Shakti' represents motivating aspiring entrepreneurs to start their businesses.
2. 'Gyaan Shakti' represents providing knowledge and ecosystem support to women entrepreneurs to foster entrepreneurship.
3. 'Karma Shakti' represents providing hands-on support to entrepreneurs in setting and scaling up businesses.

### **Initiatives taken by the government for transgender persons**

Recently, India has enacted a law for the protection of rights of transgender persons that came into force on 10th January 2022. The Act, namely the Transgender Persons (Protection of Rights) Act, 2019 recognizes the identity of transgender persons and prohibits discrimination or unfair treatment against them in relation to education, employment, healthcare services, holding public or private offices, etc.

Section 22 of the Transgender Persons (Protection of Rights) Act, 2019 empowers the appropriate government to make rules for carrying out the provisions of the said Act. In exercise of this power, the Transgender Persons (Protection of Rights) Rules, 2020 were framed and notified on 25th September 2020 by the Ministry of Social Justice and Empowerment. In addition to the aforesaid legislative measures, the Government of India has undertaken some policy and other measures for upliftment and protection of the rights of transgender persons, which are discussed as below:

### **Support for Marginalised Individuals for Livelihood and Enterprise (SMILE)**

The Ministry of Social Justice and Empowerment has come up with a national level umbrella scheme called SMILE i.e., Support for Marginalized Individuals for Livelihood and Enterprise. This Scheme includes two Sub-Schemes, namely:

1. Comprehensive Rehabilitation for Welfare of Transgender Persons;

2. Comprehensive Rehabilitation of Persons engaged in the act of Begging;

SMILE covers several comprehensive measures for the welfare of transgender persons which are provided as follows:

### **National Portal for Transgender Persons**

The Ministry of Social Justice and Empowerment has launched the “National Portal for Transgender Persons” in consonance with the Transgender Persons (Protection of Rights) Rules, 2020. The official website of the portal is: [transgender.dosje.gov.in](http://transgender.dosje.gov.in)

The Portal provides the following facilities:

1. **Certificates and Identity Cards:** The Portal provides the facility for transgender persons to apply for certificate and identity cards from across the country without physical interface through a seamless end-to-end mechanism. The Transgender certificate and identity card is nationally recognised and provided by the Ministry of Social Justice & Empowerment. The aforesaid certificate is a mandatory document to avail the welfare measures being provided under the SMILE Scheme.
2. **Helpline:** The portal provides technical and administrative support to the applicant. It also assists in sending timely reminders to district authorities for expediting the process of issuing certificates and identity cards to applicants to alleviate unnecessary delays by making the process transparent to the beneficiaries.

The Portal also encourages online skill training and employment opportunities for transgender persons and provides recognition/incentives to those applicants who have done courses from the SWAYAM portal.

## **Smile Garima Greh : Shelter Homes**

Garima Greh aims to provide shelter to destitute and abandoned transgender persons with basic amenities such as shelter, food, medical care, and recreational facilities. In addition to that, it also provides support for the skill development of transgender persons. Garima Greh seeks to empower the transgender community by ensuring that they have access to a safe and secure environment.

## **Eligibility Criteria for availing benefits under the Scheme**

- TGs certified issued through National Portal for Transgender Persons and preferably living below the poverty line.
- Transgenders who are abandoned, aged above 18 years and below 60 years.
- TGs should not be engaged in sex work and beggary.
- TG must be unemployed and not engaged in productive commercial activities.

## **Scholarships**

The Ministry of Social Justice & Empowerment is providing scholarships to transgender students for studies. These scholarships are available in four categories:

1. Scholarships for secondary school (9th and 10th) transgender students.
2. Scholarships for senior secondary (11th and 12th) education.
3. Scholarships for students (Undergraduate/Diploma).
4. Scholarships for students (Post-graduation)

### **Skill Development and Training**

The Skill Development and Training programmes are provided in the form of short-term training programs and long-term training programs with the aim of providing employment opportunities to the persons belonging to the transgender community by teaching them market-oriented skills. The training is provided free of cost and a stipend of Rs. 1000 per month per trainee is also given in case of non-residential training.

### **Medical Support and Health Benefits**

This scheme aims to provide health insurance coverage to all transgender persons living in India to improve their health condition through proper treatment including sex reassignment surgery as well as medical support. The scheme would cover all transgender persons not receiving such benefits from others centre/state-sponsored schemes.

