CHAPTER 1
INTRODUCTION

Recognition of the need to improve the status of women and to promote their potential roles in development is no longer seen only as an issue of human rights or social justice. While the pursuit of gender equity remains strongly embedded within the framework of fundamental human rights and gender justice, investments in women now also are recognized as crucial to achieving sustainable development. Economic analyses recognize that low levels of education and training, poor health and nutritional status, and limited access to resources not only depress women’s quality of life, but also limit productivity and hinder economic efficiency and growth. Hence, promoting and improving the status of women need to be pursued, for reasons of equity and social justice and also because it makes economic sense and is good development practice.

Most of the Developing countries in the Twentieth Century, especially in Asia and Latin America focused on improving the ‘position’ and ‘condition’ of women to achieving ‘inclusive growth’. Special attention was accorded to programme and policies that seeks to bring women within the overall development agenda and paradigm. The Conditional Cash Transfers Programme in Latin American countries, including PROGRESSA in Mexico, BOLSA FAMILIA in Brazil and micro-finance and promoting women Self Help Groups in South Asia, notably in Bangladesh and India had a clear objectives of extending opportunities as well as choices to women in pursuit to achieving all round development and economic growth.\(^1\) The results of this change in policy framework in most of these countries have been astounding with

many achieving phenomenal economic growth and significant reduction in the prevailing levels of poverty.

Undoubtedly, some progress has been achieved worldwide in reducing gender disparities. Many women in developing countries have benefited positively from increased access to education, employment, safe drinking water, modern health care, higher standard of living, and greater social mobility. According to the World Bank figures for all developing countries, in 1990, 86 girls were enrolled in primary school for every 100 boys, compared with 67 girls for every 100 boys in 1960; 75 females per 100 males were enrolled in secondary schools in 1990 compared with 53 in 1960; the average 6-year-old girl in 1990s goes to school for 8.4 years, compared with 7.3 years in 1980; and since the 1950s the official female labor force rate has grown at twice the rate of the male labor force so that in 1990s 30% of women over 15 years are in the formal labor force in developing countries, albeit in relatively low-paying, low-quality, and low-status occupations.2

Keeping in with the trends in 1990s, India too made significant economic growth despite the fact that the specific focus on women in development agenda and planning was inserted only in the VI Plan of 1985.3 Ever since the VI Five Year plan there has been a positive trend in expenditure and programme planning concentrating on development of women, some of which we shall discuss in detail in subsequent chapters. A National Policy on Empowerment of Women was framed in 2001 with a goal to bring about the advancement, development and empowerment of women. The Eleventh Five Year Plan was aimed at inclusive development. Its vision was that every woman in the country should be able to develop to her full potential and share the benefits of economic growth and prosperity. Towards this end the approach adopted was to empower women and recognize their Agency thereby seeking to make them partners in their own development. This it sought to do by mainstreaming gender in all sectors as well as by undertaking targeted interventions. Thus the period since

---

2 Advancing Gender Equity: From Concept to Action, World Bank, (Washington D.C), 1995, pp.5-6
1990s represented a paradigm shift in the way development and economic growth was perceived and implemented. Gender became a locus that attracted most of the attention of the policy makers. However it remains to be seen if the paradigm shift in National policies in favour of women is accompanied by their equal growth in development. How economic growth does affect sections of society, its classes and sexes? Does the Gender and Development (GAD) approach in comparison to Women in Development (WID) approach offer equal if not more opportunities to women in Development? Does framing of women centric development programmes is ‘enabling’ for women to be involved in the process as active participant (as opposed to passive recipients)? The present research is an attempt to explore some of the issues related to growth and development of women vis-à-vis policies and programmes. It seeks to analyse through primary sources if the paradigm shift in National perspective, plans and policies in favour of women is also complimentary to the way in which gender relations operates in a society, and if such plans and programmes have the potential to alter the power structures within households and communities through a study of three sectors namely, health, education and livelihood for reasons as given below.

Empowerment of women is a socio-political ideal, encompassing notions of dignity and equality, envisioned in relation to the wider framework of women's rights. It is a process of gaining control over self, over resources and over existing societal perceptions and attitudes and would be achieved only when an improvement in the ‘condition’ of women is accompanied by an advancement in their ‘position’ by enlarging the economic, social and political freedoms and choices available to them.

Investing in women’s health has positive impacts on reducing the country’s population growth rates, improving the health and welfare of children and families, reducing health costs, and contributing to poverty reduction. Throughout the world, it
has been shown that improving health care for women aged 15–44 years offers the biggest returns on health care spending for any group of adults.\textsuperscript{4}

Investing in the education of girls not only results in positive returns to the girls themselves, but the returns to society are even larger and last for generations. For the girls, education means enhanced future earning capacity, increased access and opportunities in the labor market, reduced health risks associated with pregnancy and childbirth, and often greater control over their personal lives.\textsuperscript{5} For the society at large, investments in the education of girls will likely result in slower population growth rates, and better health and education of future generations.

