India Gender Profile
Report commissioned for Sida

by Gautam Bhan

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Summary

This report was commissioned by the Swedish International Development Agency (SIDA). Its aim is to provide a contemporary overview of gender and development concerns in India and to identify areas of focus for a more detailed study in the future. The report situates the gender question firmly in contemporary India by first detailing the historical and contemporary gender paradigms in Indian society as it changes under the rule of the Hindu-right Bharatiya Janta Party (BJP) and recovers from the initial shocks of the New Economic Policy (NEP) of 1991. The effects of the NEP—from the new policies to the changing role of the government—are a major focus of this report, given that they shape much of the reality of modern India. The implications of gender and that of the NEP on gender issues are then analysed in various sectors: gender and the economy (with a focus on the effects of the Structural Adjustment Policies and changing trends in employment, growth and wages), gender and health (with an analysis of trends in women’s health), gender and nutrition (examining intra-and inter-household nutritional biases), gender and reproduction (examining family planning policies), HIV/AIDS, and gender and education (examining trends in literacy and school enrolment). In each section, trends in the major indicators are addressed to raise the issues and recent academic scholarship is cited to present varied interpretations of trends in those indicators. The conclusion summarises each section, draws policy implications, and suggests areas of focus for the longer report.

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Introduction

At the turn of the millennium and after over half a century of independence, the world’s largest democracy stops to reflect on the state of its affairs. Its lofty ideals at independence and beliefs in Marxian socialism have been shaken by the weight of the billion people who live on its soil—most still awaiting the freedom from poverty that, one after the other, every Prime Minister has promised them. Little is constant in India’s present. The days of Nehruvian socialism are long gone, and Indians are adjusting to the new ideals of capitalism and a global economy. This transition, however, has neither come easily or without a price. A decade of constant change since the New Economic Policy of 1991 has ended with increasing religious, regional, gender and caste-based divides. India’s poor have seen little of the purported gains of liberalisation, leaving many wondering for whom the new reforms are actually intended. The rise of the conservative Hindu right in national politics has led movements to reclaim a true “Indianness,” whose effect on rising class and caste consciousness, religious violence, and the status of Indian women is hard to ascertain.

This report seeks to situate the question of gender and its relationship with issues of development in India. On the surface, one sees increasing international exposure, urbanisation and a growing industrial sector, rising male and female literacy, and relatively low inflation—aggregate indicators that tell stories of progress and development, but also hide volumes behind their numbers. Women and men, upper castes and \textit{dalits}, urban workers and rural workers; none share alike. Many women have risen to positions of power within the government at the centre and state levels; others head businesses, hold high-salary jobs, outperform boys in school examinations and are, generally, more visible than they have been at anytime outside the freedom struggle. Yet, seeing the Indian scenario a decade after reforms, it seems that for every woman that gains in power, several more silently recede further into the depths of poverty. Notions of women’s empowerment come into question when female members of the ruling Hindu-right government urge Indian women to return to their home and fulfill their roles as wives, mothers and nothing else. Increasing economic inequities, the feminisation of poverty, and the changing role of the State within a liberal economy, in addition to changing notions of caste, religion, and social mores, have individual and combined effects on understandings of gender in India today. Though they all have their own unique histories, they cannot be understood in isolation from one another—one must understand their interplays to be able to situate the gender question firmly in the reality of contemporary India.

This report seeks to understand these very interplays. It overviews prevailing understandings of gender in India today, paying particular emphasis on the effects of the New Economic Policy. It seeks to juxtapose the different effects of these reforms and other socio-economic trends on men and women, and on sub-groups of Indian women, to understand how these different groups experience and respond to adjustment. It extends such analyses to the health and education structures and offers suggestions for designing interventions in these sectors to address pressing gender and development concerns.
Finally, it identifies areas of focus for future research and development, in order to aid more detailed understandings of issues that this report cannot undertake.

Figure 1: India
1 Dominant Gender Paradigms

1.1 Gender and caste

The existence, nature and prevalence of the caste system are themselves matters of much debate. The upper classes, insulated from the effects of caste-based discrimination, tend to believe that the caste system is a part of India’s antiquated past, an age-old system that no longer has relevance. Invisibility of caste is a fallacy. The caste system is very much a part of modern Indian society and politics. Its interactions with gender, religion and other variables make it a defining factor in many social and economic processes and its effect on these processes must be considered in any accurate analysis of the Indian polity.

Dalit communities, schedule castes (15% of the population) and schedule tribes (7%) are the largest and most well known lower caste groups in India today. Historically discriminated against, studies show that poverty rates among these groups are still markedly higher than those among other groups. However, the position of women within these groups is worth noting. Dalit communities have only marginally lower Gross Enrolment Ratios (see Gender and Education, Section 6) for girls than the national population, and there is only a negligible gap between GERs for boys and girls, unlike other sections of the population where this gap is pronounced. Women within these groups also have higher labour force participation rates, and are thus less likely to be involved exclusively in domestic duties, though their employment is concentrated in casual labour. The higher economic productivity of women in these communities must be further researched to fully understand its implications on their status within the community, especially to see if it results in furthering their decision making ability within the family and the community. Studies of intra-community and household processes in these communities are also lacking, making it hard to quantify any assessment of their economic and social status.

Given that caste is not just an economic variable, economic development alone will not erase caste-based discrimination. Reservations have been introduced in government jobs, colleges and universities. It is thought that men have gained more from these reservations than women, but the lack of gender-disaggregated data make such an assertion difficult. There is a high degree of antagonism against the reservation policies amongst the general population, shown by the widespread riots against the 1981 Mandal Commission report, which sought to increase reservation for SC/ST candidates.

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1.2 Gender and religion

Indians are 81.3% Hindu, 12% Muslim, 2.5% Christian and 1.9% Sikh.\(^3\) Religion is an important part of Indian society and has recently become an increasing part of Indian politics. Women are particularly affected by religion. Seen as the bearers of religious tradition, there are often restrictions on their public and private roles in the name of religion. Women are often discouraged from getting an education or being economically productive, marriage pressures are high from a very young age (especially in rural areas), and biases within religions towards men are some examples of how religion can affect women’s development. **Understanding women’s role in their religious communities is vital to both understand the causal agents of their social and economic status and to design intervention programs to address their needs.**

Rising communal politics in India has come to a head under the ruling Hindu-right Bharatiya Janta Party (BJP) who came to power as the head a coalition alliance including several smaller regional allies in October, 1999. The BJP’s aggressive Hindu-rule has led to a growing mistrust of political institutions and the government amongst minority religious groups, a trend that could seriously impact their response to government initiatives and policies. The women’s movement itself has increasingly found itself divided over the question of religion and women’s identity as several high profile women adopt the Hindu-right beliefs of the BJP government and encourage women to be primarily wives and mothers before all else. Clashes between rule of law and Islamic Sharia’t law are also common, especially in the case of divorce and property laws. (Phalkey 1999).

1.3 Gender and violence

Violence against women, both as violent crime (rape, sexual assault) or as domestic violence (spousal abuse, dowry deaths), whose effects on women’s health, mental health, economic productivity, self-esteem and the welfare and nutrition of her children, are often underestimated or ignored. A majority of violence committed against women occurs within the home. There has been an increase in reports of domestic torture (cruelty by the husband or his family), with 5.9 cases per 100,000 females being reported in 1994. (National Crime Bureau 1995). Such incidents seriously undermine the women’s status within the household and her decision-making ability, in addition to seriously endangering her physical safety and mental health. Dowry deaths (wherein a woman is killed due to insufficient gifts/money given by her parents at the time of her wedding) are illegal in India but are known to still widely occur. Nearly 5000 women have been known to suffer dowry deaths by burns or bodily injury (Johnson 1996). The actual number of deaths is thought to be larger given that many deaths occur due to reasons of insufficient dowry but are not reported as such. Rates of dowry deaths are higher amongst the poor and the lower castes (Rao and Bloch 1993). **Stricter implementation of laws,**

confidential reporting of domestic violence crimes, support systems and groups for battered women are all being undertaken on some scale by the government and NGOs but must be pursued more aggressively to counter what is becoming a mounting concern.

1.4 Contemporary concerns

At the present time, the most pressing task to those attempting to study Indian development is to try and understand the effects of the New Economic Policies of 1991. At the turn of the century, India stands at a crossroad in its development path. It has chosen its way, but does not as yet know if the choice it has made is the right one.

This uncertainty defines the Indian polity today. Religious fundamentalism is making a return as people try to hold on to tradition and identity in an age of change and cultural influx from the West. Tradition has become a prized commodity once again in India, and women are seen as its carriers and men as its defenders—both rigid conceptions (Bhan 2000). Whether liberalisation will liberate women and men, or indeed trap them even further, remains to be seen. Women seem more visible in all sectors of the economy and society than ever before, but appearances hide wide variations along caste, region and religious lines.

This report endeavors to capture the place of gender amidst this constant change and see how far the Indian polity has come, what challenges face it, and where it will head from here. The report is divided into four main sections: an analysis of falling sex ratios in contemporary India, gender and the Indian economy, gender and social services excluding education; and gender and education.
2  Sex Ratios: Trends and Possible Explanations

India’s sex ratio, defined here as the number of women per 1000 men, has fallen steadily since the beginning of the 20th century. Table 1 asks the question that has mystified demographers for many a decade: why has the sex ratio fallen by nearly 1% at each decennial enumeration?

Table 1: Sex Ratios In India 1901-91

<table>
<thead>
<tr>
<th>Year</th>
<th>Ratio</th>
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<tbody>
<tr>
<td>1910</td>
<td>964</td>
</tr>
<tr>
<td>1930</td>
<td>950</td>
</tr>
<tr>
<td>1950</td>
<td>945</td>
</tr>
<tr>
<td>1970</td>
<td>930</td>
</tr>
<tr>
<td>1990</td>
<td>927</td>
</tr>
<tr>
<td>2001</td>
<td>933</td>
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</tbody>
</table>

Though the sex ratios increased for the first time this century from 1991-2001, there is little reason to be optimistic. At 933, the ratio is far behind the 972 of the 1901 census, and represents only a marginal improvement from the 927 of 1991. Regional disparities further complicate any demographic analysis: Northwestern India—including Punjab (874), Haryana (861), western Uttar Pradesh, Rajasthan (922), and northern Madhya Pradesh—has the lowest sex ratios in the country even though Punjab and Haryana are among the richest states in the country in terms of per capita income. The highest rates, once again, are in the high literacy rates of the south, Kerela (the only state with a positive sex ratio of 1058) and Tamil Nadu (986).

Low infant and adult sex ratios are widely seen to be indicators of the dismal situation of women in the country. Mitra (1979) has likened the falling sex ratio to a measure of the oppression of women. Empirical evidence has shown a high correlation between low sex ratios and high female and maternal mortality rates (Coale 1991). Three popular explanations pervade academic literature—cultural explanations, discrimination in nutrition amidst falling food availability and increasing poverty, and differential access to health care amidst lowered health expenditure by the government.

