



**GOVERNMENT OF KERALA
KERALA STATE PLANNING BOARD**

**FOURTEENTH FIVE-YEAR PLAN
(2022-2027)**

**WORKING GROUP ON
GENDER AND DEVELOPMENT**

Report

**Social Services Division
March 2022**

FOREWORD

Kerala is the only State in India to formulate and implement Five-Year Plans. The Government of Kerala believes that the planning process is important for promoting economic growth and ensuring social justice in the State. A significant feature of the process of formulation of Plans in the State is its participatory and inclusive nature.

In September 2021, the State Planning Board initiated a programme of consultation and discussion for the formulation of the 14th Five-Year Plan. The State Planning Board constituted 44 Working Groups, with more than 1200 members in order to gain expert opinion on a range of socio-economic issues pertinent to this Plan. The members of the Working Groups represented a wide spectrum of society and include scholars, administrators, social and political activists and other experts. Members of the Working Groups contributed their specialised knowledge in different sectors, best practices in the field, issues of concern, and future strategies required in these sectors. The Report of each Working Group reflects the collective views of the members of the Group and the content of each Report will contribute to the formulation of the 14th Five-Year Plan. The Report has been finalised after several rounds of discussions and consultations held between September to December 2021.

This document is the Report of the Working Group on “Gender and Development”. The Co-Chairpersons of Working Group were Ms. Rani George IAS, Principal Secretary, Women and Child Department and Dr. Mridul Eapen, Former Member, Kerala State Planning Board. Smt. Mini Sukumar, Member of the State Planning Board co-ordinated the activities of the Working Group. Dr. Bindu P. Verghese, Chief, Social Services Division was the Convenor of the Working Group and Ms. Dhanya S Nair, Deputy Director, Social Service Division was Co-convenor. The terms of reference of the Working Group and its members are in Appendix I of the Report. Member Secretary

Member Secretary

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SUMMARY

1. To focus on certain emerging issues of gender concern in Kerala, as the state steps into the 14th Five Year Plan, the State Planning Board constituted this Working Group on gender and development. The Working Group reviewed the existing policies and programmes and studied the deepening fault lines of gender inequality in Kerala society while it has been fighting the Pandemic. Studies from across the world show that while the pandemic has had a catastrophic effect on the whole of humanity, it has had specific impact on gender relations at all levels widening gender inequalities globally; household and care work has intensified for women while job losses have been higher for them; regaining jobs was much lower than for men; and women at home were increasingly exposed to domestic violence from partners and spouses during the lockdown. Homes tends to become workplaces, adds another dimension to emerging work scenario in the years to come and impacts on the gendered relations at home.
2. Kerala, over the years, has seen several interventions that have ensured the enhancement of participation of women in social, political and public affairs. Gender aware planning at the local level in the context of decentralised planning since 1996 was adopted through a number of measures such as, the LSGIs set apart 10 percent of the plan grant-in-aid for preparing projects that directly benefit women, and the setting up of Kudumbashree, a community organisation of Neighbourhood Groups (NHGs) of women in 1998 as part of the State Poverty Eradication Mission, which played a major role in mobilising women and facilitating livelihood opportunities for them. Some other key interventions undertaken are setting up of a separate Department of Women and Child Development in 2017 and Gender Budgeting as a methodology to integrate a gender perspective into the Budget, initiated in the 11th Five-Year Plan.
3. Hence development policy in Kerala has been more sensitive to gender equality in terms of human resource development as reflected in the much lower gender gap in basic capabilities, such as education and health, its favourable sex ratio of 1,084 women per 1,000 men (Census 2011), and several other indices (ER 2020). However, women's representation in the apex bodies of social, political and religious significance is still negligible, despite there being an adequate representation in the lower rungs of such institutions. There are still certain unfair practices are adopted by employers for restricting employment opportunities of women and Media too has a significant role in downplaying the need for representation of women in social, political, economic and public affairs. The established pattern of women disproportionately represented in intellectual arenas is slowly changing with increasing number of women as researchers, writers, artists, secretaries, directors, district collectors administrators and heads of government institutions which will influence the processes of academic and policy making of institutions.

Framework of the Report

4. However gender in the process of development has to be rethought, taking into account of prevailing gender inequities, patriarchal social expectations and institutionalised

practises of social controls over women and gender minorities. The underlying causes of gender inequality are not confined only to the household and family but are reproduced across a range of institutions, the state, market and the international community. So the broad parameters within which we are trying to understand the issue of Gender and Development in Kerala in the context of such a social milieu draws largely from the Social Relations (SR) framework (Kabeer 1975) such an Approach enables us to analyse and understand existing gender inequalities in the distribution of resources, responsibilities, and power, and for designing policies and programmes which enable women to be agents of their own development. The report produces a gendered analysis of the underlying and structural factors under five thematic heads and put forward recommendations for formulating policies and programmes.

Enhancing Gender Equality

5. Chapter 2 provides a Broad Overview of Policies and Interventions to Enhance Gender Equality in Kerala, and recommends policies that will ensure the enhanced and equal participation of women in social, political, and public affairs.
6. Provide support for women and other gender minorities in higher education institutions, enhancing the institutional support through various facilities such as Scholarships/ gender friendly institutional space/ relaxation on age limit and duration of the study/ flexible institutional timings/ travel grants including cost to children/ Nanny allowances/ child care facilities in all higher education institutions in the state.
7. Multipronged efforts/initiatives are imperative to encouraging entrepreneurship among women, including awareness building, Mentoring/ consultancy services and strengthening women's cooperatives for creating more employment opportunities.
8. Public policies need to be formulated to recognise women's domestic labour and increase the social value of unpaid household and care work and promote its equitable distribution. This may also include investing in care infrastructure for children and elderly, common shared kitchens.
9. Focus on massive sensitisation/awareness programmes covering all strata of society emphasising the need to include men's participation, countering gender stereotyping, patriarchal gender norms, recognising non-conforming gender identities, constitutional rights, sexual and reproductive rights. Revamping Gender Sensitisation/ Awareness programmes, a Task Force should be constituted to review and modify all the existing programmes of gender awareness, their modules, and methodology.
10. Gender and sex education must be a part of the curriculum across all educational institutions. Gender audit of school textbooks from pre-primary to 12th class and medical education need to be initiated. Awards and honours should be instituted for schools and colleges that practice gender equality and inclusiveness.
11. A policy for enhancing rural women's leadership and participation as members of constituencies should be evolved. Local bodies may make use the service of former members of LSGIs for revamping the Women's Component Plan (WCP) and facilitate Gender Responsive Budgeting at the Local Government level.
12. Utilise media to enhance social and political participation of women and TG's-

Success stories of women/TG, political leaders to be highlighted. Women film makers, documentary makers etc must be promoted for creating gender sensitive media content.

13. Convergence of similar programmes must be done through inter departmental coordination at state level.
14. Pre-marital counselling to be placed within a broader framework of life skill, gender sensitivity and rights framework to promote democratisation of families
15. Women including those from vulnerable segments should have representation in all government bodies and their presence should be strongly visible in public places like campuses, libraries, clubs, cultural programmes and so on.

Gender Based Violence

16. Chapter 3 discusses comprehensive Strategies to Combat Gender Based Violence, highlighting emerging issues of concern in GBV, pandemic induced domestic violence, dowry deaths, violence against TG people, cis-gender homosexuals and bi-sexuals, suicides; especially of children, cyber violence, work place based harassment and strengthening interventions, and institutional mechanisms for redressal/rehabilitation. The major recommendations include -
17. Community based prevention programmes and grass root level redressal mechanisms initiated by Kudumbashree, Local Bodies and women's commission – Snehita helpdesk, Gender Resource Centers and Jagratha Samithis to be strengthened.. A vulnerability mapping is to be done in collaboration with these agencies particularly with an objective of ensuring safe public spaces which are critical. Psycho social counselling started during Covid should be continued; help lines like Mitra 181 need to gear up for addressing cybercrimes against women which are seen to have grown recently. Bhoomika, One stop centres, Seethalayam to be strengthened in terms of finances and infrastructure.
18. The Women's Commission is to be strengthened to play the watchdog role. Various policies and programmes of the Government and judicial pronouncements and decisions to be continually examined, monitored and intervened, as and when required.
19. Women oriented sports centres like indoor and outdoor stadiums, gyms etc. with exclusive timings (where ever it is needed) are to be introduced. Women friendly sports facilities in all educational institutions, more self-defence training programmes for girls at school are to be included in future plans of concerned departments.
20. Ensure good infrastructure, specially gender friendly and disabled friendly public transport, sanitation facilities and lighting - significant factors which makes public spaces more friendly and accessible for women and persons with disabilities
21. Multi-pronged strategy to address the Dowry menace that include awareness programs, creating more opportunities for redressal, building confidence in victims to come forward with complaints, strict enforcement of existing laws and ensuring speedy justice, mandating affidavit on non-demanded/taken or encouraged dowry along with a list of "gifts" received from both the girl's and boy's family for getting marriage certificate, and an assurance on equal inheritance right of parental properties. Steps

should be taken to address the disparity in the land ownership of women which requires an understanding of the implementation lacunae of Hindu Succession Amendment Act, 2005.

22. Strengthen Nirbhaya homes and reorient them to more curative and rehabilitative, by providing individualized care and attention, addressing the issues of labelling and isolation from society and attend development needs.
23. POSH Act needs to be seriously reviewed and the Internal Committees strengthened. The constitution of LCC (Local Complaints Committee) at local government level may be considered, emphasising the need to ensure anonymity and confidentiality for both IC and LC.
24. Make use the “Kerala Maintenance and Welfare of Parents and Senior Citizens Act 2009” and the district tribunals to protect senior women and prevent violence and abandonment and promote awareness of elder citizen’s rights and attaching special focus in vulnerability mapping
25. Formulate special action plan for prevention of violence within and outside of clusters of economically marginalised families. Address violence faced by transgender persons through strengthening their Helpline (24*7) and crisis management centre with the help of accredited NGOs working in the field.
26. Develop indicators to monitor progress of efforts to elimination of GBV measuring change in (a) power relations; (b) gender division of household work; (b) greater autonomy in the household; (c) visibility of women in public spaces; (d) gender atrocities and so on in each domain, need to be identified.

Gender and Health

27. Chapter 4 deals with Gender and Health: focussing on community based support programmes to address issues of women’s mental health, and health of other categories of population or other health issues, like obesity, reproductive health, transgender health, adolescent health, tribal, coastal women’s health, occupational health, women health workers and need to gender sensitise Medical education. There should be an effort to produce gender disaggregated data in all health-related matters in the health informatics system.
28. Address high levels of obesity which requires change in pattern of food habits which has in turn to be reflected in distribution of food through the Public Distribution system and increasing physical activities of women through outdoor fitness-centres, wellness centres and safe walkways.
29. Polycystic Ovarian Disorder (PCOD) and breast cancer needs to be addressed on a priority basis through the public health system.
30. Improve Mental Health through understanding the underlying factors of depression in women and focusing on community based interventions in managing the same. Rehabilitation homes and day care centres can be developed for women / transgender people with mental illness in every LSGs and gender sensitive training ensured for the many mental health counseling centres run by different organizations and institutions and continu the Telepsychiatry programme.

31. Improve Reproductive Health through improving the availability of contraceptives, improvement of male participation in contraception, enhanced gender sensitive patient care to enable quality-accessible - gender friendly abortion and contraceptive services, cost reduction through public provisioning, regulation of Assisted Reproductive Technologies and the mushrooming infertility clinics, effective implementation of Clinical Establishment Act, and through interventions to address preventable causes of infertility.
32. Health care for Transgenders' Health through medical interventions like hormonal therapies, SRS (Sex Reaffirmative Surgery) and other surgical procedures, psychological counselling, permanent hair removal and/or voice therapy delivered within Standard of care protocol designed in tune with international standards
33. Improve Adolescent Health in areas of nutrition, sexual and reproductive health and mental health.
34. Health care for Coastal women through augmenting health infrastructure and human resources available, reduce incidence of Urinary Tract Infection (UTI) among women fish vendors through provisioning of public toilet facilities in the market space and selling corners, address other health issues and social determinants affecting their health like alcoholism and domestic violence, analysis and mitigation of adverse health impact of natural calamities.
35. Health of tribal women needs special focus through detailed surveys of food and nutrition status among the Adivasi communities to identify real nutritional gap, covering issues of absorption and traditional food habits, and nutritional monitoring mechanisms. Other essentials include effective counselling for unwedded women and teenage groups and pre-marriage counselling for couples and regular health awareness programmes in tribal hamlets, schools and Anganwadies with special focus on menstrual and reproductive health and introduce de addiction centres and systematic de addiction programmes for both men and women.
36. Undertake in-depth studies to understand the co-relationship between specific illnesses and kind of work women are engaged in, especially the areas hardly studied for their impact on worker's health and well-being. Since some occupations are caste-based and formulate policies to reduce the negative impact of occupation on women's health. Monitoring to see how the new Labour codes relate to occupational health is also warranted.
37. Ensure protection to women health workers through legal and policy steps to ensure minimum living wages and pay parity in private sector.

Women in Marginalised communities

38. While participation of women from marginalised communities has increased in the last few years, many of their real concerns are to be given in the plan. Enhancing their own leadership skills, exploring new ways for the inclusion of women from marginalised communities and gender minorities
39. Evaluate all affirmative programmes and schemes for trans-gender people and explore possibilities for improvement in tune with their needs and aspirations, facilitate

and support individuals to disclose their gender identity, extend support to pursue higher education, find jobs and support skill training leading to self-employment opportunities, inclusion of trans ally and trans individuals in all tracts of life, public awareness campaigns on 'people can have different sexual identities' etc. to be undertaken.

40. For the welfare of women in Fishing Community need effective legislative interventions to manage the dwindling sea resources and to protect their rights over those resources like equal participation of women in auction and assured minimum quantities (quota) of fish, reserved space for women fish vendors, overnight stay facilities for women fish vendors in big landing centres/harbours, access cold storage chains and advancing soft loans from Kudumbasree mission, facilitating alternative income sources, creating women and child friendly common rehabilitation centres in all coastal villages under disaster management plan.
41. For enhancing the status of women in SC/ST communities introduction of caste reservation in appointments of aided education institutions, setting up of residential schools for Dalit girl students in all districts of Kerala, improving efficiency of MRS through continuous training programmes and monitoring systems, spreading of the mentor teacher programme across the state, fellowships for higher studies in foreign universities, setting up community Knowledge centres at each tribal hamlets to support the children's education and Youth Knowledge centres at each tribal hamlet and Panchayat to support youth to pursue higher education, skill development and find good employment.
42. A gendered analysis of the working of tribal cooperative societies based on forest products and devise strategies for enhancing their situation. Skill training programmes and mechanisation initiatives for tribal agriculture giving priority to food crops; special lease farming programme for landless tribal women, review of participatory forest management programme to include women
43. Monitoring and handholding services established through animators must be revisited and consider appointing animators from the same community with proper and systematic training and induction programmes to the whole Kudumbasree mechanism in tribal areas.
44. A counsellor or legal support system for Adivasis at all police stations
45. Strengthen the Oorusabhas / special Oorusabhas to understand the special gender needs of women and the youth.

Gender Responsive Budgeting

46. Expanding the scope of Gender Responsive Budget (GRB) and evolving a Gender audit framework are important tasks during the 14th Plan period. This includes the criticality of gender disaggregated statistics, developing gender responsive monitoring tools and extending GRB to local bodies.
47. Need for higher public investment in activities which reduce women's burden of household and care work and provide an enabling environment for women to work from home and away from home, child/elderly/disabled/care, common kitchens, safe

transportation and so on.

48. Motivate departments to devise more inclusive schemes and make gender perspective a mandatory component for every activity/ programme or Detailed Project Reports and insist to add a justifying note for excluding the same.
49. Capacity Building is necessary to strengthen Gender Budgeting in various departments and piloting that in Women and Child, Planning and Finance Developments.
50. Identify a few schemes, departments, institutions or places where we can pilot detailed Gender Audit covering comprehensive categories of indicators, subsequently programme specific methodologies and indicators to be worked out. Engendering regular performance audit conducted by statutory audit agencies can also be considered.
51. A Gender audit observatory could be started in webpage of WCD department or Planning Board so that relevant documents related to audits of institutions/ organisations, Programs/ schemes can all be uploaded for easy reference by all.
52. A Statistics division to be created in WCD for collection and management of gender specific data.
53. Revamp and strengthen Women Component Plan in LSGI, establish Gender Resource Centres, initiating GRB at grass root level and provide GRB training support from KILA
54. Strengthen Kudumbasree programmes for micro-enterprises, services, skilling, and marketing and improve reaches out to young women, marginalised women, women from middle income groups, educated and skilled women.

CHAPTER 1

RETHINKING GENDER IN THE 14TH FIVE YEAR PLAN

The Context

It is rarely remembered that the ‘woman question’, and now the gender question in the process of development, in terms of unequal gender relations based on socially ascribed gender roles and responsibilities, and their implications for women to be agents of their own development, was a heatedly debated issue highlighted by the Socialists in the late 19th century (Bebel 1886). In their view women were an integral part of the social transformation envisaged and so the question was: how to liberate them from their dependence on men and responsibility of household work to be able to participate in the process of growth; for instance to work in factories; this was the time of the Industrial Revolution. As argued by Bebel, the woman question deals with the position that woman should hold in our society, and seeks to determine how she can best develop her powers and her abilities, in order to become a useful member of human society, endowed with equal rights and serving society according to her best capacity. (of course Bebel linked it to the larger issue of how society should be organised to abolish oppression against all). Recognition of the woman question head on, resulted in the vast public investment in support services to women in the socialist countries—child/elderly care, common kitchens, facilities for travel and accommodation etc—to help them come out of the household and participate in the public sphere.

In the course of the development process of our times, beginning with the 1950s when a number of newly Independent developing countries, including India, embarked on a path of development based on industrialisation to absorb surplus labour, remove poverty, unemployment and deprivation, the question of women was not posed in this way. In fact, the specific role of women had been largely ignored, particularly the question of how development affects women’s subordinate position in most societies. Our development Plans did not view women primarily as workers and economic producers but largely as home makers, mothers and at best as secondary workers, men being the primary workers and earners.

Yet, it is of interest to note a missed chance of discussing the woman question in the Indian context before Independence which would have given a different view on their contribution to the growth process. A few years before Independence, in anticipation of Planned Growth after Independence, the National Planning Committee (1938) set up a number of sub-committees on different sectors of the economy to formulate a Plan, of which one of the sub-committees was on Role of Women in Planned Economy, chaired by Smt Lakshmibai Rajwade (and studded with women luminaries who participated in the Freedom Movement). The Second World War disrupted the planning process but the women’s sub committee was one of the few groups who reported in 1947. That these women in fact approached the issue in a completely different way is evident from the Terms of Reference of the sub-committee which were all encompassing. It stated: This Report considers the entire structure of planned economy with women as the focus. The committee

expresses the need to review every field in which women operate, or should operate to contribute their share to the nation's wealth and well being of the people. The cultural and spiritual position of women and its impact on nation's life and work cannot be ignored.

That the sub-committee's Report was not acted upon is quite evident from the shocking revelations of the Committee on the Status of Women in India Report, Towards Equality in 1974, after three decades of planning, well documented by many (Agnihotri and Mazumdar 1995, Mary John 1996, Swaminathan 2018). The Committee had stated "the status of any given section of the population in a society is intimately linked with its economic position which (itself) depends on rights, roles and opportunities for participation in economic activities. The economic status of women is now accepted as an indicator of a society's stage of development. This does not however mean that all development results in improving women's economic status" (italics ours)" The dynamics of social change and planned development in post-Independent India, for almost three decades, had adversely affected a large section of women and had created new imbalances, manifested specifically in declining female work participation rates and a declining sex ratio (COSWI 1974).

It is not our intention here to review the national development processes in depth, but to point to the fact that Kerala has and will continue to pursue an alternate path of development. However, the stranglehold of patriarchy and patriarchal cultures persist, constraining women's autonomy within the household and in the public sphere, with the household and care responsibilities still largely on her shoulders. We have attempted to understand it broadly within the Social Relations approach, adapted from Naila Kabeer's work (1975) in the hope of keeping 'gender' consciously in mind when planning and hence move closer to gender equality.

This report also recognises the fact that the discourse on Gender has moved beyond heteronormativity, predicated on the gender binary-male/ female, largely accepted as the preferred or normal mode of sexual orientation. We are well aware that there are other sexual/gender minorities, of whom Transgenders, that is, those whose gender identity or gender expression does not match their assigned sex at birth, now officially recognized, are subject to stigma and discrimination, including the cis-gender homosexuals, bi-sexuals, which needs immediate redressal. Hence besides intersections of caste, class, race, ethnicity, non-conforming gender/sexual groups is also an intersection.

The Framework

What are the broad parameters within which we are trying to understand the issue of Gender and Development in Kerala drawing largely from the Social Relations (SR) framework (Kabeer op cit). Such an Approach enables us to analyse and understand existing gender inequalities in the distribution of resources, responsibilities, and power, and for designing policies and programmes which enable women to be agents of their own development.

There are three key elements of this Approach:

- the goal of development as human well-being;
- the concept of social relations;
- Institutional analysis.

i. The goal of development as human well-being. Development is envisaged primarily about increasing human well-being in terms of survival, security, human dignity, and autonomy, not simply about economic growth, improved productivity or technical efficiency, where autonomy means the ability to participate fully in those decisions that shape one's choices and one's life chances, at both the personal and the collective level. Importantly, it follows from this that the concept of production does not just include market production but all the activities which contribute to human well-being - including all those tasks which people perform to reproduce human labour (caring, nurturing, looking after the sick), those which poor people carry out to survive; and those which people perform in caring for their environment which ultimately assures their livelihoods.

Kerala's development trajectory has been shaped by its historical legacy of public action demonstrating how the power of public action can improve the well-being of the people and to transform social, political and cultural conditions in a state (KDR 2021). In Kerala the social reforms movement based on actions of mass organisations and mass movements against social, political and economic oppression, in which women too played a very important role in fighting for their rights, and the policy actions of governments have been the most important constituents of such public action described by Amartya Sen (1999) as being from above and below. From the 70s itself Kerala was lauded globally for its advances in the fields of land reform, education, health and nutrition.

The early twentieth century social reforms widened access to education across genders and matrilineal forms of family sanctioned women's rights to inherit property, and hence the region has been considered relatively free from the conventional restrictions against women's education or women owning property. Once the state came into being in 1956, the pattern of development continued to give attention to the minimum essentials of life like education and health services which build up human capital and with the commitment to decentralized planning since 1996 and with (now) a 50 percent reservation of seats and decision making positions being reserved for women, ensured important qualitative differences to the whole process of development.

Hence development policy in Kerala has been more sensitive to gender equality in terms of human resource development as reflected in the much lower gender gap in basic capabilities, such as education and health. However, the social transformation of Kerala over a prolonged period, though profound, was highly uneven and a symptom of this unevenness is the survival of feudal-patriarchal attitudes and institutions, even though women's literacy, education and health care standards are much higher than elsewhere in the country. Social and legal reforms were instrumental in sanctioning a new form of marriage, grounded in modern patriarchal relations. Abolition of matriliney and strengthening of patriarchy among all social groups were important aspects of this process.

ii. This brings us to the second macro parameter- the extant social relations, in particular gender relations. According to Kabeer, these relations describe the structural relationships that create and reproduce systemic differences in the positioning of different groups of people. Such relationships determine who we are, what our roles and responsibilities are,

and what claims we can make; they determine our rights, and the control that we have over our own lives and those of others. Social relations produce cross-cutting inequalities, which ascribe each individual a position in the structure and hierarchy of their society. Gender relations are one type of social relations (sometimes known as the social relations of gender). There are intersections with class, caste, ethnicity, coastal communities and other exclusions such as transgender persons, sexual/gender minorities, women with disabilities and so on. Social relations also determine what tangible and intangible resources are available to groups and individuals depending on what power they wield.

Social relations change; they are not fixed or immutable. People don't start at the same point in the social system, and as a consequence have very different capacities to take advantage of change or the status quo. Poor people in general, and poor women in particular, are often excluded from formal allocations of resources, so they draw on other resources - determined by their social relations - which play a critical part in their survival strategies. For example, poor women often rely on networks of family and friends to manage their workload. Resources of this kind, available through social relations, can be very important. This enables us to see how such groups get marginalised and organising such groups, building social capital has been done so successfully by the Kudumbashree network in Kerala, considered as the largest network of women in Asia at the local level. 44.4 lakhs women in the state are part of this network and it has grown as an effective support system for the local governments. These are ways of deepening democracy and enhancing human well-being.

Persistence of patriarchy, in Kerala, apparent in a generalised social commitment to women's domestic role, despite all such interventions, reflected in recent crimes against women and children which took a very violent turn, alerts us to the need for understanding social relations of gender and explore innovative ways of creating a gender conscious society. Boys and men should be drawn into the Sensitisation project on Gender relations.

iii. Coming to the third macro parameter, institutional analysis, it needs to be noted that the underlying causes of gender inequality are not confined only to the household and family but are reproduced across a range of institutions, the state, market and the international community. This approach challenges the neutrality and independence of institutions-that they work for welfare for all and that the family is about altruism and it is not a conflictual institution. Institutional gender policies therefore can be (a) gender blind, which means biased in favour of existing gender relations; (b) gender aware policies, which again can be divided into gender neutral, gender specific largely to fulfil practical gender needs of women and men and gender redistributive policies which are interventions intended to transform existing distributions to create a more balanced relationship between men and women.

In sum:

We must remember that in analysing a situation in order to plan an intervention, this framework explores the immediate, underlying, and structural factors which cause the

¹*Transgender, women with disabilities have been added by us*

problems, and their effects on the various actors involved. The responsibility of household and care work disadvantage women in very severe terms. Marriage and motherhood should not become a disability in women fulfilling their full and proper role in the task of development.

Unequal gender power relations have to be examined more closely – why despite the gender friendly development processes in Kerala, still means so much unfreedom for women and other vulnerable groups; even the gender division of household work tilted against women, has remained remarkably stubborn. Using Custers' distinction between 'social' and 'sectoral' division of labour it is seen that the social division (relating to the household) has hardly changed. Combined with the emerging 'sectoral' division of work (relating to hierarchical structure of tasks within a sector) by sex, it is in fact overburdening women, perpetuating their inferior position in the market, though forms of subordination may change (Custers 1997). The systemic difference in the positioning of groups like the dalits, adivasis, fishing community, transgender people, and sexual/gender minorities explains their marginalisation and calls for focussed programmes for them besides concerted efforts to bring them within social networks beyond their family and friends. Professionally educated SC/STs if not placed through PSC or in government institutions have to do inferior work to survive; community/caste and lack of strong networks act as strong barriers. How do institutional biases work out in different sectoral policies which need to be scrutinised through a gender lens to ensure enhanced and equal participation of women in social, political and public affairs.

The SR approach also informs us that social relations change; they are not fixed. Changes at the macro level can bring about changes in social relations. During the last nearly 2 years of the Pandemic since the first case appeared in Wuhan, women's contribution in combating Covid-19 pandemic has come out strikingly and it has seriously challenged the androcentric views on leadership and governance. The fact that Covid was controlled better in terms of its spread, mortality and its impact on the economy in some of the very few countries/region governed by women, has now become well known through systematic research studies besides the anecdotal perceptions thrown up in the early period of the Pandemic.

While the pandemic has had a catastrophic effect on the whole of humanity it has had specific impact on gender relations at all levels widening gender inequalities globally; household and care work has intensified for women while job losses have been higher for them; increase in domestic violence is also seen. But the pandemic has also been an occasion for revisiting the gendered conceptions and stereotypes of leadership. It is already in the limelight as to how countries like New Zealand, Taiwan, and Germany with women leaders have done much better in countering Covid 19 than others. Studies show that female led countries have shown remarkable spirit and adopted early measures, including lockdown, to control its spread in its initial phases than the rest (-- The situation in the above mentioned women-led countries has been compared with that of other male led countries with the same socio-economic and development profiles. The outcomes of unbiased, inclusive and early

measures/initiatives of these women leaders seem to be “systematically and significantly better”.

Kerala’s handling of the Pandemic has been globally acclaimed. The government had gone into “alert mode” in January 2020 itself much before the Director General of the World Health Organisation (WHO) declared Covid-19 a pandemic. The containment strategies in the State were well in place under the leadership of the woman Minister Smt.KK Shylaja Teacher before the first case was reported on January 30. The Guardian called her a “Coronavirus slayer” and a “rock star health minister”.

Development in Kerala will continue as increasing human well-being. Kerala Development Report (2021) states “the Kerala of the future will continue to build on its strengths in social spending, social welfare and social justice. It will continue to use these as a foundation for further and accelerated growth in the productive forces and production in the economy. We look forward to sustained efforts to apply science and technology, modern skills and the skills available to a “knowledge economy” to enhance growth in agriculture, allied activities, modern industry, infrastructure, building and income bearing services.....”

Structure of the Report

This Report attempts to focus on certain emerging issues of gender concern, recognizing the pervasiveness of unequal gender power relations and patriarchal cultures, creating and reproducing systemic differences in the positioning of different groups of people. There is need to study the unequal gender power relations closely and how institutional biases reinforce these. Social relations approach enables us to analyse and understand existing gender inequalities in the distribution of resources, responsibilities, and power, and for designing policies and programmes which enable women to be agents of their own development.

Strong emphasis has been placed on combating gender based violence, a very strong indicator of male dominance and a powerful way to oppress and control women which has at times turned brutal in the recent period, a major initiative being a revamping of the gender sensitization programme, changing gender stereotypes and strengthening interventions at the local level. Innovative ideas like the Vanitha Mathil (in which transgender persons also participated) on January 1, 2019, stretching from Kasargode to Trivandrum was a manifestation and declaration of women’s right to equality and freedom and an inspiring milestone in Kerala’s history of women empowerment. The Wall was a constructive intervention to establish the Constitutional principle of equality for all regardless of gender, caste, class and so on. It demanded the preservation of those principles and values of renaissance, those which laid the foundation for the process of democratization of Kerala. While the need to raise workforce participation rates of women, with the intersections of caste, class, ethnicities, TG people and other gender/sexual minorities, is crucial, it is the focus of another Working Group. After this Introductory Chapter on Rethinking Gender in the 14th Five Year Plan, Chapter 2 provides a Broad Overview of Policies and Interventions to Enhance Gender Equality in Kerala, and recommend policies that will ensure the enhanced and equal participation of women in social, political, and public

affairs, focussing in particular on the provision of public services and infrastructure in recognition of a household's unpaid domestic and care work to be promoted as a shared responsibility; collapse of the home and workplace, private and public divide are emerging as new phenomena during the Pandemic.

In Chapter 3 we discuss comprehensive Strategies to Combat Gender Based Violence, highlighting emerging issue of concern in GBV, pandemic induced domestic violence, dowry deaths, violence against TG people, cis-gender homosexuals and bi-sexuals, suicides of children, cyber violence, workplace based harassment; strengthening interventions, an interesting one being teaching boys to learn (and do) household and care work and involve young men in it too. Emphasis will be on community based interventions where Jagratha samithies and Gender Resource Centres will play an important part. Chapter 4 deals with Gender and Health: focussing on community based support programmes to address issues of women's mental health, and health of other categories of population or other health issues, obesity, reproductive health, transgender health, adolescent health, tribal, coastal women health, occupational health, women health workers and need to gender sensitise Medical education. While participation of women from marginalised communities has increased in the last few years, their real concerns are not being reflected in the plan. Enhancing their own leadership skills in formulating and implementing the development plans is important. Exploring new ways for the inclusion of women from marginalised communities and also inclusion of gender aspects of disability, sexuality, sexual orientation, ethnicity and cultural specificities are important.

Expanding the scope of GRB and evolving a Gender audit framework, tracing the journey so far, the journey ahead, to plan for a doable/feasible framework of gender audit; the criticality of gender disaggregated statistics and to plan for a gradual implementation of GRB across local bodies in Kerala are concerns addressed in Chapter 6. It also suggests the need for generating a discussion on developing gender responsive monitoring tools/frameworks for GRB/GA. The last Chapter is by way of highlighting some of the priority interventions recommended.

CHAPTER 2

BROAD OVERVIEW OF POLICIES AND INTERVENTIONS TO ENHANCE GENDER EQUALITY IN KERALA

Kerala, over the years, has seen several interventions that have ensured the enhancement of participation of women in social, political and public affairs. Gender aware planning at the local level in the context of decentralised planning since 1996 was adopted through a number of measures such as, mandating that the LSGIs set apart 10 percent of the plan grant-in-aid for preparing projects that directly benefit women, and setting up of Kudumbashree, a community organisation of Neighbourhood Groups (NHGs) of women in 1998 as part of the State Poverty Eradication Mission, which played a major role in mobilising women and facilitating livelihood opportunities for them. In 2017, a separate Department of Women and Child Development set up by bifurcating the Social Welfare Department to give a more focussed thrust to activities aimed at social assistance and empowerment of women and children and Gender Budgeting as a methodology to integrate a gender perspective into the Budget, initiated in the 11th Five-Year Plan, and more systematically developed in the 13th Plan, are some of the key interventions undertaken (Kerala State Planning Board, 2021). Kerala has achieved higher standards of gender parity in human development, as indicated by its sex ratio of 1,084 women per 1,000 men (Census 2011), and several other indices.

