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## Greetings!

Best wishes Champions!!!

The COVID-19 pandemic is not just a health issue. It is a profound shock to our societies and economies, and women are at the heart of care and response efforts underway.

As front-line responders, health professionals, community volunteers, transport and logistics managers, scientists, and more, women make critical contributions to address the outbreak every day. Additionally, they are at increased risk of infection and loss of livelihood, and existing trends point to less access to sexual and reproductive health and a rise in domestic violence during the crisis. There has been a more than two-fold rise in complaints of domestic violence since the lockdown.

The naked truth is that majority of the caregivers, at home and in our communities, are also women.

The impact of the virus has impaired India's deep-rooted social inequities. An unsafe environment in many places and the burden of domestic responsibilities have kept many women away from work.

To illustrate, the overall impact of COVID-19 on women, girls, transgender, and other non-binary persons is vastly different from men.

Center for Gender Studies at the IIHMR wish to create awareness during COVID 19 through this newsletter. The Gender champions at the university form a network to mainstream gender in their research and profession in future endeavours. The network aims to mobilize "the community" to thought eliciting transform.

## Gender and development- teaching Module for MBA Rural Management First Year Students

*Ratna Verma*

The School of Development Studies has approved a course on “Gender and Development” for MBA Rural Management first year students, IIHMR University during December 14-18, 2020. The sessions were online due to COVID 19 situation.

## Webinar on “Gender Sensitization Issues and Challenges in 21st century”

*Nutan Jain*

Kr R C Mahila Degree College, Mainpuri, organized a webinar on “Gender Sensitization Issues and Challenges in 21st century” on September 27, 2020, and the CGS Director was invited to deliver Keynote Address. The key issues discussed was- In the digital era, how to address digital divide concerns.

## International Women's Day 2020

*Matadin Sharma*

The theme for International Women's day was "I am generation Equality: Realizing Women's Rights." This day brings a cause for celebration, a reason to pause and re-evaluate a remembrance, an inspiration, and a time to be loved and admired. The Gender Champions at IIHMR University, Jaipur, planned a series of meetings to decide on the activities to celebrate the week by conducting various activities throughout the week. The celebration started on March 2, 2020, which concluded on March 8, 2020. The following activities were conducted each day.



CGS team & Gender Champions



IIHMR University staff & Students



## Activity # 1: Flash Mob

Flash Mob was conducted at Peacock Garden of the University. The Chief Guest of the event was Dr. Pankaj Gupta, ex-President, IIHMR University. Songs which were included in the Flash Mob were in appreciation of Womanhood:

1. Ooo Womaniya
2. Badal pe paon hai
3. Muqabala Muqabala

The activity opened the weeklong celebration and acted as ice-breaking session. The President addressed the students that there should be equality in gender as the theme. The whole event was successfully coordinated by Gender Champions.



*International Women's Week 2020 Celebration by Gender Champions*

## Activity # 2: Drawing, Sketching and Painting

The Gender Champions organized sketching, painting, competition with the theme “Generation Equality-realizing women's rights for an equal future”. Sketch pens and pencils along with drawing sheets were distributed to the participants. Their Art work was displayed at the University gallery where all staff members appreciated and commented on the sheet pasted adjacent to the drawing/ sketch. In addition, the display also included various prominent women from different walks of life who had contributed in their own way and made India proud through their work





### Activity # 3: Street Play

The tag line was: *BARABAR HAI NAR AUR NAARI, AAO NIBHAEIN APNI ZIMMEDAARI*

There were four scenarios were played

Scene 1- Eve teasing

Scene 2- Boy's responsibilities

Scene 3- Third Gender Equality

Scene 4- Domestic Violence



*Street Play during International Women's Week 2020 by Gender Champions*



### Activity # 4: Interaction with women support staff of IIHMR University

Keeping in view the importance of female housekeeping staff, Gardner, security guards, who are equally essential to run any organization, all the staff were gathered and appreciated their contribution. They expressed their gratitude and appreciation for their dedication towards keeping our campus clean and green. The Gender Champions joined hands in singing and dancing along with them. The activity concluded with snacks and tea.

One of our faculty sensitized everyone that when it comes to work there should not be any discrimination towards gender by citing an example that the best chefs working in the restaurants are men, not women.

