

# **Women and Non-Governmental Organizations in Developing Countries**

Lalima Srivastava, PhD  
Research Analyst  
Mack Center on Nonprofit Management in the Human Services  
School of Social Welfare  
University of California, Berkeley  
&  
Michael J. Austin, PhD  
Mack Professor of Nonprofit Management  
Director, Mack Center on Nonprofit Management in the Human Services  
School of Social Welfare  
University of California, Berkeley

## **Abstract**

This analysis focuses on the pattern of oppression experienced by women in the developing countries and the different types of interventions undertaken by non-governmental organizations to empower women over past three decades. It identifies the different modes of oppression that relate to subjugation, isolation, and exploitation and the different kinds of NGOs interventions being undertaken to mitigate them. The findings highlight both cultural and organizational factors that prevent gender mainstreaming and women empowerment. Finally the analysis concludes with implications for research on the key issues confronting women and NGOs in the developing countries.

## Introduction

The past three decades have witnessed a steadily increase in the global awareness of the plight of impoverished women in developing countries and the need for social, economic, political and gender equity as well as access to fundamental human rights. Women have achieved significant progress in some parts of world but continue to be marginalized and undervalued in the developing world (Augusto and Zahidi, 2005). Societal beliefs continue to hinder progress in women's empowerment in many parts of the developing world (Cohen, 2006). Compared to men, women in developing countries work longer, receive less money, have more responsibilities, have less schooling and have poorer health (Ghorayshi & Belanger, 1996). The focus of this analysis is to briefly describe the conditions that affect women in developing countries in order to develop an understanding of the pattern of oppression and the role that human service non government-organizations (NGOs) are playing in the empowerment of women. The analysis concludes with implications for future research. The human service NGOs in developing countries are classified by the World Bank as : 1) *community-based* organizations (CBOs) - which serve a specific population in a narrow geographic area, 2) *national* organizations - which operate in individual developing countries, and 3) *international* organizations - which are typically headquartered in developed countries and carry out operations in more than one developing country.

Since the 1980s, there has been considerable growth in the volume of research that focuses on the conditions, lives and experiences of women in developing countries has been witnessed (Ghorayshi & Belanger, 1996). The International call in 1975, by UN to celebrate International Women's' Year was the first step to recognize the social and economic problems of women. With the support of various UN agencies, the World Bank, international development institutions, private voluntary groups and multi-national corporations, the following women's initiatives have emerged: the United Nations Development Fund for Women (UNIFEM) as a separate fund within the United Nations Development Program (UNDP) in 1984 (Sweetman, 2002), the organization of Beijing World Conference on Women in 1995(Augusto and Zahidi, 2005) and the establishment of the Millennium Development Goals in 2000. As a result, almost every country has established policies, programs, and government ministries to deal with the issues facing women (Ghorayshi & Belanger, 1996).

### Women in developing countries

Women constitute more than 50 percent of the world's population and 70 percent of the world's poor estimated to be 1.2-1.3 billion (Wallerstein, 2006). Two thirds of the world's illiterates are women (Jahan, 1996) estimated to be over 500 million in the developing countries (OXFAM, 1998). At least a half-million women worldwide annually die from pregnancy-related causes and 99 percent are from developing countries (Germain, 2004). Women perform 66 percent of the world's work, produce 50 percent of the food, but earn 10 percent of the income and own 1 percent of the property (UNICEF, 2007). Globally, women now account for half of all HIV infections (UNIFEM, 2009).

These data clearly indicates that women are worse off than men. During the last two decades NGOs and government, regionally and internationally, have promoted development and advocacy programs to improve the plight of women in developing countries. Despite these

intense efforts and some major successes, the situation is still problematic when more than a million women die annually from abortions and female infanticide (the deliberate killing of female infants either within the womb or through sex-selective abortion or soon after birth). In addition to the sexual mutilation of girls in Sub-Saharan Africa, women are being trafficked for prostitution in Asia and killed to gain control of the dowry (money or property brought by a woman to her husband at marriage) in various South Asian countries.

The lives of women in developing countries are quite complex and diverse, especially related to the impact of religion, gender differences, culture, and biological norms (Ghorayshi & Belanger, 1996). While social relations are influenced by the broader cultural milieu and customs within a country, there are also dimensions of social relations that transcend particular countries, cultures, or nations (Antonucci et al., 2002). The roles women assume in a given society may change over time but their subordination does not. Women are socialized to internalize subordination which, in turn, shapes their destinies and psyche (Ghorayshi & Belanger, 1996). For example, in a study by Nussbaum (2003) in the West Bengal region of India, it was found that women felt that they should have less education than men.

The patriarchal social relation in many developing countries provides the ideological foundation for gender inequality. Patriarchy has been defined as “a set of social relations with a material base that enables men to dominate women” (Cain, Khanam, Nahar, 1979). Although patriarchy is widespread and found globally, it differs across regions and cultures (Ahmad et al., 2004). Kandiyoti (1988) notes that patriarchal relations exert a powerful influence on the shaping of women's gendered subjectivity and impact of class and caste further add to the subordination of women. The phenomenon of gender inequality is inherently complex (Mason, 1987) as it is reinforced by various religious, economic, political, and social and legal institutions that operate on the basis of women's inferior position in the society. For example, the local customs, traditions and tribal laws in Pakistan play a role in determining the status of women (Khan, 1999).

Gender inequality can be seen in the limited education or economic opportunities and the health outcomes that can lead to the subordination of women. Women and girls in South Asia suffer from elevated mortality rates, referred to as the ‘missing women’ by Amartya Sen (Bardhan & Klasen, 1999). In many South Asian and African societies, parents prefer to invest in their son's education rather than in their daughter's based on the expectation that their sons will provide social security for their parents while daughters will primarily serve the needs of the families of future spouses (Logan & Beoku-Betts, 1996). While there has been an increase in economic activity of women since the 1980s in various developing countries (except Sub-Saharan Africa), significant male-female wage differentials remain (Mehra & Gammag, 1999). The nominal wages of women are 17 percent lower than men's wages (UNIFEM, 2009). Agriculture is still the primary source of employment for women in the developing world where 96 percent of women are engaged in farm work in Africa where they lack access to resources (such as credit) and agriculture extension services (Mehra, 1997; Mehra & Gammag, 1999).

Jejeebhoy and Sathar (2001) note the variations in the oppression of women across and within developing countries. For example, in spite of programs and policies designed to improve reproductive health services for women, women are still deprived of adequate reproductive health services due to lack of availability and accessibility of services in many developing

countries. In many south Asian and Islamic countries, the violence against women is perceived as private family matter by the law enforcement system and as a result women to continue to suffer in silence (Niaz, 2003; Douki et al., 2003).

Figure 1 highlights the pattern of oppression among the women and the different types of interventions being undertaken by NGOs to address the oppression and empower women in the developing countries. The three modes of oppression include subjugation, isolation and exploitation. Many NGOs provide human services as well as advocacy services for the rights and needs of women.

[insert Figure 1 here]

### **Patterns of oppression**

#### *Subjugation*

Subjugation involves a process of bringing somebody or something under complete control. Women have been subjugated for years despite their contributions at home and in the broader society as male dominance has become so embedded that subjugation of women is now become an accepted fact. This is further perpetuated by cultural practices, religion, education, and other social institutions of the society. A number of studies on women have identified the subjugation of women as common in developing countries (Edna and Bose, 1990; Niaz, 2003; Cohen, 2006; Bhatt, 1998; Mosedale, 2005). The different forms of subjugating women include: 1) denial of education, 2) violence directed against women (e.g., physical, mental, and/or sexual abuse, 3) economic subjugation, 4) dowry-related honor killing, acid attacks and other social norms prevalent in the society, and 5) trafficking in women.