Likewise, improving women’s access to financial services contributes to poverty reduction as it enables women to contribute to household income and family welfare, thereby making the transition out of poverty easier for their families.\textsuperscript{6} Extending such services to women also makes good economic sense for financial intermediaries, as women have shown themselves to be better savers, leading to greater savings mobilization, and better repayers, resulting in fewer bad debts.

Therefore, empowerment of women is closely linked to the opportunities they have in education, health, employment and for political participation. Public policies and investments that promote the development of women have economic payoffs in terms of higher economic growth rates; improved productivity; reduced health and welfare costs; low fertility, and infant and maternal morbidity and mortality rates; and increased life expectancy. Increased investment in women produces a healthier, better educated, and literate workforce, and provides a sound human resource foundation on which to build the economy.


\textsuperscript{5} For a broad overview on women and education see, Janice Koch and Beverly J. Irby, \textit{Defining and Redefining Gender Equity in Education, Research on Women and Education V. 1} (Greenwich, Conn.: Information Age Pub., 2002).

Typically, women have globally less economic opportunities to improve their lives. They are often restricted in terms of education, the ownership of wealth, monetary return for their work, financial opportunities, and opportunities to influence the decision making at the level of the family and the society. Given that women are about half of the population and economic potential, it is likely that this situation shows at the macroeconomic level as well. Casual observation indicates that countries in which women and men have more equal economic opportunities are also the more affluent countries. There seems to be some association between level of development and the role of women in the society. As women’s status is considered one of the top priorities in development research in this field is growing.

**Literature Review**

Theoretically the issue of gender vis-à-vis the status of women broadly has taken two distinct approaches once we exclude scholarship on women and femininity movements. On one hand while the scholars, mostly from economic background have attempted to place the role and status of women in the overall growth and development, those from a more social background, on the other hand have adopted a social welfare approach.

At the level of macroeconomics, it has been quite difficult to show effects of the status of women on aggregate growth for econometric reasons among others. However, there is more microeconomics literature that might help in understanding how the economic development and growth might be affected by direct or indirect restrictions or exclusion that women have adjusted to. This is a relevant question particularly in the developing countries. Some scholars argue that the continual failures of the western organizations to help the developing countries towards development have been due to the failure to account for the incentives people face.\(^7\) Women in particular face different incentives than men do. Those in the grass root development work generally acknowledge the importance of the status of women in

development. The United Nations Millennium Development Goals, for example, include gender issues among the top priorities.\(^8\)

Generally speaking there is a difference between the theoretical and empirical modelling strategies when it comes to the role of gender. Standard economic theories e.g. in public choice or welfare economics do not focus on individual characteristics. The individual actor in welfare economics could equally well be a world citizen, a country national, a man or a woman. As a consequence these theories can be of limited help to policymakers, who are often particularly concerned about the effects of income redistribution on different groups of people, like mothers, single households, families, etc. However, when the welfare economist, public choice economist or labor economist does empirical work, he or she is forced to consider gender, as women’s behavior differs from that of men to the extent that a single explanatory model is clearly often not applicable. For example, one may estimate party approval rates separately for men and women, or at the minimum one is forced to add a gender dummy to account for the problem. Mostly women are considered separately from men as an empirical necessity rather than issues relating to women being the primary concern. An example of this is seen in the empirical growth studies by Robert Barro, where the effect of female and male education on growth show differently and in a puzzling manner.\(^9\)

Given this split between the theoretical and empirical practice one might ask what has lead to this situation and if it really is that important to be aware of the gender distinction when thinking about the macro level issues. Some insights come from the feminist economics tradition that is discussed in the book edited by Ferber and Nelson.\(^{10}\) Feminist economists have looked into the common assumptions in economics that are associated with the invisibility of gender and the resulting gender

---

\(^{8}\) For a concise argument on gender implications in achieving MDGs, see Caroline Sweetman and Oxfam GB., *Gender and the Millennium Development Goals*, Oxfam Focus on Gender (Oxford: Oxfam GB, 2005).


bias in the field. Blank and Reimers point out that the economists have often been ignorant on the results of other social sciences.\textsuperscript{11} For instance, the social norms and behaviors that come from belonging to a particular community tend to be left aside by treating preferences and tastes as given and unchanging. History, however, shows that the institutions and social norms have changed over time and so have the constraints facing women. Psychology, sociology, and anthropology give insights on how the preferences, tastes and desires are formed. The standard method in economics of focusing on choices under given tastes and constraints tends to take the status quo concerning the constraints and tastes as a permanent situation as far as the analysis goes. Economists also tend to emphasize efficiency at the cost of equity as the interpersonal utility comparisons are shied away from. Yet, if we consider women’s status as important we would need to precisely identify the constraints for women and then study how loosening them would affect the economic choices and equity and thereby development at the macro level. Some scholars also point out the lack of consideration in economics for care, which is an important part of women’s lives and of any society and its well-being.\textsuperscript{12}

Typically, women have globally less economic opportunities to improve their lives. They are often restricted in terms of education, the ownership of wealth, monetary return for their work, financial opportunities, and opportunities to influence the decision making at the level of the family and the society. Given that women are about half of the population and economic potential, it is likely that this situation shows at the macroeconomic level as well. Casual observation indicates that countries in which women and men have more equal economic opportunities are also the more affluent countries. There seems to be some association between level of development and the role of women in the society. As women’s status is considered one of the top priorities in development research in this field is growing.