In the last couple of years, State Government has also taken considerable effort through several policy measures to ensure equal opportunities for women in all spheres of public employment, and to facilitate their equal access to public spaces in the State. Recently, it can be observed that there was a commendable increase in women's employment in Departments such as Police and Excise. In 2017, 605 police constables were recruited (including a police battalion of women, commanded by a woman commandant) and another 154 were recruited in 2018. In Excise department 133 women were inducted for patrolling in 2018. After the pandemic, substantial recruitment of health workers has occurred, large number of the new health workforce being women. The IT sector (Technopark, Infopark, Cyber Park, Start-up Mission) has also seen an increase in employment from 1,03,266 employees in 2017-18 to 1,34,748 in 2019-20 and PSUs too have shown a marginal increase in recruitment over this period (See Table 1). Gender break up of such employment generated, since large numbers of women are seen to be working in these organisations, will throw light on how these have benefitted women in Kerala. But unfortunately such gender disaggregated data is not readily available which in general indicates a major issue in effective gender planning.

Table 1: Employment generation in Information Technology (IT) sector and Public Sector Undertakings (PSU) in Kerala

IT Parks/Startups	2017-18	2018-19	2019-20
Technopark	56,000	60,000	62,000
Infopark	37,000	40,000	47,000
Cyberpark	266	558	748
Startup Mission	10,000	15,000	25,000
PSUs	15,242	13,838	15,719

Source: Industries Department

It is remarkable that of the total number of persons elected to local bodies in the elections of 2020, 54 per cent were women. In 2015-16, 39.87 lakh families were covered in Kudumbashree, as part of 2.58 lakh Neighbourhood Groups (NHGs). The coverage has grown and, now, Kudumbashree has participation of 44.91 lakh women and 2,99,297 NHGs (Kerala Planning Board 2021). Established in 1988, Kerala State Women's Development Corporation (KSWDC) has rendered more than fifty thousand self-employment loans that sealed the success for an ample number of women entrepreneurs in the state. Under its flagship programme on finishing schools for women, the Resource Enhancement Academy for Career Heights (REACH) at Thiruvananthapuram and Kannur had accomplished more than one lakh training days during 2016- 2020. Further, Entrepreneurship Development Programme (EDP) training was imparted at the panchayat level (in 7 districts) to over 800 women in 2017-19. While all these measures have contributed to visibilising women in social, economic and political spheres, several other indicators suggest that this is far from satisfactory.

In spite of higher literacy among women in Kerala, their participation in the higher echelons of political hierarchy, the very low workforce participation rates, increasing violence against women are often cited as the 'Gender Paradox' in Kerala (Mukhopadhyaya 2007, Sakhi, 2010). The gender paradoxes in contemporary Kerala society are particularly reflected in the low labour participation rate and a disproportionately high unemployment rate of women (See Table 2).

Table 2: Worker Population Ratio according to usual status (Usual principal status plus subsidiary status) for persons aged 15 and above 2018-19, Kerala and all India (in percent)

		Kerala								
		Rural			Urban			Total		
15 and above (2018-19)	Male	Female	Person	Male	Female	Person	Male	Female	Person	
		67.6	26.4	45.5	67.7	24.1	44.1	67.7	25.4	44.9
			All India							
			Rural			Urban			Total	
		Male	Female	Person	Male	Female	Person	Male	Female	Person
		72.2	25.5	48.9	68.6	18.4	43.9	71.0	23.3	47.3

Source: Periodic Labour Force Survey (PLFS), 2018-19

Workforce participation rates, as per the official labour force survey, have been lower in Kerala than at all India-level, particularly in rural areas. Workforce participation rates of women in urban areas have always been much higher in Kerala reflecting its advantages of a literate state. The unemployment rate is higher for women in Kerala than the Indian average, reflecting the fact that more women seek employment in the State. While in recent years the gap has closed and WFPR in Kerala is now higher than at the all-India level at 25.4 per cent for ages 15 and above (rural and urban areas) vis-a-vis 23.3 per cent for all India (PLFS 2018-19), it is very low compared to other South Asian regions like Bangladesh, Nepal and Sri Lanka (SherVerick, 2014) and much lower than the male WFPRs in Kerala-67.7 percent. Studies have attempted to suggest factors which may have contributed to such low participation –social restrictions, including discrimination due to social caste/group, household and care work, discouragement by husband and in-laws, various forms of discrimination against women at the workplace, occupational segregation with low wage rates for women, mismatch between work educated women would like to do and what is available (Eapen and Kodoth 2002, SherVerick op cit, Jayan Jose 2018). However, it is essential to undertake a thorough understanding of the barriers to female workforce participation, keeping intersectionality in mind, including the transgender persons.

Women’s representation in the apex bodies of social, political and religious significance is negligible, despite there being an adequate representation in the lower rungs of such institutions. It is appalling to note that women MLAs ever elected in Kerala have never exceeded 10% of Kerala legislative assembly in its 64-year political history. Women are disproportionately represented in arenas where intellectual churning and discourse setting happen, a key example is the lack of women in higher rungs of academic and policy making institution. It is also observed that unfair practices are adopted by employers for restricting employment opportunities of women due to ill-conceived apprehension of certain women protective laws like Maternity Benefit Act, POSH Act etc. Media too has a significant role in downplaying the need for representation of women in social, political, economic and public affairs of both local and national importance. A common example of

this is the prime-time TV channel discussions (on the aforementioned subjects) which conspicuously lack representation from women panellists. Women are often invited to express their opinions / suggestions only in matters concerning their kind (women issues) and are openly regarded as incapable of voicing their concerns in public matters predominantly of socio-economic and political nature.

While the SHG movement has ushered in the significance of financial empowerment among women, there are still many who have been left out of the change due to their assigned socio-cultural status, eg., most women from indigenous and fishing communities are not part of such groups owing to logistical and occupational factors.

Kerala is very much part of a patriarchal social system in that virtue of being born a woman is sufficient to coerce her into the drudgery of household responsibilities and the act of caregiving. Prevailing social and cultural norms encourage women to take responsibility for unpaid care work in the family which has a bearing on different dimensions of human wellbeing. It has a negative impact on the physical and psychological wellbeing of women, affects their power to make decisions, limits their entitlements with different 'unfreedoms' and restrains their employment and social activities. The presence of children under the age of six and of physically restricted senior citizens in the household seems to impede women from paid work and from active participation in the social, political and public front. Federici (1975) notes that a particular combination of physical, emotional and sexual services that are involved in the role women must perform for capital creates the specific character of that servant which is the housewife, that makes her work arduous and at the same time so invisible. There is a demand to reinvigorate the political, social and economic perspective of homes as workspaces. Homes are not spaces of love and sympathy alone but need to be a place of sharing, bargaining and negotiating.

While paid domestic work and unpaid care work has been theorized widely and since long, from the division of labour in the family to the global division and flow of labour from the Third world to First, the current scenario of the pandemic throws up new and urgent challenges and questions due to the unprecedented collapse of the home and workplace, private and public divide. As a class of workers have been pushed into homes, making "work from home" the norm, many others have been left unemployed and even destitute. Can the current crisis be used to radically rethink home and the domestic? This moment in history demands centre-staging redistribution of housework within the family, the value assigned to care work and manual labour by feminist politics, bringing it into public discourse and addressing the accompanying degrading misconception of its lesser worth.

Data from Time Use Survey (2019) of NSSO suggests that the participation rate of female (6 years of age and above) in employment and related activities was only 19.2% in rural areas and 16.7% in urban areas of India while for male it was 56.1% and 59.8% respectively. Whereas the participation rate in unpaid domestic services for household members for female was 82.1% in rural areas and 79.2% in urban areas while for male it was 27.7% and 22.6% respectively. The percentage is indicative of the magnitude of unpaid work which a woman undertakes.

Table 3: Gender Differences in Time Use in India -Rural and Urban

Description of the Activity	Rural		Urban	
	Male	Female	Male	Female
Employment and related activities	56.1	19.2	59.8	16.7
Production of goods for own final use	19.1	25	3.4	8.3
Unpaid domestic services for household members	27.7	82.1	22.6	79.2
Unpaid caregiving services for household members	14.4	28.2	13.2	26.3
Unpaid volunteer, trainee and other unpaid work	2.8	2	2.5	2.2
Learning	24.1	19.4	23.3	20.7
Socializing and communication, community participation and religious practice	91.7	91.2	90.6	91.4
Culture, Leisure, mass-media and sports practices	87	82.2	92.1	92.7
Self-care and maintenance	100	100	100	100

Source: Time Use Survey (2019) of NSSO

Recommendations of the Group

Improving Workforce Participation (dealt with in depth in Working Group on Women and Employment. The alarmingly low rate of workforce participation among women provokes us to think towards an extensive research study to identify the barriers that cause it. Strategies and policy initiatives to reverse the situation can only be made effective with proper identification of the impediments faced by women.

- An inter departmental task force needs to be set up, which will provide gender disaggregated data from different departments and assess the contribution of women in particular sectors.
 - Public policies need to be formulated to increase the social value of unpaid household and care work and promote its equitable distribution.
 - Support flexibility in working hours and locations and improve access to quality part-time work.
 - Conscious inclusion of women/TGs from disadvantaged social groups into educated employment programmes
 - Multipronged efforts/initiatives are imperative to raise awareness regarding entrepreneurship among women and significant measures must be implemented to ease their transition. Paradigm shift from “Economic Empowerment” to “Encouraging Entrepreneurship” is the need of the hour. Mentoring/ consultancy services for enabling women to commence and run MSME enterprises will be critical in this context
 - The Gender resource centres must also be enabled to support and accommodate women entrepreneurship in their communities.
1. • In the cooperative sector there are a large number of women cooperative societies; those registered with Vanitha Fed number almost 500 societies, each one of which has on average 100 members. Schemes should be initiated to help create employment for

these members- in tailoring, dairying, fish farming and so on.

- Women labour banks:
- To be promoted at LSG level, as a resource pool of skilled women power enabling them to match the requirements of the emerging gig economy jobs.
- Conduct suitable skill training programmes according to the needs and interests of its beneficiaries.
- Identification of labour requirements in different work sectors and offering placement services for the registrants of the labour bank, being the link between prospective employers and employees.

6. Addressing Unpaid Care Work

- Estimation of Women's Work: There is an urgent need to improve estimates that do proper valuation of unpaid care work done at home by women. The estimates should be able to evaluate how unpaid care work is of critical importance to the nation's economy.
- Expand the very interesting experiment of "shared/common kitchen" which evolved from the idea of community kitchens, started during the Pandemic (1144 kitchens started in panchayats and municipalities by Local Bodies and Kudumbashree) most of which closed subsequently. Women's initiative to develop a viable model of a 'shared/common kitchen' by sharing the labour and money for cooking the food, for many families, as a mechanism to reduce women's household labour in daily cooking and related activities and earn for themselves is gaining popularity. It is started in Ponnani Municipality and taken up now in Balussery panchayath such common kitchens could prove to be real game changers in reducing women's burden of household labour.(see Box 1)

Box 1

- Invest in care infrastructure- both child and elderly care facilities- that will allow women (and men) to have a real choice about whether to take time out of the paid workforce to provide care. Child Care facilities must be provided in offices/ institutions with over 30% employees in the age group of 20-45 years to encourage equal sharing of such responsibilities.
- While Anganwadis need to be strengthened, a major thrust should be given to the National Creche Scheme (by the WCD), a facility which would provide day care facilities for children (6 months to 6 years) of working mothers, and as in AWs, improve their nutrition and health status, promote physical, cognitive, social and emotional development and also to educate and empower parents/ care givers for better child care.
- Guarantee paid family and medical leave, and structure leave policies to encourage men's participation in domestic care activities.

Gender Sensitisation, Awareness and Knowledge Production

- The Representation of the People Act 1951 stipulates the qualifications for membership in a legislative assembly of a state of India (Ch II. Section 5). By amending the said Act, it should be made mandatory that candidates contesting for elections to pro-

duce certificates of completion of gender sensitisation training undertaken by KILA or other accredited agencies along with their nomination documents.

- Gender sensitization lessons should be made an essential component of every Induction Training Program for newly appointed employees of all the Govt./PSU/Pvt. Institutions. As a policy Gender orientation must be given to all Public Servants at the time of induction and for the existing staff. All should complete the course within one year.
- Collectives of women such as Kudumbasree need to be gender sensitized at all levels to address gender stereotyping and patriarchal gender norms, whether it is at home, in workplaces or in public places. The government needs to start focussing its efforts also on reaching out to women who are not part of such collectives.
- Explore the possibilities of establishing Gender Studies Centres (GSCs) in institutions of higher education. Such an initiative in Kerala can also be juxtaposed against the increasing threat of closure faced by the Women Studies Centres (WSCs) in India. With the closure of planning at the national level subsequent to the 12th plan in 2017, many WSCs are in acute crisis with multiple ambiguities regarding funding and management. See the possibilities of branching out proposed GSCs in a more decentralised manner, tapping into the potentialities of Kerala's decentralised planning. In the long run, the research and advocacy of GSCs would contribute towards knowledge production intended for social change.
- Gender education must be a part of the school curriculum. A perspective formation should happen in school and should actively involve boys. Training boys in household chores (cooking, cleaning) and care giving work making them self-sufficient persons as part of school curriculum and gender audit of school textbooks from pre-primary

Experiments of Common Kitchens/ Community kitchens

When the pandemic hit the state and lockdown started many people, including the large number of migrant labourers lost their jobs and all restaurants or other public eateries were shut down. 1144 community kitchens were started in Panchayats and Municipalities with the help of Local Self Governments immediately. The name 'community kitchen' has gained attention and many women and women's organisations started discussing the importance of community kitchens as a mechanism to reduce women's household labour in daily cooking and related activities. Many of these Kudumbasree kitchens stopped their activities after the lockdown and some changed to People's hotels for supplying food at a subsidised rate. Women took initiative to develop viable model of community kitchen as a 'shared kitchen' or 'common kitchen' for sharing the labour and money for cooking food. Ponnani in Malappuram district started one such model with ten families having food from one kitchen. All four meals were cooked in one home who in in charge of running the kitchen and distributing among the four families. Cost of the food is shared equally and the women in charge of cooking are paid for their labour. A similar model was started in Balusseri in Kozhikode district. Both these models are running viably and the women - most of whom are working women - are seeing this as a mechanism to freed from unpaid domestic labour and double burden of work at office and home. This common/shared kitchen model is cost effective, fuel saving, time saving and creating a secular bond through sharing of food from one kitchen. This decentralised model of shared/common kitchens will be useful in addressing the issue of women's unpaid domestic labour and enhance their work/social participation effectively.

to 12th class need to be initiated; also inclusion of sex education while preparing a common curriculum.

- The longevity of women in Kerala outweighs that of men and hence we have a large number of senior women whose capabilities and knowledge resources are not utilised at all. There are also those women who were members of local bodies for five years, some of whom had to resign from their job and are now without work. There are thousands of such women whose capabilities could be made use of. Local bodies can prepare a list of such resources and use their services for ensuring optimal utilisation of the Women's Component Plan (WCP) and facilitate progression into implementation of Gender Responsive Budgeting at the Local Government level as suggested in Chapter VI.
- As Kerala moves towards a knowledge society, need to ensure more inclusive approach through support to women and other gender minorities in higher education institutions through various facilities such as Scholarships/ friendly institutional space/ relaxation on age limit and duration of the study/ flexible institutional timings/ travel grants/ travel grants including cost to children/ Nanny allowances/ creche at all higher education institutions etc.

Towards safer Public Spaces and healthier Social Relations

- Co-education to be promoted. The existing single gender schools be made inclusive.
- Community based gender sensitisation programmes in which Kudumbashree, Local Bodies and Jagratha Samithis should play a strong role. A vulnerability mapping to be done in collaboration with these bodies particularly with objective of ensuring safe public spaces which is critical for mobility of women.
- Pre-marital counselling to be within a broader life skill, gender sensitive framework to promote democratisation of families.
- The Women's Commission should play a watchdog role. Various policies and programmes of the Government and judicial pronouncements and decisions to be continually examined and monitored. The commission should intervene as and when required.

Leadership Programmes

- A policy for enhancing rural women's leadership and participation as members of constituencies should be evolved.
- Promote policies in which women's works, decision making and leadership would be documented and honoured intended at revealing the invisible.
- Media: Media plays a crucial role in influencing the society. Hence media led campaign is the need of the hour to enhance the social and political participation of women and TG's-Success stories of women/TG (political) leaders to be highlighted by the media. Further, it needs to be suggested to media houses to ensure proportionate representation of women in prime time channel discussions on socio economic and political issues.
- Besides this, capacity building for women should be a continuous process. Their capabilities in handling a crisis like the Pandemic has been widely acclaimed

Convergence of Departmental Programmes

- Convergence of similar programmes must be done through inter departmental co-ordination at state level. (Few examples of duplication of programs are: Snehitha by Kudumbasree which is much similar to One Stop Centre Scheme implemented by GoI & GoK, and Bhoomika, Seethalayam by Health Department, Pink Police Helpline no. (1515) and Police WHL 1091 is similar to 181 WHL of GoI & GoK. ‘Entekoodu’ of WCD, ‘She lodge’ of LSGI and Kudumbasree and Safestay of KSWDC are similar programs which provide short term accommodation for women while travelling).
- Ensure optimal and effective utilisation of the women component plan (WCP). Even now, data shows that less than 10 percent is being spent on women specific schemes (Kerala Economic Review 2019)
- A task force to be formed to ensure the preparation of training curriculum for gender sensitisation/leadership programmes of different strata taking cue of the gender sensitisation programmes implemented by home department, WCD, KSWDC and KWC.
- Mass media campaigns such “Eni Venda Vittuveezcha” of WCD must be promoted and advertising agencies/NGOs with innovative ideas for awareness generation must be roped in to steer the campaigns for the Government
- Women film makers, documentary makers etc must be promoted for creating gender sensitized media content. Organisations such as Network of Women in Media (Kerala) and WCC (Women in Cinema Collective) must be recognised and consultancy sought in matters concerning media sensitization.

6. Other Recommendations

- Steps should be taken to address the disparity in the land ownership of women which requires an understanding of the implementation lacunae of Hindu Succession Amendment Act, 2005. This is critical for gender empowerment through control over resources of women such as land, housing and productive assets.
- Provide care credits for Social Security by planning for incentivising care work in the family by the Community/ Govt. by pooling of Govt. funds, CSR funds and also the contributions of those families who can afford the cost for availing care services and such other contributions.

CHAPTER 3 STRATEGIES TO COMBAT GENDER BASED VIOLENCE

The focus of this chapter is on Gender Based Violence, particularly those perpetuated by discriminatory practices against women, exacerbated by the Pandemic. Particular attention needs to be paid to growing cyber violence as well as the alarming escalation of dowry related deaths and violence against transgender persons and other sexual/gender minorities.

Introduction

The Declaration on the Elimination of Violence against Women, proclaimed by General Assembly Resolution 48/104 of 20 December 1993, was the first international human rights instrument which exclusively and explicitly addressed the issue of violence against women. In Article 1 of the Declaration, gender-based abuse is defined as “any act of gender-based violence that results in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”. In 2005 Inter-Agency Standing Committee, UN brought out Guidelines for GBV Interventions in Humanitarian Settings (finalised in 2006) defining Gender Based Violence as an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (gender) differences between males and females. Acts of GBV violate a number of universal human rights protected by international instruments and conventions, including the right to security of person; the right to the highest attainable standard of physical and mental health; the right to freedom from torture or cruel, inhuman, or degrading treatment; and the right to life (IASC, UNHCR 2005).

Historically and globally, women have experienced violence, irrespective of their age, wealth, status, class, race, ethnicity, caste or religion, and even across settings – inflicted by their partner, children, family members, members of the neighbourhood, community or workplace (UNW 2020).

Gender Based Violence can be of different types such as:

- Sexual violence
- Physical violence
- Emotional violence
- Gender based Violence on Cyber space
- Harmful traditional practices

There are no valid justifications for violence against women. The international community has recognized violence against women as a human rights violation that cannot be justified and requires a comprehensive state response. The perpetrators use a combination of tactics of control and abuse that makes it very difficult for women to escape the violence. It is also important to understand that women who experienced violence from an intimate partner and seek to leave the relationship in order to ensure their own and their children’s safety, paradoxically face an increased risk of repeating and even escalating violence. [Kudumbashree-Model-Documentation.pdf \(icrw.org\)](https://www.icrw.org/files/documents/2014/02/Kudumbashree-Model-Documentation.pdf)

It is a well-acknowledged fact that the state and national governments have taken various measures to empower women socially, economically, politically; however violence continues.

According to Initiative for What Works to Advance Women and Girls in the Economy's (IWWAGE) analysis , among the many costs of violence against women – borne by the survivor, her household and society over time – is her participation in the labour force. A woman's decision to join the labour force is a rational decision wherein she attempts to either maximize her own utility function or her households' total welfare (Mehrotra and Parida, 2017). She compares the net benefit of joining the workforce to the net benefit of not doing so while also accounting for the cost of joining. The prevalence of violence against women in public spaces, public transport and neighbourhood or at the workplace and the possibility of being abused contribute negatively to this equation, adding to the cost of participation in the workforce (Chakraborty et al., 2014; Satyam and Pickup, 2018). In recent times, India's female labour force participation rate has declined from 31.2 per cent (Employment-Unemployment Survey, 2011) to 23.3 per cent (Periodic Labour Force Survey, 2017), while the country-wide rate of crimes against women and girls has tripled from 18.8 per cent to 57.9 per cent during this period (as per National Crime Records Bureau,2020). That Violence could also be one of the determinants of low female workforce participation rates, needs to be recognised.

More recent research shows the COVID-19 pandemic as exacerbating pre-existing inequalities and threatening to halt or reverse the gains of decades of collective effort. There is also increased reports on violence against women, in particular domestic violence, throughout the world due to the lockdowns, and women losing their livelihoods faster because they are more exposed to hard-hit economic sectors (UN Women September 4th 2020). This calls for planned, focused and swift action. In Kerala, while the economic status of women has improved considerably with a significant increase in the number of women owning a house or land and having a bank or savings account of their own, improvement of the social status of women is still dismal According to NFHS 2019-20 report, on an average 9.9 percent (down from 14.3 percent in 2015-16) of all married women (age 18-49) have ever experienced spousal violence and 0.5 percent (down from 1.2 percent in 2015-16) have experienced violence during pregnancy in Kerala. While these data show a decline in domestic violence between 2015-16 and 2019-20, a study based on Kudumbashree's strategies and mechanisms for addressing violence, specifically intimate partner violence (IPV) finds that there is increasing violence in the state such as domestic violence, intimate partner violence

WHAT WE CAN DO?*

1. RECOGNIZE care at household level, in communities, institutions and policy.
2. REDUCE difficult care work, for example through time- and labour-saving technology and services.
3. REDISTRIBUTE the responsibility, costs and work of care provision from women to men, and from poor families to employers, the state and civil society.
4. Improve the REPRESENTATION of women in decision making, so that their interests and needs are reflected in policies that shape their lives.

(IPV), dowry deaths, cyber-crimes etc. and it has also been found that women are getting divested from their fundamental rights such as mobility, decision making, career choices, partner choices, educational opportunities, right to live etc. (Parthasarathy et al 2018). By and large, while gender-based violence (GBV) is acknowledged and discussed to a large extent in this program, discussions on IPV are restricted by codes of honour embedded in patriarchal cultures.

Addressing GBV continues to be a priority area of concern in the 14th Five year Plan, as one of the gender issues to be integrated with the planning process.

2. Emerging Issues of Concern in GBV

We must remember that there is wide under-reporting of domestic and other forms of violence which has previously made response and data gathering a challenge, with less than 40 per cent of women who experience violence seeking help of any sort or reporting the crime. Across the world, less than 10 per cent of those women seeking help go to the police (UN Women 2020). Nonetheless, police data as given in the State Crime Record Bureau or National Crime Record Bureau is a source we normally use to understand and assess crimes against women.

Pandemic induced violence, in particular domestic violence

Looking at State Crime Records Bureau data on Crimes against Women published by Kerala Police, (Table 1) we find interestingly, that it shows a declining tendency in all forms of GB violence in the state since 2016, corroborated by NFHS 2019-20. However, the sharp decline in violence, in particular, domestic violence in 2020, when helplines and other reports were pointing to a significant increase in such crime with the spouse at home due to the long periods of lockdown, leaves no doubt that the low numbers are due to inability of women to step out and report. The current circumstances make reporting even harder. In early 2021, which also marks significant easing of lockdown, the SCRB of the Kerala Police says in its interim report for the last six months that crimes against women and children, especially girl children, have shot up and the situation in the State is alarming. The last five months (Jan 1st to May 31, 2021) saw the police registering 1, 437 cases of rape. Out of this, 627 are minor girls (The Pioneer).

One of the first studies to study the issue of domestic violence during the Pandemic in the first lockdown period- March 23, 2020 and April 18, 2020 was undertaken by KILA which examined data from three telephonic helplines for women – Mitra, Sakhi and Bhoomika (KILA 2020). It found, that the helplines received 188 phone calls (Table 2). Over half reported physical abuse, and 42 per cent reported mental abuse. Among the reasons listed by women, financial constraints were listed as the most important reason behind domestic violence, followed by alcoholism and suspicion of infidelity. The dominant perpetrator was the husband, followed by parents-in-law. Confinement is fostering the tension and strain created by security, health, and money worries. An interesting finding also was that in a few households, the spouse was helping out in the household chores.

Table 1: Crimes against Women in Kerala: 2016- July 2021

Sl No	Crime Head	2016	2017	2018	2019	2020 (Provisional)	2021 (upto July)
1	Rape	1656	2003	2005	2023	1880	1266
2	Molestation	4029	4413	4544	4507	3890	2122
3	Kidnapping & Abduction	166	184	173	227	151	101
4	Eve teasing	328	421	461	435	442	299
5	Dowry Death	25	12	17	8	6	7
6	Cruelty by husband or relatives	3455	2856	2046	2970	2707	2171
7	Other offences	5455	4374	4397	4123	3583	2178
Total Cognizable crimes (crime against women)		15114	14263	13643	14293	12659	8074

Source: SCRB, Kerala Police, September 2021

Table 2: Number of calls received at the three helplines to report domestic violence against women, by type of abuse, Kerala, KILA survey, 23 March to 18 April 2020, in number and %

Name of helpline	Number of calls	Number of calls from direct complainants	No.of calls based on type of domestic abuse			
			Physical	Mental	Sexual	Financial
Bhoomika	103	58	67	30	4	2
Mithra 181	77	77	32	44	0	1
Sakhi	8	7	3	5	0	0
Total	188 (100.0)	142 (75.3)	102 (54.3)	79 (42.0)	4 (2.1)	3 (1.6)

Source: KILA (2020): Domestic violence and issues experienced by women and girls of Kerala during the Corona lock down period: A Study Report, Kerala Institute of Local Administration, Thrissur.

Note: Figures in brackets denote percentages to total number of calls received

The Mitra 181 helpline was subject to a more detailed scrutiny in another study to see whether incidence of domestic violence had increased and to what extent during the Pandemic (Ramakumar and Eapen 2021). Mitra 181 was launched in Kerala on 27th March 2017 and is presently functioning as a 24/7 accessible emergency response service for women in need. Till date, the helpline has provided effective intervention in over 100000+ cases. Annexure 1 gives data on the different categories of calls received at Mitra from March 2017 to March 2020 and then upto August 2021. Domestic violence is the most reported violence at the helpline which has also shown a consistent increase upto 2021.

Month wise data on domestic violence calls was examined for three time periods, pre

Initiative for What Works to Advance Women and Girls in the Economy (IWWAGE) aims to build on existing research and generate new evidence to inform and facilitate the agenda of women's economic empowerment. IWWAGE is an initiative of LEAD, an action-oriented research centre of IFMR Society (a not for profit society registered under the Societies Act).

lockdown (April 19 to March 2020); lockdown, (March 2020 to July 2020); post lock down from July 2020 to December 2020 and again from January 2021 to May 2021, with further easing of lockdown, which throws up some interesting results. There was a near-doubling of the number of calls received on the helpline that reported domestic violence against women. The number of calls declined marginally with the easing of the lockdown but continued to be large; on an average, if 58 calls were received every month before the lockdown, 113 calls was received every month during the lockdown. But in the post lockdown period, the number of calls fell to 97 calls which of course was higher than in the pre-pandemic months. Data from Kudumbashree’s, Snehita help desk centre also reveals large number of cases reported during the first lockdown period- 898 DV cases against women and 133 cases of atrocities against children while for the whole year the numbers were 1607 and 273 respectively (Snehita Desk April 2020). See Table 3.

Table 3: Cases reported during the first lockdown period in Kudumbashree’s Snehita help desk centre

Sl.No	Year	Domestic Violence Cases	Sexual Violence	Atrocities against Children
1	2018	1069	83	213
2	2019	915	127	272
3	2020	(During April-Lockdown period- 898) 1607	52	(April 133) -273
4	2021 (upto August)	728	40	103

Source: Kudumbashree Mission- Snehitha Data Analysis

In addition, the Women and Child Development department created a WCD call centre which worked 24*7 to which messages of any abuse or violence against women and children would be easier to send; between April 11-30th 2020, 51 percent of the cases received were regarding DV. From all the above we can see that there was a rise in domestic violence against women during the Pandemic, which showed considerable easing by April 2021 and continued upto August 2021.

Dowry related Violence

Recent months have seen a number of dowry related crimes against women, resulting in death in some cases, passed off as ‘suicide’. Even though the Dowry Prohibition Act was passed in India as early as 1961, it continues as an evil practice causing immense suffering to individuals and families. Some amendments were made to the 1961 Act in 1984 and 1986 to close some loopholes (for eg. expanding the definition of dowry to include before or any time after marriage; making the offence non-bailable; putting the burden of proof on the person who takes the dowry; ensuring that the dowry is transferred to the woman, if received by someone else; and that it goes to her children or parents if she dies within 7

<https://keralapolice.gov.in/crime-statistics/crime-against-woman, 02/09/21>

years of marriage; enhancing the penalty; appointment of Dowry Prohibition officers and an Advisory Board). However, dowry continues to grow. Across India there is evidence of the increasing dimensions of dowry as an essential basis of match making, and in Kerala too there is a sharp visibility of dowry and signs of its growing presence. The practice of dowry is perhaps the most demeaning for women, causing huge financial burden on the parents, impoverishing poorer families, resulting in violence against women, even leading to death or suicide if dowry requirements are not met as happened in the last few months. At times parents are unable to marry off daughters, even highly educated /working girls, due to high dowry demands. While it is true that social change and gender justice cannot be brought about merely through passing laws within the existing patriarchal framework which do not question the basic issues of power balance between genders, can it be made more effective?

Once again, the case of Kerala appears rather unique in this context: some of the socially prominent communities across the state had been following a matrilineal pattern of inheritance and rarely practiced the dowry system till the second half of the 20th C. But the scenario appears to have transformed drastically in the later years of the century (Eapen and Kodoth 2002).

Officially reported dowry deaths might still be rather less in Kerala (when compared to some other parts of India), but that does not rule out the growing prevalence of dowry related violence. In a good number of cases, the violence is predominantly emotional/psychological (not physical) and not recognized as a serious issue unless and until the victim is driven to extreme steps. On the other hand, a number of explicit dowry related deaths have also been reported in Kerala in recent times. What is also alarming is the fact that some of the victims were well educated young women from affluent families who had given large amounts of dowry (as reported in the media). Religion plays a major role in shaping mind-sets and spreading patriarchal values. Community and Religious leaders should be sensitised on the ill-effects of the practice which should not be sustained; it has an illegal status.

With the extant patriarchal family formations and systems of inheritance, girl children have come to be seen as a burden to be disposed of. Today, one could see even the family members of dowry victims publicly justifying the practice of dowry, interpreting it as a practical way to ensure a secure future for girls. The system of arranged marriage continues as a common practice, of which dowry appears to be an integral part and hence difficult to check. It cannot be denied that the Act will work only with a change in the entrenched gender norms and practices which appear to justify this custom of giving dowry, becoming increasingly competitive, to contract marriages with desirable families and stigmatising girls who return to parental homes due to dowry harassment.

Violence by Jilted/rejected Romeos

An issue that demands our immediate attention is the murders of young women by their 'jilted' lovers or 'rejected' admirers who cannot take 'no' for an answer. The recurrence of such incidents in recent times is indicative of an uneven gender awareness as well as general intolerance towards the improving self-confidence and independence of girls/ young women. Most of the violators in such cases are very young men with no prior criminal records.

They are probably motivated to an extreme step by an outdated assumption that a woman is a property to be owned by a man: out dated ideas of fidelity, chastity that are still prevalent in the society encourage these men to enact a toxic masculinity. In the process, their own lives also are irreparably damaged. This underscores the need for gender sensitizing programs that specifically address young men and boys.

Social/familial attitudes towards teen age or youthful romances also play a crucial role in leading to such incidents. Most families in Kerala (and the society at large) consider a girl as a product to be traded in an arranged marriage. Healthy man-woman interactions are generally looked up on with suspicion and moral anxiety. Dating youngsters are systematically driven away from public spaces by moral police and sometimes even the pink police though that cadre was created for helping and supporting women.

Our young generation does not consider it 'a sin' to fall in love while they are in school or college. But they are more or less certain that parents and school/college authorities will consider it; by September 2021 the numbers had risen to a grievous offense. Authorities in educational institutions also assume a similar view and try to impose severe curbs on healthy interaction among young people. As a result, when teen-age romances sprout, the young generation makes every effort to hide it from the institutions of power. Even youthful socialization happens in extreme secrecy. This renders the girls and young women extremely vulnerable to violence and exploitation. There is an urgent need to educate, sensitize young people on responsible relationships and sexuality and promote spaces for healthy interactions among young men and women that will help dissolve the moral anxieties of the society.