2.1 Culture-based explanations

The significantly lower sex ratios of the northwestern states have sent scholars scrambling for explanations. Given that the Green Revolution in agriculture of the 1960s and 70s was most successful in states like Punjab and Haryana, one can assume that the
paucity of food itself was not a cause of low nutrition and high mortality in these states. The real problem, argue Lipton and Longhurst (1989), lies in biases in the distribution of food and health services to households; and between male and female children within those households. Agnihotri (1997) uses 1981 census data to show that Aryan kinship systems of the north are more gender biased towards the male child, relative to the Dravidian systems of the south. Das Gupta (1987) has explained the nutritional bias against later born female children as an “extension of the strong preference for male children in Punjab”. Cultural explanations are also used to explain the high sex ratios in schedule caste communities, where scholars argue that the higher status of the tribal women in the community directly translates into lower mortality and higher sex ratios. It is important to study variations in regional and cultural attitudes towards gender and account for these when creating intervention programs. However, it must also be noted that such explanations are broad generalisations at best, and cannot account for variations within states like Punjab. One should not also assume cultural ideas to be static or unyielding; education, local interactions, and a changing economy can affect the cultural ideas deeply.

Cultural explanations can be extended to account for cases of female foeticide and sex-selective abortion. The ready availability of sex-determination of unborn foetuses, especially in urban areas, may have led to an increase in the number of such abortions. Though with inadequate data, it is hard to gauge the impact of such practices on overall indicators.
Figure 2: India Sex Ratio 2001

2.2 Economic contribution of women

There is a tendency to assume that the status of women worsens as income level of the household decreases. However, several problems exist with this assumption. Sex ratios, for example, indicate a lower gender gap amongst schedule tribes and lower income classes as shown by Table 2. Sex ratios are found to be more favourable to women when monthly household expenditure—and thus income level—is at its lowest. Explanations of this phenomena link higher sex ratios to the increased economic productivity of women; arguing that since women must work in poor families to earn supplemental incomes, they are considered economically productive and less “expendable”. This lowers biases against them in terms of intra-household access to nutrition and resources.

Table 2

<table>
<thead>
<tr>
<th>Gender Demography Across Class 1991</th>
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<tbody>
<tr>
<td>Monthly Expenditure</td>
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<tr>
<td>----------------------</td>
</tr>
<tr>
<td>&lt;110 (Rs.)</td>
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<tr>
<td>110-125</td>
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<tr>
<td>215-385</td>
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<tr>
<td>&gt;385</td>
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Agnihotri et al. (1998) support such a hypothesis in their findings that show that female labour participation significantly reduced prevalent masculine biases. The authors also found that increased labour force participation rate (hence LFPR) resulted in more widespread gains in North India—where the initial sex ratios were lower—than South India, though positive gains were recorded in both communities. The implication of such studies initially appears to suggest that interventions that increase income-generating employment (i.e. not including domestic labour) and empowerment of women are the most successful in actually changing systems of bias against women, and thus will effect long-term changes. Such a hypothesis, however, comes with its own reservations. Increasing the waged work of women implies an addition to their already substantive domestic duties. The burden of working hours in addition to domestic management could have direct effects on a woman’s health, her efficiency, and her status within the family should her domestic duties be neglected. In addition, such interventions continue in an established trend of devaluing women’s domestic work and seeing it as inimical to their development, rather than trying to engage women’s domestic productivity into their development process. It must be understood that simply increasing income and waged employment will not automatically eradicate gender inequality and might even have other adverse effects on women. Attempts must be made to engage the value of women’s domestic labour into their development process.
3 Gender and the Economy

In June 1991, India implemented widespread Structural Adjustment Policies (SAPs) as part of its New Economic Policy (NEP). Seeking to establish a new economic paradigm, the country adopted the maxims of the then universally accepted Washington Consensus Reforms: privatisation, liberalisation, and downsizing. The reforms emerged at a time of a deep fiscal crisis caused by surmounting external debt. At the height of this crisis, India’s foreign reserves could have paid for only two more weeks for imports. Loans from the IMF came with the condition of structural reform. India agreed and ten years later, the effects of the SAPs are slowly beginning to become clear as trends emerge in major economic and social indicators. Assuming that the initial adjustment period after the economic crisis has—at least hypothetically—ended, numerous studies have attempted to analyse the long-term impact of the reforms and the paradigm shift that they represent. Data that has emerged from such studies raises cause for concern—existing inequities in Indian society along the lines of gender, caste, region seem to have been exacerbated, while trends towards the marginalisation of female workers is raising levels of female poverty in rural and urban areas alike. Decentralisation and privatisation are leading to the increasing withdrawal of the State from its central role in the economy, but have not yet found an heir to take on its role as a primary health care provider and main source of public expenditure on social services. The shift of focus from agriculture to industry implies a faith in trickle down economics that the rural women of India’s most backward states might not have time to wait for. The SAPs lack of sensitivity towards gender divides might be the primary reason for their inability to counter increasing gender gaps in all development indicators.

There are promising indicators however. National income is growing, as is the urban organised sector. Female literacy and health care indicators show vast improvements in the late 1990s and the rising involvement of NGOs is raising the number of successful community-based programs in social service sectors. The next decade, however, will be critical in terms of creating policy that is tailored to the needs of specific communities in order to be most effective. To attain such policies with regards to gender and development, it is critical to understand the gendered impact of economic policies and social policies. The following section summarises findings of studies that attempt to understand precisely this relationship, especially in the impact of the SAPs. In order to discuss these issues, however, it is important to overview the overall position of women and men in the Indian economy.

3.1 Women and men in the Indian economy

Overall labour participation levels in the Indian labour force have been relatively stable since the 1970s, for both men and women, implying that employment rates are growing at the same level as the work force. Such aggregate data, however, masks wide inter- and intra-sector variations as well as gender-based variations. Box 1 encapsulates the gender dynamics of the Indian work force.
Box 1

**Agriculture**
- Largest sector in the Indian economy.
- Employs majority of the labour force, especially in rural areas, as shown below:
  - *Dalit* and tribal women account for half of female agricultural labourers and almost all of them are landless.
- Studies show a shift from farm to non-farm employment in the agricultural sector among men, but *not among women*. This is to the disadvantage of women who (a) lost out on higher wages in the non-farm sector and (b) bear the brunt of the stagnation in the agricultural farm sector (Papola 1999). *It also points to their relatively lower mobility within the labour market.*
- Growth rates (in employment and overall) in the agricultural sector have been found to be stagnating.

**Formal Sector**
- Only accounts for 4% of female labour force, vs. 10% for men.
- However, this sector also has the highest employment growth rates: 3.6% for women; 2.5% for men.
- Within this, 62% are employed within the public sector, making them more vulnerable to the effects of disinvestment in state-owned enterprises.

**Manufacturing Sector**
- Growing sector in the economy.
- The household manufacturing sector, a traditionally female source of employment, has female employment rates fall from 4.6% (1981) to 3.5% (1991).
- Decline is matched by increase in female labour in informal sector and is thought to be indicative of growing informalisation and marginalisation of women’s employment. (*see Structural Adjustment Policies, Section 3.4*).

(For sources and detailed analysis, see *Structural Adjustment, Section 3.4*)

**Child labour**

Child labour is said to account for close to a quarter of rural workers. *Estimates of child labour often neglect the domestic duties of female children that have strong negative impacts on their health, education, and empowerment.* There is evidence that though male child labour is decreasing, female child labour might be on the rise though the inclusion of domestic help and duties in some studies might have inflated such estimates. This is mainly attributed to rising female poverty due to stagnation in agriculture and the marginalisation of female workers in manufacturing sectors, both of which are forcing more women and children into the informal sector.
THE CASE OF DOMESTIC LABOUR

The inclusion of some measure of domestic work in employment, child labour, and income generation indicators is a matter of some controversy among development scholars. If domestic work is measured, employment rates for women rise above those for men, painting a misleading picture because, in most cases, women do not benefit equally (if at all) from their labour and gain no income. Domestic labour, in fact, is often the impediment that hinders female children from being educated, or being economically productive in ways that are recognised. Though women often manage the budgets of their households, most do not have any actual control over the financial resources. A National Planning Committee instituted in 1939-40 suggested that women should be recognised as workers for their domestic work and be granted the rights and privileges as such, implying that they would gain social security provisions and union support nets. Though nothing ever came of the recommendations of the committee, the idea indicates a need to somehow organise domestic women and make explicit and rewarded the value of their labour.

3.2 Gendered wage differentials and employment rates

The employment situation in India, as revealed by the study of available data, suggests the presence of discrimination against women at all levels. Labour Force Participation Rates (LFPRs) are lower for women than for men, the disparity being particularly high in urban areas. In Mumbai, LFPR for women was 10.7%, as against 53.7% for men in 1991 (Deshpande and Deshpande 1992). This disparity is a source of some concern, for high labour participation rates for women have been shown to raise nutrition levels for their children, lower mortality rates and raise sex ratios by combating traditional male biases (Agnihotri 1997). Many have argued that the labour participation of women is one of the most important indicators of women's empowerment, access to resources, and decision-making ability and thus must be made a central focus of policy.

The distribution of men and women across economic sectors and the nature of their work have already been discussed above. John (1995) has effectively shown LFPRs are additionally affected by caste and communal differences that interact with gender to influence employment status. Dalit males and females are more likely to be concentrated in casual employment. Dalit women are less likely than other groups to be involved exclusively in domestic work, and thus actually have a higher LFPR than other groups of women, though their employment, as is stated above, is concentrated in low-paying casual labour. The gap between the LFPRs of Muslim women and men was also found to be much higher than average, as was the case with upper caste Hindu families. Such variation across groups indicates that the relationship between LFPRs and income must not be assumed, for no easy categorisation of this relationship exists. Intervention measures to aid any of these groups must take into account the particular characteristics of their employment—such as heavy involvement of the dalit
community in casual labour—to most effectively meet their needs. A greater detail of group-differentiated data is, thus, critically needed.

Wage differentials have been extensively documented in all sectors of the Indian economy. Within the workforce, two kinds of wage differentials have been found to exist. In the informal sector—where most women are employed—there is evidence of women directly being paid lower wages than men, especially in the agricultural labour sector and the urban informal labour sectors where little effective legislation exists as a disincentive for this practice. In the organised sector, where equal remuneration laws are more directly enforceable, pure wage discrimination (different pay for the same job) has not been found to exist. However, differential levels of education and differential returns to that education implies that women are usually less skilled than men and thus can attain only lower level jobs even within the organised sector, leading to a high wage differential.

In the agricultural sector, it appears that a trend of rising wages for women has ceased. Male-female wage differentials had declined steadily to fall to 1.3 in 1987-88 from 1.7 in 1965. After 1996, however, the differential stagnated in most states, and even rose in a few others (Unni 1998). Less favourable conditions of employment for female agricultural workers in recent years, attributed by many to the effect of the SAPs, is thought to be primarily responsible for this trend.

Education has been found to greatly influence wage differentials. Studies found that the female-male wage ratio in urban India was 0.59 for female illiterates and 0.82 for literates (Deshpande and Depshpande 1992). Another study by Kingdom et al., however, found that even after controlling for gender, only 22% of the gap in wages could be explained by the lack of female education—78% of the wage gap, thus, is due to differential returns to education. Barriers to education and employment of women must be studied, given that differential rates of return on education brings the level of direct economic return of female education into question. It must also be kept in mind that different caste, religious and income groups will have widely varying incentives to either educate, or conversely not educate, their daughters as opposed to their sons (see Gender and Education, Section 6).

3.3 Gender and poverty

Wage differentials, however, are only indicative of differences in income, and though the measurement of poverty as a paucity of sufficient income has traditionally dominated academic thinking, discourses on the gendered experience of poverty seek to widen this perspective. Though hard to empirically define and analyse, there exist specific processes and indicators—intra-household processes and incidences of female headship in households, in particular—that indicate that men and women experience poverty differently, and use different methods to cope with that experience.