\textbf{Economic Growth, Development and Gender: the Asian Context}


\textsuperscript{12} See Ferber and Nelson.
Human Capital and economic growth, as often presented in research studies, are often directly proportional to each other. An individual who is healthy, educated and earning contributes more productively in labor market than the one who is ill, uneducated and unemployed. Similarly, when the economic growth represented by GDP increases, the gains are return and invested into an individual to improve his conditions and position. Therefore human capital and economic growth are directly proportional to each other. Women constitute nearly half the population. If women remain unhealthy, uneducated and non-earning than the corresponding economic growth will also be halved and partial. Similarly the gains from economic growth should be returned, distributed and benefit all sections of society for equitable and sustained growth.

Most of the developing countries are from Latin America and Asia. With neo-liberalization and economic reforms in 1990s most of these countries saw rapid growth in their economies. The economy of Asia comprises more than 4.2 billion people (60% of the world population) living in 46 different states. Six further states lie partly in Asia, but are considered to belong to another region economically and politically. Asia is the world's fastest growing economic region. China is the largest economy in Asia and the second largest economy in the world. As in all world regions, the wealth of Asia differs widely between, and within, states. This is due to its vast size, meaning a huge range of differing cultures, environments, historical ties and government systems. The largest economies in Asia in terms of both nominal and PPP gross domestic product (GDP) are the China, Japan, Russia, India, South Korea, Indonesia, and Turkey.

Wealth (if measured by GDP per capita) is mostly concentrated in East Asian territories such as Hong Kong, Japan, South Korea, Singapore and Taiwan, as well in oil rich countries such as Iran, Saudi Arabia, Qatar, United Arab Emirates. Asia, with

---

the exception of Japan, South Korea, Taiwan, Hong Kong and Singapore, is currently undergoing rapid growth and industrialization spearheaded by China and India - the two fastest growing major economies in the world. While East Asian and southeast Asian countries generally rely on manufacturing and trade for growth, countries in the Middle East depend more on the production of commodities, principally oil, for economic growth. Over the years, with rapid economic growth and large trade surplus with the rest of the world, Asia has accumulated over US$4 trillion of foreign exchange reserves - more than half of the world's total.\textsuperscript{15}

The Chinese economy boomed under the economic measures undertaken by Deng Xiaoping, in the 1980s, and continuing under Jiang Zemin in the 1990s. After the liberalization of the economy of India, growth in India and China increasingly shifted the center of gravity of the global economy towards Asia.\textsuperscript{16} In 2007, China's economic growth rate exceeded 11% while India's growth rate increased to around 9%. One of the factors was the sheer size of the population in this region. Surprisingly, this size of population was considered as biggest reason for lack of growth of economy by both governments earlier and both countries have taken strong population control measures to improve their economy.

Meanwhile, South Korea, Taiwan, Hong Kong and Singapore emerged as the Four Asian Tigers with their GDPs growing well above 7% per year in the 1980s and the 1990s. Their economies were mainly driven by growing exports. The Philippines only began to open up its stagnated economy in the early 1990s. Vietnam's economy began to grow in 1995, shortly after the United States and Vietnam restored economic and political ties.

Throughout the 1990s, the manufacturing ability and cheap labor markets in Asian developing nations allowed companies to establish themselves in many of the industries previously dominated by companies from developed nations. Asia became


one of the largest sources of automobiles, machinery, audio equipment and other electronics.

At the end of 1997, Thailand was hit by currency speculators, and the value of the Baht along with its annual growth rate fell dramatically. Soon after, the crisis spread to Indonesia, Malaysia, South Korea, Hong Kong, Singapore and many other Asian economies, resulting in great economic damage on the affected countries (Japan largely escaped the crisis). In fact, some of the economies, most notably those of Thailand, Indonesia, and South Korea actually contracted. This later would be known as the Asian financial crisis. By 1999, most countries had already recovered from the crisis.

