

## ALU - WOMEN'S STUDIES BULLETIN



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### Editorial desk

Women's health agenda was first articulated at the Fourth World Conference on Women held in Beijing in 1995. In the resulting Beijing Declaration and Platform for Action, a roadmap for gender equality and women's empowerment was outlined, with a major focus on Sexual and Reproductive Health (SRH) issues, which were the main killers of women then. As a result of this focus, major gains have been made in this area, with the maternal mortality in India coming down from 5.7% in 1990 to 2.8 % in 2015. At the same time, the issues affecting women's health have undergone a drastic change, and currently such as cardiovascular disease, stroke, kidney disease, respiratory diseases and trauma are the leading causes of death for women worldwide – in high as well as low-income countries. Despite a longer life expectancy, women have a higher burden of disability due to Non Communicable Diseases, like back and neck pain, depressive disorders and respiratory diseases. Social constructs and biases also leave girls and women more disadvantaged, as evidenced by high rates of sexual violence. International Covenant on Economic, Social and Cultural Rights (ICESCR) emphasized the responsibilities of the state to protect the right of all groups and individuals to the enjoyment of the highest attainable standard of physical and mental health. Right to health is a basic human right. Unfortunately, women in India do not access such basic right. There is a need for necessary steps for more community participation in various development programmes of government as it may be helpful to remove the poverty and improve the literacy rate among the females, which may be positively, affect the health outcomes of them. Government of India has been making several efforts in developing health and population policies. However, there are several obstacles in its implementation due to poverty, illiteracy and gender discrimination in India. Media, social activists, NGOs, different

government agencies, can bring a massive awareness towards gender equality and empowered them socially and economically. Thus, there is a need to promote gender – equality by the international development organizations as gender equity positively associated with better health outcomes of women as well as economic development.

## **QUOTABLE QUOTES**

"I measure the progress of a community by the degree of progress which women have achieved." — *B. R. Ambedkar*

"Because you are women, people will force their thinking on you, their boundaries on you. They will tell you how to dress, how to behave, who you can meet and where you can go. Don't live in the shadows of people's judgement. Make your own choices in the light of your own wisdom". – *Amitabh Bachchan*

"To all the little girls who are watching, never doubt that you are valuable and powerful and deserving of every chance and opportunity in the world to pursue and achieve your own dreams." —*Hillary Clinton in her 2016 concession speech*

"Women are always saying, 'We can do anything that men can do' but men should be saying, 'We can do anything that women can do'". —*Gloria Steinem*

"We need women at all levels, including the top, to change the dynamic, reshape the conversation, to make sure women's voices are heard and heeded, not overlooked and ignored." —*Sheryl Sandberg*

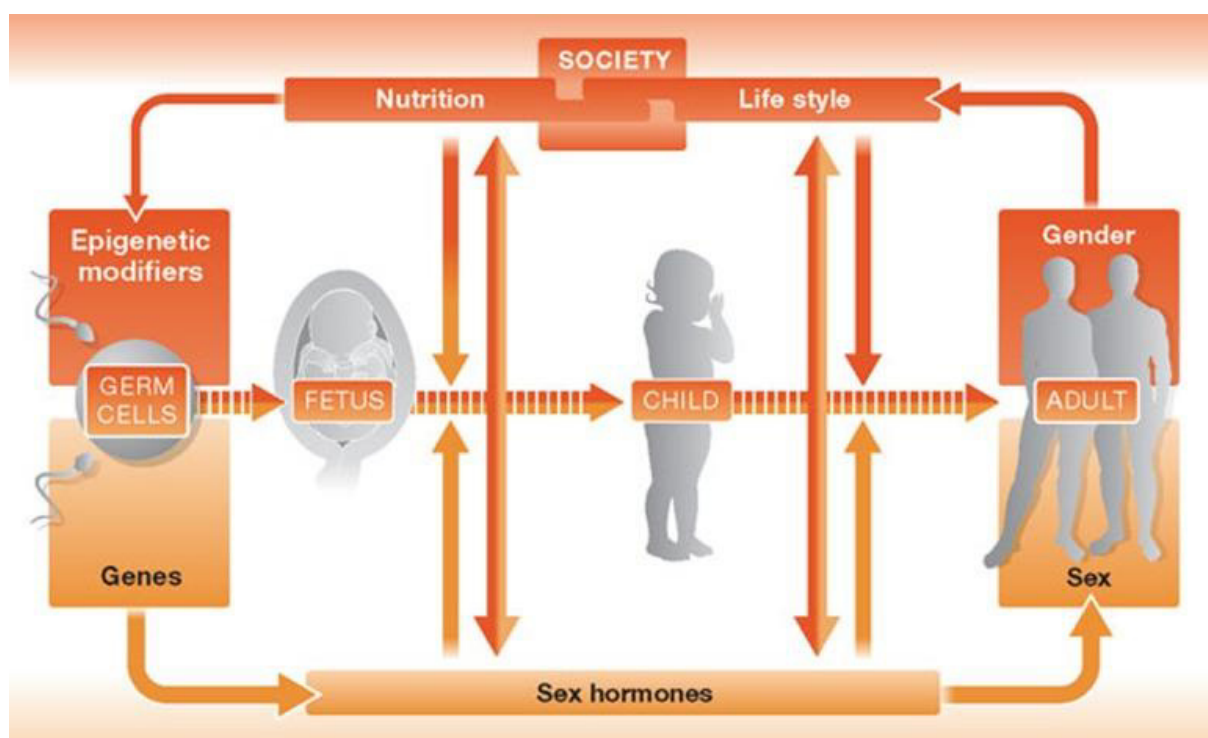
## **SEX AND GENDER DIFFERENCES IN HEALTH**

Men and women are alike in many ways. However, there are important biological and behavioural differences between the two genders. They affect manifestation, epidemiology and pathophysiology of many widespread diseases and the approach to health care. Despite our knowledge of these crucial differences, there is little gender-specific health care; the prevention, management and therapeutic treatment of many common diseases does not reflect the most obvious and most important risk factors for the patient: sex and gender. This omission is holding back more efficient health care, as gender-based prevention measures or therapies are probably more effective than the usual 'one-size-fits all' approach and would benefit patients of both genders. Addressing gender in health and health care therefore requires new approaches at many levels, from training medical personal to clinical medicine, epidemiology and drug development. To discuss and address properly the differences in health and health care between men and women, it is necessary to distinguish between sex and gender and their respective effects on health. Sex differences are based on biological

factors. These include reproductive function, concentrations of sexual hormones, the expression of genes on X and Y-chromosomes, their effects, and the higher percentage of body fat in women. By contrast, gender is associated with behaviour, lifestyle and life experience. It determines access to health care, use of the health care system and the behavioural attitudes of medical personnel. Typical gender differences in health care include differences in the use of preventive measures, the prescription of drugs, health insurance reimbursement and referral for or acceptance of particular surgical therapies such as pacemaker implantation or heart transplantation.

In practice, however, it is often not easy to separate the influence of sex and gender. On the one hand, sex influences health by modifying behaviour: testosterone, for instance, causes aggressive behaviour associated with risk-seeking and neglecting personal health. On the other hand, gender-behaviour can modify biological factors and thereby health: exposure to stress, environmental toxins, poor nutrition or lifestyle choices can induce genomic and epigenetic modifications in adults, children and even the developing fetus. These modifications and their physiological effects are different in women and men, as DNA repair and epigenetic mechanisms are modified by sex hormones (Fig 1). Thus, medical hypotheses need to take into account the effects of both sex and gender. Gender medicine therefore aims to include biological and socio-cultural dimensions, and their effects on women and men, to improve health and health care.

**Figure 1**



As such, gender-sensitive medicine is not the same as considering the specific needs of women in health care—such as during pregnancy or during menopause—and might even be contradictory. Gender medicine must consider the needs of both sexes. This might require giving greater attention to women where specific data on women are lacking, and greater attention to men where specific data on men are lacking. For example, more data on men are needed with regard to osteoporosis and depression, whilst more data on women are urgently needed in the cardiovascular area.

