GENDER DISPARITIES IN HUMAN DEVELOPMENT
IN INDIA: AN INTERSTATE COMPARISON

ABSTRACT
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ABSTRACT

This thesis is an attempt to study differences in attainments and deprivations between men and women in the indicators of human development. It brings together the concepts of Gender and Human Development together. While Human Development is a process of enlarging people’s choices, gender refers to the social differences and relations between men and women which are learned consciously and which vary widely among societies and cultures.

1.2 Objectives of the Study

1. To study male and female achievements and deprivations in human development (education and health) in states of India.

2. To present, analyze and compare the extent of gender gaps (in education and health) within and between states of India.

3. To study the steps undertaken by the government for Engendering Education and Health in India

4. To suggest remedial measures to the problems related to Health and Education in general and gender disparities in Health and Education in particular.

Organization of the Theses

The first chapter provides a background of how the study will approach the problem at hand. The second chapter deals with review of literature. The third chapter analyzes gender disparities in health and education in states of India. Data is presented using maps. The fourth chapter highlights the health and education components of various
national and international policies and programs in gender perspective. The fifth chapter summarizes important findings of the study and provides suggestions.

**Methodology**

Human development and related concepts of a country or region are generally shown with the help of computation of various indices. The exercise of composite indexation has its merits and demerits. There have been substantial debates and deliberations on the matters of composite indexation and related issues of weightage, standardization and combination. This thesis has not undertaken the exercise of index formation rather individual variables are presented and studied separately. Recent data from different sources (mainly Census and National Family and Health Survey-3) is taken and gender gaps in attainments and deprivations are computed. Data is presented by using maps showing state boundaries. All the data is broken down into 3 different levels (high, moderate and low). Each level is allotted a particular color and states are categorized accordingly. Uniformity is maintained while allotment of levels (colors) to each state for all the indicators in order to make comparison easy. All states falling within a given range of values are considered to be at the same level of achievement or deprivation and hence are assigned same color. The data is explained only through maps and according to the level (color) under which it falls. Gender gaps are also shown using the same technique. Use of maps made it easier to locate the contiguity in states if present. After discussion of performance of states in individual variables and gender gaps, an analysis is done by considering variables in combination. Each variable is studied in different combinations of levels of absolute female achievement or deprivation and gender gap. All results are explained state wise using maps.
Main findings of the study

Literacy Rate

There are high gender disparities in rural areas and moderate gender disparities in urban areas in literacy. Kerala, Nagaland and Meghalaya are the only states with low gender disparity in rural areas. Overall (rural and urban together), there are few states showing high levels of literacy. These are Kerala, Goa, Delhi, Mizoram and Tripura. There are many major states showing high levels gender gap in literacy rates. These states are contiguous states the so called EAG (Empowered Action Group) states leaving Uttarakhand and including Jammu and Kashmir. If we study women’s literacy rates and gender gaps in combination it is revealed that only two states have higher levels of women literacy combined with low gender gap, while there are many states in which women’s literacy is low and gender gaps are high. These states are contiguous including all the EAG states, Haryana and Jammu and Kashmir.

School Attendance Rate (Aged 6-17 Years)

Gender gaps in attendance rates in rural areas are high in contiguous states of Rajasthan, Uttar Pradesh, Bihar, Jharkhand, Chhattisgarh, Orissa, and Andhra Pradesh. In urban areas none of states have a high level of gender gap in attendance rate rather most of the states had a low level of gender gap. Overall Gender gap (rural and urban together) is high only in three states (Rajasthan, Bihar and Jharkhand). Low levels of female attendance in combination with high gender gaps are observed in Rajasthan, Bihar and Jharkhand. States in which high female attendance rates along with low gender gaps are found include Himachal Pradesh, Kerala, Goa, Sikkim, Manipur, Mizoram and Tripura.
Gross Enrollment Ratio in Higher Education (Aged 18-23 Years)

States showing high gender gaps in GER in higher education are Rajasthan, Punjab, Haryana, Maharashtra, Andhra Pradesh, Tamil Nadu, Arunachal Pradesh, Nagaland and Manipur. Low gender gaps in GER in higher education are found in Delhi, Uttar Pradesh, Uttarakhand, Himachal Pradesh, Kerala, Goa, Assam and Meghalaya. In case of Scheduled Castes high gender gaps in GER in higher education are found in Maharashtra, Andhra Pradesh and Arunachal Pradesh, while low gender gaps are found in Himachal Pradesh, Uttarakhand, Uttar Pradesh, Assam and Kerala. In case of Scheduled Tribes high gender gaps in GER in higher education are found in Rajasthan, Maharashtra, Andhra Pradesh, Tamil Nadu, Arunachal Pradesh and Manipur while low gender gaps are found in Himachal Pradesh, Uttarakhand, Jharkhand, Kerala, Sikkim and Meghalaya. Low female GER and High gender gap in combination are found in Rajasthan, Punjab and Nagaland. If we consider a combination of low gender gaps and high female GER in higher education two states are found to be in this category i.e. Uttarakhand and Goa.

