

## **VISION 2020 – THE PROFILE OF THE EMPOWERED WOMAN**

People all over the world want peace, security and development. In a world of violence and bloodshed, they seek a new world-order, which is just, and humane. Women, who form nearly half of the people of the World, have been advocating peace between nations, races, religions and every other divide, as mothers and citizens. Women have intensely realized the need to be at the top – at decision making levels to steer the course of decisions at all levels to shape this new world – beyond international borders, within the country, within the community and within the households. There is greater understanding of human rights today, than ever before and women are much aware of their deprivations in this regard more intensely. Illiterate, poor and socially backward women living in less developed parts of the world as well as the educated, accomplished women in economically advanced regions of the world recognize ‘inequity’ and ‘in-equality’ wherever and whenever it occurs. Women have come forward to become change agents to alter this situation of deprivations, discrimination and decadence. This effort is getting further strengthened through their global networking. They want for themselves and their families “better lives” in a “decent society”. Governments and civil society world-over have to play the catalytic role that is necessary to create the environment conducive for removing barriers for the realization of good living.

India with its vision of a new economic regime has an urgency to guarantee the spirit of equality and social justice envisioned in the Constitution. The greater awareness of human rights and the need to realize such rights without any barriers has also been accepted as a goal in all the sectors of development. In the coming twenty years, the social environment conducive for realizing human rights, equality and justice, therefore, assumes great importance. The National Policy for Empowerment of Women, 2001, sets the pace for creating a gender just society for human resource development and the elimination of all discrimination to make place for capacity building, access and empowerment. It is naturally presumed that the priority of planning will be the creation of this social environment conducive for exercise of human rights accompanied with the required social infrastructure for women and men to have better lives.

**My vision for 2020 will depend on who I am today.**

***If I have just been conceived***

- **I am doubtful if my mother will go through her pregnancy, when the tests reveal who I am – a baby girl!**
- **I believe the 2001 census has clearly brought out that there is less space for baby girls.<sup>1</sup>**

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<sup>1</sup> Juvenile Sex Ratios, Census 2001, see Table 1 on page 11.

- I understand States are getting strict on families having only two children, therefore my chances of being born are getting lesser and lesser as the second girl child in the family.
- If I am that unfortunate one – ‘bye’ to all of you, I am not going to be around in 2020!
- Otherwise.....

***If I am a millennium baby girl born in this century, then, in 2020***

- I would expect to live a very purposeful healthy life till I am eighty plus with assured access to nutrition, clean water and unpolluted air, assured of quality shelter.
- Attend school and learn skills for my livelihood.
- Choose my career in any avenue according to my skills and capabilities and contribute to the best of my ability to the well being of my family, community and nation.
- Marry according to my desire after I am 21 years of age and have a small family when I think it is appropriate, and be able to give a good healthy environment for my child or a maximum of two children.
- My life would be a shared one with my brother/sister and later my husband – all of us being conscious of our rights and responsibilities to each other.
- Get good support from the society to pursue my career and vocations.
- Be a well-accomplished young woman in good health and capable of taking all my decisions and participating in all decisions in the family, community and administration at all levels.

***If I have turned 16 at the beginning of this millennium,***

- I expect fewer struggles to live and make both ends meet in the next 20 years of this millennium than my mother did.
- I will use all opportunities to build up my capacity – education, skill development and other facilities.
- I will wait to be 18 plus to be married. My marriage will be with no dowry.
- My husband and I will wait till I am 21 to have a child, and another may be three years later.
- I will fully avail of the health services, ante-natal care, attendance of trained persons at the time of delivery, post-natal care and avoid morbidity of any kind.
- I will avail of a child-care support network in my neighbour-hood I expect to be in place soon.
- I expect things to improve on all scores, with access improving for me to information, services and a better quality of economic and social life.
- I will be an active member of my community taking part in all activities for the advancement of my community and accept any positions in bodies of governance to ensure good governance, gender justice, security and peace.

***If I am a senior citizen,***

- I expect good geriatric care.
- Food security, nutrition and shelter.
- Healthy environment, clean water and unpolluted air.
- Security for my life.
- A responsive family and community that respects senior citizens and makes provisions for their care.

The vision of 2020 for the empowered woman is:

- To be a human being with dignity and respect as an individual first and as a citizen next.
- To be a capable human resource that can make the family, society, economy and country, proud and strong.
- Equal status in all spheres – social, economic and political.
- A pervading environment of equity and gender justice without any kind of discrimination.

This would call for

- ❖ optimum development of infrastructure for quality of life with easy access to water, fuel, food and fodder eliminating all kinds of deprivations and eradicating poverty;
- ❖ a network of childcare and healthcare services;
- ❖ a strong system of education and skill development with unrestricted access;
- ❖ a high level of technology development including information, biotechnology and other production technologies accompanied with the necessary skill development and technocracy to use new technologies;
- ❖ complete access to information, education and awareness;
- ❖ a full appreciation of gender roles with male and female responsibilities and sharing of reproductive and family responsibilities; and
- ❖ The establishment of equal status in decision-making in the family and outside the family at all levels.
- ❖ Special care for the aged, and women in various vulnerable situations.

The vision is as presented in Chart 1.

The situation as it exists today is one of low status of woman that is powerless, endangered by development and further suppressed by poverty and oppressed by patriarchy. The general situation as it prevails now is as presented in Chart 2.





The above is the thumb-sketch of the Indian woman today; exactly what her status is, depends very much on where she is in the country at this time (June, 2001). The FACTS SHEET of NHFS-2, 1998-99 is in Appendix I. Let us look at the difference.

***If I am a girl child in Kerala\* –***

- I am sure to be born.
- I will survive.
- I will attend school and at least reach 10<sup>th</sup> class.
- I will struggle to get employed, and may spend long years looking for a job. I have little chance of getting into a primary school as a teacher in Kerala, as schools there are closing down for want of children, surplus teachers themselves being treated as “protected teachers”, and as new jobs are rare to come by. If I do well and get some technical qualifications, I may venture outside the State to be a lab technician in the Middle-east, or a nurse any where in the world, or sometimes land up in one of the dormitories of shrimp peeling units in some coastal area of any of the nine maritime States of the country.
- I will be quite mature when I get married, may be past 25 years.
- I will not have more than two children. I may even stop with one. I would have regular ante-natal check-ups, institutional delivery attended by a trained professional, my child will have all the immunization.
- My child will be in nursery and then go to school and will get qualified, of course in the hope that at least the labour market of the future would hold out opportunities for reasonable employment.
- I hope to see my 80<sup>th</sup> birthday.
- I still have to struggle to gain a position in decision making and etch a place for women in the social and political platforms.

<b>Kerala</b>	
Sex Ratio (Per 1000 Males)	1,058
Juvenile Sex Ratio	963
Female Literacy	87.86%
Life Expectancy for Females	74.7
Infant Mortality	16.3%
Under 5 Mortality Rate	18.8%
Mother's Receiving Antenatal Checkup	98.8%
Deliveries Assisted by a Health Professional	94.0%
Percent of Children, Age 12-23 Who Received All Vaccination	79.7%
Percent of Women, Age 15-49 with any Anemia	22.7%
Mean Age at Marriage	22.3
Total Fertility Rate	1.96%
Victims of Rape 1998 (cases)	589
Rank on the basis of percentage share of crime committed against women in States/UTs.	11

\* Data compiled from following sources for all the States:

Sex ratios and literacy – Census 2001

Life expectation from Women in India: A Statistical Profile, 1997

Age at marriage for all major States relates to 1994 quoted from - Dr. Sarala Gopalan and Dr. Mira Shiva, “National Profile on Women, Health and Development”, April 2000; for other States the data relates to 1993 - from “Women in India: A Statistical Profile -1997”1997.

Antenatal check-up, deliveries, vaccination, aneamia, TFR from NHFS-2

Victims of rape and rank on the basis of crime committed against women from Crime in India, 1998

***If I am a girl child in Uttar Pradesh –***

- I would be lucky to survive on birth, nine out of ten chances of reaching age one, and a slightly lesser chance of reaching age five.
- I am not certain I will reach school. I might most probably be helping my mother with the care of siblings and other household chores.
- I will be married early, much before my 18<sup>th</sup> birthday.
- I may conceive before I am 18 years old and go through several pregnancies.
- I am not sure all my children will survive.
- There may not be enough to eat in the house all the year round.
- I may not live beyond 50 years.

Uttar Pradesh	
Sex Ratio	898
Juvenile Sex Ratio	916
Female Literacy	42.98%
Life Expectancy for Females	55.1
Infant Mortality	86.7%
Under 5 Mortality Rate	122.5%
Mother's Receiving Antenatal Checkup	34.6%
Deliveries Assisted by a Health Professional	22.4%
Percent of Children, Age 12-23 Who Received All Vaccination	21.2%
Percent of Women, Age 15-49 with any Anemia	48.7%
Mean age at Marriage	19.5
Total Fertility Rate	3.99%
Victims of Rape 1998 (cases)	1605
Rank on the basis of percentage share of crime committed against women in States/UTs.	1

***If I am a girl child in Rajasthan –***

- I would be lucky to survive on birth, nine out of ten chances of reaching age one, and a slightly lesser chance of reaching age five if I am not neglected or starved.
- I am hopeful of becoming literate, with opportunities opening up for informal learning.
- I have to help my family in their struggle for drinking water and fuel for their meagre cooking.
- My marriage will be very early and child births too.
- I have no hope of any medical care with no roads to take me anywhere.
- I will struggle through life and put in hard work to keep my body and soul together.
- I may not see my sixtieth birthday.

Rajasthan	
Sex Ratio	922
Juvenile Sex Ratio	909
Female Literacy	44.34%
Life Expectancy for Females	58.5
Infant Mortality	80.4%
Under 5 Mortality Rate	114.9%
Mother's Receiving Antenatal Checkup	47.5%
Deliveries Assisted by a Health Professional	35.8%
Percent of Children, Age 12-23 Who Received All Vaccination	17.3%
Percent of Women, Age 15-49 with any Anemia	48.5%
Age at Marriage	18.4
Total Fertility Rate	3.79%
Victims of Rape 1998 (cases)	1266
Rank on the basis of percentage share of crime committed against women in States/UTs.	4

***If I am a girl child in Bihar –***

- My chances of survival on birth, is uncertain, in a Rajput family, while I may be born in a SC/ST or other community.
- I have nine out of ten chances of reaching age one, and a slightly lesser chance of reaching age five if I am not neglected or starved.
- I have little chance of becoming literate, with no opportunities opening up for informal learning and not many schools within reach.
- I have to help my family in their struggle for drinking water and fuel for their meagre cooking.
- My marriage will be very early and child births too.
- I have no hope of any medical care with the health infrastructure in a dire state.
- I am scared of violence and molestations.
- I will struggle through life and put in hard work to keep my body and soul together.
- I may not see my sixtieth birthday.

Bihar	
Sex Ratio	921
Juvenile Sex Ratio	938
Female Literacy	33.57%
Life Expectancy for Females	57.2
Infant Mortality	72.9
Under 5 Mortality Rate	105.1
Mother's Receiving Antenatal Checkup	36.3%
Deliveries Assisted by a Health Professional	23.4%
Percent of Children, Age 12-23 Who Received All Vaccination	11.0%
Percent of Women, Age 15-49 with any Anemia	62.4%
Mean age at Marriage	18.6
Total Fertility Rate	3.49
Victims of Rape 1998 (cases)	1421
Rank on the basis of percentage share of crime committed against women in States/UTs.	7

***If I am a girl child in Mizoram***

- I am sure to be born.
- I will survive.
- I will attend school and at least reach 10<sup>th</sup> class.
- I will have to try hard for employment.
- I will marry not very early.
- Have a small family
- I expect reasonable access to health care and delivery.
- I am worried of internal security due to the socio political situation.
- Molestations too are due to the failing law-and order situation.

Mizoram	
Sex Ratio	938
Juvenile Sex Ratio	971
Female Literacy	86.13%
Life Expectancy for Females	
Infant Mortality	37.0%
Under 5 Mortality Rate	54.7%
Mother's Receiving Antenatal Checkup	91.8%
Deliveries Assisted by a Health Professional	67.5%
Percent of Children, Age 12-23 Who Received All Vaccination	59.6%
Percent of Women, Age 15-49 with any Aneamia	48.0%
Mean age at Marriage	NA
Total Fertility Rate	2.89%
Victims of Rape 1998 (cases)	84
Rank on the basis of percentage share of crime committed against women in States/UTs.	20



### ***If I am a girl child in Haryana***

- My family does not want me.
- It will be quite a chance that I appear on earth.
- I am not sure of being given all the nice things my brothers get to eat.
- If I succeed crossing my fifth year, I am not certain of going to school.
- I will do a lot of work at home and help my parents.
- I will get married early, even when I would have liked to be playing like my brothers do.
- I will have children and may go through several abortions till my family is satisfied that I have a son or two.
- Each time I go for an abortion, it is going to be a risk for my life, because I may not get a professionally trained person to handle my case, may even die in the process.
- I have to be careful for my personal honour and dignity.

