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GENDER PROJECT SUMMARY BRIEF

OVERVIEW: The Gender Equity and Demographic Research (GENDER) Project produces evidence that explores progress and delays in gender inequities and reproductive, maternal, neonatal, child and adolescent health outcomes (RMNCH+A) in India. In partnership with the International Institute for Population Sciences (IIPS), the Center on Gender Equity and Health (GEH) at University of California – San Diego focuses research on understanding pathways that help improve the health and wellbeing of women and girls, using reliable and innovative methods of analysis. We research how gender inequities manifest and affect women and girl’s lives in order to identify pathways that can improve equity, health and well-being while supporting achievement of India’s health and gender goals. The GENDER Project builds recommendations for new gender measures to strengthen future analyses, informs policy development and uptake, and generates analyses in key areas including patriarchy, economic empowerment and digital engagement, and violence.

In order to improve women’s opportunities in India, we need to understand the broader social structures of patriarchy.



The India Patriarchy Index is a novel measure.

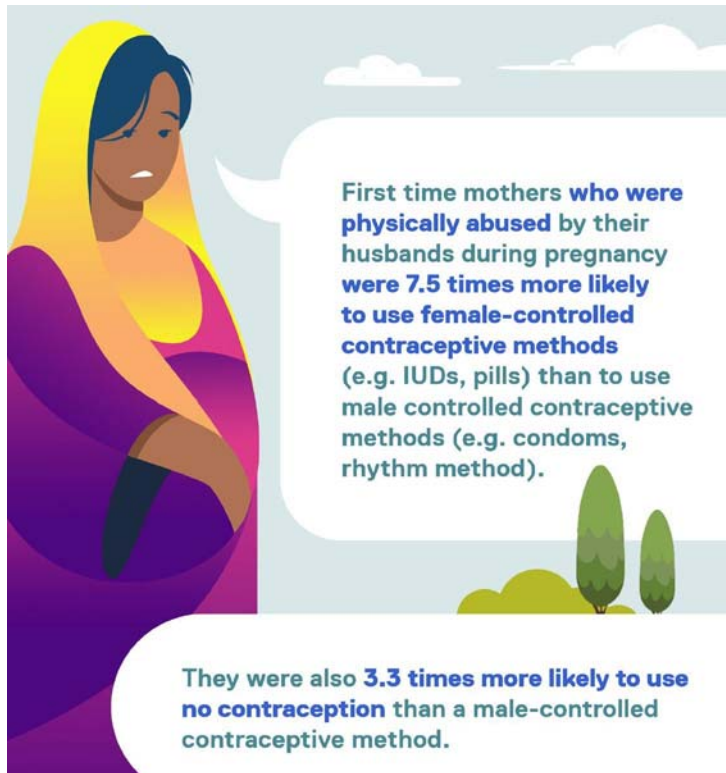
It captures:

-  **MALE DOMINATION**
-  **GENERATIONAL DOMINATION**
-  **SOCIO-ECONOMIC DOMINATION**
-  **SON PREFERENCE**
-  **PATRILOCALITY**

PATRIARCHY: The GENDER Project has spearheaded measurement of the ways that patriarchal norms and ideologies undermine progress on gender equity across India. District-level research on rape reporting to police indicates lower increases near women’s police stations, suggesting that rape reporting rates were already increasing, given reduced shame, stigma and fear associated with filing a police report, and/or that the absence of women police stations is indicative of areas with higher levels of patriarchy and a normative lack of accountability for violence perpetration.(McDougal et al, 2021) Gender bias is reflected in infant mortality (Raj et al, 2019)), education (Singh et al, 2021, McDougal et al 2020) and hospitalization financing (Kumar et al, 2020), indicating manifestations of differential valuation of men vs. women.

Sustained patriarchal behavior is also evident in India’s sex ratio at birth, which skews towards males (108 males for 100 females), particularly in communities where low fertility is normalized, and among families with larger land holdings (Singh et al, 2021). While sex ratios at birth are male-skewed, ratios among second and third born children are increasingly imbalanced, highlighting ongoing son preference. These findings clearly illustrate the adverse impacts of patriarchy and associated norms on women’s safety and well-being. In response, IIPS developed the India Patriarchy Index (IPI), a new, reliable, and valid district-level measure of patriarchy across India.(Singh et al, 2022)

ECONOMIC AND DIGITAL ENGAGEMENT: GENDER Project research looks at linkages between gender, health, and finance to identify pathways that compromise progress towards equity in India. We also synthesize evidence to inform and support the design of responsive programs and policies. This aspect of our work strives to understand how income generation, financial services access, and digital engagement through mobile phones and the internet influences women's lives. We find that socially and economically supported women, who own bank accounts (Singh et al, 2020), or have access to microcredit programs (Dehingia et al, 2019), tend to have better antenatal and postnatal health outcomes than those who don't. Income generating activities in unmarried adolescent Indian girls are also associated with increased risk of non-marital sexual violence.(Raj et al, 2021)



VIOLENCE: How are women's and girls' lives affected by violence? GENDER Project research discovers connections between movement restrictions, compromised health, sexual/reproductive health knowledge and service use, financial agency and higher radio/television media consumption, and greater risk of marital sexual violence. (McDougal et al 2021, Raj et al, 2021) We also found that Indian women who experienced intimate partner violence were at increased risk of contraceptive discontinuation (Upadhyay et al, 2022) or non-use (McDougal et al, 2020), as well as self-managed abortion (Goemans et al, 2021). GENDER Project researchers utilize innovative analytic methods, such as a blend of machine learning and qualitative methods, to generate new ideas around what contributes to an increase in risk of non-marital sexual violence for unmarried Indian adolescent girls. (Raj et al, 2021) Importantly, we also find that marital status and freedom of movement intersect to change risk of sexual violence among adolescent Indian girls. (Raj et al, 2021)

GOING FORWARD: GENDER Project research to date points to the importance of better understanding how user or empowerment centered frameworks influence policy and program success. For example, our research indicates that standardized screenings for violence at health service encounters (McDougal et al 2021, McDougal et al, 2020) may be a valuable pathway to increasing violence support service access. Similarly, female health workforce participation appears to have substantial benefit for both maternal health utilization as well as gender equity more broadly. (Bhan et al, 2020) The GENDER Project provides evidence to support decision-making for leaders and stakeholders in India, offering key insights on in-country progress on women and girl's health and equity. Our continued commitment to better understanding the landscape of gender and health in India through a robust Indian-US academic partnership, in collaboration with partners working to strengthen and apply gender data, will strengthen efforts dedicated to improving the health and well-being of women and girls in India.



The GENDER (Gender Equity and Demographic Research) Project is a collaboration of the University of California San Diego's Center on Gender Equity and Health and India's International Institute on Population Sciences

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For more information, please visit geh.ucsd.edu
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