## Activity # 5 Just a Minute session

Students were asked to speak about whatever you see around you, focusing on gender equality



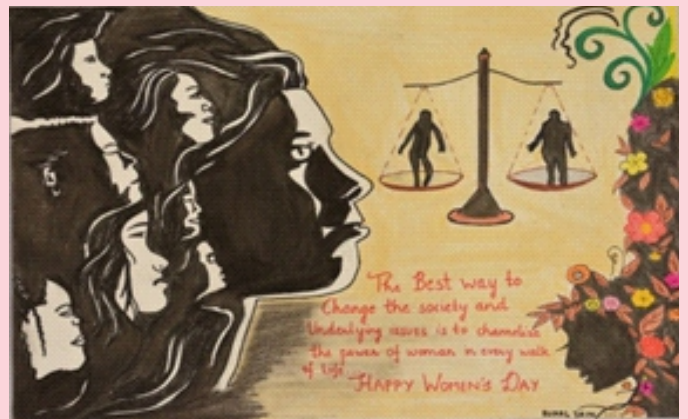
## International network "Gender and COVID 19"

*Nutan Jain*

The sex and gendered dynamics of COVID-19 are so far anecdotal. There is a need for more evidence to ensure an efficient and equitable response. This led to the creation of



an International Gender and COVID-19 Working Group that has over 300 members across academia, civil society, government, and multi-lateral organizations. The Working Group communicates regularly via the google group and holds monthly virtual meetings. In June 2020, through funding from Bill & Melinda Gates Foundation, this work expanded to include five additional countries spanning the globe: Bangladesh, Nigeria, Kenya, the Democratic Republic of Congo, and Brazil. The international multi-disciplinary team has since begun to advance the most comprehensive, comparative gender-analysis of the outbreak to date to develop knowledge to mitigate against adverse downstream effects of global public health policies created in response to the pandemic. The research work and projects are complimented and supported by the Gender Working Group which is a community of people working on gender and COVID-19.



*Rupal Jain, MBA HM-24*



# ECONOMIC IMPACT OF COVID-19 AND FUTURE OF WOMEN AT WORK

*Seema Mehta*

COVID-19 pandemic is stretching health systems, widening socio-economic divides, and changing the strategic priorities of governments, civil society organizations, and business organizations. The economic fallout of this crisis is appalling. Markets are in a free dip, supply chains have been interrupted, businesses are required to close or limit the magnitude of their operations and millions of people are losing their jobs and livelihoods as a result. The pandemic measures to contain the virus's spread are likely to have significant ripple effects on an already stressed care economy & employment and further reduces opportunities to participate in the labor market, potentially for periods even longer than the health crisis itself. Compared to “regular” recessions, the employment drops during COVID-19, which is related to social distancing measures, also has an enormous impact. What most crises have in common is that they hit the most vulnerable and marginalized populations the hardest. Within the context of the COVID-19 emergency, they are in precarious situations as they are exposed to unfairness,

which makes them victims of violence and restricts their chances of finding suitable employment in formal and informal



labor markets. Further, this economic downturn caused by the current COVID-19 outbreak has considerable consequences & intensifying impact for gender equality & deepen pre-existing inequalities and uncovered susceptibilities in economic systems. The worries emerging in the labor market shows that COVID-19 crises are not gender-neutral as women are affected disproportionately and differently from men & hit the hard. It is substantiated with the fact that due to massively increased childcare needs, which is raised because of the closure of schools and day-care centers, flexible work arrangement requirements, extra responsibilities of taking care of old and ill people at home which exist & will remain beyond the immediate crisis is leading them towards



their inability to go for work or possibly leading to reductions in working time, and permanent exit from the labor market. It has also increased domestic violence against them. These issues have impacted women working in a formal and informal economy at all levels, especially women who are primarily employed in informal work and other vulnerable types of employment (e.g., domestic work, self-employment in small businesses, women healthcare workers, women farmers, entrepreneurs, and employers, etc.). Women working in vulnerable forms of employment are inhibited during this pandemic because of discriminatory gender norms that must limit their access to financial institutions and financing which leaves them out of formal social protection measures targeted to workers. Women working in the informal economy are more badly impacted to develop a cushion of savings because of very poor access to the banking system & it is fewer than men during COVID-19. Hence they are left with little or no social protection leading to fewer fallback options in job loss due to illness or increased work at home.

Additionally, in two out of three countries, more men than women use the Internet in the absence of requiring mobile connectivity, government IDs, and banking infrastructure; this has worsened gender gaps in access to and use of digital tools even where these are available is also noticed. This gender digital divide also emerged with the population excluded from the digital world. They at the most at risk of being left behind through government and business services that have moved online. Those who are poor, lack digital skills, or the IDs required to open a mobile bank account and cannot afford a device or data are at risk of remaining excluded from support made available online.