If economic growth is directly proportional to Human Development and improvement in Gender empowerment measures than surely the Asian countries would have improved. Alternatively, as per the hypothesis above, the achieved growth rate may also have been the result of improvement in Human Development and Gender Development Index. The table below gives a comparative analysis of different Asian countries in their economic growth rate, Human Development Index (HDI) and Gender Development Index

<table>
<thead>
<tr>
<th>Country</th>
<th>Growth Rate (2011)</th>
<th>HDI Rank (2011)</th>
<th>Gender Inequality Index (2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Japan</td>
<td>-0.5</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>Hong Kong</td>
<td>6</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Malaysia</td>
<td>5.2</td>
<td>61</td>
<td>43</td>
</tr>
</tbody>
</table>


19 Ibid.
<table>
<thead>
<tr>
<th>Country</th>
<th>HIRI</th>
<th>HDI</th>
<th>GII</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thailand</td>
<td>1.5</td>
<td>103</td>
<td>69</td>
</tr>
<tr>
<td>Kazakhstan</td>
<td>6.5</td>
<td>68</td>
<td>56</td>
</tr>
<tr>
<td>Philippines</td>
<td>4.7</td>
<td>112</td>
<td>75</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>0.2</td>
<td>91</td>
<td>50</td>
</tr>
<tr>
<td>Jordan</td>
<td>2.5</td>
<td>95</td>
<td>83</td>
</tr>
<tr>
<td>Turkmenistan</td>
<td>9.9</td>
<td>102</td>
<td></td>
</tr>
<tr>
<td>China</td>
<td>9.5</td>
<td>101</td>
<td>35</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>8.3</td>
<td>97</td>
<td>74</td>
</tr>
<tr>
<td>Iran</td>
<td>2.5</td>
<td>88</td>
<td>92</td>
</tr>
<tr>
<td>Uzbekistan</td>
<td>7.1</td>
<td>115</td>
<td></td>
</tr>
<tr>
<td>Kyrgyzstan</td>
<td>7</td>
<td>126</td>
<td>66</td>
</tr>
<tr>
<td>Indonesia</td>
<td>6.4</td>
<td>124</td>
<td>100</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>5.8</td>
<td>128</td>
<td>48</td>
</tr>
<tr>
<td>Tajikistan</td>
<td>6</td>
<td>127</td>
<td>61</td>
</tr>
<tr>
<td>India</td>
<td>7.8</td>
<td>134</td>
<td>129</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>6.3</td>
<td>146</td>
<td>112</td>
</tr>
<tr>
<td>Nepal</td>
<td>3.5</td>
<td>157</td>
<td>113</td>
</tr>
<tr>
<td>Pakistan</td>
<td>2.4</td>
<td>145</td>
<td>115</td>
</tr>
</tbody>
</table>

Table 1 presents important information. It reveals that despite increase in growth rate for countries like India, Bangladesh, Nepal and Pakistan, their ranking in terms of Human Development and Gender Inequality Index have not improved. In other words, the increase in growth rate has hardly impacted the growth of human capital with the returns of economic growth hardly reaching or benefitting the women, who continue to remain on fringes of society.

It is probably because of this rather ‘superficial’ economic growth that Asia continues to be one of the world’s poorest and deprived regions. South Asia— that is, the Indian subcontinent, which includes India, Nepal, and Bangladesh – had about 522 million people living in extreme poverty in 1996. India had the greatest number of poor of any country in the world – more than 300 million people, more than one-third of its population. The caste system associated with Hinduism, the dominant religion in India, helps perpetuate some of this poverty. This system keeps many families poor from generation to generation by assigning certain groups of people to low status. Approximately 267 million people in East and Southeast Asia lived on less than $1
per day in 1998. China has very large numbers of poor due to the great size of its rural population. Such Southeast Asian countries as Vietnam, the Philippines, and Indonesia also rank among the worlds poorest.

In terms of Gender equality too, Asia has much to do despite its global economic viability and growth. While East Asia and the Pacific are pulling ahead, progress in South Asia has stalled on some important issues. Overall, women remain hindered by barriers in many areas of daily life. In the region, South Asia’s rankings for many gender gap indicators are often close to or lower than those in sub-Saharan Africa, such as health, adult literacy and economic participation. Asia has the highest male-female sex ratio at birth in the world, with sex-selective abortion and infanticide leaving approximately 96 million missing women in seven countries. In most regions, women comprise 51 per cent of the population, but only 49 per cent in Asia-Pacific. The longevity gap between men and women in South Asia is 2.8 years, only slightly above the figure for sub-Saharan Africa and well below the global average of 4.2 years. All this is particularly troubling when the region is purportedly making sustained gains in economic growth.

Parts of Asia-Pacific still fare poorly in female adult literacy rates and malnutrition. East Asia and the Pacific have made rapid progress in nearly closing enrolment gaps between girls and boys in primary, secondary and tertiary education. But South Asia remains at par with sub-Saharan Africa in girls’ enrolment in all three levels, with disparities growing from primary to tertiary. Half of South Asian women still cannot read. With about 60 per cent of the world’s poor living in the

---

20 HDRU estimates based on Klasen and Wink (2002), who gave the latest and perhaps the most refined estimates of missing women for selected developing countries, including Bangladesh, China, India, the Islamic Republic of Iran, Republic of Korea, Nepal and Pakistan. They estimated the number and per cent of missing women for countries with suspiciously high sex ratios or other evidence of female disadvantage using the most recent population census data. Sri Lanka does not have any missing women. See Stephen Klasen and Claudia Wink, Missing women: A review of the debates and an analysis of recent trends, 2002. [http://papers.ssrn.com/sol3/papers.cfm?abstract_id=321861]. Last accessed 12 October 2009.


