Critical Social Work

School of Social Work
University of Windsor
401 Sunset Avenue
Windsor, Ont.
Canada N9B 3P4
Email: cswedit@uwindsor.ca

Publication details, including instructions for authors and subscription information can be found at: <http://uwindsor.ca/criticalsocialwork>

Link to article:

<http://www1.uwindsor.ca/criticalsocialwork/policyadvocacy>

Critical Social Work, 2016 Vol. 17, No. 1

Policy Advocacy on Women's Issues in India: Exploring Challenges to Social Work

---

Critical Social Work 17(1)

Govind Dhaske
Indiana University

Author Note

Acknowledgement: Author would like to register his sincere gratitude and acknowledge the guidance and help provided by respected Dr. Margaret Adamek of Indiana University School of Social Work.

Abstract

Advocating human development and social justice, and influencing the policy-induced change, are primary roles of social workers. However, in India, policy advocacy on women's issues involves context-specific challenges due to politico-religious society and institutions. Social workers are challenged by different gendered beliefs across public and private systems while promoting gender equality in India. Therefore, policy advocacy on women's issues implies changing gendered social contexts and confront a range of entities and institutions governed by state policies. Using a conceptual approach, author outlines challenges for social work in advocating women's issues in India. The paper concludes with suggestions for social work education and practice for effective policy advocacy on gender issues in India.

Keywords: Policy advocacy, women's issues, policy practice, social work, India.

This article provides an outline of challenges involved in advocating women's issues in the Indian context using insights derived from the theoretical perspectives and evidence-based findings about status of women's human development in India. In the early part, the article explores the status of women's human development using multiple sources and policy documents. Further, the article provides conceptual framework about the gender inequity in India by substantiating it with evidence. The challenges in policy advocacy of women's issues are further elaborated by highlighting the existing structural systems and the underlying gender exclusion in India. The role of social work practice, education, and knowledge creation is central to the analysis of women's issues and the challenges involved. The bottlenecks involved in the policy advocacy of women's issues, and the role of social work and its values has been outlined in this article emphatically.

Policy Advocacy on Women's Issues in India: Exploring Challenges to Social Work

Due to the subordinate status given by the age-old religious-based patriarchy and colluding male-dominated social-political system, women have remained the most vulnerable group in India. Such type of historical structural vulnerability of women cannot be denied to have affected their human development over the generations. Quite vividly, women's subordinate social status (Bloom, Wypij, & Gupta, 2001; Gupta, 1995) has delimited political and structural spaces for advocating their particular problems and human development needs. The historical picture shows less or no recognition of women's developmental issues not just at social, but also at the policy level, which has been primarily responsible for accentuating their marginalization in India. Such inadequate representation of women's issues due to the exclusionary policymaking processes triggers the core challenges for social workers.

Indian women carry varied forms of vulnerability due to intersectionality (McCall, 2005) emerging from caste, class, religion, demography, occupation, and other multifold identities. In patriarchal societies, women's human development achievements are closely linked to the overall human development of the country. Such linkages are more likely as women bear the responsibility of the child rearing for the most part and contribute in the livelihood and income generation activities of household. Pragmatically speaking, encouraging women's rights, and its policy incorporation should be considered as a sustainability correlate of the national and global human development agenda. Furthermore, the overlap of gender-related issues with the prevalent structural issues due to the caste and class-based hierarchy implies the pressing need to incorporate social justice approach while working on women's problems in India.

With a vision for betterment, the Ministry of Women and Child Development, Government of India (2008) constituted the National Commission for Women (NCW) as a national statutory body in 1992 for protecting and safeguarding the rights of women. However, a report from the Government of India (2009) outlined that despite increases in the level of both human and gender-related development indices between 1996 and 2006, gender-based disparities continued to exist in India. Furthermore, the same report highlighted that Indian women have diminishing power over economic resources. In another recent report, the National Commission for Women (2011) highlighted the critical scenario of women's problems and its cultural roots in India as "the highest number of complaints numbering 3430 received by NCW was regarding Police Apathy, followed by 3272 complaints of Domestic Violence / Matrimonial Dispute and

1132 complaints of Property (Widows Property, Parents Property, Stree-dhan Property, etc.) ” (p.27). Above reported forms of gender-based disparity in India reveal the complex situation of women’s issues in India.

