

**GUJARAT NATIONAL LAW UNIVERSITY
GANDHINAGAR**

**Course: Society and Sustainable Development
Semester- IV (Batch: 2019-24)**

End Semester Online Examination: July-August 2021

Date: 07th August, 2021

Duration: 8 hours

Max. Marks: 50

Instructions:

- The respective marks for each question are indicated in-line.
- Indicate correct question numbers in front of the answer.
- No questions or clarification can be sought during the exam period, answer as it is, giving reason, if any.
- Word Limit: 10 Marks: 350-400 Words, 5 Marks: 150-200 Words.

	Marks
Q.1 Critically review the article written by Prof Anita Deshpande and Mr. Ahmad Bhat titled “Women & Sustainable Development Goals- Agenda 2030”. Draw a road map for achieving progress in Gender equality.	(10)
Q.2 What is the contribution of sustainable environment principles to social development? Does having a considerable number of social protection programs imply that we are adequately equipped to achieve the social dimension of sustainable development? Illustrate your answer with relevant examples.	(10)
Q.3 In 1987 the Brundtland Report, also known as Our Common Future, alerted the world to the urgency of making progress towards social, economic, and environmental development. State and discuss three (3) social dimensions of sustainable approaches proposed by the proponents of Sustainable Development.	(10)
Q.4 Indigenous people have become synonymous with a sense of powerlessness, marginalization, and a kind of social insecurity. With relevant examples, explain in detail three (03) incidents that indicate the development of Indigenous people are not very progressive despite the Government of India has taken various progress measures to protect indigenous people's rights in India?	(10)
Q.5 Write short note : a) Significant changes in the Environment Impact Assessment Draft 2020. b) The precautionary principle vs. the polluter principle	(5X2=10)

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Women & Sustainable Development Goals–Agenda 2030 [Gender Inequality & Women Health Issues from Indian Perspective]

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Women & Sustainable Development Goals-Agenda 2030 [Gender Inequality & Women Health Issues from Indian Perspective]

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Abstract: The purpose of this paper is to raise the reader's consciousness of women's health needs and gender inequality beyond the Sustainable Development Goals. The Sustainable Development Goals with Agenda 2030 is the world's first comprehensive blueprint for sustainable goals. The recognition of the synergies between health, education and gender equality are among the core goals of this Agenda. The health of people particularly of women throughout the world has remained a matter of concern. No doubt the health of people is improving but our health system has not always understood the factors that influence the health status of women, nor has it addressed women's health issues adequately. There is a number of factors which resist women from availing the health facilities globally. Among the prominent ones include persistent disparities between women and men notably in parts of Asia. In this framework, the current study tries to redefine the health issues faced by women in India. Furthermore, this study tries to place in record gender inequality (Goal 5) and healthy lives (Goal 3) achievements under SDGs from the Indian context. Addressing gender inequality will definitely help in tackling women's health issues in the long run. In this study, an attempt is made to point out interactions between gender equality and healthy lives under SDGs.

Keywords: Gender Inequality, Health Issues, Sustainable Development Goals, Women.

1. Introduction

Over the last decades, sustainable development has gained the particular attention of a wide range of decisional factors. These decisional factors reinforce that the prosperity of people and society is possible with the aid of continual, inclusive, and sustainable economic growth of all countries and regions.¹ The high-level stakeholder's commitment to sustainable development was exhaustively defined in the 2030 Agenda for Sustainable Development issued by the United Nations. The fundamental changes were clearly captured and defined within 17 universal sustainable development goals (SDGs) and related targets, balancing all facets of sustainable development such as economic, environmental, and social concerns.² Since United Nations adopted the global Sustainable Development Goals (SDGs) for the next 15 years (2016–2030), sustainable development will further become a core concept and main principle to guide global and national economic and social development.³