Cyber Violence

The escalation of cyber bullying is another grave threat to female lives in contemporary Kerala. Even though there is a legal framework to tackle such issues, like IT Act 2002, section 505 of IPC, there are several lacunas in the same, for instance addressing the issue of intermediary liability and the importance of responsabilisation of social media platforms. While the law cannot become an instrument to legitimise private censorship, it must aim to slow the spread of intolerant attitudes, As women stake their claim in online publics, many have faced backlash in the form of online gender-based violence, much of which has been dismissed based on the patriarchal idea of women's presence in public spaces begetting 'temptation'. The panel examines sections 69 and 79 of the IT Act that permit the government to mandate intermediaries to remove/block content. The discussion focused on the procedural flaws of the law, issues of due process, and the lack of transparency in the legal process of content takedown.

Reported cases of cyber-crime against women and children as well as registered cases of fake news on social media have risen over the last three years, according to National Crime Records Bureau (NCRB 2019 Crime in India). As many as 8,379 cases of cyber-crime against women were reported across India in 2019, an increase of 39 percent from the previous year.

Kerala reported 139 cases of cyber-crime against women in 2019, or less than 2 percent of

all the cases reported across the country. It was, however, among the top States with regard to cyber-crimes against children, reporting 30 cases in a year, and accounting for 10 percent of all the cases in the country in 2019. Reported cases for cybercrime against women in Kerala declined by 13 percent in 2019, over the previous year, while reported cases of cyber-crime against children increased by 20 percent over the same period. Most cases in the State were reported under the crime-head — cyber pornography/hosting/publishing obscene sexual materials.

The NCRB has also been reporting data on circulation of false/fake news (including on social media) since 2017. The menace of false/fake news and rumours continues; 476 cases of circulation of false/fake news/rumours were reported across India in 2019, a 70 percent increase from the previous year, under section 505 of the IPC and 190 cases under the IT Act, up from 97 cases reported in the previous year. Kerala reported 13 such cases of fake news on social media in 2019, while Tamil Nadu reported the most (41), followed by Andhra Pradesh (36).

Like the NCRB, the SCRB started providing statistics on cyber-crime cases since 2017. As per data with Kerala Police 481 cognizable cyber-crime cases were reported in Kerala between January and July 2021 (irrespective of gender), already higher than the 426 cases reported in the whole of 2020; by September the number had already gone upto 758 (SCRB Nov 2021; . The increase is very sharp in the Pandemic period. And As Mitra helpline data show from 311 cases in 2019 the number of cyber-crimes against women increased to 390 in 2020.

Improvement in infrastructural facilities has transformed Kerala into a state with very advanced level of internet usage and cyber literacy. The large number of expatriates is another factor that has enhanced Kerala's internet savvy status. At the same time, the general lack of communication, ethics and pervading patriarchal attitudes prove hazardous to female internet users. Social media often provides a safe space for anonymous attacks on women and other vulnerable individuals. The most common practices include use of abusive language, 'hate speech', gang attacks against individuals who dare to voice opinions, using defamatory pictures and narrations etc. We need to devise measures to restrict/prevent the circulation of gossip videos, unauthorized reproduction of pictures etc. that affect the privacy as well as reputation of individuals. Cyber violence often succeeds in silencing individuals and exiling them from the cyber space. Even though there is a legal framework to tackle such issues, like IT Act 2000, section 505 of IPC, there are several lacunas in the same, for instance addressing the issue of intermediary liability and the importance of responsabilisation of social media platforms. While the law cannot become an instrument to legitimise private censorship, it must aim to slow the spread of intolerant attitudes, sections 69 and 79 of the IT Act that permit the government to mandate intermediaries to remove/block content needs to be thoroughly discussed. As women stake their claim in online publics, many have faced backlash in the form of online gender-based violence, much of which has been dismissed based on the patriarchal idea of women's presence in public spaces begetting 'temptation' (Gurumurthy and Jha 2019)

The inadequacy of the existing laws to counter these rising crimes has been brought to the forefront, not much progress has effectuated in terms of preventing and protecting women from cybercrimes and prosecuting the perpetrators; investigating and prosecuting in gender based cyber violence (GBCV) is no doubt a real challenge.

Suicides and Self harm

According to the statistics of the National Crime Records Bureau in 2019, Kerala reported the fifth highest in suicides in the country (24.3 per cent), which is higher than reported 457 suicides in 2018. Depression is the number one cause of suicide. Tension, anxiety, toxic or violent relationships, being victimized (domestic violence, rape, assault, etc) stress, pressure, financial crises, reasons are many for making thought to commit suicide. Suicide is the first leading cause of death in the 15-39 years age group in the country. The World Health Organisation states that one person dies due to suicide every 40 seconds and for every single suicide, there are many more people attempting suicide every year (WHO June 2021). This alarming number is gaining momentum during the pandemic, say researchers. The period of lock down did witness an escalation of suicides in the state of Kerala, including family suicides. Despite the active functioning of helplines and counselling services for supporting those in distress, the recent spike in the number of unnatural deaths continues to be a concern. According to newspapers, the general stagnation in the local economy, decline in wages and people's purchasing power, soaring unemployment, crippling debt and the continuing restrictions on economic activity at the local level are some of the reasons pushing people to take the extreme step (The Hindu August 06 2021). Yet the many suicides of women, reported during this period, were all related to dowry in one way or another. The national data, not very different for states, show that housewives accounted for 51.5% of the women victims and constituted nearly 15.4% of the total suicide case (NCRB 2019).

The suicide rate of children below the age of 18 in Kerala is another cause of worry. In the first few months into the Pandemic, media reports suggested an alarming increase in child suicides in Kerala. However, a Committee set up to review child suicides debunked these reports showing that the number was not larger than in the same period in 2019, 66 in the period March 25th to July 2020 compared to 83 in the previous year. Whatever the difference in the numbers, these are large and need to be remedied. While child suicides can be attributed to a number of socio-cultural and psychological factors, it is nevertheless important to go into the depth of such issues, and explore possible interventions of prevention, especially since usual factors triggering child suicides, like not staying at home with family or with no siblings did not apply to the majority of cases. Analysis of the 158 child suicide cases shows that more than half of them are girls (57%). An important point to be noted is, majority (107) of the children who committed suicide were in the age group of 15- 18 years.

The Report of the Committee observed that the correlation between three factors- place of suicide, type of family and with whom the child was staying- clearly pointed to a lack or inadequate support system within the family and breakdown of communication between parents and children. (Social Justice Department, Govt of Kerala 2021)

There are a number of agencies and programmes in Kerala to address the issue of suicides, especially among women and children. Yet, the continuing suicides cry out for more elaborate schemes to study the cases and implement more effective measures.

While suicides receive public attention and generate social concerns, there is not much of a machinery in Kerala to track and tackle self-harm among women and youth. Self-harm is defined as an act of intentional self-injury, self-poisoning etc. Self-harm is known when a person injures their own body on purpose. These self-harm injuries can be serious or minor. Overall, self-harm really depends on the way you are dealing with difficult situations, painful thoughts, or feelings. Researchers across different countries studied and reported that most adolescents have a 13% to 18% lifetime risk of self-harm. Most of the time, it is a sign of emotional distress or feelings of shame. Some common ways people harm themselves include:

Cutting, scratching, biting or burning one's skin; constant hair pulling; overdosing or poisoning, but not to lethal levels; hitting one's head or body against hard surfaces etc. Studies conducted elsewhere (Kurtis 2018) indicates that women and sexual minorities feature most prominently among people who get into the habit of self-harm.

Workplace Harassment:

While much has been said and done (with the enactment of the Sexual Harassment at Workplace (Prevention, Protection and Redressal) Act 2013, it is evident that the evil is still rampant in society. The right to work with dignity is a basic human right. Article 19 (1) (g) of the Constitution of India grants every Indian the right "to practice any profession or to carry out any occupation, trade or business". Its enactment was to ensure safe working spaces for women and to build enabling work environments that respect women's right to equality of status and opportunity. The Directorate of WCD acts as the nodal implementing department for this Act and has directed all offices to form internal complaint committee with a handbook/SOP on sexual harassment of women at work place, provided by the Ministry of Women and Child Development, GoI .

However, a study conducted in 2017 on the functioning of the Internal Committees in govt offices in Kerala brought out serious lacunae in the implementation of the Act (Bhavila and Beegum 2017). Most organisations failed to constitute an ICC (now IC); even where it was constituted it was mostly on paper as there was little awareness among the employees about its functioning; nor did the committee meet at regular intervals. It is seen that the number of cases actually reported officially to the IC is quite low, while cases are reported more through anonymous calls and letters. The recent "me too" campaign in the social media does point to the enormity of the issue even while reporting is so low. A major problem is the difficulty of maintaining confidentiality, especially in smaller organisations and women who have complained often get ostracised which deters others from fighting against harassment (ARC 2018). Needless to state, gender power relations in a generally hierarchical/patriarchal organisational structure comes into play here too, acting as strong deterrents since evidence collection against senior male members becomes difficult.

In a Public Interest Litigation (PIL) case to the Supreme Court which sought a direction

for proper forum to file complaints even as such cases are on the rise (Live Law Jan 4 2018), it was argued that the Act is not being implemented in its true spirit. The SC responded by issuing a notice to States to report on the constitution of committees and the mechanism to monitor implementation of the law within four weeks. There does not seem to have been much progress on its substantive implementation since then; there is no system to monitor the action taken on complaints and sensitisation training provided on sexual harassment at work place. At least one gender sensitization program should be conducted every year in all the formal work places. Beside this, as the law mandates all workplaces should display the names and phone numbers of the members of POSH committee in a prominent place within the institution, which is rarely being done.

The Act as well as the provisions of the IC is yet to win the confidence of the women employees as there is no way of maintaining their anonymity and confidentiality is not ensured.

Violence against Transgenders:

As per UNDP (2013), “Transphobia is prejudice directed at people whose gender identity or gender expression does not conform to social norms and expectations. It is a reaction to the real or perceived difference between the biological sex attributed to a person at birth and their gender identity or expression.” Transphobic attitude boosts violence against transgender community. It is a form of gender based violence since they are violated being transgender.

Further, the report points out those TGs face discrimination due to lack of knowledge about sexual diversities and their health issues among the service providers, whom have to depend on for special requirements due to their body transformation. Discrimination includes deliberate use of male pronouns, shaming, humiliation, showing them to others, even denial of care. Among the study population in Kerala survey, 19 percent attempted suicide in the previous year. Experience of violence was rampant, 41 percent having undergone violence.

In a study Sheena Rajan Philip (2018), collected data from 50 transgenders from the Ernakulam district where she found that 72% of the transgenders are often a victim of harassment in public; 56 percent of sexual harassment and threats from society and more than half were physically harassed by the police. Another researcher Aneesh (2016) collected data from 10 physically disabled transgender respondents of the age group of 25 to 45 using snowball sampling method and found that most of the respondents have stopped their studies at high school level because majority of them faced some negative experience at the time of schooling such as discrimination with respect to school games, teasing from friends, physical harassment, avoidance by the teachers etc. They often faced exclusion on the basis of their physical health. The students and teachers assumed they are physically ill and restrained them from physical activities organised by the institution.

Cis Gender Homo/Bi Sexuels

Ever since the state adopted a Transgender Policy, the Transgenders in Kerala have achieved a certain degree of visibility and there are some affirmative programmes for their empowerment. But even after the amendment of Section 377 of IPC, we still do not have any

significant programs for welfare/empowerment of homosexuals and bisexuals. We need to study the problems they face and as part of the gender sensitisation programmes create awareness about them and break the silence that obscures their very existence. Cis-gender homosexuals and bisexuals are also regular victims of emotional stress and violence, forced marriages, corrective rapes, religious and even psychiatric torture. Even the most fortunate among them are under pressure to live a life of secrecy. Many of them are trapped in heterosexual marriages against their choice and end up living double lives, under severe stress and sense of guilt. (Unpublished reports of Proceedings of the self-help and peer support groups organised by queer organisations in Kerala) They also face grievous health hazards as the sex life of their choice is possible only through promiscuity and encounters under unhealthy and insecure circumstances. Many also become victims of black-mail and extortion of money.

Summing Up

Gender based violence/ Crimes against women are increasing in Kerala and in spite of several laws and mechanisms in place, redressal and justice appear to be beyond the reach of most women. The biggest barrier to overcoming violence lies in the existence of gender systems in which patriarchal households and families predominate. The consequent unequal gender power relations define households, the distribution of income and assets and division of unpaid work, cemented by strong norms of masculinity and femininity in a heterosexual normative system (Gita Sen 2021). This (i) impacts on women's social altitude or positioning (ii) gives rise to prevailing gender norms and stereotypes which inhibit women from raising their voices (iii) creates a lack of awareness about their rights and entitlements (iv) constrains their accessibility to services provided by the government and other institutions to empower and protect women and (v) stigmatises non-conforming individuals of different gender/ sexual orientation. Women are not even allowed to raise their voices as that might affect the prestige of the family.

This prevents women from speaking out against discrimination and violence. They accept all types of discriminatory practices that persist in the society largely due to their acceptance of Gender roles. Many women feel shy of discussing these issues openly with others due to lack of awareness and peer support. They also hesitate in seeking help and accessing the services of the institutions set up by the government and other agencies to fight against the atrocities committed against them. Due to lack of an overall gender sensitivity, most women stick to gender stereotypes: they do not even realize the issues they are facing, and have the false belief that they are supposed to bear it. If they become aware of the situation and start fighting against these atrocities, minimal support from the family, community and even the government services deter them from reporting and registering cases. So, continuous support and hand-holding must be provided to the victims. Otherwise reporting cases makes them more vulnerable than before.

Patriarchal norms and value systems are imbibed also by the majority who formulate policies and make decisions including the police and criminal justice system, the institutional

¹<http://wcd.kerala.gov.in/DOCUMENTS/Downloadable/SOP/Protocol/12787.pdf>

biases we discussed in Chapter 1. There are delays in court proceedings in all cases related to women --divorce, custody of children, maintenance, rape, Protection from Domestic Violence, etc. There is also lack of awareness on the existing redressal mechanism. Prevention of crimes against women, children and Transgender persons is not very simple due to the patriarchal mind-set prevailing in homes, institutions and society.

With pressures from below by the women's movement, scholars, activists and some recognition of the extant social norms by policy makers, the government has tried to counter these socio-economic patriarchal tendencies through various schemes and programs launched to improve the subordinate position of women in the society; also of TGs as discussed above. However, there is need for revamping and strengthening the gender sensitisation and awareness creation programmes, and the institutional framework, including laws, judicial system and police, to move closer towards gender justice.

3. Different initiatives/programmes of Government of Kerala to address GBV

Prevention, redressal of gender based violence and rehabilitation of survivors is one of the thrust areas for women's development prioritised in Kerala's planning process which guides the formulation of schemes on this issue. A comprehensive programme of gender awareness to create a gender conscious society was initiated in the 11th Plan and conscious efforts are being made through budgetary allocations to advance towards this objective (11th Five Year Plan 2007-12). The programme covers several departments with the WCD being the nodal agency and police and judiciary other critical institutions for redressal. A large number of measures ranging from regular sensitisation, public awareness, community based crime/vulnerability mapping, counselling to adolescent girls, self-defence training, Pink Police control rooms to shelter homes, short stay homes, one stop crisis centre, medical care for victims of violence, health care programme for women by Homeo Medical centre and so on have been taken in this regard.

New initiatives were introduced each year, for instance to improve rehabilitation of survivors through their categorisation according to need and capability in 2017-18 and 2018-19 and setting up of SOS model home and Tejomaya scheme(for the brighter girls) in 2019-20, the inclusion of a textbook module in schools on the Constitution and on women's rights and struggles against obscurantist practices; in 2020-21 under "Saddharyam Munnottu" (gender awareness programme of WCD) was the "Night Walk" scheme to be implemented across the state on a sustained basis to remove fear among women of going out at night and convey to society their equal right to access public spaces at all times. With the onset of the Pandemic, this could not be continued.

Varied initiatives taken up by different departments to address violence in greater detail are given below:

Department of Women and Child Development

Directorate of Women & Child

- Nirbhaya Policy

Kerala government formulated Nirbhaya Policy for combating sexual violence against women and children and to safeguard them against trafficking for exploitation. The policy

aimed at prevention of sexual violence against women and children, protection of sexual violence victims, prosecution of sexual violence perpetrators, rehabilitation and re-integration of sexual violence survivors. Nirbhaya cell is now under the Directorate of Women and Child Development to coordinate the Nirbhaya Programme.

“Sadhairyam Munnottu” is an ongoing gender awareness programme of WCD to sensitise officials in government departments, institutions, public sector and the field staff like ASHA, AWW, Counsellors, JPHN, JHN, School and mid-day meal workers and so on, interacting with children and public.

The various programmes under State Nirbhaya Cell are

- **Women and Children Home (earlier Nirbhaya Home)**

There are 13 shelter homes functioning across Kerala which provide safe shelter for the survivors of sexual violence, in convergence with various NGOs and other voluntary organizations. Nirbhaya shelter homes provide education, vocational training, counselling, medical aid and legal aid for the girls below 18 years. Mahila Mandiram is providing shelter and facilities to the women in need. Children’s Home is providing education and protection to children in need.

- **SOS model shelter homes**

Special shelter home is functioning in Trivandrum district for children below 12 years who had been victims of any kind of sexual assaults.

- **One Stop Centre -Sakhi**

One stop centre is established under the department of women and child development department in all states of the country to support women affected by violence in private and public spaces, within the family, community and work place. Women facing physical, sexual, emotional, psychological and economic abuse will be facilitated with support and redressal. These centers will provide a range of integrated services including, transportation, medical assistance, and facilitation in dealing with the police, legal aid, psychosocial counselling and temporary shelter if required. Information regarding such services id to be widely disseminated and number of help line too should be displayed in prominent places (Bus stations, Railway stations, various government offices of local governments etc)

- **Kathorthu**

It is an initiative of the department of Women and Child Development. The women will receive legal assistance online. They can register on the portal Kathorthu.wcd.kerala.gov.in and report complaints. Phone-9446938500.

- **District Protection Officers**

The protection officer is the person responsible for assisting the victims of domestic violence with legal proceedings and other means of help or in making use of all the services of DV act 2005. The service of the protection officer is available at the district women and child development office. The protection officer shall help the magistrate in the execution of her/his duties Under DV act by reporting the incident in the form and manner specified, upon

receipt of an allegation of domestic violence and transmits copies thereof to the police officer in charge of the police station.

- **Service Providing Centres of DV act**

Service providing centers provide necessary medical, housing, counselling, legal, therapeutic and other social support services to the aggrieved victims of domestic violence. Service provider, mostly NGOs, can also file the DV case before the magistrate for the survivor

- **Dowry Prohibition officer**

The district women and child development officer of each district will function as district dowry prohibition officer. The director of women and child development department will act as chief dowry prohibition officer to administer and coordinate the work relating to dowry prohibition across the state.

- **POCSO courts**

Central Government had accorded sanction for establishing 28 Fast Track Special courts in 14 districts for the speedy disposal of rape and POCSO Act cases. Presently, 28 Fast Track Special courts are established in the State. During the next financial year, 28 more such courts are anticipated to start functioning.

Kerala State Women's Development Corporation

- **-Mithra 181 Women helpline**

In the FY 2015-16, the corporation was entrusted the task of setting up 181 Women Helpline in the State, as per the Universalization of Women Helpline scheme of the Ministry of Women and Child Development, GOI. The helpline is envisioned to create an infrastructure of support for women at all times and for varied purposes with the principles of efficiency and continuous feedback mechanisms at its core and as an emergency response system for women in distress.

- **BODHYAM– A Gender Sensitization Training Programme for Police Personnel**

In connection with the functioning of Mithra 181 Helpline, the corporation organised gender sensitization programmes for all Government officials, particularly officers working in close contact with public, like the police. KSWDC so far completed training for 6616 police personnel from September 2019 to September 2021 as both offline and online.

Kerala State Women's Commission

The Commission is a statutory body of 5 members headed by the Chairperson. As a quasi-judicial body, the Women's Commission can intervene in all matters relating to women. The commission enquires into the complaints of any unfair practice and takes on decisions. Commission is also responsible to improve the social status of women. Complaints can be directly submitted to the Women's Commission or via online.

Department of Health and Family Welfare

- **Bhoomika**

Government of Kerala has launched a programme on 'Medical and psychological care for victims of gender based violence/social abuses supported by NRHM. One gender based

violence management centre–Bhoomika functions in the district or general hospital in the district managed by a female coordinator or counsellor. The centre functions to provide social and psychological support to women, sensitize hospital staff on gender issues, train them to identify the victims of violence, and network with other organizations working on women's issues for mutual support and sharing. Under the Homeopathy directorate, “Seethalayam” similar to Bhoomika is functioning, counselling and offering advice to women victims of violence.

Department of Local Self Government

• Snehitha –Kudumbasree Gender Help Desk

Snehitha is a 24 hours working help desk, which works to avail support and help to the shield less women in society. Snehitha functions to provide services to women and children in distress, also to prevent, protect, and prevail over atrocities through advocacy, empowerment and social change. Snehitha is functioning in all districts of the state. The services include short stay home for women and children facing atrocities and violence, short stay for those women who are travelling alone in night, family, individual, adolescent and pre-marital counseling, awareness campaigns, legal and medical assistance, 24 hours telecounseling and rehabilitation through convergence with other departments and NGOs

Department of Police

• ‘Aparajitha is online’

‘Aparajitha is online’ is a quick response mechanism for grievance redressal of online based harassment of women and girls. SP, women cell will be in charge for grievance redressal at the state level and at the police station level especially to deal with complaints of cyber harassment against women. Utmost confidentiality of victims and her family will be ensured. Complaints should be received into an exclusive email which is managed by SP women cell and should be forwarded to a police station in the specific emails created for this purpose. Complaints to be forwarded to the email aparajitha.pol@kerala.gov.in 9497996992 is the round-the – clock police help line number for women to report instances of dowry harassment, domestic violence and other gender crimes.

• Women Cell

Women cell acts as a centre to offer succour to women in distress. Counselling is provided to victims of abuse. It also monitors investigation of cases where women are victims. It is headed by a woman Circle Inspector. Women cell comprising exclusively of women officers is concerned with settling of family disputes.

3.1 Some Drawbacks of the Institutional Mechanisms

These institutional mechanisms suffer from some drawbacks such as lack of modernisation, low capacity of the officials working in them, geographical skewed location of institutions, limited or no last mile connectivity with the direct beneficiaries etc. While recognising that long term or lifelong institutionalisation is not a solution and it rather debilitates the affected person's integration into society, one has to accept the reality that at times institutional care, support and long term stay are inevitable to many survivors of sexual violence. However facilities for relatively longer period are now available only up to 18 years of age.

Further, since most of the shelter homes are located in city area, women residing in rural areas do not have an easy access to these homes. Lack of coordination among institutions even when they have similar schemes is another drawback. For instance, most of these agencies - the WCD, KSWDC, KWC, Police, Kudumbashree- have a gender sensitisation programme for different stakeholders in the state perhaps unaware of what is being taught by the others; and probably without much commonality in the modules being used. Again, there is a Gender Resource Centre of Kudumbashree and that of the local bodies, which through coordination could in fact vastly improve services by sharing the work that needs to be done or carving out geographical areas of functioning to extend their reach. Since some of these facilities are operating for some time, a review could be done by some experts from outside Kerala on its services, functioning, lacunae etc and suggest recommendations.

4. Strengthening GBV Interventions (including emerging recommendations)

Based on review done above, the following recommendations are put forward

4.1 Revamping of the Gender Awareness/sensitisation programme

Gender Sensitisation programmes should include constitutional rights, laws related to women's rights including sexual and reproductive rights. Sexual violence, adolescent sexual activity and related teen pregnancies, and physical violence are reported from different parts of the state. Adolescent rights education programs that include sexuality, importance of consent in relationships, responsible sex behaviour, health and social costs. Such programmes have to be developed and implemented in schools and colleges.

Higher educational institutions have to implement a gender policy to provide safer academic and living environment for women and transgender students in the campus. Campus disciplinary regulations have to uphold values of gender equity, not protectionism while dealing with girl students' life in the campus. Improving infrastructure, lighting, hostels, transportation, academic facilities, like same timings for all for the library, are important steps in this regard.

Streamlining Training Design and Content (in BCC mode)- the curriculum of these programmes should include awareness about the diversity in gender identities.- Manuals, Handbooks, and Thematic Handouts for program leadership, capacity and perspective building is required. Training content and methods should be uniform across locations and time. Male gender trainers should be identified and utilised for the training.

Engaging men and youth in gender issues/awareness is necessary for a sustainable model to emerge and for social change to occur

While the programme should reach all sections of the people, it needs to be prioritised for quicker results, keeping in mind the immediate stakeholders, which include government officials, police personnel (particularly in Women cells) judiciary, legal practitioners, teachers, policy makers, service providers, largely NGOs. Should include parental sensitisation about the diversity in gender identities, especially about inter-sex and other non-conforming children.

Another important section of the polity which needs to be gender sensitised is the political parties and their mass organisations.

Need to engage with religious leaders: Religion plays a major role in shaping mindsets and spreading patriarchal values. Engaging with heads of religions and involve them to spread gender just values is important.

Include training boys in household (cooking, cleaning) and care giving work making them self-sufficient persons, as part of curriculum; involve men also in domestic work. Gender audit of school text-books should be undertaken.

Counselling and peer support groups should be set up in all high schools, colleges and universities to help transgender people, homosexual and bi-sexuals to come to terms with their sexual/gender preferences and bring about a friendly environment free of discrimination and violence they face.

Given the criticality of this programme, we recommend that a Task Force be set up to review all the existing programmes of gender awareness, their modules, methodology and the specific target groups planned so that there will be a common curriculum, modified for particular groups/areas if required. Since a number of NGOs are working in this area of violence, their representation should be there.

4.2 Community based interventions, popular sensitisation programmes and media

1. Community based prevention programmes in which Kudumbashree, now covering over 50 percent of the households, Local Bodies and Jagratha Samithis can play a strong role. Vulnerability mapping being a useful tool, needs the support of all agencies; pre-marital counselling should be within a broader life skill, gender sensitive framework to promote democratisation of families.
2. Grass root level redressal mechanisms like Snehita Help Desk, Gender Resource Centres being run by Kudumbashree and local bodies need to be strengthened with appropriate trainings for members; psycho social counselling which has become a major activity and has helped women tremendously during the covid period should be continued; help lines like 181 need to gear up for addressing cyber-crimes which are seen to have grown recently. A WhatsApp number for redressal of violence against women started during the Covid by WCD and needs to continue.
3. Another concern is the urgent need to secularise the household space which is becoming communalised in which women themselves and current day TV serials are playing an important role.
4. Utilise media for social re-engineering, a very powerful agent for changing public perspective and bringing about social change and gender consciousness as shown by the success of the Innivenda, Vittuveezhicha (no more compromise with regard to gender discrimination or gender injustice will be tolerated) a long, continuous campaign of WCD to address the deep seated and entrenched unjust beliefs, practices, norms prevailing in society which are discriminatory to women. Visual presentations through posters, animation videos and video songs on gender stereotypes and norms, would bring about mindset, attitudinal and behavioural change on the highlighted issues via wider discussion and discourse. WCD has developed posters, animation videos, music

videos on the social media and this helps to reach a wide variety of audience of all ages and gender, particularly the youth. This poster campaign in FB needs to be taken up on enhanced scale, by involving more agencies and also be disseminated as advertisements in newspapers, display in public places (through Sponsorship) campaigns in schools and colleges and so on

5. Encourage women film makers, documentary makers etc to produce interactive sessions on gender sensitivity and get their suggestions. Similarly “Network of women in Media, Kerala”, and Women in Cinema Collective also to be recognised and consulted.

4.3 Creating safe travel and safe public places for women, TGs, sexual and gender minorities.

1. While public participation of women has increased with decentralisation and Kudumbashree, there are other public spaces where women are not very visible and this issue needs to be revisited emphatically. Government has to facilitate this by making public places safe. Women and transgender people should have representation in all government bodies, and their presence should be strongly visible in public places like campuses, libraries, clubs, cultural programmes and so on.
 - i. We should encourage gender neutral teams for sports and games in the schools and colleges in Kerala-- football, cricket, kho-kho etc teams in which boys, girls and transgender persons could be members and play together.
 - ii. We should have women oriented sports centres like indoor and outdoor stadium, gyms etc.; exclusive timings for women in utilising sports facilities; women friendly sports facilities in all educational institutions including self-defence training for girls at school itself.
 - iii. Policy must be formulated for the utilisation of common playgrounds in the locality for girls and women and for the inclusion of transgender in sports.
 - iv. Transport: Studies across the world demonstrate that access to public transport is a significant factor in enhancing women’s access to public spaces (as cited in Mumbai Reader 2009). The write up further highlights that it is not the men or any superior order of morality but the Mumbai electric and Suburban transport Company and the Western and Central Railway suburban lines that makes Mumbai different from other cities in India such as Delhi or Chennai. Good infrastructure, especially useable public transport including the buses and local trains, is a significant factor which makes it more friendly and accessible for women.

4.4 Tackling Dowry

We have had many judicial and legal interventions in recent times to assure women of their legitimate position in their natal homes and their rights for equal share in parental properties. Now, we need to:

1. Organise an intensive campaign to convince everyone that a girl has a legitimate inheritance right over her parental properties and she has every right to return to her natal home without feeling like an outsider. Campaigns and awareness programs should be launched on women’s rights and opportunities for redressal, if the rights are being

violated. Strict enforcement of existing laws is important.

- v. A major problem in the proper implementation of the Act is the provision of punishing the giver under Sec.3 of the Act. However, the amended provision of Sec.7 in 1986 which exonerates the giver from being prosecuted should be given wide publicity so that more people could come out with complaints of having given dowry.
- vi. Currently every government servant shall after his marriage furnish a declaration to the Head of Department after it has been duly signed by the wife, father and father-in-law, stating that he has not taken any dowry (as per the amended Rules in 2004). “Gifts” are allowed to be given and taken and according to the amended Rules have to be maintained as a list. Whatever has been received should be included in this affidavit since these could be ‘dowry’ in a legal form.
- vii. Parents from some communities pay a dowry to the groom’s family and then get a signed document from the bride stating she has already received her share of inheritance. This practice should be strictly prevented. In case of arranged marriages, an affidavit from the girl’s family stating that no dowry has been paid and another from the groom’s family stating that no dowry has been received, should be made mandatory for getting a marriage certificate. The scope for integrating the list of “gifts” into the marriage registration system should be seriously considered. The affidavit should emphatically state that the girl continues to have equal inheritance right till the formal partition of her parental properties. Even in the case of registered marriages, both the groom and bride should give an affidavit that no dowry has been exchanged. Property right of women (access and control) must be specified.
- viii. Women need to be economically strengthened (though even that does not work at times) and mind sets have to change: men should offer all support by refusing to accept dowry and women refusing to marry men who demand dowry.
- ix. The revamped gender sensitisation programme is envisaged to bring about some change.

4.5 Strengthening healthy relationships in the educational institutions and family

1. Educational institutions, especially higher secondary schools, colleges and universities, should organise a specific number of gender sensitizing programs every academic year to encourage healthy relationships among the students. There should be counselling cells and peer support groups in every institution to help the students tackle their emotional and relationship issues. Special training should be provided to teachers and non-teaching staff to address the emotional and personal problems of students with understanding and care, without ever being judgmental or moralistic. We need to generate an atmosphere in which girls (and boys too) could confidently share information about their friendships with family, school/college authorities (like her teachers) and peers. This enables them to seek help if and when something goes wrong.
2. Family is regarded as the final authority on issues related to women, adolescents and children. But it is necessary to recognize that there are different kinds of families: some might be supportive and nurturing, but some could also be very violent and

prohibitive. Hence, we need to have an effective system in place to help women and youngsters to be able to discuss issues with families, a “social dialogue” so to say, which would yield more amenable outcomes. Wherever necessary, “the family” should be given counselling to understand and recognize the rights of women and youth and value their decisions, to democratise the family as argued earlier.

4.6 Strengthening institutional mechanisms for prevention, redressal and rehabilitation

Revisiting Nirbhaya/ Women & Child Care Homes.