Indeed, because sex and gender affect a wide range of physiological functions, they have an impact on a wide range of diseases including those of the cardiovascular, pulmonary and autoimmune systems, as well as diseases involving gastroenterology, hepatology, nephrology, endocrinology, haematology and neurology; they also influence pharmacokinetics and pharmacodynamics.

## **STATUS OF WOMEN'S HEALTH IN INDIA**

According to the World Health Organization, due to biological differences women live longer than men in all regions of the world. The difference is wider in high-income nations. India, listed as a low-middle income country, records a difference of 3 years between life expectancy at birth for women and men. India ranks 141, above only Armenia, on the health index in World Economic Forum's *The Global Gender Gap Report 2014*, which benchmarks gender gaps in 142 countries on economic, political, education and health-based criteria.

<b>COUNTRY</b>	<b>HEALTH AND SURVIVAL RANK</b>
<b>Indonesia</b>	<b>58</b>
<b>Pakistan</b>	<b>119</b>
<b>Bangladesh</b>	<b>122</b>
<b>India</b>	<b>141</b>

## **COMMON HEALTH AND SURVIVAL ISSUES FACED BY WOMEN IN INDIA**

While both men and women contract various conditions, some health issues affect women differently and more commonly. Furthermore, many women's health conditions go undiagnosed and most drug trials do not include female test subjects. Indian women face a host of issues around healthcare, which are intrinsically linked to their status in society. This brief focuses

on key issues of nutritional status, reproductive health and unequal treatment of girls and boys, which affect women most deeply.

## 1. MALNOURISHMENT

National Family Health Survey – 3 indicates that 35.6 per cent of Indian women are chronically undernourished, with Body Mass Index (BMI) lesser than the cut-off point of 18.5. Data from Bihar and Madhya Pradesh shows that girls represent up to 68 per cent of the children admitted to programmes for the severely malnourished. Similarly, 55 % women in India are anemic as compared to 24% of men.

Widespread nutrition deprivation among women perpetuates an inter-generational cycle of nutrition deprivation in children. Undernourished girls grow up to become undernourished women who give birth to a new generation of undernourished children. Maternal malnutrition has been associated with an increased risk of maternal mortality and also child birth defects.

Age	Mean Body Mass Index (BMI)	Body Mass Index (BMI) in kg/m <sup>2</sup>			
		18.5-24.9 (normal)	<18.5 (total thin)	17.0-18.4 (mildly thin)	<17.0 (moderately/severely thin)
15-19	19.0	50.8	46.8	25.9	20.9
25-29	20.0	53.7	38.1	21.7	16.4
30-39	21.1	51.6	31.0	17.0	14.0
40-49	21.9	49.8	26.4	14.1	12.3
<b>TOTAL</b>	<b>20.5</b>	<b>51.8</b>	<b>35.6</b>	<b>19.7</b>	<b>15.8</b>

## 2. Maternal Health

India's maternal mortality rate reduced from 212 deaths per 100,000 live births in 2007 to 167 deaths in 2013. The advance is largely due to key government interventions such as the Janani Shishu Suraksha Karyakaram (JSSK) scheme, which encompasses free maternity services for women and children, a nationwide scale-up of emergency referral systems and maternal death audits, and improvements in the governance, and management of health services at all levels.

However, adolescent and illiterate mothers and those live in hard to reach areas still have a much greater chance of dying in childbirth. Adolescent girls outside Indian cities are especially vulnerable as teenage marriage and pregnancies are very high in rural and remote areas of the country.

## Big Picture

- Globally, about 800 women die every day of preventable causes related to pregnancy and childbirth; 20 per cent of these women are from India.
- Annually, it is estimated that 44,000 women die due to preventable pregnancy-related causes in India.
- Good news: The Maternal Mortality Ratio – the number of maternal deaths per 100,000 live births – reduced from 212 in 2007 to 167 in 2013. UNICEF and its partners contributed to this reduction through schemes such as JSSK.
- Mothers in the lowest economic bracket have about a two and a half times higher mortality rate.

### 3. Female Child Mortality

In India, female infant mortality is slightly higher than male infant mortality, but the survival disadvantage of girls is particularly acute in the age group of 1-6 years. The Child Sex Ratio, defined as the number of females per 1000 males in the age group of 0-6 years, has been on a declining trend. States/ Union Territories with extremely low child sex ratio are Haryana (830), Punjab (846), Jammu and Kashmir (859) and Delhi (866).

Declining Child Sex Ratio reflects the imbalance between the number of girls and boys and points towards both, pre-birth discrimination manifested through gender biased sex selection, and post birth discrimination against girls. Several reasons are attributed to the decline in the number of girls – neglect of the girl child, high maternal mortality, female infanticide and female foeticide. Sex-selective abortions have been greatly facilitated by the misuse of diagnostic procedures such as amniocentesis that can determine the sex of the foetus. Illiteracy, low socio-economic status, early age of marriage, poor sanitation, hygiene and nutrition, poor access to health facilities are also contributing factors of child and maternal mortality.

State	1991	2001	2011	Difference 2011-1991
India	945	927	914	-31
Uttar Pradesh	928	916	899	-29
Madhya Pradesh	952	932	912	-40
Rajasthan	916	909	883	-33
Maharashtra	946	913	883	-63
Haryana	879	819	830	-49

## **4. Breast Cancer**

The Indian Council of Medical Research finds that India is likely to have more than 17.3 lakh new cases of cancer and over 8.8 lakh deaths due to the disease by 2020. Breast cancer is the most common of the types of cancers occurring in India followed by lung cancer and cervical cancer. The Council estimates that there were 1.5 lakh new cases of breast cancer in 2016 – that is more than 10% all new cancer cases in 2016. Earlier cervical cancer was most common cancer among Indian woman but now the incidence of breast cancer has surpassed cervical cancer and is leading cause of cancer death, although cervical cancer still remains most common in rural India.

India continues to have a low survival rate for breast cancer, with only 66.1% women diagnosed with the disease between 2010 and 2014 surviving, a Lancet study found. The US and Australia had survival rates as high as 90%, according to the study.

Globally, about 10% of breast cancer is genetic or due to an inherited DNA mutation. But a recent study suggests that there may be a greater occurrence of genetically-linked breast cancer among Indian women. Most inherited breast cancer cases are because of defective breast cancer genes called BRCA1 and BRCA2, where BRCA stands for breast cancer.

The major reason are Lifestyle changes such as bearing a child late in life, lack of breastfeeding, medical use of hormones, menarche occurring in younger people, lack of awareness of early signs of breast cancer and screening methods, secondly non- availability of diagnostic centres and knowledgeable oncologists. The domains that need attention include primary prevention, secondary prevention (early detection), diagnostic modalities including pathology, treatment, palliative care, and translational research including biomarkers. There need to be systematic efforts at researching, preserving, and promoting those factors that “protect” Indian women from breast cancer.

## **4. Heart Disease**

Cardiac arrest is more common in women. The symptoms of heart disease for men are more evident than they are in women. In men, a heart attack would mean an extreme and sudden chest pain and breaking out in cold sweats. In women, on the other hand, heart attacks can be much frequent and smaller. Many women don't even know that they have already suffered one or two heart attacks in the past until eventually, they visit the doctor.

In India, unlike most men, women have some added responsibility, like looking after kids and parents as well. While trying to maintain everything else, they forget their own needs and end up neglecting their health. Our societal brought up demands women to

maintain work and home both. Women have not been taught to take care of themselves in the patriarchal set up. But, things are changing among the younger generations and women are learning to put themselves first.

#### **4. Polycystic Ovarian Disease**

Polycystic ovary disease is yet another issue that has come up to be one of the most common female endocrine disorders affecting about 5 to 10 percent of women of reproductive age. It is a condition in which, there are many small cysts in the ovaries, which can affect a woman's ability to conceive. Symptoms include irregular periods, infertility, high levels of insulin, excessive body hair, acne, and weight gain. Women should get regular medical checkups done and have this condition treated.

The advancement of gender equality and equity, empowerment and elimination of discrimination, are critical to women's health and well-being. This can be achieved by including the gender dimension in planning health programs and research.