In the formal economy too, the first round of redundancies has been particularly acute in the services sector including retail, healthcare, education, hospitality, and tourism, where women are overrepresented & they often lack access to job safeguarding schemes such as short-term work, work from home or job sharing and unemployment benefits, etc. Further women-owned enterprises are also hard-hit sectors because of COVID-19 border closures and restricted mobility. Most women-owned businesses are based on self-financing, thus increasing their risk of closure is high in the absence of no revenue.



**Nabanita Mukherjee, MBA Hm-24**

COVID-19 has exposed the vulnerabilities of the world's health and economic systems as sex segregation in sectors and works has lead to differential economic influences over the short, medium and long term. Hence there is an urgent need to combine public health measures to contain the virus with economic and social policies. Many countries are already taking extraordinary measures to address the immediate consequences of the crisis, ramping up social protection, food security, rent relief, utility or debt sacrifices/halts and aids or low-interest credits but if any of these measures are designed with a gender lens is a question of concern.

Since achieving gender equality is a prerequisite for sustainable development, economic response, and recovery measures will only be successful only if they tackle and reduce gender dissimilarities in the economy due to COVID-19. The first important step for that is, every economic policy should continuously be addressing the needs of the most susceptible populations, such as the elderly, informal workers, paid domestic workers, families in poverty state or at high risk of tumbling back into poverty with dependent family members and especially women with keeping the economic and social rights in the front and center as well as long-term plans for economic recovery and resilience. Secondly, all of these measures like cash transfers, subsidies, social protection policies, and pensions, as well as social security schemes, should be subject to gender examination, and holistic systems should be put in place to track and monitor results through sex-disaggregated data. Thirdly, as COVID-19 response and recovery measures

are rolled out to support businesses, small and medium-sized enterprises (SMEs) women entrepreneurs and workers must be given the essential credit in their reach for their survival. Lastly, it is important to change & implement the policy for Job-sharing arrangements, shortened and flexible hours, work from home, etc., which can allow women to adapt to increased care burdens.

## The Gender Digital Divide

*Rahul Sharma*

Gender equality and women's empowerment are fundamental to human right's realisation of and key to effective and sustainable development. Providing a woman with opportunities to better her education and well-being have effects far beyond a single individual. As digital technology has become an increasingly important tool for education, financial inclusion, entrepreneurship, and civic participation, women are left behind.

In India Mobile internet awareness appears to be increasing each year among women, which is a promising sign: in 2018, only 19 percent of women in India were aware of mobile internet; in 2019 this increased to 50 percent. In terms of ownership, 63 percent of women own a mobile phone than 86 percent of men, a 20 percent



*Nancy Batra MBA HM 24*



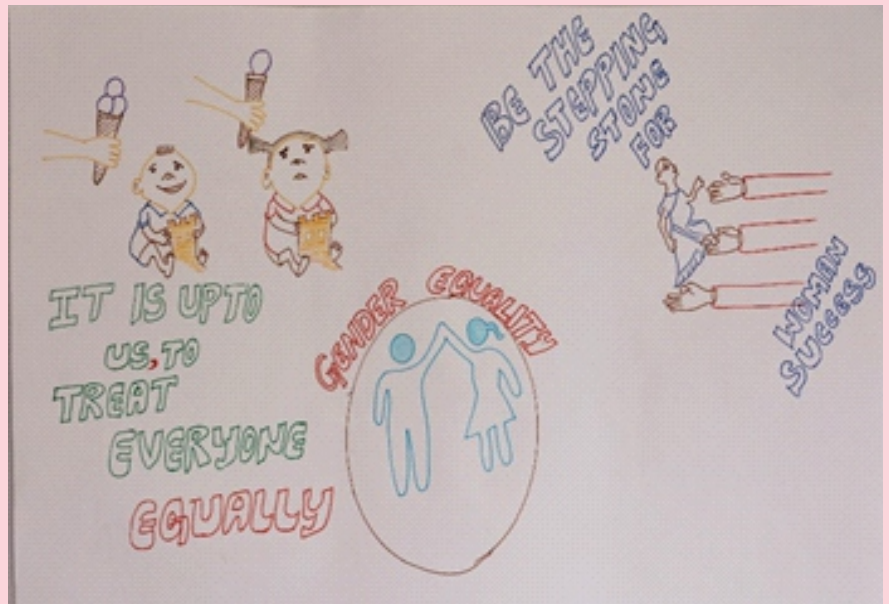
*Vrushali Anvikar, HM - 24*

difference. The main barriers to access and use of mobile phones can be divided into physical barriers and socio-cultural barriers. Physical barriers include the cost of the phone (and credit), access to funds to buy the handset and top up credit, ability to recharge the handset and access a facility to top up credit, ability to operate the handset, and lastly both literacy and digital literacy. Social barriers include the belief that women do not need a phone (especially if women are confined to the home), concerns over women's safety and security owning a mobile and going online, patriarchal notions of women with a