Overall trends in poverty depend on the method of analysis being used. Though most studies indicate that the percentage of people living below the poverty line has reduced,
others argue that absolute numbers tell a different story. The most recent government-backed study by Das Gupta et al. (1995) indicates that poverty levels actually rose from 35% to 39% between 1990-94, though they have since fallen. A new trend seeks to define poverty in terms of the perceptions of the poor themselves, arguing that it is important to consider what different groups of people believe their true hardship consists of, and what they would consider a real improvement in their standard of living. This report uses the estimates in the study undertaken by Das Gupta (1995), and argues that theoretical evidence supports a rising level of poverty, especially in rural areas and among women.

3.3.1 Female-headed households

An increasing burden of poverty is thought to affect women more than men. Women suffer from biases in intra-household nutrition and resource allocation (see Gender and Nutrition, Section 4.2.5) and thus have to bear the brunt of the reduced availability of resources. In addition, women are often not in positions to influence how earned income is spent. It has already been argued that several factors — stagnation in the agricultural sector and the shift to non-farm employment, rising rural poverty, marginalisation of female workers in manufacturing sector etc. (see Marginalisation of Female Labour, Section 3.5) — are leading to an increasing burden of poverty that is pushing many women and children into informal sectors of the economy and possibly increasing levels of female child labour. Women’s experience of poverty can be further exacerbated in the case of female-headed households (FHHs). Studies estimate that between 30-35% of households are exclusively female-headed. The relationship between the number of FHHs and female poverty is hard to ascertain — one cannot say which has a causal effect on the other. Indeed a correlation cannot be assumed, and when and where there is a correlation depends on such factors as why the household is female-headed. What one can argue, however, is that in the case of economic hardship, women in FHHs have few options of support without an economically supportive family. The lack of fair property and inheritance laws, micro-credit facilities, alimony payments for divorcees, or pension payments for widows makes the situation of these women even more precarious (Swarup and Rajput 1994). More data on FHHs, their prevalence amongst different income, religious, and caste groups, and explanations of their regional disparity is needed in order to understand the relationship between FHHs and poverty.
8% of Indian women are widowed, compared to only 2% of Indian men. This numerical disparity is attributed to a higher incidence of remarriage amongst the men. The plight of an estimated 33 million widows in India is one of the most neglected aspects of gender and development studies of India. Mortality rates have been estimated to be 86% higher among elderly widows than married women of the same age. Chen and Dreze (1992) and Dreze and Sen (1995) highlight the plight of widows by identifying the following major concerns:

(a) Violation of the legal rights of widows, especially in terms of property and inheritance rights.

(b) Widows are expected to stay in the husband’s village and face social isolation. They have limited freedom to remarry.

(c) Given the fact that most widows are elderly and that the labour market is already highly segmented, few employment opportunities exist for widows.

(d) Barred from employment, most widows additionally get little economic support from their families/communities. There is little evidence to show that joint families care for widows—most stay with unmarried children or as dependents on adult sons.

In rural India, the plight of widows highlights existing inequities in the ownership of land and the lack of any gender focus to the government’s land reform initiatives. Though it is estimated that 20% of rural households in India are de-facto female-headed, few women own the title to their land, and even fewer actually exercise control over it. Given that women, lacking the option to seek non-farm employment (especially as widows), are even more dependent on agriculture than men, transferring ownership of actual assets to women needs to be made a priority for any future policy undertakings.

Gendered experiences of poverty also assert the fact that simply transferring income to the people living in poverty will not change biases in inter- and intra-household resource allocation. Intervention programs must thus focus on the empowerment of women themselves and enable them to gain decision-making power.

3.4 Structural Adjustment Policies (SAPs)

When the SAPs were adopted in 1991, critics attacked the policies as being purely market-driven and blind to the need for equity amongst a largely impoverished Indian population. Now, the legacy of a decade of liberal capitalism - its effects on poverty and inequality in particular - is under intense scrutiny as activists and academics alike try and interpret the direction of causality in the relationship between the SAPs and rising

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4 All statistics taken from Parikh, K. *India’s Development Report*, New Delhi: Oxford University Press, 1999
poverty levels. This section argues that changing macro- and micro-economic policies under the SAPs are furthering income inequities in the Indian polity and disproportionately intensifying the experience of poverty for some groups in particular—women, rural workers and workers in the informal sector.

Structural adjustment, by its very definition, implies an intra- and inter-sectoral redistribution of resources in order to increase the efficiency of the economy and make it more competitive on a global scale. SAPs represent not only a change in the country’s economic paradigm but also specific changes in processes of production, the sectoral breakup of the economy, the role of the State within the new economy, and the introduction of a new culture of consumerism. The effects of these policies are difficult to ascertain with great degrees of accuracy, given that they interplay with constantly changing social and political factors. Nevertheless, numerous studies have attempted to quantify the effects of SAPs on different groups. More data on specific impact of SAPs on caste groups, lower income groups in rural and urban areas, informal versus organised sector workers, male versus female workers, and men versus women in general, is the greatest need of future research in this area.

In the process of the redistribution and rationing of capital to increase efficiency, studies have shown that SAPs play upon the regional disparities in infrastructure and capital availability, with new investment being directed to already prosperous regions and sectors. A similar bias is seen between urban and rural areas, with many academics pointing out that foreign investment is concentrated in a few major cities. Biases have indeed been found towards certain states, skill-based sectors, and urban areas. 37% of industrial investments between 1991-94 were concentrated in two states—Gujarat and Maharashtra—and even within these states, most of the investment was concentrated in the vicinity of Mumbai. This figure can be compared to the combined share of all the eastern and northeastern states, which attracted only 5.14% of total foreign investment (Parikh, 2000).

It is in the existence of biases such as those detailed above, that the gendered effect of the SAPs is realised. Redistribution of resources away from rural areas and the stagnation of agriculture affect women disproportionately, given that over two-thirds of all women and 86% of working women are based in the rural areas. Shifts of focus towards higher skill-based industries, the formal services sector and non-farm employment in agriculture all imply movements away from strongholds of women’s employment, leading to the marginalisation of female workers and the retrenchment of female employment. To analyse the gender impact of SAPs, it is necessary to assess each of these policies individually, or at least by sector, acknowledging that while these policies do not act in isolation, their effects are distinct and can be measured.

3.4.1 Changes in production

Changes in production processes constitute the most visible effects of the SAPs. The increasing commercialisation of agriculture, the shift of emphasis to industry and the
increasing use of technology in the manufacturing sector have different impacts on men and women, rural and urban areas, and formal and informal sectors; each case is telling of the overall success of the policies to adapt to the Indian context.

3.4.2 The shift away from agriculture

It has already been stated that agriculture employs 78% of all women within the labour force. Under the SAPs, there has been both an overall shift away from agriculture towards services and industry, and a change in the internal composition of the sector itself. The focus of government policies, and the attached subsidies and fiscal incentives, has undeniably shifted away towards industry. With a recent history of stagnation, this shift seems to worsen the stature of agriculture within the Indian economy. As a result, employment is rising at a much slower rate in the agriculture than in the organised sector—especially for women. Women’s employment in the agricultural sector is growing at an annual rate of 2.3%, as opposed to a 3.66% growth rate in the organised sector. Increasing levels of irregular and casual labour, among men and women, is attributed to this stagnation in the agriculture sector and a lower level of government support, both of which may have worsened under the SAPs.

<table>
<thead>
<tr>
<th>% of Total Workers Engaged in Casual Labour</th>
<th>Male Rural</th>
<th>Male Urban</th>
<th>Female Rural</th>
<th>Female Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSS round</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1993-94</td>
<td>34.6</td>
<td>16.7</td>
<td>45.3</td>
<td>28.1</td>
</tr>
<tr>
<td>1986-87</td>
<td>32.1</td>
<td>14.6</td>
<td>40.2</td>
<td>26.5</td>
</tr>
<tr>
<td>1983-84</td>
<td>29.9</td>
<td>15.3</td>
<td>42.2</td>
<td>30.9</td>
</tr>
<tr>
<td>1997-78</td>
<td>27.0</td>
<td>13.9</td>
<td>40.0</td>
<td>27.0</td>
</tr>
</tbody>
</table>

Source: National Sample Survey (NSS), Govt. Of India

Table 3 shows that the greatest increase in the numbers of female and male casual labourers in rural areas was between 1987 and 1994, right at the time of the SAPs. Rates of increase of female casual labour are much higher than those of men, indicating that women are being forced to enter casual employment in order to supplement falling rural incomes and lowered government support (see The Abdication of the State, Section 3.7). The gap in growth rates of casual labour between men and women is attributed to the shift towards non-farm employment in the agricultural sector that has seen to be prevalent among men (see Wage Differentials, Section 3.2). The lack of female mobility between sectors renders them even more vulnerable to policy change. Various factors like socio-cultural barriers, lack of adequate skills, gender bias in hiring etc. may be responsible for this lack of mobility.

In keeping with the paradigms of economic liberalisation, there has been a shift from the production of food crops to cash crops in rural areas. The commercialisation of agriculture is leading to the marginalisation of female workers, who are unable to gain employment in these emerging sectors due to a lack of skills and a lack of mobility. The shift to commercial agriculture often requires access to micro-credit, possible relocation and establishing business relationships with suppliers and distributors of new inputs; all
problematic for many rural women who face familial pressures against such business interactions and gender discrimination in access to credit and other inputs within the interactions themselves. **Foreign investment in food processing industry, for example, has displaced women from a traditionally female source of employment.** Under the SAPs, the changing face of agriculture is proving particularly harmful to women due to their lack of labour mobility.

### 3.5 The marginalisation of female labour

Already discussed in previous sections of this report, the marginalisation of female workers refers to an increasing trend to displace female workers into the informal sector due to a lack of labour mobility, adequate education and job skills, and the shift away from traditionally female sectors of employment. An increasing number of women are also entering the informal sector due to increasing poverty that makes subsistence living less viable. In addition to the increasing numbers of casual workers due to rising poverty levels and the commercialisation of agriculture, a similar trend has been identified in the manufacturing sector. Women employed as low-skilled workers in the manufacturing sector, which employs large numbers of female urban casual labour, tend to get easily displaced by new technologies and are either pushed out or pushed down when new skills are thought to be required (WEDO 1998). Employers cite the lack of education and inability to adapt to new skills among women as the reasons for such retrenchment. (Krishnaraj 2000). These women are increasingly being pushed into the informal sector where they are forced to work for low wages in adverse conditions.

### 3.6 Growth of export-oriented industries

Export-oriented growth is one of the major tenets of the SAPs. Policies have included the establishment of Export Processing Zones (EPZs) and a wide range of fiscal and policy incentives to exporting industries. It has been found that EPZs in other countries have tended to employ large numbers of female workers, at an average of nearly 70%. However, this has not been the case for India, with less than 50% of workers in most EPZs being female. Even in traditional female strongholds like the textile industry, female labour force participation has been found to be lower than expected, given the experience of these industries historically and in the other countries. Export-oriented growth also suffers from the skill-level bias seen in other industries. Main exporting industries include gems, plastics and steel, none of which are traditional employers of women. **A focus on these industries under the SAPs implies a shift away from sources of female employment and also a re-allocation of a number of government subsidies towards these industries and away from health, education, and social service expenditures.**
3.7 The abdication of the State

In the new market-oriented economy, the abdication of the State from its historically central role can possibly have serious consequences. The impact of declining expenditure on social services is discussed in detail elsewhere (see Gender Biases in Social Services, Section 4). An overview of the effects of the changing role of the State is given below.