#### **GLIMPSES OF THE MONTH**

##### **WORLD AUTISM DAY- 2<sup>nd</sup> APRIL**



**Theme:** *"Empowering Women and Girls with Autism"*

In November 2017, the United Nations General Assembly adopted a resolution drawing attention to the particular challenges that women and girls with disabilities face in the context of the implementation of the Convention on the Rights of Persons with Disabilities (CRPD). The resolution expresses concern that women and girls with disabilities, are subject to multiple and intersecting forms of discrimination, which limit their enjoyment of all human rights and fundamental freedoms.

The 2018 World Autism Awareness Day observance at United Nations Headquarters New York will focus on the importance of empowering women and girls with autism and involving them and their representative organizations in policy and decision making to address these challenges.



Girls with disabilities are less likely to complete primary school and more likely to be marginalized or denied access to education. Women with disabilities have a lower rate of employment than men with disabilities and women without disabilities. Globally, women are more likely to experience physical, sexual, psychological and economic violence than men, and women and girls with disabilities experience gender-based violence at disproportionately higher rates and in unique forms owing to discrimination and stigma based on both gender and disability. As a result of inaccessibility and stereotyping, women and girls with disabilities are persistently confronted with barriers to sexual and reproductive health services and to information on comprehensive sex education, particularly women and girls with intellectual disabilities including autism.

### **WORLD HEALTH DAY-4<sup>TH</sup> APRIL**



**Theme:** *“Universal health coverage: everyone, everywhere”.*

People celebrate the World Health Day all across the world every year on 7th of April under the leadership of World Health Organization to draw the mass people attention towards the importance of global health. The WHO held world Health Assembly first time in the year 1948 in Geneva where it was decided to celebrate the World Health Day annually on 7th of April. It was first celebrated worldwide in the year 1950 as the World Health Day. The WHO organizes varieties of events related to the particular theme on the international and national level.

Some of the objectives of celebrating the World Health Day are :

- To provide detailed knowledge of getting prevented from various diseases and their complications.
- To encourage most vulnerable group of people to frequently check their blood pressure and follow medications from the professionals.
- To promote self care among people.
- To motivate the worldwide health authorities, to make their own efforts in creating the healthy environments in their country.
- To protect families living in the disease in vulnerable areas.

## **GLOSSARY OF WOMEN'S STUDIES**

### **GAY**

Refers to a man who has an emotional, romantic and/or sexual orientation towards men. Also a generic term for lesbian and gay sexuality - some women define themselves as gay rather than lesbian.

### **GENDER DYSPHORIA**

Used to describe when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender identity. This is also the clinical diagnosis for someone who doesn't feel comfortable with the gender they were assigned at birth.

### **TRANSGENDER MAN**

A term used to describe someone who is assigned female at birth but identifies and lives as a man. This may be shortened to trans man, or FTM, an abbreviation for female-to-male.

## **PROGRAMMES CARRIED OUT DURING THE MONTH OF APRIL 2018**

### **Board of Studies on M.A. Gender Studies**



The Department of Women's Studies had conducted the Board of Studies for M.A. Gender Studies on 20.04.2018. Prof. K. Manimekalai, Dean Faculty of Arts & Head Department of Women's Studies, Alagappa University, Karaikudi, Prof. M. Jamuna, Department of History, Bangalore University, Prof. S. P. Densia, Director, Centre for Women's Studies, Mother Teresa Women's University, Kodaikanal, Prof. Zenetta Rosaline, Director, Department of Women's Studies, Bharathiar University, Coimbatore, Dr. T. Gopinath, Assistant Professor in Gender Studies, Rajiv Gandhi National Institute of Youth Development, Sriperumpudur and Dr.P. Veeramani, Assistant Professor, Centre for Women's

Studies, Alagappa University reviewed and prepared the syllabus in tune with the UGC-NET exam syllabus and being implemented from 2018- 2019 academic year.

### **Inauguration of Women Employee Club**



The inaugural function of “Women Employee Club”, Alagappa University, Karaikudi was held on 25<sup>th</sup> April, 2018 at the Convocation Seminar Hall, Alagappa University. The main objective of the club is to strengthen women employees of Alagappa University through Collectivism.

Prof.K.Manimekalai, Dean, Faculty of Arts, welcomed the gathering and introduced the Coordinators and the other members of the club. In her welcome address, she highlighted the importance of the club and its functioning for the welfare of all women staff (both teaching and non teaching). Presiding over the function, Prof.S.Subbiah, Vice-Chancellor, Alagappa University, pointed out this is the first University in Tamil Nadu to set up a Women Employee Club for the welfare of the women staff of Alagappa University. He exhorted that the club within the campus would transform what it means to be a woman by creating safe spaces to discuss difficult issues, both at home and workplace.

Mrs. S. Geetha Lakshmi, Inspector of Police, All Women Police Station, Sivagangai, delivered the keynote address in the programme. She appreciated the coordinators for their efforts taken for creating the club specifically for women staff of the University. In her key note address, she insisted that the club is forefront of social change through championing the needs of women, children, and families to take a progressive stance on such issues as child welfare, health, women’s rights.

Dr.M.Jayabharathi, Deputy Registrar and one of the Coordinators of Women Employee Club, Alagappa University proposed a vote of thanks. More than 100 women teaching and non-teaching women employee from various Departments and administrative sections of Alagappa University participated in the programme.

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## Editorial desk

Women's labour is a rich and valuable resource for a country as it can significantly boost growth, prospects and improve socio-economic conditions that results in better outcomes for the next generation. Therefore, enhancing women participation in the labour force is a critical endeavour for driving overall social and sustainable development. Despite progress in education and health worldwide, women still face significant barriers to engage as full economic citizens. There are significant gender gaps in wages and labour market participation. In many cases, women also face barriers and lack the assets needed to become entrepreneurs. These inequalities remain large, persistent and pervasive in many parts of the world. Addressing these gaps is not only a moral imperative; there is growing evidence that gender equality can directly foster economic growth and broad-based social development. Women face more challenges in pursuing well-paid, productive jobs that enable them to accumulate assets. Women's time use will remain constrained if deeply rooted with social norms, such as regarding housework and child-care responsibilities, continue to weigh heavily on their shoulders. In fact, greater labour market participation can exacerbate these constraints if other household members do not share these responsibilities. There is also evidence-suggesting links between women's greater economic empowerment and increased violence against them. Thus to improve the participation of women in labour force, governance should be a gender sensitive governance and has to implement laws, policies and schemes by having a gender disaggregated data.

## **DECLINING FEMALE LABOUR FORCE**

Women in India represent only 24% of the paid labour force, as against the global average of 40%, according to McKinsey Global Institute report 2015. The figures are low for women even though the proportion of the economically active population (15-59 years) increased from 57.7% to 63.3% between 1991 and 2013 (Sample Registration System data, 2013).

Women's labour force participation and access to decent work are important and necessary elements of an inclusive and sustainable development process. Women continue to face many barriers to enter labour market and to access decent work and disproportionately face a range of multiple challenges relating to access to employment, choice of work, working conditions, employment security, wage parity, discrimination, and balancing the competing burdens of work and family responsibilities. In addition, women are heavily represented in the informal economy where their exposure of exploitation is usually greatest and they have the least formal protection.

Policy makers in India and throughout the region should take a comprehensive approach to improve labour market outcomes for women through improving access education and training programs, skills development, access to childcare, maternity protection, and provision of safe and accessible transport, along with the promotion of a pattern of growth that creates job opportunities. Beyond standard labour force participation rates, policy-makers should be more concerned about whether women are able to access better jobs or start up a business, and take advantage of new labour market opportunities as a country grows. A policy framework encouraging and enabling women's participation should construct with active awareness of the "gender-specific" constraints that face most women. This can be achieved by Gender responsive policies and need to be contextually developed.

## **FACTORS INFLUENCING FEMALE LABOUR FORCE PARTICIPATION**

Gender gaps are one of the most pressing challenges facing the world of work today. Globally, women are substantially less likely than men to participate in the labour market, and once in the workforce, they are also less likely to find jobs than men. Indeed, their access to quality employment opportunities remains restricted. Overall, for example, women are more likely to work longer hours than men when both paid and unpaid work is taken into account.

