

VOLUME 11: APRIL 2023

TANA BANA

Newsletter of Population First

From the Editor's Desk

In this edition of our newsletter, we explore the theme of gender and health with a range of articles and reviews. Our first article focuses on the unique health challenges faced by women throughout their lives, including reproductive, mental, and physical health. We also examine the impact of gender biased sex selection on women's health, shedding light on the societal and cultural factors that contribute to its continued practice.

We mark World Health Day by sharing the initiatives being undertaken by AMCHI to promote health and well-being, which is particularly relevant given the challenges posed by the COVID-19 pandemic. Additionally, we have a book review on Dr. Tanaya Narendra's "Dr Cuterus: Everything Nobody Tells You About Your Body," which offers a wealth of information on women's health issues, and a movie review of "Margarita with a Straw," a film that explores disability and sexuality.

Lastly, in the happenings, we report on the Shahpur field visit and the Laadli Partner's Meet with Ms. Upala Devi, Regional Gender Technical Advisor, UNFPA Asia and the Pacific Regional Office and the launch of the Call for Entries for the 13th Edition of LAADLI Media and Advertising Awards for Gender Sensitivity, 2023. We hope this edition of our newsletter provides valuable insights into gender and health, encouraging readers to continue exploring this important topic.

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Lead Article

A Comprehensive Approach to Women's Health: From Reproductive Health to Autonomy

Hetal Vora, Programme Officer - Gender, Population First

In the realm of healthcare, there is a pressing need to prioritize women's well-being and confront the systemic disparities that impede their access to quality services. This article delves into the intricacies of this issue, exploring the challenges women face in reproductive health, biases within the medical field, and societal barriers. By advocating for improved access to reproductive healthcare, cultural competency training for healthcare providers, increased inclusivity in research, and the empowerment of women in decision-making over their bodies, this article aims to foster an equitable healthcare system that caters to the diverse needs of women.

When we talk about Health for All this World Health Day, we need to operationalise the term 'all' and see who that includes and who it excludes. Women are often the primary caregivers in their families, and their health is crucial not only for their own well-being but also for the health and well-being of their communities and they are often part of discussion but often left out of practice. For centuries, women's health has been a topic of discussion, yet women continue to face unique and complex health challenges that are often made worse by societal biases and prejudices. Women's complaints of pain and other health concerns are often dismissed or downplayed by healthcare providers, and women's autonomy over their own bodies is often limited by restrictive laws and policies that hinder access to reproductive healthcare and other essential services. To address these inequalities, it is crucial to prioritise women's health and well-being and work towards a more equitable healthcare system that addresses systemic inequalities and prioritises marginalised groups

One of the most significant health challenges that women face is related to their reproductive health, including issues related to menstruation, pregnancy, childbirth, and menopause.

Painful menstrual cramps, heavy bleeding, and other menstrual-related symptoms can significantly impact women's quality of life. Access to menstrual hygiene products is not always readily available and can be expensive, especially for those living in poverty or experiencing homelessness. According to a report titled Spot On! published in 2014 by the non-governmental organisation Dasra, lack of proper menstrual hygiene management facilities, including the availability of sanitary napkins and education on menstruation, leads to almost 23 million girls dropping out of school every year. Paid menstrual leave is also not a very common concept, so women are often forced to take unpaid leave or use their sick leaves to manage their menstrual symptoms, which puts them at a disadvantage when compared to their non-menstruating colleagues.

Reproductive health is a critical aspect of overall health and well-being. However, in India, several reproductive health issues persist, including maternal mortality, unwanted pregnancies, unsafe abortions, and childbirth-related complications. According to the National Health Mission, India's maternal mortality rate in 2017-2019 was 113 per 100,000 live births.



Lead Article

Additionally, a study published in the Indian Journal of Medical Research found that around 19% of pregnancies in India were unwanted, and approximately 56% of all abortions were unsafe. Furthermore, every year, around 45,000 women in India die due to childbirth-related complications. According to WHO, approximately 25 million unsafe abortions take place each year, resulting in the deaths of around 7 million women and complications for many others. Childbirth-related complications are also a major issue, particularly in developing countries. Every year, approximately 2.6 million newborns die, and around 2.7 million are stillborn. These statistics highlight the need for better access to family planning services, safe abortion services, and quality maternal health care in India. Improving reproductive health care is crucial not only for individual health but also for the well-being of families and communities. Biases in the medical field can also impact women's health, with some healthcare providers holding stereotypes and biases that can lead to misdiagnosis or inappropriate treatment. The fact that most drugs and other medical practices are made for white, able bodied males also creates hindrances in women's access and treatment of health issues. A study published in the Journal of Women's Health found that women with heart attacks were more likely than men to be misdiagnosed, in part because their symptoms were not recognized as being related to heart disease.