22 Ibid

23 Ibid.

24 Ibid.
region, women of Asia-Pacific remain more vulnerable to poverty than men—not just because they have lower incomes, but also because their ability to access economic opportunities is constrained by discriminatory attitudes that restrict their mobility, limit employment choices and hinder control over assets. Across the region, women head only seven per cent of farms, for example, compared to around 20 per cent in most regions of the world. Women in East Asia and the Pacific, at 66.7 per cent, are above the global average labour force participation rate of 52.7 per cent. But South Asian women are far behind, at 35.7 per cent, a statistic that has remained almost unchanged since 1995.

Despite being of great importance to sustained economic growth, addressing Gender issues is a subject of international concern to which almost all countries have given their commitment. Recognizing that gender equality is intrinsic to achieving national economic, poverty reduction, and social development goals, virtually all countries in the region have ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and several have ratified the Optional Protocol to CEDAW. Many countries have amended or enacted laws to promote gender equality and to protect women’s personal security and rights. However, lack of awareness and weak or biased enforcement of these laws undermine their effectiveness. Virtually all countries have designated a national focal agency for gender, and most countries have developed national action plans to implement the Beijing Platform for Action (BPFA). Unfortunately, in many countries the policy prescriptions and formal commitments are yet to be fully translated into implementable and meaningful actions.

---

26 FAO n.d.-b.
27 The labour force participation rate is the proportion of the population aged 15 and older that is economically active, including those who are actually working and those who are actively seeking employment. People are pushed out of the labour force due to cultural and social factors, long-term illness or because they have given up finding a job. The participation rate is usually less than 100 per cent – considerably less so in some countries.
28 World Bank 2009b
29 Ibid.
The year 2005 marked the 10-year review of the BPFA and the 5-year review of the MDGs. Recent assessments of progress in implementing the BPFA and in achieving the MDGs have provided valuable information on regional and national achievements and challenges in the BPFA’s 12 areas of concern and related MDGs5 (Box 1). For example, a recent regional progress report on the MDGs found that while more than three quarters of countries are on track in narrowing gender gaps in educational enrollments (the target for MDG 3—gender equality and women’s empowerment), more than two thirds are clearly off track in reducing maternal mortality (the target for MDG 5—maternal health).30 A related progress report on gender-related MDGs found that when all of the indicators are considered for MDG 3 including non-agricultural wage employment and representation in national parliaments, the picture is even more mixed.31

Regional experience also shows that economic growth in itself does not necessarily reduce gender inequalities. Perhaps the most dramatic examples of gender inequity even in the midst of rapid economic growth are the deteriorating sex ratios in the People’s Republic of China (PRC) and India.32 For example, between 1991 and 2001, the national sex ratio for children ages 0–6 in India dropped from 945 to 927 girls for every 1,000 boys, with the lowest child sex ratio (793) in the economically prosperous state of Punjab. In both the PRC and India, improvements in basic health care have improved life expectancy for women and men, but a strong traditional preference for sons combined with access to new medical technology have led to the increasing distortion in sex ratios at birth. Consequently, these two large and dynamic economies account for 80% of the world’s “missing women,” or about 80 million women.33 Such examples confirm that economic growth is not a sufficient condition

31 ADB, UNDP, and UNESCAP. 2006. Pursuing Gender Equality through the Millennium Development Goals in Asia and the Pacific.
32 Similar trends are emerging in Viet Nam and Azerbaijan.
33 United Nations Research Institute for Social Development (UNRISD). 2005. Gender Equality: Striving for Justice in an Unequal World. Geneva, pp. 6–7. Amartya Sen initially estimated that about 100 million women were “missing” as a result of excess female mortality in several countries. This estimate was recently updated using different assumptions and techniques. Klasen, Stephan and Claudia Wink. 2003. Missing Women: Revisiting the
for achieving gender equality. Entrenched gender stereotypes and biases can negate expected benefits from growth.

Health, Education and Livelihood: Human Capital in Indian Context

While human productivity is an essential element of economic growth, to treat human being as only a resource for the production process obscures the centrality of people as the ultimate end of development. The human development model was conceived, articulated and advocated around the world by the late Dr. Mahbub ul Haq, and which is now recognized as one of the few great ideas of the 20th century. The human development model goes beyond treating human beings as only a means to the production process. Human development is concerned not only with building human capabilities through investment in education and health it is also concerned with using those capabilities fully through an enabling framework for growth and employment. Health and education are important aspects of Human capital that directly affects the choices on livelihood and income generation activities and results in economic growth.34

India, one of the fastest growing economies in the world is committed towards improving the conditions of women. It signed the Convention on the Elimination of All Forms of Discrimination against Women on 30th July 1980 and ratified it on 9th July 1993. Besides its International commitments, India is also bound by its constitution to promote the interest of women. The Constitution guarantees equality and equal protection in law for men and women (Article 14), prohibits discrimination on the grounds of religion, race, caste and sex or place of birth (Article 15) and discrimination at work place (Article 16). Article 15(3) empowers the State for adopting special measures for women and children and Article 16 (4) empowers the state for making provisions/reservation in employment for any backward class citizens

who are not adequately represented in the services. It also provides for special measures to achieve de-facto equality.