The World Bank study, titled "Reassessing Patterns of Female Labor Force Participation in India", found that the decision to join the labour force is primarily influenced by economic stability at home rather than social norms, educational attainment and age. The

study found that, in rural as well as urban areas, while the proportion of regular wage-earners in households increased, proportion of self-employed persons and casual labour decreased, indicating the rising stability in family incomes. The proportion of regular wage earners in urban areas was 20 percentage points more than rural areas, which explains its low FLFP (female labour force participation) rates.

Therefore, as household incomes become more stable, fewer women join the labour force, concentrating instead on “status production” at home. Status production is work that maintains and enhances the family’s social standing, although they do not necessarily enhance the woman’s status within that unit. Common examples of status production work include the upkeep of suitable work clothes, provision of food at the workplace, entertainment of colleagues and feeding hired hands and co-workers within the woman’s family.

ILO-Gallup survey (2016), *The World Employment and Social Outlook – Trends for Women 2017* report assessed the extent to which personal preferences, socio-economic constraints, and gender role conformity were driving gender gaps in the labour market. The analysis by ILO economists, covering 142 countries and territories, found the following factors, which influences the female labour force participation:

- Having a spouse or partner reduces the probability for women to participate in the labour market in emerging, developed and the Arab States and Northern African (ASNA) countries. In developing countries, however, the effect is reversed: partnerships/marriage have a positive effect on participation (3.3 percentage points). This latter finding highlights the economic necessity to work, despite partnership status, in developing countries.
- Women suffering from severe poverty are more likely to participate, irrespective of gender norms.
- Globally, the lack of affordable care for children or family members affects women’s participation negatively. In ASNA countries, it decreases the probability to participate by 6.2 percentage points; in developing countries by 4.8 percentage points; and in developed countries by 4.0 percentage points. Having children, however, has a small negative effect on participation but it is not significant; in fact, in developing countries, there is a small positive effect (0.7 percentage points).
- Limited access to safe transportation is the greatest challenge for participation that women face in developing countries
- Religions embody a complex system of values that extends to gender roles. In developing countries, the probability to participate is substantially reduced by

religion, a proxy indicator for more restrictive gender role conformity. In developed and emerging countries, the results are mixed: in some cases, the effect is positive, in others negative.

## **GLIMPSES OF THE MONTH**

### **INTERNATIONAL LABOUR DAY – 1<sup>ST</sup> MAY**



*The theme of International Labour Day 2018 is “Uniting Workers for Social and Economic Advancement”.*

International Workers Day also popularly known as Labour Day is celebrated to mark the hardships of laborers and working class. In India, the very first May Day was celebrated in 1923 in Chennai. The history of Labour Day is pretty interesting. It goes back to May 1, 1886, when labor unions went on a strike in the United States of America and demanded that workers should not be forced to work more than eight hours a day. The strike was followed by a bomb blast in Chicago’s Haymarket Square on May 4. The bomb blast took lives of several people and police officers and injured more than 100 people. However, the strike did not have any immediate effect on the laborers work but it helped in establishing the eight hour work day rule in India and other countries of the world.

In India to celebrate the Labour Day, the first initiative was taken by the Labour Kisan Party of Hindustan wherein the Comrade Malayapuram Singaravelu Chettiar, founder of the first trade union, arranged two meetings to celebrate the day. One meeting was held at the Triplicane Beach, and the other took place at the beach opposite the Madras High Court. In the meeting, Singaravelar passed a resolution that government should announce a national holiday on May 1, which will be marked as Labour Day.

## WORLD HYPERTENSION DAY -17<sup>th</sup> MAY

World Hypertension Day is celebrated every year on 17th of May to raise the public awareness about the hypertension, its preventive measures and complications. It was first celebrated on 14th of May in the year 2005 organized by the World Hypertension League (WHL).



Hypertension is a condition called high blood pressure during which the arterial blood pressure raises to high level from the normal level (120/80 mmHg). It is medical condition called as silent killer as it does not show any clear symptoms however severe hypertension show some symptoms of headaches, sleepiness, palpitation, blurred vision, fatigue, dizziness, confusion, ringing sensation in the ears, breathing difficulty, irregular heartbeat which may lead to even coma.

### Natural Ways to Cure Hypertension

Choosing the right diet keeps the body healthy. The given below are some of the healthy tips to keep the body free from hypertension.

#### 1. Eat less salt

Consume less amount of salt as sodium consumption can cause a spike in blood pressure. Eating salt, raises the amount of sodium in bloodstream and wrecks the balance, reducing the ability of kidneys to remove water. This results in high blood pressure.

#### 2. Include bananas in your diet

Rich in potassium, bananas are great for reducing blood pressure. To incorporate more bananas in diet, add them in your cereal, cakes, bread, smoothies, shakes, et al.

#### 3. Load up on greens

Green leafy delights are low in calories, high in fibre and packed with nutrients like magnesium, potassium, folate, etc, which are known to be the key ingredients for lowering and maintaining hypertension or high blood pressure.



#### **4. Oatmeal**

Eating a high fibre diet can help maintain a healthy blood pressure and oatmeal does wonders, which can reduce both systolic and diastolic pressure. So include this low-sodium food in your pancakes, cakes, cereals, et al.

#### **5. Watermelon**

Watermelon contains an amino acid known as L-citrulline that has been proven to lower blood pressure. It is a heart health promoting food loaded with lycopenes, fibre, potassium and vitamin A, all of which have blood pressure lowering effects.

#### **WORLD THYROID DAY-25<sup>th</sup> MAY**



*The theme for 2018 is “Lifestyle and diet change for better thyroid management”*

World Thyroid Day is an annual awareness day that was established in 2008 during the congress of the European Thyroid Association (ETA). It focuses on increasing awareness of thyroid health and educating about prevention and treatment of thyroid diseases. The thyroid gland, often referred to as simply the thyroid, is one of the largest endocrine glands. This butterfly shaped gland is located in the neck. Hormones produced by the thyroid influence critical body functions and regulate metabolism, therefore thyroid health is extremely important.

Thyroid disorders are very common worldwide; they affect people of all ages and have a large range of symptoms. The most common thyroid disorders include hyperthyroidism (abnormally increased thyroid activity), hypothyroidism (abnormally decreased thyroid activity), thyroiditis (inflammation of the thyroid gland) and thyroid cancer. They are often caused by iodine deficiency. World Thyroid Day aims at increasing public awareness of thyroid diseases, namely the importance of their timely diagnosis, treatment and prevention.

## INTERNATIONAL DAY OF ACTION FOR WOMEN'S HEALTH-28<sup>th</sup> MAY

On May 28 1987, during the IV International Women's Health Meeting in Costa Rica, women's rights activists proposed to celebrate May 28 as the International Day of Action for Women's Health, as a means to speak out on SRHR issues (Sexual and Reproductive Health and Rights) faced by women and girls all over the world.

### Importance of Sexual and Reproductive Health and Rights

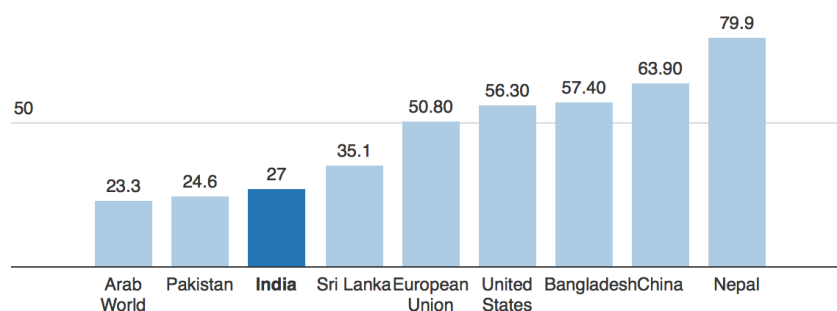
#### *No equality without sexual and reproductive health and rights*

Gender equality and the empowerment of girls and women will not be possible without the realization of sexual and reproductive health and rights. For women and girls to lead healthy lives, and to be free to participate in social, economic and political life, they need universal access to quality services, information and education, and conditions that allow them to realize their sexual and reproductive rights.