phone being led astray and bringing shame to the family, and patriarchal control of women. Women often self-censor their presence online due to risk of online harassment as well as reputational harm from online visibility or activity. India has a larger number of women working in the ICT industry than most others, at around 34 percent. More women are undertaking STEM courses, with around 42 percent of female undergraduates doing computer science and computer engineering and 46.8 percent undertaking postgraduate degrees in IT and Computing during 2014-2015.

Barriers to digital financial inclusion are the same as financial inclusion, including awareness of financial products, financial literacy and numeracy, social norms concerning women's asset ownership and the ability to earn and control income. While there are laws in India that promote and support women's safety on social media and other digital spaces, India's ICT policies and women's empowerment strategies operate within separate silos.



***Surbhi Gandotra, MBA HM***

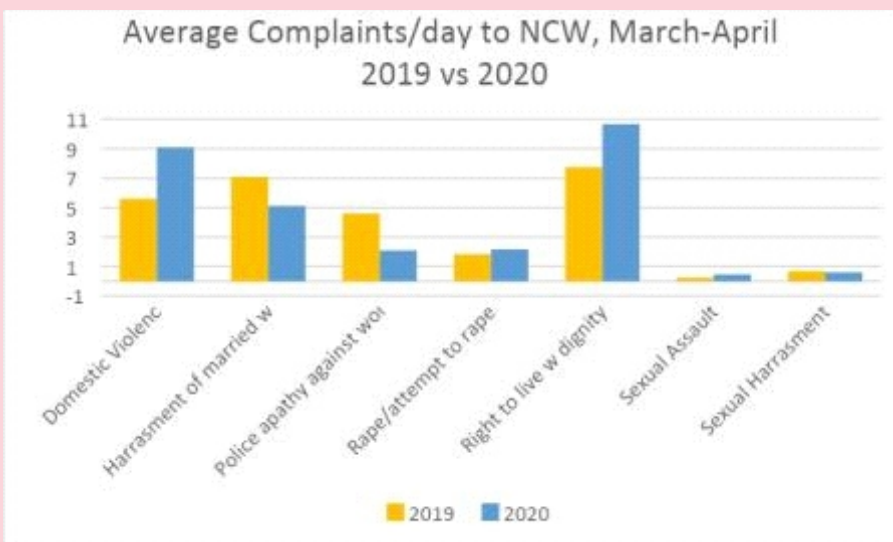
The telecom sector has among the lowest number of women in the workforce—an average of between 8 percent and 15 percent, far less than the 26.6 percent overall female participation rate in the total workforce. Deeply ingrained cultural factors make it particularly difficult for Indian women to stay and thrive in the technology field..

## **Violence against women and children increases during lockdowns: We COULD NOT HELP MUCH**

In 2020, between March 25 and May 31, 1,477 complaints of domestic violence were made by women. This 68-day period recorded more complaints than those received between March and May in the previous 10 years. During the first four phases of the COVID-19-related lockdown, Indian women filed more domestic violence complaints than recorded in a similar period in the last 10 years. However, even this unusual spurt is only the tip of the iceberg as 86% of women who experience domestic violence do not seek help in India.

The graph (<https://qz.com/india/1838351/indias-coronavirus-lockdown-leads-to-more-violence-against-women/>) shows that there is already a sharp jump in complaints related to domestic violence and the “right to live with dignity”, and a smaller increase in rape/attempt to rape and sexual assault. The last two charges are telling, as this number covers two weeks of complete lockdown (therefore no movement outside the home), and reduced mobility in March due to fear of infection. Thus, these rapes and assaults include those perpetrated by family members. What could have been done?