- **The shift away from agriculture coincides with a weakening of land reform measures in rural areas.** Poverty has been found to be more severe for the landless and it has also been proven that even a small land holding has positive effects on income per capita and lowers birth rates (Desai and Alva 1998). In this context, implementation of legislation and expenditure in infrastructure become critical. Given the government’s withdrawal from this area, such measures seem destined to take a back seat.

- Government subsidies are being directed towards high-skilled industries, e.g. the software sectors that are exempt from customs duties, corporate income taxes etc., and draw a major portion of government revenue that could be used for social adjustment programs.

- The Public Distribution System (PDS) — a national level food rationing system that distributes food and basic necessities throughout the country through low-cost “Fair Price Shops” — has been found to be supplying falling levels of basic necessities in rural areas. Subsidies provided by the government for food and education have also been reduced (see Gender and Health, Section 4.2 and Gender and Education, Section 6).

- Increasing privatisation of the State also attacks another important source of female employment — the public sector. Downsizing in the public and private sectors has been extremely gender biased, with employers claiming that women lack necessary skills to adapt to a changing economic scenario. The case of the retrenchment in Hindustan Lever paints a stark picture — of 600 women employed in the company before the reforms, only 3 are still employed (Upadhyay 2000).
4 Gender Biases in Social Services

4.1 Trends in public expenditure

Government expenditure on health, education, sanitation, AIDS prevention, and other social services is the most visible and direct tool used by policy makers to ensure and enhance social welfare. Therefore, it is also one of the most keenly scrutinised, and most volubly criticised, aspects of government policy. Numerous studies have documented biases in public expenditure on the basis of historical legacies, interest groups within the centre and state governments, gender, region, and caste (Upadhyay 2000; Krishnaraj 2000; Arora 1999). Prevailing ideologies about the role of the State within the larger political economy also deeply affect the perception of public expenses, as evidenced by differences in overall public expenditure before and after the SAPs undertaken in 1991. Three major biases have been identified in public expenditure:

- Overall expenditure on social services has steadily declined since the first five-year plan in 1951-56, with funds being reallocated to industrial sectors. The SAPs have carried on this trend, directing subsidies away from social service sectors and government undertakings in health and education; and thus also towards urban industrial centres from rural areas.

- Government subsidies tend to be concentrated in economic rather than social services and thus tend to benefit private entrepreneurs and better-off farmers. Subsidies in education have also been found to increasingly favour higher-level services in recent years (like subsidies for technical education at a graduate level etc.) Since men form a much larger percentage of students at higher levels of the education system, they are automatically favoured.

- Subsidies tend to favour urban areas, though provision of basic services in rural areas is far more direly needed. Only 20% of health subsidies reach rural areas in which 65% of the Indian population, and a much larger percentage of those below the poverty line, resides.

The substantive bias that appears from these trends is against lower income groups, in both rural and urban areas. However, within these low-income groups, there is a disproportionate impact on women. I have argued above that the shift to subsidising higher-level services benefits men due to their higher level of education that gains them access to those services. This bias extends further; given that women are seen to be responsible for managing the domestic sphere, lowered basic services, food availability, and food subsidies impact them directly. The case of water collection in rural areas is an apt illustration of this. The collection of water for domestic use is seen exclusively as women’s work. Reductions in government subsidies on basic services can be expected to reduce the number and funding of projects to establish new tube wells in rural areas, implying that women will have to continue to walk long distances to collect water, increasing their labour many-fold and affecting their health. More generally, women
below or near the poverty level, and in rural areas, not only suffer the impact of reduced social service provisions but also bear an additional burden because the cuts in subsidies affect domestic and basic services that are traditionally the domain of women.

4.2 Gender and health

Studies of gender and health issues abound with evidence of the disadvantaged status of women relative to men. India is one of the few countries where women and men have nearly the same life expectancy at birth, despite the natural female advantage in this regard (Chatterjee 1990; Desai 1994; World Bank 1996). However, it has also been pointed out that the focus of health research must move beyond the reproduction of data that repeatedly proves this disadvantaged status, to actually examining the reasons for India’s falling sex ratios, gender differentiated mortality rates, and socio-cultural beliefs governing health (John 1995). This section will overview issues particular to health, and women’s health in particular, in India and then proceed to analyse trends in the health sector under the SAPs.

4.2.1 Health concerns for women

Several health concerns are specific to, or have a serous impact on, women in India. These include:

- Maternal mortality: estimated at 437 deaths per 100 births, most maternal deaths are caused by infection, haemorrhage, eclampsia, obstructed labour, abortion and anaemia. Lack of spacing between children — 37% of births occur within two years of the latest birth — also exacerbates mortality rates. Lack of appropriate care during childbirth is held primarily responsible and studies show that referral to appropriate health care facilities can prevent a majority of such deaths (Jejeebhoy and Rao 1995).

- Lack of prenatal care: 37% of pregnant mothers in India received no prenatal care during their pregnancies (IIPS 1995). The proportion varied directly with education levels and place of residence. Importantly, mothers cited the lack of nearby adequate health care facilities as one of the main reasons that they did not seek/receive care (Bhalla 1995).

- Anaemia: studies have found that the deficiency of iron (or anaemia) afflicts between 50 to 90% of all pregnant women in India. Severe anaemia increases the chances of haemorrhage during labour and accounts for 20% of all maternal deaths in India (World Bank 1996).

- Occupational hazards: women are, especially in agricultural areas, expected to perform hard physical labour, both within and outside the household. Such labour has
serious effects on adolescent girls with undeveloped bone structures and high rates of malnutrition. Exposure to kitchen fires has also been linked to higher rates of respiratory disease (World Bank 1996).

- Violent crime: see Gender and Violence, Section 1.3.

4.2.2 India’s health system

There is a range of health institutions in India, including government services, private institutions and NGOs. A considerable bias exists towards urban areas in terms of availability of health care facilities — in 1986, only 21% of all hospitals were in rural areas. Government health care systems are based on the establishment of Primary Health Care (PHCs) centres and sub-centres. Though PHCs are meant to cover only 30,000 persons each, only 15% of them stayed under this limit (1988). Studies have shown that in rural areas, PHCs cover over 40,000 people each on average and that 16% of the population in rural areas lives over 10km away from the nearest health care centre (Bhalla 1995). Inadequate number of PHCs and poor health care at those that do exist has led to the growth of a large private health sector. Recent data suggests that over 84% of health expenditure is now private. The effects of the increased privatisation of health care is dealt with in detail below. Access to health care is found to vary by income-level: studies have found that low-income households treated less than half of illness episodes compared to over 65% in high-income households. Health also forms a lower percentage of overall household expenditure in lower income households.

Box 4

<table>
<thead>
<tr>
<th>HEALTH AT A GLANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Mortality Rates:</td>
</tr>
<tr>
<td>- 1990: 410 per 1000</td>
</tr>
<tr>
<td>- 1995: 440 per 1000</td>
</tr>
<tr>
<td>Women between the ages of 15-49 at risk of unintended pregnancy: 16%</td>
</tr>
<tr>
<td>Percentage of life-span spent in poor health (1999):</td>
</tr>
<tr>
<td>- Men: 11%</td>
</tr>
<tr>
<td>- Women: 13%</td>
</tr>
<tr>
<td>Child Mortality Rate (1999):</td>
</tr>
<tr>
<td>- Male: 25 per 1000</td>
</tr>
<tr>
<td>- Female: 37 per 1000</td>
</tr>
<tr>
<td>Average Breast-feeding period:</td>
</tr>
<tr>
<td>- Male: 25.3 mths.</td>
</tr>
<tr>
<td>- Female: 23.6 mths.</td>
</tr>
<tr>
<td>Population infected with HIV: 0.70%</td>
</tr>
</tbody>
</table>

*Source:* World Development Indicators, World Bank, 1999
4.2.3 Health expenditure and structural adjustment

It has been shown that the SAPs have adversely affected the allocation of funds to social services. The decreasing outlay to education is discussed in detail later in this report (see Gender and Education, Section 6). Table 4 details a similar downward trend in outlays to health. Health expenditure increased in only 5 states and significantly declined in 4 of the poorest — Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh.

<table>
<thead>
<tr>
<th>Plan/Period</th>
<th>% of budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>1(^{st}) 1951-56</td>
<td>3.32</td>
</tr>
<tr>
<td>3(^{rd}) 1961-66</td>
<td>2.63</td>
</tr>
<tr>
<td>5(^{th}) 1974-79</td>
<td>1.92</td>
</tr>
<tr>
<td>6(^{th}) 1980-85</td>
<td>1.86</td>
</tr>
<tr>
<td>7(^{th}) 1986-91</td>
<td>1.88</td>
</tr>
<tr>
<td>8(^{th}) 1992-97</td>
<td>1.75</td>
</tr>
</tbody>
</table>

Increased levels of privatisation under the SAPs have also directly affected the health sector. Privatisation of health centres and services, in addition to the introduction of user fees for public outpatient and inpatient care in some states, may have severe consequences. Socio-cultural biases against providing equal health care to girls and boys might be exacerbated by rising health costs — parents in such households are likely to sacrifice the health of the female child to better care for the male (see Bias in Access to Health Care, Section 4.2.6).

Privatisation of the pharmaceutical industry hinders the ability to provide low-cost drugs for the poor, making medications expensive and unaffordable for most.

4.2.4 The rise of NGOs

A promising trend in health care is the rising involvement of NGOs. Over 7000 NGOs, with a large degree of government support and encouragement, are estimated to be working in the health sector presently. NGOs have been very successful in implementing community-based programs that have had a positive impact on health and development indicators. Importantly, women’s participation as volunteers, bridges between the program and the community, outreach and recruiting coordinators, or even administrators in the program who can receive training and ensure long-term participation and follow through, is found to be very high in such programs. (This may be positive, but it should also be considered if such programs are increasing women’s burden and workload). Their success is attributed to (a) high levels of community interaction and education at the community level, (b) involving numerous members of the local community (especially women) and (c) successfully establishing a system of incentives that encourages participation in health initiatives. Studying the incentive schemes of successful NGO projects like the Tamil Nadu Integrated Nutrition Project, or the Swasthya Community Health centres may prove to be very beneficial in creating effective, directed health programs in the future. With the rise of SAPs and the declining role of the government, the continuing involvement of NGOs in the health sector is critical for development. Alliances between NGOs, the private sector, the
government etc. must be explored in order to most effectively use community health systems and create a coherent, unified health effort in the country that is centralised but also region specific.

4.2.5 Gender and nutrition

Haddad and Smith (1997) found that increases in the level of nutrition of infants can be attributed directly to improvements in women’s education and in their status relative to men. They found that for developing countries as a whole, these factors were directly responsible for over 50% of the total reduction in rates of malnutrition amongst children from 1970 to 1995. Further evidence found that the rate of severely undernourished children was 3 times as high amongst illiterate mothers than those who had a high school education, while the rate of malnutrition was nearly twice as high (Velkoff and Adlahka 1998). There thus seems to be a direct relation between the reduction of severe malnutrition and rising education levels.

Yet the equation is not nearly so simple. Studies consistently show that nutritional allocations (within and outside the household) are biased against female children. The reasons for such biases are varied and hard to ascertain. Further data on each of the issues raised below is needed to fully understand how to combat institutionalised structures of gender bias within society and within households.

- Sen (1985) based a study in villages in Bengal and concluded that differential mortality rates were caused by neglect of the female child. He also concluded that the bias was most prevalent among the landless, asserting also that even minimal land reform yielded substantive results.