<b>Haryana</b>	
Sex Ratio	861
Juvenile Sex Ratio	820
Female Literacy	56.31%
Life Expectancy for Females	63.7%
Infant Mortality	56.8%
Under 5 Mortality Rate	76.8%
Mother's Receiving Antenatal Checkup	58.1%
Deliveries Assisted by a Health Professional	42.0%
Percent of Children, Age 12-23 Who Received All Vaccination	62.7%
Percent of Women, Age 15-49 with any Aneamia	47.0%
Mean age at Marriage	19.2
Total Fertility Rate	2.88%
Victims of rape in 1998 (cases)	364
Rank on the basis of	14

### ***If I am a girl child in Delhi***

- I may not be conceived, except by accident.
- I will be checked in the womb for my sex, and aborted for being the wrong one – female.
- If I get through these stages and come alive I have reasonable chances of survival and access to some development.
- I will do a lot of work at home and help my parents.
- I have to struggle for my safety and security all through.
- I will get married and may experience the wrath of my in-laws if they are not satisfied with the dowry; they may even burn me alive.
- As in Haryana, I will have children, but may go through several abortions till my family is satisfied that I have a son or two.

<b>Delhi</b>	
Sex Ratio	821
Juvenile Sex Ratio	865
Female Literacy	75%
Life Expectancy for Females	
Infant Mortality	46.8
Under 5 Mortality Rate	55.4
Mother's Receiving Antenatal Checkup	83.5%
Deliveries Assisted by a Health Professional	65.9%
Percent of Children, Age 12-23 Who Received All Vaccination	69.8%
Percent of Women, Age 15-49 with any Aneamia	40.5%
Mean age at Marriage	19.8
Total Fertility Rate	2.40%
Victims of rape in 1998 (cases)	438
Rank on the basis of	15

## INFLUENCE OF PATRIARCHY

In the patriarchal setting in India today, the girl grows up in the natal family as 'paraya dhan' with least investment in her capacity development. In her marital home, she suffers for not bearing sons and is tortured mentally and sometimes physically by the family. She is compelled to abort if she is carrying a female foetus in her womb. She may die too in the process.

She suffers all deprivations; she is unwanted by families as evidenced through son preference, female foeticide and infanticide, she is victim to great deal of violence both inside the home and outside in the society.

### Practices for getting rid of Unwanted Baby Girls

Women's groups and grassroots NGOs in many parts of India are reporting that the supposedly "primitive" practice of female infanticide is still flourishing.

There are many ways to kill a baby girl. Commonly reported methods include lacing their feed with pesticides, forcing down a few grains of poppy seed or rice husk to slit their tender gullets, or stuffing their mouths with black salt or urea. In some regions, babies are fed the juice or paste of poisonous oleander berries. Yet others are suffocated with a wet towel or a bag of sand, or exposed to the strong current of pedestal fans to make them asphyxiate. Others are simply starved to death.

The worst betrayal is when poison is rubbed on the mother's breast, so that the baby girl is poisoned as she suckles.

Millions of Indian women simply lack the freedom to go out of the house in search of the health services they need. According to the National Family Health Survey-2, 1998-99, only 52% of women in India are even consulted on decisions about their own health care. In Madhya Pradesh, the figure is as low as 37%.

**Source: "Women in India – How Free? How Equal?", Kalyani Menon Sen, A.K. Shiva Kumar.**

### Why Do Baby Girls Die?

Improvements in medical technology have made it possible to determine the sex of the unborn child, so that families can decide whether or not to let a girl be born. Sex selection (carrying out a sex detection test and getting rid of unwanted female children before birth) is a phenomenon about which much is known but little is discussed. There is very little formal data on sex-selective abortions, although several micro-level studies indicate very disturbing trends. There is a visible proliferation of ultrasound clinics in rural areas of Uttar Pradesh, Rajasthan, Bihar and Haryana. The clientele of these clinics includes women from educated and well-off backgrounds, who are trying to "balance" their families.

Even worse, there is now enough evidence that female infanticide – killing of girl infants – is still prevalent in parts of India.

Female foeticide and female infanticide signal the grossest form of discrimination against women in India. However, these practices by themselves do not account for the fact that there are as many as 20-25 million missing girls and women in India's population.

Girls in India are discriminated against in several ways – fewer months of breast-feeding, less of nurturing and play, less care or medical treatment if they fall ill, less of "special" food, less of parental attention. As a result, girls are far more susceptible than boys to disease and infections, leading to poor health and a shorter life span. It is this life-long discrimination in nurturing and care that is the real killer of girls – less visible and dramatic, but as unequivocally lethal as female foeticide and infanticide.

**Source: "Women in India – How Free? How Equal?", Kalyani Menon Sen, A.K. Shiva Kumar.**

Policy implementers consider her more as a demographic tool to curb population growth and sterilize her.

She is the caregiver in the family, often the beast of burden, attending to all the domestic chores and working from dawn to dusk – with

no reward, no asset and no count in the System of National Accounts.<sup>2</sup>

<sup>2</sup> See Table 1 and 2 in Appendix II based on the Report of the Time Use Survey, CSO, Government of India, 2000.

She works for the family too in its economic enterprise, but her work is neither counted nor paid.<sup>3</sup>

When she does bring some income, she gives it all to the family and tries to work more to battle against poverty. She even has to finance the husband for his 'leisure activities' – that is alcohol, only to be beaten and raped by him in his drunkenness.

Otherwise, she is the symbol of pleasure and entertainment for the dominant male. She is looked at as a piece of advertisement to lend more lust to the machine or any product that has to sell. The girl child and women are trafficked for prostitution and suffer infection of HIV/AIDS and get isolated for the rest of their lives.

There is no better evidence than the data emerging from the Census about the treatment meted out to the female of

India/States/UTs	Sex ratio 2001	Rank	Sex ratio for 0-6 only	Ratio of males per 1000 females at birth 1981-90*
Kerala	1,058	1	962	1055
Pondicherry	1001	2	958	
Chattisgarh	990	3	975	
Tamil Nadu	986	4	939	1049
Manipur	978	5	961	
Andhra Pradesh	978	6	964	1047
Meghalaya	975	7	975	
Orissa	972	8	950	1062
Himachal Pradesh	970	9	897	
Uttaranchal	964	10	906	
Karnataka	964	11	949	1073
Goa	960	12	933	
Tripura	950	13	975	
Lakshadweep	947	14	974	
Jharkhand	941	15	966	
Mizoram	938	16	971	
West Bengal	934	17	963	1056
<b>India</b>	<b>933</b>		<b>927</b>	<b>1095</b>
Assam	932	18	964	1064
Maharashtra	922	19	917	1085
Rajasthan	922	20	909	1141
Gujarat	921	21	878	1113
Bihar	921	22	938	1117
Madhya Pradesh	920	23	929	1082
Nagaland	909	24	975	
Arunachal Pradesh	901	25	961	
Jammu and Kashmir	900	26	937	
Uttar Pradesh	898	27	916	1116
Sikkim	875	28	986	
Punjab	874	29	793	1132
Haryana	861	30	820	1150
Andaman and Nicobar Island	846	31	965	
Delhi	821	32	865	
Dadra and Nagar Haveli	811	33	973	
Chandigarh	773	34	845	
Daman and Diu	709	35	925	

**Source: RGI, India .** \*Estimated male live births per 1000 female live births based on SRS.

<sup>3</sup> See Table 2 in Appendix II based on the Report of the Time Use Survey, CSO, Government of India, 2000.

the species in this part of the world. Data is presented in Table 1. In 2001 there are only 933 females in India for every 1000 Males. When it comes to the juvenile sex ratio, it has become even lower at 927 females per 1000 males, despite evidence of more than 1000 baby girls being born for every 1000 boys.

This has been further analysed on the basis of data available on female/male ratios of mortality for the under 5 age group as shown in Table 2. The ratio which is less than unity at the neonatal stage rises to more than unity for several States in the post-neonatal stage, and in almost all States in the child stage with the exception of Kerala and Tamil Nadu. This is an indication of the wastage of baby girls more than baby boys. This is a significant reason for the sex ratio (females to 1000 males) being lower than 950 in 143 Districts in six major States in 2001 as well as in 1991 as

States & UTs	Female/Male Ratios		
	Neonatal	Post neonatal	Child
Haryana	0.80	1.59	2.35
Punjab	0.82	0.97	1.81
Uttar Pradesh	0.96	1.24	1.70
Jammu and Kashmir	0.99	1.47	1.69
West Bengal	0.95	0.84	1.63
Rajasthan	0.99	1.20	1.59
Delhi	0.84	1.41	1.56
Bihar	0.78	1.14	1.55
Orissa	0.82	0.96	1.45
Himachal Pradesh	0.83	1.11	1.44
Gujarat	0.93	1.24	1.42
Karnataka	0.83	1.06	1.30
Andhra Pradesh	0.75	1.21	1.28
Maharashtra	0.62	1.21	1.24
Madhya Pradesh	0.78	1.18	1.22
Assam	0.76	0.96	1.13
Goa	0.65	1.11	1.11
Kerala	0.88	0.68	0.94
Tamil Nadu	0.73	0.87	0.80

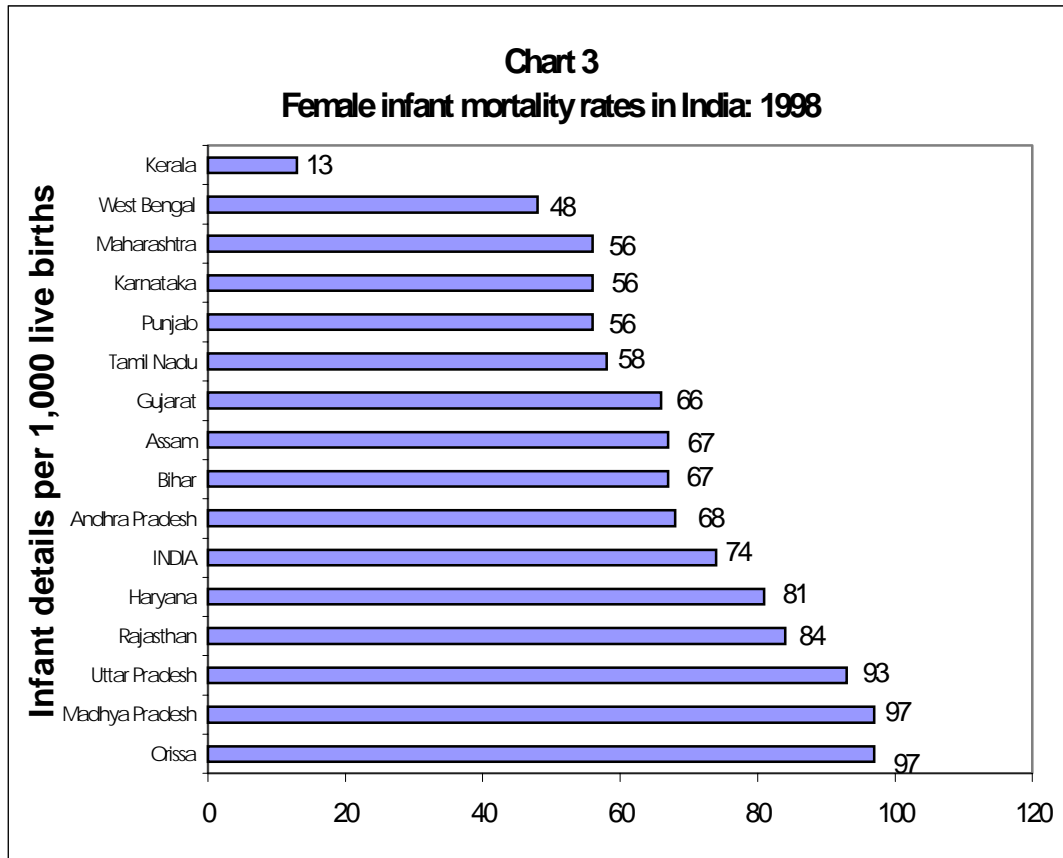
Source: IIPS, various volumes

shown in Table 3. The silver lining is the slight improvement in sex ratios by a reduction of 27 districts below 850, 12 crossing the 850 barrier and 15 crossing 899 to get into 900-950 range of sex ratio. The differences in the female infant mortality rates in major States which could be one of the reasons for the low female sex ratios is presented in Chart 3. There is a close relationship between the levels of health and nutrition awareness of the mother and infant mortality. Level of literacy/education significantly influences awareness.