We need an aggressive nationwide campaign to promote awareness about domestic violence, and highlight the various culturally-sensitive modes through which complaints can be filed. National news channels, radio channels, and social media platforms must be strategically used, similar to how the government has deployed campaigns advocating for physical distancing and hand washing to combat COVID-19. The most important and urgent is reaching out to people facing domestic violence and in distress needs to be classified as an 'essential service' by the government. Potential approaches could include the routine inquiry (feasibly integrated into remote primary care consultations or active syndromic surveillance from local health teams) to capture the burden of domestic violence during this pandemic. Another solution is role of the neighbourhood. Neighbours are very much aware of what is happening around them. They may not directly intervene but certainly, call the police or “bell bajao” or break the violent episode in the best possible ways. This is also important to engage youths in addressing gender-based violence.



## नारी. जज्बा हूँ जज्बात नहीं

खाहिशों की आँखे लेकर जन्मी हूँ  
 लक्ष्मी हूँ लक्ष्य लेकर चली हूँ।  
 खूबसूरत हूँ हर रिश्ते की तरह,  
 कुछ रिश्ते छोड़कर बाकी बनाने चली हूँ।  
 लड़की हूँ ये सोच कर आगे बढ़ी हूँ,  
 दो दुनियाओं को जोड़ने के लिए मैं ही तो बनी हूँ।  
 अपने हक से ज्यादा हकीकत के लिए लड़ी हूँ,  
 इस जुनून के समंदर में आग बनी हूँ।  
 कुछ सोच कर बनाया होगा उसने मुझे,  
 एक कमल खिलाया होगा कीचड़ में।  
 सोचता तो वो तालाब भी होगा,  
 हौसला हूँ आसान नहीं,  
 कभी मिल जाऊ तो सोचना यही।  
 जज्बा हूँ जज्बात नहीं,  
 महसूस कर सकते हो,  
 खरीद नहीं।

*Vaishnavi Gupta*  
 MBA HM -24

## पराया नहीं परी है बेटियाँ

बेटा यदि दृष्टि है, तो बेटी सम्पूर्ण सृष्टि है।  
 बेटा यदि आँखों का तारा है, तो बेटी सम्पूर्ण सारा है।  
 बेटा यदि अंधे की लाठी है, तो बेटी जीवन की पुंज की बाती है।  
 सुर्ख गुलाब की महक है बेटी,  
 काँटों के दामन में महकता फूल है बेटी।  
 दुखों के सागर में तैरती है बेटी,  
 रिश्तों में विश्वास दिलाती है बेटी।  
 तन्हाई में किनारा है बेटी,  
 मझदार में सहारा है बेटी।  
 बस कमी है तो इस जमीं पर पूजने वालों की,  
 वरना इस जमीं पर खुदा है बेटी।

*Rahul Kumar Singh,*  
 RM -08



## Survey related to Gender and COVID 19: Resources

[https://data.unwomen.org/sites/default/files/documents/Publications/COVID19survey\\_Guidance.pdf](https://data.unwomen.org/sites/default/files/documents/Publications/COVID19survey_Guidance.pdf)

Rapid assessment surveys can gather information on knowledge, attitudes, skills and behaviours related to a thematic topic in a community. The rapid gender assessment (RGA) surveys on COVID-19 undertaken by UN Women seek to make visible and improve understanding of the gendered impacts of COVID-19 in families, communities and society in general, to identify problems and their solutions. Without data that is disaggregated by sex, these numbers give us only part of the story. They are insufficient for understanding the unique impact of the crisis on women as compared to men. We need far more sex-disaggregated data to tell us how the situation is evolving, including differing infection rates, economic impacts, differential care burdens, and difficulties in accessing basic goods and services.

### Strengths and weaknesses of each data collection modality

	Phone call	Web browser	SMS
Strengths	<ul style="list-style-type: none"><li>• Do not require literacy</li><li>• Opportunity to explain questions better and clarify meaning</li><li>• Basic questionnaire design skills needed</li></ul>	<ul style="list-style-type: none"><li>• Rapid roll-out</li><li>• Relatively cheap</li><li>• Data immediately available in database</li></ul>	<ul style="list-style-type: none"><li>• Rapid roll-out Cheap</li><li>• Low respondent burden</li><li>• More inclusive (accommodates feature phones)</li><li>• Data immediately available in database</li></ul>
Weaknesses	<ul style="list-style-type: none"><li>• Relatively high costs</li><li>• More time needed for planning and preparation (e.g., training of interviewer)</li><li>• May take longer, as the respondent cannot complete this on their own time</li></ul>	<ul style="list-style-type: none"><li>• Requires literacy</li><li>• If not literate, risky use of proxy/child to complete</li><li>• User unwillingness to click on links, due to fear of fraud</li><li>• IT skills needed to program survey</li><li>• Excludes individuals who have feature phones</li><li>• Data still needs to be paid for</li></ul>	<ul style="list-style-type: none"><li>• Requires literacy</li><li>• If not literate, risky use of a proxy/child to complete</li><li>• Survey spread over several days</li><li>• IT skills needed to program survey and design SMS database interface</li></ul>