- i. Activities in Nirbhaya homes need to be reoriented towards more curative and rehabilitative measures. Nirbhaya homes were established in the state to provide shelter to the victims of sexual abuse and human trafficking. This type of institutional care usually results in the absence of individualized care and attention, labelling, isolation from society, developmental issues etc. Hence the following are submitted on the care of sexually abused women and girl children; 1. post-trauma care of the survivor is to be designed by a multidisciplinary team consisting of a medical doctor, clinical psychologist, psychiatric social worker, counsellor and nurse. 2. If institutional care is required, SOS model homes or foster care homes are better options. 3. Immediate family of the survivor also to be attended and is to be taken care of. Ensure the participation of the family members, especially that of the mother, throughout the curative and rehabilitative process of the survivor. 4. In the case of child survivors, the decision on the type of post-trauma care needs to be taken in a case-by-case manner since it requires the determination of optimal living arrangement and support. Hence the decision is to be based on the child’s age, nature of the injury sustained, health and developmental needs of the particular individual child.
- ii. Several of the State institutions need an overall modernisation in their functions and facilities and made more liveable for the inmates. For providing proper services, their infrastructure, environment, proper training to the staff (including attitudinal change) have to be improved. All those who are in counselling centres, for instance should have mandatory gender training which is participatory and which contributes to changing attitudes and mind-sets. Locations of shelter home must be taken into consideration to ensure accessibility of services to both urban and rural areas. Facilities must be developed and ensured for the mentally and physically challenged children and women in all shelter homes and specially trained care takers must be appointed. Occupational training should be provided to the residents.
- iii. Institutional care, support and long term stay are inevitable to many of the survivors of sexual violence. Now this is available up to 18 years only. New ideas and models of Community based rehabilitation and social integration are to be developed, ensuring gender sensitivity, along with strengthening the capacity and number of existing homes have to be given priority in the 14th Five Year Plan. Partnership programmes in education and skill development with reputed institutions are also to be developed.
- iv. The coverage of the gender trainings for Police and Judicial Officers has to be enhanced. Developing safer environments in crucial public institutions, work spaces,

- public places are important factors to ensure quality of life to women in the state.
- v. Integration of various departmental programmes and institutions for addressing gender based violence has to be worked out in collaboration with each other. Skill trainings and economic empowerment schemes are to be advertised widely among the young women and encourage them to gain economic independence.
 - vi. Inmates from other states are brought to such homes. Their families should be identified and they should be sent to their respective state shelter homes for better reintegration
 - vii. In all cases of atrocities against women, speedy justice is a must. As seen from the above discussion, multiple mechanisms are there but how effectively this can be accessed by the affected is crucial and a big challenge.
 - viii. POSH Act needs to be seriously reviewed and the Internal Complaints Committee strengthened. Though orientation programme on what constitutes sexual harassment has been conducted and awareness materials distributed to all Departments, the reach as well as reception of these activities do not seem effective enough. Members need to be gender sensitised. The Act leaves too much to subjectivity of the Committee as it does not clearly state how the procedures need to be undertaken except that it should be done in line with principles of natural justice (CSES 2018 op cit).
3. The constitution of LCC at local government level may be considered. The Local Complaints Committee is envisaged to act as the platform for women in the unorganised sector as well as smaller firms to raise their complaints, it is highly unlikely that they would approach a higher level authority at the district level. It is absolutely necessary to ensure anonymity and maintain confidentiality to encourage women to complain and provide a safe working environment for them.

Box 3

As seen from the above discussion, multiple mechanisms are there but how effectively these can be accessed by the affected is crucial and a big challenge. In all cases of atrocities against women, speedy justice is a must.

Awards for Schools and Colleges

1. Awards and honours should be instituted for schools and colleges that practice gender and caste equality and promote values of secularism. (in order to transform the attitudes of schools and colleges and make a qualitative improvement in the training/treatment of female students and students from disadvantaged sections of the society), The indicators and methods of assessment should evolve through discussions at various levels. Yearly enrolment of female students and those from disadvantaged backgrounds, attitude of the teachers and authorities towards such students, innovative efforts by the institution to promote gender and caste equality, financial, infrastructural and psychological assistance made available to disadvantaged students, percentage of such students who make use of such facilities, subsequent levels of achievements by students of this category etc., could be some of the benchmarks for assessment of

the institutions. The category of disadvantaged students could include SC/St, OBC, Transgender, Financially backward, orphans, children of sex workers or incarcerated parents etc.

Addressing Cyber crimes

1. Cyber space is for women also. Our conception of the “Victims of Cyber Crimes” should be reformulated to include all women (and men too) who shy away from internet or are prevented/discouraged by their near and dear--due to anxieties about cyber bullying or abuse. Many women do not ever use social media nor dare to reveal their identities/post face pictures online, due to the fear of potential victimization. Thus, a good percentage of the female population is kept away from an emerging arena of communication, information, knowledge circulation and entertainment. In order to contest this predicament, there should be wide spread campaigns to prevent its detrimental use.
2. There are various forms of cyber bullying/abuse that do not fit into the currently recognized classifications of cyber-crimes. We need to devise measures to restrict/prevent the circulation of gossip videos, unauthorized reproduction of pictures etc. that affect the privacy as well as reputation of individuals. The social and community surveillance of women has a chilling effect on their participation in online publics.
3. The purely geo-spatial understanding of ‘public space’ in Indian laws addressing sexual harassment, and the general legal ambiguity about online publics, has lead to the accused in cases of online sexual harassment being acquitted (Jha,Bot Populi)
4. The necessity of a feminist review of laws that are blind to the reality of spatial fluidity in a post-digital society.

Addressing Violence against senior women

1. It is essential that more effective use should be made of the “Kerala Maintenance and Welfare of Parents and Senior Citizens Act 2009” and the district tribunals to protect senior women and prevent violence and abandonment be brought in to support such women who constitute a higher proportion of the old age population since longevity of women is higher than men; according to the 2011 Census, of the 42 lakh people above the age of 60 years, 22 lakh were women) and violence against them is increasing (for money, unwillingness to give care etc). Women in old age are more vulnerable and dependent: Among senior citizens while only 8.8 percent men are widowers, about 57 percent of the women are widows; a larger percentage of women are fully dependent on others compared to men- 64 percent and 37 percent in urban areas respectively (Elderly in India 2016). . . making women more vulnerable and dependent.

Addressing Violence in coastal areas and in tribal areas

1. Where economically marginalized live in close proximity, making special guidelines for prevention of violence should be thought of. At least the circle Police stations in such areas should have a special cell to deal with violence against women and children.
2. Necessary social and financial support should be arranged for survivors in cases of fatal injuries. Since court procedures take long, such survivors need to be supported for

getting free legal services in collaboration with legal services authorities.

3. Special arrangements through KSWDC should also be made to ensure their livelihood as they have to carry on without the support of the partner.

Addressing Violence faced by Transgender persons

1. Many public authorities still rely on outdated moral codes when dealing with female individuals. It is far worse when the system confronts a transgender person. It is essential, therefore, that there should be more effective training programs and detailed instruction manuals to counter the discriminatory treatments meted out to transgender individuals by the authorities.
- ix. Strengthen the Transgender person's Helpline (24*7) and crisis management centre with the help of accredited NGOs working in the field.
- x. Address the problems of lesbian women who face problems in family and society more than other women.
- xi. Have an HR cell in Universities to encourage Transgender persons to get admission, in particular the dropouts, since UGC has issued regulations in 2014 to universities about admission of TGs. Kerala has a compliant policy but difficult to implement due to entrenched stigmatisation of such persons and absence of a TG friendly environ-

The Verma Commission's observations on the ICC are very pertinent:

"We are of the view that the present structure mandating the setting up of an ICC to which any complaint must be filed is counter productive to the ends sought by them., it would better serve the ends sought to be achieved by a separate tribunal to be termed as the Employment Tribunal to receive and adjudicate all complaints. It is our apprehension that the in-house dealing of all grievances would dissuade women from filing complaints and may promote a culture of suppression of legitimate complaints in order to avoid the concerned establishment falling into disrepute".

(Verma Commission 2013)

ment. Cell should provide the necessary support (it would also help the other sexual/gender minorities).

The Need for Indicators for Tracking Progress on Preventing Violence

Since violence is due to unequal gender power relations it is essential to monitor progress of efforts at elimination of GBV. A crucial task therefore is to develop indicators to see how far we have travelled on the road to gender justice:

1. Indicators for measuring change in (a) power relations; (b) gender division of household work; (c) greater autonomy in the household; (d) visibility of women in public spaces; (e) gender atrocities and so on in each domain need to be identified.
- xii. A recent Report of a National Consultation on, "Assessing progress in interventions addressing domestic violence against women" by the Centre for Enquiry into Health and Allied Themes (CEHAT) and Society for Health Alternatives (SAHAJ), 2021 marks a significant step towards developing indicators on what works to redress domestic violence. Responding to women survivors in multiple ways, the Report focuses on

indicators under 3 broad categories used to redress DV- survivor centred approaches; community based approaches; and public systems engagement. One needs to explore these indicators further.

APPENDIX 1

MITHRA 181WOMEN HELPLINE - CALLS REPORT FROM 27th March 2017 to 30th August 2021

Category of calls	From March 2017	2018	2019	2020	till August 2021
Total Service Calls	11669	26268	19631	25901	17590
Legal	4909	15618	13140	12884	12926
Cyber Crime	24	107	311	399	345
Domestic Violence	1569	5979	4444	5895	6932
POCSO	0	1	48	119	43
Defamation	114	176	161	91	54
Women Missing	32	217	136	97	61
Eveteasing	50	62	50	30	13
Sexual Offense	89	279	241	455	377
Torture/Abuse	1160	3257	3107	2714	1978
Property Issue	9	165	415	567	354
Theft	36	71	89	22	48
Nuisance	639	1322	722	390	210
Fraud	125	255	239	181	199
Child Issues	146	641	399	268	361
Others	914	2895	2737	1555	1502
unspecified calls	2	27	50	248	449
Schemes	49	128	176	250	94
Counselling	643	2293	1476	3180	1988
Psychiatric	305	1434	941	2596	1361
Psychological	154	400	129	181	123
Family	85	214	246	160	220
Academic	7	18	10	18	4
Adolescent	76	97	83	108	111
Deaddiction	2	22	29	39	87
Others	14	76	38	78	82
General Issues	2394	6821	4297	2769	2205
Emergency/ Rescue Non Medical	316	694	193	6451	165
Emergency Medical	41	57	61	55	30

Non Emergency Medical	41	90	72	137	117
unspecified calls	465	567	216	175	64

These categories of violence are listed by the Ministry of Women and Children, GoI.
Domestic violence is the most reported violence at the helpline.

CHAPTER 4

GENDER AND HEALTH: WITH SPECIAL FOCUS ON COMMUNITY BASED SUPPORT PROGRAMMES TO ADDRESS ISSUES OF WOMEN'S MENTAL HEALTH

Kerala has achieved high status in some of the women's health indicators like maternal mortality, life expectancy and sex ratio (SRS report 2016-18, NFHS 2019-2020). But there are areas of health which seem to be enigmatic in view of the achievements. Since, Kerala's 14th plan is committed to address the existing issues and improving the status of women and other marginalized genders, the present health status and issues thereof have to be reviewed. The following areas are identified as those needing priority in the 14th plan.

- I Physical Health
- II Mental Health
- III Reproductive Health
- IV Transgender Person's Health
- V Adolescent Health
- VI Tribal Women's Health
- VII Coastal Women's Health
- VIII Occupational Health
- IX Women Health Workers
- X Medical Education

Physical Health

Kerala is a state with high morbidity, which constitute both communicable and non-communicable diseases. Gender is one of the major health determinants. There is difference in the prevalence, risk factors and impact of diseases in different genders. Since the proportion of aging population in Kerala is high, non-communicable diseases like hypertension, diabetes, cardiovascular diseases etc. are also on an increase (Sarma PS et.al., 2019). Yet, prevention and control of the risk factors of these diseases like obesity and lack of physical activity are also found insufficient. In addition to this, there is lack of gender disaggregated data related to diseases and risk factors.

Lack of physical activities creates a number of health issues and includes the high prevalence of non-communicable diseases among women. Cutting across social groups' obesity is common. According to the National Family Health Survey, 24.8% of women above 15 years in Kerala have diabetes mellitus and 30.9% have hypertension (NFHS 2019-20). The sedentary nature of work, lack of exposure to social and physical activities is a concern (Srivastava 2000, Qadeer 2010, Sarma et al. ibid). There are cultural factors like gender stereotyping, leading to this situation. Diet pattern of people of Kerala is another concern which is related to high prevalence of NCDs. This has differential bearing on women. Prevalence of obesity among women (38.1%) is higher than that among men (36.4%) (NFHS 2019-20). More importantly, 70.7% of women have a high waist hip ratio which is part of metabolic syndrome and a strong predictor of cardiovascular disorders⁵. Increased

incidence of Polycystic Ovarian Disorder (PCOD) and breast cancer, also are noted.

Mental Health

There is definite gender difference in the mental health status of people all over world. Women have more stress disorders, depression and anxiety disorders, compared to that of men. In Kerala also, there is high prevalence of depression and suicide attempts among women mainly due to the gender bias, multiple roles and low social status in society (WHO 2000, Basu and Rajan 2007). There is double and triple burden of women in everyday life. The mental stress due to the lower status in domestic spaces, lack of economic freedom, different kinds of discriminatory experiences at educational institutions and work spaces is a major concern and these issues need to be addressed through social interventions. Depression is two times common in women compared to men. This is because of biological, psychological and social factors. Pregnancy and post-partum period are associated with a higher risk. It affects the quality of life and is an important determinant of suicide attempt also (Indu et al 2017). Sexual violence and domestic violence are factors related to poor mental health of women.

Depression is a major public health problem in Kerala which affects the quality of life and is a major risk factor for suicide. People with depression seek care from primary care and general practice. We can use simple easily administered screening tools also for identification in primary care and general practice. In primary care, the highest prevalence is seen among women who seek care from the public setting (Indu et al 2017). There have been biological and psycho-social explanations for the very high prevalence in women (Patel et al 2006). Hence, we need women specific strategies at the grass root level. Pregnancy and postpartum period are associated with a higher risk of depression. When other causes of maternal mortality are taken care of suicides now contribute to a proportion of maternal deaths. Hence it is important to screen for depression in the antenatal and postnatal period and give care to identified cases. The overall mental health of the child is dependent on the mental health of the mother.

Community based intervention of IMHANS The Institute of Mental Health and Neurosciences (IMHANS) is an autonomous institution under the Government of Kerala and is one of the institutions selected by the Govt. of India to develop into a centre of excellence in mental health. IMHANS is a postgraduate training centre affiliated to the Kerala University of Health Sciences (KUHS) with its campus in the Govt. Medical College campus at Kozhikode and conducts MPhil courses in clinical psychology and psychiatric social work. Over the years the institute had developed several community-based mental health care services which includes the community mental health program, mobile intervention units for disability, tribal mental health program and the recovery facilitation project. The community mental health program was started in the four northern districts in 2007-08 in the model of the district mental health program of the national mental health program. The program was taken over by the DHS in 2018 and is now being organized in all the districts of Kerala, which is a unique achievement. The mobile intervention units for disability which was started by the institute in 2010 in the four northern districts as pilot project is now conducted by the KSSM of the Social Justice department as the ANUYATRA

program in all the districts.

The recovery facilitation project is a project to provide recovery-oriented care and vocational training to people with chronic mental illnesses which is funded by the department of social justice. The tribal mental health program is being organized in Wayanad district as mobile mental health clinics. A team comprising of trained medical officer, clinical psychologist and psychiatric nurse visit the tribal villages and provide home care to patients with mental illnesses. The social justice department provides financial support and the institute provide psychiatry support.

A women's mental health clinic functions at the institute which provides mental health care to women with mental health problems through a multidisciplinary team comprising of psychiatrist, clinical psychologist, psychiatric social worker and psychiatric nurse. The institute is also conducting a perinatal mental health clinic at the Institute of Maternal Child Health, Kozhikode in collaboration with the department of OBG.

Telepsychiatry services for ensuring continuity of care during the COVID-19 pandemic:

The Covid-19–related restrictions in public transport resulted in disruption of care of persons with mental illnesses. IMHANS initiated a synchronous telepsychiatry program for continuity of care using a Government (NHM) sponsored online platform with facility for consulting a psychiatrist with E prescription. Three months later a Video Focus Group discussion (VFGD) was conducted among the doctors involved in the program and telephonic interviews with randomly selected patients and caretakers. Although the programme started with the aim to provide continuity of care to patients who were on regular follow up at the institute, it was found that it is feasible, effective and acceptable to new patients also. Patients and their caretakers perceived the online services as an opportunity to avail mental health support without social stigma and ensuring adequate privacy.

Reproductive Health

The Unmet Contraceptive Needs

A study on Family Planning Practices in a rural area in Kerala reported that age, religion, education, and number of living children were the main cause of the unmet need for family planning (Mathew et.al.2015). The reasonable expectation of the people from the state is to get quality services at affordable price, which is not being addressed adequately. The availability of contraceptives is limited and method of spacing becomes expensive due to private provision in Kerala. Unmet need for contraception within and outside of marriages is a concern. Male participation in contraceptive methods is negligible and it invokes serious concern. National Family Health Survey (NFHS) 5th round data (the Kerala level fact sheet) indicates female sterilization rate as 46.6% as opposed to male 0.1% (Hartmann, Betsy and Rao 2015).

Non-Coercive Population Policy Approaches

The analysis of international and national legal instruments applicable in India critically demonstrates how they fail to capture the lived realities in Kerala. The international standards prescribed by World Health Organisation (WHO) and other legal instruments which

ensure right to health discuss 'forced sterilization' in the context of coercive population policies. Erdman (2015) draws attention to lived experience, as a category to understand institutional, culture and structural injustice. The discourse on reproductive choices ignores these aspects of violations happening on an everyday

The definition of 'force' and 'coerciveness' involved in the female sterilization deviates from the standardised legal articulation of rights and becomes complex in the specific context of Kerala where female literacy played an important role in limiting family size. The beneficiary is the focus of coercion which operates from two sides. Self- coercion of the service seekers originates from desperation due to limited access to service and a pressure to limit family size due to poverty (for lower class and caste), and aspiration to live a 'modern middle class' life influenced by the commoditization and the desire of literate women irrespective of class- for lower and upper middle class in Kerala. On the other side, the health policy makers and the administrators function within the larger framework that is ideologically underlined by Malthusianism/neo-Malthusianism. Malthusianism links economic growth and sustainable development with numbers in the country. This has led to intensified thrust for population control and emphasis on Family Planning. Since the private sector is disinterested in these services, given their low profitability, family planning falls primarily in the domain of public sector health services often operating in partnership with small private providers.

Gender Sensitive Abortion Services

The discourse on abortion within a framework of reproductive justice primarily challenged notions of power and control in family, and sexual and procreative relations. The work of Pandey (2014) analyses the Medical Termination of Pregnancy Act, 1971, (MTP) as an example of the intersection of two symbiotically, hegemonic super structures, patriarchy and law. She argues that the law serves as a major instrument of perpetuation and validation of patriarchy in the Indian context. The political imagination of the legislative process considered them as child- bearing beneficiaries, and could hardly capture the idea of women as equal rights-bearing citizens. In Kerala, there is denial of MTP services from the Government institutions, due to unwarranted sanction from husband- which is not prescribed by the law- as experienced by women. The abortion service in the private sector is exorbitantly expensive and not easily accessible. Another issue is confusion/ a mixed message created through the PCPNDT Act and rights ensured under MTP Act. Informed consent in MTP Act is being wrongly practiced as the parental/husband consent.

Infertility Treatments and Trauma

Infertility treatments and reproductive choices of women is another serious concern. Glorification of motherhood and medicalisation of human fertility has become a query of many social science studies. Kerala society expressed its progressive credentials during the expansion of welfare state by actively participating in the family planning programme and inherited 'small family' as a normative value. In the wake of globalization, expansion of medical market opened new avenues to address infertility as an emerging issue due to epidemiological and demographic transitions. This social and epidemiological transition calls for the academic inquiries related to the importance of changing meanings of procreation, changes in fertility patterns and gendered experiences of it.

In contrast to the changes that occurred during fertility control, which has legitimized the active agency of state, the expansion of assisted reproductive technologies and mushrooming of IVF clinics in bio-medical domain as well as alternate medicinal practices is a clear location of the retreat of state (clear absence or as a facilitator to market) and the expansion of market. Booming of infertility service centres and rampant practices of infertility care is of concern. Studies are essential to identify the epidemiological reasons of infertility in the specific regional context. Many couples resort to multiple streams of treatments and alternate system of medicine. Dominant role player in IVF treatment service is private, which is completely unregulated. Legal ambiguity in Assisted Reproductive Technologies and Surrogacy creates multiple levels of exploitation- It is important to understand the epidemiological reasons for infertility before we discuss the evolution of technologies and epidemiological relevance of technologies. To make sense of the social and economic context of increasing demand to depend on reproductive technologies, we need to understand the epidemiological reasons for infertility. Qadeer (2010) observes that in the Indian context, secondary infertility is significant as the levels of primary sterility are low. She identifies common obstetric and gynaecological morbidities like complications of delivery, pelvic infections, Sexually Transmitted Diseases (STDs), Reproductive Tract Infections (RTIs) and endometriosis, repeated pregnancies associated with high infant mortality, inadequate facilities for dealing with difficult labour, lack of pre- and post- partum care and poor state of general health due to high rates of infectious diseases as the reasons for secondary level infertility. She identifies under- nutrition, pollution, environmental degeneration, the stress of migration and complications born out of contraceptive use and Intra Uterine Devices (IUD) without proper guidance and care as additional factors for secondary infertility (Ibid.).

Most of these are preventable causes of infertility that call for social mobilisation for changing the context of deprivation, poverty and lack of access to comprehensive primary health care rather than only specialised services for infertility (Qadeer 2010: 17).

Trans- Gender People's Health

Kerala is the first state to develop a transgender policy in 2015. This led to greater visibility and identification of health care needs of the community. A study conducted before the policy draft showed that in addition to the need for accessibility to treatment for common ailments, they have special requirements of body transformation. Their medical, surgical or cosmetic needs include hair removal, voice change, breast change, penis change, vaginal change, hip surgery, rib surgery, silicon implantation etc. Though 52% desired a bodily change, only 9% could perform it. Out of those who have received services, only 45% were satisfied. Only 3% underwent hormone treatment. More than 50% of people experience discrimination in the health care setting (Jayasree and Bindu2020). According to a UNDP report, there is discrimination due to lack of knowledge about sexual diversities and their health issues among health care providers. Discrimination includes deliberate use of male pronouns, shaming, humiliation, showing them to others, even denial of care etc (UNDP. 2013. Transgender Health and Human Rights. HIV, Health and Development Group) Among the study population in Kerala survey, 19% attempted suicide in the previous

one year. Experience of violence was rampant, and 41% had undergone violence. Even after the policy formulation and installation of Transgender justice board at the state level and committees at the district level, the situation has not changed much, and there are more private health care institutions providing care. Another problem is that of seeking treatment from unqualified practitioners. There are incidences of complications reported like infections, urinary incontinence, pain etc. Need to travel to other states for health care has been another difficulty for them. Excepting a few, who can afford to go to the big hospitals in Kerala, many others are habituated to seeking medicines and injections from small hospitals, clinics and sometimes even from quacks. They go to Coimbatore, Chennai, Bangalore, Mumbai and Delhi to seek treatment (Jayasree and Bindu, op.cit). A couple of private institutions provide care services in Kerala and they are not audited for following protocol. There are reports of adverse events following surgeries in these institutions.

Adolescent Health

Adolescent period is that of transition from childhood to adulthood. There occurs rapid physical growth, cognitive and emotional changes, which lead to vulnerability at least for a section of adolescents. Though majority of children grow healthy, it is observed that there are health related issues like nutritional problems, stress, anxiety, depression, sexuality related problems, early pregnancy, sexually transmitted diseases, tobacco use, alcoholism, violence, suicide etc. during this period. These are often related to lack of awareness on body changes and support systems.

There are programs like Rashtriya Kishor Swasthya Karyakram as envisaged by Ministry of Health and Family Welfare -National Health Mission (launched in 2014), and implemented by Govt. of Kerala, as comprehensive health program (Hartmann, Betsy and Rao, Op. cit). This program has accepted gender equity as guiding principle and has strategies to address malnutrition and Iron Deficiency -Anaemia among adolescents. Yet, a study done by National Nutrition Mission, Kerala in Northern districts of Kerala in 2019 revealed 24% under nutrition among adolescent girls, out of which 10% were severe. Also, prevalence of anaemia was found in 49% among them. (National Nutrition Mission and WCD, Kerala 2019, unpublished). Another study in 2013 showed 51% prevalence of under nutrition in college students (Beevi etal 2016). This indicates need for close monitoring, identification of barriers and targeted interventions in these areas. In the domain of sexual and reproductive health, this aims at improving knowledge, attitude and behaviour in relation to SRH, promoting healthy menstrual hygiene practices among adolescent girls and reducing teenage pregnancies by giving knowledge about risks of early conception. Menstrual problems like premenstrual symptoms are also high in adolescent girls (Beevi etal ibid). This program also strategies to promote favourable attitudes against injuries and violence, including Gender Based Violence among adolescents. However, there has been increased violence including homicides among adolescents in recent years as reported in newspapers. These are related to sexuality issues and lack of proper mental health. A study done in Kilimanoor, Thiruvananthapuram in 2013 showed that 13 % of students in 15-17 years age group, smoked cigarettes and 15% had alcohol consumption (Beevi etal ibid).

There is huge unmet need for sex education in India among adolescents, for which Kerala

is no exception. It is the responsibility of Governments to create platforms of clinicians, education experts, social scientists and policy makers to address barriers like cultural taboos and plan effective implementation of sex education. It is only when we can talk about the subject of sexuality without social stigma, we will be able to educate youth on sex and reproductive health. Even healthcare facilities and healthcare professionals lack the knowledge and comfort to discuss issues related to sexuality that gets reflected in poor, inadequate and discomforting history taking, diagnosis and management.

Health of Tribal Women

Health status of tribal women is very poor, irrespective of the achievements in mainstream society and number of programs targeted at them. Under nutrition/malnutrition, maternal anemia, still birth, infant mortality and stunting are major concerns. Infant mortality rate among the tribal communities is 17.3 while that of the general category male child is 9 and female child is 12. (UNDP, 2009 -Human Development Report. State Transformation and Human Development) Accessibility and availability of Public Distribution System, Primary Health Services, Educational institutions and other social determinants of health and its improvement have to be continued and strengthened (Krishnan 2006, Ekbal et.al 2013). Tribal women's health problems and its determinants were elaborated in the 2013 plan document. They included low status of maternal and child health as indicated by abortions, still births, low birth weight babies, premature deliveries, infant mortality, early pregnancy etc and nutritional problems like severe anemia, stunting and underweight, mental health problems, behavioral problems like alcoholism and tobacco addiction. Recent TB deaths of tribal women are indicative of high deprivation and low access to health services. The social determinants are exploitation of their resources, loss of land, cultural changes etc. These result in poor access to health services, lack of health care facilities, early widowhood, inefficient social welfare system like Anganwadi, life style problems etc.

There are mental health issues also emerging in the tribal population affecting women. Alcoholism and substance abuses are major health threats and require specific attention and intervention. Studies show high rate of suicidal incidence among certain tribal communities and appropriate interventions have to be planned as short term and long term (Manikandan 2014). The tribal mental health program is being organized in Wayanad District as mobile mental health clinics, as outlined in an earlier section.

Coastal Women's Health

As a marginalised community, coastal fisher folk in Kerala demonstrated variation in demographic features like sex ratio from the general characteristics. Sex ratio in coastal area is lower than among general community (Kurien 1995). There is dearth of studies and data related to health problems of coastal women in Kerala. Few existing ones report nutritional deficiency as demonstrated by xerosis, angular stomatitis, dental caries, reduced height etc. There is also inequality in food allocation within family which affect women during pregnancy and their work performance (Zachariah et al. 1999) Consumption of foods like fruits which supplies essential vitamins and micronutrients is very less in the community. Coastal women also have mental problems like depression and stress and one of the associated factors is found to be financial burden (Anil Bindu 2021). There are

issues related to menstruation and reproductive system. The most common gynaecological problems reported are lower backache, menstrual problems, lower abdominal pain and urinary tract infection (Abraham 2014). There is reluctance in seeking health care for these problems. Hypertension and arthritis are other health problems faced by women who go to sell fish. Alcoholism and domestic violence also are reported as high in this area. Floods are reported to have affected coastal population badly and women have specific problems related to this. But there is no detailed data available on this.

Occupational Health

According to WHO, occupational health is an area of work in public health to promote and maintain highest degree of physical, mental and social well-being of workers in all occupations . Its objectives are: 1.The maintenance and promotion of workers' health and working capacity. 2. The improvement of working conditions and the working environment to become conducive to safety and health.3. The development of work organization and working cultures that should reflect essential value systems adopted by the undertaking concerned, and include effective managerial systems, personnel policy, principles for participation, and voluntary quality-related management practices to improve occupational safety and health. The ILO Convention on Occupational Health Services (No. 161) and the ILO Recommendations on Occupational Health Services (No. 171) were adopted in 1985. In the Convention the following definition was given:- "The term 'occupational health services' means services entrusted with essentially preventive functions and responsible for advising the employer, the workers and their representatives in the undertaking, on.... The requirements for establishing and maintaining a safe and healthy working environment which will facilitate optimal physical and mental health in relation to work and the adaptation of work to the capabilities of workers in the light of their state of physical and mental health are to be looked into" .

Studies (Srivastava and Bihari 2000; Messing K 1997; Wikel & Chudakov 2003; Lakhani 2004) across the globe show that improvement of better working conditions and regulation of working hours impact positively on health status of working women. Casualization and gendered workforce are a major concern of overall health of working-class women (Thresia 2007; Thresia & Mohindra 2011). Some occupation's women workforce concentrates are caste- based. Discrimination based on intersections of identities and their impacts on the health also have to be assessed through in-depth empirical inquiries. Sex work and occupational hazards faced by women and Trans communities require specific action. There are very few studies related to the relationship between occupation of women and health in Kerala.

Women Health Workers

Private health sector is of diverse nature in Kerala. The work practices and gender- based discrimination at workplaces vary. However, over workload and under payment is common. Gender disparity in wages is a common practice in many of the private sector hospitals. Care work by women workers, being considered as part of their gender roles and part of their work, is mostly considered as taken for granted and under paid. Nurses, paramedical staff and health attendants face this discrimination based on gender.

In the public sector, less paid sectors are work mostly concentrated with women workers. This gendering and stereotyping of workforce has to get ample attention and gender diversification of such jobs is to be ensured. Nurses, ASHA workers and ANMS are largely women and face heavy work burden with very less pay in the public sector as well. Cleaning staff of both private and public sector- mainly women workers- face casualization and contractualisation. The extra burden of ASHA workers during Covid pandemic calls for policy attention to improve their working condition as well as their wages. As part of Kerala's deep-rooted culture of social welfare, ASHA workers also work in community kitchens alongside Kudumbashree members, preparing food for people in containment zones, home and community quarantine and migrant relief camps across the state. They deliver food packets, rations, medicines and anything else people might need with the help of LSG members in order to encourage them to stay indoors . However, volunteer community health workers (CHWs), such as ASHAs, within this welfare system appear exploited, as public-health researchers have argued (St-Amant 2018), pointing to the labour that Kerala extracts in the name of social welfare, from women who are supposedly volunteers.

Medical Education

It is recognized widely in the current sociopolitical context that gender should be included in medical curriculum in an effective way. There are gender insensitive, transphobic and queer phobic contents in medical curriculum. Gender is one of the major social health determinants in both microlevel and macrolevel (Commission on Social Determinants of Health 2008). Reports of dowry related deaths, female suicides, increased rate of depression, domestic violence etc. are to be addressed because these are closely linked to health status. Medical professionals should have gender sensitivity to understand health issues related to gender discrimination. Since, Kerala took initiative in formulating transgender policy and made a commitment to training of health care providers, it is the right time to include it in the curriculum (State Policy for Transgenders in Kerala. 2015).

National Medical Commission has published an advisory following Madras High Court direction stating that all universities/medical colleges/institutions are requested while teaching UG/PG students, where ever the issue of gender or similar kind arises, the mention of clinical history or complaints or signs/symptoms, examination findings or history about nomenclature shall not be taught in such a way that it becomes/perceived in any way derogatory/discriminatory insulting to LGBTQIA+community. This also makes the inclusion of gender and sexuality urgent in medical curriculum .

Recommendations for improving Health of Women in Kerala

To improve health of women in Kerala, the 14th FYP should focus on strategies to address the issues identified above. Recommendations in this regard include:

Recommendations for improving Physical Health

- There should be an effort to produce gender disaggregated data in health-related events in the health informatics system.

- Changing food pattern resulting in high-level obesity requires change in pattern of food habits. This has to reflect in distribution of food grain through the Public Distribution system. A systemic revision of items in the PDS system is required. The cereal content of the Kerala diet is high. Mostly cereals are distributed through the public distribution system. We need to reduce the cereal consumption and enhance the consumption of pulses. Pulses are expensive and may be included in the PDS.
- To increase physical activities of women, outdoor fitness-centres and wellness centres need to be established and maintained with the initiative of local Self Governments and Kudumbasree. This can be integrated with primary health care through sub centres.
- Workplaces should have facilities for women to do physical activities and exercises. Safety of women for early morning and late evening walks should be taken care of. Roads and streets are to be made safe and women- friendly. Role of LSG, for the same should be ensured. For this, these components can be integrated in the training given from KILA.
- Polycystic Ovarian Disorder (PCOD) and breast cancer, needs to be addressed on a priority basis through the public health system.

Recommendations for improving Mental Health:

- It is essential to improve general positive mental health of women in our society. There should be strategies to ensure sufficient rest and entertainment opportunities to women in domestic spaces.
- Depression can be identified in primary care, by training the health workers (Indu et al 2018). We can use simple easily administered screening tools also for identification in primary care and general practice, since many women with such symptoms may seek care from primary care or general practice (Indu et al 2017). We need to understand the underlying factors of depression in women in the community setting and focus on community based interventions in managing the same (Basu and Rajan 2007, Thresia and Mohindra 2011, Indu et al 2018 April, NFHS 2019-20).
- Sexual violence within marriage and the mental impact of the same demands in-depth studies and viable solutions. Social determinants of depression of women, like that of LGBTQ communities have to be tackled through multiple levels of gender initiatives.
- Rehabilitation homes and day care centres can be developed for women / transgender people with mental illness in every LSGs.
- Peri-natal, ante-natal, post-natal and infant mental health care requires special attention. There are many counselling centres run by different organizations and institutional structures in Kerala. However, the gender sensitivity of these counselors raises serious concern (NFHS 2019-2020). Proper gender sensitizing training for counselors is one of the immediate concerns.
- Jagratha Samithis and their involvement and role in domestic violence and other disputes related to partner violence and other allied matters suggests proper training to

<https://www.who.int/health-topics/occupational-health> accessed on 18th October 2021.