**Table 3  
Low Sex Ratio: Important States**

State	1991 Less than 850	1991 850- 899	1991 900- 950	2001 Less than 850	2001 850- 899	2001 900- 950
Uttar Pradesh	28	20	1	7	39	3
Madhya Pradesh	5	7	0	3	7	2
Haryana	4	10	1	5	10	0
Bihar	1	14	2	0	8	9
Rajasthan	4	11	0	2	11	2
Punjab	1	13	1	1	13	1

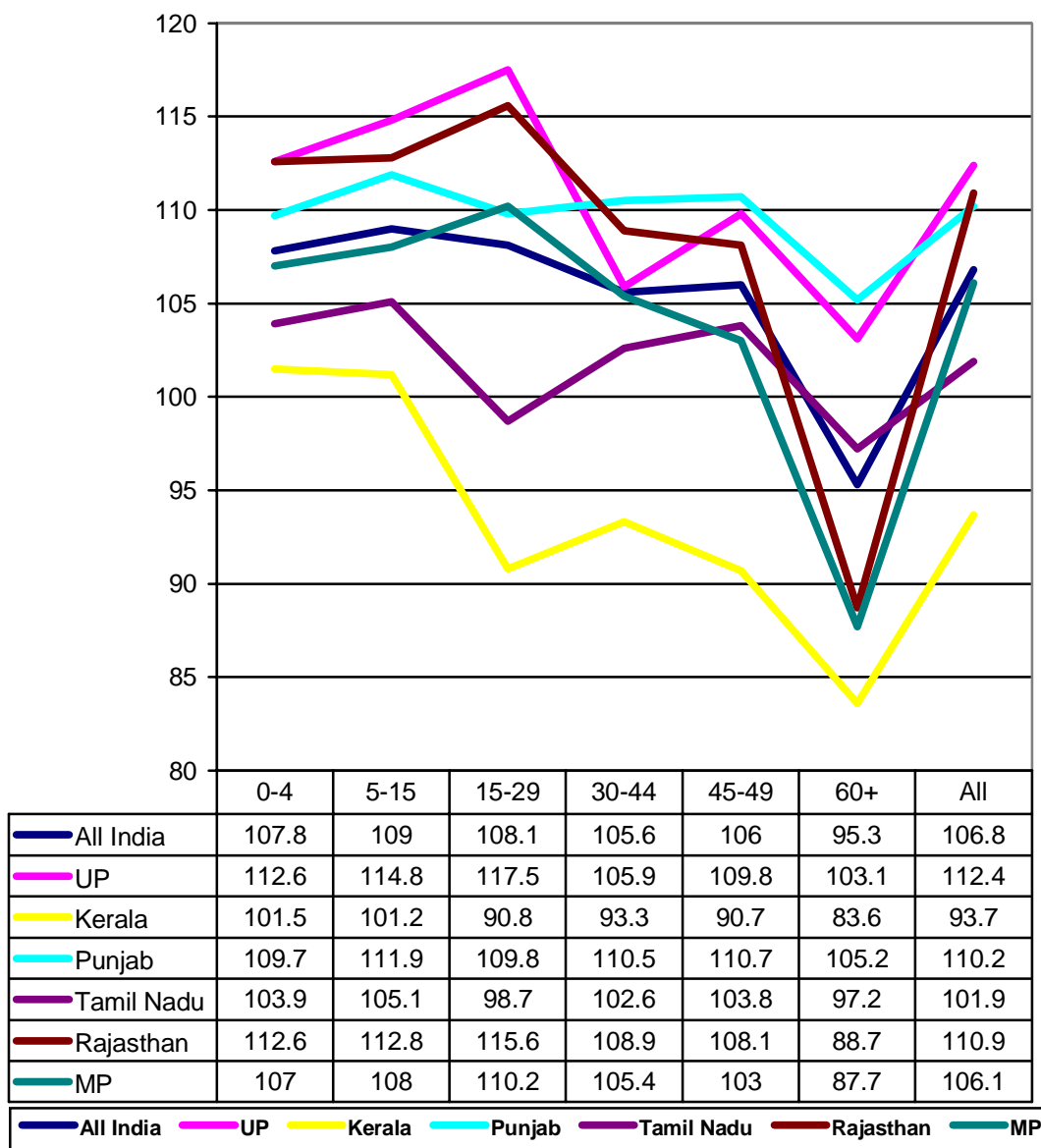
INDIA	58	80	5	31	92	20
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The absence of awareness or ignorance of women on several matters impacting quality of life is a contributory factor to the high levels of infant mortality in those States. Lack of awareness restricts access to facilities and services in turn.

Being unaware, ill informed and uneducated about living more comfortably with less drudgery, morbidity and the threat of mortality often coupled with absence of access, women are not able to get the benefit of the superior biological strength endowed to them by nature. The social, economic and political environment around women is suffocating and stifles their existence. At every age more numbers of the species (female) die than is warranted, which keeps the sex ratio adverse to females in many parts of the country at almost all ages, as shown in Chart 4.

**Chart 4**  
**Sex Ratio (Males per 100 Female) of Population by age**  
**groups 1988-92**



**Trends in Vital Statistics**

Trends in vital statistics in India for the past fifty years is presented below in Table 4. While the life expectation for women has increased to over 63

years, they still have early marriage, high total fertility rate, high incidence of maternal mortality, high levels of infant and child mortality, low couple protection rate etc. which impacts on their quality of life. Their morbidity is high. The decline in IMR is substantially due to improvement in immunization, which is yet to reach 100%: - we are just around 65%.

**Table 4**  
**Trends in Vital Statistics**

Year	1951	1981	1991	Current level
Birth rate (per 1000 population)	39.9	33.9 (SRS)	29.5 (SRS)	26.1 (SRS , 99)
TFR	6.0	4.5 ("	3.6 ("	3.3 (SRS, 97)
IMR (Per 1000 live birth)	146	110 ("	80 ("	70 (SRS, 99)
Child mortality rate (0-4 year per 1000 children)	57.3 (1972)	39.1 (1982)	26.5 ("	23.9 (SRS, 96)
*Age at Marriage Males Females	22.6 (1971) 17.2 (1971)	23.5 18.4	24.0 19.3	24.9 (NFHS-2) 19.7 (NFHS-2)
+Proportion of females married in the age group 15-19 years	R 61.03('71) U 35.91('71)	R 48.92 U 27.89	R 40.68 U 21.32	R34.4(NFHS- 2) U16.4(NFHS- 2)
Couple protection rate (%)	10.4 (1971)	22.8	44.1	46.2 (31.3.2000)
Expectation life at birth Male Female	37.2 36.2	54.1 54.7	60.6 61.7 (1991- 96)	62.36 (1996- 01) 63.99 (Projects)

**Source:** Page 204, Economic Survey, Government of India, 2000-2001

\* Page 21, IIPS (1998-99)

+Census 1991, RGI Quoted in Women in India, Statistical Profile, 1997

The national health goals and achievements are given in Appendix III. While we should have reached an IMR of 56-50 for All India by the end of the Ninth Plan, we are just around the Eighth Plan goal of 70, having achieved 72 in 1998. We need to concentrate more intensively on neonatal and perinatal mortality, if we are to get nearer the goal for IMR. As it is, against NHP goal of 30-35 for perinatal mortality we have reached 44.3 in 1993. The NFHS-2 records post-neonatal (1-12 months) mortality at 25.3 which is encouraging.

We are still far off the mark with regard to decreasing LBW babies to 10%. It remains above 30% and even higher at 47% according to NHFS-2. The absence of nutrition for the mother and poor health care is writ large in this data. Significant proportion of girls in the 15-19 age group get married as shown in Table 4 and become teen age mothers with LBW babies.

This goal can be reached only if there is greater quality of Health Service including antenatal and post-natal care in the high IMR States. It may be pertinent to point out that the higher rate of female mortality at the post neonatal stage is a serious matter reflecting the poor social status of the girl child in the family that should cause great social concern. The female juvenile sex ratio surfacing in the 2001 census is a pointer to this.

**“Goals fixed for women’s health have only been related to Family Planning and later for MCH (such as the number of beneficiaries, and the number of deliveries Ante and Post Natal Care and the number of women and children being immunised). However, there have been no targets for women’s health in the context of Revised National tuberculosis Control Programme (RNTCP) and National Leprosy Eradication Programme (NLEP). This situation needs to be changed by fixing special targets for covering women patients under all diseases.” (National Profile on Women, Health and Development, 2000).**

The National Population Policy, 2000, was announced in 2000. The immediate objective of the National Population Policy 2000 is to address the unmet needs for contraception, provision of health care infrastructure and health personnel and ensure integrated service delivery for basic reproductive and child health care. The medium term objective is to bring the TFR to replacement levels by 2010, through vigorous implementation of intersectoral operational strategies. The long-term objective is to achieve a stable population by 2045, at a level consistent with the requirements of sustainable economic growth, social development and environmental protection.

The national demographic goals for 2010 to achieve NRR 1 according to the National Population Policy 2000 is also presented in Appendix III. The CBR, CPR and NRR (NRR has to come down to 1.0) are still far off the mark. The National Population Policy has sought to achieve these goals by 2010 only. The TFR that was aimed at 2.3 by 2000 has not been realized. These need multi-pronged action from various social development sectors.

Achievement of many of these goals would benefit women immensely. Tardy implementation and poor delivery of services and inadequate access to them has left the woman in India - a much deprived person compared to her sisters in the developed countries of the world. The comparison is brought out in Table 5. The deprivations and poor infrastructure and care for her health are brought out in the Facts Sheet of NHFS-2 given in Appendix I.



The situation of women in South Asia is much poorer than the rest of the developed world with regard to health and nutrition. Sri Lanka is the only country in the group which has made more significant advancement. The situation in South Asia with regard to health and nutrition of women is presented in Table 6.

**Table 5**  
**Sex Ratio, Maternal Mortality Rate Life Expectancy by Sex of Selected Countries**

Country	Life Expectancy		Females as % of Males Sex Ratio (1992)	Maternal Mortality Rate (1990)
	Male	Female		
Japan	76.8	82.9	103.0	18.0
France	74.2	82.0	105.0	15.0
USA	73.4	80.1	105.0	12.0
UK	74.5	79.8	108.0	9.0
Republic of Korea	68.8	76.0	100.0	130.0
Sri Lanka	70.9	75.4	99.0	140.0
China	67.9	72.0	94.0	95.0
Brazil	63.1	71.0	101.0	220.0
South Africa	61.2	67.2	101.0	230.0
Pakistan	62.9	65.1	92.0	340.0
India	61.4	61.8	93.0	570.0
Bangladesh	58.1	58.2	94.0	850.0
Uganda	38.9	40.4	102.0	1200.0

**Sources:** UNDP, Human Development Reports – 1994, 1997 and 1999

**Table 6**  
**Health and Nutrition**

	India	Pakistan	Bangladesh	Nepal	Sri Lanka	Bhutan	Maldives	South Asia
Life Expectancy at birth (years)								
1960	44	43	40	38	62	37	44	44
1998	63	64	58	58	73	61	65	63
Infant mortality rate (per live 1000 births)								
1960	144	139	151	212	90	175	158	144
1998	69	95	79	72	17	84	62	72
Daily calorie supply (as a % of requirement)								
1966	89	76	91	87	100	n/a	n/a	n/a
1997	114	107	97	108	99	n/a	82	111

Under-weight children under age 5 (%)								
1975	71	47	84	63	58	n/a	n/a	69
1997	53	38	56	47	34	38	43	51

Source: HDSA 2000 Background Tables; MHDCA 1999a; UNDP 1999c and UNDP 1990 quoted in "Human Development in South Asia 2000 – The Gender Question, Mahbub ul Haq Human Development Centre, Oxford".

## Education and Skill Development

Female adult literacy in India has just crossed 50% and reached 54.2% in 2001. Yet 46% of the females in the country are illiterate and also unaware of various factors of life to improve its quality. The school enrolment rates at all stages of education are much below the levels for males in India and also remain low in comparison to other countries of the world as brought out in Table 7.

**Table 7**  
**Gender Gaps in Education**

Name of the Country	Female Adult Literacy		Female primary net enrolment ratio		Female secondary enrolment ratio		Female Tertiary Students		Female Tertiary science enrolment
	Rate % 1997	As % of male rate 1997	As % of relevant age group	As % of male rate 1997	As % of relevant age group	As % of male rate 1997	Per 10,000 women 1996	As % of males	As % of female Tertiary Students 1995
Bangladesh	27.4	55.0	69.6	87.0	15.6	58.0	..	..	..
Bhutan	30.3	52.0	12.3	88.0	..	..	..	..	..
<b>India</b>	<b>54.2*</b>	<b>71.4*</b>	<b>71.0</b>	<b>91.0</b>	<b>48.0</b>	<b>68.0</b>	<b>481</b>	<b>61</b>	
Pakistan	25.4	46.0	..	..	..	..	..	..	..
Sri Lanka	87.6	93.0	99.9	100.0	79.3	109.0	388	69	..
Indonesia	79.5	88.0	98.6	99.0	53.4	91.0	812	53	23
Malaysia	81.0	90.0	99.9	100.0	68.5	115.0	..	..	..
Philippines	94.3	99.0	99.9	100.0	78.5	102.0	3404	133	27
Singapore	87.0	91.0	89.5	98.0	74.8	98.0	2250	81	..
Thailand	92.8	96.0	89.2	103.0	36.9	97.0	..	..	23
Vietnam	89.0	94.0	99.9	100.0	54.2	97.0	..	..	..
Republic of Korea	95.5	97.0	99.9	100.0	99.9	100.0	4182	60	16

China	74.5	82.0	99.9	100.0	65.1	88.0	327	54	..
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Source: UNDP, Human Development Report, 1999 quoted in ESCAP's "Overall Review of Regional Implementation of the Beijing Platform for Action

\*Figures as per Census 2001

The State of literacy at the district level is an important indicator of the development at the decentralised level. The picture we have now is of districts with a high level of literacy for females at 96.06% at one hand and less than 20% at the other as given below. The distribution of districts at different ranges of literacy is given in Table 8. There has been quite significant shift of districts from a lower range of literacy to a higher range between 1991 and 2001. Yet there are 232 districts with less than 50% female literacy. This is a rather high proportion of districts lagging behind.