In addition, the Constitution provides protection of certain freedoms, viz. Article 19(a) - provides freedom of speech and expression; Article 19 (b) - freedom to assemble peaceably and without arms; Article 19 (c ) - freedom to form associations or unions; Article 19 (d) – freedom to move freely throughout the territory of India; Article 19 (e) – freedom to reside and settle in any part of India; Article 19 (g)- freedom to practice any profession, or to carry on any occupation, trade or business; Article 21 provides for protection of life and personal liberty. Right to life has been interpreted by the Supreme Court of India as life with dignity and not a mere existence of animal living. Article 21- A imposes an obligation on the state to provide free and compulsory education to all children of the age of 6 to 14 years. Article 23 (I) provides for a right against exploitation; trafficking of human beings and other forms of forced labour.

As noted previously that the women specific agenda was incorporated in the Five Year Plan only since 1985. Since then, numbers of initiatives have been taken to improve the health condition of Indian women. National Rural Health Mission has resulted in an improvement in many development indicators related to women. The scheme/programme has been discussed in much detail subsequently in chapter II. While improvements in Total Fertility Rate is evident from various sources of data available, Infant Mortality rate and Maternal Mortality Ratio continues to be grim.35

Another challenge in spite of the successes of the National Rural Health Mission (NRHM) is that only 1/3rd of Muslim and Scheduled Caste women have been able to access institutional deliveries, it is even fewer for women of Scheduled Tribes. Furthermore, the third common review of NRHM shows that after delivery mothers remain in institutions for less than half a day and therefore do not avail of critical health care services needed at that time. In 2005-06, while more than 70 % women had at least 1 ante-natal care (ANC). Visit, the proportion of pregnant women

who have 3 or more ante natal visits was much lower. This reflects insufficient care provided to pregnant women. Women in Arunachal Pradesh, Assam, Bihar, Jharkhand, Madhya Pradesh, Nagaland and Uttar Pradesh had the least access to ante-natal care (ANC). Not even 50% Muslim and ST and SC women receive 3 or more ANC\textsuperscript{36}. These are serious challenges to women’s health that still remains unaddressed.

Further, Bihar, Madhya Pradesh, Orissa and Uttar Pradesh are recording higher life expectancies for men than women. According to the India Human Development Report 2011, one of the reasons for this is the discrimination against the girl child in terms of nutrition and health care right from infancy.\textsuperscript{37}

Infant Mortality Rate (IMR) has come down from 58 in 2005 to 50 in 2009, translating into reduced infant deaths by 2,00,000 per year. The IMR for rural females has declined from 66 in 2005 to 60 by 2008. The concomitant decline for males has been from 62 to 57. In urban areas, the decline in IMR has been more significant, a reduction from 45 to 38 for females and from 37 to 34 for males. As per the Mid-term appraisal of Eleventh FYP “Women’s Agency” and SRS, the all India estimates show that the overall IMR has declined from 67 in 2000 to 53 in 2008. There has been a 3-point decline in rural IMR as against a 2-point decline in urban IMR in 2009. More concerted efforts are being made to bring down neonatal mortality which contributes to about 70% of infant deaths. The RCH II / NRHM set a goal of reducing IMR to 30/1000 live births by 2012. Currently 9 States/UTs have achieved this goal and another 9 States/UTs are close to achieving this goal in the near future.

Maternal Mortality Ratio (MMR): As per the recent estimates on Maternal Mortality Ratio (MMR) in the country published in its survey report by the Registrar General of India – Sample Registration System ((RGI - SRS), there has been a steady decline of MMR in the country from 398 (1997-98) to 254 per 100,000 live births (2004-06) and to 212 per 100,000 live births (2007-09). However with a MMR of


\textsuperscript{37} Ibid
India is still one of the countries with high rates. This is significant as it also underlines the society’s attitude towards females. With all its diverse components, National Rural Health Mission seems to have little effect on improving the health of Indian women.

The present study is being conducted to know the changes concerning to gender relations brought out in Indian society. After dawning independence in India, socio-economic changes are taking place faster than ever before. With the passage of time there are lots of socio-economic changes we are experiencing and seeing with our naked eyes in Indian society. This study focuses on the changes brought out in interrelationship between males and females in our loving Indian world. Since the dawning of independence many constitutional and legislative laws have been formulated to improve socio-economic condition of the people whether they are male or female. After the implementation of international policies: globalization, liberalization and privatization, rapid changes are taking place in our society in every sphere of life whether it is social economic or political.

