

Q23. Critically analyze the various approaches to women's development focusing on Women in Development (WID), Women and Development (WAD) and Gender and Development (GAD). (CSS-2021)

Ans. I - INTRODUCTION : A CRITICAL ANALYSIS OF THE VARIOUS APPROACHES TO WOMEN'S DEVELOPMENT

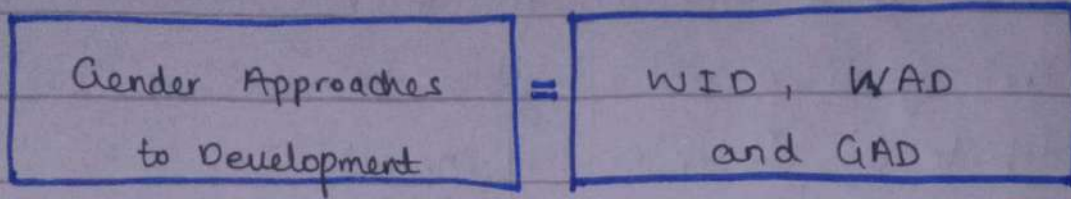


Figure 1: WID, WAD and GAD

The Women In Development (WID), Women and Development (WAD) and Gender and Development (GAD) are the three notable phases given by Rathgeber, used in development discourse to explain the involvement of women's rights and issues in the field. The WID seeks to integrate women in development process, the WAD wants women as active participants of development and the GAD seeks to establish gender equality.

II - APPROACHES TO WOMEN'S DEVELOPMENT

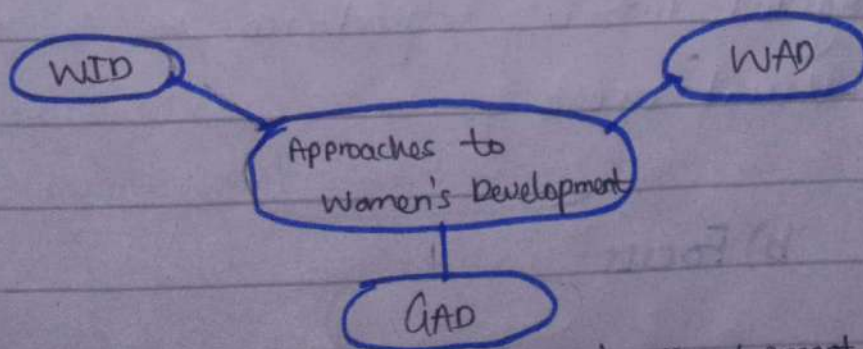


Figure 2: Approaches to Women's Development

The development programs affect women differently than men. Women have not benefitted from these programs because ~~these~~ ^{they} programs are gender-blind and women are not included in their planning and implementation. Thus, this debate on women's development led to the emergence of ~~three~~ distinctive models: the Women in Development (WID), the Women and Development (WAD) and the Gender and Development (GAD).

III - WOMEN IN DEVELOPMENT (WID)

a) Origin

The WID perspective evolved in the early 1970s from a liberal feminist framework and was particularly influential in North America. The WID approach was motivated by the work of Danish economist Ester ~~oserup~~ who challenged the assumptions of the "welfare approach" and highlighted women's importance in the agricultural economy.

b) Focus

The WID approach calls for treat-

ment of women's issues in development projects. It is the integration of women into the global economies by improving their status and assisting in total development. This perspective asked to apply modernization theory.

c) Achievements

1. In 1975, first UN Conference on Women was conducted.
2. Women's decade was established from 1976 to 1985
3. Percy Amendment ~~Act~~ 1973 was made to the US Foreign Assistance Act ^{which} ~~that~~ aimed that all national economies must integrate women.
4. In 1970s, agencies started programs like distance learning which greatly benefitted women.

d) Criticisms

1. It felt that women were seen as a productive force - as money making machines.
2. It deemphasized the huge role women were already playing in market places.
3. The reproductive role of women was focused on.

4. It ignored the root causes of gender and equality.

5. It was dubbed as western feminism that believed money and public sphere would emancipate women.

IV- WOMEN AND DEVELOPMENT (WAD)

a) Origin

Women and Development (WAD) originated in the second half of the 1970s by stating that capitalism has exploited the third world countries at the hands of developed countries. Its origin can be traced to the First World Conference on Women in Mexico City organized by the UN. in 1975.

b) Focus

The WAD focuses on the relationship between patriarchy and capitalism. This theory seeks to understand women's issues from the perspectives of neo-Marxism and dependency theory.

c) Features

The WAD approach discourages a strict analytical focus on the problems of women independent of those of men because both men and women of third world have been exploited by the international structure. Thus, there is a need to restructure the international structure that would benefit both men and women.

d) Difference from WID

1. WAD is linked with dependency theory, whereas WID is linked with modernization theory.
2. WAD seeks to involve women as active participants of development, while WID seeks to integrate women in development process.
3. WAD focuses on both men and women. WID focuses on women only.

e) Criticisms

1. It failed to link patriarchy, capitalism and women's subjugation.
2. It considered women as homogeneous group.
3. This approach ignored women's reproductive roles.