Inclusion is at the core of the 2030 Agenda for Sustainable Development. Inclusiveness speaks to the notion of empowerment and the principle of non-discrimination. It is reflected in the pledge to leave no one behind and in the vision of a “just, equitable, tolerant, open and socially inclusive world in which the needs of the most vulnerable are met” and “a world in which every country enjoys sustained, inclusive and sustainable economic growth and decent work for all” (paragraphs 8 and 9).⁴ The centrality of gender equality, women's health issues, women's empowerment and the realization of women's rights in achieving sustainable development has been increasingly recognized in recent decades. The vitality of gender equality has also been articulated in the outcome document of the United Nations Conference on Sustainable Development, entitled “The future we want”, adopted in 2012, which included recognition of the importance of gender equality and women's empowerment across the three pillars of sustainable development, economic, social and environmental, and resolve to promote gender equality and women's full participation in sustainable development policies, programmes and decision-making at all levels.⁵

India along with other countries has signed the declaration on the 2030 Agenda for Sustainable Development, comprising of seventeen Sustainable Development Goals (SDGs) at the Sustainable Development Summit of the United Nations in September 2015. SDGs are comprehensive and focus on five Ps—People, Planet, Prosperity, Peace, and Partnership.⁶ Among the vital goals of SDGs gender equality under goal 5 and healthy lives under goal 3 has always remained a core theme for women promotion in sustainability. This study tries to examine these two goals in a global context and at the same time their achievement in the Indian point of view.

2. SDG 5: Gender Equality, an Imperative to Sustainable Development

Linking gender equality and sustainable development is important for several reasons. First, it is a moral and ethical imperative: achieving gender equality and realizing

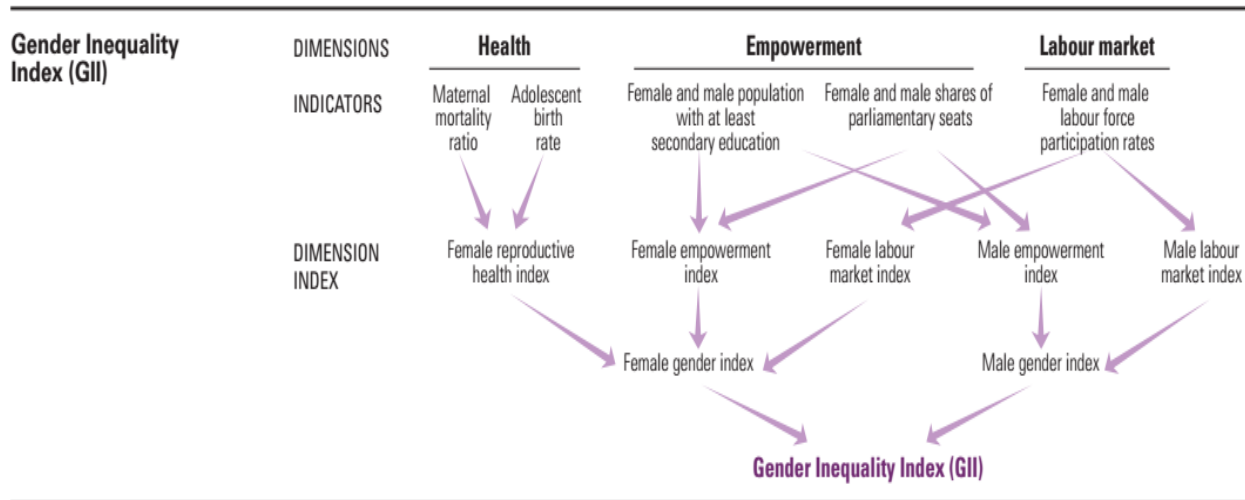
the human rights, dignity and capabilities of diverse groups of women is a central requirement of a just and sustainable world. Second, it is critical to redressing the disproportionate impact of economic, social and environmental shocks and stresses on women and girls, which undermine the enjoyment of their human rights and their vital roles in sustaining their families and communities. Third, and most significantly, it is important to build up women's agency and capabilities to create better synergies between gender equality and sustainable development outcomes.⁷ There are six gender-specific indicators within SDG 3 on health:⁸

- (i) maternal mortality ratio;
- (ii) births attended by skilled health personnel;
- (iii) new human immunodeficiency virus (HIV) infections, by sex;
- (iv) satisfactory family planning with modern methods;
- (v) adolescent birth rate; and
- (vi) coverage of essential health services, including reproductive and maternal health.