The denial of education to girls and women in the developing countries is still prevalent. The evidence of the benefits derived from educating women includes improving health and economics of the family (King & Hill, 1993; Browne & Barrett 1991). Many societies are still unwilling to invest in the education of women (Hadden & London, 1996), particularly in Islamic countries (Sather et al., 1988; Jejeebhoy & Sathar, 2001). The caste system, deeply rooted in the Indian society, provides another obstacle to the education of women (Kamat, 1976; Patkar, 1995). As Mitra and Singh point out (2008), educational disparities contribute a great deal to the persistence of massive inequalities in Indian society related to class, caste and gender. The gender disparities in education continue to be substantial in West Africa, South Asia, and the Middle East where the proportion of women with no education ranges from 14 to 21% greater than that of men (Stromquist, 1990).

The UN declaration defines violence against women as: “Any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of ‘liberty’, whether occurring in public or private life” (WHO, 1995). Today, violence against women is considered to be a global epidemic that crosses boundaries of culture, class, education, income, ethnicity and age (Joshi, 2008). There is, however, a very wide variation in the patterns of violence against women in different countries, including physical violence (e.g., pushing, punching, hitting and kicking), psychological violence (e.g., abusive language, restricting her movements, snatching away her belongings, scolding, coercion) or sexual violence (e.g., marital rape, female genital mutilation)

(Bhatt, 1998). Intimate partner violence (often called domestic violence) takes various forms that include physical and sexual violence (Watts & Zimmerman, 2002). Domestic violence is the most prevalent form of violence against women and girls and is often hidden and ignored (UNICEF, 2000). A number of studies have focused on the domestic violence against women in the developing countries (Douki et al., 2003; Niaz, 2003; Watts & Zimmerman, 2002; Bhatt, 1998). The surveys in Egypt, Palestine, Israel and Tunisia show that at least one out of three women is beaten by her husband, however in Arab and Islamic societies, domestic violence is not yet considered a major concern despite its increasing frequency and its serious consequences (Douki et al., 2003). The marital maladjustments, economic issues, substance abuse are cited as some of the reasons for domestic violence in many developing countries (Bhatt, 1998).

Economic subjugation is in form of denial of property and land rights for women, common in sub-Saharan Africa and South Asian countries (Cohen, 2006). The culturally approved and socially sanctioned practice of “dowry” can be seen in many South Asian countries like India and Bangladesh (Prasad, 1994; Cohen 2006). Married women are physically tortured, emotionally abused, murdered and even forced to commit suicide because of persistent demand of dowry (Prasad, 1994). In Bangladesh, dowry disputes have even led to many acid attacks on women causing blindness, disfigurement and often death (Cohen, 2006). Honor killing is another old cultural practice in many Islamic nations where women are killed in the name of family honor (Cohen, 2006).

### *Isolation*

The second mode of oppression is *isolation*. Isolation can be framed as individual experiences of loneliness and disconnection. It can result from resource scarcity and discrimination, gender roles and responsibilities, poor health, and disability and impairments. Little research has been done on the isolation of women who can be isolated in one or more of the following ways: devaluing the work they perform at home, negative perceptions of their capacity for motherhood, viewing any type of income they generate as supplementary or secondary based on low status occupations, and ultimately by controlling their sexuality (Edna & Bose, 1990). The ‘purdah’ (female seclusion) system practiced among the Muslim population also secludes women in the society (Papanek, 1971). Purdah is a complex institutionalized process that entails much more than restrictions on women's physical mobility and dress. It denies women access to many opportunities and aspects of everyday life (Cain, Khanam & Nahar, 1979). In Bangladesh, India and Pakistan the purdah system puts severe restrictions on women's movements outside their immediate homestead (Cain, Khanam & Nahar, 1979; Papanek, 1971). Studies indicate that the seclusion of women within the household directly affects their health (Shaikh & Hatcher 2004). For example, permission to leave the house in Nigeria is only given by the husband, no matter how serious the need for medical attention. Similarly the Indian tradition of seclusion prevents women and girls from being examined by outsider doctor who is often male (Christiana & Okojie, 1994). In Pakistan women are often not allowed to visit a health facility or health care provider alone or to make the decision to spend money on health care (Shaikh & Hatcher, 2004)

### *Exploitation*

The third pattern of oppression is *exploitation*. Women are subjected to the following forms of exploitation in developing countries: 1) economical exploitation, 2) sexual exploitation in form of sex tourism, prostitution, 3) social exploitation based on caste and race, and 4) slavery. While

all forms of exploitation can be found in developing countries, sexual and economical exploitation receive the most research attention.

Women's poverty is directly related to the absence of economic opportunities and autonomy including credit, land ownership and inheritance, and participation in the decision-making process. Just over one-third of women are economically active world-wide (Mehra, 1997), which include two thirds of women workers in developing countries engaged in agriculture. For example, in Western Kenya 40 percent of the farms are managed by women and in Sri Lanka 72 percent of the women who work in agriculture are employed on tea plantations. In developing countries, women work longer hours, have fewer assets and earn three quarters of the wages paid to men (Buvinic & Roza, 2004).

The economic exploitation of women is not limited to agriculture but women working in urban factories live and work in appalling conditions. For example, women working in Southeast Asian factories are relatively poorly paid for very unstable employment. A female assembly line worker in the U.S. could earn \$3-5.00 an hour while a female assembly worker in a developing nation, doing the same work, would earn \$3-5.00 for the entire day's work (Fuentes & Ehrenreich, 1998). Long working hours and pressure to meet work quotas in urban factories have contributed to: 1) nervous breakdowns, 2) exposure to dust and lint causing lung diseases, and 3) exposure to carcinogenic chemicals without proper ventilation or tools to handle the dangerous materials. Medical benefits and educational assistance for children are generally not offered as part of an employment package and therefore factory workers pay for services to address these needs out of their weekly wages (Bacchus, 2005). Sexual harassment "is another hazard of factory work, especially for women who are out late at night working the graveyard shift" (Fuentes & Ehrenreich, 1998).

Sexual exploitation spans a continuum of abuse and violence against women and includes rape, prostitution, incest, battering, bride trafficking, sexual harassment and female genital mutilation. According to US government, 600,000 – 800,000 people trafficked across international borders every year with 80 percent being female and 70 percent for sexual exploitation (US Department of State, 2004). For example, a large number of Nepali and Bangladeshi women and girls are trafficked to major Indian cities for sex (Hennink & Simkhada, 2004). The exploitation of women is based on the caste system in India and exploitation in Africa and Latin America is often based on race. Female ritual servitude found in West Africa is one example of slavery where girls as young as seven are given by their family to a shrine in order to atone for a family transgression. Bonded labor, another form of slavery prevalent in South Asia creates other hardship for women due to their low social status (Herzfeld, 2002).