<http://www.agius.com/hew/resource/ohsilo.htm> accessed on 18th October 2021

intervene in such matters with ample gender -sensitivity.

- Telepsychiatry programme has the potential to bridge the critical gaps in mental health service delivery in low income countries with limited human power and resources and has proved very useful during Covid-19. There is need to enhance its reach.

Recommendations for improving Reproductive Health:

- Department of health has to plan for the improvement of male participation in contraception. To enable quality, accessible, gender friendly abortion and contraceptive services, patient care with gender sensitive approach is a primary prerequisite. Kerala can develop a population policy for the state because of its present achievements and specific issues faced by women. It has to be through democratic consensus with women's movement and activist groups to address the geo-spatial uniqueness and need of our time.
- Cost control of abortion services at private sector as well as development of gender sensitive auditing at public sector abortion services might improve the condition of women who seek abortion services. Training for healthcare professionals on MTP Act is necessary to address the current hurdles in abortion services.
- There should be regulation of Assisted Reproductive Technologies in the state. Proper implementation of Clinical Establishment Act is called for, specifically in this context. The evolution of technologies needs to be analysed in its specific socio- political- economic- cultural and epidemiological contexts. It is important to conduct such studies in Kerala. Ministry of Health can develop guidelines to address the issues of commercial exploitation of Assisted Reproductive Technologies and establish, identify and popularise best practices within the state.
- Through the registration process, alternate system of medicine in infertility treatment regime has to be made accountable.
- Various epidemiological factors leading to infertility can be studied and specific interventions planned to address preventable causes

Recommendations for improving Transgenders Health:

They need medical intervention like hormonal therapies, surgical procedures, psychological counselling, permanent hair removal and/or voice therapy.

- Transgender people lack comprehensive health care in our state. So, they are exploited by unqualified practitioners (WPATH 2019). Quality Health care has to be ensured by developing Standard of Care protocol and services made available in state and district level. International protocol can be adopted and modified as per our need.
- A model centre with interdepartmental co-ordination and training facilities can be developed at state level. Care should include hormone therapy, counseling, SRS (Sex Reaffirmative Surgery) and other necessary procedures. Team of health professionals must be trained.

- Every district hospital should develop transgender satellite centres (operating as one stop medical centres) to provide comprehensive health services.
- Training should be given to the health care practitioners at the Taluk level hospitals to provide follow up treatment and counselling.
- Training programme should be conducted for all levels of health care professionals to make them sensitive to the social trauma and make health system trans-gender friendly, accessible and available to address general and specific health needs of the group (WHO. 2015 Sexual health, Human Rights and the Law.). Private institutions also must be instructed to follow the standard of care protocol. Consent, confidentiality and proper documentation are to be ensured.
- Health Insurance does not cover cosmetic surgery and since the treatments TG persons undergo like breast implantation, laser therapy are considered as such, they do not get reimbursed for it. Some clear guidelines should be issued to overcome this problem.

Recommendations for improving Adolescent Health:

- There should be proper, periodic monitoring and evaluation of the present adolescent programs implemented by Government, especially in areas of nutrition, sexual and reproductive health and mental health. Barriers for implementation have to be identified and corrected. Targeted interventions among vulnerable population like tribal, coastal and transgender adolescents can be planned. Comprehensive mental and physical health service for adolescents across social groups have to be developed.
- Impact assessment of Social Determinants of Health on adolescent health and appropriate interventions has to be developed. Supportive supervision of field level care providers like health workers, Anganwadi workers and ASHAs are needed by higher level professionals, since this includes skilled work, change in attitude and good communication. Body shaming, racialization of bodies and its impact on adolescent mental health and well-being needs to be addressed through positive interventions. Comprehensive Sexuality Education based on UNESCO guidance may be given to adolescents. Resource persons should be well trained for this before implementation.

Recommendations for improving Health of Tribal women:

- A review of the recommendations given in the previous Five Year Plan should be done.
- The discriminatory experiences and mental well-being and trauma around it have to be addressed socially as well as through improving living conditions of tribal communities. Alcoholism and substance abuses are the major health threats and requires specific attention and intervention. Early pregnancy and adolescent sexual health of tribal girls requires specific intervention.
- Multiple levels of interventions are called for to address poor health facilities and socio-economic backwardness of the communities. Tobacco chewing and high incidence of oral cancer has to be addressed through community-based intervention and screening.
- A commission can be appointed to review the present situation and to evaluate period-

*Advisory regarding the issue of LGBTQIA+community and necessary changes in competencies of CBME-curriculum.
www.nmc.org.in*

ically using specific input indicators; process indicators, barrier indicators and outcome indicators. Commission can submit a report every 2 years with recommendations for further improvement.

- Areas to be covered are nutritional status, mental health, behavioral issues and reproductive health. Focused activities must be planned for each domain. For example, Prevention of anaemia among adolescents can be planned with input indicators like supply of iron tablets and nutrients and nutrition communication, process indicators like periodic assessment of intake, barrier indicators like factors affecting denial of intake and outcome indicators like correction of anemia. Programs should be with community participation and ownership. Community based monitoring system and audit can be facilitated.

Recommendations for improving Health of Coastal women:

- Since there is lack of data regarding health of coastal women, studies can be facilitated on the same. Specific health problems of coastal women can be addressed through community organizations and local intervention.
- Interventions through co-ordination of various departments like fisheries, social justice, WCD and health will be helpful, to address the social determinants. Local level organized interventions are needed to address the specific socio- economic needs of the communities, which define the social determinants of general health.
- Prevalence of Urinary Tract Infection (UTI) among women who sell fish can be tackled through proper public toilet facilities in the market space and selling corners. LSG and appropriate departments can take up that initiative.
- Existing health infrastructure and human resources available in the coastal areas are inadequate and an action plan to address their health issues need to be developed. Access to health services has to be improved. Mental health of women in the coastal area also needs to be addressed.
- The stress and risk involved in the everyday life of coastal women needs to be addressed in a permanent way through a diversification of their traditional occupations and promotion of risk-free domains through introduction of community appropriate technologies.
- Alcoholism and high rate of domestic violence require both social and cultural interventions with community participation.
- In-depth empirical studies analysing impact of natural calamities on health status of women across the coast in Kerala are also warranted.

Recommendations for improving Occupational Health:

- While there a few studies related to the relationship between occupation of women and health in Kerala, in-depth studies are necessary to understand the co-relationship between specific illnesses and kind of work women are engaged in. Textile and other shops (long hours of standing); tea plantation sector (bending and difficult posture for long hours); domestic workers (long and stressful working hours); IT sector and service (long sedentary postures); teaching (high usage of vocal cord and long hours of stand-

ing) are some of the areas hardly studied in terms of its impact on worker's health and well-being. The studies conducted in the field of traditional sectors like coir, weaving and cashew and sectors like beedi and other manufacturing units, workers of special economic zones are outdated and require revisiting of the field to do a fact check on occupational impact on women. Based on the studies, policy changes can be brought out to reduce the negative impact of occupation on women's health.

- Also, there can be monitoring to see the present laws related to occupational health like factories act and ESI act are followed by institutions.

Recommendations for improving health of women health workers:

- It is important to take necessary legal and policy steps to ensure minimum living wages and pay parity in private sector health care delivery system.
- Gender sensitization to overcome gender stereotyping should be done in all institutions related to work. Gender role changes have to be promoted. Extra work done by women health workers during pandemic has to be compensated.

Recommendations for enhancing gender sensitivity of medical education:

Interventions can be broadly divided into universal interventions and targeted interventions.

- Universal interventions: They aim at gender sensitisation of the community as a whole, while targeted interventions address specific areas. A curriculum may be prepared for gender sensitisation. Recently, there have been changes in medical curriculum towards competency based medical education. Though, there is couple of hours dedicated for gender, curriculum has to be further developed. The present curriculum has to be reviewed to remove the undesirable contents. Competencies have to be integrated in each topic. Example: 1. Violence is a public health issue. Medical graduate should be able to elicit history of domestic violence, if there is an injury suggestive of it. This can be included in practical clinical methods. Example 2. Medical graduate should be able to provide family planning service counseling in such a way that clients get information of all the methods without gender bias. This can be included in gynecology also.
- Mainstreaming gender in Medical Education can be done by integrating it with AET-COM (Attitude, Ethics, Communication) in the revised curriculum which is being implemented from 2019 MBBS admission. This has to be included in evaluation also.
- Gender audit of curriculum should be done urgently. Gender Sensitization must be included in all courses in the health sciences. Methodology should focus on the process and should include examples and experiential learning. There should be group interactions, role play and small group methods. A separate task force may be entrusted to develop the content and methodology of the gender sensitisation curriculum.
- Targeted interventions: Gender auditing in public spaces can be done. Gender education targeting boys, youth should be done. Comprehensive Sexuality Education and Training prepared by UNESCO can be a model followed and training sessions are to be conducted for all students including schools and colleges including all professional /medical colleges. This training can be extended to teachers and parents as well. Mental health issues in women and child homes should be addressed by proper sensitization of

care takers and supervisors. Sensitization of all personnel working in health care - both private and government is required. Medical Teachers have to be trained so that appropriate integration of gender can be included in each subject. Modules can be developed as part of continuous in-service training done by Academic staff program. Media also can be sensitised through various methods

CHAPTER 5

FOCUSSED POLICY INTERVENTIONS FOR VULNERABLE GROUPS

Institutional analysis

The visibility of women in public spaces created by the Kudumbasree network, fifty per cent reservation of seats in Local Self Government Institutions and many other inclusive development initiatives by the state during last few decades is not reflected in marginalised communities in the same magnitude. The self-employment programmes as part of Kudumbasree are also not seen as successful in terms of participation and economic improvement among the Dalit /Adivasi women and other marginalised groups. The increased political participation of women through reservation has not enabled women from the marginalised sections to represent and integrate their specific issues into the development processes. There are many research studies showing the 'outlier phenomenon' within the Kerala model of development that describes the marginalisation of SC, ST and other marginalised groups like fisherfolk. This is a critical gap that has to be addressed with adequate programme and resource share as the State moves forward on Nava Keralam.

1 As the gender analysis framework of social relations proposed by Naila Kabeer argues that the underlying causes of gender inequality are not confined to household, family and individual level but are reproduced across a range of institutions, including the international community, the state, and the marketplace (1975) and this framework perceives development as a process which improves human wellbeing. While analysing the situation of marginalised communities in Kerala including SC/ST and fishing communities in general and the gender inequality faced by women from these sections, it can be observed that the ideologies of social institutions such as caste and class is working parallel to all modern institutions in place as part of state mechanism.

It shows that historical backwardness due to, lack of ownership and access to productive assets including land and other resources, participation in production processes, participation in productive labour, participation in decision making processes and cultural and social stigmas against women imbibed in the traditional social institutions, could not be effectively bridged through the earlier developmental initiatives only. For example, the critical issue of land ownership of SC and ST women could not be solved considerably by the earlier development interventions. The community could not utilise even the distributed land in a productive way due to lack of other institutional linkages which could enable them to engage in production. More support and exposure are needed to occupy the newly created social space for women from marginalised communities through Kudumbasree and even the opportunity to take part in process of decision making in development activities.

The fishing community being patriarchal continue to hold strong cultural prejudice and bias against women even though they seem to be stronger than other community women. They remain subservient to their men folk and face challenges of marginalised life. (Sonny and Lakshmi, 2011). The resource scarcity and social deprivation is almost the same in its

core as faced by other marginalised women. Women labourers in plantation sector are mostly migrants from other states or from other parts of the state. Their migrant identity isolates them from the social and institutional networks of the society where they live. As they are highly depending on the plantation labour, they don't have the historical opportunity to possess any productive assets such as land. They have few opportunities to involve in the production processes other than toiling their labour in an exploitative sector like plantation. As plantation sector still remains separated from the local economy and other social institutions, establishing social relations remains as a challenge for them. Even Kudumbasree could not reach out to them. At the same time the economic distress in the domestic and international market as prices fall for their products affect them adversely.

In the case of transgender people, the institutional conflict is the highest as even the basic unit of society, the family, do not include them. The cultural setting of Kerala that hold sexual reproduction as the fulfilment of family, it cannot include trans persons and they remain excluded from all other traditional and modern institutions and relations where family is the basic connecting unit. To include or establish equal social relations to trans people in our society we need to revisit each and every rule, activity, resource sharing mechanism, defining memberships or citizenship, and decision making process where family is perceived as the basic unit. This is indeed a long battle but ensuring the rights of TG people as citizens and setting up support mechanisms to integrate them is an urgent task, that is already started in the state.

Thus the inclusion gap in development continues to remain wide and strategy to address it should be strengthened to the above stated institutional linkages and establishing social and production relations where the marginalised women have authority to take decision and control over productive assets.

Section I: Transgender people and other Sexual minorities / LGBT Community

It is well known that several vulnerable groups of people in Kerala society are outliers in terms of its laudable social achievements, of whom the Lesbian, Gay, Bisexual and Transgender (LGBT) community is one such group. Due to entrenched gender prejudices and social proscriptions, lesbians, gays, bisexual and transgender (LGBT) face severe discrimination and social stigma in every aspect of their life, at home, in educational / health institutions, workplaces, and other public spaces, suffering the ignominy of being teased, sexually harassed at workplaces and shunned. Micro surveys show that the LGBT community in neighbouring Karnataka and Tamil Nadu enjoy greater visibility and freedom of movement. Laws in India marginalise them; however, very recently, transgender people have secured legal rights after the Supreme Court judgment of April 2014 which recognises transgender persons and firmly establishes the right to equality and equal protection by prohibiting discrimination on the ground of gender identity. It considers them as socially and educationally backward classes of citizens and extends reservations in public education and employment.

Kerala is the first Indian state which announced a Transgender Policy in 2015 in tandem with the judgment preceded by a state-wide survey on issues related to transgender persons,

visibilising the injustices and their struggle for survival. No form of censorship is practiced regarding matters of LGBTQ rights in Kerala. Sexual re-assignment surgery is not required to change the gender identity of a person legally. Mainstream media and social media give space to discuss issues related to LGBTQ rights. The environment of silence, neglect and hate is changing slowly through pro-active welfare and support schemes implemented after the adoption of the TG policy in the state. LGBTQ community organisations are doing a commendable work in awareness creation, support, networking and, working with the government. The government's aim is to redress the injustices meted out to the LGBT community through government policy and promoting change in social attitudes towards the community. A start was made in the Revised Budget for 2016-17 in granting more recognition to the transgender community by reserving employment for them in the Kochi metro. Employment generation and skilling programmes are also being included.

The state government initiatives to come up with transgender policy, financial support as loans to transgender people and many other welfare programmes are largely welcomed by the trans people. As of now 20 individuals have availed the loan provision and initiated projects utilising financial assistance provided by government to start income generation activities. The visibility of transgender people in the public sphere of Kerala is observed to have increased during the last few years, but it is to be noted that this said visibility is attributed only to the Male to Female Transgenders. The rest of the gender spectrum is still very much invisible, their voices unheard and their issues not addressed. Many real-life issues of transgender people (male to female) have become part of public discussion in Kerala these years. Severe issues related to social exclusion, homophobia, denial of education, sexual violence, poverty and poor health are still continuing. LGBTQ people are experiencing harsh treatment from their own families and denied basic right to live a dignified life. Livelihood, employment, educational support and housing are the immediate concerns to be addressed in the 14th five year plan. Most cis-gender individuals get forced into heterosexual marriages irrespective of their sexual preference. A range of reasons like subtle peer pressure, severe family violence (physical or emotional), anxieties about old age, loneliness, financial insecurities etc., force them into the normative patriarchal marriage and family formation. A good number of cis-gender homosexual men (women too) drown their miseries in alcoholism, drug addiction and sexual promiscuity. Social pressures and personal anxieties lead to various complexes that damage their personalities. There is an urgent need to create a congenial environment to lead meaningful lives. Women are the worst victims in such situations: heterosexual women married to gay or bi men end up living a life of rejection and homosexual women married to heterosexual men also suffer in marriages that happened without their choice. There is not enough specialized health facilities and trained doctors in the state to cater for the specific health needs of transgender population. Medical curriculum also to be modernised with LGBTQ concerns.

Women in fishing communities

Fishing communities are one of the economically and socially vulnerable groups in Kerala whose life uncertainties are exacerbated by climate change. This is also the time when large number of coastal communities are losing their traditional ownership of marine

resources. This adds to the effects of climate change induced sea level rise and monsoon tides. Environmental changes in the sea affects fish stocks and thus the day-to-day survival of fish workers. Large-scale construction in the coast also adversely affect its ecological balance. Both the natural disasters and industry exploitation affects the resource availability of fishing community. Despite many interventions from the government repeated extreme climate events leading to loss of livelihoods, loss of houses, repeated displacements, breaking education of children, loss of fishing days etc. are all affecting women directly.

According to Kerala economic review 2021, the total population of fishing community in Kerala is 8,08,185 distributed across nine coastal districts. Out of that 2,80,374 are women, 3,24,579 are men and 2,03,232 are children. (Economic Review 2021). The annual production of marine fish in Kerala caught during 2019-20 is 475000 tonnes contributing 8.44 percent to primary sector in Gross State Value Added (GSVA). Fishing predominantly continues as a subsistence activity among the traditional fishing communities of Kerala. The fisherwomen play an important role in this sector in terms of their involvement in activities such as prawn peeling, vending, drying, sorting, grading, packing of fish, and making of fishing nets. Primarily, they are involved in fish marketing followed by housekeeping and fish processing. Women are also responsible for social networking, care giving works in households and other family responsibilities as their men will be away at sea for long hours.

The major constraints faced by women in fisheries have been identified as limited access and control over resources like water, land, crafts and gear, knowledge, training, finance, tools, technologies, information technologies, little or no influence on the decision-making process especially in the public sphere, lack of proper infrastructure and support facilities for marketing and processing etc. (Shyam et al., 2011). Problems like anaemia, malnutrition and vitamin deficiency is also observed in fishing communities especially among fisherwomen and children. Since the density of population is very high, contagious diseases spread fast and morbidity rate remain very high compared to the general population. Such vulnerabilities are increased due to the climatic events and loss of basic amenities in villages.

The modernisation processes in fisheries and mechanisation and involvement of big investors have impacted the livelihood activities of both men and women in these communities. The high rate of alcoholism and other drug abuse among men effect women. This puts additional burden on women to care for the domestic financial needs, forcing them to travel long distances to harbours and fish landing centres to procure fish for marketing.

Male fish sellers travel by two wheelers and hence have easy access to landing centres to procure fish and can reach the fish to consumers much before women can. They have access to most technological gadgets like mobile phones, boxes to carry fish, among others. Because of their networking they obtain quick information about the availability of fish and price rates from any coast at any time. Meanwhile women have no access to these facilities and tools due to economic and cultural reasons. Apart from such general issues each coast and community has its own specific issues. A site-specific evaluation of problems needs to be done while devising specific programmes to address their issues.

Displacement of women from their traditional occupation of fish vending and in accessibility

to auction places was identified as a major issue of women even in the 13th working plan document. However this continues and has in fact increased during the pandemic due to restrictions in the beginning and due to increased online platforms for sales in the later period. The debt of each family has increased during the pandemic as many of the MSMES initiated under different programmes including catering centres closed.

Theeramythri program has been initiated, as part of tsunami rehabilitations programme, during last plan period to address livelihood issues and enable financial empowerment of fishing women. More than 2000 micro enterprises have been established by 5 to 6-member self-help groups who were provided with training assistance to prepare projects, marketing and financial loans. The analysis of *Theeramythri programme* shows that while there are few successful units, majority of the groups could not achieve successes in terms of sustainability and income generation. Many of them are operating only through taking repeated business loans. In many groups the income earned is less than 10,000 rupees per month including their wages. Many successful units which were initiated as group activity eventually turned out as individual ventures. The major gap observed in this initiative is that it failed to develop as a collective network of fish women that might have empowered them in many ways.

As women need to travel long distances to buy fish and sell it, air-conditioned vehicles were introduced under the “*Theeramythri*” project (Syam 2017). There were site specific issues in operating these vehicles before pandemic, but during pandemic the service of these vehicles have also stopped. They were also facing issues related with permissions for using these vehicles for roadside vending. The JLG initiative of Society for Assistance to Fisheries Women (SAF) is reported as a successful intervention which protects them from exploitation of money lenders though ensuring financial assistance has not scaled up to support all needy women.

Women engaging in fish vending are mostly seen in southern and central Kerala. Women fish vendors are considered as the most articulate women in our society capable of negotiating with the market. But they face a lot of issues. Covid affected their livelihood badly, with shortage of fish, non-availability of transport, lockdowns, closing of markets & other public spaces during lockdown, shortage of credits, unstable business, ill health and social stigma related to spread of Covid among fishing community. Many of the older women experience health problems developed due to their occupation. They are deeply concerned with the entry of new players in fish vending, mostly young men coming out of their community and are more resourceful. Lack of spaces for fish vending, hardships of road side vending and unhygienic conditions of markets are still issues.

Major Issues identified

1. Increased events of sea erosion and coastal inundation and related hazards.
2. Livelihood threats due to increasing extreme climate events
3. Increasing sufferings of women and children during repeated stay at rehabilitation camps
4. Repeated loss of houses and other facilities
5. Poor living conditions-housing, sanitation, lack of basic facilities like water and sanitation suitable for waterlogged areas.

6. Due to high density of population controlling the spread of pandemic was a challenge.
7. Basic facilities like PHC, CHC are inadequate; Subsequently overcrowding and spread of contagious diseases like T.B, leprosy, dysentery, and fever are common.
8. Cancer is found to be common due to the habit of smoking; tobacco use and alcoholism
9. Women, who earn a livelihood by selling fish and catching mussels, crab and fish have been categorized as allied workers in the sector and they are not entitled to the benefits of many welfare projects in the sector
10. Poor facilities and insensitive facilities at markets and fish processing units lead to permanent health issues for women.
11. Occupational health problem like urinary infections, osteoporosis out of sitting for long time and working, carrying heavy load are prominent among women.
12. The discrimination against fisherwomen in procurement, storage and transportation and inaccessibility of women to auction centres where bulk catches come remains as a threat to their income.
13. The sustainability of processing units are also at risk due to low availability of fish resource in their own coast for producing bulk processed products.
14. The onset of online fish markets and cold storage chains also became detrimental to their occupation of vending
15. Inadequate access to credit from institutional agencies, heterogeneity within the fishing community and other socio-cultural factors prevents them from organising as a collective force.
16. Weaker presence of Kudumbasree among these women and presence of a greater number of other SHG groups.
17. Increasing rate of educated unemployment among young women in villages who do not want to adopt traditional livelihood option while young men migrate to other countries

SC/ ST Women

General issues

Issue of land ownership:

Landlessness and housing are the two major issues faced by most of the SC/ST people in the state. According to a study conducted by KILA, 80 per cent of the Dalits and Adivasis in Kerala live in colonies, slums and outlying lands. The biggest social crisis facing these families is the lack of habitable housing to shape a better social life. Everyone is entitled to better housing that guarantees personal hygiene, privacy and social dignity. SC/ST communities in Kerala have been facing landlessness and insufficient residential arrangements for many decades. Land Reforms had in fact addressed that issue but it needs further support in proportion to increased number of families and population in these communities

Section III a. Scheduled Caste Women in Strategic Bodies

Higher education institutions

The quality decline in higher education in Kerala must be addressed as a general issue. That will directly help the underprivileged groups as the option in front of them to improve

their lives is education. The decision of UGC to reduce the number of scholars under each research supervisor has adversely affected the researchers from the underprivileged groups. The opportunity to get connected with the supervisors and getting their consent to be supported itself is a hurdle for these students as social networking and social capital is critical for the same.

The Dalit and Adivasi students who pass out from universities with PhD, M Phil and other post graduate courses even with good academic achievements could not find good employment opportunities, many of them end up in jobs in unorganised sectors or engage in physical labour. It is mainly due to the lack of opportunity to network with the similar group of youth in many other mainstream social networks. Hence handholding support for career guidance, information on research fellowships, financial support for searching jobs/higher studies and finishing schools are to be planned as part of higher education/professional education institutions in the state.

Science education

Kerala is also witnessing the increasing socio-political trends of spreading unscientific and religious values in the society. It is reemphasising the age-old power structures of caste and secondary position of women in all sectors of society. It brings back instruments of oppression such as rituals, traditions, norms and values. Within the context of neoliberal economic changes, the old instruments take new role of exploitation and are assuming new strength and vigour. It makes the situation of women worse than ever. We need to give priority to science education to impart logical thinking and rational behaviour in both formal and informal education. There should be policy interventions to ban all rituals and customs that deny women's equal opportunity to be part of the society.

The school curriculum should include portions to impart scientific temper among children. It should include lessons on social justice to create common understanding among children on issues like reservation and gender justice. It will help to build a society which values democratic values and reduce hatred against students from marginalised sections.

Women in Scheduled Tribe Communities

Issues related to Education, Employment, Health, women's status within community and increased issues of extreme climate events for women of Adivasi communities of Kerala are important concerns. According to the 2011 Census, the tribal population in Kerala is 4, 84, 839 distributed among 37 communities. Among them 2,38,203 are male and 2,46,636 are females. The Cholanaikans, Kurumbas, Kattunaikans, Kadars, and Koragas are given the status of Particularly Vulnerable Tribal Groups of Kerala considering their population and other social vulnerability. Paniya are the most populous and the most backward community in the state. Among the tribal communities, female population (2, 46,636) is higher than male population (2, 38,203). However, when we look at the population of 0-6 age group, the female population (26,516) is lower than male population (27,947). As per the 2011 census, the sex ratio 1035/1000 males is higher than the 2001 sex ratio of 1021/1000 males among the tribes in Kerala. But, in the age group of 0-6, the 2011(949/1000 males) sex ratio is lower when compared to 2001 sex ratio (974/1000 males). 21.36 per cent Adivasi households in Kerala are female headed.

Adivasi communities cannot be considered as a homogenous group with same social status and developmental issues. There are landless communities like Paniya who have not possessed any land historically and have a history of bonded labour. The communities like Kattunaikkan, Cholanaikkan, Muthuvan, Kadar etc. are forest dependent communities living inside the protected forest areas. The communities like Mullukurumas, Kurichiyans and Malayarayar, Irular, Hill Pulaya etc are marginal agriculturalists. Within these broad categories itself there is differences in their cultural social and political organisation. The women in each community face different issues as gender is a social construct and defined by cultural values.

Education and Employment:

Tribal literacy in Kerala shows 10% increase in 2011 census (75.8 per cent) when compared to that of 2001 (64.4 per cent) census data. The literacy rates are not uniform in all Adivasi hamlets which vary according to the community's geographical pattern, distribution, status of communities and other external factors. According to Kerala Economic Review (2021), ST students constituted 1.85 per cent of total enrolment in schools in the year 2021-22. Majority attend government schools (3.33 per cent) and private aided schools (1.23 per cent). The pass percentage of ST students in HSS during the period 2020-21 was 58.01 per cent. But the enrolment percentage of ST degree and P.G students during the period 2020-21 was 2.17 per cent of total enrolment. According to 2011 Census report, the work participation rate of tribal women (39.66 percent) is lower than the male work participation rate (60.34 per cent). Also, among female workers, majority of the women labourers are concentrated in marginal works (51.25 percent) than main works (34.71 per cent).

Gender Issues Related to Tribal Education and Employment:

Low literacy rate, higher dropout rates at schooling and educational backwardness, among tribal students are observed as the result of various socio-cultural factors like, unfriendly atmosphere in schools, and different form of oppressive behaviour, text book content that eliminates their identities, illiteracy of parents, lack of facilities at homes, social condition at hamlets, geographical isolation of tribal settlements, lack of regular transportation facilities to schools; attack of wild animals from the interior part of tribal hamlets; medium and language of teaching and high levels of deprivation and child labour.

The drop out from the primary schools has reduced in recent years as a result of special intervention programmes such as 'Gotrasaradhi', that gives transportation to schools, the experiment of a bridging language teacher from their own community in places like Wayanad. But drop out issue continues in high school level and at the level of higher education. The Covid 19 situation worsened the educational gap of tribal students since many of the hamlets do not have a digital aid to support children in their studies. Even if they attend classes the parents are not able to supervise their homework. Adolescent boys and girls are mostly distracted from studies in the hamlet atmosphere and stop attending classes. The academic standards of the students were highly affected in these two years as they did not get any proper attention and training.

The Model Residential Schools (MRS) give them a separate space from their hamlets to

study. But they deny outside exposure to students and thus make them alienated from community life and from the mainstream community spaces. Poor infrastructure facilities like absence of proportionate number of tables, chairs, beds, toilets and poor water availability in schools and hostels, low availability of nutritious food, rigid hostel rules all mentioned in the earlier plan continues still in most of the schools. Individual counsellors appointed to each school made some differences in giving them psychological support. But still issues such as anxiety, short temper, and hesitation to interact with public and poor academic performance continue. The staff members are not trained to handle these adolescent girls and boys and not sensitive towards their psycho-social needs and issues.

More facilities are to be created for tribal children in courses above higher secondary level. There are more facilities needed at the higher secondary level courses to absorb the Adivasi students passing out SSLC, even after a large percentage of dropouts in the high schools. Many parents are not willing to send their girl children to schools at a distance as there are no hostel facilities. This leads to drop out of girls from higher education.

Termination of education at an early age leads to early marriages and increases the number of failed marriages and that leads to an increasing number of single mothers in many communities. Many times, in the marriages within the community both men and women have not attained their age of marriage. This leads to many reproductive health issues and affects mother and child health. The cultural, social and economic factors should be addressed in a more comprehensive manner to enhance girls access and retention in education and promote their entry to higher education.

The number of higher education centres are comparatively less in the Adivasi concentrated districts of Kerala like Wayanad and Idukki and in remote areas of Palakkad. In other districts too, the higher education centres are far away from Adivasi hamlets. Moreover, the absence of support mechanism to guide them through the application and admission procedures leads to the omission of many qualified applicants from the system at an early stage or even to remain without applying for any suitable course. It also prevents them from applying for jobs at public service commission and exploring other avenues.

A hamlet level system to monitor and support the students was proposed in the last plan. There are efforts taken by different agencies and Kudumbasree to give PSC coaching and career guidance to youth at some places like Wayanad but, are not observed as effective among the communities other than the progressive Kurichya, Kuruma, Malayarya and Kani. These programmes failed to support the other land less and forest dependent communities due to lack of continuity and failed strategy to motivate youth towards the objective. As all the applications and processes are through online platform, the digital divide in the form of lack of facilities, lack of access to common facilities and awareness level omits them from the processes itself. More opportunities need to be created for the tribal youth to create their own support network to overcome these barriers.

Tribal women in unorganised sector

Many private agencies take advantage of the above situation and take students to distant places for education. Many of them are offering short term certificate courses like fashion

designing, ayurvedic nursing, nursing, food and beverage trainings, computer courses etc. These courses do not give them good employment but instead push them into unorganised sectors. Some agencies take young people to textile industry and leatherworks in Tamil Nadu and textile shops and malls within the state. . Most of these workers are women as men opt for their conventional agriculture labour along with construction, painting and other hard jobs available in the locality. Wages for construction work and allied labour is much higher than the wages for new employment opportunities available for women. These unorganised labourers constitute a large portion of the unorganised labour force who lost jobs during the Covid pandemic and now they are the most exploited labour force in the new normal within the new employee employer relations. A detailed study to understand the nuances of unorganised labour and putting in place appropriate institutional redressal/ protective mechanisms which will help in this context is to be initiated during this plan period. .

Tribal agriculture: Many Adivasi communities have a long tradition of agriculture and cattle rearing. Land acquisition for varied projects, conservation laws restricting access to forest lands, fragmentation and privatisation of land and environmental degradation has led to a decrease in cultivable land under Adivasi communities' possession. Insensitive agricultural policies and subsidy norms to Adivasi community, land governance and ownership and lack of credit and other services lead to greater deprivation of these communities from agriculture (Suma 2012, Suma 2019). Many of the communities possess knowledge on climate resilient agricultural practises and seed systems. Women are strong knowledge holders of many aspects of farming including seed processing and farming of a variety of food crops. New programmes are to be implemented to tap these skills and knowledge for improving their livelihood (Suma and Grossman, 2014). They are forced to find jobs outside which does not suit their skills and knowledge base. A separate programme to promote Adivasi agricultural systems giving priority to food crops will directly help women in finding livelihood and improving food and nutritional status of the communities.

Internal migration from districts like Wayanad to nearby states as contract labourers of ginger cultivators of the same region is prominent among labourer communities like Paniya and Adiya. Many cases of exploitations including sexual abuse had been reported during the transport, stay and work as part of these kind of labour transport. The number of cases reported has been reduced after the intervention of district administration in the years of 2016 and 2017. But the transport, low wage, unhealthy and poor accommodation facilities and working conditions continued till the outbreak of Covid-19. Covid travel restrictions stopped these interstate labour transport pushing these families into poverty.