The Structural Nature of Politico-Religious Patriarchy in India

The politico-religious structure of the Indian society has created and maintained an oppressive form of patriarchy. In its structural-functional forms, patriarchy privileges males, stressing men’s domination over women putting them as the weaker sex in need of protection (Amawi, 2007). In the Indian context, several authors have revealed the subordination of women in different religious scriptures (Srinivasan, 1994; Tyagi, 2004; Verma, 1995; Wadley, 1977). Importantly, Verma (1995) underscored the negative attitude of Hindu traditions toward women’s equality. With rapid modernization and urbanization, the complexity of subordination of women has become challenging to explore. However, it arguably remains within the age-old pattern highlighted by Chakravarti (1993) where the severe forms of subordination of women are operationalized through the powerful instrument of religious traditions, which further shape social and institutional practices. For the most part, the social construction of gender and normative practices around it considerably control women’s issues in India. Kabeer (2003) spelled out the nature of gender and the underlying process in explicit manner:

Gender refers to the rules, norms, customs and practices by which biological differences between males and females are translated into socially constructed differences between men and women and boys and girls. This results in two genders being valued differently and in their having unequal opportunities and life chances. (p. 2)

Due to the integral nature of social, political, and religious institutions in India, the prevalent gendered notions, such as women are the weaker sex translates into the policymaking process. The Indian scenario of women’s issues resonates with the conceptual process provided by Ridgeway and Correll (2004):

There are several *prima facie* reasons for suspecting that both cultural beliefs and social relational contexts play significant roles in the gender system. If gender is a system for constituting difference and organizing inequality on the basis of that difference, then the widely held cultural beliefs that define the distinguishing characteristics of men and women and how they are expected to behave clearly are a central component of that system. (p.511)

While the exchange of gendered values, beliefs, and knowledge between institutions and society is complex, it further creates challenges in identifying the locale of the women’s issues in India for the interventionist professions such as social work.

In India, women’s development shows slow progress despite ratification of global conventions and consequent changes in domestic policies. In the *Global Gender Gap Report*, India is ranked 114th of 134 countries across the globe (World Economic Forum, 2014). The report highlighted gender gap in terms of work opportunity, wage inequality, and workplace discrimination, which calls for policy-induced steps from the state. Sen (2001) has emphasized

the instrumental role of health and education in human development. However, in Indian context, there are problems, such as accessibility, availability, and affordability of education and health for the vulnerable population (Ramani & Mavalankar, 2006).

Using census data of 2001, Wu, Goldschmidt, Boscardin, and Azam (2007) highlighted that 75 percent of males and just 54 percent of females in India were literate. Further, they showed that rural women are twice as likely to be illiterate in India as compared to their male counterparts. Along the same lines, while surfacing the gender gap of 24 percent in traditionally deprived Schedule Caste (SCs) and Schedule Tribes (STs) communities, Ghose (2007) highlighted that policy commitment by the Indian government has not translated into programs on literacy. In latest census, the male and female literacy rates were increased to 82.14% for men and 65.46% for women (Office of Registrar General and Census Commissioner Government of India, 2011); However, literacy rates still show gender disparity emerged from the caste and demographic intersectionality among women. Furthermore, the International Labor Organization (ILO) (2013) reported that women's labor force participation declined considerably to 29 % in 2009-10 from 37 % in the year 2004-05. The literacy and labor force participation disparity arguably indicates that the growing literacy among women has not reflected in similar trends in the labor force participation in India.

Women's health inequity is multifarious in India. The World Health Organization (WHO) (2007) reported on gender differences in infant mortality rate (IMR) and under-five mortality rates in India, where it highlighted that the higher mortality rate in females (in the age group of 0-4 years) is not due to the biological reasons. Furthermore, the Planning Commission of India (n.d.) has highlighted the importance of tackling the social causes that affected the mortality among girls. The social correlates of women's health are the most complex and implicit as health problems, such as malnutrition and anemia (Galloway et al., 2002), trend toward skewed sex ratio (Guilmoto, 2007; Jha et al., 2006; Oldenburg, 1992) are still prevalent due to the normative, social, and cultural factors. The integrated nature of women's development in India is highlighted by a report of the working group on empowerment of women for the eleventh plan:

The weak social infrastructure such as the lack of adequate schools or health centers, drinking water, sanitation and hygiene facilities inhibits a very large section of women from accessing these facilities. (Government of India, 2006, p.10)

The Eleventh plan attributed weak social infrastructure as the cause for low literacy and health issues, such as high maternal mortality, and infant mortality. The Eleventh plan document provided sufficient evidence to question the policy commitment toward the well-being of vulnerable women in India over past planning cycles. Highlighting the complex manifestation, Mehta and Shah (2003) pointed out that implicit gender differences operate at the household level and are far harder to capture in statistics. Mehta and Shah (2003) further revealed that such intra-household inequalities result in significant inequity in the distribution of resources, nutrition, decision-making, and other such important areas of human development and well-being of women.