### **The Role of NGOs**

As defined by the World Bank, NGOs are "private organizations that pursue activities to relieve suffering, promote the interests of the poor, protect the environment, provide basic social services, or undertake community development" (Abbey, 2008). Since the 1980s, NGOs have become major players in the field of development by promoting democracy, advocating for human rights, promoting sustainable socio-economic development, providing humanitarian relief, and supporting educational and cultural renewal (Rice & Ritchie, 1995). The emergence of NGOs in developing countries results, in part, from the failure of governments to reach the

poorest of the poor and/or address the widening gaps between the rich and the poor (Streeten, 1997). As van der Heijden (1986) notes, the effectiveness of the NGOs lies in "their ability to deliver emergency relief or development services at low cost, to many people, in remote areas; their rapid, innovation and flexible responses to emerging financial and technical assistance needs at the grass root level; their long standing familiarity with social sector development and poverty alleviation; their experience with small scale development projects as well as with those requiring a high degree of involvement by, and familiarity with, concerned target groups" (cited in Riddell et al. 1995, pp 36)

It is estimated that there are more than 50,000 NGOs operating in developing countries along with hundreds of thousands of small grassroots organizations and reach 250 million poor people (Streeten, 1997). The transfer of funding from high-income countries to NGOs to promote international development assistance has risen from a negligible amount before 1980 to nearly \$2 billion in 2004 (OECD, 2006a). This amount does not include additional billions of dollars that are channeled through NGOs to implement specific projects on behalf of the donor countries (Werker & Ahmed, 2008).

The wide-ranging work of NGOs can be categorized in terms of the roles of implementer, catalyst, and partner (Lewis, 2007). The implementer role involves the mobilizing of resources and needs while the catalyst role reflects the ability to inspire, facilitate or contribute to improved thinking and action related to social transformation and the partner role includes the need to work on joint activities with government, donors and the private sector (Lewis & Kanji, 2009). The implementer role of providing services and the catalyst role of advocacy the primary focus on NGOs in this analysis.

#### *Developmental programs*

The ultimate role of development programs is to increase the capacity of a community to address its own basic needs (Vakil, 1997). Such NGO programs are in the form of services related to education, health care, micro-finance, agricultural extension, emergency relief, and human rights (Lewis & Kanji, 2009). For example, many organizations in India and Bangladesh seek to promote the economic empowerment of women by providing access to micro-finance. Similar efforts are being made to improve the health and education of women in developing countries by using a 'people centered' approach to empowerment based on a rights-based approach (Lewis & Kanji, 2009).

#### *Advocacy programs*

Advocacy involves the process of influencing policy or decision-making by building social support both among like-minded people and organizations (Vakil, 1997). Kamat (2004) describes advocacy interventions as issue-based campaigns that are organized at national and international levels for particular kinds of policy or legislative change. Keck and Sikkink (2002) highlight the significance of advocacy networks as contributors to a convergence of social and cultural norms at the local, regional and international levels. While some advocacy programs have been effective in promoting change in government policy, others have been more adversarial and have raised questions about who legitimately represents the national interest (Fox & Brown, 1998).

## **Towards a Conceptual Framework to Inform Research**

Gender inequality is empirically and conceptually a multidimensional phenomenon (Mason, 1987). These inequalities are expressed explicitly in the form of differences in the sex ratio, child infanticide, literacy rates, health and nutrition indicators, wage differentials and property ownership as well as implicitly in the form of embedded relationships of power and hierarchy (Mehta, 1996). The deep-rooted patriarchal structure existing in many parts of the developing countries continues to marginalize women and limit their economic mobility (Cain, Khanam & Nahar, 1979). For example, in Africa patriarchal family structures assign women to subordinate roles in the household and in the community (Asiyanbola, 2005). Another aspect of the subordination of women involves men's control over women's sexuality as it shapes many family decisions related to the marriage of daughters or girls (Stromquist, 1990). In Asia and Africa one girl in four is married by age 16; in Nepal, 40 per cent of girls are married by the age of 15. It is also not surprising that at least 18 percent of the women in developing countries become mothers by age 18 (Mathur et al., 2003).

It is also important to note that women in developing countries are heavily concentrated in rural areas where more than two-thirds of the Southeast Asian and sub-Saharan Africa population live in rural areas (FAO, 1994; Ghorayshi & Belanger, 1996). Similarly, the majority of the poor in Latin America countries live in rural areas (Minh, 2004). The characteristics of rural societies exert specific influence upon social relations as they relate to poverty, ethnicity, and patriarchy (Little, 1987). For example, in rural Pakistan the issues of gender are intervened with class, caste and age. An older woman in a land holding family may hold a much greater position of power than a young man in a landless family (Khan, 1999).

The three key factors that impact the denial of education to women in the developing country are: 1) societal and cultural factors, 2) economical difficulties, and 3) policies and governments lack of motivation (Logan & Beoku-Betts, 1996; Stromquist, 1990; Kelly, 1987). Besides the role of civil laws, the ability of women to access the educational opportunities are limited by religious and family influences (including, rigid gender norms and religious practices) regarding the domestic role of mother or wife (Logan & Beoku-Betts, 1987; Stromquist, 1990; Jejeebhoy & Sathar, 2001). The fears that educated girls will be 'uncontrollable', 'disobedient' and 'unmarriageable' also act as barriers to educating women in many developing countries (Fiona, 1998). The education of women is also seen a potential challenge to patriarchy (Stromquist, 1990). Other factors affecting the denial of education to women include: 1) preserving a young girl's reputation leads to high dropout rates among girls at the onset of puberty, 2) the prospect of marriage is threatened if education is beyond literacy in some traditional societies, and 3) the fact that girls "marry out" of the family and move to their husband's family results in little financial return (King & Hill, 1993; Hadden & London, 1996).

Poverty is one of the most prevalent factors contributing to the illiteracy of women in developing countries (Fiona, 1998; Mitra & Singh, 2008; Nussbaum, 2003). The economic hardship on the households forces the allocation of resources in a way that discriminates against women (Logan & Beoku-Betts, 1987). The cost of education and opportunity are also more readily absorbed by the family for a son rather than a daughter (Hadden & London, 1996). The socio-economic background of parents in developing countries is a major determinant of enrollment and retention



of women at every level of education (Logan & Beoku-Betts, 1987; Mitra & Singh, 2008). Social status and class have a profound impact on the education of women where women from low-income and ethnic groups often dropout of school to help the family with domestic chores and income for work in agriculture (Stromquist, 1990; Mitra & Singh, 2008).

Despite the efforts of the United Nations, many national governments resist developing policies designed to extend education to women on the grounds that the outcomes of women's education are not the same as men's because women who are educated do not participate in the work-force at the same rate as do similarly educated men and the rates of return on the investment in education seem to be lower for women than for men (Kelly, 1987). Among the various policy factors that have consequences for gender disparity are the availability and accessibility of schooling, single sex or coeducation, and the cost of education (Logan & Beoku-Betts, 1987; Kelly, 1987). The location of the school has direct consequence for women access to education as parents are not willing to risk the safety of their daughters who may be traveling long distances in rural area (Logan & Beoku-Betts, 1987). Lack of separate schools for girls and the lack of female school teachers have also been a deterrent to sending women and girls to the schools in rural communities in India (Srivastava, 2008).

The health concerns of women are both biological and gender-based. Unlike men, women are subject to risks related to pregnancy and childbearing (Tinker, Finn, Epp, 2000). Gender inequalities in health can be found in the traditional practices of patriarchy and socio-cultural norms. In some developing countries, like India and Pakistan, gender inequalities in health begin from childhood because of the differential social evaluations of sons and daughters where girls receive less care (including medical care) than boys (Christiana & Okojie, 1994, Walker, 1997). Patriarchy often leads to the seclusion of women within the household that not only leads to restrictions on her mobility but also contributes to her lack of autonomy (Christiana & Okojie, 1994). The decision to seek treatment is made by a spouse or senior members of the family in such societies (Shaikh & Hatcher, 2008). In developing countries many women are married early in their adolescence and become pregnant long before their own physical maturity and bear a large number of children with very little health care (Wallace, 1987). The women have a very high rate of death related to pregnancy and childbirth (Wallace, 1987). In South Asia poor girls also have poor nutrition and less access to health care than boys (Walker, 1997). Studies in Bangladesh found that boys under 5 years of age were given 16% more food than girls (Braveman & Tarimo, 2002). Due to biological factors, women are at higher risk per sexual exposure of contracting sexually transmitted infections (STIs), including the human immunodeficiency virus (HIV); 98 percent of the women with HIV/AIDS live in developing countries (UNAIDS, 2009).