Sexual and reproductive health and rights services are critical for women and girls to have healthy lives, address violence and power relations in their lives, and open doors to opportunities. On these grounds alone, they must be considered priority interventions. Sexual and reproductive health and rights are important rights in themselves, but can also magnify possibilities for empowering girls and women and for achieving gender equality. Thus the lives of women and girls are complex, varied and intersectional. SRHR cuts across every aspect of women and girls' lives, both enabling and limiting life opportunities. The freedom to decide if and when we marry and have children, to live free from violence, and to make decisions regarding our bodies are key to empowering women economically.

### GLOBAL FEMALE LABOUR FORCE PARTICIPATION (%) – WORLD BANK 2017

#### Global Female Labour Force Participation (%)



Source: World Bank



## GLOSSARY OF WOMEN'S STUDIES

**Gender Perspective:** A gender perspective or “gender lens” can be defined as a focus that brings a framework of analysis in order to assess how women and men affect and are affected differently by policies, programmes, projects and activities. It enables recognition that relationships between women and men can vary depending on the context. A gender perspective takes into account gender roles, social and economic relationships and needs, access to resources, and other constraints and opportunities imposed by society or culture, age, religion, and/or ethnicity on both women and men. (UN Women, 2011)

**Gender Responsive Budgeting (GRB)** is an application of gender mainstreaming in the budgetary process. It means a gender-based assessment of budgets, incorporating a gender perspective at all levels of the budgetary process and restructuring revenues and expenditures in order to promote gender equality. Gender responsive budgeting involves examination of the gender distributional outcomes of budgetary allocations, that is, how these allocations affect the social and economic opportunities of men and women. Reallocations in revenue and expenditure and restructuring of the budgetary process may be necessary in order to promote gender equality. (ILO, 2004)

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# ALU - WOMEN'S STUDIES BULLETIN



VOLUME –23, ISSUE-23

June- 2018



**Editor - in – Chief: Prof.K.MANIMEKALAI**

Editors : Mrs.P.Sindhuja  
Mrs.S.Geetha  
Mr.M.Paranthaman  
Ms.S.Karthika  
Mr.B.Pon Vignesh

## Editorial desk

*Advancing gender equality may be one of the best ways of saving the environment, and countering the dangers of overcrowding and other adversities associated with population pressure. The voice of women is critically important for the world's future – not just for women's future.” -Amartya Sen*

Women play a critical role in managing natural resources on family and community levels and are most affected by environmental degradation. In communities around the world, women manage water, sources for fuel, and food, as well as both forests and agricultural terrain. Women produce 60 to 80 percent of food in developing countries, while inheritance laws and local customs often prevent them from owning or leasing land and securing loans or insurance. The lack of equitable land rights remains a major obstacle to women's empowerment and poverty alleviation. From the high level to the grassroots, the 1992 UN Earth Summit, India's Chipko movement and Kenya's Green Belt Movement all highlighted the role of women's voices and perspectives in sustainable development. Across the regions and cultures of the world, women play critical roles in relation to their natural environment. Women's role in society is multifaceted, not only in the duties that help nourish domestic social life, but in the public sphere as well. As fisherwomen, farmers, and so many other local scale producers linked to the environment, they contribute to the livelihood of their families and communities, developing a production dynamic, and their participation in the production chain. The United Nation has highlighted in innumerable documents on women's role in managing natural resources, as well as key player in local, regional, and global initiatives. One of the UN documents with this vision is Agenda 21; it claims women's importance in

sustainable development, suggesting governments to go further in implementing strategies that envisage their crucial role in the sociopolitical dimension of environmental matters.

Thus, women have a fundamental role in the enterprise of preserving natural resources.

### **QUOTABLE QUOTES**

*Those who contemplate the beauty of the Earth find reserves of strength that will endure as long as life lasts-* **Rachel Carson**

*When women get together, they're a pretty tough force to push back -***Erin Brockovich**

*It is simple, really. Human health and the health of ecosystems are inseparable-* **Gro Harlem Brundtland**

*I believe we want a world that is pro-poor, pro-development, and pro-environment-***Bina Agarwal**

*Another world is not only possible, she's on the way and, on a quiet day, if you listen very carefully you can hear her breathe-***Arundhati Roy**

*The need of quiet, the need of air, the need of exercise, the sight of sky and of things growing seem human needs, common to all-***Octavia Hill**

*It's the little things citizens do. That's what will make the difference. My little thing is planting trees-***Wangari Maathai**

*We are either going to have a future where women lead the way to make peace with the Earth or we are not going to have a human future at all-***Vandana Shiva**

### **WOMEN AND ENVIRONMENTAL MOVEMENTS**

Women's role in environmental movements differ from the developed to the developing countries. In the developed countries, the issues that women are raising are largely related to pollution and the urban context, while in the developing countries the issues are linked to livelihood concerns in rural areas.

### **PROMINENT WOMEN ENVIRONMENTALIST**

#### **JANE GOODALL**

Jane Goodall is most well-known for her love of chimpanzees and her extensive years of field research on the species. In July 1960, she traveled from England to Tanzania and set out to discover the secrets of the chimpanzee species. Her unconventional approach to her research transformed relationships between humans and animals. In 1977, Jane founded the Jane Goodall Institute, which continues her research all over the world. She also established Jane Goodall's Roots



and Shoots to empower youth of all ages to mobilize their peers and pursue their passion. Currently, Jane travels the world speaking about environmental concerns while encouraging young people to get active about the future of the planet.

### **SYLVIA EARLE**

Sylvia Earle pioneered the movement for ocean exploration. Earle has spent more than 6,000 hours underwater and was the first underwater explorer to make use of SCUBA gear. After winning the 2009 TED Prize, Earle launched Mission Blue, an organization working to establish marine-protected areas. Earle's continuous research is leading to a deeper understanding of the world's oceans and how they should be protected.



### **WANGARI MAATHAI**



Wangari Maathai worked tirelessly for both land conservation and women's rights. She was the founder of the Green Belt movement, which focused on environmental conservation and women's rights, in her native country of Kenya. In addition to being honored by many world leaders for her efforts, she was awarded the Nobel Peace Prize in 2004 for her approach to sustainable development, democracy and peace.

### **RACHEL CARSON**



Rachel Carson wrote the now-famous *Silent Spring*, an expose on the misinformation spread by the chemical industry and the use of synthetic pesticides, specifically DDT. This book spurred the environmental revolution. The overall theme of the book is the commanding- and overwhelmingly negative- effect that humans have on the natural world. Carson's lasting legacy led to the creation of the Environmental Protection Agency in the United States under the Nixon administration and started the conversation regarding the human impact on the environment.

## VANDANA SHIVA



Vandana Shiva is an Indian environmentalist who has spent much of her life in defense of biodiversity. In 1991, she founded Navdanya, a research institute that aims to protect the diversity and integrity of native seeds while also promoting fair trade practices. Her research institute is dedicated to address the most significant

environmental and social justice issues of the current era.

## SATOU CEESAY



Satou Ceesay, “Queen of Recycling,” is a Gambian activist who started the recycling movement called One Plastic Bag in the Gambia. Ceesay works to educate citizens about recycling and reducing the amount of waste that is created. She founded a project that creates plastic yarn and forms bags out of

the upcycled waste. Not only has her project dramatically reduced the amount of waste in her village, but it is also employing hundreds of West African women and providing them with monthly revenue.

## MAY BOEVE

May Boeve is co-founder of the website, 350.org, an organization dedicated to working against climate change by connecting leaders across the world. The aim of the organization is to reduce the levels of carbon dioxide in the atmosphere to a point where global warming will not be as dangerous as



predicted. Her organization is going straight to the source: the fossil fuel industry. By limiting the power of the industry itself, they hope to then confront the government about limiting carbon dioxide emissions.