The mechanisms through which the status of women affects their health and human development attainments are diverse. It has been seen that women's autonomy, which is linked with their status, is constrained in the patriarchal societies and carries bearing on women's well-being (Bloom, Wypij, & Das Gupta, 2001; Fotso, Ezech, & Essendi, 2009; Gupta, 1995; Jejeebhoy & Sathar, 2001). While exploring how women's status affects their fertility, Jejeebhoy (1991) revealed the existence of intervening variables. It is widely known that the low status leads to small social investment, which further reflects in the differential mortality rates of males and females (MacCormack, 1988). Notably, Gupta (1995) highlighted a pattern of increase in the status with age, which implied high vulnerability of younger females in the status determined health patterns. In India, the National Family Health Survey (2005-06) showed that only 36.7 % of the currently married women (45% in rural and 33% in urban) participate in household decision-making (Kishor & Gupta, 2009). Revealing the phenomenological nature of women's status and its impact, the same report mentioned that 6.7 % women faced problems in getting the permission to go for medical treatment and 17.3 % faced economic barriers in seeking treatments (Kishor & Gupta, 2009). The nature of patriarchal control over women's well-being became evident in the National Family Health Survey (2005-06) with 42.3 % women not allowed to go to health center without an accompanying person (Kishor & Gupta, 2009).

Putting health as a fundamental condition for attaining growth, Sen (1999) emphasized that policies can work best to maintain health and growth with their integral relation and affect. Education and health are correlated and likely to lead to substantial development with widely agreed instrumental role (Sen, 2001). Importantly, Ross and Wu (1995) highlighted the pathways where "high educational attainment improves health directly, and it improves health indirectly through work and economic conditions, social-psychological resources, and health lifestyle" (p. 719). Apparently, mere health policy would not work as it needs to be coupled with other policies leading to a comprehensive and conducive human development environment for women in India. Notably, comparing the health in India and China, Dummer and Cook (2008) emphasized the need for evidence-based health care policy with the preventive focus looking spatially and socially on the most vulnerable groups such as poor rural women, rural elders, urban migrant workers, and urban slum dwellers.

Structural Control of Women's Issues and the Role of Social Work

The structural control of women's issues in India is exemplified by the colluding roles of patriarchy and religious-based patriarchy further coupled with roles of political and private institutions. The complexity of the structural mechanisms of women's oppression in India is in concealed state due to lack of substantial research on women's problems. Nevertheless, the global academia has revealed the nature of gender-based oppression of women through structural systems, which informs the Indian scenario. India is not exception to what Davis (1994) explicated highlighting the complexity of marginalization of women due to knowledge production hierarchies:

First women (and members of the marginalized groups) are marked as lesser beings, which justifies their exclusion from the knowledge making enterprise. Then they are further judged deficient by the elitist standards developed by those in power. Finally, as they judge themselves against the ideal standards, they internalize the belief that they are

not good enough. Thus, their exclusion from power continues. Through this process, defining reality (and morality and truth) becomes the private domain of the powerful elite. (p. 65)

Along the same lines, Fricker (2007) termed the notion of marginalization as moral-political implying subordination and exclusion from practices important for the participants, in this case, women. Apparently, the structural privileges and power in the legitimization of social issues complicates women's problems as Jansson (1984) revealed that external conditions are not deemed as social problems until powerful groups, participants, or interests become convinced that they merit attention.

Social work, as a discipline, focuses on gender issues with the objective of promoting gender equity and social justice (International Federation of Social Workers, 2014). Reisch (2005) stated that social workers' analysis of oppression includes examination of the processes of how race, class, gender, ability, and sexual orientation play out in relation to domination and subordination. However, Germain and Gitterman (2013) have suggested social workers to examine one's identities and take stock of potential biases. Germain and Gitterman further suggested self-reflection as prerequisite for helping clients, and influencing communities and organizations about gender issues. As a result, the role of social work on gender issues is, internal - as a value and knowledge - based profession, and external - as a competent multidisciplinary body aimed at enhancing equity and human welfare by creating awareness and value-consciousness among the stakeholders. In Indian context, the role of social workers on gender issues requires a sensitive value framework, respect to social justice and gender equity, and above all, cultural competency while communicating about gender to all stakeholders.