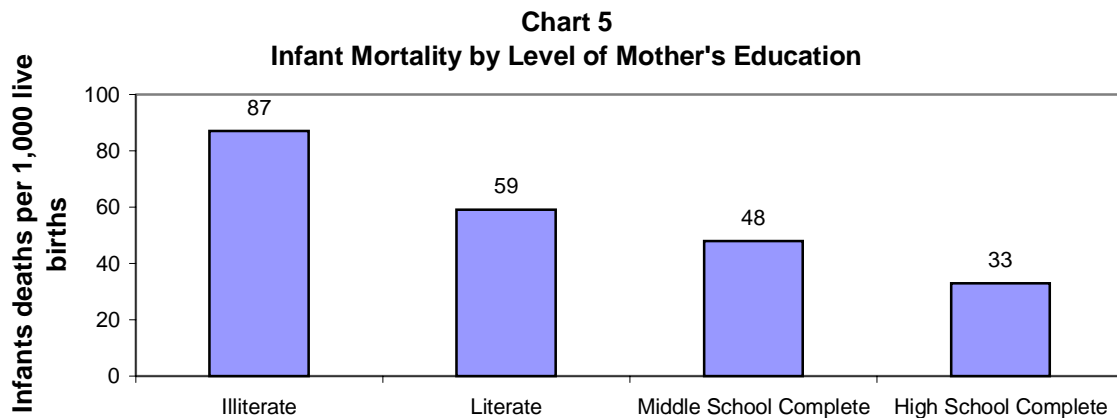
- Aizawl district in Mizoram recorded highest female literacy rate (96.06%)
- Kishanganj district in Bihar recorded lowest female literacy rate (18.49%)
- 143 districts in 1991 had female literacy rate of over 50%. The corresponding number has significantly gone up to 335 in 2001

**Table 8**  
**Distribution of Districts by Range of Female Literacy Rates: 1991, 2001**

Ranges	No. of Districts	
	1991	2001
Less than 10	3	-
10-20	100	2
20-30	125	40
30-40	122	76
40-50	84	124
50-60	74	136
60-70	36	117
70-80	17	59
80-90	11	16
90+	5	7
<b>Total</b>	<b>577</b>	<b>577</b>

Excludes Jammu & Kashmir, Kinnaur District of Himachal Pradesh and Kachchh District of Gujarat

This deprivation of education not only affects the advancement of women in life but also influences nutrition, health and disease burdens. The relationship between female literacy and infant mortality is brought out in Chart 5. Lower literacy and education level of the mother has an impact on the infant mortality and child mortality rates. States with lower female literacy generally have higher infant mortality. This relationship has been emphasised in the National Family Health Surveys.



There is great disparity between States in India in the provision of social infrastructure for health and education. This is reflected in the various ranges of achievements by the different States. Consequently women living in different parts of India have different levels of satisfaction and access. The richer States are able to provide comparatively better facilities for education and health than the poorer States where the needs are even greater. The variation in the provision of expenditure for social services is brought out in Table 9. Compared to levels of public expenditure in 1990-91 on health and education, there has generally been a decline in the poor States as well as middle income States. Only rich States have done slightly better in education and all social services in the subsequent years. The analysis of the Central Budget for 2000-01 and 2001-2002 highlights that the allocations of women specific schemes form 0.76 to 0.87% of the total expenditure of Rs.336000-375000 crores and about 0.12-0.17% of the GDP. The situation of backwardness of women cannot be dramatically altered with these kinds of meagre allocations and low public expenditure. There is urgency for dedicating much larger amounts of expenditure for women specific programmes and women components in other general programmes.

**Table 9**  
**Index of per capita public expenditure on social services (at 1981/82 prices)**

	1990-91	1991-92	1992-93	1993-94	1994-95

<b>Health</b>					
Poor states	100	96	95	102	97
Middle income states	100	94	93	99	98
Rich states	100	96	97	97	96
All states	100	95	94	100	97
<b>Education</b>					
Poor states	100	90	92	87	91
Middle income states	100	95	94	99	99
Rich states	100	101	100	104	104
All states	100	95	95	95	97
<b>All social services*</b>					
Poor states	100	94	93	92	93
Middle income states	100	96	93	97	97
Rich states	100	99	98	100	101
All states	100	96	95	96	97

Note: Poor states include Bihar, Madhya Pradesh, Orissa, Rajasthan, and Uttar Pradesh. Middle income states include Andhra Pradesh, Assam, Karnataka, Kerala, Tamil Nadu, and West Bengal. Rich states include Gujarat, Haryana, Maharashtra and Punjab.

# includes medical and public health, and family welfare.

\* includes, inter alia, education, health, housing & urban development, and social welfare.

Source : RBI Bulletin, various issues cited in Tulasidhar (1997)

## Women in Economic Activity

The profile of women workers relative to men in India is significantly lower by all parameters – in terms of proportion to total workers, work participation, work share in urban areas, as well as number of workdays in a year. Women have a work participation rate of 23% as main workers. A profile of the working population of the country as per 1991 census is presented in Table 10.

**Table 10**  
**Profile of working population as per 1991 Census**

<b>Working Population</b>	<b>Persons</b>	<b>Males</b>	<b>Females</b>
Total population (million)	838.6	435.2	403.4
Workers (million)	314.1	224.4	89.7
% of workers to population (Work Participation Rate)	37.5	51.6	22.3
% of male and female workers to total workers	100.0	71.4	29.6
Workers in rural areas (million)	249.0	168.6	80.4

% of workers in rural areas to total workers	79.2	75.0	89.6
Workers in urban areas (million)	65.1	55.8	9.3
% of workers in urban areas to total workers	20.8	25.0	10.4
Main workers (million)*	285.9	221.6	64.3
% of Main workers to total workers	91.0	98.7	71.7
% of male and female workers to total main workers	100.0	77.5	22.5
Marginal workers (million)**	28.2	2.7	25.5
% of Marginal workers to total workers	9.0	1.3	28,3
% of male and female workers to total marginal workers	100.0	9.6	90.4

Source: Census 1991

\* Workers getting work for 183 or more days in a year

\*\* Workers getting work for less than 183 in a year

As regards the quality of their employment, the National Sample Survey brings out their lower status in employment as largely casual workers and a lesser proportion of self-employed or regular salary employees.

Quality of employment for females as well as males has generally been deteriorating. Table 11 brings out the details for 1999-2000. Increasing casualisation of employment is seen in both males and females in rural areas and for males in urban areas.

Women's share of the labour force averages 40% or more in all of the developed regions, the Caribbean, Eastern and Southeastern Asia. The participation rates for South Asia, West Asia are comparatively low as shown in Table 12. There are cultural factors associated with work participation in these regions.

**Table 11**  
**Quality of Employment**

Details		1999-2000		
		Male	Female	Total
Population (in million)	<b>Rural</b>	367.24	344.64	711.88
	<b>Urban</b>	147.44	135.01	282.44
	<b>Total</b>	514.68 (531.3)	479.65 (495.7)	994.33 (1027.0)
Estimated employment (in million)	<b>Rural</b>	*193.8	*88.7	*282.5
	<b>Urban</b>	*71.6	*14.6	*86.2
Workforce participation rate	<b>Rural</b>	53.1	29.9	41.7



	<b>Urban</b>	51.8	13.9	33.7
Self employment (%)	<b>Rural</b>	55.0	57.3	
	<b>Urban</b>	41.5	45.3	--
	<b>Total</b>			
Regular salaried Employment (%)	<b>Rural</b>	8.8	3.1	
	<b>Urban</b>	41.7	33.3	
	<b>Total</b>			
Casual wage employment (%)	<b>Rural</b>	36.2	39.6	
	<b>Urban</b>	16.8	21.4	
	<b>Total</b>			
Unemployment rate	<b>Rural</b>	1.7	1.0	
	<b>Urban</b>	4.5	5.7	
Unemployment rate of the Educated - Secondary and above*  - Graduate and above	<b>Rural</b>			
	<b>Urban</b>	6.9	20.4	
	<b>Rural</b>	6.6	16.3	
	<b>Urban</b>	10.7	35.1	
		6.6	16.3	

Source: Population figures given in parenthesis relate to census figures. Other data are based on the figures of the National Sample Survey Organization during 1972-73 and 1999-2000.

\* Figures relate to 1998 – NSS 54<sup>th</sup> round @ Figures relate to 1993-94 – NSS 50<sup>th</sup> round

**Table 12**  
**Economic activity rates of persons aged 15 and over, each sex, 1970-1990**

<b>Adult economic activity rate (percentage)</b>		
	<b>1990<sup>a</sup></b>	
	<b>Women</b>	<b>Men</b>
<b>Developed regions</b>		
Eastern Europe <sup>b</sup>	58	74
Western Europe <sup>b</sup>	51	72
Other developed	54	75
<b>Africa</b>		
Northern Africa	21	75
Sub-Saharan Africa	53	83
<b>Latin America and Caribbean</b>		
Latin America	82	82
Caribbean	77	72
<b>Asia and Pacific</b>		
Eastern Asia	56	80
South-eastern Asia	54	81
Southern Asia	44	78
Central Asia <sup>b</sup>	58	79
Western Asia <sup>b</sup>	30	77

Sources: Prepared by the Statistical Division from ILO, *Year Book of Labour Statistics*, various years up to 1993 (Geneva) and national census and survey reports.

<sup>a</sup> Based on national population census and survey data as reported by countries and not adjusted for comparability to internationally recommended definitions. Covers fewer countries than the ILO estimates.

<sup>b</sup> Figures for 1970 and 1980 include ILO estimates for States succeeding the former USSR.

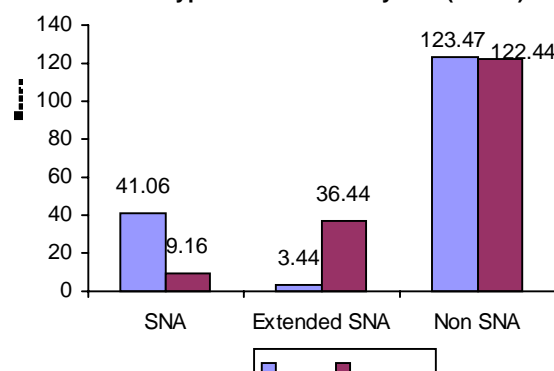
## Living Conditions

Living conditions are far from satisfactory for majority of the households in India. In the existing pattern of gender roles and division of labour in the households, collection of water, fuel and fodder, cooking, cleaning and caring are the responsibilities of females, they have to spend several hours each day on these domestic chores. In several cases, these have a great impact on their health and also take away a lot of their time from using it for productive purposes and schooling in the case of girls.

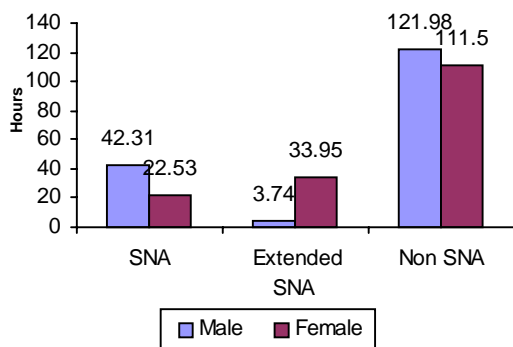
The urban population has the problem of inadequate infrastructure owing to a great deal of over crowding. The rural population on the other hand does not have many basic necessities for good living. The rural population is scattered in a very large number of small villages. 67% of the population lives in 3,90,093 villages. It is uneconomical to provide various services for households in very small villages and therefore, they have to travel long distances to access services. The degradation of the environment has made life difficult with receding forests and depleting fuel resources.

Women, confined to domestic chores, spend long hours trudging in inhospitable climes, to fetch water, fuel, and fodder and remain poor and sick without care, nor count and reward for the hours they slog. The time spent on activities not included in the System of National Accounts (SNA) have been mapped out in the Time Use Survey, in Table 1 and the unpaid work which is SNA activity in Table 2 of Appendix II. The proportion of time spent by men and women in rural and urban areas on SNA, extended SNA and non-SNA activities are given in Charts 6 & 7.

Chart 7  
Average time (hours) spent per week on various types of activities by sex (Urban)



**Chart 6**  
**Average time (hours) spent per week on various types of activities by sex (Rural)**



The details of living conditions are presented in Table 13.

Safe drinking water is a serious problem even for those Households that have tap connections with the water sources being enormously polluted even in urban areas. Over 80% of households in rural areas have to rely on wells, tube well/hand pump, tank, river, spring etc. for their supply of water against 30% of households in urban areas. Wells and tubewells are drying up with the groundwater depletion and also deterioration of quality. Water borne diseases are also becoming more serious in many habitations.

The enormous time a woman (women and girls) spends on these chores as some of her sisters in other parts of the world is illustrated in Table 14. The data in Table 14 also informs about the exposure to air pollution in cooking in different parts of the world where biomass is being used for cooking and the number of hours of exposure. These are severe health hazards for women.

The type of housing is poor for the majority as 58% live in kuccha and semi pucca houses. 62.10% of households in rural areas are not electrified against 17.20% of urban households. Even those electrified often do not get regular supply of power.

82.5% of rural households do not have any kind of latrine, while 25.5% of urban households still do not have latrines.