*Disease outbreaks affect women and men differently. Pandemics make existing inequalities for women and girls and discrimination of other marginalized groups such as persons with disabilities and those in extreme poverty, worse. This needs to be considered, given the different impacts surrounding detection and access to treatment for women and men (UNFPA 2020).*

<https://www.unfpa.org/resources/covid-19-gender-lens>

## **COVID-19 mortality: a complex interplay of sex, gender and ethnicity**

Nazrul Islam, Kamlesh Khunti, Hajira Dambha-Miller, Ichiro Kawachi, Michael Marmot. [COVID-19 mortality: A complex interplay of sex, gender, and ethnicity](https://doi.org/10.1093/eurpub/ckaa150). European Journal of Public Health. 2020:ckaa150. <https://doi.org/10.1093/eurpub/ckaa150>

Several studies have reported a higher rate of COVID-19 mortality in men. The exact reasons for these disparities are not known. However, they may be due to differential susceptibility based on biological sex, as well as gender differences in health behaviours (e.g., smoking), giving rise to differences in comorbidities (e.g., cardiovascular disease), that increase the risk of COVID-19 mortality in men. However, there are social influences that could influence gender differences in exposure and infection, e.g., women are more likely to be involved in service sector work/healthcare; men are more involved in other high-risk jobs.

## **Axes of alienation: applying an intersectional lens on the social contract during the pandemic response to protect sexual and reproductive rights and health**

Dasgupta et al. (2020). [Axes of alienation: applying an intersectional lens on the social contract during the pandemic response to protect sexual and reproductive rights and health](https://doi.org/10.1093/ije/dyaa000). International Journal for Equity in Health. 19:130

While economic inequalities have been a key focus of attention through the COVID 19 pandemic, gendered relations of power at every level have undermined the health rights of women, girls and gender diverse individuals. Sexual and reproductive health rights (SRHR) have always been sites of power contestations within families, societies, cultures, and politics; these struggles are exacerbated by economic, racial, religious, caste, citizenship status, and other social inequities, especially in times of crisis such as these. Policy responses to the COVID pandemic such as lockdown, quarantine, contact tracing and similar measures are premised on the existence of a social contract between the government and the people and among people, with the health sector playing a key role in preventive and curative care. It is proposed that the use of an intersectional lens to explore the impact of the COVID-19 pandemic on the social contract, drawing on our field experiences from different continents particularly as related to SRHR. Along with documenting how pandemic hinders access to services, we note that it is essential to interrogate state-society relations in the context of vulnerable and marginalized groups, in order to understand implications for SRHR. The intersectional analysis takes on greater importance now than in non-pandemic times as the state exercises more police or other powers and deploys myriad ways of 'othering'. It is concluded that an intersectional analysis should not limit itself to the cumulative disadvantages and injustices posed by the pandemic for specific social groups, and examine the historical inequalities, structural drivers, and damaged social contract that underlie state-society relationships. At the same time, the pandemic has questioned the status quo. In doing so it has provided opportunities for disruption, for re-imagining a social contract that reaches across sectors, and builds community resilience and solidarities while upholding human rights and gender justice. This must find a place in future organizing and advocacy around SRHR.



## Accredited Social Health Activists- COVID 19 WARRIORS

Health and social workers face increased risk and vulnerability. While many of us have shifted to work from home during the lockdown, Community health workers - Accredited Social Health Activists (ASHA) workers perform additional COVID duties apart from their regular tasks. Good to bring into notice that today, we recognise ASHAs importance like never before. ASHAs are working at the grassroots level and meeting several people every day, many of whom could be COVID infected. This puts them at a heightened risk of contracting the disease. Every ASHA worker must be provided with adequate and quality PPE (Personal Protective Equipment). A survey was conducted by Oxfam India partner NGOs and to understand the working conditions of ASHA workers in four states — Uttar Pradesh, Odisha, Bihar and Chhattisgarh. A total of 306 ASHA workers were contacted over the phone for the survey. The survey shows that 76 percent of the respondents received training on PPE usage and infection control. Nearly 62 percent had gloves, 25 percent had no masks at the time of the survey.