In constitutional democratic system and governance such as India, social policies are a major instrument for legitimate political actions on women's problems. Guba (1990) defined policy as "a set of ideas reflecting certain values and beliefs that are created to guide decision-making" (p. 95). Similarly, Hudson (1994) contended social policies as a means of expressing value positions. As the purpose of policy advocacy is to improve opportunities and resources for the poor and other vulnerable populations by directing more efficient legislative and regulatory responses to human needs (Germain & Gitterman, 2013), social work focuses on social policy as a guiding instrument for affecting the well-being of the vulnerable (Dickens, 2009; National Association of Social Workers (NASW), 2009). The value-centric nature of policies and policymaking process implies the significance of value positions of policymaking entities on women's issues. Being a value-based profession and discipline closely working with vulnerable population, social work has the most appropriate epistemological position to determine the value deficit in policies and advocate for desired change.

Based on policy research, Hartman (2006) specified that professional social work practice is likely to identify new, alternative, or better ways of providing for the needs of clients. Along same lines, Wyers (1991) contended policy-practice as a direct social work practice to "strengthen profession's abilities to meet its century-long commitments of providing policy-informed services to those in need" (p.241). Furthermore, Wyers stated that policy-practice advocates for, and participates in, policy implementation and change. However, policy advocacy involves working with an array of entities involved in the policymaking processes coming from

formal and informal groups. Reichert (2003) mentioned various levels of social work policy advocacy:

The social work profession advocates for remedies to gender inequity at all levels of traditional social work intervention: at the macro level through federal and state legislation and in the executive branches of government; at mezzo levels in communities and organizations; and at micro levels in direct practice with individual, families and groups. (p. 67)

In summary, the social work value framework holds a constructive capacity to rationalize policies based on social welfare and equity objectives. However, the strategies adopted by social workers are largely determined by the social, cultural, economic, and political context.

The Nature of Gender-related Policy Issues in India

The nature of gender-related policy issues in India mostly seen in three forms, policy exclusion, adverse policy incorporation, and non-recognition of the need for a policy. The pathways of each pattern require comprehensive phenomenological understanding about its actual nature and underlying processes. The United Nations Development Fund for Women (UNIFEM) (n.d.) highlighted that economic policies and institutions still fail to consider gender disparities from tax and budget systems to trade regimes. The subordination of women in economic decision-making and the consequent economic deprivation of women in India assumes severe forms due to the links between gender, informality, and poverty in the labor market. Unni (2001) has highlighted such linkage by explicating increase in the informal economy and women's participation in it.

Historically, women and minorities have received less representation in Indian politics hence women's problems still do not find a considerable legitimate representation. Notably, Chattopadhyay and Duflo (2004) found that the representation of women has significant effects on policymaking at local level of governance as elected women leaders considered investing more in the public goods linked to women's concerns. Most elected women have been able to enhance political participation due to the electoral reservation policy in India. Despite the wider recognition of empowering role of electoral reservation policy for women, the Women's Reservation Bill-2008, that assured a 33 percent legislative representation to women, still awaits approval by the parliament in India (Tewari & Mathew, 2009). Despite the constitutional guarantee of equal rights (Government of India, 2001; Sarkar, 1986), women in India are still facing non-recognition of their rights at the policy level. Unless the multifaceted pathways of the policy exclusion are understood to the core, the redress of women's exclusion will remain as a challenge.

There is pressing evidence that outlines the significance of policy advocacy on women's issues in India. Osmani and Sen (2003) highlighted increase in the mortality rates and high fertility rates limiting the strength and coverage of economic progress of women through impaired political participation in the democratic process. Elaborating shortcomings of legal reforms on domestic violence in India, Ahmed-Ghosh (2004) pointed out that the power asymmetry in households and society is legitimized through the legislature and parliamentary

acts in India. Moreover, Silverman and colleagues (2008) found that “among married Indian women, physical violence combined with sexual violence from husbands was associated with an increased prevalence of HIV infection” (p. 703). The evidence highlighting the interlinked nature of women’s issues substantiates the necessity of incorporating women’s experiential accounts in policymaking. Consequently, the need for policy advocacy on gender issues in India is important for two major reasons: women have a limited scope for self-advocacy as a marginalized group with restricted political participation, and because exclusionary patriarchal values rule the social and policy systems.