Deep legal and legislative changes are needed to ensure women's rights around the world. While a record 143 countries guaranteed equality between men and women in their Constitutions by 2014, another 52 had not taken this step. In many nations, gender discrimination is still woven through legal and social norms. Stark gender disparities remain in economic and political realms. While there has been some progress over the decades, on average women in the labour market still earn 24 percent less than men globally. Meanwhile, violence against women is a pandemic affecting all countries, even those that have made laudable progress in other areas. Worldwide, 35 percent of women have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence.⁹

The Gender Inequality Index (GII) reflects gender-based disadvantage in three dimensions-reproductive health, empowerment, and the labour market-for as many countries as data of reasonable quality allow. It shows the loss in potential human development due to inequality between female and male achievements in these dimensions. It ranges from 0, where women and men fare equally, to 1, where one gender fares as poorly as possible in all measured dimensions.¹⁰

Fig. 1: Gender Inequality Index Dimensions & Indicators—Graphical Presentation



Source: UNDP-HDI Indices and Indicators: 2018 Statistical Update

According to the Constitution of India, both men and women are equal in the eyes of the laws and hence they have equal rights. But, unfortunately, legal & political bias has prevented the law to attain success in gender equality.¹¹ Declining participation of women in the social and political sphere is a matter of concern to make the social and political institutions more representative. One of the most intense debates in recent years has centered on the declining labour force participation rate of women in India, which dropped from 42.7 percent to 31.1 percent during 2010-11 to 2014-15. In the share of a regular wage and salaried workers, the female share is increased to some extent from 8.4% to 12.1.¹² These are definitely concerns for gender equality. In the recent Gender Inequality Index, India ranked 130 of 189 countries listed in the United Nations Development Programme report of 2017.¹³ India is ranked better than most of its SAARC counterparts in HDI index, but in Gender Inequality Index its role is still a matter of worry. The following table shows the statistical figures of GII of SAARC countries:

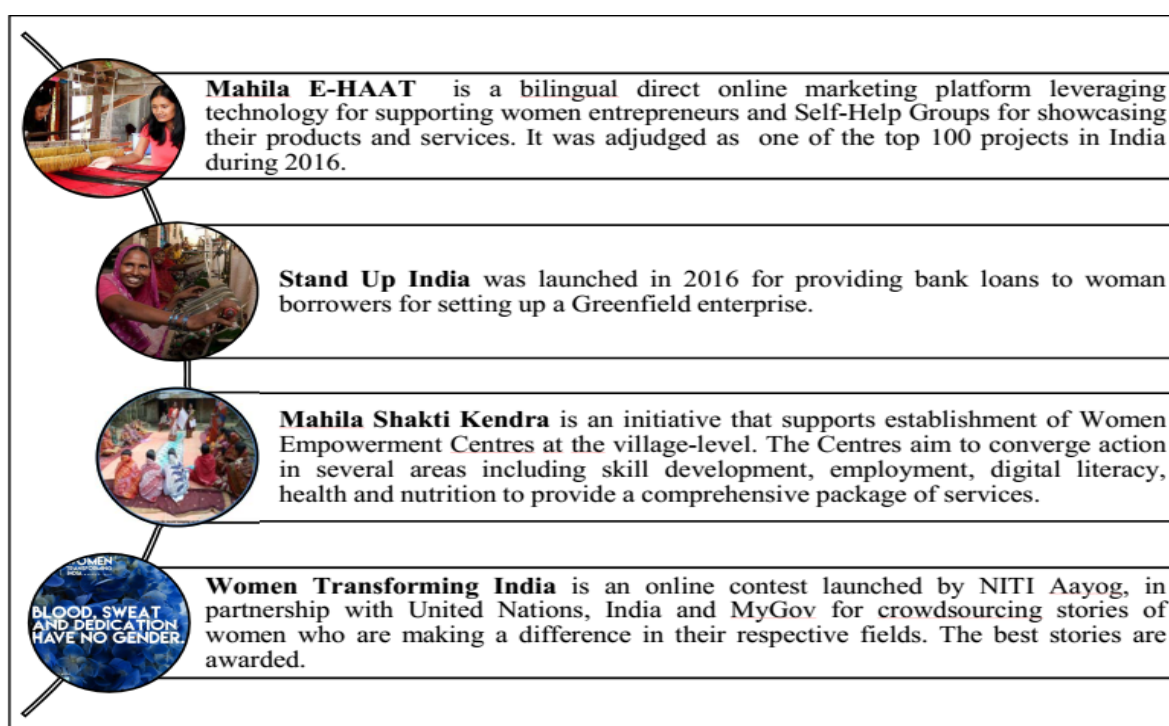
Tab. 1: UNDP-Gender Inequality Index of SAARC Countries (2016-2017)