Group farming through Kudumbasree among tribal women must be promoted. Right now, it is happening only among landed communities. The landless and backward communities including forest dwellers are facing issues to get land leased and get other benefits for group farming. Moreover, their Kudumbasree unit itself is not empowered and not functioning well due to absence of handholding support.

Forest dependent Adivasi women: Another traditional option for livelihood for Adivasi

women is the collection of nontimber forest produce inside the protected areas and forest labour including ecotourism activities. As the forests are becoming more dangerous with aggressive animals due to various reasons and the dwindling availability of resources due to habitat degradation, the opportunity for women to collect forest resources is reducing. Presence of women in the tribal cooperative societies who collect and market products is also very less. There is women participation in ecotourism activities under Ecodevelopment Committees and Vana Samrakshna Samithies but they are still dominated by men and controlled by Forest Department. It is a positive development that many women are being selected to forest force through direct recruitment in the last few years, even though they are in the lower grades.

Women as main providers of family income: In many tribal communities, women are the main providers for the family through income earned from MNREGP and other wage labour opportunities. But at the same time, it is also observed that the most populous communities like Paniya in Wayanad, Kozhikode and Malappuram districts are not participating in MNREGP even though they hold job cards. They face difficulties in working with members of other communities. This needs to be considered in planning MNREGP activities at Panchayat level. Even though the recent Kerala Development Report gives numbers of increased NHG's by Kudumbashree among Adivasi women, their continuity and rate of successes among certain communities like Paniya and other PVTGs are observed as very less. Without training they will again be isolated among the general community women within the Kudumbashree and unable to gain confidence to mobilise their own community members.

Gender Issues Related to Tribal Health

The general health status of Adivasis in Kerala is far behind the general public health achievements of Kerala. Apart from the general backwardness, abortions or death of infants during birth, low birth weight of infants, low body weight in general and among pregnant women, variations in blood pressure, mental illness are common among Adivasi women in Kerala. These are observed as the result of many factors including changes in lifestyles and giving up of traditional food practises, nutritional insufficiency, early marriage, lack of knowledge on menstrual and reproductive health, contraceptive measures and lack of pregnancy care, lack of facilities for regular medical check-ups etc.

Low birth weight of children/ adolescents / pregnant women and other nutritional issues are identified as the outcomes of lack of quality and quantity of food intake. The traditional food system of each Adivasi community is a composite of collected, cultivated and purchased food items. The collected and cultivated items in their food basket have almost disappeared due to destruction of traditional agricultural systems and degradation of ecosystems which were the sources of their food. The reasons vary from insufficiency of food items from public distribution system, practice of selling out the items from PDS for other monetary needs, unhealthy food intake practices of women, such as omitting midday meal or breakfast and drinking more black tea, issues related to sanitation and availability of quality drinking water. Systemic issues such as absence of social auditing mechanism to ensure the quality of PDS, failure of PDS in providing nutritionally balanced food in tribal

regions, fewer number of Anganwadis in the tribal hamlets, unfriendly atmosphere in existing Anganwadies, lack of adequate health care facilities and services are also observed as the reasons for the malnutrition and gaps in accessing healthcare services.

Increasing numbers of widows and single mothers in tribal settlements are the consequence of both exploitation from outside the community, early marriages and high rate of separation. Increasing period of widowhood of women because of early marriage and death of partners due to higher rate of alcoholism, consumption of tobacco and tobacco products are reported from both Wayanad and Attapady. The statistics from district tribal offices shows a decrease in the number of reported cases of unwed mothers.

Low income and lack of employment opportunity, higher rate of alcoholism among males and teenagers are overburdening women with the responsibility of running the household. It, along with various forms of discrimination, leads to anxiety and higher rate of depression among tribal women. Illicit liquor is available in almost all tribal hamlets. Women are the worst affected by male consumption of alcoholism and a good number of women also are addicted to alcohol or tobacco. Infrastructure facilities of public health care systems is to be improved and posting of specialist doctors, modern diagnostic and treatment mechanisms in public hospitals are to be implemented with priority. Remoteness of tribal hamlets and difficulties in availing public health facilities and irregular visits of Asha workers/ health workers in tribal hamlets, many such issues mentioned in the 13th five-year plan still persist in many remote tribal areas. Frequent check-ups and continuous medication even for chronic illness are not a practice among them due to poor accessibility to health care centres.

The issue of Sickle cell Anaemia among tribal communities in regions like Wayanad need special care. There are special package programmes under health department to cater to the needs of Sickle cell patients. The distribution of pension needs to be made regular and their social and mental health needs to be addressed.

In short the major health issues of this sector are identified as:-

1. Low nutritional status
2. Early marriages/ early pregnancy/
3. Low health status of Mother and child
4. Maternal mortality
5. Issues in food habits
6. Poor sanitation facilities and reproductive health of women
7. Cultural practices and status of women in different communities
8. Inadequate health facilities
9. Increasing mental health issues
10. Alcoholism and other substance abuse

Climate change disasters and impact of Pandemic on the life of tribal women

The repeating extreme climate incidents including heavy rains, floods and landslides affect all tribal communities in Kerala. As the tribal hamlets are mostly spread across western ghat regions and that too in the hill slopes and riversides, they are the most affected by flood and

landslide incidents. Many of the tribal rehabilitation projects in all the districts are situated in the vulnerable hill slopes. Sugandhagiri cardamom project land in Wayanad is a classic example for this. A study conducted by Kerala Sasthra Sahithya Parishath in Wayanad district shows 65 percent of individuals who live in rehabilitation camps after annual floods are from Paniya community. Every year they are facing the same incidents of damage to houses, loss of electricity connections, loss of valuables and all that they cultivated near their houses. Women and children are the direct victims of these incidents. These issues are overarching with the larger tribal landlessness, poor living conditions and poverty. Thus these incidents worsen the existing gaps.

Violence against tribal women

As per the data from tribal development officers the number of unwed mothers have reduced during recent years. But at the same time sexual exploitation of tribal girls and women still prevails.

The frequency of conducting direct hearing by SC/ST Commission and Women's Commission has reduced over the past few years and that leads the women completely to depend upon the district police system. This led to dropping of cases midway without proper judgment or settling it at Police station and thus denying proper justice to the victim. Supportive mechanisms need to be strengthened to register cases and follow up with police action. Inter community and domestic violence are also increasing among Adivasi communities due to increasing alcoholism among men. The practice of dowry is also emerging among Adivasis putting the mothers under stress to find money for marriages.

Section VII: Migrant women and Women Migrant Workers

Labour patterns of women in Kerala have changed over the years in accordance with the economic, demographic and socio-cultural patterns, of which the impact of migration is significant. There has been a continuing stream of migration of skilled workers, particularly nurses, engineers, and other professionals from Kerala to other parts of the world. At the same time, the inward migration of workers from the other Indian States to Kerala has also been increasing. Gender plays a significant role in the causes and consequences of migration wherein gender roles, relations, and inequalities influence who migrates, how, why, and where they migrate to (Rajan & Zachariah, 2018). It is observed that the period of large-scale exodus to Gulf countries was also a period wherein women's work participation rate came down. Overall work participation fell from 43% in 1961 to 27% in 1999. Women in household duties have risen from 16% of women non-workers in 1961 to 32% in 1999.

Women migrants, from other states working in Kerala, face certain problems that are common to other migrant workers. High wage rates in the State led to the inflow of workers into Kerala from other states. Efforts taken by the government, such as stipulating the minimum wage for skilled, semi-skilled and unskilled jobs in Kerala, has had an impact on ensuring decent wages, however, cannot be seen as equally impactful in the case of guest workers who live on the margins of the Kerala society (Mohamed & George, 2021). There should be measures to ensure equal pay for the same work for all workers irrespective of whether they are migrants or not. In addition to this, the State should ensure safe working

conditions for the women migrant workers. There should be mechanisms in place to ensure that the cultural and linguistic barriers do not restrict the registration of complaints in case of harassment. Initiatives to ensure dignified shelter arrangements for the women migrant workers are to be implemented in various parts of the state.

Pandemic has resulted in multiple fold increases in the return migrants particularly from the middle east. Data compiled by the Department of Non-Resident Keralites Affairs (NORKA) says 14,63,176 people returned in the pandemic period (May 2020-2021). Of them, 10,45,288 — or over 70 per cent — reported having lost their jobs abroad. A gender-segregated data on the said figure with a mapping of the skills of the returnees will help in devising plans to provide employment opportunities for the returnees. Further, growing urban-rural continuum in Kerala and the barriers to emigration to other countries may have resulted in long-distance migration within the country. As an impact of the pandemic, in the coming years, Kerala may need to prepare for an increased outflux of skilled health workers, particularly nurses to other states/countries.

Interventions suggested

Transgender's

Although their gender orientation is a significant part of their identity, it is far beyond merely their identity or interest. The Transgender Policy of Kerala provides a cohesive and comprehensive result-based framework for TGs to achieve their Constitutional Rights and live as equal citizens in the state. All of the trans individuals should be given opportunity to build a life for themselves, in tune with their preferences, objectives, and imaginations. Instead of being treated with various labels of identity, policies should be oriented towards creating an atmosphere where the mainstream is well equipped and trained to consider trans individuals as fellow human beings. They need to be provided with equal opportunities, mutual respect and dignity instead of being objects of sympathy. For achieving this, concerted effort is needed from the stage of primary education to awareness building among general public to sensitise society towards the rights of these minorities. The content of education, the institutional structures, customs and practices of marriage and family and legal frameworks must be revisited with a deeper sense of integration to devise strategies. Towards this end the following specific measures may be initiated

1. Training for police officers at all levels on multiple gender identities by a team of trainers including trans-genders.
2. Counselling mechanism at Panchayath level to facilitate and support individuals to disclose their gender identity, extend support to pursue higher education, find jobs and for skill training leading to self-employment opportunities.
3. Continuous awareness building programmes for teachers, school managers Students and Parents on gender spectrum, multiple sexual identities and individual sexual rights.
4. A team of volunteers to be organized to provide counseling and support to the families of cis-gender homo/bi-sexual individuals. Such services can also be made available in high schools, colleges, universities and government offices
5. The TG organisations, support groups and trans individuals are also be included in the planning and implementing stages.

6. To reduce forced marriages and continued sufferings within unfit marriages, pre-marital counselling for all religious groups must be arranged at LSGD level under Kudumbasree.
7. Public awareness campaigns on 'people can have different sexual identities' should be strengthened.
8. Handholding support for victims of child abuse and develop institutional systems to mainstream these children
9. The concept of gender spectrum and multiple sexual identities has to be included as a module in the syllabus of teacher training programmes of B Ed and DI Ed. Few sessions also to be included in the annual teachers training programmes to sensitise teachers.
10. Create inclusive cultural and social space for all to come and express themselves fearlessly through campaigns / issue-based awareness programmes / festivals. This can be centred around village libraries, clubs, schools and colleges.
11. Facilities and services made to be made available for special health needs of transgender people at all Government hospitals
12. Several affirmative programs and schemes were introduced during the previous five-year plan for the welfare of the trans-gender people. Some of them were very successful while a few were not all that effective. It is important to study the advantages and limitations of all the programs in place and explore possibilities for improvement

Women in Fishing Community

1. We need effective legislative interventions to manage the dwindling sea resources and to protect the community rights over these resources.
2. Set up Common rehabilitation centres at all villages under disaster management plan to rehabilitate people during floods and other natural calamities with good facilities of sanitation and stay under LSGIs in proportion to the population
3. Proper housing and toilets with appropriate technology to be provided in coastal area. Sanitation facilities, sufficient fresh water supply, proper systems of waste management including wastewater are important.
4. Start model townships for fishing families with all proper facilities like community centres, playground and also provide enough transportation facilities to ensure connectivity.
5. In the primary and community health centres of coastal areas, special clinics for reproductive and sexual health are to be organised. Regular doctors to be appointed and vacancies to be filled.
6. Skill development programmes for educated young women to increase their employability.
7. Village level counselling centres and career guidance facilities for ensuring accessibility to higher education and connecting to existing employment opportunities.
8. Coastal schools should be equipped with better facilities. Separate rehabilitation centres to be constructed to avoid the conversion of schools as temporary shelters and

¹Kerala Development Report, 2008

loss of proper classes during disaster incidents. Facilities for children to study at the rehabilitation centres are also to be provided.

9. Appropriate institutional arrangements by way of bringing out guidelines for equal participation of fisherwomen in auction, fixing of minimum quantities (quota) of fish for women. Common marketplaces under the ownership of LSGIs with modern amenities, rest rooms for women, childcare centres, and reserved space for women fish vendors. The market itself can be leased to women groups, with proper trainings and institutional structures linked with LSGIs, to run as a social enterprise.
10. Formation of a network of heterogeneous women fish traders' groups across Kerala under 'Theeramythri' in such a way to empower them to participate in auctions and other trade relations.
11. Overnight stay facilities for women fish vendors in big landing centres/harbours
12. Cold storage chains under the ownership of fish traders' network in major coastal villages to store fish procured from major landing centres and for retailing to fisherwomen
13. Special programme under Kudumbasree mission for women in fishing communities to facilitate credit facilities for women fish vendors, facilitate alternative income sources.
14. A community mechanism to ensure the access of departmental schemes for fishing villages by the most deprived women.

Women of scheduled caste

1. Ensure SC women's presence in all state level boards and decision-making bodies.
2. Construct memorials for women leaders from the community and include their memoirs/biographies in the textbooks, establish chairs in universities in their names.
3. Start special package to Dalit girl students for education, training and exposure.
4. Begin residential schools for Dalit girl students in all districts of Kerala, along the model of social welfare schools at Telangana with an IAS officer in charge.
5. Take an initiative to start a university giving priority to departments such as Parliamentary affairs, social exclusion, caste and gender studies, Constitutional studies along with other science and social science departments in a district most populated with SC/ST communities and less higher educational facilities. Palakkad is the district that can be proposed for this institute considering the Dalit population and backwardness in educational institutions. This university should have community centres in backward villages elsewhere in Kerala. A similar structure can be adopted to the proposed tribal university at Wayanad.
6. Take initiative to increase the educational opportunities for educated SC/ST youth in education sector through addressing various social and structural barriers in recruitments
7. Allocate more funds to support SC/ST students in the form of fellowships for higher studies in foreign universities, considering their educational backwardness and discrimination and resource poverty to pursue higher education. Pool together possible central and state funding for this.
8. There are decisions by the universities to restrict the fellowships citing age as a crite-

tion. This will affect the underprivileged SC/ST scholars as they obtain registration itself with great difficulties. Government should revisit this decision of universities and to take necessary steps to distribute the fellowships to SC/ST researchers regularly on time.

9. Initiate fellowship programmes for Dalit women students and researchers from Kerala who study in central and state universities outside Kerala.

Women in scheduled tribe communities

1. Strengthen the adult literacy programmes along with legal and right awareness programme
2. Government schools should be equipped with more facilities. Adivasi children should be equipped with digital aids to promote inclusion in digital society.
3. Special care to adolescent boys and girls at hamlet level and at school level to prevent dropout from education.
4. An increase of number of seats in plus two and degree courses in tribal areas
5. A support system for the admission process in higher secondary and higher education programmes
6. Increase hostel facilities for ST female students at all colleges
7. Upgrade the Tribal Studies Institute of Calicut university in Wayanad into a full-fledged university with all courses. Research programmes to admit Adivasi students giving 50% priority to female students.
8. Tribal Sociology Centre under Kannur university has to be given responsibility to take up studies with specific policy relevance in tribal development and focus on gender issues.
9. The mentor teacher programme should be spread across the state
10. Community Knowledge centres at each tribal hamlets to support children in education
11. Youth Knowledge centres at each tribal hamlet and LSGIs to support the youth to pursue higher education, skill development and to handhold them to find out higher employments including civil service/ UPSC and PSC. Ensure the periodic service of career counsellors at each centre and continuous trainings in the evenings.
12. Improve efficiency of MRS through continuous training programmes to teachers and non-teaching staff on gender concepts and adolescent issues along with tribal cultural characteristics and inclusion of performance evaluation. Awareness programmes on gender/ body and sexuality to be given to students at MRS and counselling services to be made available. A periodic monitoring mechanism including elected representatives and LSGIs must be brought in place for MRS schools. Students should also get opportunity to speak out. A student representative and tribal youth representative from outside should be part of this monitoring committee. Skill training programmes and mechanisation initiatives for tribal agriculture giving priority to food crops. Provide technical, financial and marketing assistance for starting women's group ventures like stitching units, catering works etc. under the control of LSGIs or respective government authorities.
14. The women component plan (WCP) at Panchayaths where ST population is high must be reviewed

15. Special lease farming programme for landless tribal women under the aegis of local self-governments.
16. Women centred alternative livelihood programmes for forest dependent communities under forest development plan.
17. Special recruitment of Adivasi women to forest forces
18. Strengthen the programmes addressing tribal single mothers
19. Initiate a comprehensive intervention to solve the issue of landlessness and shelter of tribal people
20. Better enforcement of the PES Act and enforce the right of tribals to self-government as defined in Schedule 5 of Article 244 of the Constitution is implemented effectively in the state to recognize the individual forest rights and community forest rights of the Scheduled Tribes. Revitalize the TRDM which was functioning efficiently and implement rehabilitation schemes.
21. Ensure participation of tribal people, especially women in all cultural institutions, academies, Kudumbasree governing structures and other higher bodies of decision making
22. Increase the seats for PhD for SC/ST students and create network of the SC/ST researchers and other graduates at university and state level to strengthen support and guidance. There should be special programmes such as special recruitments in police, excise, and forest force to appoint SC/ST youth to research programmes sponsored by government. Reservation posts should be notified in advance as it is done for the PSC recruitments.
23. A gendered analysis of the working of tribal cooperative societies who collect and market products and the changing livelihood challenges of forest dependent communities is worthwhile.
24. Special recruitment programmes for women from forest dependent communities to forest force will help them to improve their status. Training programmes for children from these communities, giving equal reservation for girl children, to pursue higher education and employment in higher posts in forest force should be part of the development plan of each protected area. Participation of women in all the community level institutions under Forest Rights Act and participatory Forest management should be reviewed and then necessary action taken to ensure equal involvement of women.
25. Monitoring and handholding services established through animators must be revisited and consider appointing animators from the same community with proper and systematic training and induction programmes to the whole Kudumbasree mechanism
26. Hamlet level learning centres A learning/Knowledge centre with multiple facilities which can act as a knowledge centre should be created at each hamlet. Equipped with computers/ mobile phones/ internet and phone connectivity / proper electricity/ tables and chairs/ books for extra reading and other learning aids, basic equipments for possible arts, sports and entertainment should be prepared in a well-constructed building at each hamlet. A trained volunteer from the community must be appointed fulltime to look after the education needs of each child. The volunteer should be linked to

tribal department, education department, SSA and LSGIs. The ward level committees formed to monitor the hamlet level education during Pandemic has to be continued to monitor the activities of these centres. All trainings and awareness programmes planned for adolescent health issues/ gender identity issues / motivation classes etc should be routed through this centre. These centres can also act as a language bridging centre by teaching the children in primary class in their language using a module developed in each tribal language based on the textbooks. As an addition to these activities focusing on children counselling and career guidance services can be rendered to youth through the same platform by linking other departments and agencies like youth development. The concept of community kitchen can also be implemented as part of this centre. The community kitchen should address the nutritional problems that affect the tribal population, especially pregnant women, lactating mothers and children. It should also include a mechanism to register all SSLC passed youth at each LSGIs and follow up on their employment. Special packages for skill development and to establish linkages with better employment opportunities for female educated youth should be devised to address this issue. All firms who employ or offer employment for youth should mandatorily be made to register themselves and their employees.

27. Devise schemes as part of Rebuild Kerala Program to ensure livelihood to Paniya, Adiya and other women who migrate from districts like Wayanad to nearby states as contract labour.
28. Compensation for labourers and those who have lost their livelihood due to the Pandemic.
29. Leased Land cultivation of Kudumbasree groups to be strengthened in tribal areas by supporting them to negotiate with land holders to get cultivable land. A counsellor or legal support system for Adivasis at all police stations will be good like the tribal promoters at medical colleges. Systematically find out the real nutritional gap, considering the issues of absorption and traditional food habits and set up a nutritional monitoring mechanism.
30. Conservation and management plan for wild edibles plants under the leadership of Adivasi women under the provisions of FRA
31. Strengthen ICDS additional nutrition support to groups needing special nutritional requirement / Assuring the regular supply of nutritional food through Anganwadies which can cover old age groups, children (0-6 age), adolescent girls, pregnant and lactating mothers.
32. Systematic intervention to build awareness among young men and women on reproductive age and health.
33. De addiction centres and systematic deaddiction programmes / counselling and empowerment programme for men and women.
34. Expand the functions of Jagratha Samithies to hamlet level/ train tribal youth as counsellors at hamlet level to work at the individual level.

Relocation of hamlets in the flood plains and in mountain slopes

1. Special training and empowerment programmes should be devised for elected Adivasi women under KILA which includes capacity building to understand and incorporate practical and strategic gender needs to development plan
2. Strengthen the Oorusabhas / special Oorusabhas to understand the special need of women/ gender involving both male and female youngsters
3. A study on the experience of tribal women who were apart of decentralised governance / the representation of women from different Adivasi communities
4. Awareness to stop increasing adoption of dowry among Adivasi communities

Reference

- Ramnath, K.R (2020) Living the life of a Transgender: A Study in Kerala (unpublished doctoral dissertation). Central University of Gujarat.
- Sunny Jose and Lekshmi V. Nair(2011). Women SHGs in coastal Kerala: The lope side of social development? *International Journal of Sociology and Anthropology* Vol. 3(2), pp. 56-60, February 2011 Available online <http://www.academicjournals.org/ijasa>
- Mary John J, Aji Diwakar, (2014) Life and work of fish vending women in south Kerala : Changes and challenges during the past 35 years . Kerala Institute of Labour and employment, Government of Kerala
- Jisha Elizabeth(2021)Why Kerala's coastal voters have a crucial role in deciding who will rule the state. Scroll.in
<https://scroll.in/article/992907/why-keralas-coastal-voters-have-a-crucial-role-in-deciding-who-will-rule-the-state>
- Suma TR, (2019). Reorganisation of Kurichya Joint Families and their natural resource Management system. Unpublished Phd. Thesis submitted to Kannur University.
- Suma. T. R and Christina Grosmann, (2016) Exclusions in inclusive programmes: state sponsored sustainable development initiatives amongst Kurichya in Kerala, India. DOI 10. 1007/s10460-016-9758-4 Vol, 23. No, 4. *Journal of Agriculture and human values*.
- Suma T.R, (2014) Customary vs state laws of land governance: Adivasi joint family farmers seek policy support The case of Kurichya joint families in Wayanad, southern India. International Land Coalition, Italy
- Syam S Stalim, Athira N R and Reeja Fernandez (2017), Attrition in Fisherwomen Activity Groups-A Case Study on Theeramythri, Kerala, *International Journal of Research in Business Management (IMPACT: IJRBM)* ISSN(P): 2347-4572; ISSN(E): 2321-886X Vol. 5, Issue 3, Mar 2017, 21-32

CHAPTER 6: EXPANDING THE SCOPE OF GRB/EVOLVING A GA FRAMEWORK

GRB-Journey So far

Kerala's attempt at gender aware planning in the 9th Plan at the local level after decentralisation of governance and planning in 1996 had drawn considerable attention and needs to be highlighted. A conscious attempt was made to incorporate gender issues into the process of decentralised planning (a) by mandating that local self-government institutions (LSGIs) should set apart 10 percent of the devolved plan funds from the state for preparing projects that directly benefit women, the Women Component Plan (WCP); and (b) the gender impact of all other schemes has to be assessed. It appears to be a first attempt in the country towards 'gender aware planning' aimed at a more transformatory outcome for women in the context of women's political empowerment at the local level. The WCP continues at the local level.

By the 11th Plan, the government made a commitment to 'mainstreaming gender' through Gender Budgeting as an integral part of the planning process at the state level. That period witnessed adoption of a pragmatic approach to GRB in Kerala wherein- through a major thrust on women friendly infrastructure -it strived to broaden reach by foraying into gender unrelated sectors (Mishra 2011). However, generation of annual GRB statements in Kerala along with general budget document happened only since 2017-18. Despite this, the political will and technical capacity of Gender Budgeting team of State Planning Board resulted in the Gender Budget garnering increasing share of resources for women under both its parts namely-Part A and Part B. Thus the total allotment for women as specified in GRB statements, which was recommended as minimum of ten percent of total state plan outlay, was in reality 11.4% in the first budget of 2017-18 and has been steadily increasing in subsequent ones with 14.6% in 2018-19, 16.9 % in 2019-20, 18.4% in 2020-21 and to 19.4% in the 2021-22 January budget of which 6.54 percent was from Part A and 13.0 percent from Part B (GOK, GB statements various years). GRB in Kerala is also propounded as a model for other states due to its widened scope of reporting resources for women by removing 30 percent floor followed at the national level for estimating composite expenditure of schemes reported in Part B (CBGA 2021). Another unique feature is the provision made for transgenders in Kerala's GBS and an attempt at an inclusive approach to gender vis a vis that in other states which mostly follow the narrow binary concept.

Kerala GB exercise has also succeeded in evolving a methodology for disaggregating composite schemes by gender to identify wherever possible, how much of the allocations to composite schemes is benefiting/can be expected to benefit women and girls based on gender disaggregated beneficiary data or women's share as specified by the concerned departments. One important fact learnt in conducting this exercise was that while gender disaggregated data may not be available at the macro level, scheme-wise data are maintained by the departments which has to be extracted with their help and cooperation. The fact that many departments did break up total scheme outlays into components, especially those directed at girls/women, and made available gender disaggregated data on beneficiaries,

the percentages of which was then used to allocate resources to girls/women in respect of such schemes since 2017-18, facilitated the generation of more robust estimates which were backed by explanations for the percentages taken in Part B for each scheme. This is a practice which is now followed in the Union Gender Budget Statement also (GOK GB statement 2021-22).

Another forte of Kerala is that preparation of the GBS is part of the budget planning stage; rather than an ex-post exercise as is observed in many other states in India. The process of integration of gender into planning/budgeting starts with the call circular sent to all departments giving broad guidelines for annual plan preparation within the overall Plan framework together with instructions regarding Part A and Part B of the gender budget. Further, the post call circular processes followed by the State after the Departments have prepared their plan proposals within an approximate resource envelope, is in fact unique enabling a convergence of planning, budgeting and financing as also factoring in gender priorities to yield a separate Gender Budget Statement at the end of the exercise. Such institutional and procedural strengths have resulted in the GB of Kerala to be reported as one of the notable initiatives in India (CBGA op.cit).

The challenge now is to build upon this firm foundation by addressing identified gaps/lacunae as well as incorporating learnings from best practices followed in other states. The following lacunae have been identified by studies and planners in this context

- i. Lack of easy access to gender disaggregated data is a major weakness at present which limits ability to implement the GB methodology. This hampers even the technical objective of estimating the flow of budgetary resources to women.
- ii. Format of GRB statement in Kerala as of now includes only outlays for different schemes and does not include any information on targeted achievements or outcomes
- iii. Demand for grants in GRB is not uniform across various departments or projects. While some departments have made significant progress in gendering projects, many others lag behind like Science, Technology and Environment, Scientific Services and Research, IT Mission, Transport, Tourism etc (Ashraf 2020).
- iv. Categorisation of schemes under GRB statements have also been pointed out to largely reflect conceptualization of women as beneficiaries of welfare schemes. Indeed, the recent review of the Gender Budgeting exercise (Ashraf ibid) which adopts a fivefold classification of all expenditures on women--1. Women's Livelihoods; 2. Welfare of Women in Difficult Circumstances; 3. Women's Health; 4. Women's Nutrition; and 5. Women's Education--finds that if we consider Part A alone then the Livelihood vertical is the largest and fastest growing but if Part B is added then it is Welfare of women in difficult circumstances. This indicates that the dominance of schemes like NREGA, Kudumbashree, self-employment schemes of KSWDC, Income Support to Traditional Sector workers in coir, handloom, khadi, Saranya, a self-employment scheme for vulnerable women- widows, separated/single/unmarried women, registered in the Employment Exchanges, in the Labour department, props up Livelihoods in Part A. However, though women have been included in composite schemes in Agriculture and allied activities and "modern" sectors like IT and ITES and in Industry and Services,

- their share in employment generation is still small but growing.
- v. Majority of the schemes in GB of Kerala seek to address practical gender needs of women rather than targeting strategic gender needs which are related to changing gender divisions of labour, power, and control.
 - vi. So far, the primary fiscal tool used to pursue the objective of promoting gender equality and empowerment has been the expenditure component and revenue side has been completely neglected.
 - vii. Capacity of officials for gender budgeting is rather limited at present. Many are not well versed with nuances of gender mainstreaming as well as the significance of reporting sex disaggregated data.
 - viii. As of now GRB focuses on allocation of resources for implementation of programmes and schemes for women and there is the absence of an institutionalized mechanism for review from a gender perspective. Absence of auditing and review defy the very objective of gender mainstreaming. In this context a starting point would be developing a doable framework of gender audit.

Frame Work of Gender Audit

The penultimate step in the budget cycle is preparation of audit reports. Gender audit seeks to mainstream gender in the audit phase of the budget cycle and address the gaps in the current (external and internal) audit process. Development of Gender Audit Mechanisms (GAMs) that can be utilised by auditors to track gaps between policy and its implementation is critical to measure and monitor outputs and outcomes related to gender equality. It has the potential to generate insights that can go a long way in improving the design and implementation of gender equality and women's empowerment programs which are mostly cross-sectoral and implemented by multiple agencies.

What is Gender Audit

A Gender Audit "Evaluates how gender considerations are being integrated into programs and policies by an organization, department or office. Wide in scope, audits assess gender approaches and policies, staff capacity, tools and resources, gender mainstreaming in programs and projects, organizational culture and workplace issues. Overall, an audit will monitor relative progress made in mainstreaming and identify successes as well as critical gaps. Additionally, gender audits can integrate components of gender assessments to measure the impact of interventions on beneficiaries (Meyers and Jones, 2012).

The specific definition and rationale of GA with regards to the GB have been clearly spelt out by UN Women, FPI study as follows:

"Gender Audit is a tool to assess the accountability to and extent of Gender Budgeting accomplished – the integration of gender concerns into policies, strategies, programmes and schemes of all types. Its aim is to see whether the policy, guidelines, practices, systems, procedures and budgets are being used in the most effective way to deliver the Government's commitments to gender equality. It is also an effective tool to assess the capacity of the departments concerned, for designing, implementing and monitoring the progress of policies and programme"

The specific objectives of GA in this context have been stated as

1. To promote accountability by assisting those charged with governance and oversight responsibilities to improve performance related to gender mainstreaming.
2. To examine the extent of gender commitments in policies, programmes and schemes and the budgetary commitments for translation of the same.
3. To set benchmarks through institutional mechanisms, for welfare and empowerment of women by identifying gender gaps cutting across sectors in a multi-organisational environment.
4. To provide reasonable assurance on the performance of gender-sensitive indicators and results of the gender related initiatives, to various stakeholders, along with incidence of benefit.
5. To examine the compliance on applicable laws and regulations.
6. To promote awareness, capacity building and sensitization among various stakeholders in order to achieve the objectives of the programmes and schemes (UN Women, FPI 2015).

Who will do the Gender Audit

Gender audits can be performed by governmental agencies, non-governmental associations, Organisations, or even by a cooperative effort of governmental and non-governmental bodies. In India gender audit is perceived to be an integral component of public sector audit with its legal basis subsumed in the general legal framework for public audit. Thus the general notion is that Gender Audits can be integrated as part of the regular audits conducted internally by the internal audit wings and externally by the CAG. Since definition of GA encompasses the objectives of performance audit, integrating gender audit along with the performance audit will not create additional challenges to auditors and the format for PA may serve as reference point while drafting methodology so that familiar terminology will facilitate easier implementation (for PA guidelines see Comptroller & Auditor General of India 2014). Mainstreaming gender into performance measurement can be facilitated through a guiding framework that will provide a simplified how-to method for all stakeholders on mainstreaming gender-relevant issues into the exiting evaluation systems.

What To Audit-Scope of Gender Audit

Gender audit can be applied to the entire budget of a country, state or local body. It can be applied to all or selected department/ departments, all programmes or just one/ few selected programs, to institutions, organisations or geographical spaces. International agencies such as the UN Women, the Commonwealth Secretariat and the International Development Research Centre all encourage governments and social advocacy organizations around the world to do gender audits of their budgets. They also promote implementation of the conclusions of those audits, to the end of making budgets more gender equitable. A number of international organisations - ILO, International Development Organisation, World Vision US, USAID Bangladesh- to name a few have adopted GA particularly Participatory Gender Audit (PGA) as a tool for evaluating and monitoring the achievement of gender equality in their Organization (ILO 2012, Interaction 2010, Moser 2007).

In India, gender audit has been used to evaluate gender mainstreaming in specific Government projects in the State of Karnataka (UN women and FPI, 2019, 2015). The criteria for selecting specific subjects/ programs, projects for audit has been specified in the pilot study done by them and is specified as follows:

- a. Materiality- the relative importance of a matter within the context in which it is being considered- related to the magnitude of its impact. An issue will be considered material where the topic is considered to be of particular importance and where improvements would have a significant impact. It will be less material where the activity is of a routine nature and impact is restricted to a small area or is minimal.
- (b) Representative in nature Representative of the matter within the context in which it is being considered.
- (c) Adequate substantive outlay- The budgetary allocations towards the implementation of the programme or scheme are significant.
- (d) Amenable to close and easy monitoring-The audit matter selected must have defined markers or indicators which are easy to monitor closely.
- (e) Identifiable and clear -The subject to be audited must have sufficient and reliable procedures in place to develop markers or performance measures and report on performance such as KPI and RFD; indicators
- (f) Specific and clearly spelt-out beneficiary population The programmes or schemes must have specific and clearly identified beneficiaries.