4. WAD focused on promotion of the income generating activities, but failed to cater the domestic activities.

V - GENDER AND DEVELOPMENT (GAD)

a) Origin

The Gender and Development (GAD) approach originated in the 1980s by socialist feminism in order to seek gender equality. This approach was majorly influenced by writing of academic scholars such as Oakley and Rubin.

b) Focus

The Gender and Development (GAD) approach focus on the socially constructed basis of differences between men and women and the need to challenge existing gender roles and relations. It also focuses on strengthening women's legal rights, including the form of inheritance and land laws.

c) Features

GAD rejects the public or private dichotomy. It gives special attention to oppression of women in the family by entering the 'private sphere'. It emphasizes that it

is state's duty to maintain women's reproductive role and provide facilities to them. It also tends to ameliorate the existing unequal power relations in society between men and women.

d) Difference from WID and WAD

1. GAD looks at the value of the work done by women in the household and regards women as integral part of society's well-functioning, whereas the other two approaches do not focus on women's domestic roles.
2. GAD recognizes the need for public assistance in the family unit, while the other WID and WAD do not.
3. WAD focuses on gender equality, WID focuses on women only.

e) Criticisms

1. GAD approach is more theoretical and less practical.
2. Another criticism is that only gender mainstreaming cannot ensure women's development. The need is to change the mindset

- of people towards gender.
3. This approach failed to integrate the similarities and bonds which women and men share.
 4. The focus of GAD sidelines other genders such as transgender and homosexuals who are mostly ignored in developmental plans.

VI - CRITICAL ANALYSIS

Women and transgenders are the deprived and oppressed sections of society. The Gender Approaches to Development are the approaches that attempted to empower women. These approaches are WID, WAD and GAD. The best of these approaches is the GAD which is build on the criticisms of the former approaches. However, GAD too has certain criticisms. ~~and~~ Thus, in order to truly implement these approaches, GAD must take all women and transgenders (too) and equally empower them.

VII - CONCLUSION

To conclude, there are three distinct schools of thought on gender and development

viz. Women In Development (WID), Women and Development (WAD) and Gender and Development (GAD). The WID focuses on egalitarianism especially in terms of economic participation and access. The WAD focuses on interaction between women and development. The GAD focuses on impact of development on both men and women. All these three approaches have their own strengths and weaknesses.

12/20

Q24. What is the status of women's health in Pakistan? How it could be improved within the available economic resources? (CSS-2017)

Ans. I- INTRODUCTION: STATUS OF WOMEN'S HEALTH IN PAKISTAN AND THE STRATEGIES TO IMPROVE IT WITHIN AVAILABLE ECONOMIC RESOURCES

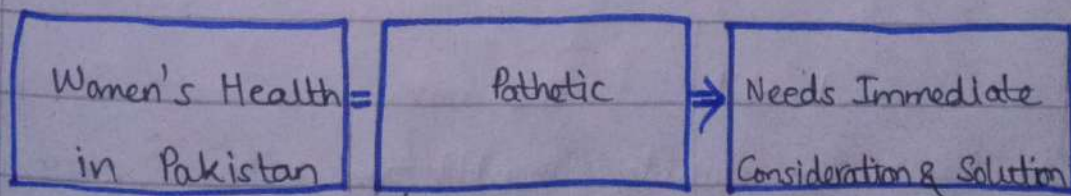


Figure 1: Women's Health in Pakistan

The health of families and nations is interlinked with the health of women

(Sue Wilkinson). Unfortunately, Pakistanis are one of the most unhealthy nations with a very poor healthcare system and health indicators in the world. Pakistan lags far behind most developing countries in women's health and gender equity. It has the high rates of maternal mortality, child mortality, and child malnourishment. This pathetic situation needs immediate measures by government's intervention through ^{spreading} awareness, allocating more health budgets providing free health-care services, eliminating corruption and other measures.

II- HEALTH SYSTEM IN PAKISTAN

In Pakistan, As of 2019	Male HDI = 0.622	Female HDI = 0.464
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Figure 2: Male and Female HDI in Pakistan

Health of the nation is going through a crisis. The whole healthcare system is based on adhocism and short term planning. Our assemblies and political institutes have a great number of women but they are negligent of women's health and their rights.