In many developing countries only a small proportion of births take place in a hospital and many of the women do not receive prenatal care (Wallace, 1987). It is estimated that only about 48% of all births in developing countries are attended by trained medical personnel. The lowest average is in Africa (34%) followed by Asia (49%) and Latin America (64%) (Christiana & Okojie, 1994).

Before discussing the economic roles of women and their exploitation, it is important to understand women's hidden economic activities and extent of their contribution to family

wellbeing in the developing countries (Tinker, 1990). Donahoe (1999) identifies four types of work that engage women in developing countries: 1) non-familial employment (e.g., informal employment for a nonfamily member as contracted labour for cash or in kind payment), 2) income generation (e.g., paid work), 3) subsistence production (e.g., farming, animal husbandry, foodstuff production, handicraft production, or trade activity), and 4) housework (e.g., child care activities, gathering wood, cooking, cleaning, washing clothes and dishes).

The employment opportunities and pay differ greatly by gender in most developing regions (Kynaston, 1996; UNDP, 1995). The effect of gendered economic opportunities is that women are more likely to be poor and overworked in comparison to men (Klasen, 1999). In most of Africa and South Asia, economically active women are often family workers who receive only maintenance and no monetary payment (Morrisson & Jutting, 2005). In Arab and many South Asian countries, the economic activities of women are confined primarily to the agricultural and informal sectors that are unrecognized and unregulated by labor laws. The role of patriarchal family structures perpetuates gender inequality (Morrisson and Jutting, 2005).

Morrisson and Jutting (2005) identify the following three major factors that influence the economic role of women in the developing countries: 1) social institutions (e.g., not allowing women to work or gain access to resources that are essential to join the labor market), 2) women's access to resources (e.g., education, health care, labor market), and 3) lack of opportunities (e.g., religion is the most significant predictor of female labor force participation across countries) (Tzannatos, 1999).

While each pattern of oppression is distinct in itself, women are often confronted with more than one form of oppression (e.g., subjugation, isolation and/or exploitation). It is clear that insufficient education for women still stands as major obstacle to women's welfare (as well as perpetuating unequal gender roles within family, the workplace and the public life) because women's access to schooling remains inadequate across many of the developing countries (Martin, 1995). Denial of education not only has direct impact on women's health, but also on their economic growth. In many Muslim communities in South Asia, women are traditionally tutored at home (where the girls learn to recite Quran by heart) but this tutoring does not include conventional literacy (Papanek, 1971). Literature indicates that if there were no women doctors and teachers, many women would not have access to medical and educational services because of purdah restrictions in Pakistan and South India (Papanek, 1971). A number of studies in the developing countries have indicated a relationship between literacy and mortality as well as between literacy and fertility (Grosse & Auffrey, 1989). Schuler et al. (1996) found that illiterate and uneducated women in Bangladesh are more subject to domestic violence and education reduce the probability of being beaten by about one third. The threat of violence prevents women from gaining control over economic resources prevents them from claiming legal rights for inheritance and forces them to undertake unpaid or low paid labor (Schuler et al., 1996). King and Hill - (1993) found a direct impact of education on the economic role of the women where women with better education were more likely to get better employment opportunities as well as the wages. Papanek (1971) also found that the earning opportunities of women are restricted by the complexities of purdah system.

### *NGO Programs*

Since the early 1980s, NGOs have been at the forefront of documenting discrimination against women by viewing women's rights as human rights related to: 1) promoting the need for a gender approach to health care, education and economic development, 2) promoting the needs of the girl child and, 3) exposing violence against women (Handy & Kassam, 2007). Governments and donor agencies have increasingly relied on local NGOs in developing countries due to their proximity with the grass-roots and deep insight into women's concerns (Mehra, 1997). NGOs are also viewed as more flexible, participatory, and open to change and innovation (Riddell et al., 1995; Streeten, 1997).

A range of approaches and strategies adopted by NGOs to address women issues include empowerment, linking gender issues to development programs, and promoting a rights-based approach to social inclusion. As Korten (1987) describes, the process of democratization encourages people to mobilize and manage their local resources with government in an enabling role. In order to strengthen institutional and social capacity for greater local control, accountability, initiative, and self-reliance, different forms of power are needed: *social* (access to information and skills, participation in social organizations, financial resources), *political* (access by individual household members to decision making process, singly or groups); and *psychological* (self confident behavior) (Friedman, 1992). Each of these are necessary for the development to move beyond the notion of material well being. As ideas about participation and empowerment were adopted, it is also necessary to pay attention to unequal gender relations that are usually ignored (Lewis & Kanji, 2009; Parpart, Rai, & Staudt, 2002). By linking gender to development programs it is possible to focus on the role of culture and the inequalities rooted in the subordination of women (Sen & Grown, 1988). Sen and Grown (1988) offered vision of empowerment based on a commitment to collective action that needs to grow out of specific problems and context facing women in developing countries (economic, political or cultural). As Sen and Grown (1988) note, "Equality for women is impossible within the existing political, cultural processes that reserve resources, power and control for small groups of people. But neither is development possible without gender equality for, and participation by, women" (as cited by Lewis & Kanji, 2009, pp79)

From the late 1990s onwards, the rights-based approach has been adopted by the NGOs and donors to bring the issues of economic, social and cultural rights to the center stage alongside with existing political and civil rights. The rights-based approach has helped to link poverty alleviation with the efforts to promote accountability (Lewis & Kanji, 2009).

Numerous studies have highlighted the role of NGOs in empowering women (Hunt & Kasynathan, 2002; Mayoux, 1998; Lewis & Kanji, 2009; Swainson, 2000). Based on the strategies and approaches, NGOs in development have adopted various innovative interventions considering the socio economic and cultural issues to address the women's issues in the developing countries. For example, the Association of Sarva Seva Farms (ASSEFA) in India supports the development of self-reliant communities through the collective use of local ideas and labor rather than relying on external resources; CODIGO in Bolivia combines local medicines with western approaches in promoting income generating health care services; and Self Employed Women's Association (SEWA) in India and Nijera Kori in Bangladesh demonstrate the link between rights and power related to gender and empowerment outcomes (Lewis and Kanji, 2009). The emergence of microcredit is now well recognized as a successful

tool for equitable and sustainable development. The empowerment of women through microcredit programs by organizations like Grameen Bank and BRAC is well documented (Hunt & Kasynathan, 2002; Amin et al., 1998; Streeten, 1987)

NGOs like the Forum for African Women Educationalists based in Nairobi, Kenya play a significant role in ensuring quality education for all and the goal of gender parity and equality in African education (Ongaga & Ombonga, 2009). This program is similar to the Campaign for Female Education (CAMFED) that is dedicated to fighting poverty and AIDS in rural communities in Africa by educating girls.

The expanded definition of reproductive health adopted in the Cairo Declaration at the UN conference on Population and Development in 1994 provided increased opportunities for NGOs to promote reproductive health. For example, reproductive health services in Sri Lanka are implemented through family planning NGOs. In Latin American countries, NGOs have a long history of providing family planning and other reproductive health services (Langer, Nigenda, & Catino, 2000). For example, AFROFAM in Guatemala has been providing reproductive health services for last four decades. .