*CGS team and Gender Champions*

बचपन में खाना पसंद का न हो तो माँ कई ओपशन देती है .....लेकिन  
कब सारी सब्जियाँ खाने लगी पता नहीं चला.....

*Sunita Nigam*

The virus does not discriminate. To respond effectively to the crisis, we need a whole-society approach to understand its differential impact on women and men. Supporting gender analysis and sex-disaggregated data is an integral part of a strong COVID-19 response.

The very well-known truth is that the immune system has emerged as a strong candidate. “a well-established fact in many viral infections that there are differences between men and women, both in the manifestation of the diseases and also in the development of immune responses,” says Altfeld,<sup>1</sup>

Although a precise reason for this disparity is unknown, researchers have proposed various possibilities about why this virus, known as SARS-CoV-2, affects women and men differently. Some potential reasons surround social determinants of health, such as smoking or wearing a mask to prevent infection. Others relate to biological factors, stemming from extensive prior research that has demonstrated significant differences in the immune systems of women and men.<sup>2</sup>

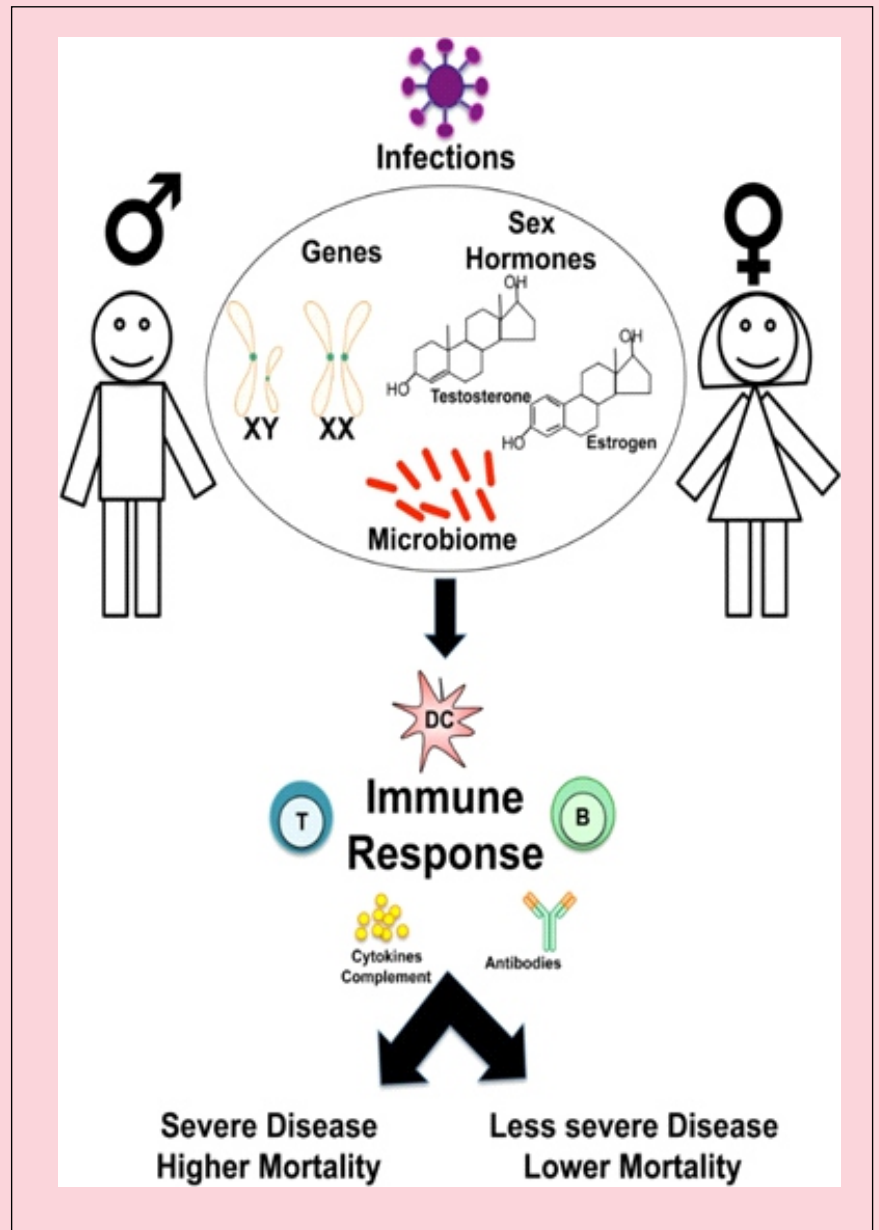
<sup>1</sup> <https://healthcare-in-europe.com/en/news/why-covid-19-hits-men-harder-than-women.html>