The United Nations Children’s Fund (UNICEF) (2009) stated that analysis of economic, social, and legal policies helps in understanding “the circumstances and forces that affect the well-being of children and women around the world” (Para 1). Further, such analysis helps to determine whether existing policies are adequately addressing the needs, and in turn “develop new policy approaches and actions to improve the results of economic, social, and democratic governance programmes for children and women” (Para 1). The policy reforms on women’s issues are essential as it directly affects almost half of the population and are linked to the welfare of future generations (United Nations Children’s Fund, 2006).

Seth (2001) suggested that the formal channels of advocacy are the legislative, the executive, both political and bureaucratic, and the planning commission. Further, Seth indicated that, in policymaking, the political parties and the nongovernmental organizations are the informal yet influential groups. Furthermore, Hoefer (2008) observed that social policy and politics show the links between politics in three forms as political ideology, politics as a process of change, and policies that emerge in any jurisdiction. Hence, advocating substantial political participation of women implies establishing interface and communication channels with political institutions aimed at creating an enabling environment. The absence of formal interface, less exchange of ideas, a lack of periodic consultations with the nonprofit sector and different civil society groups by the political institutions in India are other significant challenges for social workers.

Kwok (2008) emphasized that social workers must pursue social policies with a human rights perspective developed through the full participation of society’s relevant stakeholders with the process of nurturing ownership and mutual support among all sectors, embracing multisectoral dimensions, and adopting interdisciplinary approaches. Kwok’s view implies that social workers use participatory methods to ensure women’s participation in policymaking processes. Thus, policy advocacy on gender issues involve numerous challenges, broadly, the identification of gender issues, developing a knowledge base about it, formation of evidence-based practices, developing policy analysis tools, creating strategic communication and interdisciplinary collaborations. Conducting an analysis of existing policies, outlining reforms, and suggesting new strategies based on the identified needs is the most complex challenge for social workers in India owing to the pre-existing embedded patriarchal beliefs.

The global trend of decline in resources and funding for women’s rights advocacy (Evans, 2005) poses the challenges for social workers in India to mobilize sufficient resources. It involves challenges in communication with local and international funding/aid agencies, governments, and the international community. Further, interdisciplinary collaborations with

philanthropic studies are likely to result in organizing and engaging the like-minded entities across the globe. Social work, with its multidisciplinary alliances as an academic discipline and practice profession, is capable of developing knowledge about nature and processes of the policy exclusion of women. However, social work in India requires an integrated model of policy advocacy to ensure substantial structural spaces for women with the legislative mandate and the gradual social internalization of values that endorse gender equity.

Role of Social Work Education and Practice

The Indian social work model has received scholarly attention due to its potential to address the local issues related to caste (Ramaiah, 1998) and gender (Anand, 2009). The gender sensitization has been an integral part of social work education in India (Anand, 2009) primarily performed through discussions on gender awareness and equity (Anand, 2009; Gandhi, 1998, 2001). For effective redress of gender-related problems, Anand (2009) proposed reconceptualization of social issues using the feminist perspectives as that would lead to questioning of the gendered beliefs cognized through socialization and further enhance the social work practice. Therefore, the relatively underdeveloped branch of feminist social work in India has the responsibility to form global alliances in academia and activist organizations. The global alliance can take place along the lines of Nussbaum (2000) who contended that the feminist philosophy “....should increasingly focus on the urgent needs and interests of women in the developing world, whose concrete material and social contexts must be well understood, in dialogue with them, before adequate recommendations can be made” (p.7). Furthermore, social work practice and education should entail analytical tools to advocate on women’s issues with significant changes in the knowledge production and dissemination approaches as Tice (1990) emphasized:

Feminist efforts to transform both official and actual curricula facilitate the democratization of the social work knowledge base. .... Such efforts validate the experiences and histories of women and minorities, reaffirm the roles structural forces and systems play in creating and perpetuating social problems, promote self-evaluation, and reduce victim blaming by increasing sensitivity to biased and stereotypic thinking. (p. 1)

Due to conceptualization of gender from multiple epistemological perspectives and/or from different nodes of intersectionality, it encompasses a variety of approaches, methods, emphases, and analytical strategies (Purkayastha, Subramaniam, Desai, & Bose, 2003). In all forms of advocacy on gender issues, there is a possibility of epistemic friction with dominant ideological approaches, and it is more likely to create a dynamic context of challenges for social workers. Therefore, policy practice on gender issues requires a particular pedagogy and training in evidence-based social work rooted in the value-laden approaches.