## MARINA SILVA



Marina Silva is a warrior for the Amazon Rainforest in Brazil. Silva was a colleague of Chico Mendes, who was assassinated for defending the rainforest in 1988. She and Mendes led demonstrations in the 1980s to protect the rainforest from government control. After

Mendes' assassination, Silva became a politician and fought for environmental protection, sustainable development, and social justice. Deforestation decreased by 59% from 2004 to 2007, during her political career.

*The underlying connection between all of these awe-inspiring women is that they believed in their cause. Thus, through the bulletin we request all on line and offline readers, never to underestimate the power you have as a citizen to create change within your community. Be fearless, be courageous, be passionate. Stand on the shoulders of all of the powerful women that came before us.*

## INTERNATIONAL TREATIES ON GENDER AND ENVIRONMENT

- African Convention on the Conservation of Nature and Natural Resources, Algiers, 1968
- Convention Concerning the Protection of World Cultural and Natural Heritage, Paris 1972
- Agreement Concerning the Protection of Water of the Mediterranean Shores, Monaco, 1976
- Agreement on the Joint Regulations on Fauna and Flora- Enugu, 1977
- United Nations Convention on the Law of the Sea, 1982
- Benelux Convention on Nature Conservation and Landscape Protection Bruxelles, 1982
- World Charter for Nature (1982)
- International Tropical Timber Agreement, 1983
- ASEAN Agreement on the Conservation of Nature and Natural Resources- Kuala Lumpur 1985
- Convention for the Protection of the Marine and Coastal Environment of the Eastern African Region- Nairobi, 1985
- Convention for the Protection of the Natural Resources and Environment of the South Pacific Region (SPREP Convention) Noumea, 1986
- Fourth ACP-EEC Convention- Lome, 1989
- Convention on Biodiversity, 1992
- Agenda 21 UN Conference on Environment and Development June 1992
- International Convention to Combat Desertification Paris, 1994
- UN Fourth Conference on Women 1995
- Land Mine Treaty 1997
- Convention on Access to Information Public Participation in Decision-Making and Access to Justice in Environmental matter – Aarhus, 1998



## **INTERNATIONAL CONFERENCES THAT DEALT WITH WOMEN'S ISSUES**

- World Conference to Review and Appraise the Achievements of the UN Decade for Women: Equality, Development and Peace, Nairobi 1985
- The World Summit for Children, held in New York in 1990 • The International Conference on Nutrition, held in Rome 1992
- The World Conference on Human Rights, held in Vienna 1993
- The International Year of the World's Indigenous People 1993
- International Conference on Population and Development, Cairo 1994
- The Global Conference on the Sustainable Development of Small Island Developing States, held in Barbados 1994
- The International Year of the Family 1994
- World Summit for Social Development, Copenhagen 1995
- Habitat II- Istanbul 1996

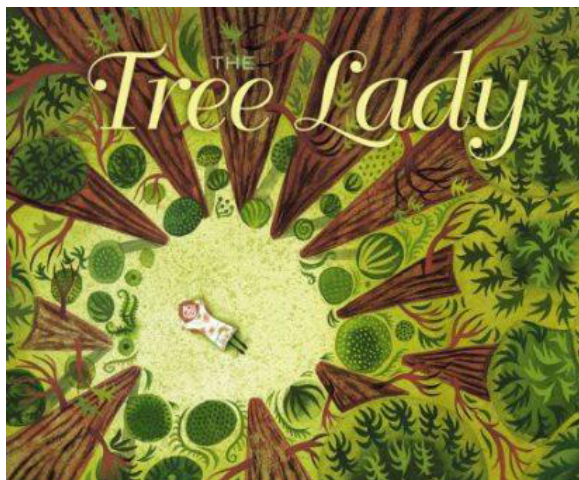
## **SOME MAJOR POLICIES AND PROGRAMS ON ENVIRONMENT AND THEIR IMPLICATIONS FOR WOMEN ARE BRIEFLY OUTLINED BELOW.**

- Water harvesting programs across India see more women participants working in partnership with the state and NGOs. Water has gender dimensions. Women and men derive different benefits from its availability, use and management. Women were active participants in the Sukhomajri village in Shivalik range of the Himalaya in Haryana that earned nation-wide acclaim for the way in which they had utilised their forests and water to their benefit. When women are involved in water management decisions the community benefits. Gujarat Water Policy (2002) too mentions that women are the most interested users of rural water supply, domestic urban water consumption, in health and sanitation issues as well as agricultural production and sees a crucial role for grassroots women in local water management.
- Renewable energy policies in rural areas address women in households with biogas plants and solar cookers / panels. Poor women benefits from clean and green cooking energy.
- National Forest Policy 1988 and Joint Forest Management (JFM) program of the 1990s mandated that should women comprise 33% of the membership of the Vana Samarakshana Samitis. This inclusion of women to a large extent made success of the program in different states. The logic behind its creation was that the problem of deforestation could be better handled if the state Forest Departments worked out joint management agreements with local communities to reforest degraded forest

## **RELEVANT LEGAL PROVISION ON ENVIRONMENT**

India is one of the few countries of the world that have made a specific reference in the constitution of the need for environmental protection, control and preservation.

- The constitution (42nd Amendment) Act of 1976 has made it a Fundamental duty to protect and improve the natural environment.
- Article 51 (a) provides that it shall be the duty of every citizen of India to protect and improve the natural environment including forests, lakes, rivers and wild life and have compassion for living creatures.
- Article 21 of Constitution guarantee the right to life; a life of dignity, to be lived in a proper environment, free from danger of disease and infection.



### *Shoulder the Movements of Women Environmentalist in Protecting the Environment*

In addition to Indian Constitutional aspect, certain special legislations are also available in India for Environmental protection such as:

- The Air (Prevention and control of pollution) Act 1981
- The Water (Prevention and control of Pollution) Act, 1974.
- The Wildlife (Protection) Act, 1972.
- The India Forest Act, 1927.
- The Forest (Conservation) Act, 1980 and the comprehensive legislation.
- Environmental protection Act, 1986.

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### Editorial desk

Trafficking Women and Children is the gravest form of abuse and exploitation of human beings. Thousands of Indians are trafficked everyday to some destination or the other and are forced to lead lives of slavery. They survive in brothels, factories, guesthouses, dance bars, farms and even in the homes of well-off persons, with no control over their bodies and lives. The Indian Constitution specifically bans the trafficking the persons. Article 23, in the Fundamental Rights section of the constitution, prohibits "traffic in human beings and other similar forms of forced labor". United Nations defines trafficking as "any activity leading to recruitment, transportation, harbouring or receipt of persons, by means of threat or use of force or a position of vulnerability". Almost 80 per cent of all worldwide trafficking is for sexual exploitation, The problem of human trafficking, particularly in women and children has emerged as grave social issue which is one of the most serious affronts to the dignity and human rights of them. It is a gross commercialization and commodification of innocent human lives. Though it is a borderless crime, India among many South-Asian countries is rapidly using as a source, transit point as well as destination for the traffickers. It is just not about the violation of human rights but it is the defeat of human rights. It is not only the human rights that are failing but the society and institutions are also to share the blame. In the context of increasing violence and deep-seated patriarchal values the traffickers' jobs becomes easy. Hence trafficking women and children, which is the most vulnerable group, is the sordid tale of violation of human rights and dignity.

## **INDIAN CONSTITUTION AND HUMAN RIGHTS**

The Indian constitution is in congruence with United Nations charter, Universal Declaration of Human Rights (UDHR) and several other international covenants as they all lay emphasis on human dignity. The constitution of India assures dignity of the individual, which is a core value in its preamble. Even the constitution of India was drafted at the same time as the Universal Declaration of Human Rights and that is why, it has resonance of similar provisions. This becomes obvious when we look at Article-23 of the Part- III of the Indian constitution and articles 2-21 of Universal Declaration of Human Rights. The Part-IV of the Indian constitution, which contains Directive Principles of state policy in the article 38, 39A, 41 etc., also has reflection of articles of 22-28 of the UDHR. Therefore, it can be said that Indian constitution has enormous scope to protect and promote human rights and the Supreme Court of India has been at forefront to protect the human rights inherent in fundamental rights. The importance of fundamental rights can be imagined by that is not only available to citizens of India but also non-citizens and it establishes the relevance of rights in the times we are living.