The emphasis on gender given by Ministry of Human Resource Development and weightage assigned to this criteria in Grading of Higher educational institutions has also encouraged many universities and colleges to undertake gender audits of their institutions. Though many are in a rudimentary form and primarily focus on gender dimensions of personnel and facilities along with identification of certain best practices, this is a good start in that it has kickstarted a thought process on issue of gender equality/ inequality. (University of Kerala 2020, University of North Bengal 2020, Tarannum 2020)

In Kerala, while recognising the critical need for a Gender Audit of major schemes of the Gender Budget so as to see whether allocated resources are being used effectively to advance gender equality, right from the 11th Plan, only one exercise was done in this regard in 2008-09. This was a gender audit of the two flagship programmes on Gender envisaged in the formulation of the 11th Five Year Plan: i. Gender Awareness, a comprehensive programme to create a gender conscious society in Kerala; and ii. Finishing Schools, to equip women job seekers to upgrade their skills through training so as to make them employable- the state seems to be caught in a “high literacy-low skill” trap. It was perhaps the first attempt to highlight the gender dimension of an audit and while it did not follow any structured methodology for doing the audit, its extensive review of different components of the schemes, the agencies involved in their implementation and small surveys of beneficiaries, brought out certain limitations of the schemes to be kept in mind as one moved forward; for instance the content of gender awareness programmes including the concept of gender should be reviewed; and before setting up a unit, a need assessment, together with a

demand analysis for the product regarding which training is given should be made so that the allotted fund can be utilised well.

A gender audit was also done of an institution, Calicut University in 2016 where the gender composition of personnel across various segments, gender responsiveness of facilities, best practices etc were analysed which highlighted certain concerns of gender imbalance, biases and accessibility of women in the system. Based on such findings, concrete policy measures for building up institutional ownership towards gender equitable academic and work environment were also recommended. A noteworthy recent event in the State is the gender audit of Anganwadi textbooks in 2021. Thus, there is an array of gender audits that can be undertaken – from checklist-based documents or facility audits, to participation-based whole-of-organisation audits to audits of entire projects/ programs, budgets, institutions etc.

How -To Conduct Gender Audit - Methodology/ Conceptual Framework

Caroline Moser who led the GA of DFID Malawi specifies that the first step in conducting GA is the identification of a conceptual framework for assessing gender mainstreaming. The distinction given by her between gender evaluation methodologies which are well known in social science research and gender audits which are a more recent innovation is illuminating in this regard. According to her, early gender evaluations focused mainly on implementation evaluations that monitored and evaluated the implementation of gender issues into procedures. Implementation indicators thus refer to the integration of gender into the programme or project cycle. Many organisations have produced score cards or checklists to measure adherence to gender sensitive procedures. However more appropriate would be both implementation evaluation as well as the more recent impact evaluation that assess or measure the impact of interventions on gender equality and women's empowerment. In theory, this requires four interrelated indicators measuring inputs, outputs, effects and impacts.

Based on such distinction, the analytical framework followed by Moser for assessment of the implementation of Gender Mainstreaming in DFID was based on the following three concepts

1. Evaporation: When good policy intentions fail to be followed through in practice
2. Invisibilisation: When monitoring and evaluation procedures fail to document what is occurring 'on the ground'.
3. Resistance: When effective mechanisms block GM, with opposition essentially 'political' and based on gender power relations, rather than on 'technocratic' procedural constraints With this overall conceptual framework, the next task is to identify appropriate quantitative or qualitative indicators with which to assess progress in gender mainstreaming. Here it is important to identify the types of measurements that are possible – however minimal – prior to undertaking audit. Subsequently, inductive research undertaken as part of an audit can itself reveal useful additional assessment measures that assist in identifying additional indicators (Moser *ibid*).

Indicators / Performance Indicators (PIs)

An indicator is a pointer. It can be a measurement, a number, a fact, an opinion or a perception that points at a specific condition or situation, and measures changes in that condition or situation over time. They are front-line instruments in monitoring and evaluating development work (CIDA 1997)

PIs are indicators that enable us to assess where we stand and where we are going with respect to values and goals, and to evaluate specific programs and determine their impact. The UNDP Handbook on Monitoring and Evaluation for Results (UNDP, 2002) defines PIs as: A particular characteristic or dimension used to measure intended changes defined by an organizational unit's results framework. Performance indicators are used to observe progress and to measure actual results compared to expected results. They serve to answer 'how' or 'whether' a unit is progressing towards its objectives, rather than 'why' or 'why not' such progress is being made. Performance indicators are usually expressed in quantifiable terms, and should be objective and measurable (e.g., numeric values, percentages, scores, and indices) Good PIs should normally satisfy criteria of economy, efficiency and effectiveness.

Canadian International Development Agency (CIDA (1997) has highlighted the rationale behind indicator use which is to feel the pulse of a project as it moves towards meeting its objectives. To serve this purpose, every significant part of the project cycle needs to be covered by appropriate indicators. After reviewing several systems of indicators, they have detailed the most common indicator typology found which perceives indicators in a chain, starting from input through to outcome. This common typology consists of the following five categories of PIs:

Risk/enabling- Measures the influence of external factors on the project or program

- 2) Input- concern resources devoted to the project or program
- 3) Process-measure delivery activities of the resources devoted to a program or project. They monitor achievement during implementation, serving primarily to track progress towards the intended results
- 4) Output-Identify intermediate results
- 5) Outcome- relate directly to the longer-term results of the project,
5. Criteria for selection of indicators are also detailed and a rule of thumb is provided regarding number in that up to six indicators can be chosen for each of the above types

Gender Indicators (GIs)

'Gender-responsive', 'gender-sensitive', or just 'gender' indicators are tools which measure gender-related changes over time. Gender indicators can refer to quantitative indicators based on sex disaggregated statistical data - which provides separate measures for men and women on literacy. Examples of quantitative gender-sensitive indicators are:

- Participation of all stakeholders in project identification and design meetings (attendance and level of participation/contribution by sex, age, and socio-economic background);

³The audit was done under the aegis of the HDRC Unit, Kerala State Planning Board, sponsored by the UNDP/Planning Commission Project on Strengthening State Plans for Human Development, initiated during 2006, by a senior faculty member of State Institute of Rural Development: Leela Kumari P (2009): Study Report on Gender Audit.

- Degree of rural women and men's inputs into project activities, in terms of labour, tools, money, etc.;
- Benefits (e.g., increased employment, crop yields, etc.) going to women and men, by socioeconomic background and age.

GIs can also be Qualitative that seek to measure quality of perceptions and experiences through specific techniques and participatory methods such as focus group discussions and case studies. An example of qualitative indicator is level of participation as perceived by stakeholders through the different stages of the project cycle (by sex, age, and socio-economic background) (Moser 2007).

Good Gender Indicators have an added gender dimension of Equality to measure performance in addition to the three 3 E's of economy, efficiency and effectiveness. Participatory methods are perceived as most effective in gathering qualitative data.

The following steps are generally taken to identify apt indicators

- 1 Identification of key objectives and goals
- 2 Recognition of changes that are required to achieve these goals
- 3 Discussion and decision of kinds of indicators that will best enable measurement of progress towards these desired changes.

The range of relevant indicators may be identified for any subject of audit based on availability of data as well as technical capacity of internal audit team. The range may cover some or all of the five broad types of performance indicators as specified by CIDA.

A Doable Strategy for GA of Budget schemes in Kerala

GA in Kerala being a target goal of the 14th FYP, we now explore a doable strategy for conducting the same. Three potential strategies or sets of indicators for GA of schemes, projects, departments, and budgets are illustrated below

1. The method of indicators used in the Govt of India Outcome budget based on monitorable Output-Outcome framework is one feasible option. Under this, in addition to the financial outlays of schemes indicated in the Budget document, the expected Physical outputs and Expected outcomes of various central schemes are also presented in measurable terms in a consolidated Outcome Budget document (Min of Finance, GOI, 2021). Following this pattern, associated gender indicators relating to the three broad categories of Outlay, Output and Outcome may be identified in Kerala's Context which can then form the crux of the Gender Audit. These three categories being relatively more comprehensible, this strategy may be the feasible starting point for conducting audit in those departments or projects where visibilisation of gender disaggregated data is a major issue and audit capacity is rather limited. This exercise will facilitate transitioning from mere outlays to result-oriented outputs and outcomes and enable tracking of the scheme objectives and working towards the development goals set.
2. If the budget document is the point of departure, another feasible strategy suggested by Diane Elson may be considered. This involves determining and generating, for each Department or Programme selected, data needed for reviewing planned and realised

objectives. It covers four of the five categories of indicators propounded by CIDA which include-

Inputs: consisting of the money appropriated and spent.

Activities: consist of the services planned and delivered e.g. health services, industrial support services, social transfers, tax collection.

Outputs; consisting of the planned and delivered utilisation of the activities e.g. patients treated, businesses supported, incomes increased, taxes collected

Impacts: consisting of planned and actual achievements in relation to broader objectives e.g. healthy people, competitive businesses, poverty reduction, sustainable growth (Gender Budgeting Hand Book 2015 GOI).

3. Gender Audit tool developed under the partnership of UN Women and Fiscal Policy Institute, Government of Karnataka, advocates a measurement framework encompassing the entire five categories of CIDA performance Indicators and strives to assess gender sensitivity in the entire project cycle. These indicators have been modified to suit the performance audit guidelines of the CAG of India. The strategy uses both quantitative and quality methods to collect relevant information including i) Desk Review of all key documents including policies, GOs , guidelines research and publications, minutes of key meetings etc ii). Surveys for quantitative data iii) Case studies etc

An additional tool of Gender Markers (GMs) as developed by the OECD Development Assistance Committee (DAC) and currently used by UN agencies is also used to assess extent of gender sensitivity across the entire range. These set of gender indicators or markers can be audited against the gender commitments (UN Women and FPI 2015, 2019) and the identification of GMs against the PIs help in quantifying the extent of gender equality. Gender Marker (GM) is a new coding system to determine the extent of gender equality and empowerment. Markers for schemes helps to identify the degree of gender focus for every critical activity connected with the performance of a programme. The markers are 'codes' assigned to identify degree of gender focus. They are one-digit codes (on a 0 to 3 scale) signifying the level of gender focus in an activity within a programme, with code '0' representing no gender focus and the code '3' signifying complete gender focus. Similarly Code '1' signifies isolated gender focus and code '2' signifies significant gender focus in an activity.

Table 6. 1 Diverse categories of Performance/ Gender Indicators suggested for Audit of Budgets in India

SI No	Output Outcome Framework (GOI 2021-22 Outcome budget)	Diane Elson's Framework (GB Handbook GOI 2015)	UN Women- FPI framework (2019, 2015)
	Category of Performance Indicators	Gender Indicators	Category of Gender Indicators
1	Risk/ enabling (Gender Inclusiveness in programme guidelines and circulars)
2	Outlay	Inputs (Outlay)	Inputs (Gender Inclusiveness in programme implementation)
3	Activities (services planned and delivered)	Process (Gender Inclusiveness in programme implementation)
4	Output	Output	Output
5	Outcome	Outcome	Outcome

While the third approach as followed by UN women and FPI is more comprehensive and includes all categories of CIDA gender indicators thereby covering the entire project cycle, its effective adoption depends on many factors including technical capacity of audit team and availability of gender disaggregated data. Hence a pragmatic approach may be to adopt a mixed strategy where this comprehensive approach is piloted in a few critical schemes to start with while the simpler strategy of monitorable Output-Outcome framework is adopted in remaining majority of schemes so that we start moving towards target-oriented monitoring and evaluation.

Gender Disaggregated Statistics

A major pre-requisite for conducting gender audits as well as enhancing the scope of GRB to attain better planning outcomes is adequacy of gender disaggregated data. Gender statistics as a separate subject area is of recent origin; generally not collected separately but obtained by studying the male-female breakup given by different data sources such as Population Census, large scale sample surveys and Administrative statistics. In case of the system of direct data collection through sample surveys, the main failure had been in timely processing of data and release of results. But, with effective computerisation, the problem of delays in publication of results of sample surveys has, by and large, been resolved.

However, a bigger problem lies with the administrative information system whose essential purpose was to aid the Government Departments in the execution of their functions of

implementation of different Acts, Rules and Regulations of Governments and their own schemes. Even when such Acts/Rules were passed by the Central Government, their implementation was decentralised through the State Government Departments and their district or other sub-offices. The statistics thus had a direct purpose of being not only of interest to but also necessary for the working of the departments. The regularity, quality, and completeness in the collection of these statistics, interwoven with the working of these departments, were thus indirectly ensured. The quality of this system is thus directly related to the interest the administrative departments take in it and the effective use they make of it. A major advantage in the system of collection of statistics through the departmental agencies is also that it does not involve special costs. The collection is oriented to definite purposes, and the record and verification of information is part of administration. It is however a fact that several departments of most State Governments are not taking as much interest as is necessary in the information system resulting in (a) incomplete coverage, (b) delays in availability of information, and (c) unsatisfactory quality of Administrative Statistics. The other reason is the lack of effective coordination between different statistical agencies, especially at the Centre, as has been pointed out by the Ministry of Statistics and Programme Implementation (MOSPI, GoI, 2021).

The problem that is faced by researchers and policy makers is that while some data are collected by sex, as in Census and sample surveys (though here too there are gaps), most of the administrative data with the departments is not easily accessible by male-female break up. Data which captures information about the differential impact of programmes and policies on men and women, is required at all stages of the budget cycle to plan better. Although the Department of Women and Child Development is the nodal agency for formulating policy and projects with regard to women's empowerment, a large quantum of data necessary to understand the nature of gender inequality are produced by many other Departments like Health and Family Welfare, Education, Rural and Urban Development, Industries, IT and ICT, Agriculture and Allied Activities besides central agencies like CSO, Registrar General of India etc. This is because women operate in almost all fields in the economy either as producers, workers, consumers or beneficiaries. It is essential therefore that all statistics on individuals should be collected and presented disaggregated by gender; all variables and characteristics should also be thus disaggregated. As has been argued (CBGA 2021) aggregated statistics fail to capture differences in many variables which are relevant for women: use of time, intra-household inequalities, family structure, crimes against women, use of natural resources, specific health concerns. Needless to state there are certain areas exclusively related to women such as crimes against women, domestic violence, maternal health etc. on which data are given for women alone but here also more information is required. For instance, while the Crime Records Bureau is giving data on crimes against women, data such as age of survivor and accused, socio-economic background, level of education and

employment status are other related information which provides a stronger understanding of the crime. Again, under health, aggregate data on life style diseases is there but its gender break-up is not available for all diseases.

So gender statistics are vital for

- Analyzing and addressing gender issues in society and framing appropriate policies
- To design and implement development plans which have a differential gender impact
- To monitor and evaluate the effectiveness and efficiency of policy developments towards enhancing gender equality

Hence the current status given to Gender statistics may be the same as accorded to other socio economic statistics like Population, Labour, Health, Education statistics etc. This acknowledgement of the importance of gender statistics has of course come after a lot of struggle and pressure from the women's movement, research scholars and activists in the field with the Central Statistical Organisation (CSO) agreeing to implement a project "Improvement of Statistics on Gender Issues" in the 1990s as a part of which certain critical indicators for gender planning were identified; on some data were available and on some others, needed to be collected- especially ownership of assets, availability of credit facilities from banks by sex, provision of basic infrastructure for women to participate in paid work. The indicators on which data were already available were included in a publication, Women and Men in India. Those indicators on which data did not exist were to be collected by specified organisations based on a National Plan of Action prepared by the CSO. While the NPA did result in better availability of sex-segregated data on indicators such as credit availability from banks, maternal mortality rate, much more remains to be done. Women and Men in India since then is a regular publication of CSO, now Central Statistics Office.

The Kerala Scenario

In Kerala the Directorate of Economics and Statistics (DES) is bringing out a similar document Gender Statistics since 2014-15 at the behest of the government as a baseline for assessing progress in implementing gender schemes /programmes. This publication includes sex disaggregated data on a range of variables, highlighting the current situation and changes over time, sourced from

- Published Reports of various surveys/Census
- Published official data of different Ministries/Departments/Organisations
- Administrative data provided by various Departments

Since a lot of discussions on development achievements are mainly centred on the Kerala state level indicators, and the attempt is to compare results with national

This section depends heavily on inputs provided by WCD and DES at a Seminar held by the Planning Board on July 3rd 2019 on the State Level Statistics in Kerala.

level estimates, selected information is utilised primarily from various National sources. The document Gender Statistics has brought a variety of available gender statistics at one place to serve as a unified platform for accessing gender statistics for a variety of users.

Gender Statistics covers the following variables:

Population

Literacy & Education

Participation in Economy

Women's Participation in Decision Making

Crime Against Women

Beneficiaries of Government schemes

Basically the DES is giving gender breakup for whatever information is available from National sources (including State Crimes Records Bureau) and the last from primarily the Women and Child/Social Justice Department of Kerala which is certainly very useful data. Clearly not much of departmental data has been reported and although a large amount of data for appropriate planning, including a gender break up is collected by them, there seems to be a reluctance in sharing the data. There is a problem for the departments aggregating statistics from sub-offices upwards and storing it in an easily accessible form. Some of the critical gender indicators we do not have are:

- Land (and asset) ownership of women, not available from the land records, Revenue department
- WCD and SJD have more than 72 homes spread throughout Kerala including the one Rescue Shelter, Prathyasa and Pratheeksha bhavan. What is needed are data on: Total number of inmates, Migrants from other states, Women and men with psychological issues. Geographically how are these numbers distributed
- Data on domestic violence cases with WCD and KWC; number of cases; how many got the different orders especially maintenance order, cases settled/pending.,
- Un-wed mothers, widows, single women, resident families of migrated men
- Data on loss of employment for men, women and TGs under the Pandemic. Data on employment for instance in IT, ICT sectors and PSUs are given in aggregate terms, which needs to be disaggregated. Similarly, data on skill development and training should be provided by gender break up.
- Details on the number of Internal Committees and Local Committees constituted in different institutions/local areas in the state under POSH Act; Cases handled/solved; Number of awareness workshops held.
- Data on separate facilities for women such as hostels, crèches etc
- Details of Orphans, Adoption
- Time Use Statistics which have now been collected for all states by the NSO (2020) for measuring time disposition by the population on different activities; prime objective

being to measure participation of men and women in paid and unpaid activities. Time use of TGs has also been estimated

- **Poverty Statistics**

The above indicators are just illustrative of what can be made available on gender, critical for ensuring their well-being in an unequal world. It is clear that mere disaggregating data by sex is insufficient and a systematic and comprehensive approach is required to identify gender issues and to make sure that data are collected that genuinely address women's needs. Concepts and definitions formulated for data collection should adequately reflect the diversity of women and men and transgenders and capture all aspects of their life. In the GRB work over the 13th Plan period it became clear to planners that Departments do collect data by gender where applicable for the schemes/projects they undertake. Problem lies with its systematic organization and accessibility.

Women's participation in gender responsive planning and governance initiatives at Local Government Level

Experience of decentralised planning in Kerala has created a unique model in social mobilisation of women at local level. Gender concerns of development have been mainstreamed through Women in Development approach (WID) of the decentralisation process in the state. The gender component that consists of various activities and inclusion of women in various structures created more opportunities for women's participation in governance. The significant aspect of LSGI context is that it gives more inclusive space of activity for women than the political representation in formal sense. The processes at grassroot level which provided an enabling environment for women's participation in gender responsive planning and governance initiatives at Local level evolved gradually over time and experience.

Mainstreaming Gender into Planning Circle

The planning process in LSGIs in Kerala have four phases like (1) Participatory Policy framing – in community level discussion meetings called Grama Sabhas (2) Designing a policy strategy – in Development seminar & preparation of Development report (3) From policy to planning – Setting up of working groups for various fields, such as education, health, agriculture, local economic growth, women development etc. (4) Plan formulation by LSGIs – preparation of plan document & Annual Budget. The local development plan and annual budget is formulated through these steps. In the annual development plan and budget 10% of the total budget is earmarked for Women Component Plan (WCP). Development projects that directly address the practical and strategic needs of women and exclusively benefitting women are included in WCP. Apart from this, there is a government directive that all the general projects should be gender sensitive and should not negatively affect the situation of women.

Even though these enabling structural modalities are available, the development plans at LSGIs have not fully become gender responsive in terms of addressing the local specific gender disparities. Physical allocation of funds to WCP has been done successfully for many years but has not impacted positively in influencing changes in gender roles or women's situation in general. There are certain success stories but the planners and women activists are searching for more effective models. The gender budgeting initiative and Gender status study started by Kerala Institute for Local Administration (KILA) and Kerala State Planning Board are such efforts aimed to engender the local development plans.

Gender interventions in the field of local Planning and development has entered to the next phase which needs certain corrective measures, strengthening of existing systems and introduction of new initiatives. The following components are important in revamping the Gender Component of Decentralisation process in the state. Some of them are already established successfully and needs certain corrective interventions. In the case of certain others, building perspectives and intervention strategies are important. However, the early start in this context has also created an ambiguity in many local stakeholders between WCP and GRB which encompasses gender mainstreaming of the entire budget.

Recommendations

Recommendations for expanding scope of GRB at State Level

Some of the strategies that could be considered for furthering the scope and quality of GRB in Kerala during the 14 th Five Year Plan period are:

- Link GRB with Outcome Budget / RDF (Result framework)/ OOF (Output Outcome framework) as in the case of Union Budget in recent years where financial outlays for different scheme are supplemented with clearly defined related output targets and outcome targets or Odisha where since 2010-11 Outcome Budget Document is being published by Departments which includes a section on Gender Budgeting. Regarding best practices at the state level, GB of Tripura has physical achievements as well as financial achievements of RE of previous year. GB of Karnataka has current as well as previous two years financial as well as physical targets and previous two years financial as well as physical achievements. These will serve to enhance credibility of the budget announcements and a quick glimpse of its implementation status.
- Mandatory Gender perspective for all projects-Make a gender perspective a mandatory component for every activity/ programme as in the case of Madhya Pradesh or an integral component which will have specified added weightage for approval in 'Detailed Project Reports'. Where there is absence of such a component, a justifying note may be required to be submitted which could attract greater focus on adding a gender perspective and facilitate gender mainstreaming across the spectrum of development activities.
- Categorisation of schemes based on beneficiaries-Explore classification of schemes

across different categories of beneficiaries such as girl child and adolescent girls, elderly women, widows, destitute women, transgender persons etc. Since such information already exists in the description of various schemes, highlighting such classifications will serve to pinpoint needs of such vulnerable groups in turn encouraging greater resources

- Diversify tools of GRB to encompass revenue-. Taxation policies can serve as a tool for narrowing down gender inequalities in property ownership, unequal contribution to unpaid labour within the household, gender differentials in wages, etc. Since property is primarily owned by men, tax systems can create incentives to increase women's ownership. Initiatives in the State of Rajasthan and Jammu and Kashmir serve as examples. Though the fiscal space for such initiatives in Kerala is rather limited at present due to the revenue shortage faced during pandemic times, the strategy may be considered as a potential tool to promote gender equality as and when fiscal space permits.

<p>Jammu and Kashmir Annual Financial Statement for FY 2014-15 focused on exempting VAT from Domestic Cooking Gas Cylinders</p>	<p>Rajasthan The Department of Registration and Stamps, offers a 50 per cent reduction in the stamp duty for agricultural land, if the land is registered in a woman's name. Stamp duty was also reduced from 8 per cent to 5 per cent, in the case of a gift deed of immovable property executed in favour of a sister/ daughter/ granddaughter/mother</p>
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- Engender Knowledge Sector- Explore how the tool of GRB can be used to ensure that benefits of Kerala's progress envisaged in knowledge sector can be garnered to include and benefit women also. Brain storm and develop collaborations with institutions like K- DISC for devising appropriate strategies, as also provide an enabling environment for young girls (and transgenders) to participate in higher education by making campuses gender friendly.
- Generate Gender Segregated data-Lack of easy access to gender disaggregated data is a major weakness at present which limits ability to implement the GB methodology. This hampers even the technical objective of estimating the flow of budgetary resources to women. Thus, priority should be assigned to put in place functional systems to extract gender disaggregated data currently available with departments and also ensure that reporting formats which include gender segregated data becomes the norm for all schemes and departments. A feasible starting point in this task could be identification and seeking assistance of personnel who have data management skills from each department. Departments like WCD could serve as a trend setter in this context by making available concrete data regarding critical variables like number of inmates in short stay homes, assistance received, etc so that they can form the basis for robust planning

and design of appropriate support/ assistance.

- Address Strategic Gender Needs-. Meeting strategic gender needs helps women to achieve greater equality. It also changes existing roles and therefore challenges women's subordinate position. Thus more effective schemes are needed on a. Building social consciousness, noting the disadvantaged position of women and their potential powers to bring about change. b. Issues on legal rights. c. Encourage male participation in household tasks and childcare. d. Encourage and promote women to engage in non-stereotypical tasks/occupation. e. Ending discrimination in social institutions based on caste, religion, class, education, judicial systems. f. Social mobility of women by promoting social forums, associations and federations. h. Preventing atrocities against women in the family and society. i. Equal remuneration for equal work – like MGNREGS.
- Schemes under GRB statements need to focus on Gender equality and empowerment rather than reflecting conceptualization of women as beneficiaries of welfare schemes. Though women have been included in composite schemes in Agriculture and allied activities and “modern” sectors like IT and ITES and in Industry and Services, their share in employment generation is still small but growing. Hence the priority for generating decent employment for women, reinforced by the disproportionately adverse impact of the Pandemic on women's work needs to be strongly emphasised.
- Focus on mental health and nutrition- Certain other areas which necessitate greater focus are mental health and nutrition. Kerala having crossed major milestones in traditional physical health indicators, now needs to focus on other crucial related challenges such as mental health, depression, suicide etc. Due to a number of exogenous factors such as large outmigration, high rate of unemployment, semi-urban lifestyle, and the mental health paradigm of the state is observed to be distinct from others. Studies show that depression and suicidal inclinations are high in the state while neurotic related disorders and stress is almost double among females (Institute of Mental Health and Neuro Sciences (IMHANS), 2017 as cited in Ashraf 2020).
- The Pandemic has also thrown up new challenges for mental health among all genders including transgenders which need to be analysed and addressed to prevent further escalation in loss of lives. Further, allocation for nutrition in GRB appears insufficient considering the reportedly high incidence of anaemia -at more than 35 percent -among tribal women and over 45 percent among children 12-23 months and 60 percent in children upto 11 months (NFHS-5 2019-20).
- Gendering more Departments- Another hurdle to be addressed in future is gendering Departments like Science, Technology and Environment, Scientific Services and Research, IT Mission, Transport, Tourism etc. so that they can be motivated to devise more inclusive schemes sensitive to diverse needs of various vulnerable segments of society which remain excluded at present.
- Capacity Building is necessary to strengthen Gender Budgeting in various departments to ensure systematic process of engendering of their policies, programmes and schemes. Orientation modules needs to be developed on the concept of gender mainstreaming,

reporting sex disaggregated data and gender auditing. This should be supplemented by orientation-cum-training programmes for Heads of Departments and relevant District level officers in all the districts followed by programs for clerical staff, statistical officers/ statistical advisers and accounts personnel of various departments. Piloting of the program may be carried out in the departments of Women and Child Development, Planning and Finance for a clear understanding of the concept, background, process and dimensions involved. Strong support can be availed from the UN women on capacity building and training.

Recommendations for Gender Auditing

- Identify a few schemes, departments, institutions or places where we can pilot detailed Gender Audit covering all the five categories of indicators. The pilot audit subjects may be identified based on the criteria of materiality, outlay, availability of easily measurable data, processes to collect the same etc.
- Once identified, stakeholder workshops may be conducted including key officials from these segments, gender experts and other key stakeholders (supported by the UN women) to work out the methodology and relevant indicators based on objectives specific to each audit subject. In addition to finalising methodology and indicators, detailed guidelines and checklists can also be framed.
- Authorities responsible for conducting audit also need to be identified. While engendering regular performance audit conducted by statutory audit agencies could be one strategy, responsibility for social auditing which is an integral component for evaluation needs to be assigned. So also responsibility for combining these to assess overall gender impact needs to be specified.
- Gender Output, outcome indicators may be requested to be identified for schemes from all departments, institutions etc so that they can embark on performance audit pathway which can subsequently be widened in scope to include more comprehensive gender responsive audit process. Planning Board could take the lead in eliciting such information from each department.
- A Gender audit observatory could be started in webpage of WCD department or planning board so that relevant documents related to audits of institutions/ organisations, Programs/ schemes can all be uploaded for easy reference by all.

Recommendations for generating gender disaggregated data

- While the Department of Women and Child Development is the nodal Department for the various developmental plans for women and TGs (who are now under SJD), since gender cuts across sectors, guidelines should be prepared by the Planning Board for collecting all data by different departments, disaggregated by gender wherever applicable. In order to ensure that relevant gender statistics are collected as per the guidelines, necessary instructions for compliance should be issued at the highest level. As mentioned earlier gender issues need to be clearly identified for which a small team with high level representation from the State Planning Board, Women and Child Development Department and DES should be constituted outlining the gaps in data,

some of which are available but not being utilized and some which would have to be collected through state level sample surveys.

- There is no Statistics division in WCD. We recommend that since so much data are collected by them at the household level, Institutional level and individual beneficiary level, a Statistics Division, headed by a senior statistician be created in the Department to manage the data and make it available for better policy planning. This would also strengthen Gender Statistics.
- There is need to collect data on Transgenders (and other sexual/gender minorities) starting with a realistic estimate of their numbers.

Recommendations for strengthening the gender component of Decentralisation Process/LSGIs in Kerala

- Women Component Plan – WCP is for earmarking 10% of the Plan funds mandatory for development projects that directly benefitted to women. It started in 1998-99 and effectively implemented in terms of allocation, but having problems in effective implementation, sustainability, enhancing employability and local economic growth and, conceptualisation and innovation. A thorough revamping is needed.
- Kudumbasree Network is considered as the largest network of women in Asia at the local level. 44.4 lakhs women in the state are part of this network and it has grown as an effective support system for the local governments. The mobilisation part of Kudumbasree is successful, but creating more opportunities for micro-enterprises, services, skilling and effective management systems for monitoring and marketing are the challenges ahead. Inclusion of young women, women from marginalised communities, women from middle income groups, educated & skilled women are the areas that needed attention.
- Jagrutha samitis-Crimes against women remain a great challenge in front of Kerala society. The nature and extent of crimes happening in the state shows that most of them are happened within the households or at the community level. Preventive aspects and local redressal initiatives are to be given importance in the coming years. Strengthening Jagrutha samitis are important in this regard. LSGIs must take initiatives for the effective functioning of the Jagrutha samitis and integrating them with the State Women's Commission.
- Gender Resource Centres at LSGI level-Starting GRCs has been encouraged by KILA for the last five years and an effective training method also developed. Service of one Community Woman Facilitator (CWF) is also available at local level. But only few LSGIs started the GRCs. This has to be extended to all LSGIs, including the district panchayats and urban bodies.
- Strengthening inclusion of marginalised communities -Participation of women from marginalised communities has increased in the last few years. But their real concerns are not been reflected in the plan. Enhancing their own leadership skills in formulating and implementing the development plans are important. Exploring new ways for the inclusion of women from marginalised communities and also inclusion of gender aspects of disability, sexuality, sexual orientation, ethnicity and cultural specificities are important.

- Strengthening the gender component in urban LSGIs-Grama Panchayats has achieved a considerable change in the gender and development sector in general. The procedures and development plans are incorporating gender to some extent, though there are issues and lapses. The urban local bodies are still lagging behind in incorporating gender concerns in their perspective and procedures of planning and implementation. The main obstacle is lack of conceptual clarity in understanding gender disparities and its resultant issues in an urban context. Also, the Kerala specific urban-rural continuum is a problem that needs special attention. A major advantage is that the urban local bodies have enough funds available as WCP funds, special gender components in many urban schemes (state and central) and chances of mobilising CSR funds and external assistance. Gender component of urban planning and development needs urgent attention.
- Engendering Local economic growth-Interventions for increasing the Work Participation of Women have gained good results during the 13th Five Year Plan and the rates reached above 20%. Impact of Covid 19 and job loss among women at local level is the most important issue that needs special intervention of LSGIs. In the pre-pandemic times women at local level, especially in rural areas engaged in many economic activities, even though their earnings were very less. Pandemic has wiped out most of those occupations or severely changed the situation. Unemployment rates among women are still high in the state. New interventions to introduce skilling programmes, ensuring better working conditions and minimum wages, and harassment free workplaces are to be worked out.
- Widen cope of gender sensitive planning in Local Governments by progressing to GRB at grass root level. Some local bodies under the guidance of KILA have already initiated the process which can serve as role models for others. The Kerala Institute of Local Administration will provide training and hand holding support to the LSGIs who are interested in implementing Gender Budget. Training can be given on Concepts of Gender, Gender Issues in India and Kerala, Gender Mainstreaming, Budget Making process, Introduction to Gender Planning, Budgeting and Auditing, Strategies and Tools for Gender Budgeting, Experiences of Gender Budgeting in India and Kerala, Women Component Plan, Gender Resource Centre, Jagrata Samithi etc. Training can be given to the members of LSGIs of all three tiers;. Primarily to the Presidents, Vice Presidents and Standing Committee Chairpersons of interested District, Block and Grama Panchayats and Municipalities. Gender budgeting exercises of LSGIs are to be co-ordinated and monitored with the help of experts in the field (an expert pool can be formed in the state) and to facilitate gender budgeting analysis. Tie up with Educational institutions can be visualised to support in collection and processing relevant data as part of student internship /project studies. For that, Local Self Govt. Department must have a tie up with Education department of the state.