HDI Rank	Country	2016	2017
168	Afghanistan	0.660	0.653
136	Bangladesh	0.554	0.542
134	Bhutan	0.476	0.476
130	India	0.524	0.524

101	Maldives	0.344	0.343
149	Nepal	0.481	0.480
150	Pakistan	0.543	0.541
76	Sri Lanka	0.354	0.354

Source: Gender Inequality Index (GII) <http://www.hdr.undp.org/en/indicators/68606#/>

Initiatives for improving female labour force participation to promote gender equality have always been in progressive policies of the government of India. Some recent initiatives in this regard are tabulated below:



3. SDG 3: Ensure Healthy Lives and Promote Well-Being for All at All Ages and Indian women

The highest attainable standard of health is a fundamental right of every person. Gender-based discrimination, however, undercuts this right. It can render women more susceptible to sickness and less likely to obtain care, for reasons ranging from affordability to social conventions keeping them at home. Among women of reproductive age worldwide, AIDS is now the leading cause of death. Not only are women biologically more susceptible to HIV transmission, but their unequal social and economic status destabilizes abilities to protect themselves and make empowered choices. Countries have committed to universal access to sexual and reproductive health care services, but many gaps have slowed progress so far. More than 225 million women have an unmet need for

contraceptive methods. In developing regions, where maternal mortality rates are 14 times higher than in developed ones, only half of the pregnant women receive the minimum standard for antenatal care.¹⁴

The targets and sub-points under SDG 3 on health are:¹⁵

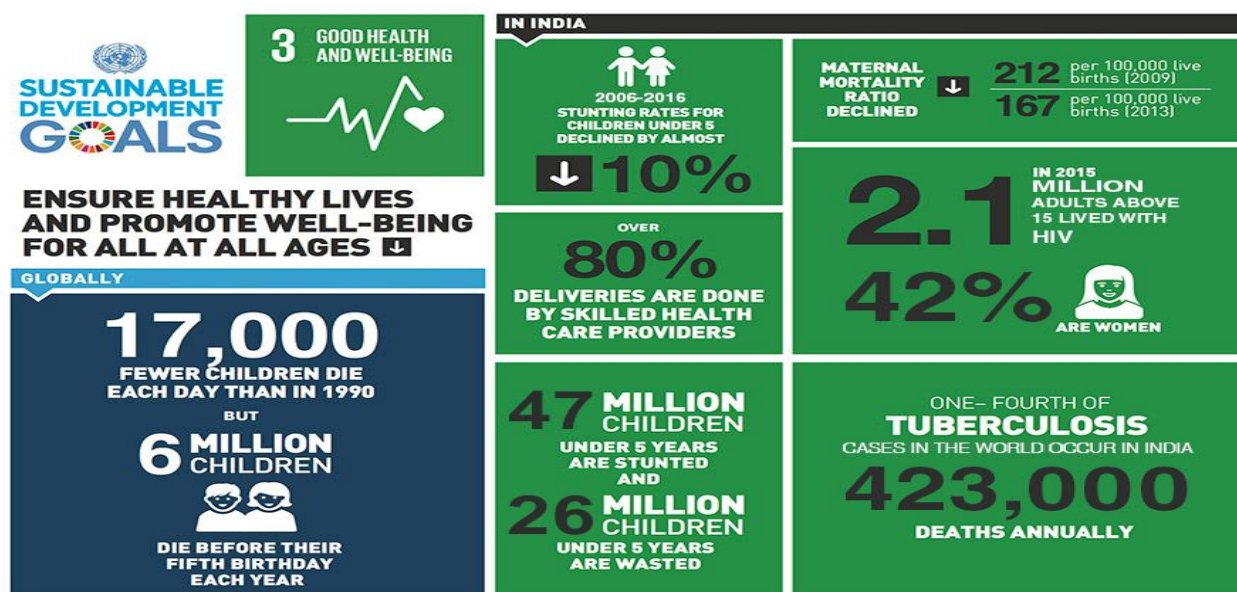
1. Reduce the global maternal mortality ratio to below 70/100,000.
2. Reduce neonatal mortality to below 12/1,000 and U5MR to below 25/1,000.
3. End the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases.
4. Reduce, by one-third, premature mortality from NCD. Strengthen the prevention and treatment of substance abuse.
5. Halve the number of global deaths and injuries from road traffic accidents (by 2020).
6. Ensure universal access to sexual and reproductive health-care services.
7. Achieve universal health coverage. Reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination.