## **TRAFFICKING MECHANISMS AND TECHNIQUES**

Women and children are generally recruited from rural areas or small towns. In the transshipment process they are handed over and taken over by numerous procurers, brokers and intermediaries, usually not known to authorities as ones with criminal records.

### **Local contacts**

Traffickers enlist the help of local persons and villagers to identify vulnerable families. Traffickers operate in an organized network having their agents make contacts with unsuspecting women and children around bus and train stations.

### **Direct sales**

Women and children are sold to traffickers by parents or other family members. Traffickers sell young girls to brokers across borders in Asian countries for one or two thousand dollars (per child or young women) or more.

### **Deceit**

Unscrupulous agents deceive parents, lure women and girls with false promises of well-paid work in cities or marriages to rich partners.

## Debt bondage

Economic incentives to parents and arrangements which bond children and young women into sex-slavery or other exploitative forms of labour, though details of these debt terms are ill defined.

## Kidnapping

Criminal gangs or middlemen kidnap women and children, force them to work against their will, and often sell them to brothels.

## Falsification of documents

False documents and passports make it difficult to identify and trace trafficked persons.

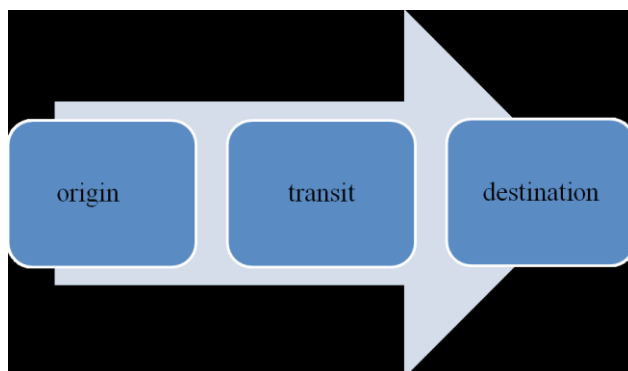
## Bribes

Bribes are commonly paid to various officials or police to procure false documents, or at border crossings.

## Transportation

Foot, buses, pick-up vans, trains and boats transport women and children.

## PHASES OF HUMAN TRAFFICKING



There are three main phases of human trafficking, which are origin; transit and destination point. Origin is the place from where the victims are recruited; transit denotes transportation and transfer, sometimes harbouring also. Destination is the final point where the victims are

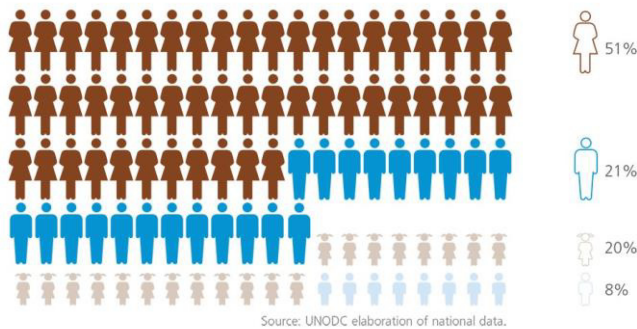
received and maintained for exploitation. Even the victims may be exploited in origin and transit phase but it is for a short period. At destination, negotiation takes place for maximum profits.

## The most common victims of trafficking are:

- Women and children are the key target group, because of their marginalization, limited economic resources and predominance in the “invisible” formal sector.
- People from impoverished and low income households in rural areas and urban slums, especially women engaged in small farming, petty trading, vending, as laborers’ scavengers and in other low status work and services. .

- Ethnic minorities, indigenous people, hill tribes, refugees, and illegal migrants.
- People with low level of education, a few years of formal schooling, some primary school education, or illiterate.
- Young girls running away from home, or girls from families that expect their daughters to financially contribute to their support are easy targets for traffickers.
- People who lack awareness of their legal rights, their exploited situation, and have no channel for seeking redress.

Trafficking victims can be women, men, boys and girls



The 2016 UNODC Global Report disaggregates data based on gender and found that women and girls are usually trafficked for marriage and sexual slavery. Men and boys, however, are trafficked into exploitative labour, including

work in the mining sector, as porters, soldiers, and slaves.

Worldwide, 28 per cent of trafficking victims are children, but children account for 62 per cent in Sub-Saharan Africa and 64 per cent in Central America and the Caribbean. Sixty nine countries detected trafficking victims from Sub-Saharan Africa between 2012 and 2014.

## INTERNATIONAL LEGAL INSTRUMENTS

- *The 1949 Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others* criminalizes sex trafficking and acts associated with prostitution, but with weak enforcement mechanisms and adoption by only 69 countries, it has not been effective<sup>50</sup>. The convention also fails to address forms of exploitation that were not widespread in 1949, including mail-order bride industries, sex tourism and trafficking of organs.
- Article 6 of the UN *Convention on the Elimination of all Forms of Discrimination against Women* (CEDAW 1979) requires States Parties to take action to suppress “all forms of traffic in women and exploitation of prostitution of women,” and CEDAW’s General Recommendation No. 19 specifically mentions newer forms of exploitation neglected in the 1949 convention.
- The 2000 *UN Convention Against Transnational Organized Crime* provides a tool for international cooperation against trafficking in its *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children*. The protocol specifies criminalization, stronger border controls, and increased security and control

of documents as preventive mechanisms. It focuses on international cooperation to combat trafficking and detailed aspects of assistance and protection for victims.

- The *Inter-American Convention on the Prevention, Punishment, and Eradication of Violence Against Women— "Convention of Belém do Pará"* (1994) explicitly names trafficking in persons and forced prostitution as forms of violence against women. As such, States Parties to the convention are called upon to condemn trafficking and pursue policies to prevent, punish and eradicate it.
- International instruments specifically addressing the trafficking of children include the *ILO Convention 182 Concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labor (1999)*, and the *UN Convention on the Rights of the Child (1989) and its Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography (2000)*.

## **TRAFFICKING AND HEALTH**

- The trafficking of women and children for sexual exploitation is accompanied by potentially lifelong and/or life-threatening health consequences; it prevents victims from attaining the highest possible level of physical, mental and social well-being.
- International Organization for Migration identified trafficking as the most dangerous form of migration. Clandestine migration often requires sub-optimal means of transportation, putting the victims at risk for starvation, drowning, suffocation and exposure to the elements. Other health risks in transit include exposure to violence and communicable disease.
- For victims trafficked into the sex industry, the environment of sexual exploitation introduces further health risks. Trafficking victims experience **violence** by traffickers, pimps, brothel owners, clients and police. They are beaten, sometimes with weapons, and severely enough to require emergency room visits.
- The consequences of psychological, physical and sexual violence associated with trafficking and sexual exploitation include depression, suicidal thoughts and attempts, and physical injuries such as bruises, broken bones, head wounds, stab wounds, mouth and teeth injuries, and even death.
- Involvement in the sex industry is a risk factor for **HIV/AIDS** infections. This risk can be mediated or worsened by client volume and patterns of condom use. Trafficking victims without access to condoms, or who lack the power to negotiate their use, are particularly at risk. Cuts and tears in vaginal and anal tissue due to rough sex and rape further compound the risk.