It is important to recognize that women are not a homogenous group, and the intersectionality of race, gender, and socioeconomic status can also play a role in women's mental and physical health. Unfortunately, women's health challenges are also often compounded by societal issues such as the negation of their pain, lack of autonomy over their own bodies, and the relegation of women's health as a secondary priority.

Trans women face unique health challenges that are often not addressed in mainstream discussions of women's health, including hormone therapy, gender affirmation surgeries, and mental health issues related to their gender identity.

Advocating for policies that prioritise women's reproductive health and autonomy is crucial, especially considering the recent anti-women policies that have come up across the world like the overturning of Roe v. Wade and similar decisions. Restrictive laws are taking away women's autonomy more and more.

To address health challenges, prioritizing women's health and tackling systemic inequalities is crucial. Training healthcare providers in culturally competent care and addressing biases, investing in public health initiatives targeting marginalized groups, and increasing representation in research can lead to better treatments. Promoting women's autonomy over their bodies is essential, including access to comprehensive reproductive healthcare and safe abortion services. Legal and social barriers hinder women's access to reproductive healthcare globally. Support for organizations providing reproductive healthcare and advocacy for legal reforms are needed. Addressing cultural norms, reducing stigma, and promoting comprehensive sex education empower women to make informed decisions about their health.

Women's health is a complex issue, requiring a comprehensive approach. They face unique challenges compounded by societal issues. To promote well-being, prioritize women's health, improve healthcare access, support research, and empower women. This fosters a just and equitable healthcare system that values women's needs and autonomy, irrespective of race, income, or ability.



Gender Biased Sex Selection and its Impact on Women and Girls in India

Anuja Gulati, Programme Management Specialist, UNFPA India

This article talks about how Gender Biased Sex Selection (GBSS) in India has led to skewed sex ratios at birth resulting in an estimated 4.6 lakh girls missing annually between 2013 and 2017. Patriarchal mindsets, forced abortions after sex determination and tremendous pressure on women to produce sons are contributing factors to gender biased sex selection and how there is a need to address discriminatory social norms, cultural attitudes and beliefs in order to tackle the problem.



Anuja Gulati is a development professional with over three decades of experience of working on gender and rights issues. She works as a Program Management Specialist at UNFPA, where she has worked for the last 22 years in different capacities.

Gender inequalities have persisted in India for centuries placing women and girls at a disadvantage. In recent years, discrimination has taken the form of Gender Biased Sex Selection (GBSS), which has resulted in skewed Sex Ratios at Birth (SRB). According to SRS data (2018-20) only 907 girls are being born for every 1000 boys in our country. It is estimated that the practice of gender biased sex selection has resulted in 4.6 lakh girls missing annually at birth, between 2013 and 2017. GBSS is a result of a complex web of social, economic, and cultural factors, which include preference for sons and deep-rooted prejudices towards daughters; wide access and availability of technology and its misuse; and the desire of couples to have small families, but not without sons.

Patriarchal mindsets that prefer sons over daughters put tremendous pressure on women to produce sons and have shown to increase violence against women and denial of rights. The obsession for a son often makes a woman undergo forced and frequent abortions following sex determination. Tremendous psychological pressure is exerted on women through threats of bigamy and desertion, for their perceived inability to bear a male child impacting their reproductive, mental and physical health.

Repeated and closely spaced pregnancies and abortions, in the desire for a son, can lead to maternal morbidity and mortality. Complications such as pelvic inflammatory disease; preterm labour, uterine rupture and haemorrhage are common amongst women who undergo repeated induced abortions. These complications can be life threatening and require immediate attention.