While working on gender-related problems in India, the practice model needs a dynamic positioning. Alvarez (2000) suggested connecting academic research and clinical practice for practical social work purposes, which applies to Indian situation of women’s issues. The intra-disciplinary and interdisciplinary research collaborations and practice models require formalization at the level of practice, and research. Social work is capable of leading such

alliances due to its positioning and functions on social problems. Considering the class, caste, and other forms of disparities associated with gender, there is a need of student representation from all such possible categories in social work education in India.

Conclusion

Despite constitutional provisions and ratification of global human rights-based conventions, the situation of women has not improved substantially in India. The patriarchal belief systems have bearing on the institutional and social discriminations of women. These belief systems assign subordinate status to women and restrict their social-political participation through cultural norms further excluding them from policymaking. Social work, due to a multidisciplinary approach with humanist value base holds a potential in identifying women's problems and further advocating the policy-induced change. While advocating for policies on gender issues in India, social workers face numerous challenges, such as lack of recognition as knowledge-based interventionist body, restricted economic and human resources, less space for strategic positioning, institutional partnerships, and professional collaborations. The socially embedded patriarchal belief system and institutionalized gender inequity are the most difficult challenges while conducting policy advocacy on women's issues in India. Strategizing social work education with innovative pedagogy and value framework to understand the contextual issues of women assures a promising role of social work on women's issues in India.

References

- Ahmed-Ghosh, H. (2004). Chattels of society: Domestic violence in India. *Violence Against Women*, 10(1), 94-118.
- Alvarez, R. (2000). Assessing issues of gender in social work practice: An overview of the defeminization of the female. *Advocates' Forum*, 6(1).
- Amawi, A. (2007). Against all odds: Women candidates in Jordan's 1997 elections. In V. Moghadam (Ed.), *From patriarchy to empowerment: Women's participation, movements, and rights in the Middle East, North Africa and South Asia* (pp. 40-57). New York, NY: Syracuse University Press.
- Anand, M. (2009). Gender in social work education and practice in India, *Social Work Education*, 28(1), 96-105.
- Bloom, S. S., Wypij, D., & Gupta, M. D. (2001). Dimensions of women's autonomy and the influence on maternal health care utilization in a north Indian city. *Demography*, 38(1), 67-78.
- Chakravarti, U. (1993). Conceptualising brahmanical patriarchy in early India: Gender, caste, class and state. *Economic and Political Weekly*, 28(14), 579-585.
- Chattopadhyay, R., & Duflo, E. (2004). Women as policy makers: Evidence from a randomized policy experiment in India. *Econometrica*, 72(5), 1409-1443.
- Davis, L. (1994). Is feminist research inherently qualitative and is it a fundamentally different approach to research? In W. Hudson, & P. Nurius (Eds.), *Controversial issues in social work research* (pp. 63-68). Boston, MA: Allyn & Bacon.
- Dickens, J. (2009). *Social work and social policy*. New York, NY: Routledge.
- Dummer, T., & Cook, I. (2008). Health in China and India: A cross-country comparison in a context of rapid globalization. *Social Science & Medicine*, 67, 590-605.
- Evans, K. (2005). A guide to feminist advocacy. *Gender and Development*, 13(3), 10-20.
- Fotso, J., Ezeh, A., & Essendi, H. (2009). Maternal health in resource-poor urban settings: How does women's autonomy influence the utilization of obstetric care services? *Reproductive Health*, 6(9), 1-8.
- Fricker, M. (2007). *Epistemic injustice: Power and the ethics of knowing*. New York, NY: Oxford.
- Galloway, R., Dusch, E., Elder, L., Achadi, E., Grajeda, R., Hurtado, E.,...Moore, K. M. (2002). Women's perceptions of iron deficiency and anemia prevention and control in eight developing countries. *Social Science & Medicine*, 55(4), 529-544.
- Gandhi, A. (1998). Gender aware social work: From theory to field instruction. *Indian Journal of Social Work*, 59(4), 981-997.
- Gandhi, A. (2001). Wife abuse: A concern for social work training and practice in Indian context. *Indian Journal of Social Work*, 62(3), 397-413.
- Germain, C., & Gitterman, A. (2013). *The life model of social work practice: Advances in theory and practice* (3rd ed.). New York, NY: Columbia University Press.
- Ghose, M. (2007). Gender, literacy and women's empowerment in India: Some issues. *Convergence*, 40(3/4), 193-201.
- Government of India. (2001). *National policy for the empowerment of women 2001*. New Delhi, DL: Ministry of Women and Child Development.
- Government of India. (2006). *Report of the working group on empowerment of women for the xi plan*. New Delhi, DL: Ministry of Women and Child Development.