**Table 13**  
**Details of Living Conditions**

<b>Distribution of villages according to Population 1991</b>			<b>Source of Data</b>
<b>Size of population</b>	<b>No. of villages</b>	<b>% of villages</b>	
< 1000	390,093	67.17	
1000 to 1999	114,395	19.70	
2000 to 4999	62,915	10.83	
5000 to 9999	10,597	1.82	
10000 and over	2,779	0.48	
Total	580,781	100.00	
<b>Percentage of Total Population in Urban Areas by Size of Town</b>			
<b>Class</b>	<b>Size of town</b>	<b>1991</b>	<b>Source of Data</b>
Class I	1,00,000 & above	16.55	Manpower Profile India Yearbook 2000
Class II	50,000 – 99,999	2.76	
Class III	20,000 – 49,999	3.31	
Class IV	10,000 – 19,999	1.96	
Class V	5,000 – 9,999	0.65	

Class VI	Less than 5000	0.07	
<b>Type of House 1991</b>			<b>Source of Data</b>
<b>Details</b>	<b>Rural</b>	<b>Urban</b>	<b>All</b>
Pucca			42%
Semi Pucca			31%
Kuccha			27%
<b>Type of Dwelling Units (%)</b>			<b>Source of Data</b>
<b>Details</b>	<b>Rural</b>	<b>Urban</b>	
Independent house	87	58	Statistical Abstract, India 1999
Flat	2	14	
Chawl/Basti	5	15	
Others	6	13	
Total	100	100	
<b>% households having Electricity (NSS 51<sup>st</sup> Round July 1994 to June 1995)</b>			<b>Source of Data</b>
Electrified	37.90	82.80	Statistical Abstract, India 1999
<b>% of households by Type of Latrine (NSS 54<sup>th</sup> Round January –June1998)</b>			<b>Source of Data</b>
<b>Type of Latrine</b>	<b>Rural</b>	<b>Urban</b>	
No Latrine	82.50	25.50	Statistical Abstract, India 1999
Service Latrine	2.70	5.90	
Sceptic Tank	7.50	35.20	
Flush System	2.90	8.40	
Sewerage system	0.80	22.50	
Other	3.50	2.50	
Total	100.00	100.00	
Toilet facility available (1991 census	9.48%	63.85%	
<b>Distribution of household by source of Drinking Water</b>			<b>Source of Data</b>
Tap	(10.29) 18.70	(63.24) 70.10	Source: NSSO , NSS 54 <sup>th</sup> Round January – June 1998. NSS Report No.449 NSS Report No.449 Figures in parenthesis relate to 1981.
Well	(61.63) 25.80	(20.40) 6.70	
Tube Well/Hand pump	(16.21) 50.10	(11.82) 21.30	
Tank/Pond	1.90	0.30	
River, Canal and Lake	1.30	0.20	
Spring	1.70	0.10	

Others	0.40	1.10	
Total	100.00	100.00	

**Table 14**  
**Women's exposure to indoor air pollution from biomass fuel combustion in**  
**selected countries\***  
**and time spent for collection of water\*\***  
**and fuel\*\*\***

Women's exposure to indoor air pollution from bio-mass fuel combustion. Kitchen area concentration levels	<b>Countries</b>	<b>Measurement conditions</b>	<b>Particulate concentration (micrograms of pollutant per cubic metre of air)</b>	<b>Suspended particulate micrograms as multiple of WHO peak guideline</b>
	Kenya, 1988	24	1200-1900	5-8
	India, 1998	Cooking Individual exposure (2-5 hrs. per day) in five villages, 1988	4000-21000 4700	17-91 20
	China, 1997	All day in wood-burning kitchen	2600	11
Time women spent collecting water	<b>Region</b>	<b>Time spent to collect water (hrs. per week)</b>		
	<b>India</b>			
	Baroda Region	7.0		
	Rajasthan	2.9		
	West Bengal	2.5		
	Punjab (Ludhiana)	0.5		
Karnataka (Gulbarga)	2.6			

	<b>Nepal Villages</b>	4.9		
	<b>Pakistan Villages</b>	3.5		
	<b>Africa</b>			
	Egypt	4.9		
	Kenya	4.2		
	Nigeria	3.5-10.5		
	<b>Latin America</b>			
	Ecuador Northeast Amazon Region	0.7-1.3		
Time women spent gathering fuel wood	Region, Village and Forest Status	Time collecting fuel wood (hours per day)		
	Uttar Pradesh, Chamoli Hills (1982)	4.0-5.0		
	Gujarat (1980)	4.0-5.0		
	Assam (1983-84)	1.0		
	Maharashtra (1983-84)	4.0-5.0		
	Madhya Pradesh (1983-84)	2.2		
	<b>Indonesia – Java (1983-84)</b>	0.1-2.0		
	<b>Nepal (1982-83)</b>	1.1-2.5		
	<b>Latin America – Ecuador (1990)</b>	1.2		

Source: The World's Women 1995, Trends and Statistics, UNITED NATIONS; \*adopted from Cahart 2.12, page 49. \*\* adopted from Chart 2.13, Page 50; \*\*\* adopted from Chart 2.15, Page 55.

## Human Development and Gender Development Indicators for India

UNDP has been analysing the status of the UN members countries with reference to various parameters of development. They rank countries according to the social and economic development parameters. India has only recently graduated to the middle income group of countries. According to the UNDP analysis in their Human Development Report of 2000, India is 128 out of 170 countries on the Human Development Index (HDI). The details of various groups of countries is given in Table 1 of Appendix IV with reference to HDI. The HDI index value for India stands at 0.563 against 0.935 for Canada which ranks first, 0.924 for Japan which stands 9, 0.733 for Sri Lanka which stands 84<sup>th</sup>.

The Gender Development Index (GDI) takes India to the 108<sup>th</sup> rank amongst 174 countries as shown Table 2 of Appendix IV against Sri Lanka which climbs up to the 68<sup>th</sup> rank. India has a very long way to go to catch up with other countries even in Asia and South Asia.

A ranking has been worked out for different States using the same methodology of Human Development Index and Gender Development Index. The analysis is presented in Table 15. Amongst major States superceding Punjab (which has high per capita income). Kerala ranks first and Uttar Pradesh ranks last.

**Table 15**  
**HDI and GDI for major states**

States	Life Expectancy at birth (years)a (1989-93)	Literacy Rate (7+)b (%) (1991)	State Domestic Product per capita (Rupees)c (At Current Prices) (1992-93)	Human Development Index (HDI)d (1991-92)	Gender Development Index (GDI)e (1991-92)
1.Kerala	72.0	90	5,768	0.603	0.565
2.Punjab	66.4	59	11,217	0.529	0.424
3.Maharashtra	64.2	65	9,795	0.523	0.492
4.Haryana	62.9	56	9,037	0.489	0.370
5.Gujarat	60.1	61	8,045	0.467	0.437
6.West Bengal	61.5	58	5,633	0.459	0.399
7.Himachal Pradesh	63.6	64	6,390	0.454	0.432
8.Karnataka	61.9	56	6,331	0.448	0.417
9.Tamil Nadu	62.4	63	6,809	0.438	0.402
10.Andhra Pradesh	60.6	44	5,718	0.400	0.371
11.Assam	54.9	53	4,973	0.379	0.347



12.Orissa	55.5	49	4,114	0.373	0.329
13.Rajasthan	58.0	39	5,086	0.356	0.309
14.Bihar	58.5	38	3,053	0.354	0.306
15.Madhya Pradesh	54.0	44	4,558	0.349	0.312
16.Uttar Pradesh	55.9	42	4,345	0.348	0.293
India	*59.4	*52		0.423	0.388

States have been ranked in descending order of HDI

(\*) Excludes Jammu and Kashmir

**a:** Sample Registration System, cited in: Government of India(1997 a); **b:** Census of India 1991, cited in Government of India(1997 b); **c:** Government of India(1997c); **d&e:** Shiva Kumar **A.K.**(1996)

### Action Ahead

The scenario as it exists today is rather dismal as captured in Chart 2 which emphasises the subservient position of women owing to a variety of social, cultural, economic and political factors. If things are to improve for them to achieve empowerment, quality of life and capacity building to be a competent person as envisaged in Chart 1 it is critical to understand what goals should be aimed at for 2020 in various sectors and the action required to achieve them. A brief sketch of the goals to be achieved for 2020 to satisfy this vision is attempted in Table 16.

**Table 16**  
**Projection of Goals for 2020 to Achieve the Vision of 2020 for Women**

Details	Latest	2010	2020
IMR	70 (1999)	30	20
Prenatal Mortality	44.3 (1993)	20	10
Crude Death Rate (CDR)	8.9 (1996)	8	7
Maternal Mortality Rate (MMR)	407 (1997) 540(1998-99)	100	50
Life Expectancy (years)			
Male	63 (1996-2000)	70	74
Female	63.4 (1996-2000)	72	77
Babies with Birth weight not below 2.5 kg.	47% (1998-99)	20%	15%
Crude Birth Rate (CBR)	26.1 (SRS 99)	18.0	10.0
Couple Protection Rate (CPR)	46% (2000)	80%	90%
Net Replacement Rate (NRR)	-	2.1	1.6
Total Fertility Rate (TFR)	3.3 (SRS 97)	2.1	1.6
Annual Growth Rate	1.6	1.1	0.9

Immunization	-	100%	100%
Age at marriage for girls		20+	20+
Antenatal Care	65% (1998-99)	90%	95%
Deliveries Institutional	35%	80%	90%
Trained Attendant	76.7%	100%	100%
<b>Projected Age Composition (%)</b>			
Below five years	10.70	10.10	9.7
0-15 years	34.33	28.48	27.73
>15-59 years	58.70	63.38	63.33
+ 60 years	6.97	8.14	8.94

Source: Compiled from data from NFHS-2, National Profile on Women, Health and Development, 2000 and National Population Policy. The projections for 2020 are based on assumption of best practices.

**In very simple terms, the entire priority of planning has to shift to providing basic infrastructure for life with amenities of food security, nutrition security, safe drinking water, sanitation, sustainable environment for basic needs and good health, security of life with law and order and recognition of human rights to a decent life. Ordinarily, all these are the basic functions of good governance. People have to learn to insist on accountability of their elected representatives to deliver good governance and assure the basic needs of life.**

**This calls for great awareness of deprivations and human rights to demand them. This has to become a process of awareness generation and education both within the curriculum and outside the curriculum. The effort has to be a partnership between people, the civil society and the government at all levels. Even advanced countries are recognising the need to fulfil these basic needs of people as the responsibility of democracy and elected governments.**

**Certain specific action that would be required are detailed below:**

### **1. Reverse the Low Sex Ratio**

The analysis of the sex ratio in 593 Districts shows that it is above 1000 only in 76 districts in 2001, a slight improvement over the 54 districts in 1991. It continues to be less than 800 in 8 districts. The range of sex ratios in the districts are given in Table 17.

There is urgency to look at the districts with low sex ratios. The cause for the low sex ratio needs to be studied deeply to find out whether it is due to

Ranges	No. of Districts	
	1991	2001
Less than 800	8	8
800-849	59	74
850-899	130	78
900-949	181	194
950-999	161	163
1000-1049	38	56
1050+	16	20

- Technology of sex selection
- Female Foeticide.
- Female Infanticide.
- Maternal mortality.
- Higher female mortality in all age groups due to negligence in nutrition and overall health care for females.
- Migration.

The Central and State governments have initiated programmes to change mindsets with incentives to allow the girl child to survive and develop through specific schemes. The religious groups and courts have also become aware of this critical need to change attitudes in families and bring about a shift from son preference. More active action would be necessary in this direction, and may be campaigns would have to be supported in a big way to remove gender biases.

## **2. The Integrated Child Development Services (ICDS)**

The package of services envisaged in the ICDS is very critical for the community at this juncture with high levels of malnutrition, under development, morbidity and mortality. The quality of service, no doubt needs great improvement with more investment in training the service delivery agents and due compensation for the work they do. Unfortunately, in many parts of the country, the essence of this programme has not been understood and it has been treated as “*daliya centres*” and closed when the State government runs out of resources to provide supplementary food for the beneficiaries. In fact, it is ironic that with abundance of food in the granary the poor should remain hungry. The ICDS should be used effectively to reach food and nutrition to the needy persons, particularly, children, lactating and pregnant women and the old people who are in destitution. States like Kerala and Tamil Nadu who have used the ICDS channel effectively and mid-day meal programmes have reached high levels of human resource development in the last two decades in India. This should be a good example for other States to design their programmes.

The integration of health services in a more coordinated manner with the ICDS is very urgent to achieve several health goals for women and children. The elimination of anaemia, antenatal checkups, immunization depend very heavily on a good ICDS support programme. Currently the coordination is not effective. This needs attention and improvement. The functionaries at the grassroots level have to be brought together to work on common goals with coordinated activities.

## **3. Traditional *Dais***

The institution of the traditional dai needs to be strengthened with training on technically correct methods and information on techniques. Their

services can be harnessed very effectively for delivery of a variety of basic health services. Other areas relating to reproductive and child health need urgent attention and care for the survival of mothers and children. The health infrastructure needs to be given priority for filling up all the gaps in terms of manpower and infrastructure so as to fulfil the needs of the population in the rural and urban areas. The National Population Policy 2000 has already identified the gaps. There can be nothing more urgent than putting the supply of services in order.

The reproductive rights of women need to be recognised as their human right to choose their priorities. They must have choice of timing and the choice of number children and choice of methods of contraception. They have to be educated about their rights. Their partners should be educated to respect women's reproductive rights.

#### **4. Care of the Aged**

The age composition of the population is already changing. By 2010, those above 60 would have exceeded 8% of the population and would be near 9% in 2020. This would increase the dependency ratios and call for special services including specialised geriatric care for the aged. The proportion of females in the higher age group will be higher and this calls for additional responsibility. Old age homes to look after them and other social security benefits for the aged become more urgent.

#### **5. Working Women**

Women in the labour force will increase rapidly in the years to come with increase in the proportion of people in the 15-59 age group. It is possible that the work participation rates will touch 40% as in most other parts of the world. A very serious handicap today for working women is the absence of a secure child care support service. The services so far attempted in India have just been pilot programmes. It is now necessary to scale up these services with proper system of registration, standardisation of services, norms for fees and standards of quality and training. The potential for employment generation in this service sector is enormous, but it needs very careful regulation. It would be impossible for government to undertake the running of creches directly. Models that are available of child care services even in other smaller countries like Mauritius are worth emulation. This involves zoning of areas and running child care services with a charge on every employer and employee and a share by the government/local body. In fact a proper system of child care service will release a lot of women into productive labour and may be a very strong instrument for elimination of poverty.