Annamaria Millazo in her paper Why are adult women missing: Son preference and maternal survival in India, 2014, states “Maternal and adult mortality is higher among women with a first-born daughter. As a result of strong son preference, such women are more likely to engage in fertility behaviour that adversely affects their health. This effect is found to be stronger among women with generally more vulnerable health, lower access to maternal care..... typically the poor and uneducated” In situations where abortion is restricted for purposes of sex selection, a woman terminating a pregnancy for this purpose is likely to go in for an unsafe procedure, further increasing the risk of maternal morbidity and mortality. The psychological impact of repeated abortions can also lead to depression, anxiety and other mental health issues.



Gender Biased Sex Selection and its Impact on Women and Girls in India

Further, women who repeatedly give birth to girl children bear the consequences in terms of violence, both physical and mental. Violence can have fatal and non-fatal health consequences including physical, psychological, and reproductive health consequences. A key psychological and mental health consequence is the low self-esteem of women who give birth to daughters.

GBSS has also shown to increase sex related crimes like rape, abduction, trafficking and practices such as polyandry. There is sufficient anecdotal evidence of women being trafficked for marriage or being married off to more than one man, such practices can further exacerbate discrimination and violence.

The cultural preference for a male child leads to neglect and discrimination against daughters. This can contribute to reduced access to nutrition, health care, education, lower social status, and increased risk of abuse, especially in families where the previous children are girls. A study by ICRW- Post natal discrimination against Indian girls: Severe stunting, 2009, revealed that “rural girls with two or more older sisters have significantly higher risk of severe stunting than other children, often due to nutritional disadvantage”. These differentials in nutritional status are likely to be carried into the reproductive years, resulting in anaemia of pregnant women.

It is important to address discriminatory social norms, cultural attitudes and beliefs that promote son preference. This can be done by:

- Enhancing the value of women and girls, ensuring they have access to information and services and are able to make decisions about themselves and their lives;

- Ensuring girls have access to gainful employment- decent work and pay and the right to own and inherit property;
- Addressing anxieties around son preference for old age support by improving access of communities to social security and old age pension schemes.

WORLD HEALTH DAY



World Health Day - #HealthForAll

AMCHI's People-Centric Approach: A Model for Achieving Health for All

The world is currently facing unprecedented health challenges in the aftermath of the COVID-19 pandemic. With the 75th anniversary of the World Health Organization (WHO), this year's World Health Day is a crucial reminder of the incredible efforts of healthcare heroes who have been working tirelessly around the clock to save lives and help us navigate through this crisis. However, this year's theme "Health for All" is not just about celebrating our accomplishments. It is a call to action to ensure that healthcare is accessible to everyone.

At the heart of achieving health for all is prioritising our own health, hygiene, and sanitation. By doing so, we can make positive behavioural changes that impact not only ourselves but our entire community. But, to make this change happen, we need to improve access to resources like financial support for building toilets, clean water sources, and functional primary health centres. It is equally crucial to ensure that our healthcare providers have the capacity to deliver sensitive, high-quality care to those in need. The shift towards prioritising health, hygiene, and sanitation starts with individuals and communities. When we motivate them to adopt these behaviours, they become the drivers of change at the systemic level as well. This people-centric, participative approach to provide health for all must involve working at the systemic and service delivery level and also at the community and personal level.

Population First's AMCHI program (Action for Mobilisation of Community Health Initiatives) is a grassroots project that has been empowering communities and motivating service providers since 2007 in many villages in Shahapur block of Thane District.



AMCHI uses participative techniques to engage communities, their youth, adolescent girls, women, village level committees, and gram panchayats, in understanding key health issues like malnutrition, mother and child health, adolescent health, life skills, etc. and empowers them to find solutions at the community level.

AMCHI's impact has been significant, and the field team has been working closely with the health delivery system to make it more responsive to the needs of the people. For instance, parents of tribal children with severe malnourishment would often not admit their children in the district hospital as they could not afford to miss their daily wages. The compensatory payments were not released on time, and the hospital and its procedures were intimidating to them. The facilities in the children's ward were also not child-friendly.

AMCHI's team worked with tribal communities to create awareness of child malnutrition and its long-term impact. However, children with severe malnutrition who needed hospitalisation, could not access hospital services due to the reasons mentioned above. To address this issue, AMCHI worked with the health department to introduce the post of a Rogi Mitra in the rural hospital.