- Government of India. (2008). *Annual report, 2007-2008*. New Delhi, DL: Ministry of Women and Child Development.
- Government of India. (2009). *Gendering human development indices: Recasting the gender development index and the gender empowerment measure for India, a summary report*. New Delhi, DL: Indian Institute of Public Administration (IIPA).
- Guba, E. (1990). *The paradigm dialog*. Newbury Park, CA: Sage.
- Guilmoto, C. (2007). *Characteristics of sex ratio imbalance in India and future scenarios*. Paper presented at the 4th Asia Pacific Conference on Reproductive and Sexual Health Rights, Hyderabad, India.
- Gupta, M. (1995). Life course perspectives on women's autonomy and health outcomes. *American Anthropologist*, 97(3), 481-491.
- Hartman, K. A. (2006). Social policy resources for social work: Grey literature and the internet. *Behavioral & Social Sciences Librarian*, 25(1), 1-11.
- Hoefler, R. (2008). Social welfare policy and politics. In I. Colby (Ed.), *Comprehensive handbook of social work and social welfare, social policy and policy practice* (vol. 4, pp. 331-342). Hoboken, NJ: John Wiley & Sons.
- Hudson, W. (1994). Should policy decisions be based predominantly on empirical evidence of effectiveness? In W. Hudson, & P. Nurius (Eds.), *Controversial issues in social work research* (pp. 156-169). Boston, MA: Allyn & Bacon.
- International Federation of Social Workers (IFSW). (2014). *Definition of social work*. Retrieved from <http://www.ifsw.org/en/p38000208.html>.
- International Labor Organization. (2013). *Global employment trends 2013: Recovering from a second jobs dip*. Geneva, CH: Author.
- Jansson, B. (1984). *Theory and practice of social welfare policy: Analysis, processes, and current issues*. Belmont, CA: Wadsworth.
- Jejeebhoy, S. (1991). Women's status and fertility: Successive cross-sectional evidence from Tamil Nadu, India. *Studies in Family Planning*, 22, 217-230.
- Jejeebhoy, S., & Sathar, Z. (2001). Women's autonomy in India and Pakistan: The influence of religion and region. *Population and Development Review*, 27(4), 687-712.
- Jha, P., Kumar, R., Vasa, P., Dhingra, N., Thiruchelvam, D., & Moineddin, R. (2006). Low female to male sex ratio of children born in India: National survey of 1.1 million households. *Lancet*, 367(9506), 211-218.
- Kabeer, N. (2003). *Gender mainstreaming in poverty eradication and the millennium development goals: A handbook for policy makers and other stakeholders*. Ottawa, ON: International Development Research Centre.
- Kishor, S., & Gupta, K. (2009). *Gender Equality and Women's Empowerment in India National Family Health Survey (NFHS 3), India, 2005-06*. Mumbai: International Institute for Population Sciences. Retrieved from pdf.usaid.gov/pdf_docs/Pnadq633.pdf
- Kwok, J. (2008). Social justice for marginalized and disadvantaged groups: Issues and challenges for social policies in Asia. In I. Colby (Ed.), *Comprehensive handbook of social work and social welfare, social policy and policy practice* (vol. 4, pp. 21-44). Hoboken, NJ: John Wiley & Sons.
- MacCormack, C. P. (1988). Health and the social power of women. *Social Science & Medicine*, 26(7), 677-683.
- McCall, L. (2005). The complexity of intersectionality. *Signs: Journal of Women in Culture and Society*, 30(3), 1771-1800.