#### **6. Education**

Our progress towards universal elementary education has been rather slow. The target date for achievement has been staggered every time we have come close to the year (see Table 7). It is now expected to be reached by 2005. It must be reached. Literacy for women has to be made a priority as it holds the key to all other development both of themselves and the community. May be, all the resources that are warranted should be allocated for the purpose on a priority basis to achieve 90% literacy in all the districts by 2020. More than half the districts are currently lagging behind with less than 50% literacy for women as mentioned in Table 8.

## **7. Skill Development**

Efforts undertaken so far for skill development for women have been far too inadequate. In the new economic regime of competition, survival would be difficult without the right skills to avail of new employment opportunities. Intensive studies to track the need for various skills to suit economic development is urgent to design the right programmes for training women. The existing training institutions and programmes need to be strengthened effectively based on field studies.

## **8. Credit and Organisation**

A big stride has been taken in India with formation of self-help groups for micro-credit. This needs to be scaled up as an access point or “means towards advancement” and not as an end in itself. Credit availability through regular lending institutions has to be expanded to help women achieve economic advancement beyond subsistence levels. The mode of self-help groups should be treated as a way of organisation for achieving several common goals including infrastructure, skill and other entitlements for empowerment. The form of organisation could be societies, cooperatives or any form that is conducive for democratic government.

## **9. Participation in Decision-Making**

Elected women members in the local bodies (Panchayats and Municipalities) need to be intensively trained to perform their roles effectively. It is important to use strategies for gender sensitisation of the male members on the Panchayats and Municipalities including the bureaucracy to accept the elected women members and allow them to play their roles.

## **10. Male Responsibilities**

Vision 2020 for women cannot be realised without women and men understanding and appreciating male responsibilities at the family and social levels if a thorough shift from patriarchy is to take place. May be, this is the most difficult part of the strategy to bring gender justice and a society of equity and

equality. This has to come through a very systematic approach of gender sensitisation of all organisations, systems and practices. Right from achieving demographic goals to sharing power from the Panchayats to the Parliament gender sensitisation is necessary. This calls for serious gender analysis and gender budgeting in all allocations, performance evaluations and measurement of achievements. A beginning should be made with the 10<sup>th</sup> Five Year Plan to lay down a strong course of action in this direction.











## Accounting for Women's Work in India

Women's work is underestimated. A lot of work they do is unremunerated.

The System of National Accounts (SNA) include only productive work which has market value and is included in exchange for value. A great deal of work women do for the household which is in the nature of care of the household is not included in the

### Time Use Survey by the Central Statistical Organisation, 2000

Time use data consist of information on-

Time spent on activities within and outside households;

Nature of work undertaken, paid, unpaid etc ;

Time spent on, and intensity of, drudgerous work like collecting fuel, fodder and water;

Pattern of use of child labour;

Sharing of work between women and men within households etc;

These data help in understanding the various socio economic and cultural aspects of life of the people in terms of burden of work and leisure, community activities, mobility outside the households, survival strategies and livelihood patterns. They are of considerable use in planning for skill training and employment.

System of National Accounts. Some part of the work women do for value addition in the household also do not get paid as it is merged in the household economic activity. Consequently women become invisible in these activities. The Time Use Survey measures the time devoted for SNA activities and Extended SNA activities and evaluates the contribution of men and women to the household. "The full visibility of the type, extent and distribution of this unremunerated work will also contribute to a better sharing of responsibilities."<sup>4</sup>

Time Use Survey was conducted in India from July 1998 to June 1999 over six selected States namely, Haryana, Madhya Pradesh, Gujarat, Orissa, Tamil Nadu and Meghalaya by the Central Statistical Organisation with the objective of collecting data for properly quantifying the economic contribution of women in national economy and to study gender discrimination in household activities. The survey found that out of 168 hours in a week, on the average, males spent about 41.96 hours in 'System of National Accounts' (SNA) activities as compared to only about 18.72 hours by females. While females spent 34.63 hours on extended SNA activities, males spent only 3.65 hours. Taking SNA and extended SNA activities together, males spent 45.61 hours against 53.35 hours spent by females; rural males spent only 46.05 hours as compared to 56.48 hours spent by rural females on SNA and extended SNA activities. In the case of urban males, this figure works out to 44.50 hours as compared to 45.60 hours spent by urban females. Females, thus, work for longer hours than males. In other words, women's contribution worked out to 55% of the total work done as compared to 45% by men. Therefore, if extended SNA activities are included in the economic activities, the contribution of women will be higher as compared to

<sup>4</sup> Platform for Action and the Beijing Declaration, Fourth World Conference on Women, Beijing, 1995

men. Women spent another 25.56 hours per week on cooking, cleaning and childcare. Men spent only 0.32 hours per week on childcare. Including household work, women worked 82.04 hours out of 168 hours in a week.

The total time spent on SNA, extended SNA and non-SNA activities by males and females in the six States surveyed is presented in Table 1.

**Table 1**  
**Time Spent on Various Activities**  
**State-wise Weekly Average Time (In Hours Spent on SNA, Extended SNA**  
**and Non-SNA Activities by Sex and Place of Residence)**

States	Activities	Rural			Urban			Total		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
Haryana	SNA	37.98	23.49	31.36	36.54	11.21	24.97	37.72	21.26	30.19
	Extended SNA	1.74	30.67	14.91	3.11	32.74	16.68	1.99	31.06	15.24
	Non-SNA	128.22	113.81	121.69	128.31	124.08	126.36	128.23	115.67	122.52
	<b>Total</b>	167.94	167.97	167.96	167.96	168.03	168.01	167.94	167.99	167.95
Madhya Pradesh	SNA	43.55	22.62	33.64	36.35	8.50	23.37	42.07	19.85	31.54
	Extended SNA	4.22	35.47	19.12	4.43	36.99	19.60	4.43	35.79	19.22
	Non-SNA	119.98	109.85	115.20	127.19	122.53	125.03	121.47	112.38	117.19
	<b>Total</b>	167.95	167.94	167.96	167.97	168.02	168.00	167.97	168.02	167.95
Gujarat	SNA	44.83	23.90	34.74	41.81	7.02	25.45	43.63	17.60	31.24
	Extended SNA	3.25	37.55	19.73	3.09	41.57	21.18	3.19	39.08	20.27
	Non-SNA	119.93	106.52	113.49	123.09	119.47	121.99	121.12	111.36	116.44
	<b>Total</b>	168.01	167.97	167.96	167.99	168.06	168.62	167.94	168.04	167.95
Orissa	SNA	39.54	19.03	29.26	42.19	8.37	26.46	40.12	17.07	28.69
	Extended SNA	4.34	35.28	19.83	5.00	37.61	20.18	4.47	35.70	19.91

	Non-SNA	124. 10	113. 67	118. 92	120. 81	122. 06	121. 41	123. 45	115. 20	119. 36
	<b>Total</b>	167. 98	167. 98	168. 01	168. 00	168. 04	168. 05	168. 04	167. 97	167. 96
	SNA	42.0 2	23.4 6	32.7 7	43.2 8	11.0 2	27.0 9	42.5 4	18.9 7	30.6 8
	Extended SNA	3.51 2	29.5 2	16.5 3	2.70	32.0 8	17.4 4	3.19	30.4 6	16.8 7
Tamil Nadu	Non-SNA	122. 43	114. 99	118. 71	121. 94	124. 89	123. 47	122. 27	118. 61	120. 45
	<b>Total</b>	167. 96	167. 97	168. 01	167. 92	167. 99	168. 00	168. 00	168. 04	168. 00
	SNA	48.2 8	29.1 2	38.4 5	35.4 2	14.4 2	24.2 3	45.9 4	26.3 4	35.8 8
	Extended SNA	7.02 5	34.5 5	21.1 3	7.96	34.3 9	21.9 9	7.16	34.5 2	21.2 8
Meghalaya	Non-SNA	112. 70	104. 31	108. 38	124. 60	119. 24	121. 77	114. 78	107. 15	110. 84
	<b>Total</b>	168. 00	167. 98	167. 96	167. 98	168. 05	167. 99	167. 88	168. 01	168. 00
	<b>SNA</b>	<b>42.3 1</b>	<b>22.5 3</b>	<b>32.7 2</b>	<b>41.0 6</b>	<b>9.16 7</b>	<b>25.7 6</b>	<b>41.9 6</b>	<b>18.7 2</b>	<b>30.7 5</b>
	<b>Extended SNA</b>	<b>3.74 5</b>	<b>33.9 5</b>	<b>18.4 0</b>	<b>3.44</b>	<b>36.4 4</b>	<b>19.2 6</b>	<b>3.65</b>	<b>34.6 3</b>	<b>18.6 9</b>
<b>Combi ned States</b>	<b>Non-SNA</b>	<b>121. 98</b>	<b>111. 50</b>	<b>116. 89</b>	<b>123. 47</b>	<b>122. 44</b>	<b>123. 03</b>	<b>122. 42</b>	<b>114. 58</b>	<b>118. 62</b>
	<b>Total</b>	<b>168. 03</b>	<b>167. 98</b>	<b>168. 01</b>	<b>167. 97</b>	<b>168. 04</b>	<b>168. 06</b>	<b>168. 03</b>	<b>167. 93</b>	<b>168. 06</b>

**Note: The figure of total time for each may not be exactly equal to 168 due to effect of rounding.**

Source: Table 5.3, Report of the Time Use Survey, Central Statistical Organisation, Ministry of Statistics and Programme Implementation, Government of India, New Delhi, April 2000.

The survey notes “in India no payment is made for a number of economic activities”. Such activities are performed either by family labour or through exchange labour. For the States combined, payment was not made for about 38% of the time spent in SNA activities. The amount of unpaid activities was more (51%) for females as compared to only 33% for males. The predominance of females in unpaid activities was visible in all the States. The percentage of time spent by females in unpaid activities was highest in Haryana (86% followed by Meghalaya, 76% and Orissa 69%). The percentage was

lowest was Tamil Nadu (32%). Table 2 brings out the differences in regard to unpaid work between the States for men and women.

**Table 2**  
**Time spent on paid and unpaid activities**

States	Male			Female			Total		
	Paid	Unpaid	% time on unpaid activities	Paid	Unpaid	% time on unpaid activities	Paid	Unpaid	% time on unpaid activities
Haryana	33.09	18.12	35.38	4.13	25.34	85.99	20.06	21.37	51.58
Madhya Pradesh	29.41	23.34	44.25	14.31	15.75	52.40	22.99	20.12	46.67
Gujarat	44.37	15.17	24.27	17.18	13.87	44.67	33.26	14.05	29.70
Orissa	31.25	22.42	41.77	8.00	18.18	69.44	20.55	20.47	49.90
Tamil Nadu	41.42	13.36	24.39	21.48	10.32	32.45	32.74	12.04	26.89
Meghalaya	17.34	35.39	67.12	7.83	25.34	76.39	12.65	30.44	70.64
Combined States	36.54	18.12	33.15	14.87	15.18	50.52	27.16	16.85	38.29

Source: Report of the Time Use Survey, Central Statistical Organisation, Government of India, April 2000

**Table 1**  
**National Health Policy: Goals and Achievements**

Indicator	Prior NHP	EIGHTH PLAN		NHP Goal for 2000	9 <sup>th</sup> Plan Goal	Most recent estimate
		Goal	Achievement (1996)			
IMR	125 (1978)	70	72	60	56-50	72 (1998)
Perinatal mortality rate				30-35		44.3 (1993)
CDR	12.5 (1981)		9	9	9	8.9 (1996)
MMR	4-5 (1976)		4.7 (1993)	Below 2	3	4.07 (1997)
Life Expectancy a) Male b) Female	52.6 (1976-81) 51.6		59.0 (1989-93) 59.7 (1989-93)	64 64	62 (1996-2001) 63 (1996-2001)	63.0 (96-01) 63.4 (-DO-)
Babies with weight below 2.5 Kg.(%)	30%		30%	10%		30% (1993) 47% (98-99) <sup>@</sup>
CBR/1000	35	26	27.5	21	24/23	26.5 (1998)
CPR %	23.6 (1982)	56	45.4	60	51-60	46.2 (2000) <sup>&amp;</sup>
NRR	1.48 (1981)					
Growth Rate % (Annual)	2.24 (1971-81)		1.8	1.2	1.6/1.5	
TFR	4.4 (1975)		3.5	2.3	2.9/2.6	2.85 (96-98)
<b>Immunisation</b>						
BCG (Infants)		100	97 (1996-97)	100	65 <sup>\$</sup>	
Polio (Infants)		100	90 (1996-97)	100	65 <sup>\$</sup>	
DPT (children < 1 year)		100	89 (1996-97)	100	65 <sup>\$</sup>	
Measles		100		100	65 <sup>\$</sup>	
DT (new school entrants) (5-6 years)		100	48 (1995-96)	100		
T.T. (for school children) a) 10 years b) 16 years		100 100	47 (1995-96) 41 (1995-96)	100 100		

			96)			
Immunisation by TT (%) (for Pregnant Women)	20	100	79	100	95	66.8 (98-99) <sup>@</sup>
Pregnant mothers receiving antenatal care(%)	40-50	100	76	100	90	65.1 (98-99) <sup>@</sup>
Deliveries by trained personnel (%)	30-35		13	100	45	76.7 (98-99) <sup>%</sup>
Institutional Deliveries %	-	-	-	-	35	
Leprosy (% arrested cases among detected cases)	20			80		
Prevalence per thousand TB (% of arrested cases among detected)	57.3 (1981)**		5.8 (1995) 30 (1995)	90	1/10,000 85 <sup>#</sup>	

Source: GOI, Planning Commission, Ninth Five Year Plan 1997-2002

\*National Health Policy \*\*Ministry of Health and FW \$Fully immunized against 6 VPD by 1 year

#85% cure rate in RNTCP districts @ IIPS – NFHS-2 1998-99 &Economic Survey 2000-2001

%“Women in India – How free? How equal?”, Kalyani Menon & A.K. Shivakumar

### Appendix III

#### National Population Policy 2000

#### *National Socio-Demographic Goals for 2010*

1. Address the unmet needs for basic reproductive and child health services, supplies and infrastructure.
2. Make school education up to age 14 free and compulsory, and reduce drop outs at primary and secondary school levels to below 20 per cent for both boys and girls
3. Reduce infant mortality rate to below 30 per 1000 live births.