WORLD HEALTH DAY



World Health Day - #HealthForAll

AMCHI's People-Centric Approach: A Model for Achieving Health for All

This individual was responsible for guiding the parents through the processes of admission, discharge, and coordinating with the health department to expedite the compensation payment process. They also worked with the hospital management to provide basic amenities and make the children's ward more child-friendly. The impact was significant, with more malnourished children being admitted to the hospital.



On this World Health Day, let us all commit to putting people first and making "Health for All" a reality. We must acknowledge and celebrate our healthcare heroes, make health services more people friendly, create community awareness about health issues, services available and their responsibility in accessing them, strengthen the Gram Sabhas, village level committees and women's groups to create demand for quality services and engage young people as active partners in the health programmes and campaigns. AMCHI's efforts and their impact are an excellent example of how people-centric, participative approaches can make a difference. To learn more about AMCHI's efforts, visit the website <https://populationfirst.org/amchi-page/>





Interview of the Month

Women and Mental Health: Unique Challenges and the Importance of Support - Interview with Dr. Anu Mehta

Mental health is a critical aspect of overall well being, yet it often goes overlooked or dismissed in society. Women, in particular, face a unique set of mental health challenges that are often not given the attention they deserve. We spoke with Dr. Anu Mehta, a mental health professional, about the challenges women face and the importance of support.

Dr. Anu Mehta is the pioneer and the First Master Trainer in India and in Asia, in a diagnostics tool called META-Health, Information technology called NES-health and Advanced Clearing Energetics, a therapeutic tool, created by Richard Flook. She is the only one who practises Information technology called NES-Health and is integrating her work with knowledge of META-Health in India today.



Q1. What are some of the unique mental health challenges that women face compared to men?

The expectation is that an ideal, successful woman has to have a sharp and intelligent brain capable of understanding, earning, and preserving money and relationships. She has to have the figure of a Barbie doll, the talent of a master chef, a beautiful smile of an air hostess, the warmth of a loving daughter, the patience of a dutiful wife, an all time mom, and an accommodating daughter-in-law. A Goddess with numerous hands to bring fruition for the wishes, desires and needs of all her loved ones. With 24 hours at her disposal, she needs to be successful 100 per cent of the time in all areas of life, one who sacrifices her personal growth to belong to the family. The inability to self-nourish can make her feel stunted and not good enough, causing anxiety, depression, and obsessions. The only way for her to deal with this imbalance is to learn to love and value herself. But she values herself only when her loved ones value her.

She allows herself to fall in love with oneself only within the safety of her cultural and societal boundaries.

Q2. How do societal and cultural factors impact women's mental health?

Today, modern women often feel isolated and alone in their relationships. Loveless marriages, unsolved sexual issues, sexual abuse, sexual misalignment and secrets cause mental health issues. Lack of intimacy, strict watchful control over her emotional relationships and need for intimacy add to the problem. Rigid cultural conditioning might force her to stay and tolerate her unhappy relationships aggravating her feelings of being isolated, insecure and unsafe. She may feel empty inside and may not know how to fill this emptiness within herself. She experiences acute depression, anxiety, irritation, restlessness, lack of focus, loss of concentration and control and feels the urge to escape. She might use her work to compensate for her emotional non-fulfilment and as an escape route. The intense involvement at work might make her lose her ability to view things objectively and calmly and make her feel agitated, exhausted, worn out, and helpless with no way out. Cultural norms and expectations put pressure on relationships to work and be successful. These lead to rebellious, powerless feelings. She is unable to control the situation or protect herself. She also might lose hope that things will improve and may not take essential decisions.



Interview of the Month

Women and Mental Health: Unique Challenges and the Importance of Support - Interview with Dr. Anu Mehta

Q3. What are some of the potential long-term consequences of untreated or undertreated mental health issues in women?

Science proves that our grandmothers carried a part of us inside their wombs.

We need to understand the implication of this on our future. A female foetus is born with all the eggs she will ever carry in her lifetime. So when your grandmother was carrying your mother in her womb, you were a tiny egg in her ovary. The three of you have been together for a very long time. Observation is that the ancestral mental and physical environment impacts us before and after our birth. Our health has an impact on our unborn child and our grandchild. The unhappiness, sadness, and disconnectedness of a mother, sister, grandmother, wife, daughter, and daughter-in-law have a ripple effect on everyone since we are all interdependent and interconnected. So we need to surround all women in this world with love.