In Pakistan, we are losing three women per hour because of pregnancy-associated complications. Health, nutrition and sanitation facilities are the primary and rightful amenities of life for women to give birth to healthy kids, ^{but} Pakistani women lack all such facilities. Resultantly, we face high mortality rates and abnormal children who are a burden on society.

III - WOMEN'S HEALTH STATUS

The following points indicate the status of women's health in Pakistan:

a) Poor Budgetary Allocation

As of 2021-2022, Pakistan's healthcare spending is 3% of GDP, which is well below the WHO's benchmark of health expenditure of at least 6% of GDP. This creates poor health conditions all over the country - especially of women.

b) Lack of Awareness

There is a lack of awareness

due to which women do not prefer to visit hospitals until their conditions become severe. Women are mostly asked to take usual pain-killers like paradol to cure their diseases, by other women.

c) Limited Access to Healthcare Facilities

We have more than seventy-five thousand villages all over the country without proper road network. There is also a critical shortage of medicines, doctors and paramedical staff in the hospitals. This leads to ^{child-}birth incidents on roads, in tikkshaws and ⁱⁿ public transports.

d) Food and Malnutrition

Every one in Pakistan faces from malnutrition and food insecurity, however there is a huge gender-gap in this regard. According to a study conducted by UN women on gender inequality, the gender gap between men and women in food security is nearly 11 percent which leads to lower nutrient intake in women.

e) High Mortality

In Pakistan, we are losing three women per hour because of pregnancy related complications. Pakistan has a maternal mortality rate of 340/100,000 pregnancies.

f) No Contraception concept

Concept of family planning is very vague in Pakistan. People resist the use of contraceptives because they consider them against their moral and religious teachings. It is due to this reason that Sindh and KPK have highest fertility rates in women.

g) Child Marriage and Teenage Motherhood

There is a prevalent norm of child and forced marriages and such girls are expected to give birth soon. Teenage fertility is highest in KPK and Balochistan.

h) Forced Pregnancies

The eternal wish of having a baby boy often results in forced pregnancies. Termination of pregnancy based on ultrasonic

confirmation of gender is also prevalent.

i) Lack of Access to Sanitary Napkins

In Pakistan, girls and women prefer cloth over sanitary napkins due to its low cost. This leads to severe infections among girls. According to a report, only 17% of girls in Pakistan had access to sanitary napkins.

IV - STRATEGIES TO IMPROVE WOMEN'S HEALTH

The following recommendations ^{strategies} help in improving women's health status in Pakistan:

a) Initiate Awareness Programs

According to Banco Mundial, a country wide awareness campaign must be launched to acquaint women with major health hazards. Further they should also have insights about the contraceptives in order to limit population.

b) Provide Free Medical Facilities

Availability of free screening programmes against breast, cervix, and ovarian cancers should be there in all government hospitals. Routine screening for age-related diseases should also be introduced. In this context, mobile ~~ambulance~~ clinics can also be introduced.

c) Eliminate Corruption

Transparency should be ensured at all levels by government. This is because, ~~very~~ without transparency, the allocation of budget to health sector is useless. Strict monitoring system should be introduced to eliminate detected ~~and~~ eliminate corruption.

d) Educate Women and Girls

Government should try to ensure that every girl receives education. The more they become educated, the more they become aware ~~about~~ their health.

e) Proper Budget Allocation

The Pakistani government must devise strategies to reach the WHO's benchmark of health expenditure of 6% of GDP.

f) Develop Women's Sports Facilities

As a healthy body keeps a healthy mind, so there is a dire need to develop sports facilities for women like swimming, gymnastic, yoga, etc.

g) Improve Infrastructure

The infrastructures, specially of rural areas and Balochistan must be improved in order that women might not face difficulties while visiting city hospitals.

V- CRITICAL ANALYSIS

Pakistan has been declared as the worst country for new-born babies and for infants under one-year-old. This is because of the miserable health conditions of their mothers. Here women face several complications during pregnancy - without ^{being} even themselves aware. The government and public are both mutually accountable for this poor condition. In order to improve women's health the government must ensure quality health-care services free of cost and the public must also realize their

responsibilities — to limit their population and to routinely check themselves. In such a way, women become careful about their health too.

VI CONCLUSION

Good structure and arguments.

In a nutshell, women in Pakistan face worse health conditions due to their negligence and due to the negligence of government. Pakistan has high rates of mortality, diseases and complications, especially in women. The solution lies in the mutual collaboration of both public and government and only then a healthy Pakistani nation can be raised.