Under Nutrition or Thinness among Adults (Aged 15-49 Years)

Females’ under nutrition/thinness is more than that of males’ by a margin of more than 4 percentage points in Bihar, Jharkhand, Chhattisgarh and Orissa. Along with high gender gaps these four states also showed high level of female under nutrition also. There are many states in which males’ under nutrition is more than that of females’. These states include Kerala, Rajasthan, Punjab, Delhi, Uttar Pradesh, Jammu and Kashmir, Sikkim, Manipur and Tripura. Among these states Himachal Pradesh, Delhi, Kerala, Sikkim and Manipur also showed low absolute levels of under nutrition among females.
Over Nutrition or Obesity among Adults (Aged 15-49 Years)

More males are found to be overweight than females in three states. These are Bihar, Meghalaya and Tripura. All the other states had more overweight females than males. Among these states there are some states in which the difference of overweight females over males was more than 4 percentage points. Such states include Jammu and Kashmir, Punjab, Haryana, Uttarakhand, Gujarat, West Bengal, Manipur, Kerala, Tamil Nadu and Karnataka. A combination of high percentage of overweight women and high gender gap is found in Jammu and Kashmir, Punjab, Gujarat, Kerala, Tamil Nadu and Karnataka. A combination of low gender gap and low percentage of overweight women is found in only one state i.e. Bihar.

Anemia among Adults (Aged 15-49 Years)

High gender gaps in percentage of anemic population are found in many states. These states are Jammu and Kashmir, Haryana, Gujarat, Madhya Pradesh, Maharashtra, Andhra Pradesh, Karnataka, Tamil Nadu, Chhattisgarh, Bihar, Jharkhand, West Bengal and Sikkim. All these states except Maharashtra showed high percentage of anemic women also as compared to non anemic women. There is only one state (Meghalaya) in which low gender gap in percentage of anemic population. There is no state which showed a low percentage of anemic women population as well as low gender gap.

Neonatal Mortality Rate (NMR)

High gender gap in neonatal mortality rate is found in only one state (Assam). Assam also had high percentage of neonatal mortality among females. Moderate gender gap was found in Rajasthan. In all the other states neonatal mortality was higher among
males as compared to females. Among the states having low neonatal mortality among females, some states also had low gender gaps. These states include Haryana, Delhi, Goa, Kerala, Tamil Nadu, West Bengal, Sikkim, Meghalaya, Manipur, Mizoram and Nagaland.

Post Neonatal Mortality Rate (PNMR)

High gender gaps in Post Neonatal Mortality are found in Punjab, Uttarakhand, Uttar Pradesh, Bihar, Gujarat and Tamil Nadu. Among these states Uttarakhand, Uttar Pradesh and Bihar also high levels of Post Neonatal Mortality among females. States with low female Post Neonatal Mortality as well as low gender gap include Himachal Pradesh, Maharashtra, Andhra Pradesh and Kerala.

Child Mortality Rate (CMR)

High gender gaps are found in child mortality are found in many states. These states include Jammu and Kashmir, Punjab, Haryana, Rajasthan, Uttar Pradesh, Bihar, Madhya Pradesh, Chhattisgarh, Gujarat, Assam and Tamil Nadu. Among these states Uttar Pradesh, Bihar Madhya Pradesh and Chhattisgarh also showed high child mortality among female population. States which showed low gender disparity and simultaneously low child mortality among females are Himachal Pradesh and Sikkim.

Suggestions

1. Government should provide infrastructure specifically for girl child education.
2. Government expenditure on education should be increased gradually.
3. Drop-out rate among girls should be curtailed not only in lower classes but through higher education as well.
4. Gender budgeting should be exercised more comprehensively.
5. Poverty alleviation should be focused as it would decrease the involvement of children (boys and girls) in occupational work.

6. Quality of schooling should be improved.

7. More female teachers should be appointed.

8. Access to information should be improved through active involvement of media.

9. The admission policy of the government should allow for more admissions to females at all levels.

10. Efforts should be made to break caste barriers.

11. Different awareness campaigns should be launched with trained personnel.

12. Lower price and wider coverage of Primary, secondary and tertiary health care services should be provided.

13. Access to safe drinking water and proper sanitation should be ensured.

14. Quality of health care services in India needs to be improved.

15. Air and water pollution should be controlled for sustainable development.

16. Maternal and child health services should be increased.

17. The government should encourage women to actively participate and be a part of health care services in the form of doctors, nurses and other personnel.

18. Role of educated women in improving the health of the society cannot be undermined and therefore government should try to create an environment so that more and more girls and women get educated.

19. Government expenditure on health should gradually rise to at least 3 percent of GDP.

20. Every pregnant woman should be provided with recommended dose of iron and folic acid supplements free of cost by the government.
21. Educated females have a greater role in household decision making especially regarding nutrition and feeding practices. There is also an inverse relation between female education and mortality rates. Therefore female education should be one of the top priorities of the government.

22. Researches relating to gender issues especially women's health and education must be adequately funded and promoted by the government.

23. Government should take necessary steps to prevent early marriages and forced marriages of girls.

24. The government should undertake necessary actions regarding social exclusion and stigmatization related to diseases like HIV infection, leprosy etc which results in under detection and therefore lack of treatment.

25. The government should strengthen prevention programs aimed at reducing tobacco use by women and girls and also prevent tobacco advertising and try to create a smoke free environment.

26. The curricula of health care providers should be such that medical ethics are promoted and girls and women are treated with respect and dignity.