SW 403	GENDER AND REPRODUCTIVE HEALTH		
Course Credit	4	Course Marks	100
Course Objectives	The objective of this paper is to impart knowledge to students on gender issues related to population, development, and health. The main goal is to build skills among students to analyze and understand evidence relating to institutional context of gender and gender-based inequalities and linkages between gender, population, development, and reproductive health.		
Learning Outcomes	Student will learn about Female Status and Autonomy, Women's Empowerment and their relationship with Reproductive health and Development.		

SW-403: GENDER AND REPRODUCTIVE HEALTH

Total Marks = 100 (End Term-60 + Internal-40) Credit hour =4

Unit -I

Definitions, Concepts and Terminologies: Gender, Unequal Gender Relations, Gender Equity, Gender Disparities, Gender Inequalities, Gender Main Streaming, Gender Sensitive Planning and Gender Balance; Feminists Theories: Evolution of Feminism; Shift from Women in Development to Gender in Development. International and National Experiences: Different Theories of Feminism.

Unit -II

Gender and Social Institutions in India: State, Legal System, Religious, Family, Society, Marriage Customs and Patterns, Dowry System; Implications for Sex Ratio Trends and Patterns in India: Son Preference, Desired Sex Composition of Children, Child Sex Ratio, Sex Ratio at Birth and Sex Selective Abortion;

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Unit-III
Gender Based Violence; Gender and Mass Media: Language, Image and Portrayal of Women in Mass Media: Gender Mainstreaming; Assisted Reproductive Technologies and its Use Gender Based Violence; Gender and Mass Media; Language, Image and Johnston Women in Different Mass Media; Gender Mainstreaming; Assisted Reproductive Technologies and its Use and Different Mass Media; Gender Mainstreaming; Assisted Reproductive Financing and Budgeting. Different Mass Measures to Address Infertility in India, Gender Sensitive Financing and Budgeting.

Unit -IV
Reproductive Health (RH): Definition and Rationale of RH Approach; Evolution of Ideas about Reproductive Health (RH): Definition and Kationale of RH Approach of RH; Abortion: Spontaneous, Reproductive Health; Components of RH and Life Cycle Approach of RH; Abortion: Spontaneous, Reproductive Health; Components of RH and Life Cycle Approach of RH; Abortion: Spontaneous, Reproductive Health; Components of RH and Life Cycle Approach of RH; Abortion: Spontaneous, Reproductive Health; Components of RH and Life Cycle Approach of RH; Abortion: Spontaneous, Reproductive Health; Components of RH and Life Cycle Approach of RH; Abortion: Spontaneous, Reproductive Health; Components of RH and Life Cycle Approach of RH; Abortion: Spontaneous, Reproductive Health; Components of RH and Life Cycle Approach of RH; Abortion: Spontaneous, Reproductive Health; Components of RH and Life Cycle Approach of RH; Abortion: Spontaneous, Reproductive Health; Components of RH and Life Cycle Approach of RH; Abortion: Spontaneous, Reproductive Health; Components of RH and Life Cycle Approach of RH; Abortion: Spontaneous, Reproductive Health; Components of RH and Life Cycle Approach of RH; Abortion: Spontaneous, RH; Abortion: Sponta Reproductive Health; Components of RH and Life Cycle Approach. Spontaneous, Induced Abortion, Legal and Illegal Abortions, Safe and Unsafe Abortions, Laws regarding Abortion in India; Infertility: Measurement of Infertility, Sexual Dysfunction

Unit -V
Gender and Reproductive Health: Rights Based Approach to Gender Equity And Reproductive Health Gender and Reproductive Health: Rights Based Approach to Gender and Demographic Impact; Reproductive and HIV/AIDS Vulnerability and its Demographic Impact; Reproductive and HIV/AIDS Vulnerability and Its Demographic Impact; Reproductive and HIV/AIDS Vulnerability and its Demographic Impact; Reproductive and HIV/ AIDS; Gender and HIV/AIDS vulnerability and Its Values in RH Services, Information, Rights and Ethical Issues; Human Rights and Values: Ethical Values in RH Services, Information, Liberty of Choice, Professional and Ethical Issues.

Suggested Readings:
Basu, Alaka M., (1992): Culture, The Status of Women and Demographic Behaviour, Oxford University, New York.

Berer, M., (2000): Making Abortions Safe: A Matter of Good Public Health Policy and Practice,

Bulletin, WHO, Vol. 10(3), pp. 370-372. 2.

Bott, S. et al (Eds. 2003): Towards Adulthood: Exploring the Sexual and Reproductive Health of et al (Eds. 2003): 10wards Additiood. Exploring the Adolescent in South Asia, World Health Organization, Department of Reproductive Health

Dyson. Tim and Mick Moore, (1983). "On Kinship structure, female autonomy, and demographic behaviour in India", Population and Development Review vol. 9(1), pp. 35-60.

Ellsberg Mary and Heise Lori L. (2005) Researching violence against women: A practical guide for

researchers and activists. WHO and Path, Washington D.C. Folbre, Nancy. (1992). Improper arts: Sex in classical political economy. Population and

Gita Sen, Adreinne Germain and Lincoln C. Chen, (Eds.), (1994): Population Policies Reconsidered: Health and Empowerment and Rights, Harvard University Press, Harvard

PS-404: DISSERTATION

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