Q4. How can mental health professionals work collaboratively with other healthcare providers to address the interconnected nature of women's mental and physical health?

Most of us have experienced the stress of losing a loved one, money, pet or property due to separation/migration/ death.

When we undergo this mental stress, our physical body also reacts. We become obsessive and lose our sleep and appetite. Both our physical and mental bodies talk with each other within our bodies.

Examples of physical disease and mental interconnections:

- Polycystic ovarian syndrome [PCOS]

- Emotional Conflict: the loss of someone/something dear to us due to death or separation or divorce, miscarriages and abortions, argument, betrayal, or unfaithfulness of a partner or friend and constantly blaming ourselves.
- Postpartum Depression
- Other triggers: Experiencing anger around the home, work arguments, difficult pregnancy, uncomfortable pregnancy, fear of miscarriage and the healthy development of a baby.

Q5. How can friends and family members best support women who are struggling with mental health issues?

People view mental health issues as a weakness. If only we could educate society and bring about acceptance of mental health, many would be happier. In my opinion, I see more women than men actively involving themselves and attending self-help classes. Educated people in our society believe that going to counselling is a fad that only the rich and famous can indulge in. The three A's; consist of tools to deal with mental health problems: Bringing about Awareness around mental health by educating the masses, Accepting that mental health problems are as common as physical health problems, and taking appropriate Actions to deal with emotional issues connected with Mental health. We all need to take small and sure steps by taking responsibility for our Mental Health. Running a program to help women understand the concept of gratitude and compassion will increase appreciation, acceptance, and self-confidence.



Interview of the Month

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Educating women about finances will make them feel equal and give them the freedom to make choices. Safer counselling centres and good counsellors will aid women in expressing their emotions effectively and getting prompt help. Lastly, if her family stands by her rock solid, she will feel supported and connected.

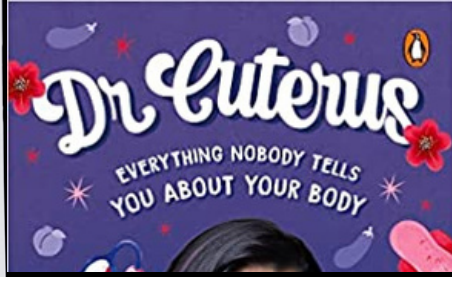
Q6. What can be done to address the stigma surrounding mental health and seeking help, particularly for women?

Scary visions of being locked up in an asylum, electric shocks, and carrying the label MAD were closely associated with mental health. No one wants to be called MAD. We cannot use Google or YouTube tips as a substitute for our counsellor.

Many eminent celebrities have spoken openly about their depression and anxiety.

Counsellors are trying their best to cope with children at school/college. Mass education is the need of the hour. When we are not feeling okay and if we take the responsibility to seek help, a lot will change. We can create awareness of mental health in our small circles of friends and family, and the level of happiness will increase, increasing the meaning of life. Good mental health professionals can donate their services to communities, educational institutes and NGOs. Free of charge Train the Trainer Program can be created for identifying and dealing with traumatic situations. These trained people would commit their part that they will work in their community with these resources free of charge.

We need to reach marginalised communities which are marginalised, rather than waiting for them. Art therapy, techniques like games, drama, visual arts, drumming, rhythm, songs, simple tapping techniques like Emotional Freedom Techniques, and meditations to increase happiness to improve Mental health.



Book Corner

Dr Cuterus: Everything Nobody Tells You About Your Body

Author: Tanaya Narendra

Dr Shalini Mullick

Words like vagina, clitoris, penis, scrotum tend to confound and embarrass people. Maybe even you, dear reader? Even though everyone has a body, nobody wants to talk about it.

Isn't that a truism, if there ever was one?

I don't think any of us can forget the first time we were introduced to the reproductive system-Biology lessons in Grade 7 or 8? I definitely remember a 'guest' teacher droning about ovaries and sperm (that's all that registered to the young school kid that I was). I left the class shrouded in a coat of mystery because I had no idea where (seriously!) the ovaries were. And there was no one I could ask.