4. Reduce maternal mortality ratio to below 100 per 100,000 births.
5. Achieve universal immunization of children against all vaccine preventable diseases.
6. Promote delayed marriage for girls, not earlier than age 18 and preferably after 20 years of age.
7. Achieve 80 per cent institutional deliveries and 100 per cent deliveries by trained persons.
8. Achieve universal access to information/counseling, and services for fertility regulation and contraception with a wide basket of choices.
9. Achieve 100 per cent registration of births, deaths, marriage and pregnancy.
10. Contain the spread of Acquired Immunodeficiency Syndrome (AIDS), and promote greater integration between the management of reproductive tract infections (RTI) and sexually transmitted infections (STI) and the National AIDS Control Organisation.
11. Prevent and control communicable diseases.
12. Integrate Indian Systems of Medicine (ISM) in the provision of reproductive and child health services, and in reaching out to households.
13. Promote vigorously the small family norm to achieve replacement levels of TFR.
14. Bring about convergence in implementation of related social sector programs so that family welfare becomes a people centered programme.



## NFHS-2 FACT SHEET – STATES

State	Population, July, 2000 (in millions) <sup>1</sup>	Percentage of females literate (age 6+)	Percentage of females age 6-14 attending school	Percent of ever-married women age 15-49 who are:		Percent of households						
				Urban	Not regularly exposed to any media	With electricity	With drinking water piped or from hand pump	With no toilet/latrine facility	Using adequately iodized salt <sup>2</sup>	Percent of women involved in decisions about own health care	Percent of women age 20-24 married by exact age 18	
<b>India<sup>#</sup></b>	1002.1	48.6	73.7	26.2	40.3	60.1	77.9	64.0	49.3	51.6	50.0	
<b>North</b>												
Delhi	14.1	21.7	90.8	92.1	7.3	97.7	98.7	5.6	89.2	68.7	19.8	
Haryana	19.9	42.7	85.5	28.8	33.1	89.1	88.0	60.9	71.0	67.2	41.5	
Himachal Pradesh	6.7	31.3	97.3	9.1	16.3	97.2	77.4	73.0	90.5	80.8	10.7	
Punjab	23.6	35.1	90.0	30.8	18.0	95.5	98.9	48.6	75.3	78.5	11.6	
Rajasthan	53.9	62.9	63.2	24.2	63.1	64.4	69.8	71.8	46.3	40.6	68.3	
<b>Central</b>												
Madhya Pradesh	80.2	55.5	70.8	25.3	45.2	68.1	63.5	77.8	56.7	36.6	64.7	
Uttar Pradesh	171.5	57.3	69.4	20.0	54.7	36.6	85.6	73.3	48.8	44.8	62.4	
<b>East</b>												
Bihar	100.6	65.2	54.1	10.2	72.7	18.2	75.4	83.2	46.9	47.6	71.0	
Orissa	36.0	48.7	75.1	11.0	55.7	33.8	65.3	86.5	35.0	38.6	37.6	
West Bengal	79.3	42.6	76.7	23.8	38.6	36.7	89.3	54.9	61.7	45.1	45.9	
<b>Northeast</b>												
Arunachal Pradesh	1.2	43.0	77.3	15.9	36.7	68.9	80.7	26.1	84.1	70.0	27.6	
Assam	26.3	40.9	75.0	8.5	47.4	26.4	60.1	36.8	79.6	65.1	40.7	
Manipur	2.5	41.3	87.8	33.7	16.2	75.3	48.9	8.0	87.9	43.3	9.9	

Meghalaya	2.5	33.2	85.2	20.0	37.3	41.2	42.1	48.0	63.0	78.9	25.5
Mizoram	1.0	10.6	90.8	52.9	16.9	84.1	63.2	2.3	91.3	73.2	11.6
Nagaland	1.7	31.7	83.5	20.3	35.7	56.3	40.5	25.6	67.2	69.4	22.9
Sikkim	0.6	35.6	88.5	14.2	21.5	80.7	84.6	27.3	79.1	60.2	22.3
<b>West</b>											
Goa	1.6	25.2	93.2	41.6	11.6	93.5	61.8	41.1	41.9	61.6	10.1
Gujarat	48.5	46.4	72.8	42.5	33.8	84.3	84.5	54.9	56.1	71.4	40.7
Maharashtra	91.4	38.6	86.9	41.3	29.6	82.1	81.9	54.0	60.1	49.9	47.7
<b>South</b>											
Andhra Pradesh	75.9	54.0	70.5	24.9	23.7	74.4	78.5	72.7	27.4	56.1	64.3
Karnataka	52.3	44.5	77.6	34.8	21.4	80.9	87.0	61.4	43.4	49.3	46.3
Kerala	32.4	14.9	97.4	23.1	11.5	71.8	19.9	14.8	39.3	72.6	17.0
Tamil Nadu	61.9	41.7	88.5	34.6	20.3	78.8	85.0	65.9	21.2	61.1	24.9

<sup>1</sup>Registrar General of India

<sup>2</sup>Cooking salt that has an iodine content of at least 15 parts per million (ppm)

#Excludes Tripura

**NFHS-2 FACT SHEET – STATES**

State	Total fertility rate <sup>3</sup>	Want ed total fertilit y rate <sup>4</sup>	Percent of currently married women <sup>5</sup> using		Unmet need for family planning <sup>5</sup>			Percent of users of modern contraceptive methods who were told about side effects or other problems with method <sup>7</sup>		Percent of currently married women who received follow-up <sup>8</sup> for:	
			Any contra ceptiv e metho d	Sterilizati on <sup>6</sup>	For spacin g	For limiting	Total	Sterilizati on	Other modern method	Sterilizatio n	Other modern method
<b>India</b>	2.85	2.13	48.2	36.0	8.3	7.5	15.8	21.9	20.6	24.6	39.9
<b>North</b>											
Delhi	2.40	1.72	63.8	28.6	5.9	7.5	13.4	27.8	26.7	67.9	54.8
Haryana	2.88	2.10	62.4	40.8	2.9	4.7	7.6	61.9	40.0	99.8	33.7
Himachal Pradesh	2.14	1.50	67.7	52.4	3.6	4.9	8.6	35.8	23.0	97.8	25.2
Jammu & Kashmir	2.71	1.74	49.1	30.7	7.4	12.6	20.0	7.8	12.7	88.4	54.5
Punjab	2.21	1.55	66.7	30.8	2.8	4.5	7.3	55.6	30.9	99.4	29.6
Rajasthan	3.78	2.57	40.3	32.3	8.7	8.9	17.6	13.1	14.2	73.6	49.2
<b>Central</b>											
Madhya Pradesh	3.31	2.40	44.3	38.0	8.9	7.3	16.2	11.3	18.8	82.0	44.7
Uttar Pradesh	3.99	2.83	28.1	15.6	11.8	13.4	25.1	15.5	11.3	54.3	41.4
<b>East</b>											
Bihar	3.49	2.58	24.5	20.2	12.6	11.9	24.5	15.8	16.0	78.3	65.5
Orissa	2.46	1.90	46.8	35.6	8.7	6.8	15.5	35.7	28.9	62.9	34.3
West Bengal	2.29	1.78	66.6	33.8	6.3	5.5	11.8	10.1	9.9	38.8	12.6

<b>Northeast</b>											
Arunachal Pradesh	2.52	1.74	35.4	20.7	17.2	9.3	26.5	31.0	34.2	79.9	84.2
Assam	2.31	1.75	43.3	16.6	7.0	10.0	17.0	10.6	17.1	91.1	74.3
Manipur	3.04	2.50	38.7	15.5	13.6	10.0	23.6	41.0	47.4	63.8	36.5
Meghalaya	4.57	3.83	20.2	6.5	23.4	12.1	35.5	16.4	25.3	94.3	86.1
Mizoram	2.89	2.66	57.7	45.4	11.7	3.7	15.5	47.6	49.8	73.8	61.1
Nagaland	3.77	2.98	30.3	12.2	18.3	11.9	30.2	18.5	15.9	58.0	45.6
Sikkim	2.75	1.65	53.8	24.8	9.9	13.2	23.1	23.8	29.5	95.2	55.4
<b>West</b>											
Goa	1.77	1.47	47.5	28.2	7.3	9.8	17.1	16.3	16.5	83.0	26.5
Gujarat	2.72	29.0	59.0	45.2	4.8	3.7	8.5	9.5	9.9	78.5	27.7
Maharashtra	2.52	1.87	60.9	52.2	8.1	4.9	13.0	20.6	27.8	74.6	50.7
<b>South</b>											
Andhra Pradesh	2.25	1.88	59.6	57.0	5.2	2.5	7.7	13.2	16.7	80.7	55.9
Karnataka	2.13	1.56	58.3	52.1	8.3	3.2	11.5	35.9	47.3	83.8	62.3
Kerala	1.96	1.81	63.7	51.0	6.9	4.9	11.7	9.2	14.9	91.1	26.2
Tamil Nadu	2.19	1.71	52.1	46.0	6.6	6.4	13.0	54.8	43.7	73.3	50.4

<sup>3</sup>Based on births to women age 15-49 during the three years preceding the survey

<sup>4</sup>Calculated in the same way as the TFR, except that unwanted births are excluded from the numerators of the age-specific fertility rates on which the TFR is based.

<sup>5</sup>Among currently married women age 15-49

<sup>6</sup>Female or male sterilization

<sup>7</sup>By a health or family planning worker at the time of accepting the method

<sup>8</sup>After accepting the current method

**NFHS-2 FACT SHEET – STATES**

State	Infant mortality rate <sup>9</sup>	Under-five mortality rate <sup>9</sup>	For births in the three years preceding the survey <sup>10</sup> , percent of:					Percent of children		
			Mothers receiving at least one antenatal check-up	Mothers receiving two or more tetanus injections	Mothers receiving iron and folic acid tablets or syrup	Deliveries in medical institutions	Deliveries assisted by a health professional	Age 12-23 months who have received all <sup>11</sup> vaccinations	Age 12-35 months who have received at least one dose of Vitamin A	Age 0-3 months exclusively breastfed
<b>India</b>	67.6	94.9	65.4	66.8	57.6	33.6	42.3	42.0	29.7	55.2
<b>North</b>										
Delhi	46.8	55.4	83.5	84.9	77.8	59.1	65.9	69.8	32.7	13.2
Haryana	56.8	76.8	58.1	79.7	67.0	22.4	42.0	62.7	45.2	47.2
Himachal Pradesh	34.4	42.4	86.8	66.2	85.6	28.9	40.2	83.4	71.1	17.5
Jammu & Kashmir	65.0	80.1	83.2	77.7	70.8	35.6	42.4	56.7	36.0	41.5
Punjab	57.1	72.1	74.0	89.9	79.6	37.5	62.6	72.1	56.5	36.3
Rajasthan	80.4	114.9	47.5	52.1	39.3	21.5	35.8	17.3	17.6	53.7
<b>Central</b>										
Madhya Pradesh	86.1	137.6	61.0	55.0	48.9	20.1	29.7	22.4	24.4	64.2
Uttar Pradesh	86.7	122.5	34.6	51.4	32.4	15.5	22.4	21.2	13.9	56.9
<b>East</b>										
Bihar	72.9	105.1	36.3	57.8	24.1	14.6	23.4	11.0	10.2	55.2
Orissa	81.0	104.4	79.5	74.3	67.6	22.6	33.4	43.7	42.0	58.0
West Bengal	48.7	67.6	90.0	82.4	71.6	40.1	44.2	43.8	43.4	48.8
<b>Northeast</b>										
Arunachal Pradesh	63.1	98.1	61.6	45.6	56.3	31.2	31.9	20.5	20.9	(33.9)

<b>Pradesh</b>										
Assam	69.5	89.5	60.1	51.7	55.0	17.6	21.4	17.0	15.4	42.5
Manipur	37.0	56.1	80.2	64.2	50.0	34.5	53.9	42.3	38.4	69.7
Meghalaya	89.0	122.0	53.6	30.8	49.5	17.3	20.6	14.3	24.7	16.1
Mizoram	37.0	54.7	91.8	37.8	72.7	57.7	67.5	59.6	70.6	40.7
Nagaland	42.1	63.8	60.4	50.9	42.5	12.1	32.8	14.1	6.8	43.9
Sikkim	43.9	71.0	69.9	52.7	62.4	31.5	35.1	47.4	45.8	16.3
<b>West</b>										
Goa	36.7	46.8	99.0	86.1	94.7	90.8	90.8	82.6	78.0	*
Gujarat	62.6	85.1	86.4	72.7	78.0	46.3	53.5	53.0	51.9	65.2
Maharashtra	43.7	58.1	90.4	74.9	84.8	52.6	59.4	78.4	64.7	38.5
<b>South</b>										
Andhra Pradesh	65.8	85.5	92.7	81.5	81.2	49.8	65.2	58.7	24.8	74.6
Karnataka	51.5	69.8	86.3	74.9	78.0	51.1	59.1	60.0	48.4	66.5
Kerala	16.3	18.8	98.8	86.4	95.2	93.0	94.0	79.7	43.6	68.5
Tamil Nadu	48.2	63.3	98.5	95.4	93.2	79.3	83.8	88.8	16.2	48.3