## ON THE RISE

States from where highest number of women and children were trafficked

	2015		2016	
	Women	Children	Women	Children
Bengal	2,064	1,792	3,559	3,113
Rajasthan	909	2,387	975	2,519
Maharashtra	1,379	295	1,066	172
Tamil Nadu	761	143	1,064	317
Karnataka	643	178	786	332

Source: Press Information Bureau, Government of India

Source: Press Information Bureau, Government of India

## SHOCKING DATA: 229 CASES, 0 CONVICTS

➤ Among Metro cities, Hyd has 2nd highest number of human trafficking case

Out of 229 cases, in only 49 cases chargesheets were filed

591 people arrested for involvement in human trafficking

8,057 Total human trafficking cases in India - 229 Telangana

➤ Among states, Telangana has 8th highest number of human trafficking cases

➤ Hyd has highest reported cases of child victim's among Metro cities

➤ None of the accused have been convicted

-(NCRB data for 2016)

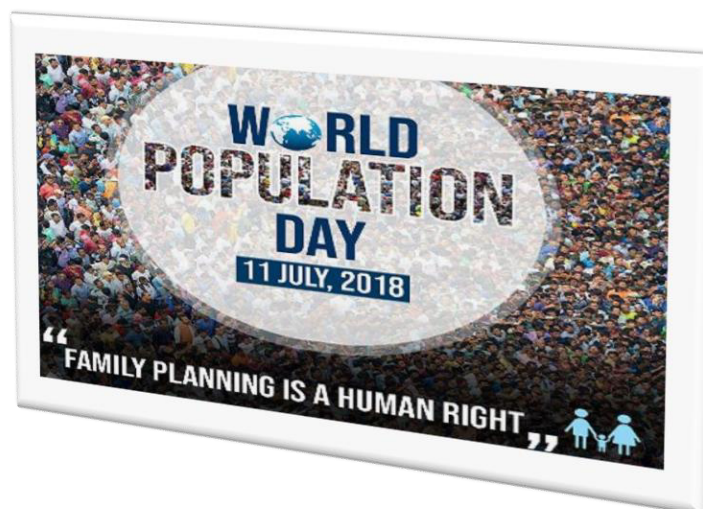




## GLIMPSES OF THE MONTH

### WORLD POPULATION DAY -11<sup>th</sup> JULY

The World Population Day is a United Nations' initiative celebrated on the 11th of July every year. This day aims at spreading awareness about the exploding world population



and the importance of reproductive health. World Population Day 2018 observes the theme, "Family planning is a human right." For the first time, this day was celebrated in the year 1989. The Governing Council of the United Nations' Development Program initiated this due to the population toll in the year 1987. It had already crossed the 5 billion mark and exploding world population had indeed become a serious cause of concern. Therefore, this day was initiated to combat the issue of growing population and raise awareness among the public about the same. World Population Day, on a vast scale, focuses on the need and importance of controlling the increasing world population.

This year marks the 50th anniversary of the 1968 International Conference on Human Rights, where family planning was, for the first time, globally affirmed to be a human right. The Teheran Proclamation states, "Parents have a basic human right to determine freely and responsibly the number and spacing of their children."

### NINE STANDARDS TO UPHOLD THE HUMAN RIGHT TO FAMILY PLANNING

**Non-discrimination:** Family planning information and services cannot be restricted on the basis of race, sex, language, religion, political affiliation, national origin, age, economic status, place of residence, disability status, marital status, sexual orientation or gender identity.

**Available:** Countries must ensure that family planning commodities and services are accessible to everyone.

**Accessible:** Countries must ensure that family planning commodities and services are accessible to everyone.

**Acceptable:** Contraceptive services and information must be provided in a dignified manner, respecting both modern medical ethics and the cultures of those being accommodated.

**Good quality:** Family planning information must be clearly communicated and scientifically accurate.

**Informed decision-making:** Every person must be empowered to make reproductive choices with full autonomy, free of pressure, coercion or misrepresentation.

**Privacy and confidentiality:** All individuals must enjoy the right to privacy when seeking family planning information and services.

**Participation:** Countries have an obligation to ensure the active and informed participation of individuals in decisions that affect them, including health issues.

**Accountability:** Health systems, education systems, leaders and policymakers must be accountable to the people they serve in all efforts to realize the human right to family planning.

## **WORLD DAY AGAINST TRAFFICKING IN PERSONS - 30<sup>th</sup> JULY**

World Day against Trafficking in Persons is observed every year on July 30 to raise awareness of the plight of human trafficking victims, and promote and protect their rights. This year, theme chosen by United Nations Office on Drugs and Crime (UNODC) is *'responding to the trafficking of children and young people'*. It highlights fact that almost third of trafficking victims are children. It draws attention to issues faced by trafficked children and to possible action initiatives linked to safeguarding and ensuring justice for child victims.



### **Background**

Human trafficking is trade of humans, most commonly for purpose of forced labour, commercial sexual exploitation or sexual slavery for the trafficker or others. International Labour Organization (ILO) estimates that 21 million people are victims of forced labour globally. This estimate also includes victims of human trafficking for labour and sexual exploitation. Every country in the world is affected by human trafficking, whether as country of origin, transit or destination for victims. According to UNODC (United Nations Office on Drugs and Crime) Global Report on Trafficking in Persons, children make up almost third of

all human trafficking victims worldwide. Additionally, women and girls comprise 71% of human trafficking victims.

United Nations General Assembly (UNGA) had designated July 30 as the World Day against Trafficking in Persons by adopting resolution A/RES/68/192 in 2013. The resolution had declared that observance of day is necessary to raise awareness of the situation of victims of human trafficking and for promotion and protection of their rights.

*"The effective suppression of trafficking in women and girls for the sex trade is a matter of pressing international concern. ... The use of women in international prostitution and trafficking networks has become a major focus on international organized crime. . . Women and girls who are victims of this international trade are at an increased risk of further violence, as well as unwanted pregnancy and sexually transmitted infection, including infection with HIV/AIDS." Beijing Platform for Action, chap. I, resolution 1, annex II, Para 122.*

## **GLOSSARY OF WOMEN'S STUDIES**

**MEN AND MASCULINITIES** refers to better understanding the “male side” of the gender equation. It involves questioning the masculine values and norms that society places on men’s behaviour, identifying and addressing issues confronting men and boys in the world of work, and promoting the positive roles that men and boys can play in attaining gender equality. (ILO, 2004).

**GENDER RESPONSIVE BUDGETING (GRB)** is an application of gender mainstreaming in the budgetary process. It means a gender-based assessment of budgets, incorporating a gender perspective at all levels of the budgetary process and restructuring revenues and expenditures in order to promote gender equality. Gender responsive budgeting involves examination of the gender distributional outcomes of budgetary allocations, that is, how these allocations affect the social and economic opportunities of men and women. Reallocations in revenue and expenditure and restructuring of the budgetary process may be necessary in order to promote gender equality (ILO, 2004).

## **PROGRAMMES CARRIED OUT DURING THE MONTH OF JULY 2018**

### **Awareness programme on Polycystic Ovary Syndrome (PCOS)**



The Department of Women's Studies conducted an Awareness Programme on Polycystic Ovary Syndrome at Mary Wollstonecraft Hall on 19<sup>th</sup> July 2018. Prof.K.Manimekalai welcomed the gatherings and emphasized the importance and significance of the awareness programme on Polycystic Ovary Syndrome. She highlighted

the effects of having the junk foods and various nutrition deficiencies faced by the adolescent girls Dr.R.Aanathi, Assistant Professor cum Medical Officer, College of Physical Education, Alagappa University briefly explained the causes, symptoms, diagnosis and medical treatments for Polycystic Ovary Syndrome. She highlighted the health effects of PCOS and pointed out the diet and lifestyle tips to overcome the PCOS. The session was interactive and various doubts and myths on food habits during menstrual cycle were cleared in the session. Staff and students of Department of Women's Studies actively participated and benefited from this programme. More than 100 students from various departments have participated and benefited from this programme.

### **Orientation Programme on Food Science and Nutrition**

The Department of Women's studies, Alagappa University organized a orientation programme by video conferencing on the Food Science and Nutrition for the students of



M.A-Integrated Home Science on 27<sup>th</sup> July 2018. Mrs.S.Kowsalya, Department of Home Science, Government arts and science college, Sivagangai, highlighted the importance of Home Science in international integration and national development. She briefly explained the job opportunities in five major areas in Home Science i.e. Food Science and Nutrition, Family and Community Resource Management, Human Development, Textile Science and Extension Education. Janaki S, 1<sup>st</sup> Year M.A. Integrated Home Science student thanked the resource person for providing a lecture on Major Fields in Home Science and its job opportunities at national and international level. She also thanked the head of the department and staff for arranging the orientation programme. 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> year M.A. Integrated Home Science Students participated and benefited from this programme.

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