Gender budgeting in local Governments shall be initiated along with the planning and budgeting of LSGIs for every forthcoming year and encompasses the following:

Processes

The local body along with the different working groups, all implementing officers should have the collective responsibility on Gender Budgeting and have key role in the budgetary processes.

Summary of Budgetary Processes

Sl No	Stages	Activities	Responsibilities
1	Identifying the Gender Needs	<ul style="list-style-type: none">• Data Collection<ul style="list-style-type: none">-Gender Status Study-Gender disaggregated Status Reports-Analysis-Discussions• Classifying the gender needs, Fixing priorities• Institutional Analysis and discussions	<ul style="list-style-type: none">• Local Body• Welfare Standing Committee• Working Group
2	Finding the Gaps	<ul style="list-style-type: none">• Discussion with the stake holders• Analysis of previous year budget• Updating the status report	<ul style="list-style-type: none">• Related Standing Committees
3	Policy Making	<ul style="list-style-type: none">• Ensuring the gender responsiveness in all developmental activities• Sector wise Local level policy making• Making all the institutions and public space gender friendly	<ul style="list-style-type: none">• Local Body
4	Preparation of Budget	<ul style="list-style-type: none">• Assortment of Resources• Allocating special fund for addressing gender issues• Ensuring gender concern in General Projects	<ul style="list-style-type: none">• Finance Standing committee

Preparation of Budget Note

- All Standing Committees shall prepare budget notes on the basis of Development Report and Plan Document and the projects in the plan.
- The Finance Standing Committee (FSC) shall consolidate budget notes prepared by each Standing Committee. The FSC shall ensure that the budget notes submitted by all other Standing Committees have considered the gender perspective. Then the budget has to be prepared in the prescribed format allocating funds from plan and non- plan heads based on the approved plan and the projects included in it.

Budget Speech

In the Budget session of LSGI, the following points should be included in the Budget Speech.

- Statement of a long-term vision on gender equity of the LSGI. It shall reflect the gen-

der policies of LSGI.

- ii. Activities envisaged by the LSGI under the Budget with its priority for gender equity.
- iii. The scope and binding(?) of review and auditing of Budget with gender perspective.
- iv. The source and availability of funds for the financial year to meet the gender perspective.

Passing of Budget

- i. The Budget prepared with gender perspective shall be taken for discussion in the LSGI's meeting.
- ii. After detailed discussions, the LSGI shall approve the Budget.
- iii. The Budget as passed by the LSGI shall be published on the notice board of the LSGI, its Institutions and website of the LSGI.

Implementation

To ensure the implementation of the Plan/Projects, included in the budget, the WGs shall prepare:

- i. An implementation calendar with the time line and implementing responsibility map.
- ii. Make necessary preparations and organize activities to ensure that each activity mentioned in the calendar is implemented within the scheduled time.

Gender Budget Monitoring

The WG shall develop gender responsive indicators for monitoring each project and issue it to all WGs. The indicators shall be SMART- specific, measurable, accurate, relevant and time-bound. It shall also be used to measure the progress in achieving SGN and PGN.

Gender Disaggregated Data

We need Gender Disaggregated data in all sectors of development. LSGIs need guidance to undertake the collection of gender-disaggregated data.

1. Conduct Gender Status Study
2. Prepare Gender disaggregated Status Reports in all working groups
3. Gendered Analysis of Previous Budget
4. Institutional Analysis

This will help to conduct gender based impact analysis, beneficiary needs assessment and beneficiary incidence analysis.

Gender Audit in Local Governments

While initial focus in 14th FYP can be on implementing GRB across local bodies, subsequent attention need to be on undertaking gender audit in these so that progress can be assessed, achievements understood and gaps identified. Here again audit can be of diverse scope covering entire local body, or specific schemes/ projects, institutions, strategic spaces etc. The basic methodology for conducting audits of LGs and related institutions has been detailed in the Gender Budget Manual for Local Self Government Institutions of Kerala, developed by KILA in 2017.

Regarding schemes/ projects, KILA can initially identify certain common gender significant

ones to be audited for which relevant methodology as well as indicators to measure objectives can be worked out through consultative workshops involving all stakeholders and experts. These can be piloted in a few local bodies, tested and revised to draft detailed guidelines/ manuals and checklists which can then serve as basic reference documents for all local bodies based on which they can then make necessary modifications to suit local specificities. While engendered performance audit can be done as part of regular PA, responsibility for social audit can be entrusted to gender specialists associated with GRC and the results may be compiled and evaluated by Finance standing committee to result in GA document for the LG.

REFERENCES

1. Abraham, A., Varghese, S, Satheesh, M., Vijayakumar, K., Gopakumar, S. and Mendez, A.M.2014. Pattern of gynaecological morbidity, its factors and health seeking behaviour among reproductive age group women in a rural community of Thiruvananthapuram district, South Kerala. *Indian Journal of Community Health*. 26(3): 230-237.
2. Agnihotri and Mazumdar (1995)
3. Anil Bindu.S, Susanna John,(2021) Prevalence of Depression among Adults Residing in A Coastal Area of Thiruvananthapuram District, Kerala Article in *National Journal of Community Medicine* .
4. Arathi, P.M. (2019) Unaccountable Deaths and Damages: An Analysis of Socio- Legal Implications of Sterilisation Camp Deaths in Bilaspur, Chattisgarh. In Imrana Qadeer, K.B Saxena & P.M. Arathi (Ed.) *Universalising healthcare in india from care to coverage*, New Delhi: Aakar, 211-227.
5. ARC (2018)
6. Bhavila L and Bushra Beegum (2017):”Functioning of Internal Complaint Committees in Government offices in Kerala”, *Economic and Political Weekly*, Vol 2,No.52 as cited in CSES (2019); *From Welfare to Rights*
7. Basu and Rajan (2007)
8. Bebel (1886)
9. Canadian International Development Agency(1997), *Guide to Gender Sensitive Indicators*, CIDA Canada
10. CEHAT and SAHAJ (2021):*Assessing Progress in Interventions Addressing Domestic Violence against Women: Report of a National Consultation*, New Delhi
11. Census 2011, <https://censusindia.gov.in/>
12. CGBA (2021) *Training Resource on Gender Responsive Budgeting in India*
13. Chakraborty et al., 2014;
14. Commission on Social Determinants of Health (2008)
15. Comptroller & Auditor General of India (2014) *Performance Audit Guidelines 2014*, NewDelhi,http://www.saiindia.gov.in/english/home/Our_Process/Audit_Methology/Guidelines_Notes/PA_Guidelines2014.pdf
16. COSWI (1974).

17. CSES (2018)
18. Custers (1997)
19. Cwikel, J., Ilan, K., & Chudakov, B. (2003). Women brothel workers and occupational health risks. *Journal of Epidemiology & Community Health*, 57(10), 809-815.
20. Devika J A study on Gender based violence in Kerala, Dept. Of Health, Government of Kerala
21. DFID (2002). *Gender Manual: A Practical Guide for Development Policy Makers and Practitioners*, London, UK
22. Eapen and Kodoth 2002)
23. Eapen, Mridul (2018), *Approach to Gender Budgeting: The Case of Kerala* (Unpublished), Kerala State Planning Board, Trivandrum.
24. Eapen, Mridul (Undated), *Integrating Gender Budgeting into Planning: Kerala's Experience* (Unpublished), Centre for Development Studies, Trivandrum.
25. Ekbal B, Jayasree AK, Aslesh OP, Urmila KE, Renjith P, Krishnanunni (2013). Report on health status of Tribal in Attapadi. Kannur.
26. *Elderly in India* (2016).
27. *Employment-Unemployment Survey*, 2011
28. Erdman, J. N. 2015. "Commentary: Bioethics, Human Rights, and Childbirth." *Health and Human Rights* 17, no. 1: E43.
29. Federici, Silvia (1975) *Wages against housework*. Bristol: Falling Wall Press.
30. Garikipati and Kambhampati (2020).
31. (2018) *Gender and Child Budget 2018-19*, Finance Department, Trivandrum.
32. (2019) *Gender and Child Budget 2018-19*, Finance Department, Trivandrum
33. (2020) *Gender and Child Budget 2020-21*, Finance Department, Trivandrum.
34. (2021) *Gender and Child Budget 2021-22*. Finance Department, Trivandrum Available at <http://finance.kerala.gov.in/bdgtDcs.jsp>
35. Government of India (2015): *Gender Budgeting Handbook*, Ministry of Women and Child Development, New Delhi. Available at: <https://wcd.nic.in/sites/default/files/GB%20%20Handbook%20October%202015.pdf>
36. Government of India (2021): *Output-Outcome Framework 2021-22 of Major Central Sector and Centrally Sponsored Schemes*, Ministry of Finance,
37. <https://www.indiabudget.gov.in › doc › impbud2020-21.pdf>.
38. Government of India(2021) *Implementation of Budget Announcements 2020-21*, Ministry of Finance, New Delhi. Available at <https://www.indiabudget.gov.in › doc › impbud2020-21.pdf>.
39. Government of Karnataka (2021): *Gender Budget 2021-22*, Finance Department. Available at <https://finance.karnataka.gov.in/storage/pdf-files/19- GenderBudget%20 2021-22.pdf>
40. Government of Kerala (2021): *Gender Equality and Women's Empowerment Policy Kerala 2015-20* Dept of Social Justice
41. Government of Kerala (2017) *Gender and Child Budget 2017-18*, Finance Department, Trivandrum.

42. Government of Tripura (2021): Gender Budget 2021-22. Available at <https://finance.tripura.gov.in/sites/default/files/Budget%20Ar%20a%20Glance%202021-22.pdf>
43. Govt of Kerala State Policy for Transgenders in Kerala. 2015.
44. Gurumurthy and Jha (2019)
45. Harikrishnan S, Sarma S, Sanjay G, Jeemon P, Krishnan MN, Venugopal K, Mohanan PP, Jeyaseelan L, Thankappan KR, Zachariah G. Prevalence of metabolic syndrome and its risk factors in Kerala, South India: Analysis of a community based cross-sectional study. *PLoS One*. 2018 Mar 27;13(3):e0192372.
46. Hartmann, Betsy, and Mohan Rao. 2015 "India's Population Programme." *Economic and Political Weekly* Vol.L No.44:10-13
47. IASC, UNHCR 2005
48. ILO (2012) A Manual for Gender Audit Facilitators The ILO Participatory Gender Audit Methodology
49. Imp-Act (2005) Choosing and Using Indicators for Effective Social Performance Management, Imp-act Practical Notes No. 5, Brighton: IDS http://www.ids.ac.uk/impact/publications/practice_notes/PN5_Indicators.pdf
- 41.(2021): Implementation of Budget Announcements 2020-21, Ministry of Finance, New Delhi. Available at <https://www.indiabudget.gov.in/doc/impbud2020-21.pdf>.
51. Indu PS, Anilkumar TV, Pisharody R, Russell PS, Raju D, Sarma PS, Remadevi S, Amma KL, Sheelamoni A, Andrade C. Prevalence of depression and past suicide attempt in primary care. *Asian journal of psychiatry*. 2017 Jun 1;27:48-52.
52. Indu PS, Anilkumar TV, Pisharody R, Russell PS, Raju D, Sarma PS, Remadevi S, Amma KL, Sheelamoni A, Andrade C. Primary care Screening Questionnaire for Depression (PSQ4D): reliability and validity of a new four item tool . *British Journal of Psychiatry open*, 2017, 3, 91–95. doi: 10.1192/bjpo.bp.116.003053
53. Indu PS, Anilkumar TV, Vijayakumar K, Kumar KA, Sarma PS, Remadevi S, Andrade C. Reliability and validity of PHQ-9 when administered by health workers for depression screening among women in primary care. *Asian journal of psychiatry*. 2018 Oct 1;37:10-4.
54. Indu PS, Anilkumar TV, Vijayakumar K, Kumar KA, Sarma PS, Remadevi S, Andrade C. Effectiveness of community-based depression intervention programme (ComDIP) to manage women with depression in primary care-randomised control trial. *Asian journal of psychiatry*. 2018 Apr 1;34:87-92.
55. Industries department
56. Infrastructure and Equipment for unpaid care work:Household survey findings from the Philippines, uganda and Zimbave . 2017 Household care Survey Report Ox-fam . Page no. 15
57. Initiative for What Works to Advance Women and Girls in the Economy (IWWAGE) aims to build on existing research and generate new evidence to inform and facilitate the agenda of women's economic empowerment. IWWAGE is an initiative of LEAD, an action-oriented research centre of IFMR Society (a not for profit society registered under the Societies Act).

58. InterAction (2003) *The Gender Audit: Questionnaire Handbook*, Washington, DC: InterAction
59. InterAction (2010) *The Gender Audit Handbook A Tool for Organizational Self Assessment and Transformation*
60. Jayanti Basu and S Irudaya Rajan, 2007, 'Mental Health, Gender Ideology and Women's Status in Kerala' Swapna Mukhopadhyay (ed) *The Enigma of the Kerala Woman: A Failed Promise of Literacy*. Social Science Press, New Delhi
61. Jayasree.A.K, Bindu. M.V (2020) *Contextualizing Healthcare Needs of the Transgender Community in Kerala: A Strategic Approach*, Molly Kuruvila (ed) *Handbook of Research on New Dimensions of Gender Mainstreaming and Women Empowerment*
62. Jisha Elizabeth (2021) *Why Kerala's coastal voters have a crucial role in deciding who will rule the state*. Scroll.in
63. John Mary (1996)
64. Johnston, D. (1985). *The Development of Social Statistics and Indicators on the Status of Women*. *Social Indicators, Research*, 16, 233-61. cited in Canadian International Development Agency. (1997). *Guide to Gender Sensitive Indicators Canada WID*, August 1997. [http://www.acdicida.gc.ca/inet/images.nsf/vLUIImages/Policy/\\$-file/WIDGUID-E.pdf](http://www.acdicida.gc.ca/inet/images.nsf/vLUIImages/Policy/$-file/WIDGUID-E.pdf)
65. Jose Jayan (2018)
66. Joshi Pankaj, Issac Mathew.(2009).*Insider Outsider The vexed questions of access of public space* .Urban Design Research Institute. 278-281
67. Kabeer Naila (1975)
68. Kerala development report 2021
69. Kerala Economic Review 2019
70. Kerala Maintenance and Welfare of Parents and Senior Citizens Act 2009
71. Kerala Planning Board, Thirteenth five-year plan 2017-2022, working group on gender and development report
72. KILA (2017) *Gender Budget Manual for Local Self Government Institutions of Kerala*
73. KILA (2020): *Domestic violence and issues experienced by women and girls of Kerala during the Corona lockdown period: A Study Report*, Kerala Institute of Local Administration, Thrissur.
74. Kermode, M., Herrman, H., Arole, R., White, J., Premkumar, R., & Patel, V. (2007). *Empowerment of women and mental health promotion: a qualitative study in rural Maharashtra, India*. *BMC public health*, 7(1), 225.
75. Krishnan L(2006). *Nutritional Status of Children In Tribal Communities of Wayanad*. Sree Chitra Tirunal Institute for Medical Sciences and Technology.
76. Kurien, J. 1995. *Technical assistance, projects and socio-economic change, The Norwegian intervention in Kerala's fisheries development experience*. Working Paper 205, Centre for Development Studies, Trivandrum.
77. Kurtis (2018)
78. Lakhani, R. (2004). *Occupational health of women construction workers in the unorganised sector*. *Journal of Health management*, 6(2), 187-200.

79. Link of (Live Law News Network Jan 4 2018)
80. Manikandan AD (2014) A Tragedy Unfolding. Economic and Political Weekly.
81. Mary John J, Aji Diwakar, (2014) Life and work of fish vending women in south Kerala: Changes and challenges during the past 35 years. Kerala Institute of Labour and employment, Government of Kerala
82. Mathew etal (2015)
83. Mehrotra and Parida, 2017
84. Messing, K. (1997). Women's occupational health: A critical review and discussion of current issues. *Women & health*, 25(4), 39-68.
85. Meyers, Lis & Jones, Lindsey (2012). ACIDI VOCA Gender Analysis, Assessment and Audit Manual and Toolkit.<http://www.acdivoca.org>
86. Mishra Yamini (2011) Breaking New Frontiers for Gender Responsive Budgeting-The Kerala Model, UN Women,<http://esocialsciences.org>
87. Mohamed & George (2021)
88. Mohindra KS, Siekmans K, Māk G, Narayana D. "Health divide" between indigenous and non-indigenous populations in Kerala, India: population based study. *BMC Public Health*. 2012 Jan;12(1):390.
89. Moser, Annalaise (2007) Gender and Indicators Overview Report UNDP and BRIDGE, Cutting Edge Pack Series, Institute of Development Studies (IDS), UK
90. Moser, C. (2005) An Introduction to Gender Audit Methodology: Its Design and Implementation in DFID Malawi, Overseas Development Institute: London http://www.odi.org.uk/PPPG/publications/papers_reports/ODI_Moser_gender_audit_methodology.pdf?itemprcd=gende
91. Ministry of Statistics and Programme Implementation (MOSPI) (2021) Govt of India
92. MS Aneesh (2016): Social Exclusion of Physically Disabled Transgenders (M to F) in Kerala, *International Journal of Advanced Research (IJAR)*, December. 5(4).1-6.
93. Mukhopadhyay Swapna (ed)(2007): *The Enigma of Kerala Woman: a failed promise of literacy*, Social Science Press, November
94. Mumbai Reader (2009)
95. National Crime Records Bureau,2020
97. 96. National Family Health Survey – 5, 2019-2020,Dept of Health and Family Welfare , Govt of India
97. National Planning Committee (1938)
98. NCRB 2019
99. Nazeema Beevi.et al(2016) A study of adolescent health problems in a rural school in Thiruvanthapuram district, Kerala. *International Journal of Community Medicine and Public Health* 4(1):100
100. Neetha N."Paid domestic work: Making sense of the jigsaw puzzle." *Economic and Political Weekly* 48, no. 43 (2013): 35-38.
101. (2021): Output-Outcome Framework 2021-22 of Major Central Sector and Centrally Sponsored Schemes, Ministry of Finance, New Delhi. Available at https://www.india-budget.gov.in/doc/OutcomeBudgetE2021_2022.pdf

102. Oxfam (2002) Gender Mainstreaming Tools: Questions and Checklists to Use Across the Programme Management Cycle, Version 1, November 2002, Oxfam
103. Oxfam International (2017) Infrastructure and Equipment for Unpaid Care Work Household Care Survey Report
104. Pandey (2014)
105. Parthasarathy et al (2018).
106. Patel, V., Simon, G., Chowdhary, N., Kaaya, S., & Araya, R. (2009). Packages of care for depression in low-and middle-income countries. *PLoS medicine*, 6(10), e1000159
107. Periodic Labour Force Survey, 2017
108. Periodic Labour Force Survey 2018-19
109. Philip RR, Vijayakumar K, Indu PS, Shrinivasa BM, Sreelal TP, Balaji J. Prevalence of undernutrition among tribal preschool children in Wayanad district of Kerala. *Int J Adv Med Health Res.* 2015;2(1):33.
110. Philip, Sheena Rajan. (2018). Stigma and discrimination towards transgenders in the society . . *BCM journal of social work* .14(1),62-77.
111. [Planning%20Board/1.22Gender%2007052017.pdf](#)
112. Population Foundation of India, Parivar Seva Sansthan, Family Planning Association of India and Common Health. 2014. "Robbed of Choice and Dignity: Indian Women Dead After Mass Sterilisation: Report of Situational Assessment of Sterilisation Camps in Bilaspur District, Chhattisgarh." New Delhi: Priyanka Sajeev, Biju Soman, Prevalence of noncommunicable disease risk factors among the Kani tribe in Thiruvananthapuram district, Kerala, *Indian Heart Journal*, Volume 70, Issue 5, 2018, Pages 598-603,
113. Pulikkamath Ashraf (2020) Quick Review of Gender Budgeting in Kerala: Priorities and Shortcomings at a Glance, Internship Report submitted to Kerala State Planning Board
114. Qadeer, I. (2010). *New Reproductive Technologies and Health Care in Neo-Liberal India Essays. Monograph* (pp.1-73), New Delhi: Centre For Women's Development Studies
115. Rajan, S. Irudaya, ed (2018). *India Migration Report 2018: Migrants in Europe*. Taylor & Francis.
116. Ramakumar and Eapen (2021)
117. Ramnath, K.R (2020) *Living the life of a Transgender: A Study in Kerala* (unpublished doctoral dissertation). Central University of Gujarat.
118. Sakhi (2010). *Situation of women in the state : The gender paradox*, www.sakhikerala.org
119. Saalim, Mohamed, and Sobin George (2021). 'Determinants of Wage Differentials Among In-Migrant Workers: Insights from a Primary Study Conducted in Kozhikode District, Kerala, India'. *The Indian Journal of Labour Economics*. Published ahead of print, 20 October.
120. Shyam et al (2011)
121. Sarma PS, Sadanandan R, Thulaseedharan JV, Soman B, Srinivasan K, Varma RP, Nair

- MR, Pradeepkumar AS, Jeemon P, Thankappan KR, Kutty RV. Prevalence of risk factors of non-communicable diseases in Kerala, India: results of a cross-sectional study. *BMJ Open*. 2019 Nov 10;9(11):e027880. doi: 10.1136/bmjopen-2018-027880. PMID: 31712329; PMCID: PMC6858196.
122. Satyam and Pickup (2018)
 123. SherVerick (2014)
 124. Sen Amartya (1999)
 125. Sen Gita (2021)
 126. Sex Education In India: Why, What, When, Where, Whom? (2017) Conference Paper. <https://www.researchgate.net/publication/318393228> Retrieved on 24-10-21
 127. "Social Exclusion of Physically Disabled Transgenders (M To F) In Kerala," Published in *International Journal of Advanced Research*:
 128. Social Justice Department (2021): Report of the study on Analysis of suicide cases among children, Govt. of Kerala
 130. Sonny Jose and Lakshmi V. Nair (2011). Women SHGs in coastal Kerala: The lopsided side of social development? *International Journal of Sociology and Anthropology* Vol. 3(2), pp. 56-60, February 2011 Available online <http://www.academicjournals.org/ijasa>
 130. SRS Report (2016-18)
 131. Srivastava, A. K., & Bihari, V. (2000). Occupational health for women: A current need.
 132. St-Amant, O., Ward-Griffin, C., Berman, H., & Vainio-Mattila, A. (2018). Client or Volunteer? Understanding Neoliberalism and Neocolonialism Within International Volunteer Health Work. *Global qualitative nursing research*, 5, 2333393618792956. <https://doi.org/10.1177/2333393618792956>
 133. Stigma and Discrimination Towards Transgenders in the Society," *Educere-the BCM Journal of Social Work* Vol. 14, Issue-1, Jun-2018
 134. Suma (2012)
 135. Suma T.R, (2014) Customary vs state laws of land governance: Adivasi joint family farmers seek policy support The case of Kurichya joint families in Wayanad, southern India. *International Land Coalition, Italy*
 136. Suma. T. R and Christina Grosmann, (2016) Exclusions in inclusive programmes: state sponsored sustainable development initiatives amongst Kurichya in Kerala, India. DOI 10. 1007/s10460-016-9758-4 Vol, 23. No, 4. *Journal of Agriculture and human values*.
 137. Suma TR, (2019). Reorganisation of Kurichya Joint Families and their natural resource Management system. Unpublished Phd. Thesis submitted to Kannur University.
 138. Swaminathan (2018)
 139. Syam S Stalim, Athira N R and Reerja Fernandez (2017), Attrition in Fisherwomen Activity Groups-A Case Study on Theeramythri, Kerala, *International Journal of Research in Business Management (IMPACT: IJRBM)* ISSN(P): 2347-4572; ISSN(E): 2321-886X Vol. 5, Issue 3, Mar 2017, 21-32
 140. Tarannum Fawzia (2020) Gender Audit Report, TERI School of Advanced Studies

141. Thankappan KR, Shah B, Mathur P, Sarma PS, Srinivas G, Mini GK, Daivadanam M, Soman B, Vasan RS. Risk factor profile for chronic non-communicable diseases: results of a community-based study in Kerala, India. *Indian J Med Res.* 2010 Jan;131:53-63. PMID: 20167974.
142. *The Hindu* August 06 2021
143. *The Pioneer*
144. Thirteenth five-year plan 2017-2022 working group on gender and development(2017) State Planning Board. Government of Kerala
145. Thresia, C. U. (2007). Interplay of gender inequities, poverty and caste: implications for health of women in the cashew industry of Kerala. *Social Medicine*, 2(1), 8-18.
146. Thresia, C. U., & Mohindra, K. S. (2011). Gender bias in health research: implications for women's health in Kerala (India) and Sri Lanka. *Critical Public Health*, 21(3), 327-337.
147. United Nations Development Programme (UNDP) and BRIDGE (2007) e-discussion summary: Measuring Gender Equality, April 2007, organised and coordinated by UNDP and BRIDGE
148. United Nations Development Programme (2013)
149. University of Calicut (2016) Gender Audit 2016, Department of Women's Studies, Calicut
150. University of Kerala (2016) Gender Audit Report, IQAC
151. University of North Bengal (2020) Gender Audit Report, IQAC
152. UN Women and Fiscal Policy Institute (2015) Gender Audit -Reinforcing the Missing Links in GRB. Bangalore
153. UN Women and Fiscal Policy Institute (2019) Facilitating Gender Audit -A Guide for Auditors. Trainers and Researchers, Bangalore
154. UN Women September 4th (2020).
155. UNW (2020)
156. Verma Commission (2003)
157. Vijayakumar, G., Manghat, S., Vijayakumar, R. et al. Incidence of type 2 diabetes mellitus and prediabetes in Kerala, India: results from a 10-year prospective cohort. *BMC Public Health* 19, 140 (2019). <https://doi.org/10.1186/s12889-019-6445-6>
158. Vikram Patel; Betty, R., Kirkwood; Sulochana Pednekar; Bernadette Pereira; Preetam Barros; Janice Fernandes; Jane Datta; ReshmaPai; Helen Weiss; David Mabey, 2006 :Gender disadvantage and Reproductive Health Rsk factors for common mental Disorders in Women: A community Survey of India; *Arch Gen Psychiatry.* 63(4):404-413. doi:10.1001/archpsyc.63.4.404.
159. Violence against women and girls: the shadow pandemic, Video message from the Executive Director UN, Women, April 06 2020
160. Wikel & Chudakov (2003)
161. Women's Health West (2015) Gender audit guidelines for the government, community and health sectors
162. World Health Organization Report 2000, 'Women's Mental Health: An Evidence

- based Review', Mental Health Determinants and Populations, Department of Mental Health and Substance Dependence, Geneva
163. WHO reference in heading suicide and self harm not given(Suicide: one person dies every 40 seconds (who.int)
 164. Zacharia, K. C., Mathew, C. T. and Rajan, I. (1999). Migration in Kerala state, India; Dimensions, determinants and consequences. Working Paper No1, Centre for Development Studies, Trivandrum.
 165. <https://keralapolice.gov.in/crime-statistics/crime-against-woman>, 02/09/21
 166. <https://www.indiaspend.com/women/no-more-than-6-women-mlas-in-keralas-assembly-in-last-20-years-738935>
 167. <http://mospi.nic.in/time-use-survey-0>
 168. Kudumbashree-Model-Documentation.pdf (icrw.org)
 169. www.wcd.kerala.gov.in
 170. www.keralapolice.gov.in
 171. www.keralawomenscommission.gov.in
 172. www.kochicitypolice.org
 173. www.kudumbasree.org
 174. www.arogyakeralam.gov.in
 175. <https://economictimes.indiatimes.com/nri/work/over-15-lakh-non-resident-keralites-return-home-during-may-2020-june-2021-from-6-gulf-nations-official-data/article-show/84180507.cms?from=mdr>
 176. <https://scroll.in/article/992907/why-keralas-coastal-voters-have-a-crucial-role-in-deciding-who-will-rule-the-state>

**PROCEEDINGS OF THE MEMBER SECRETARY
STATE PLANNING BOARD**

(Present: Sri. Teeka Ram Meena IAS)

Sub: - Formulation of Fourteenth Five Year Plan (2022-27) – Constitution of Working Group on **Gender and Development** – Revised Orders- reg.

Ref: 1. Order No. 448/2021/SS (G&D)/SPB dated: 08/09/2021

2. Guidelines on Working Groups

ORDER No. 448/2021/SS (G & D)/ SPB Dated: 22/10/2021

As part of the formulation of Fourteenth Five Year Plan, Working Group on **Gender and Development** was constituted vide order referred. In the first meeting of the Working Group, it was decided to co-opt the following member.

1. Dr. Nirmala Padmanabhan, Retd. Professor, St. Teresa's College, Ernakulam

In this circumstance, revised orders are hereby issued by including the above member in the Working Group on Gender and Development The Working Group shall also take into consideration the guidelines read 2nd above in fulfilling the tasks outlined in the ToR for the Group.

Co - Chairpersons

1. Ms. Rani George IAS, Principal Secretary, Women and Child Department
2. Dr.Mridul Eapen, Former Member, Kerala State Planning Board

Members

1. Ms. T V Anupama, IAS, Director, Women and Child Development
2. Ms.P.I.Sreevidya. IAS, Executive Director, Kudumbashree
3. Ms.T N Seema, State Coordinator, Nava Kerala Karma Padhathi
4. Ms. P Usharani, Member Secretary, Kerala Women's Commission
5. Ms.Bindu. V C, Managing Director, Kerala Women's Development Corporation
6. Ms.AleyammaVijayan, Sakhi Women's Resource Centre, Trivandrum
7. Dr.SumaVishnudas, Head, Social Science Division, IRTC,Palakkad
8. Dr.Rekha Raj, Assistant Professor, School of Gandhian Thought and Development, MG University
9. Dr.Arathi PM, Assistant Professor, School of Legal Thought, MG University, Kottayam
10. Ms.Susan Kodi, President, AIDWA
11. Adv.(Dr.)Geenakumari, SuseelaGopalanPadanaKendram, Trivandrum
12. Dr.Indu.P.S, Professor & Head, Department of Community Medicine, Govt Medical College, Kollam
13. Dr.KPN Amrutha, Research Associate, KILA,Thrissur
14. Ms.Soya Thomas,Consultant NRLM & Gender Curriculum and Integration Expert, IWWAGE
15. Dr.Shamshad Hussain, Professor, Sree Sankaracharya University for Sanskrit, Regional Centre, Tirur& Member of Syndicate University of Calicut
16. Dr. A.K. Jayasree, Head, Department of Community Medicine, Pariyaram Medical College, Kannur
17. Ms.ShyamaS.Prabha, Project Officer, Transgender Cell, Social Justice Directorate
18. Dr.T.Muraleedharan, Senior Faculty, Chetana College of Media and Performing Arts, Chiyaram, Thrissur
19. Dr.Gayatri Balu, Senior Research Associate, Society for Social and Economic Research, New Delhi
- 20.Dr. Nirmala Padmanabhan, Retd. Professor, St. Teresa's College, Ernakulam

Convener

Dr. Bindu. P.Verghese, Chief, Social Services Division, State Planning Board

Co- Convener

Ms. Dhanya. S.Nair, Deputy Director, Social Services Division, State Planning Board

Terms of Reference

1. To recommend policies that will ensure the enhanced and equal participation of women in social, political, and public affairs, focussing in particular on the provision of public services and infrastructure in recognition of a household's unpaid domestic and care work to be promoted as a shared responsibility.
2. To develop strategies to combat various forms of violence, including the growing cyber violence, and discriminatory practices against women.
3. To formulate effective Gender Audit frameworks, examine various sources of data to develop gender disaggregate data and thereby expand the scope of Gender Budgeting further to attain better planning outcomes.
4. To formulate a comprehensive strategy for institutional and community-based support programmes to address issues of women's mental health.
5. To formulate policy ideas for focused programmes for (i) transgender people (ii) domestic workers (iii) women in fishing communities (iv) women belonging to scheduled tribes and scheduled castes and minorities (v) women migrant labourers from other states and women in migration from the state; addressing the issues of multiple vulnerabilities of livelihood, education, wages, safety, occupational and general health.

Terms of Reference (General)

1. The non-official members (and invitees) of the Working Group will be entitled to travelling allowances as per existing government norms. The Class I Officers of GoI will be entitled to travelling allowances as per rules if reimbursement is not allowed from Departments.
2. The expenditure towards TA, DA and Honorarium will be met from the following Head of Account of the State Planning Board "3451-00-101-93"- Preparation of Plans and Conduct of Surveys and Studies.

The order read as 1st above stands modified to this extent.

Sd/-

Member Secretary

To

The Members concerned

Copy to

PS to VC

PA to MS

CA to Member (Smt. Mini Sukumar)

Sr. A.O, SPB

The Accountant General, Kerala

Finance Officer, SPB

Publication Officer, SPB

Sub Treasury, Vellayambalam

Accounts Section

File/Stock File

Forwarded by Order

Sd/-

Chief (Social Services Division)