It is only recently that the advocacy role of NGOs related to influencing public policy has been acknowledged as part of service provision. Advocacy has become a means by which NGOs reassess their heavy investment in development programs as they seek to make poverty reduction and the empowerment of women more central to their missions (Lewis & Kanji, 2009). The evolution of NGO advocacy has led to more effective interaction between: 1) NGOs and international government agencies, 2) Northern and Southern NGOs (as those from the South have expanded their advocacy into the international arena), and 3) the international development and relief NGOs. NGO Advocacy has become more focused, more strategic, and has made more effective use of the media in recent decades (Anderson, 2000). The most effective forms of advocacy include: 1) a clear and accessible program logic that explains how the goals connect with planned strategies and outcomes and 2) specific and achievable objectives within a timeframe of the planned intervention (Roche, 1999; Davies, 2001). The legitimacy of the organization undertaking advocacy and the role of organizational coalitions and alliances are considered an important indicator of an NGO's ability to achieve its planned outcomes (Davies, 2001).

NGOs have achieved success in their advocacy role because they have been able to link local experiences with national or international policy (Madon, 1999; Kilby, 2006). For example, the YWCA has been promoting the needs and rights of women and the Peruvian NGO, Movimiento Manuela Ramos, has been working with approximately 200 community-based organizations to advocate for incorporating the perspective of women in government health care delivery (Langer, Nigenda & Catino, 2000). Similarly in Uganda, ActionAid, and other NGOs used their advocacy initiative to support the successful passage of a domestic relations bill and added clauses for land co-ownership in the 1998 Land Act to protect women's rights to land (Nabacwa, 2001). The advocacy role of NGOs in several countries in Latin America, Central America and the Caribbean (LAC) has impacted the problem of domestic violence (Luciano et al., 2005). Advocacy by NGOs also plays an important role in fighting for the rights of people living with HIV/AIDs (Tiessen, 2005).

Since the signing of Beijing platform for action in 1995, many governments are committed to achieving gender equality and empowerment of women. Over the past decade, major international institutions supporting development programs have created and endorsed a gender policy that includes the active role of women in decision-making processes and empowerment, gender training and sensitization, and targeted action to promote gender equity (Moser & Moser, 2005). Multilateral and bilateral aid agencies (e.g., Department for International Development Swedish International Development Agency, and UNICEF) encourage the participation of girls and women (Swainson, 2000). The governments also in many developing countries have adopted policies and interventions to address women's issues as well as collaborated with local NGOs to implement the projects and programs that support the empowerment of women. For example, the Lok Jumbish project in the Indian state of Rajasthan illustrates how NGO-state collaboration addresses education and women's empowerment and Kenya's government population program involves NGOs in delivering services (Streeten, 1997). Some governments have also launched specific programs to empower women. For example, the Swayamsiddha program developed by the government of India to promote participation by women in local governments and the Swarnjayanti Gram Swarozgar Yojana program to assist poor families in generating income. Similarly, the governments in Sub-Saharan Africa are seeking to increase the access of girls to secondary education. In Pakistan, the government policies regarding women are more concern with economic realities than with gender issues (Weiss, 1994). Many governments in developing countries have endorsed grassroots microcredit and microfinance institutions and, in some cases, have integrated micro-credit programs into their development planning (Snow and Berry, 2001)

Most of the initiatives launched by NGOs and governments since the 1980s have been largely confined to services that seek to reduce oppression instead of addressing the underlying causes of gender discrimination. For example, education initiatives have been largely confined to strategies to increase the access of girls to education and have not sought to address the causes of the gender gap itself, especially the economic betterment of the communities in which women live. There has been less attention to improving the social status of women as gender gaps are becoming wider with little monitoring and evaluation of gender mainstreaming policies adopted by various bilateral and non-governmental organizations.

Despite the efforts of NGOs over the past three decades to improve the lives of millions of women across the developing countries, the inequalities and discrimination against women still persists. The empowerment of women through the economic betterment of their communities does not necessarily lead to their autonomy (Hunt & Kasynathan, 2002). It still is not clear how the social impact of the microcredit program for economic empowerment translates into improving the social status of the women and reducing the gender gaps. In a similar way, it is not clear how the rights-based approach translates into gender mainstreaming. In essence, there is a need for greater attention to evaluating NGO advocacy and identifying advocacy achievements (Edwards & Hulme, 1995).

Most of the international institutions, bilateral agencies, NGOs, and local governments have designed and adopted gender mainstreaming policies to improve and promote the well-being of the women in many developing countries. However the implementation of these policies both at the operational and institutional level are constrained by: 1) the lack of monitoring and evaluation of the policies and the participation of women, 2) the organizational culture, 3) lack of

accountability mechanisms and 4) the lack of gender training. A number of international institutions and NGOs have focused on the male-biased organizational culture as a crucial constraint in the implementation of gender policies as reflected in attitudes, recruitment practices, working conditions, systems and procedures (Moser & Moser, 2002).

### **Conclusion and Research Implications**

This analysis identifies the patterns and determinants of oppressions experienced by women in developing countries and the role of NGOs in addressing them. Despite the intense efforts of many NGOs, international organizations and governments, more needs to be done to address the patterns of oppression and the role of NGOs.

#### *Implications to redress the pattern of oppression*

Despite the efforts of the United Nations, international organizations and many developing countries to adopt strategies to address gender in all development initiatives, the efforts at policy level have been slow to translate into action often due to patriarchal cultures that marginalize women and women's interests and/or organizational ideologies, value systems, structures, and management styles that promote male-oriented cultures (Mies, 1986; Walby, 1988; Macdonald, Sprenger, & Dubel, 1997). Many organizations adopt superficial approaches to gender mainstreaming without focusing on the root causes that can be found in the social structures, institutions, values and beliefs that perpetuate the subordination of women and reinforce gender inequality.

Health, literacy and access to credit are the three major areas that have been identified as essential elements in improving the quality of women's lives in the developing countries. The whole family is likely to benefit from improvements in all three areas. Unfortunately, there is very little research on the impact of economic empowerment on social empowerment of women. While the education of women has been a priority in global discussions of human rights among governments, international institutions and NGOs the gender gap in literacy appears to be widening since 1990 due to poor or non-existent implementation of programs and policies.

Little attention has been focused on the ways that knowledge about the causes of gender disparities has been incorporated into the design of policies and programs and how programs have been affected by political and bureaucratic constraints. The valuable donor-sponsored research on gender and education often appears to be oriented to meeting the needs of donors rather than the needs of women in developing countries. The following research questions are designed to find out ways to improve the conditions of women and reduce oppression:

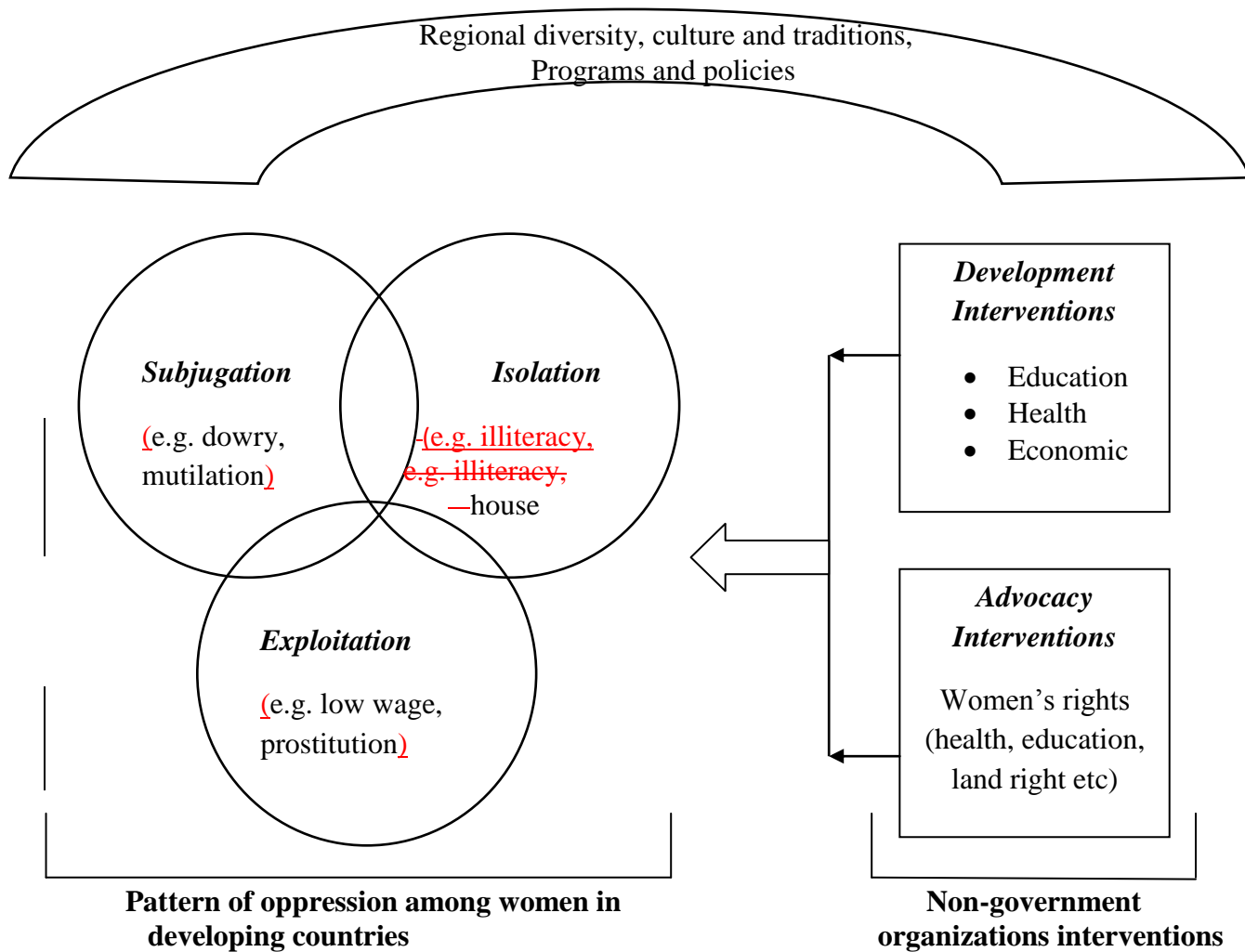
1. What aspects of gender disparity have been incorporated into the design of policies and programs in developing countries and what has been overlooked and why?
2. What are the gaps in implementing literacy improvement programs and policies for adult women?
3. What role can participant action research play in increasing our understanding of oppression experienced by women in developing countries?
4. What are the impacts of gender mainstreaming policies on programs and practices?

#### *Implications for NGOs*

The growth in the number of NGOs since the 1980s has been enormous in terms of their outreach, services and funding. While there is a growing commitment among NGOs to integrate women into all aspects of the development process, it is difficult to identify evidence to inform practice about the nature of success and failure.

The evaluation of the impact and outcomes of the various interventions undertaken by NGOs still need attention. For example, many NGOs, bilateral and international institutions have adopted gender mainstreaming policies with little attention to the impacts and outcomes of the implementations, especially on the process of translating the gender and development principles into practice. It is not clear how the rights-based approach affects and contributes to the well-being and empowerment of women. Similarly, the advocacy role of the NGOs needs to be evaluated. In addition, the gendered practices and norms within the culture of organizations need to be monitored and evaluated for their impacts on the outcomes of gender equality policies. The following are a few research questions for improving the functioning of NGOs in meeting the goals of gender mainstreaming:

1. How does the rights-based approach support gender mainstreaming and the empowerment of women?
2. What are the challenges facing NGOs in integrating gender equality into development principles and practices?
3. What are the most effective ways of evaluating and monitoring the impact and outcomes of gender policies implemented by NGOs?
4. How can NGO advocacy programs be effectively monitored and evaluated?
5. What human resource management strategies are needed to create a supportive NGO work environment for mainstreaming women?



**Figure I: Conceptual framework for pattern of oppression and NGOs interventions**



## References

- Abbey, E. M. (2008). Constructive regulation of non-government organizations. *The Quarterly Review of Economics and Finance*, 48, 370–376.
- Ahmad, F., Riaz, S, Barata, P. and Stewart, D. E., (2004). Patriarchal beliefs and perceptions of abuse among South Asian immigrant women. *Violence against Women*, 10(3), 262-282.
- Amin, R., Becker, S., Bayes, A. (1998). NGO-promoted microcredit programs and women's empowerment in rural Bangladesh: Quantitative and qualitative evidence. *The Journal of Developing Areas*, 32(2), 221-23.
- Anderson, I. (2000). Northern NGO advocacy: Perceptions, reality, and the challenge. *Development in Practice*, 10 (3/4), 445-452.
- Antonucci, T. C., Lansford, J. E., and Akiyama, H. (2002). Differences between men and women in social, relations, resource deficits, and depressive symptomatology during later life in four nations, *Journal of Social Issues*, 58(4), 767-783.
- Asiyanbola, A. R. (2005). Patriarchy, male dominance, the role and women empowerment in Nigeria Paper submitted for presentation as poster at the International Union for the Scientific Study of Population (IUSSP/UIESP) XXV *International Population Conference Tours*, France, 18-23.
- Augusto, Lopez-C., Zahidi S. (2005). Women's empowerment: Measuring the global gender gap. *World Economic Forum*, 91-93 route de la Capite CH-1223 Cologny/Geneva Switzerland pg 1 Retrieved Nov 09 from [http://www.weforum.org/pdf/Global\\_Competitiveness\\_Reports/Reports/gender\\_gap.pdf](http://www.weforum.org/pdf/Global_Competitiveness_Reports/Reports/gender_gap.pdf)
- Bacchus, N. (2005). The effects of globalization on women in developing nations; Honors college thesis. NY: Pace University.
- Bardhan, K. and Klasen, S. (1999). UNDP's gender-related indices: A critical review, *World Development*, 27(6), 985-1010.
- Bhatt, R.V. (1998). Domestic violence and substance abuse. *International Journal of Gynecology & Obstetrics* 63(1), S25 - S31.
- Braveman, P., Tarimo, E. (2002). Social inequalities in health within countries: not only an issue for affluent nations; *Social Science & Medicine*, 54 (2002), 1621–1635.
- Browne, A. W. and Barrett, H. R. (1991). Female education in Sub-Saharan Africa: The key to development? *Comparative Education*, 27(3), 275-285.
- Buvinic, M. and Roza, V. (2004); Women, politics and democratic prospects in Latin America; Sustainable development, *Department technical papers series*; WID-108; 323.34 B282—dc22.
- Cain, M., Khanam, S. R., Nahar, S. (1979). Class, patriarchy, and women's work in Bangladesh. *Population and Development Review*, 5(3), 405-438.
- Christiana, E. & Okojie, E. (1994). Gender inequalities of health in the Third World. *Social Science Medical Journal*. 39(9), 1237-1247.
- Cohen, M. F. (2006). The condition of women in developing and developed countries. *The Independent Review*, 11(2), 261– 274.