### **Eligibility**

The transgender persons will be selected as per the following criteria:

1. The beneficiary should be a transgender person as notified by the Government of India holding a Transgender Certificate & Identity Card issued by the National Portal for Transgender Persons.
2. The beneficiary should not be availing similar benefits from any other scheme of the Centre or state government.

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**CHAPTER 13****CASTE, ETHNICITY, MINORITY AND GENDER BASED VIOLENCE**

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**Ms.PL.Rani & Dr.O.Aisha Manju****Introduction**

Indian society being stratified with the existence of class, caste, urban and rural divides means that the inequality and abuse faced by women differ due to the intersection of two or more of these categories. In India, gender violence is often not only gender related crime but a combined effect of various other factors including caste, class and religion. A hierarchy based on caste, class and geographical location separates women across India and they experience varying degrees of abuse and marginalisation. The nature of violence faced by women differs according to their social class, caste and geography.

Violence based on sexual orientation, gender identity and expression (SOGIE) are a grave violation of the human rights of sexual and gender minorities worldwide. It has severe consequences for the survival, safety and freedom of gender and sexual minorities; disrupts development opportunities; and can also increase HIV risk and prevalence.

**Caste and Gender**

Women in lower caste tribal or rural areas have been the most common victims of custodial rape thus establishing a belief that it is people belonging to higher and more powerful castes or authoritative positions who exploit their positions and take advantage of women. That the representation of rape in the eyes of the law has been associated with a patriarchal process has resulted in women being under constant scrutiny and questioned as to their chastity and purity. Because gender-based stereotyping often assigns blame to women for being raped and they are judged on their clothes, attitude and past relationships.

## **Racial oppression**

Analyses of violence by men of colour against women of colour tend to over-emphasize how racial oppression contributes to men's use of violence. But, within communities of colour, women and non-abusive men who are exposed to similar social histories of oppression, do not resort to battering to cope with racism; just as LGBTQ women and men do not resort to hate crimes or intimate violence because of homophobia. While oppressions based on race, class, gender, heterosexuality, etc., are undeniable; explanations relying on oppression are inadequate. Because the intersection of race and gender are complicated, race is all too often privileged over gender. Holding this and other intersectionalities together offers a more effective route to accountability and transformation.

## **Minorities And Gender based violence**

Some (minority) groups (MGs) are more vulnerable to sexual violence (SV) exposure than others. Othering-based stress (OBS) may mediate the relationship between minority identification and SV. The young people who identify as gender minority (ie, transgender, nonbinary, gender diverse) experience violence at significantly higher rates than their cisgender counterparts (i.e., those whose gender identity aligns with their sex category assigned at birth). These experiences of violence include threat or injury with a weapon, forced sexual intercourse, dating violence, and bullying.<sup>1</sup> Studies indicate that gender minority youth experience significant discrimination and stigma, which contribute to disparities in substance use, incomplete education, mental health concerns, and suicide.<sup>2</sup> Prevention of sexual violence requires addressing risk and protective factors across multiple levels, including individual, relational, community, and society, and identifying effective strategies to stop the use of sexual violence.<sup>3</sup>

### Gender based issues facing by Transgenders

- **Lack of Legal Protection:** They are subjected to custodial violence, dereliction of duty by state and overall apathy to their issues such as educational, residential, medical and employment.
- **Poverty:** Lack of legal protection translates into unemployment for transgender people. They're denied services and experience high rates of unemployment, housing insecurity and marginalisation.
- **Harassment and Stigma:** They are met with ridicule from the society and are considered mentally ill, socially deviant and sexually predatory.
- **Anti-Transgender Violence:** They are forced for gender conformism, aversion based pseudo-psychotherapies, forced marriages, stripping, physical and verbal abuse and are pushed into prostitution by their own families.
- **Barriers to Healthcare:** Their exposure to basic health care is minimal as they are subject to apathy from medical fraternity with professionals lacking transgender health care competency.

### Conclusion

Minority women often face marginalization and thus grave challenges in securing resources, gaining access to land, obtaining gainful employment, and achieving financial independence. GBV against religious and ethnic minority women in conflict settings exacerbates their stigmatization due to resulting unmarried status, single parenthood, and pregnancy, especially among those who give birth to a child after a rape has occurred and whose children are born of mixed ethnicity (Bailliet 2007). Women from religious and ethnic minority groups are more likely to experience multiple vulnerabilities, with exponential negative effects on their lives.

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