But, if Dr Tanaya Narendra, who is well known as Dr Cuterus, (her Instagram avatar) has her way, this embarrassment and hesitance will be a thing of the past.

Dr Narendra, in her debut book, takes upon herself the onerous task of sharing information about genital and sexual health-starting from the anatomy of 'down there', to menstruation, contraception, to safe sex and STI's, she defines the canvas of her writing and covers it using simple, jargon free writing. Her use of wit and humour is bang on, as it cuts through the unease that is usually associated with any information about private parts, sex, fertility and the like.

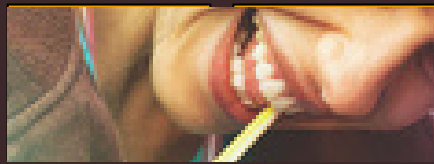
She keeps her medical knowledge crisp, and the text is blended with simple, self-drawn (also cute and peppy) diagrams and unique analogies, some of which are priceless. A few examples, just to give you an idea: Diagrammatic representations of ovaries and uterus, using the situation from DDLJ where Raj and Simran face opposition from Simran's father to explain contraception!, the Kathi rolls (guess what?), referencing the epic scene from Mughal-e -Azam to explain vasectomy!

As you can guess, the use of all these devices ensures that she doesn't talk down to the reader. Instead she sustains the attention-and interest of the reader, walking them along what is usually a confusing or boring didactic presentation. And, that as all of us know, is not an easy task. Chapter by chapter, and incorporating small quizzes along the way, the author not only provides credible information in an easy to understand manner, she also debunks common myths and misconceptions.

One thing that especially worked for me was how she has consistently called out misogyny at every step-be it menstrual taboos or female hygiene products. She also touches on the role of capitalism and marketing in the role of products targeted at women.

That said, one area that the books should have shed more light on is the spectrum of gender and the non-binary. While she does briefly mention the difference between gender and sex, it is a concept that needs-and deserves – more emphasis. The emotional and mental health issues that come with unnatural expectations about our bodies especially in times of social media could also have been covered more exhaustively. It must also be mentioned that some readers may not be familiar with the usage of Hindi words thrown in, but that will not be a blip in the reading experience.

None of these factors, however, take away from the impact and importance of this book at all. Published by Penguin India, the book is a unique attempt to remove the stigma associated with sexual and genital health and sex itself. And a very successful one at that.



Margarita With A Straw



Reel Life

Margarita with a Straw (2014)

Margarita with a Straw (2014), directed by Shonali Bose and co-written by Shonali Bose and Nilesh Maniyar, is a powerful and thought-provoking film that explores the complexities of gender, health, and disability.

The movie follows the story of Laila, a young woman with cerebral palsy, as she moves from India to New York to pursue her studies. Throughout the movie, we see Laila navigating the challenges and opportunities of living with a disability while also exploring issues related to her sexuality, independence, and identity.

The title of the movie "Margarita with a Straw" is symbolic of the main character Laila's journey towards self-discovery and independence. In the movie, Laila uses a straw to drink a margarita, which she initially struggles with due to her cerebral palsy. However, she perseveres and eventually masters the skill, becoming more confident in her abilities.

The margarita with a straw represents Laila's newfound freedom and agency as she explores her sexuality, independence, and identity. It's a powerful metaphor for how small things can make a big difference in someone's life, especially for those with disabilities. The title also speaks to the inclusivity and diversity that the movie advocates for, as everyone should have the opportunity to enjoy life's pleasures, regardless of their abilities or differences.

One of the most striking aspects of the movie is the way it challenges societal norms around women's sexuality, especially for those with disabilities. In a scene where Laila uses a vibrator, the movie breaks the taboo around discussing sex and disability in Indian culture. This scene is not only empowering but also highlights the importance of inclusivity and diversity in society.

Another powerful aspect of the movie is its portrayal of the challenges faced by people with disabilities. In a scene where Laila visits a hospital in the US, we see how inaccessible healthcare can be for people with disabilities. The scene highlights the importance of having sign language interpreters and ramps to make healthcare accessible to everyone.

One of the major critiques of the movie, also pointed out by some disability advocates, has been for casting an able-bodied actor in the role of Laila, rather than a disabled actor. While Kalki Koechlin's performance as Laila is laudable, the lack of representation for disabled actors in mainstream media is a significant issue that cannot be ignored.