- Davies, R. (2001). *Evaluating the effectiveness of DFID's influence with multilaterals part: a review of NGO approaches to the evaluation of advocacy work*, Consultancy Report to DFID', unpublished manuscript. Available at <http://www.mande.co.uk/docs/EEDIMreport.doc>
- Donahoe, D. A. (1999), Measuring women's work in developing countries. *Population and Development Review*, 25(3), 543-576.
- Douki, S., Nacef, F., Belhadj A., Bouasker, A., and Ghachem, R. (2003). Violence against women in Arab and Islamic countries; *Archive of Women's Mental Health*. 6, 165–171.
- Edna, A. and Bose, C. E. (1990). From structural subordination to empowerment: Women and development in third world contexts; *Gender and Society*, 4 (3), 299-320.
- Edwards, M. and D. Hulme (eds.) (1995). *Non-governmental organizations performance and accountability: Beyond the magic bullet*. London: Earthscan.
- Fiona, L. (1998). Gender, education and training: An international perspective. *Gender and Development*, 6(2), [Education and Training], 9-18.
- Food and Agriculture Organization of the United Nations (FAO) (1994). Rural women and population in South East Asia: Population education manual for outreach workers. Manila: *Philippine Center for Population and Development*, Inc; X0213/E.
- Fox, J. and L.D. Brown (1998). *The struggle for accountability: NGOs, social movements, and the World Bank*. Cambridge, MA: MIT Press.
- Friedman, J. (1992). *Empowerment: The politics of alternative development*. Oxford: Blackwell.
- Fuentes, A. and Ehrenreich, B. (1998). *Women in the global factory*. Cambridge: South End Press:
- Germain, A. (2004). Reproductive health and human rights; *The Lancet*; 363 (9402), 65-66.
- Ghorayshi, P. and Belanger, C. (1996). *Women. work and gender relations in developing countries-A global perspective*. London: Greenwood Press, 3-13.
- Grosse, R. N. and Auffrey, C. (1989) Literacy and health status in developing countries. *Annual Review of Public Health*, 10, 281-297.
- Hadden, K. and London, B. (1996). Educating girls in the third world: The demographic, basic needs and economic benefits. *International Journal of Comparative Sociology*, 37, 31.
- Handy, F. and Kassam, M. (2007). 'Practice What You Preach? The role of rural NGOs in women's empowerment'. *Journal of Community Practice*, 14 (3), 69 -91.
- Hennink, Dr. M. and Simkhada, Dr. P. (2004). Sex trafficking in Nepal: Context and process. *Opportunities and choices working paper No. 11*, 1-46.
- Herzfeld, B. (2002). Slavery and gender: women's double exploitation, *Gender & Development*, 10(1), 50 -55.
- Hunt, J. & Kasynathan, N. (2002). Reflections on microfinance and women's empowerment. *Development Bulletin*, 57, 71-75.
- Jahan, R. (1996). The elusive agenda: Mainstreaming women in development. *The Pakistan Development Review*, 35 (4), 825-834.
- Jejeebhoy, S. J. and Sathar, Z. A. (2001). Women's autonomy in India and Pakistan: The influence of religion and region. *Population and Development Review*, 27(4), 687-712.

- Joshi, Dr. S.K. (2008). Violence against women in Nepal -- An Overview. *The Free Library*. (2008). Retrieved March 08, 2010 from [http://www.thefreelibrary.com/Violence Against Women in Nepal -- An Overview-a01073875052](http://www.thefreelibrary.com/Violence+Against+Women+in+Nepal+--+An+Overview-a01073875052)
- Kamat, A. R. (1976). Women's education and social change in India; *Social Scientist*, 5(1), 3-27.
- Kandiyoti, D. (1988). Bargaining with patriarchy. *Gender and Society*, 2(3), 274-290.
- Keck, M. E. & Sikkink, K.(2002). Transnational advocacy networks in international and regional politics. *International Social Science Journal*, 51(159), 89 – 101.
- Kelly, G. P. (1987). Setting state policy on women's education in the third world: Perspectives from comparative research, *Comparative Education*, 23(1), 95-102.
- Khan, M. S. (1999). Gender relations within families in rural feudal society. *Proceedings of Women's World 99: The 7<sup>th</sup> interdisciplinary congress on women*, Tromsø, Norway, 1-21.
- Kilby, P. (2006). Accountability for empowerment: Dilemmas facing non-governmental organizations. *World Development*, 34 (6), 951–963.
- King, M., Hill, M. A. (1993). Women's education in developing countries: barriers, benefits and policies; *Johns Hopkins for the World Bank*, xiii, 337.
- Klasen, S. (1999) Does gender inequality reduce growth and development? Evidence from cross-country regressions, Working Paper Series, No. 7. *The World Bank Development Research Group*, 1-38.
- Korten, D. C. (1987) Third generation NGO strategies: A key to people-centered development. *World Development*, 15(1), 145-159.
- Kynaston, C. (1996).The everyday exploitation of women, House work and patriarchal mode of productions. *Women Studies International Forum*, 19(3), 221-237.
- Langer, A., Nigenda, G., and Catino, J. (2000). Health sector reform and reproductive health in Latin America and the Caribbean: strengthening the links. *Bulletin of the World Health Organization* [online], 78(5), 667-676.
- Lewis, D. (2007). *The management of non-government organizations, 2nd Edition*. London: Routledge.
- Lewis, D. and Kanji, N. (2009). *Non-government organization and development*. London: Routledge.
- Little, J. (1987).Gender relations in rural areas: the importance of women's domestic role *Journal of Rural Studies*, 3(4), 335-342.
- Logan, B.I. and Beoku-Betts, J. A. (1996), Women and education in Africa: An analysis of economic and socio-cultural factors influencing observed trends. *Journal of Asian and African Studies*, 31, 217.
- Luciano, D., Esim, S. and Duvvury, N. (2005). How to make the law work? Budgetary implications of domestic violence laws in Latin America, Central America, and the Caribbean. *Journal of Women, Politics & Policy*, 27(1), 123-133.
- Macdonald, M., Ellen, S., and Ireen, D. (1997). Gender and organizational change: Bridging the gap between policy and practice. *Amsterdam: The Netherlands: Royal Tropical Institute*.
- Madon, S. (1999). International NGOs: Networking, information flows and learning. *The Journal of Strategic Information Systems*, 8(3), 251-261.
- Martin, T.C. (1995). Women's education and fertility: Results from 26 demographic and health surveys. *Studies in Family Planning*, 26(4), 187-202.