<sup>2</sup> <https://medicine.yale.edu/news-article/25385/>

Overall, men are calculated to have a risk ratio of up to 1.74 when compared to women. Of course, sex is intimately tied with demographics and characteristics such as gender, profession, and hygiene, and there is a plethora of confounding variables between sex and COVID-19 severity. Men are known to smoke more than women and have higher rates of non-communicable diseases, such as type II diabetes and hypertension (1). Meanwhile, women are more likely to work in the healthcare field and therefore have higher nosocomial infection rates. However, these factors do not deny the fact that physiology may differ dramatically between the sexes, especially in the context of infection.<sup>3</sup>

Hence we can say that better immunity better chances of fighting any disease and COVID 19 is not different; one of the most important key factors is to keep oneself healthy be it be men or women. It can be concluded that, if there is a balanced diet, one can fight against many diseases

Overview of sex-based differences in the immune response to Infections. Schematic shows how genes, sex hormones, and microbiome may influence sex-based differences in the host immune responses to infections, determining susceptibility, disease course, and clinical outcomes.



*When women rise, families flourish, communities grow, and countries prosper. A truly developed world has to be an equal world.*

Mrs. Nita M. Ambani, Founder and Chairperson of Reliance Foundation



# UGC Gender Champion Guidelines: Needs Orientation for Girls/ Women Only Educational Institutions

*Nutan Jain*

The aim of the Gender Champion Guidelines is to make the young boys and girls gender sensitive and create positive social norms that value the girls and their rights.

The schools, colleges and women-only universities may have a gender-blind perspective that WE ARE ONLY GIRLS ORGANIZATION, and therefore, the guidelines have not much relevance to us. This is just another perspective as the management, principle and teachers are also the by product of society.

Gender awareness through the gender champion scheme is a venue for the delivery of information that shapes the attitudes and beliefs about self-identity, relationships and intimacy in an individual's life.

## Relevant gender issues for GIRLS / WOMEN ONLY Educational Institutions

### Access, Retention and Completion

- 1) The percentage of girls who complete secondary education determines or influences the proportion of girls accessing education.
- 2) The location (urban/rural, remote/hilly/desert) of institutions affects girls more than boys, significantly where roads and public transport have not penetrated rural and remote areas.
- 3) Availability of institutions/universities within reach is an important determinant. Travelling long distances in public transport is an important security issue and this is particularly significant in societies where girls are not permitted to travel alone or have to be escorted.
- 4) Class, caste, race and occupation-related identity issues exert a huge but differing influence on the abilities of young girls.
- 5) Cultural and religious norms governing gender relations exert a strong influence on access to education.
- 6) Girls with disabilities face even more challenges.
- 7) The impact of gender-based violence at home influences their ability to complete schooling and proceed to higher education.
- 8) Early marriage, household responsibilities, pressure to work, family honour and related issues inhibit girls and women from access and completing school.
- 9) Given the mindset and gender stereotypes about girls' aptitude for mathematics and science at the primary and secondary school level, fewer women enrol in science and technology-related courses as compared to men.
- 10) Gender stereotypes encourage girls and women to pursue a career in child development, education, medicine (nursing) and a range of service sector occupations. While this may not be bad per se, women are often pushed into just a few vocations.

The focus should be on (i) identifying gaps in gender equality through the use of gender analysis; (ii) raising awareness social norms; (iii) developing strategies and programmes to empower girls. Just opening a school or college or university may not serve the purpose without a clear understanding of gender concepts for gender transformation.



**IIHMR University faculty Members**



**Gender Champions**

### List of Gender Champions

CGS Team		Gender Champions	
Dr Nutan Prabha Jain	Director	Amira Fatima	x
Ms Sunita Nigam	Member	Alvi	Sonia Maria Jose
Ms Ratna	Member	Arpit Tripathi	Swati Kharbanda
Mr Rahul Sharma	Member	Astha Arora	Tripti Bhaskar
Mr Matadin Sharma	Member	Balaji Naik Bukke	Vrushali Anvikar Pothare
Ms Shobana Sivaraman	Member	Celestin Prabha	Harleen Kaur A
Ms Chandra Parewa	Member	Dibyaloson Rabha	Madhubala Mundra
Mr Kamallesh Sharma	Member	Gurpreet Singh	
Mr Nitin Bhatnagar	Member	L Nandini Krishna	

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