Sub-Points:

- a) Implementation of the WHO Framework Convention on Tobacco Control
- b) R&D of vaccines and medicines
- c) Increase Health Care Financing and better HRH management
- d) Strengthen early warning and risk reduction

In India, the achievement of health for all is a constitutional obligation of the State. The Directive Principles of State Policy of the Constitution of India, which is fundamental in the governance of the country specifically provide for “improvement of public health” as one of the primary duties of the State. There are other Principles that set the various parameters for achieving health for all within the limitations of a newly independent country. Article 39 enjoins the State that it should secure for all its citizens, “men and women equally, have the right to have an adequate means of livelihood”.¹⁶ India has made some progress in reducing its under-five mortality rate, which declined from 125 per 1,000 live births in 1990-91 to 50 per 1,000 live births in 2015-16, and its maternal mortality rate, which declined from 437 per 100,000 live births in 1990-91 to 167 in 2013. India has also made significant strides in reducing the prevalence of HIV and AIDS across different types of high-risk categories, with adult prevalence reducing from 0.45% in 2002 to 0.27% in 2011. However, a quarter of global TB cases occur in India where nearly 2.1 million people live with the disease, and an estimated 423,000 die annually as a result. The Indian government’s National Health Mission prioritises national wellbeing and is leading change in this area, in addition to targeted national programs against HIV/AIDS and sexually transmitted diseases.¹⁷

Fig. 2: India and SDG 3



Source: <http://in.one.un.org/page/sustainable-development-goals/sdg-3-2/>

There is a renewed commitment in Indian, to accelerate the pace of achievement of the SDGs including Goal 3 related to ensuring healthy lives and promoting well-being for all at all stages. In this context, NITI Ayog and ministry of health and Family Welfare are spreading the health Index initiative with indicators, to measure the change in performance over the years.¹⁸ The work on indicators for the targets in SDGs is being undertaken and the UN is expected to come out with the list of indicators. The National Institution for Transforming India (NITI Aayog) is coordinating action with concerned ministries towards SDGs in India. It is important for ministries and other stakeholders to reflect on the experience, initiatives, and strategies put in place for MDGs. These need to be included in strategies for targets carried forward from MDGs and new targets related to universal health care etc. included in SDGs. India has been coordinating its policies and programs to promote the health profile of the citizens particularly women folk.

Universal access to health care is a well-articulated goal for both global institutions and national governments. India's National Health Policy, 2017 envisions the goal of attaining a highest possible level of health and well-being for all at for all ages through a preventive and promotive health care orientation in all developmental policies and universal access to good quality health care services without financial hardship to the citizens. Ayushman Bharat Mission, the world's largest health scheme announced in the Union Budget 2018-19, is the latest initiative for expanding the health insurance net and targets 10 crores poor and deprived rural families.¹⁹ Besides, there are areas where consideration is required to coup the issues and challenges which women are facing in India. Some of the main challenges and issues are:

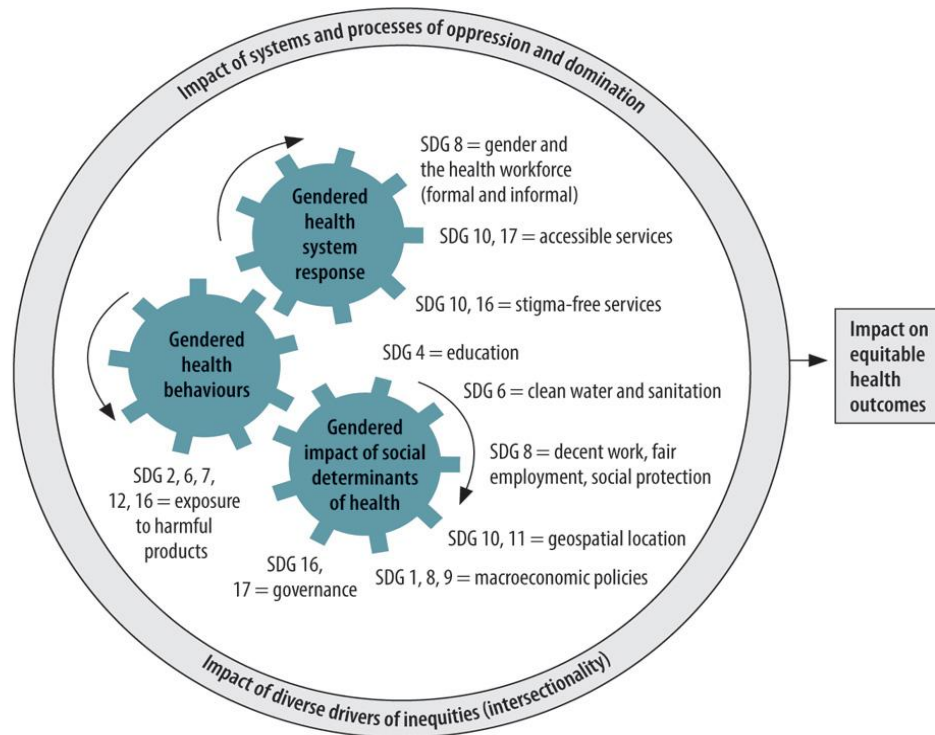
- a) **Maternal mortality:** India's Maternal Mortality Ratio is officially 212 per every 1 lac births, yet others evaluate it might be more than 450 maternal deaths every 1 lac live births. Data controversies must not degrade the unsatisfactory reality that most of the Indian women die from labor, pregnancy and insecure premature births.²⁰
- b) **Depression in conflict zones:** A lot of Indian women live with clash, whether in regions with insurrection and counter-insurgency operations or within a communal insurrection or between inter-caste violence. They experience clash exceptionally as compared to men—living with distress; being left as leader of the family without suitable title to the property; encountering sexual barbarity as a feature of clash; being dislocated and homeless.
- c) **Gender inequality:** Gender inequality in biological, environmental and social terms, makes women more vulnerable to certain risks, leading to poorer outcomes.
- d) **Women's household roles:** this impact women's health—such as exposure to smoke and women's limited engagement in physical work.²¹
- e) **Malnutrition and morbidity:** Nutrition plays a major role in individual's overall health; psychological and physical health status is often dramatically impacted by the presence of malnutrition.²² This is one of main concern for women's health in India.
- f) **Breast Cancer:** India is facing a growing cancer epidemic, with a large increase in the number of women with breast cancer. By the year 2020, nearly 70 percent of the world's cancer cases will come from developing countries, with a fifth of those cases coming from India.²³

Nevertheless, the list of women health issues in India are exhaustive, to mention here physical domestic violence, suicides, reproductive health concerns, cardiovascular health issues, and mental health, etc. are some of the major ones.

4. Interconnection between Sustainable Development Goals: Goal-3 and Goal-5

Health systems themselves are not gender-neutral. The role of gender within health systems relates to concepts of universal health coverage (SDG 3), pathways of care including the impact of gender stereotypes and gender-related stigma that drive inequalities (SDG 10, reduced inequalities), principles of accountability and inclusivity (SDG 16, peace, justice and strong institutions), and the gendered experience of the health workforce itself (SDG 8, decent work and economic growth; SDG 16, peace, justice and strong institutions). While there is an implicit logic that the SDGs interact with and depend on each other, there is little consideration of how this works to support more coherent and effective decision-making to better facilitate monitoring, evaluation, and evidence-informed action. A recent detailed analysis of interactions across the SDGs did consider SDG 3 along with SDGs 2 (zero hunger), 7 (affordable and clean energy) and 14 (conserve and sustainably use the oceans, seas and marine resources for sustainable development). However, the analysis did not contain a detailed analysis of the

interactions, enabling or otherwise, with SDG 5.²⁴ Definitely there arises a need to poster strong monitoring of interaction between SDG 3 and SDG 5. India being an emerging major economy of the world need to stabilize its concern on these two Goals.