- Mehta, A., & Shah, A. (2003). Chronic poverty in India: Incidence, causes and policies. *World Development*, 31(3), 491-511.
- National Association of Social Workers (NASW). (2009). *Social work speaks, National Association of Social Workers policy statements, 2009-2012*. Washington, DC: National Association of Social Workers Press.
- National Commission for Women. (2011). *Annual Report 2010-2011*. Retrieved from http://ncw.nic.in/AnnualReports/201011/Annual_Report_2010-11_Eng_Full.pdf
- Nussbaum, M. (2000). *Women and human development: The capabilities approach*. Cambridge, UK: Cambridge University Press.
- Office of Registrar General and Census Commissioner, Government of India (2011). *Population enumeration data (final population)*. Retrieved from http://www.censusindia.gov.in/2011census/population_enumeration.html
- Oldenburg, P. (1992). Sex ratio, son preference and violence in India: A research note. *Economic and Political Weekly*, 27(49/50), 2657-2662.
- Osmani, S., & Sen, A. (2003). The hidden penalties of gender inequality: Fetal origins of ill-health *Economics and Human Biology*, 1(1), 105-121.
- Planning Commission of India. (n.d). *Child health, chapter VI*. Retrieved from http://planningcommission.nic.in/aboutus/committee/strgrp/stgp_fmlywel/sgfw_ch6.pdf
- Purkayastha, B., Subramaniam, M., Desai, M., & Bose, S. (2003). The study of gender in India: A partial review. *Gender and Society*, 17(4), 503-524.
- Ramaiah, A. (1998). The plight of untouchables: A challenge to social work profession. *Indian Journal of Social Work*, 59(1), 124-146.
- Ramani, K. V., & Mavalankar, D. (2006). Health system in India: Opportunities and challenges for improvements. *Journal of Health Organization and Management*, 20(6), 560-572.
- Reichert, R. (2003). *Social work and human rights: A foundation for policy and practice*. New York, NY: Columbia University Press.
- Reisch, M. (2005). American exceptionalism and critical social work: A retrospective and prospective analysis. In I. Ferguson, M. Lavalette, & E. Whitmore (Eds.), *Globalization, global justice, and social work* (pp. 157-172). New York, NY: Taylor & Francis.
- Ridgeway, C., & Correll, S. (2004). Unpacking the gender system: A theoretical perspective on gender beliefs and social relations. *Gender and Society*, 18(4), 510-531.
- Ross, C., & Wu, C. (1995). The links between education and health. *American Sociological Review*, 60(5), 719-745.
- Sarkar, L. (1986). *Constitutional guarantees: The unequal sex*. Center for women's development studies, occasional paper no. 8. Retrieved from <http://www.cwds.ac.in/OCPaper/constitutionalLS.pdf>
- Sen, A. (2001). *Development as freedom*. New York, NY: Oxford University Press
- Seth, M. (2001). *Women and development: The Indian experience*. New Delhi, DL: Sage India.
- Silverman, J., Decker, M., Saggurti, N., Balaiah, D., & Raj, A. (2008). Intimate partner violence and HIV infection among married Indian women. *The Journal of the American Medical Association*, 300(6), 703-710.
- Srinivasan, G. (1994). Social status of women in Aryan and Dravidian literatures. *Journal of Tamil Studies*, 46, 91-109.
- Tewari, R., & Mathew, L. (2009, November 16). Parliament to debate women's reservation, some pending Bills. *Live Mint*. Retrieved from <http://www.livemint.com/2009/11/16231931/Parliament-to-debate-women82.html>

- The United Nations Children's Fund (UNICEF). (2006). *The state of the world's children 2007*. Retrieved from <http://www.unicef.org/sowc07/docs/sowc07.pdf>
- The United Nations Children's Fund (UNICEF). (2009). *Bringing children's rights to the center of public policy*. Retrieved from http://www.unicef.org/policyanalysis/index_34353.html
- Tice, K. (1990). Gender and social work education: Directions for the 1990s. *Journal of Social Work Education*, 26(2), 134-144.
- Tyagi, J. S. (2004). Hierarchical projections of women in the household: Brahmanical perceptions recorded in the early "Grhyasutras" c. 800-500 B. C. *Social Scientist*, 32(5/6), 3-20.
- United Nations Development Fund for Women (UNIFEM). (n.d.). *Women, poverty, & economics*. Retrieved from http://www.unifem.org/gender_issues/women_poverty_economics/
- Unni, J. (2001). Gender and informality in labour market in South Asia. *Economic and Political Weekly*, 36(26), 2360-2377.
- Verma, R. R., (1995). Femininity, equality, and personhood. In M. C. Nussbaum, & J. Glover (Eds.), *Women, culture, and development: A study of human capabilities* (pp. 433-443). New York, NY: Oxford University Press.
- Wadley, S. (1977). Women and the Hindu tradition. *Signs*, 3(1), 113-125.
- World Economic Forum. (2014). *The global gender gap report*. Geneva, CH: Author.
- World Health Organization (WHO). (2007). *India, national health system profile*. Geneva, CH: Author.
- Wu, K., Goldschmidt, P., Boscardin, C., & Azam, M. (2007). Girls in India: Poverty, location, and social disparities. In M. Lewis, & M. Lockheed (Eds.), *Exclusion, gender and education: Case studies from the developing world* (pp. 119-143). Washington, DC: Center for Global Development.
- Wyers, N. (1991). Policy-practice in social work: Models and issues. *Journal of Social Work Education*, 27(3), 241-251.