- Mason, K. O. (1987). The impact of women's social position on fertility in developing countries. *Sociological Forum*, 2(4), 718-745.
- Mathur, S., Greene, M., Malhotra, A. (2003). Too young to wed: The lives, rights, and health of young married girls. Washington, DC, *International Center for Research on Women (ICRW)*, 1-19.
- Mayoux, L. (1998). Research round-up women's empowerment and micro-finance programmes: Strategies for increasing impact. *Development in Practice*, 8(2), 235-241.
- Mehra, R. (1997). Women, empowerment and economic development. *Annals of the American Academy of Political and Social Science*, 554, 136-149.
- Mehra, R. and Gammag, S. (1999). Trends, countertrends, and gaps in women's employment. *World Development*, 27(3), 533-550.
- Mehta, A. K. (1996). Recasting indices for developing countries: A gender empowerment measure. *Economic and Political Weekly*, 31(43), 80-86.
- Mies, M. (1986). *Patriarchy and accumulation on a world scale*. London: Zed Books.
- Minh, Q. D. (2004). Rural poverty in developing countries: an empirical analysis. *Journal of Economic Studies*, 31(6), 500-508.
- Mitra, A. and Singh, P. (2008). Trends in literacy rates and schooling among the scheduled tribe women in India. *International Journal of Social Economics*, 35(1/2), 99-110.
- Morrisson, C. and Jutting, J. P. (2005). Women's discrimination in developing countries: A new data set for better policies. *World Development*, 33(7), 1065-1081.
- Mosedale, S. (2005). Assessing women empowerment towards a conceptual framework. *Journal of International Development*, 17, 243-257.
- Moser, C. and Moser, A. (2005) Gender mainstreaming since Beijing: A review of success and limitations in international institution, *Gender and Development*, 13(2), 11-22.
- Nabacwa, M. S. (2001). Policies and practices towards women's empowerment: Policy advocacy by gender focused NGOs and the realities of grassroots women in Uganda. *Associate African Gender Institute*, University of Cape Town.
- Niaz, U. (2003). Violence against women in South Asian countries. *Archives Women's Mental Health*, 6, 173-184.
- Nussbaum, M. C. (2003). Women's education: Global challenge. *Journal of Women in Culture and Society*, 29(2), 325-355.
- Okojie, C. E. E. (1994). Gender inequalities of health in the third world. *Social Science & Medicine*, 39(9), 1237-1247.
- Ongaga, K. O. & Ombonga, M. M. (2009). From ruined hopes to great expectations: Strategies for educating vulnerable girls in a center of excellence, Kenya. *International Journal of Educational Policies*, 3(1), 32-50.
- Oxfam GB (1998). Editorial; *Gender and Development*, 6(2), 2-8.
- Papanek, H. (1971). Purdah in Pakistan: Seclusion and modern occupations for women. *Journal of Marriage and Family*, 33(3), 517-530.
- Parpart, J.L., Rai, S., Staudt, K. A. (2002). *Rethinking empowerment: gender and development in a global/local world*. UK: Routledge
- Patkar, A. (1995). Socio-economic status and female literacy in India. *International Journal of Educational Development*, 15(4), 401-409.
- Prasad, D. (1994). Dowry related violence: A content analysis of news in selected newspapers. *Journal of Comparative Family studies*, XXV (1), 71-89.

- Rice, A. E. and Ritchie, C. (1995), Relationships between international non-governmental organizations and the United Nations. *Transnational Associations*, 47(5), 254-265.
- Riddell, R. C. and Robinson, M., Coninck, J. D., Muir, A. (1995). *Non-governmental organizations and rural poverty alleviation*. United Kingdom: Routledge.
- Roche, C. (1999). Impact assessment and advocacy. *Impact Assessment for Development Agencies: Learning to Value Change*, Oxford, United Kingdom: Oxfam, viii, 308.
- Sathar, Z., Nigel, C., Christine, C. and Shahnaz, K. (1988). Women's status and fertility change in Pakistan. *Population and Development Review*, 14(3), 415-432.
- Schuler, S. R., Hashemi, S. M., Riley, A. P. and Akhter, S. (1996). Credit program, patriarchy, and men's violence against women in rural Bangladesh. *Social Science & Medicine*, 43(12), 1729-1742.
- Sen, G. and Grown, C. (1988). *Development, crises and alternative vision: Third world women's perspective*. London: Earthscan
- Shaikh, B. T. and Hatcher, J. (2004). Health seeking behaviour and health service utilization in Pakistan: challenging the policy makers. *Journal of Public Health*, 27, 49-54.
- Snow, D. R. and Buss, T. F. (2001). Development and role of the microcredit policies *Study Journal*, 29(2), 296-307.
- Srivastava, L. (2007). *Reproductive Tract Infections among women in Mewat, Haryan: Reaching the unreached*. Ph.D thesis, Lucknow, India: University of Lucknow.
- Streeten, P. (1997). Nongovernmental organizations and development. *Annals of the American Academy of Political and Social Science*, 554, 193-210.
- Stromquist, N. P. (1990); Gender inequality in education: Accounting for women's subordination. *British Journal of Sociology of Education*, 11(2), 137-153.
- Swainson, N. (2000). Knowledge and power: the design and implementation of gender policies in education in Malawi, Tanzania and Zimbabwe. *International Journal of Educational Development*, 20(1), 49-64.
- Sweetman, C. (2002) Editorial. *Gender and Development*, 10(3), 2-9.
- Tiessen, R. (2005), Mainstreaming gender in HIV/AIDS programs: Ongoing challenges and new opportunities in Malawi. *Journal of International Women's Studies*, 7(1), 8-25.
- Tinker, A., Finn, K., and Epp, J. (2000), Improving women's health issues and interventions. *Health, Nutrition, and Population Family (HNP) of the World Bank's Human Development Network*, 1-41.
- Tinker, I. (1990). The making of a field: Advocates, practitioners, and scholars, in Irene Tinker (ed.), *Persistent inequalities: Women and world development*. New York: Oxford University Press, 27-53.
- Tzannatos, Z. (1999). Women and labor market changes in the global economy: growth helps, inequalities hurt and public policy matters. *World Development* 27(3), 551-569.
- UNAIDS (2009). AIDS epidemic update. *Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization (WHO)*. UNAIDS/09.36E / JC1700E. Retrieved from [http://data.unaids.org/pub/Report/2009/JC1700\\_Epi\\_Update\\_2009\\_en.pdf](http://data.unaids.org/pub/Report/2009/JC1700_Epi_Update_2009_en.pdf)
- UNDP (1995-1996). *Human Development Report*. Various Issues. New York: Oxford University.
- UNICEF (2000). Domestic Violence against Women and Girls. *Innocenti Digest no. 6*, UNICEF Innocenti Research Centre, Italy, 2.
- UNICEF (2007). 'Gender Equality – The Big Picture', 2007, [http://www.unicef.org/gender/index\\_bigpicture.html](http://www.unicef.org/gender/index_bigpicture.html)

- UNIFEM (2009). 'HIV/AIDS- Facts & Figures (Global),  
[http://www.unifem.org/gender\\_issues/hiv\\_aids/facts\\_figures.php#2](http://www.unifem.org/gender_issues/hiv_aids/facts_figures.php#2)
- US Department of State (2004). *Victims of Trafficking and Violence Protection Act of 2000. Trafficking in Persons Report*. Washington, DC: US Department of State.
- Vakil, A. C. (1997). Confronting the classification problem: Toward taxonomy of NGOs. *World Development*, 25(12), 2057-2070.
- Walby, S. (1988). "Introduction" in Walby (ed). *Gender segregation at work*. Philadelphia: Open University Press.
- Walker, S. P. (1997). Nutritional issues for women in developing countries. *Proceedings of the Nutrition Society*, 56, 345-356.
- Wallace, H. M. (1987). The health status of women in developing countries of the world. *Journal of Tropical Pediatrics*, 33, 238-242.
- Wallerstein, N. (2006). What is the evidence on effectiveness of empowerment to improve health? Copenhagen, *WHO Regional Office for Europe* (Health Evidence Network report. <http://www.euro.who.int/Document/E88086.pdf>
- Watts, C. and Zimmerman, C. (2002). Violence against women: global scope and magnitude. *The Lancet*, 359(9313), 1232-1237.
- Weiss, A. M. (1994). The consequences of state policies for women in Pakistan. In M. Weiner and A. Banuazizi (Eds.), *The politics of social transformation in Afghanistan, Iran, and Pakistan* (pp. 412-420). Syracuse, New York: Syracuse University Press.
- Werker, E. D. and Ahmed, F. Z. (2008); What do non-governmental organizations do? *Journal of Economic Perspective*, 22(2), 73-92
- WHO (1995). *Report of WHO task force on violence and health*. Geneva: World Health Organization.