<sup>(1)</sup>Based on 25-49 unweighted cases

\*Percentage not shown; based on fewer than 25 unweighted cases

<sup>9</sup>Per 1,000 live births for the five years preceding the survey (1994-98)

<sup>10</sup>Includes only the two most recent births

<sup>11</sup>BCG, measles, and three doses each of DPT and polio vaccines



## NFHS-2 FACT SHEET – STATES

State	Percent of children			Percent of children under age three years <sup>13</sup>						
	Age 6-9 months receivng breast milk and solid/mushy food	Age 1-35 months with diarrhoea who received ORS <sup>12</sup>	Age 6-35 months with any anaemia	Underwei ght	Stunt ed	Waste d	Percent of women with BMI <sup>14</sup> below 18.5 kg/m <sup>2</sup>	Percent of women age 15-49 with any anaemia	Percent of women reporting a reproducti ve health problem <sup>15</sup>	Percent of women age 15-49 who have heard of AIDS
<b>India</b>	33.5	26.8	74.3	47.0	45.5	15.5	35.8	51.8	39.2	40.3
<b>North</b>										
Delhi	37.0	39.1	69.0	34.7	36.8	12.5	12.0	40.5	36.5	79.2
Haryana	41.8	25.7	83.9	34.6	50.0	5.3	25.9	47.0	38.2	44.3
Himachal Pradesh	61.3	45.6	69.9	43.6	41.3	16.9	29.7	40.5	33.7	60.9
Jammu & Kashmir	38.9	47.5	71.1	34.5	38.8	11.8	26.4	58.7	60.5	31.9
Punjab	38.7	42.3	80.0	28.7	39.2	7.1	16.9	41.4	28.3	54.6
Rajasthan	17.5	20.3	82.3	50.6	52.0	11.7	36.1	48.5	43.2	20.8
<b>Central</b>										
Madhya Pradesh	27.3	29.8	75.0	55.1	51.0	19.8	38.2	54.3	44.9	22.7
Uttar Pradesh	17.3	15.8	73.9	51.7	55.5	11.1	35.8	48.7	38.1	20.2
<b>East</b>										
Bihar	15.0	15.4	81.3	54.4	53.7	21.0	39.3	63.4	44.2	11.7
Orissa	30.1	35.1	72.3	54.4	44.0	24.3	48.0	63.0	27.5	39.0
West Bengal	46.3	40.5	78.3	48.7	41.5	13.6	43.7	62.7	45.3	26.4
<b>Northeast</b>										
Arunachal Pradesh	(60.2)	40.2	54.5	24.3	26.5	7.9	10.7	62.5	42.1	60.4
Assam	58.5	37.1	63.2	36.0	50.2	13.3	27.1	69.7	50.6	33.7

Manipur	86.8	50.7	45.2	27.5	31.3	8.2	18.8	28.9	56.0	92.9
Meghalaya	77.1	22.4	67.6	37.9	44.9	13.3	25.8	63.3	66.9	44.2
Mizoram	(74.2)	44.7	57.2	27.7	34.6	10.2	22.6	48.0	52.5	93.2
Nagaland	81.3	29.7	43.7	24.1	33.0	10.4	18.4	38.4	45.6	72.4
Sikkim	87.3	27.0	76.5	20.6	31.7	4.8	11.2	61.1	48.6	53.6
<b>West</b>										
Goa	(65.4)	55.6	53.4	28.6	18.1	13.1	27.1	36.4	40.2	76.3
Gujarat	46.5	28.9	74.5	45.1	43.6	16.2	37.0	46.3	28.6	29.8
Maharashtra	30.8	33.2	76.0	49.6	39.9	21.2	39.7	48.5	40.0	61.1
<b>South</b>										
Andhra Pradesh	59.4	39.6	72.3	37.7	38.6	9.1	37.4	49.8	48.5	55.3
Karnataka	38.4	34.3	70.6	43.9	36.6	20.0	38.8	42.4	18.8	58.1
Kerala	72.9	47.9	43.9	26.9	21.9	11.1	18.7	22.7	42.4	86.9
Tamil Nadu	55.4	27.9	69.0	36.7	29.4	19.9	29.0	56.5	27.8	87.3

<sup>(1)</sup>Based on 25-49 unweighted cases

<sup>12</sup>Oral re-hydration salts

<sup>13</sup>Underweight assessed by weight-for-age, stunting assessed by height-for-age, wasting assessed by weight-for-height; undernourished children are those more than two standard deviations below the median of the International Reference Population, recommended by the World Health Organization.

<sup>14</sup>Body mass index

<sup>15</sup>Currently married women with abnormal vaginal discharge, symptoms of a urinary tract infection, painful intercourse, or bleeding after intercourse

**Table 1**  
**Human Development Index**

Regions/Countries	HDI Rank	Life expectancy at birth (years) 1998	Adult literacy rate (% age 15 and above) 1998	Combined primary, secondary and tertiary gross enrolment ratio (%) 1998 <sup>a</sup>	GDP per capita (PPP US\$) 1998	Life expectancy index	Education index	GDP index	Human development index (HDI) value 1998	GDP per capita (PPP US\$) rank minus HDI rank <sup>b</sup>
All developing countries		64.7	72.3	60	3,270	0.66	0.68	0.58	0.642	-
Least developed countries		51.9	50.7	37	1,064	0.45	0.45	0.39	0.435	-
Arab States		66.0	59.7	60	4,140	0.68	0.60	0.62	0.635	-
East Asia		70.2	83.4	73	3,564	0.75	0.80	0.60	0.716	-
East Asia (excluding China)		73.1	96.3	85	13,635	0.80	0.93	0.82	0.849	-
Latin America and the Caribbean		69.7	87.7	74	6,510	0.74	0.83	0.70	0.758	-
South Asia		63.0	54.3	52	2,112	0.63	0.54	0.51	0.560	-
South Asia (excluding India)		63.4	50.5	47	2,207	0.64	0.49	0.52	0.550	-
South-East Asia and the Pacific		66.3	88.2	66	3,234	0.69	0.81	0.58	0.691	-
Sub-Saharan Africa		48.9	58.5	42	1,607	0.40	0.53	0.46	0.464	-
Eastern Europe and the CIS		68.9	98.6	76	6,200	0.73	0.91	0.69	0.777	-
OECD		76.4	97.4	86	20,357	0.86	0.94	0.89	0.893	-
High human development		77.0	98.5	90	21,799	0.87	0.96	0.90	0.908	-

Medium development	human	66.9	76.9	65	3,458	0.70	0.73	0.59	0.673	-
Low development	human	50.9	48.8	37	994	0.43	0.45	0.38	0.421	-
High income		77.8	98.6	92	23,928	0.88	0.96	0.91	0.920	-
Medium income		68.8	87.8	73	6,241	0.73	0.83	0.69	0.750	-
Low income		63.4	68.9	56	2,244	0.64	0.65	0.52	0.602	-
World		66.9	78.8	64	6,526	0.70	0.74	0.70	0.712	-
Canada	<b>1</b>	79.1	99.0 <sup>c</sup>	100	23,582	0.90	0.99	0.91	0.935	8
Japan	<b>9</b>	80.0	99.0 <sup>c</sup>	85	23,257	0.92	0.94	0.91	0.924	1
India	<b>128</b>	62.9	55.7	54	2,077	0.63	0.55	0.51	0.563	-7
China	<b>99</b>	70.1	82.8	72	3,105	0.75	0.79	0.57	0.706	7
Malaysia	<b>61</b>	72.2	86.4	65	8,137	0.79	0.79	0.73	0.772	-10
Brazil	<b>74</b>	67.0	84.5	84	6,625	0.70	0.84	0.70	0.747	-16
Sri Lanka	<b>84</b>	73.3	91.1	66	2,979	0.81	0.83	0.57	0.733	25

Note: The human development index has been calculated for UN member countries with reliable data in each of its components, as well as for two non-members, Switzerland and Hong Kong, China (SAR). For data on the remaining 16 UN member countries see table 32.

- a. Preliminary UNESCO estimates, subject to further revision.
- b. A positive figure indicates that the HDI rank is higher than the GDP per capita (PPP US\$) rank, a negative the opposite.
- c. Human Development Report Office estimate.
- d. For purposes of calculating the HDI, a value of 100.0% was applied.
- e. The ratio is an underestimate, as many secondary and tertiary students pursue their studies in nearby countries.
- f. Not including Turkish students or population.

**Table 2**  
**Gender-related development index**

Regions/Countries	Gender-related development index (GDI) 1998		Life Expectancy at birth (Years) 1998		Adult literacy rate (% age 15 and above) 1998		Combined primary, secondary and tertiary gross enrolment ratio (%) 1997		GDP per capita (PPP US\$) 1998 <sup>a</sup>		HDI rank minus GDI rank <sup>b</sup>
	Rank	Value	Female	Male	Female	Male	Female	Male	Female	Male	
All developing countries	-	0.634	66.4	63.2	64.5	80.3	55	63	2,169	4,334	-
Least developed countries	-	0.427	52.9	51.2	41.0	61.4	32	42	771	1,356	-
Arab States	-	0.612	67.5	64.6	47.3	71.5	54	65	1,837	6,341	-
East Asia	-	0.710	72.5	68.2	75.5	91.1	67	71	2,788	4,297	-
East Asia (excluding China)	-	0.846	76.4	69.7	95.1	98.6	81	88	9,414	17,744	-
Latin America and the Caribbean	-	0.748	73.2	66.7	86.7	88.7	73	72	3,640	9,428	-
South Asia	-	0.542	63.6	62.6	42.3	65.7	44	59	1,147	3,021	-
South Asia (excluding India)	-	0.533	64.2	62.7	38.8	61.7	38	55	1,263	3,108	-
South-East Asia and the Pacific	-	0.688	68.3	64.2	85.0	92.4	63	66	2,316	4,154	-
Sub-Saharan Africa	-	0.459	50.3	47.6	51.6	68.0	37	46	1,142	2,079	-
Eastern Europe and the CIS	-	0.774	73.8	64.1	98.2	99.1	78	74	4,807	7,726	-
OECD	-	0.889	79.6	73.2	96.7	98.2	86	86	14,165	26,743	-
High human development	-	0.903	80.3	73.8	98.3	98.7	91	88	15,361	28,448	-

Medium human development	-	0.665	68.9	65.0	69.7	83.7	60	67	2,319	4,566	-
Low human development	-	0.411	51.9	50.1	38.9	59.9	31	42	693	1,294	-
High income	-	0.916	81.0	74.6	98.4	98.7	93	90	16,987	31,100	-
Medium income	-	0.743	72.2	65.8	85.0	90.4	72	73	3,948	8,580	-
Low income	-	0.594	64.7	62.2	59.6	78.1	50	60	1,549	2,912	-
World	-	0.706	69.1	64.9	73.1	84.6	60	67	4,435	8,587	-
Canada	1	0.932	81.9	76.2	99.0 <sup>c</sup>	99.0 <sup>c</sup>	101 <sup>d</sup>	98	17,980 <sup>e</sup>	29,294 <sup>e</sup>	0
Japan	9	0.916	83.0	76.9	99.0 <sup>c</sup>	99.0 <sup>c</sup>	83	86	14,091	32,794	0
India	108	0.545	63.3	62.5	43.5	67.1	46	61	1,105 <sup>e</sup>	2,987 <sup>e</sup>	-2
China	79	0.700	72.3	68.1	74.6	90.7	67	71	2,440 <sup>e</sup>	3,732 <sup>e</sup>	3
Malaysia	57	0.762	74.5	70.1	82.0	90.7	66	64	4,501 <sup>f</sup>	11,674 <sup>f</sup>	-3
Brazil	66	0.736	71.2	63.3	84.5	84.5	82	78	3,830	9,483	-3
Sri Lanka	68	0.727	75.6	71.1	88.3	94.1	67	65	1,927	4,050	4

a. Data refer to the latest available year.

b. The HDI ranks used in this column are those recalculated for the universe of 143 countries. A positive figure indicates that the GDI rank is higher than the HDI rank, a negative the opposite.

c. Human Development Report Office estimate.

d. For purposes of calculating the GDI, a value of 100.0% was applied.

e. No wage data available. An estimate of 75% was used for the ratio of the female non-agricultural wage to the male non-agricultural wage.

f. The manufacturing wage was used.

Source: *Columns 1 and 2*: Human Development Report Office calculations; see the technical note for details, *columns 3 and 4*: interpolated on the basis of life expectancy data from UN 1998c; *Columns 5 and 6*: UNESCO 2000a; *columns 7 and 8*: UNESCO 2000c;

*columns 9 and 10:* unless otherwise noted, calculated on the basis of the following: for GDP per capita (PPP US\$), World Bank 2000a; for wages, wage data from ILO 1999c; for economic activity rate, data on economically active population from ILO 1996; for population shares, population data from UN 1998c; for details on the calculation of GDP per capita (PPP US\$) by gender see the technical note; *column 11:* Human Development Report Office calculations.