Thus gender inequality is a vibrating issue in today’s India. It is affecting every sphere of life whether social, economic or political. Social aspects of life broadly include family relations, marital relations, health, education etc. Patriarchy, dowry system and the laws of inheritance of property are still maintaining the gender inequality between male and female in the country. Many policies and Programmes / Schemes have been framed out to reduce and eliminate gender inequality from every aspect of our life. These policies and programmes are really shifting the paradigm of gender inequality in the country.

Social and economic inequality is major detrimental to the health of every society. Particularly when the society is diverse, multicultural, overpopulated, undergoing rapid but unequal economic growth. Poverty which is a result of social and economic inequality in a society is detrimental to the health of the people. The outcome indicators of health: mortality, morbidity and life expectancy are all directly influenced by the standards of living of males and females.
Health, education and income are three Human Development Indicators. All these three indicators increases or decreases the life expectancy of both males and females. Health, education and income are interrelated with one another. Health conditions of males are better than females. In the case of education, more males are educated than females. In the case of income men are getting more income than women in the country.

The health system of our country is improving. In twentieth century many health committees and commissions have been set up to improve the health conditions of Indian population. These health committees and commissions include Bhore Committee, Mudaliar Committee, Chadah Committee, Mukherjee Committee, Jugalwalla Committee, Kartar Singh Committee, Shrivastava Committee, Bajaj Committee. These health committees and commissions have given many recommendations to solve the health problems in the country.

It is well known that health is above the wealth. The paradigm of health is shifting faster in urban areas in comparison to the rural areas in the country. With the increasing rate of literacy and the level of education the attitudinal changes among the people are taking place in India. These attitudinal changes are developing advance thinking among the people of the country. Therefore there are many changes which are making people flexible to adopt the modern techniques to stabilize the population. Introduction of National Family Planning Programme was a major force in shifting paradigm of health in India. India became the first nation by launching the National Family Planning programme in 1951. It was launched to reduce the birth rate to the extent necessary to stabilize the population at a level consistent with the requirement of the national economy. This programme later renamed as National Family Welfare Programme. National Family Planning Programme went through many changes both in intensity and modus operandi. It can be classified into Clinic Approach (1951-1961), Extension Education Approach: Low Intensity HITTS Approach (1962-1969), High Intensity HITTS Approach (1969-1975), Coercive Approach (1976-1977), Recoil and Recovery Phase (1977-1994), Reproductive and Child Health Approach.
(Since 1995). The Family Welfare Programme is now repositioned as a Family Welfare Programme for MDG goals as this is one of the major means through which both maternal and child mortality and morbidity can be reduced. Increasing age at marriage and spacing between births are major interventions for achieving both these objectives. India is reorienting its National Family Welfare Programme from a target driven approach to a service oriented one that focuses on improved quality of care.

The achievements of the National Family Welfare Programme are significant but did not meet the expectations which have been made from time to time. The major reasons of failure of this programme are the non availability of quality services, lack of skilled providers and gender biased programme with poor male participation. Secondly, while it is important for women to have access information and services to control their fertility, much of the help offered has been misguided and controlled by mainly population specialists and family planning agents, who are usually men.

In 1983 first National Health Policy was formulated to bring significant changes in the determinant factors of health of the people in the country. It has yielded some positive results but could not fulfill the expectations of the policy makers. Later in 2002 second National Health Policy was framed out to achieve the old and new target in the health sector of the country. This health policy proved more effective in comparison to the earlier policy. Major National Health Programmes include National Family Welfare Programme, Reproductive and Child Health Programme, Janani Suraksha Yojana. These programmes particularly focus on the health of mother and child. In 2005 National Rural Health Mission was launched. The launch of National Rural Health mission really brought out a shift in the paradigm of health of rural population in the country. The main objective of National Rural Health Mission is to provide health care facilities in the rural areas of the entire country. It provides accessible, affordable, accountable, effective and reliable health care, especially to poor and vulnerable sections of population with the ultimate objective to achieve population stabilization in the high fertility states in the country.
Low sex ratio is well known indicator of gender discrimination in India. In majority of the states it is in the favour of males. It is the result of inferior social, economic and political status of females in the country. Lower socio-economic status of females is mainly promoting early age marriages, lower literacy rates, higher fertility and mortality rates. There are many reasons of low sex ratio in the country. These reasons include female foeticide, caste system, dowry practices and gender discriminatory patriarchal social customs and cultural traditions. Though, Sex ratio in the country is improving gradually since last two decades but it is still very low.

Many health policies and programmes I have introduced brought out many positive changes in the determining factors of health. Gender inequality in morbidity has reduced. But there are many causes which are still active in promoting morbidity rate among females. These causes of high morbidity among females include gender inequality in food, gender inequality in amount of work, gender inequality in sterilization and violence against women.