- Pal (1998) conducted a large-scale study that had several important findings. He found strong correlations between the birth order of a child and its level of nutrition. Later born female children were found to be the most discriminated against within the household, though a similar bias was not found for later born male children. Intervention programs must account for birth order as a factor in future studies to make special provisions for the nutritional needs of later born female children and to educate against such discrimination.

- Pal also found that increasing levels of literacy did not automatically alleviate the bias against female children. In fact, he found that at a higher literacy level, discrimination against the female child remained unchanged, or even intensified. Gaps in quality levels of education could be one explanation for this finding, though further analysis of this relationship is essential to determine why/if educational efforts are failing to reduce nutritional biases against female children.

- Das Gupta (1987) and Vlassof (1990) also found bias against later born female children, evidenced by higher rates of mortality for this group. Das Gupta also
quantified differential nutrition expenditure in Ludhiana district in Punjab and found that parents spend twice as much on male children than on female children between the ages of 0-6yrs., possibly explaining Punjab’s horrifically low infant sex ratios.

The primary implication of such nutritional biases is deteriorating levels of women’s health. The effect of this deterioration on the ability of women to fight disease is discussed elsewhere in this report (see Bias in Access to Health Care, Section 4.7). Lower rates of nutrition, however, also imply reduced economic productivity of women in terms of a reduced ability to function at optimal capacity, more sick days, and the inability to undertake regular long-term employment. Indeed, when explaining the retrenchment of an inordinate number of female workers, a government sector company cited such factors as the reasons for the women’s dismissals (Krishnaraj 2000). Another important conclusion that must not be missed is the worrying inability of increased literacy levels and higher levels of income to affect ingrained nutritional biases.

Bhandari (forthcoming) presents an analysis of her experience in trying to introduce better feeding and nutritional practices to reduce infant mortality and malnutrition. She found that educating low-income mothers was only minimally effective due to the strong influence of traditional gender biases in feeding practices. Bhandari noted that the acceptance of safer feeding practices depended on the gender of the child involved, with mothers unlikely to undertake new feeding practices for female children. She argues that without overall improvements in education, empowerment, and per capita income, such targeted interventions will continue to be ineffective.

**Box 5**

**TAMIL NADU INTEGRATED NUTRITION PROGRAMME (TINP)**

With the help of credit from the International Development Agency (IDA), the World Bank’s concessory lending agency, the TINP started in 1981 in a few districts of Tamil Nadu as a nutrition and health program, aiming to improving the health status of pre-school children and pregnant mothers. The program used a locally recruited community nutrition worker and a helper. Evaluations of TINP agreed on its success. Malnutrition rates fell by 20-55% (Subbarao 1992; Balachander, 1993). The project has since gone on to cover most of rural Tamil Nadu in its incarnation as TINP II. Groups of women beneficiaries (100 groups overall, meeting 9 times of more per year) organise centres, help overcome resistance to the project, increase participation in activities, publicise and mobilise the community.

The key lesson that TINP teaches us is that a limited package of health-related nutritional interventions can be operationally feasible in rural India in a cost-effective manner through the medium of local village-based para-professionals and that such packages could have a substantial impact on the health status of children.

4.2.6 Bias in access to health care

John (1995) uses National Survey data (1990) to show that strong gender biases exist in access to health care. Female children were found to be the most disadvantaged — a trend that was most prevalent in Orissa, Haryana and Punjab. Other studies show that girls only account for a third of outpatient care and less than 16.5% of inpatient care. Girls are less likely to be brought into hospitals than boys, and are almost always brought in at a later stage in the illness (Bhalla 1995; Jejeebhoy and Rao 1995). Given intra-household nutritional biases that have already been discussed, it is found that girls take longer to recover from diseases and have higher rates of mortality within hospitals, factors that seriously affect their ability to be economically productive over the long run.

4.2.7 Water and sanitation

In rural areas, collecting water — often from distant sources — has become exclusively women’s work and thus inadequate water provision in rural areas affects women and children disproportionately. New water systems must take this gendered division of labour into account and involve women’s ideas and feedback into new models of water distribution. Creating community-based alternatives is an ideal solution to reduce the burden on women and to empower them simultaneously. Dalit women may not have direct access to water supplies in many villages due to caste-based discrimination. Particular focus is needed in order to find solutions to this problem, both in the short term to ensure adequate water supply to dalit communities, and in the long term to end discrimination within the communities. Sanitation is less widespread than water supply. Most rural areas have no access to sanitation facilities. Many have argued that since men attach much less importance to such facilities, they have never been a priority for the village councils and local government bodies that are male-dominated in themselves. In urban areas, women’s mobility depends on the provision of functional public toilet facilities around the areas that women work and live, to reduce discomfort and possible ill health. Again, it is important to consult women to ensure that their specific needs are met.

4.3 Gender and reproduction

Given India’s tremendous population pressure, population control is one of the main foci of India’s development policy. Given this and the strong place of the family within Indian tradition, debates over family planning policies become both more important and more sensitive. There is much controversy over family planning policies in India with interest groups including women’s groups, elites, and bureaucrats vying to determine viable policy options.

4.3.1 Policy debates
Recent government policies have taken a very top-down, centralised approach to try and dictate family planning methods and their usage. Having historically used cash incentive programs to promote terminal contraception, policies are now trying to enforce rules that would disqualify persons who have more than two children from panchayats (local village councils). A recent bill seeks to extend this to members of parliament who violate the two-child norm. In June 1994, the Ministry of Labour tried to introduce amendments to the Maternity Benefit Act to restrict benefits to those mothers who had two or fewer children. **Women’s groups argue that such policies do not change basic social biases involving family planning and that the government needs to focus on interactive, community-based education projects (that involve men and women) with adequate follow up care to change patterns of contraceptive use** (Krishnaraj 2000).

**Table 5: Patterns of Contraceptive Use in India**
(International Institute of Populations Studies 1995)

<table>
<thead>
<tr>
<th>Contraception Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female Sterilization</td>
<td>66%</td>
</tr>
<tr>
<td>Pill</td>
<td>3%</td>
</tr>
<tr>
<td>Condom</td>
<td>9%</td>
</tr>
<tr>
<td>Male Sterilization</td>
<td>6%</td>
</tr>
<tr>
<td>IUD</td>
<td>5%</td>
</tr>
<tr>
<td>Traditional</td>
<td>11%</td>
</tr>
</tbody>
</table>

Under government direction, the use of non-terminal family planning policies (contraception, oral pills etc.) is increasing but is still nowhere near adequate levels. Terminal procedures such as vasectomies for men and tubectomies for women are more common, though the date on the numbers of procedures performed may be skewed due to the government sponsored voluntary sterilisation drives of the late 1980s (Mayer 1999). Regardless, terminal contraceptive procedures show a large gender bias. **93% of such procedures are tubectomies, though vasectomies are less dangerous procedures that can be performed just as easily. The focus of family planning policies on women has angered women’s groups. They argue that focusing family planning policies on women ignores the reality that women are usually not the decision makers in issues of fertility in a patriarchal culture like India’s** (Krishnaraj 2000).

Further complaints leveled against the government’s family planning policies by women’s groups highlight areas of concern. These include:

- Government health care providers do not offer adequate information — if any at all — on reversible, non-terminal contraceptive options to women because they do not consider them to be responsible enough to be able to use them.
• The use of injectibles and untested contraceptive methods, distributed without adequate information or follow up care, has also drawn sharp criticism from women’s groups.

• The increasing use of sex-determination tests without any safeguards or legal provisions, and the legalisation of abortions without first ensuring that adequate facilities were available have both angered women’s groups who argue that the government must build facilities and infrastructure to aid women to be able to take responsible and informed education before dictating top-down policy that isn’t appropriate to their reality.

• It is also imperative that the government recognises that a pervasive preference for the male child distorts the incentives for persons to respond to family planning initiatives and, therefore, programs must account for this preference and educate against it.

• Insufficient research has been done to gain feedback from women of different groups to find out what forms of contraception are more acceptable in their communities. Tailoring family planning programs to the specific needs of communities is critical to ensure their success. As an example, women’s groups point out that breast feeding, accepted in almost all communities, has a contraceptive function and also helps in increasing the gap between children but is never aggressively promoted in government family planning programs.

• Muslims have been found to have the lowest rates of contraceptive use, while Sikh communities have the highest. (Velkoff and Adlakha, 1998). Research into the reasons for such variation and then the implementation of intervention and education programs that tackle such community specific concerns is critical for any progress to be made on this front.

Cases of successful intervention seem to agree with the arguments made by the women’s groups. In a study conducted in Tamil Nadu, it was found that cash incentives lead to increased short-term use of contraception, but do not affect long-term use (Sunil, Pillai and Pandey 1999). The study found that the most important factoring determining whether contraception use was adopted over a longer term was the contact person who provided education, information, and counselling to participants in the program. In the long run, thus, it is more useful to have interactive education on a one-to-one level rather than establish cash incentives. The authors suggested that involving local villagers by training them to be contact persons raised the effectiveness and longevity of such programs.
**Box 6**

**The Changing Face of Government**

For 30 years, the Indian government managed its family planning program (the Family Welfare Program) using method-specific targets for contraceptive prevalence developed at the central level. It is estimated that between 1951 and 1999, the Family Welfare Program averted about 241 million births. By the early 1990s, however, government planners recognized that the family planning program had stagnated. In 1994, the ICPD's Program of Action proposed a shift toward a more holistic approach to reproductive health. At the same time, Indian women's groups and other NGOs were expressing their concerns about the narrow range of services offered and the lack of concern with client needs. These combined factors led to a major national policy shift in 1996, when the government announced the "Target-Free Approach", also called the "Community Needs Assessment Approach". The new approach promotes decentralised, need-based planning, and a monitoring system that emphasises quality of care, community participation, and delivery of essential reproductive health services. Working in co-operation with NGOs, the effects of this new partnership will become clearer only in the long-term, though initial signs show favourable signs of progress.

*Source: Parikh, K. (ed), India Development Report*
5 HIV/AIDS

<table>
<thead>
<tr>
<th>HIV/AIDS in India: At a Glance</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Adult infection rate: 0.7%</td>
</tr>
<tr>
<td>• HIV Positive cases:</td>
</tr>
<tr>
<td>Adults (15-49): 3.7 million</td>
</tr>
<tr>
<td>Women (15-49): 1.5 million</td>
</tr>
<tr>
<td>Children (0-15): 160,000</td>
</tr>
<tr>
<td>Source: Epidemiological Fact Sheet: India, UNAIDS: 2000</td>
</tr>
<tr>
<td>• HIV infection rates grew from 0% in 1980s to 2% in 1999 (New Delhi, Calcutta, Madras) and to 3% (Mumbai).</td>
</tr>
<tr>
<td>• % of IV drug users infected in Manipur: 85% (1993).</td>
</tr>
</tbody>
</table>

5.1 Gender and HIV/AIDS

Held in June of 2001, the United Nations Special Session on HIV/AIDS introduced a strong need to consider the gendered impact of HIV/AIDS, especially in developing countries. In the last three years, the percentage of people infected with HIV who are women has risen from 41% to 47%, a higher rate of increase than that amongst men. Women are biologically more prone to getting the virus from sexual contact than men — the rate of infection from men to women is twice that of transmission in the reverse direction — but several other factors including economic dependence, social and cultural factors, bias in access to health care, lack of authority etc. further compound women’s biological disadvantage (UNIFEM 2000).