5. Materials and Method

a) Research Question/Statement of the Problem

A woman is one of the important components of global sustainable development needs much attention and empowerment. The commitment of India, to accelerate the pace of achievement of the SDGs, particularly Goal 3 and Goal 5 is a matter of pride to promote gender equality and reduce the health risks of women. Closing the gender gap is closely related to closing gender disparities in access to food, health, education, employment and other forms of social empowerment.

b) Objectives

This research paper rests on various broad aims and objectives. To mention here the objectives of this study include:

1. To examine and highlight the concept of Sustainable Development Goals particularly Goal 3 and Goal 5.
2. To highlight some of the vital initiatives of the government of India to cover gender equality and to improve women's health conditions.
3. To investigate and examine major health issues that becomes a hurdle in the achievement of Goal 3 from the Indian context.

4. To place interaction between Goal 3 and Goal 5 of Sustainable Development Goals.

c) Methodology

This paper is based on secondary sources which were accumulated from a number of research papers, articles, books, NGO reports, regional organization brief reports, and government reports. The research tool and technique used in this study is secondary data analysis.

6. Conclusion

Realizing the right to health and well-being of all people by acting on existing gender inequities and their complex determinants is challenging and these factors hinder progress towards achievement of Agenda 2030. In the very recent past India has presented its national review report on the implementation of the Sustainable Development Goals (SDGs) to the UN, underscoring that as the fastest-growing major economy. The report said, “As such, India has been effectively committed to achieving the SDGs even before they were fully crystallized”. This agenda is global in nature and India along with other stakeholder is committed to achieve gender equality and ensure healthy lives within the stipulated period of time. Nevertheless, there are areas where consideration is required to coup the issues and challenges which women are facing in India in promising its commitment towards Agenda 2030.

**Supplementary: Tab. 2: Information about India's Achievement in SDG: Voluntary
National Review Report (2017).**

http://niti.gov.in/writereaddata/files/India%20VNR_Final.pdf

**Goal 3: Ensure healthy lives and promote
wellbeing for all at all ages**

India has made significant strides in improving various health indicators. The Infant Mortality Rate has declined from 57 in 2005-06 to 41 in 2015-16. Similarly, Under-5 Mortality Rate has fallen from 74 to 50 over the same period. This has been enabled, at least partially, by a significant improvement in vaccination coverage for children between 12-23 months of age. Moreover, institutional deliveries have increased from 38.7% in 2005-06 to 78.9% in 2015-16. The country's strategy in health is focused on providing essential services to the entire population, with a special emphasis on the poor and vulnerable groups.

The National Health Policy, 2017 has specified targets for universalizing primary health care, achieving further reductions in infant and under-5 mortality, preventing premature deaths due to non-communicable diseases as well as increasing government expenditure on health. A composite index is being used to monitor and incentivize improvements in health services delivery across states in the country. The government is aiming to immunize all unimmunized and partially immunized children against vaccine-preventable diseases by 2020. Towards achieving universal health coverage, a health insurance cover of INR 100,000 (USD 1,563) is being extended to all poor families.

**Goal 5: Achieve gender equality and empower
all women and girls**

While much more progress remains to be made, a number of indicators pertaining to the status of women in India have moved in the right direction over the years. For instance, 68.4% of women were literate in 2015-16, as compared to 55.1% in 2005-06. Additionally, 53% of women were independently using a bank or savings account in 2015-16, which is a significant improvement from 15.1% in 2005-06.

Numerous measures have been put in place for promoting gender equality. For example, the Beti Bachao Beti Pado (Save the Girl Child, Educate the Girl Child) initiative focuses on a comprehensive package of interventions for the girl child including those pertaining to education and protection. The Maternity Benefit Programme protects women from wage loss during the first six months after childbirth. Further, several programs are being implemented for enabling greater participation of women in the workforce.

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