Throughout the movie, we see Laila's strength and resilience in the face of adversity. She overcomes barriers and challenges to pursue her dreams and aspirations. Her final speech is a testament to her courage and determination, as she speaks out about her experiences as a person with a disability, challenging stereotypes and advocating for inclusivity and diversity in society.

Overall, Margarita with a Straw is a must-watch for anyone interested in understanding the intersections of gender, disability, and sexuality. While the movie has its critiques, the film's engaging storyline, powerful performances, and inspiring message make it a standout film that will leave a lasting impression on viewers.



Happenings

Laadli Partners Meet and Launch of Call For Entries of the 13th Laadli Media and Advertising Awards for Gender Sensitivity.

A *Laadli* Partners Meet was held on 25th April, 2023 with Friends of Laadli and Ms. Upala Devi, Regional Gender Technical Advisor, UNFPA Asia and the Pacific Regional Office at the Executive Centre, Bandra East, Mumbai. Dr. Sharada began with a presentation about *Laadli's* journey, highlighting its accomplishments and current efforts. The discussion then centred around the impact of media on social consciousness and *Laadli's* media campaign, which works with journalists and media students to redefine gender perceptions and promote a positive image of women in society.

India has one of the largest numbers of young people with significant purchasing power and are aspirational, making them a crucial target for media influence. However, there is still a strong son preference and daughter aversion in society, and the stereotypes of what girls can and cannot do must be broken to open up the world for them. Girls are undervalued and denied the right to education, healthcare, and nutrition. They also face violence throughout their lives.

The discussion then shifted to how *Laadli* Initiative is working to build capacities, create a supportive ecosystem, institute reward mechanisms, and create public awareness to effect change. *Laadli's* impact has been significant, with 88% of awardees aspiring to receive a *Laadli* Media Award, and 97% of awardees believing that they have been able to change the perception of people around them. The presentation also featured a research study by Samira Khan on gender sensitivity and the coverage of rape in Indian news media, which found that while there is more sensitivity in the

language used, there is still a lack of medico-legal literacy and inclusiveness in reporting. A few advertisements were shown that provided a gender sensitive narrative instead of being sexist.

The meeting also featured discussions by Friends of *Laadli* and Team Population First, who shared their stories of being associated with Population First and the *Laadli* initiative. Attendees included notable names such as Anuja Gulati, our Executive Trustee S V Sista, Dolly Thakore, Suneeta Rao, Vinta Nanda, Samira Khan, Meghna Ghaipuri, Leena Pujari, Rashmi Lamba, Vinaya Deshpande, Shivam Gupta, Shalini Sinha, and Manas Rath. Conversations were held on various gender issues, including the effects of Female Genital Mutilation on women and taboos about menstruation. Laws and implementations across the world, such as *Roe vs. Wade*, were also discussed. Anuja Gulati concluded the presentation by asking Upala about opportunities to collaborate, how to connect with other regional initiatives, and what role Population First and UNFPA India office can play in connecting media work with similar initiatives. Ms. Upala promised to conduct a region-wide webinar and provide opportunities to present the work done by *Laadli*.

The meeting concluded with the launch of the Call for Entries for the 13th *Laadli* Media and Advertising Awards for Gender Sensitivity, 2023. Overall, the meeting was productive and informative, highlighting the crucial work being done by *Laadli* and its partners to effect change in society.

Happenings

Laadli Partners Meet and Launch of Call For Entries of the 13th Laadli Media and Advertising Awards for Gender Sensitivity.

Watch the 1-min video:
<https://youtu.be/OKOx8Nr6Emg>

Application form:_
www.populationfirst.org/apply/



Population First



Celebrate Her Life
An Initiative by Population First

आमची AMCHI

Registered Office

Shetty House, 3rd floor, 101, M. G. Road,
Mumbai - 400 001.

Postal Address

Bungalow no. 3, Paramhans CHS, Near new RTO, Next to Hotel VITS Sharanam,
Eastern Express Highway,
Thane (W) - 400604.
Tel : +91 91679 02776
info@populationfirst.org
www.populationfirst.org

Facebook: www.facebook.com/POPULATION.FIRST

Blog: laadlimerilaadli.blogspot.in/

Twitter: Laadli_PF

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