In the case of India, it was found that only 36% of married women between the ages of 15-49 currently use modern contraception. (IIPS 1995). Studies have also found that, even when knowledge of contraception techniques exists, factors such as place of residence (state of residence and rural vs. urban), education, and religion are strongly related to both fertility and contraceptive use. (Velkoff and Adlakha, 1998). Data shows that Muslims have the lowest levels of contraceptive use while Sikhs have the highest; urban areas had higher use than rural areas; and use increases with increasing education levels (IIPS 1995).

There is thus a need to problematise the issue of HIV/AIDS beyond the medical semantics to economic, social and cultural issues and, for the focus of this report, to gender. The gendered impact of HIV/AIDS is said to be predominant due to several factors:

- Financial dependence on men is one aspect of an unequal power dynamic, which means that women cannot control when, with whom and in what circumstances they have sex.
• Increasing poverty has forced many women to enter the commercial sex trade where rates of infection are very high and the power dynamic between them and their clients is imbalanced (see below).

• Within culture and religious bounds, women are not expected to discuss or make decisions about sexuality or ask for contraceptive use.

• Being a sexually transmitted disease for the most part, incidences of HIV/AIDS among women are often unreported for fear of the effects of such a disclosure on the reputation of such women, who fear ostracism from their families and communities.

• Cases of sexual abuse and domestic violence add to women’s subjugation. Refusing unprotected sex, or sex in general, might also lead to sexual abuse and domestic violence against women.

5.2 High risk groups

It has been found that the truck drivers are instrumental in carrying the HIV virus to rural and outlying areas (Upadhyay 2000). 5% of truck drivers are infected with the HIV virus, and more than 90% admit to visiting a prostitute at least once a week, with 68% of the encounters occurring without the use of any contraception. Low-income male workers in urban areas in construction, transport and trade sectors have all been found to have frequent encounters with prostitutes.

The severe impact of economic adjustment on women in particular is said to be responsible for the increase in women’s poverty and a corresponding increase in the number of commercial sex workers. In a study of 450 sex workers in Calcutta in 1992, 50% cited extreme poverty as their reason for turning to prostitution, others stating marital breakdown and family disturbances. The population of sex workers has increased four fold from 1954 to 1992. 27% of the country’s sex workers have HIV, compared to 0.7% of adults (Upadhyay 2000; UNAIDS 2000). They are found to have little to no bargaining power with their clients and thus cannot ask them to use a condom for fear of losing their business. 98% of sex workers interviewed said they would not ask a client to use a condom. As long as prostitution remains underground and illegal, little can be done to improve this situation.

The fear of AIDS is spreading though. The result of this is that clients are asking for inexperienced girls to minimise their risk of infection. Consequently, younger and younger girls are entering prostitution (Harvard AIDS Institute 1999). The cycle is thus perpetuated.
Success Stories: Sonagachi

Approximately 6,000 sex workers serve more than half a million male clients a year in Sonagachi, a red-light district in central Calcutta. In 1992 the All India Institute of Hygiene and Public Health launched a program to reduce the transmission of HIV/AIDS in Sonagachi. The project began with two key interventions: a health clinic and outreach by peer educators. It has since triggered a broader self-empowerment movement by sex workers in the state of West Bengal. The implications are clear: interventions, though they may begin with a small focus, must tackle larger issues of empowerment for women to be able to make a difference in their lives. The greater the role of the women themselves in training others, the greater the long-term impact will be.

Homosexuality is a taboo topic in Indian society. Though homosexual activity amongst men is silently acknowledged, communities do not openly exist as in many western countries, making any detailed data collection or interventions difficult. The NAZ foundation is an active and unique NGO that focuses on “men who have sex with men” in South Asia. Their successful outreach programs within these underground communities have been attributed to a high emphasis on confidential counselling and frequent interactions between counsellors and members of the community, enabling it to educate and push boundaries but stay knowledgeable of local concerns.

AIDS accounts for 18% of total public expenditure, making it the largest single component of government social service spending (Upadhyay 1999). But education efforts remain insufficient. There is a vital need to link AIDS prevention with family planning programs in rural areas to increase the use of condoms as a form of STD prevention and to enhance the reach of AIDS education programs. But, as in the case of family planning programs, community specific incentives must be used to encourage participation over the long term.
6 Gender and Education

The preceding sections have shown the vital importance of education in almost every sphere of women’s empowerment. There is little argument that ending illiteracy amongst women raises their capabilities, enhances their agency, and involves them in the development process. The relationship between education and development is also a dialectical one. Ramachandran (1996) has shown that rising literacy rates in Kerela were closely linked to falling barriers of caste, class, race, and religion and that, in turn, the reduction of these barriers has been a key factor in furthering the spread of education.

Studies have also linked education levels to lower rates of malnutrition, higher levels of economic empowerment and productivity, lower wage differentials, higher sex ratios, and lower mortality rates. There are intrinsic and extrinsic benefits to education (Sen 1997), not the least of which is that educated women are strong positive role models for female children and other mothers.

India’s record in education, however, is dismal at best. After 51 years of independence, literacy rates are shamefully low and disparities based on caste, religion, gender and region still exist in access to education, the quality of that education, and the benefits that arise from it. Historical biases against the education of women are pervasive, especially in rural areas where education is most sorely needed.

Since independence, the issue of education, and women’s education in particular, has increasingly come into the focus of Indian policy makers. The Sixth Plan (1980-85) prioritised the eradication of illiteracy in conjunction with income-generation schemes leading to the establishment of Non-Formal Education centres (NFEs) all over the country that have sought to link the benefits of education and employment, and make education possible for working and poor women. The Eighth Plan (1992-97) expressed these changing priorities in increasing budget allocations to elementary education. With the New Economic Policy being implemented in 1991, the Eighth Plan also sought to compensate for the costs of structural adjustment by promising higher education expenditure and a higher allocation of that expenditure to primary education.
As many feared, despite repeated assurances to the contrary by the government, the adoption of the New Economic Policy in 1991 adversely impacted expenditure on all social services, including education. Using fixed 1981 base-year prices to counter inflationary effects, total expenditure on education fell with the introduction of the New Economic Policy in 1991-92 and 92-93. This trend reversed in 1993-94, but expenditure did not reach 1987 levels until 1996-97, six years after structural adjustment policies were implemented. In recent years, it has been observed — in an extremely worrying trend — that even this low budgeted expenditure is not actually being used. In 1997-98, for example, of the Rs.25,431 million budgeted for education, only Rs. 22,668 million was spent (Rawal and Swaminathan 2000).

As national policy struggles to reconcile declining social expenditures with an increasing desire to focus on education, the emphasis is shifting away from the centre to more local and community-based education programs. From the Total Literacy Campaigns (TLCs) that spread over the country after their initial success in Kerela to successful programs in Andhra Pradesh and Madhya Pradesh, the drive towards de-centralisation in education requires further examination.

### 6.1 Gender profiles of literacy and education

#### 6.1.1 Literacy rates
The 2001 census having just been released, contemporary and relevant data is now available to evaluate indicators pertaining to literacy.

<table>
<thead>
<tr>
<th>Year</th>
<th>% of budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>1987-88</td>
<td>11.27</td>
</tr>
<tr>
<td>1991-92</td>
<td>11.01</td>
</tr>
<tr>
<td>1992-93</td>
<td>11.01</td>
</tr>
<tr>
<td>1993-94</td>
<td>10.71</td>
</tr>
<tr>
<td>1994-95</td>
<td>10.82</td>
</tr>
<tr>
<td>1995-96</td>
<td>11.07</td>
</tr>
<tr>
<td>1996-97</td>
<td>11.23</td>
</tr>
</tbody>
</table>

*Source: Parikh, K. (ed), India’s Development Report*

The above table appears, at first, to paint an optimistic picture. A 15% rise in female literacy over the last decade seems promising, especially when compared to the 12% and 13.2% rise in male and overall literacy respectively during the same period. But aggregate statistics can often be misleading. Though female literacy is undoubtedly on
this rise, a slightly different picture emerges when the above percentages are translated into absolute numbers. Given the unbalanced sex ratios that persist in the country, a 13.2% increase in male literacy implies an absolute increase of 21,445,145 persons. The absolute increase for women, on the other hand, is only 10,513,191. Furthermore, the absolute change is relatively less significant for women; 189,554,886 women are still illiterate, compared to 106,654,066 men.

Aggregate data also disguise caste, religious and regional variations. 2001 Census data shows that in some states, for e.g. Bihar, female literacy has actually worsened over the last decade. Key factor-based variations include:

Regional variations

- In Bihar, the number of female illiterates rose by 12.25% (2,311,426 persons), while Andhra Pradesh and Madhya Pradesh recorded 13.32% and 13.37% decreases in female illiteracy respectively. Absolute numbers of illiterate females rose in a total of 10 states and union territories, including Delhi, Gujarat and Nagaland.

- Kerela had the highest female literacy rate (87.86%), while Bihar had the lowest (33.57%) — a gap of 54.3%.


- In 1991, Rajasthan’s female literacy rate stood at only 20%, implying that 1 in 5 women in Rajasthan couldn’t read. In rural areas of the state, the figure dropped even further to 11%. In 2001, however, female literacy has risen to 44.34%, which though still low, represents an absolute increase of nearly 1,000,000 women.

Other individual variations

- Though 2001 census figures for schedule caste and schedule tribes are not available at this time, figures from 1991 show that only 46% of men and 19% of women amongst the scheduled caste were literate. The figures for scheduled tribes stood at 41% and 18% respectively.

- For groups that suffered from multiple forms of deprivation, the figures were even lower. Only 4% of schedule caste women in Rajasthan, for example, were literate.

- As expected, rural areas accounted for a majority of the illiterate population and also had a larger gender gap than urban areas.

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5 All figures taken from Census of India 2001. Available at www.censusindia.net

6 See note 4.
It can thus be argued that the overall percentage increase in female literacy must be accepted with a cautious optimism, given that large regional increases in some states, e.g. Andhra Pradesh and Madhya Pradesh, have skewed the figures upward. However, it must also be noted that the increases in these states represent significant policy successes (see Policy Responses, Section 6.7) especially in Madhya Pradesh and Rajasthan, a state with a hitherto poor record in terms of education. **It is critical that regional variations be studied and understood so as to create specific policy interventions that will be effective in different contexts. Strong regional variations also argue against top-down, centralised educational policies and for more community-based programs that are adapted to the needs of specific communities.**

**6.2 Trends in enrollment and retention**

As with literacy rates, it must be remembered that though a larger number of boys and girls are attending schools now than before — the number of children who have never enrolled in school fell from 55% of rural children aged 6-14 (1986-87) to 19% in 1996 — one must note that aggregate data conceals important variations. Biases exist towards urban areas, upper castes, Hindus, and males. Individuals suffering from multiple deprivations are the most affected.

Gross enrollment ratios indicate the ratio of children enrolled in school to population of school-going age. **The gender gap is consistent through higher schooling, showing that fewer girls are retained as the level of education increases past the primary level.**

Table 8

<table>
<thead>
<tr>
<th>Gross enrollment ratios by gender and caste, 1992-93</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary (Classes I-V)</td>
</tr>
<tr>
<td>Boys</td>
</tr>
<tr>
<td>Overall</td>
</tr>
<tr>
<td>Scheduled Castes</td>
</tr>
<tr>
<td>Scheduled Tribes</td>
</tr>
</tbody>
</table>

Again, a great deal of variation exists among states. In Rajasthan, the GERs for girls in primary and upper primary are 50 and 23 respectively, while the corresponding figures for Kerela are 98 and 104 respectively. Unexpectedly, GERs for dalit girls are only marginally lower than the overall female average, though for tribal girls the difference is more marked. Low GERs at the secondary level reflect a disturbing trend in female education: a high drop out ratio. Drop out rates are highest amongst girls and Dalit communities, though in the latter boys and girls are equally likely to drop out. In 1998-89, the drop out rates for girls between Class 1 and VIII was 68%, compared to 59% for boys.
GERs are suspect in terms of accuracy, however, as the figures tend to be inflated, especially during enrollment season. A more accurate picture of school enrollment can be garnered by seeing levels of current enrollment in schools. Below is data from the National Statistical Survey for 1993-94, quantifying the number of children ages 5-14 currently enrolled in school.

### Table 9

<table>
<thead>
<tr>
<th>State/Year</th>
<th>Proportion of Children aged 5-14 Attending School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rural</td>
</tr>
<tr>
<td></td>
<td>All</td>
</tr>
<tr>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>All India</td>
<td></td>
</tr>
<tr>
<td>1987-88</td>
<td>39.8</td>
</tr>
<tr>
<td>1993-94</td>
<td>63.3</td>
</tr>
<tr>
<td>Bihar</td>
<td></td>
</tr>
<tr>
<td>1987-88</td>
<td>34.9</td>
</tr>
<tr>
<td>1993-94</td>
<td>49.7</td>
</tr>
<tr>
<td>Kerela</td>
<td></td>
</tr>
<tr>
<td>1987-88</td>
<td>88.8</td>
</tr>
<tr>
<td>1993-94</td>
<td>93.2</td>
</tr>
</tbody>
</table>

Again, a persistent gender gap is revealed in levels of enrollment. Regional variations are marked, evidenced by the gap between the weakest (Bihar) and strongest (Kerela) performances. Large disparities between rural and urban areas are attributed to the inadequacy of the number and quality of schools. **Consistently, women in the rural areas have the lowest enrollment and literacy rates. Identification of these women as a target group is critical to further educational reform.**

### 6.3 Higher education

Beyond the primary level, unique problems arise for girls enrolled in secondary school education. Drop out rates increase manifold as the level of education increases, the number of girls enrolled falls dramatically with each level. Of all women between the ages of 15-44, only 2.9% were enrolled in graduate or higher level studies (past high school).

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7 Figures as quoted in John 1995.
Table 10: Education Levels

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Rural Male</th>
<th>Rural Female</th>
<th>Urban Female</th>
<th>Urban Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below Grade V (5-10yrs.)</td>
<td>27.2%</td>
<td>33.2</td>
<td>17.1</td>
<td>20.4</td>
</tr>
<tr>
<td>Grades V-VIII (10-13yrs.)</td>
<td>30.1</td>
<td>34.8</td>
<td>21.9</td>
<td>26.7</td>
</tr>
<tr>
<td>Grades VIII-X (13-16yrs.)</td>
<td>21.6</td>
<td>19.7</td>
<td>20.5</td>
<td>21.3</td>
</tr>
<tr>
<td>Grades X-XII (16-18yrs.)</td>
<td>17.7</td>
<td>10.9</td>
<td>28.3</td>
<td>23.0</td>
</tr>
<tr>
<td>High School Graduate and above (18+ yrs.)</td>
<td>3.4</td>
<td>1.4</td>
<td>12.3</td>
<td>8.7</td>
</tr>
</tbody>
</table>

Source: Census of India 1991

Studies find that even when women do make it to higher secondary education, 55% of the time they study arts or humanities subjects, and are discouraged from undertaking any technical or skill-based education. **This has resulted in gender-differentiated returns to education, as women are easily marginalised in jobs that require greater skill-based knowledge** (see Gender and the Economy, Section 3). Such gender-differentiated returns to education make many question the value of female education, a trend that is very dangerous for the future of female literacy. There are, however, some shifts in subject choices, with more female students in urban areas taking commerce, business or science courses.

### 6.4 Demand-side analysis

It has been argued that one of the major hindrances in increasing access to education is the lack of motivation (for religious, personal, or social reasons) on the part of parents to send their children, especially girls, to school. Such lack of motivation is said to be exacerbated in cases where there are long years of deprivation, no tradition of literacy in the immediate family or community, inadequate information, nutritional deprivation, and low quality of schooling.

Empirical studies, however, argue against this, showing that even among poor parents, there exists a high motivation to send their children to school. Published in 1999, the PROBE (Public Report on Basic Education) survey was taken in 200 villages in the four northern states of Bihar, Rajasthan, Madhya Pradesh, and Uttar Pradesh. The survey finds that when asked, 100% of parents believed it was important to educate a boy and 87% thought the same for a girl. Though the by-now familiar gender bias once again emerges, the evidence seems to counter the argument that a lack of motivation is a major factor in low literacy levels. The implications of such analyses is to highlight inadequacies on the supply side — inadequate numbers of schools and regional variations in quality and quantity in particular are highlighted as areas of concern.
6.5 Differential access to education

6.5.1 Religion

- It is widely believed that Muslim women are constrained in their access to education although the lack of data makes this difficult to quantify. **Data is needed to better understand this trend and be able to determine the influence of religion itself in the higher levels of illiteracy of Muslim women as compared to regional location, income levels and caste.**

- The use of religious schools, or madrassas, by non-elite Muslim families and the use of secular schools by elite Muslims is indicative of a divide in the provision of education along class and gender lines.

- **Provision of single-sex facilities, particularly at a post-primary level, is critical to the advancement of secondary education among Muslim girls.**

6.5.2 Caste

- Government reservation policies reserve seats for schedule caste/schedule tribe students at schools and colleges. **The lack of any gender consideration within these policies ensure that these policies mainly affect the richer and male members of the lower castes.**

- High drop out rates amongst tribal groups, and tribal women in particular, may be due to a number of reasons including the distant location of the nearest school, social ostracism, familial pressure etc. **Specific attempts, perhaps originating from within the communities themselves, must be made to retain Dalit and other lower caste women in school.**

6.6 Limitations and opportunities facing female education

Two main schools of thought exist on issues of female literacy: supply-side and demand-side scholars. The former focuses on the provision of services, arguing that a greater number of schools — equitably distributed amongst different regions and of higher quality — are needed. The other argues that social dynamics surrounding the decision to send children, especially girls, to school and keep them there are of greater import and must be addressed. Key points of both schools of thought are addressed below.

- **Marriage:** according to the 1991 census, 4.3% of girls between the ages of 10-14 and 35.3% of girls between the ages of 15-19 are married. **Stronger implementation of the legal age of marriage, greater education and awareness, and directed social programs are essential for girls to have the chance to go to school at all.**

- **Marriageability:** education in urban areas is now considered an asset that makes a girl more attractive to a suitor. In rural areas, however, too much education is seen as
a sign that the girl lacks good domestic skills and hence will not make a good wife. This is also true for low-income families in urban areas and religious families of all strata. Programs that increase the direct economic productivity of women decrease the pressure for marriage by increasing the perceived value of the girl within the household.

- **Health:** as discussed earlier in this report, differential access to intra-household nutrition may make it physically impossible for a girl child to go to school, or at the very least, affect her performance greatly.

- **Cost of education:** several issues arise in this case:
  1. A girl child is often needed to carry on domestic duties so that her mother can work to earn a supplemental income for the family. Even if her education is free, its opportunity cost is high. Education programs must account for the fact that the mother’s employment — or lack thereof — will have a significant bearing on her daughter’s chance to get an education. Linking education programs to employment is one possible answer to this. See Non-formal Education Programs, below.
  2. Parents might be unwilling/unable to pay school fees and other charges for their girl child, especially if a boy is already enrolled in school. Subsidies that fund the education of the girl child and cover the minimal costs of education (e.g. for free education for girls in Andhra Pradesh and cost subsidies in Tamil Nadu) have been proven to be very effective in raising the enrollment rates of girls.
  3. At the secondary level, training for women in technical and science subjects, especially geared towards taking entrance exams to colleges and universities should be subsidised to encourage more girls to enter graduate level study in all subjects.

- **Safety:** walking to and from school, reputation while at school, interaction and possible harassment from boys, male teachers or administrators etc. are major safety concerns for girl students. Questions of girl’s safety are mostly neglected by most educational programs and must be brought into focus. This is an ideal situation in which to involve the elderly (as chaperones) or other members of the community in a group effort to ensure the safety of the girls. The building of more girls’ hostels is also an important consideration in this regard.

- **Syllabi:** textbooks under the Indian education system often do little to dispel stereotypes of gender, religion, caste etc. and often exaggerate them. Adding positive images of women and their roles in every facet of society is a much needed change that needs to be consciously undertaken by the different boards of education in India.

- **Female teachers and schools:** it has already been said that in cases like that of religious Muslim communities there is a need for single-sex education and of female teachers. This applies even to rural communities where issues of safety and comfort
for the student are simultaneously solved by employing female teachers. Also, teaching is considered an “appropriate” profession for women in most communities and though this assumption is often sexist and problematic in itself, it can aid in overcoming social obstacles for the women who would attain gainful employment as teachers.

6.7 Policy responses: successes in recent years

In the recent past, several innovative government schemes have been successful in both raising literacy levels and enrolment rates in several states using a combination of increasing the number of schools and creating practical and effective incentive systems to increase enrolment rates among primary, secondary, and adult education. Studies of successful schemes are outlined below.

Case Study 1: Madhya Pradesh

The Education Guarantee Scheme, undertaken in Madhya Pradesh in 1997, has met with resounding success over the past five years. The government guaranteed the provision of a teacher, teacher training, and basic materials within 90 days of a request from a community for a primary school as long as there were at least 40 children (25 in tribal areas) enrolled. The responsibility for the space or the building rested within the community or the panchayat (village council). The 15,568 schools that have been set up since the program started has shown the tremendous demand amongst even the poorest classes for opportunities to educate their communities. Some of the key facets that this program combines are worth noting.

- There is extensive community involvement — taking care of the school compounds, overseeing the day-to-day running of the school itself etc.

- The schools are local and accessible, making them safe and low-cost and a viable option for female students.

- There is an incentive to keep the children enrolled in school, since the inflow of resources depends on a minimum enrollment.

Case Study 2: Total Literacy Campaigns (TLCs)

TLCs began in high literacy district of Ernakulum in South India and has now spread throughout the country, especially after its success in Kerela. These adult literacy campaigns are area-specific, time-bound, volunteer-based, cost effective, and outcome oriented. District level committees are set up to create an umbrella under which volunteer-based programs that have equal people participation from all sections of society work to increase literacy. These programs have had an overwhelming number of women involved, which has been the reason of much of their success in reaching other women in society. What makes TLCs so attractive to women? The answer to this
question might have meaningful implications for designing future literacy programs.

The programs, however, have had limited success in states of North India, showing that there is a need to analyse why communities have been mobilised in South India but not in the north. Tailoring TLCs to specific communities and their needs is essential if the rates of success of these programs are to be kept up.

Case Study 3: Non-Formal Education (NFE)

NFE programs were designed to meet the needs of children in poor areas with considerable work responsibilities. More flexible than a formal system, it is the most rapidly expanding sector in education. The number of NFE sectors in India has grown from 126,000 in 1986 to 238,000 in 1993, with all girls’ centres increasing from 20,500 to 79,000. Linking education and employment is one of the major successes of the NFEs though the quality of the education imparted is a major concern for critics of the program.
7 Conclusion

At the end of this report, it is clear that biases of gender, caste, religion, and economic status are still prevalent in Indian economy and society. Women, at the wrong end of intra- and inter-household resource allocations not only encounter a more intense experience of poverty and resource deprivation but also have fewer means to seek some kind of empowerment that would enable them to cope with that experience. A decade after the New Economic Policy, these biases only seem to be intensifying, leaving policy makers and development activists with the difficult task of trying to counter the damaging effects of - while also taking advantage of new opportunities created by - what has become an inevitable economic path. The concluding section of this paper summarises the main findings of this report and then shifts to make suggestions for further research for a more in-depth gender country profile.

1. Understandings of gender in India still deeply revolve around caste, class and religious identities. It is important to emphasise that caste identities are very much a part of modern Indian societies and affect the daily lives of women in particular. Examples range from consistently lower socio-economic indicators for lower castes to the documented difficulty of dalit women in gaining access to water from communal wells due to their caste status. Religion is also found to deeply influence women’s status in the household and the community, shaping her identity and determining a range of issues from her access to education to the decision to use birth control and/or contraception.

Future Focus: For a comprehensive understanding of how the factors of caste and religion can be addressed, more feedback from local communities is needed to isolate how caste and religion affect specific aspects of their lives, e.g. education, use of birth control etc. Future research should search for community specific projects (like building sex segregated schools for Muslim women etc.) that adjust to meet religious or caste-based concerns.

2. India’s falling sex ratios are indicative of this oppressed status of women. Sex ratios have fallen consistently through the entirety of this century, except for a marginal increase in the last decade. Cultural and economic explanations abound for this consistent decline, most pointing to discrimination in access to health care, nutrition, and employment opportunities, and also increasing cases of sex-selective abortions, female infanticide and violence against women.

Future Focus: The reasons for the rise, however marginal it may be, of the sex ratio in the last decade has not yet been sufficiently explained. Further research should try and isolate trends in gendered mortality rates, birth rates, and population growth trends to try and examine their effects on the sex ratio and the reason for this reversal.

3. Under the SAPs, women’s marginalisation within the Indian economy has increased. Rising wage differentials, unemployment even in traditionally female sectors of
employment, and shifts away from agriculture, rural areas and low-skilled industries have all adversely affected the economic status of women. The marginalisation of women into the informal sector is further adding to their already undervalued domestic work burden.

**Future Focus:** The effects of specific SAPs on various income, caste, regional and gender groups must be analysed to isolate the specific impact of the policies on various communities. Recommendations on how to best mitigate the social costs of adjustment, and an estimation of current and future measures to ensure greater equity in resource distribution should be the focus of a more detailed study.

4. Government expenditure on health, education, and social services is consistently falling. The SAPs have carried on this trend, as government subsidies shift to the industrial urban sector and away from rural areas and agriculture. The nature of subsidies as economic services rather than basic ones, and the focus on higher-level services also biases them to favour urban males. Also, the increasing abdication of the State is a source of worry for rural and low-income sections of the population who will not immediately benefit from new economic freedom. The reduction of public subsidies and support systems is being compensated for, to some extent, by the rise of NGOs, but falling public expenditures and the lowered subsidies that result from them are still serious concerns.

**Future Focus:** Further research must be done to compare the extent to which demand- and supply-side factors affect the social services sector. How can government expenditure be targeted to benefit the poor given inadequate health facilities?

5. Increasing evidence argues that women suffer poverty more severely than men. A rising number of female-headed households may in some cases indicate a trend of rising female poverty. Social structures problematise cases of FHHs and of widows even further, as they have few, if any, resources to turn to. Gendered experiences of poverty imply that simply the transfer of income will not resolve the issue of poverty - ingrained social biases must also be addressed.

6. Women suffer from a general inadequacy in health care provision, social and cultural biases towards the female child, physical vulnerabilities that are gender specific (e.g. anaemia amongst pregnant mothers) and biases in access to health care. Falling health expenditures and increasing rural poverty have further exacerbated the health concerns of women in India.

**Future Focus:** The rise of NGOs within the health sector is having major impact on health care provision and interventions. Studies of incentives and structures of these organisations with more case study based analyses should be undertaken by future reports. Particular attention should be paid to the nature of incentives used by the NGOs to encourage voluntary community participation, especially amongst women.
7. Family planning and contraceptive use still remain sensitive issues in India, and government policies on both the subjects have been criticised by women’s groups as being short sighted, top-down and not comprehensive enough. The lack of proper incentives to encourage long-term participation in family planning programs and programs to educate and increase contraceptive use, is blamed for the government’s slow and limited progress in this area. Women still lack the decision making power to take decisions regarding their reproductive health; there is a pervasive preference for a male child in most parts of India, and the availability of resources and information still inconsistent.

Future Focus: More detailed analyses of the reasons behind variations in contraceptive use amongst regions, religions, and communities must be done in order to understand how to intervene to combat such influences. Future studies should also try and juxtapose approaches that focus on supply of contraceptives and supplies with those that place greater import on educating their use.

8. HIV/AIDS is a rising concern in the Indian context but its gender implications have still not been fully understood. Levels of education, the place of residence, and religion were all found to have strong influences in determining the level of knowledge about AIDS and the use of measures to prevent it. The dependent status of women and their lower decision making ability once again makes any affirmative action on their part improbable and difficult.

Future Focus: Understandings of HIV/AIDS in India and its socio-cultural associations is needed. The social barriers to reporting and treating the virus are not currently given enough import as factors in a victim’s decision to seek, and a health care providers decision (or ability) to provide, medical assistance. Gender and HIV/AIDS must especially be further problematised to show how the impact of HIV/AIDS on the reputation of women is enough for many of them never to report the disease. The study of the impact of the virus should venture beyond high-risk communities such as commercial sex workers and truck drivers.

9. Education is seen as the answer to several of these problems - it leads to higher skill levels and possible employment, greater self-esteem and status, and more understanding about health and fertility issues. However, enrollment rates show that far more men attend school than women, and that the number of women falls with each rising level of education. Female literacy is, however, on the rise, albeit with large regional variations. The desire to educate girls and boys does exist, however, though girls face the additional burdens of early marriage, religious and caste identities, and safety and reputation concerns that discourage the continuation of female education.

Future Focus: Education must be linked with programs on employment and empowerment. Such multi-purpose programs should be further researched and documented. Greater focus must also be placed on the quality of education as well.
Organisational Indexes

The following index is meant to be a base point for future reports on gender and development concerns and also serves as a contact list.

Organisational Directory- list of women’s organisations and NGOs in India

Organisational Directory- list of NGOs by sector in India
http://www.indianngos.com/

SAWNET, South Asian Women’s Network – Web ring of sites on South Asian women’s issues and organisations
http://www.umiacs.umd.edu/users/sawweb/sawnet/index.html

Changing Gender Paradigms

- **Society for Integrated Development of Himalayas (SIDH):** Runs co-ed interactive community workshops to raise discussion of gender issues and empower women’s voices (http://www.rho.org/html/menrh_progexamples.htm#india)
- **Tamil Nadu Corporation for Development of Women (TCDW):** Works with self-help groups and in a network of over 130 NGOs in women’s empowerment (http://www.tamilnaduwomen.org)

Gender and the Economy

- **SEWA:** The famous success story in women’s empowerment (http://www.sewa.org)
- **Working Women’s Forum:** Organisation co-operative that provides small scale loans and mobilizes women for social action (http://www.soc.titech.ac.jp/icm/wwf.html)
- **National Center for Labour:** Largest union force in unorganised sector. SEWA is a member. Leading movement for minimum wage for women.

Gender and Health

- **SEWA Rural:** Involves men in women’s health issues by educating them about the childbirth process and involving them in nutrition, caring and feeding practices. (http://www.rho.org/html/menrh_progexamples.htm#india-gujarat)

HIV/AIDS

- **NAZ Foundation** (see HIV/AIDS)
- **Sonagachi** (see HIV/AIDS)
- **Sabrang and Good As You:** Organisations working with alternative sexualities in India (http://www.umiacs.umd.edu/users/sawweb/sawnet/sabrang.html)

NGO Directory – *List of NGO’s working with AIDS in India (1998)*
http://t8web.lanl.gov/people/rajan/AIDS-india/invngo.html
Gender and Nutrition

- **Tamil Nadu Integrated Nutritional Project** *(see Gender and Nutrition)*

Gender and Education

- **Mahila Samakhya:** Adopts an area-intensive approach to female adult and non-formal education using condensed courses and vocational training. **Highlight:** Government funds NGOs and agencies to encourage local, decentralised efforts specifically targeted at adult, rural females *(http://www.indianngos.com/issue/education/educationmspffew.htm)*

- **Total Literacy Campaigns** *(see Gender and Education)*

- **Non-formal Education** *(see Gender and Education)*
Bibliography
(** indicates key texts)

1 Dominant Gender Paradigms in India

Available by request: gbhan@fas.harvard.edu


International Center for Research on Women, Domestic Violence in India, PROWID summary report
Available at: http://www.icrw.org/prowid.htm

**John, M. with Lalita, K., Background Report on Gender Issues in India, BRIDGE: Brighton, 1995
Available at: http://www.ids.ac.uk/bridge/

Johnson, C. et al., Domestic Violence in India, unpublished report to USAID/INDIA


Sharif, A., Some Socio-Economic and Demographic Aspects of the Population according to Religion in India, Mumbai: Center for Study of Society and Secularism, 1993

2 Sex Ratios


Government of India
—Sex Ratios, Census of India, 1991
—Sex Ratios, Census of India, 2001


Mitra, A., Implications of falling Sex-ratio’s on India’s population, Bombay: Allied Press, 1979


3 Gender and the Economy

3.1 Women and men in the Indian economy

Agnihotri, S., Workforce participation, kinship and sex ratio variations in India in Gender, Technology, and Development, Vol. 1 (1), 1997


3.2 Gendered wage differentials and employment rates


National Statistical Survey Organization
—Key Results on Employment and Unemployment, Fifth Quinquennial Survey, NSS 50th Round, New Delhi (1993-94)

3.3 Gender and poverty


Dreze, J. and Sen, A. (eds), Indian Development: Selected Regional Perspectives, New Delhi: Oxford University Press, 1997

EPW Research Foundation
—‘Poverty levels in India: norms, estimates, and trends’, Economic and Political Weekly, Vol 28 (34), April 1993


3.4 Structural adjustment policies in India


Women’s Environment and Development Organization (WEDO)
http://www.wedo.org/

4 Gender Biases in Social Services

4.2 Gender and health


**Das Gupta, M., Chen, L. and Krishnan, T. (eds), Women’s Health in India: Risk and Vulnerability, Bombay: 1995


**World Bank, Improving Women’s Health in India, Washington D.C.; 1996

4.3 Gender and reproduction

Family Planning Association of India- Lists a number of grass-roots publications
http://www.fpaindia.com/fpaipublic.htm


5 HIV/AIDS

Harvard AIDS Institute, Report on the National Consultation On Child Prostitution, India at
http://www.hsph.harvard.edu/Organizations/healthnet/Sasia/repr2/issue2/htm

National AIDS Control Organization, Government of India
http://www.naco.nic.in

Naz Foundation http://www.infinityfoundation.com/naz.htm

**UNAIDS Epidemiological Fact Sheet: India 2000
http://www.unaids.org/hivaidstats/statistics/june00/fact_sheets/pdfs/india.pdf

UNIFEM Facts and Statistics 2000
http://www.unifem.undp.org/hiv_aids/ungass/

**United States Census Bureau, HIV/AIDS Profile: India, 2000

6 Gender and Education

Government of India
— Literacy tables, Census Data Online, *Census of India*, 1991
— **Literacy tables, Census of India, 2001** (http://www.censusindia.net)