Education brings attitudinal changes among both males and females. It broadens the mental horizon of men and women. It inculcates rationality in the personality of the people. Indian culture is different from western culture. Old customs and traditions are deep rooted in Indian culture. Our society is multi-religious, multi-cultural, multi-lingual and multi-caste based society. It is close society. Here close society means the society in which changes takes place very slowly. The increasing level of education is not able to bring out the expected attitudinal changes among males and females. Therefore women are still inferior to their male counterparts in the country. Female literacy rate is still low in comparison to their male counterparts. Though school dropout rate of females has decreased but it is still higher in the country. The retention rate of female students is increasing fastly. Many government policies and programmes have been started to improve the literacy rate in the country. The major National Education Policies and Programmes include: National Education Policy 1968, National Education Policy 1986, Sarva Shiksha Abhiyan, and National Programme for Education of Girls for Elementary Level.
(NPEGEL), and Kasturba Gandhi Balika Vidyalaya (KGBV). These policies and programmes have improved the literacy rate among both i.e. males and females in India. But one fourth population of our country is still illiterate. The policies and programmes in India are not implemented effectively. Therefore the outcome is not satisfactory.

Actually access to education depends on three factors which include: geographical / physical distance, culture and religion, economic or financial conditions. Geographical distance is an important factor in accessing the facility of education. If schools are very far from the village then it becomes very difficult for girls to join the school to get education. Indeed a large number of families are still not ready to send their daughters out of their village to join the school. Cultural and religious restrictions are still playing major roles regarding the access of education to females in the country. Even in this modern era females are still restricted to go outside their home to join the schools. Gender discriminatory social customs and cultural traditions are major hindrances in access to education for females in the society. If the family is not economically sound then the education is not accessible to the members of the family particularly to girls in the society.

Therefore many gender discriminatory customs, traditions are still making females submissive, subordinate and inferior to their male counterparts. These customs and traditions are major hindrance in the way of attitudinal changes in males and females in Indian nation. Indian value system is a major obstacle in the way of women’s freedom. This old value system is transmitted from one generation to another by the process of gender socialization. Gendered socialization is still on in our society. Though the literacy rate among females is increasing with comparatively higher rate in the country, but there is no expected change in their attitude. In majority of cases they still feel helpless in front of their male counterparts.

Status of female is inferior to their male counterparts in Indian society. Women were identified through their good skill of cooking food, maintaining home and caring all family members. They were completely responsible for household work. While
male members of the family were known for the work outside the home. They were known as breadwinners. Therefore women were confined to domestic work which was and is unpaid activity. And men were engaged in work outside the home which was productive and paid. But after independence many socio-economic and legal changes have taken and are taking place in Indian society. Therefore in this modern Indian society women are also working outside their home to help their families economically. Though women have entered in every sector of Indian economic employment but in rural areas their condition is still very miserable. In villages majority of women are working inside their home. And this work done by women inside their home is accounted as unproductive and unpaid. Therefore majority of women in rural areas economically depend on male members of their family.

The economic growth and development in pre-independent India was exclusive. It was exclusive for male, for rich and for upper caste people in the society. But after independence to increase the rate of economic growth and development inclusive policies have been formulated. Under these inclusive policies women are also contributing in the economic development of the society. Now women are a significant part of Indian economy. But because of low literacy, cultural and religious restriction on women’s movement outside their home and health problems, they are not able to do job. Therefore, their work participation rate is still very low in the country. Many government policy and programmes have been formulated to improve the economic condition of women in India. These policy and programmes include: National Policy for Empowerment of Women (2001), First Draft Employment Policy 2008, Support to Training and Employment Programme / Schemes for Women (STEP), Swayamsidha, Swadhar – A Scheme for Women in Difficult Circumstances, Development of Women and Children in Rural Areas (DWCRA), Rashtriya Mahila Kosh (RMK), The Indira Mahila Yojana (IMY), Entrepreneurship Programmes for Women, Women’s Vocational Training Programme, The Swarnajayanti Gram Swarozgar Yojana (SGSY), The Jawahar Gram Samridhi Yojana (JGSY), Swarnajayanti Shahri Rozgar Yojana (SJSRY). These policies and programmes /
Schemes have improved women’s economic status up to a significant extent. But in rural areas women’s condition is still very miserable. It is happening because of ineffective implementation of governmental policies and programmes in rural India.

Thus there is still a large gap in income of males and females in the country. Male’s income is higher in comparison to females. Though females have entered in every sector of employment in India but they are still in minority in highest level’s jobs. The ratio of women in organized sector of employment is very low in comparison to their male counterparts. Most of the women are working in unorganized sector of our economy. But since last two decades women’s participation in organized and unorganized sectors of employment is increasing fastly. The marginalization of female work force is much greater than their male counterparts. Indeed women’s participation in organized sector has increased but they are still working in unorganized sectors in majority. To make women economically independent various approaches were framed out and implemented in the country. These approaches include: Welfare Approach, Development Approach and Empowerment Approach. In all these three approaches women got special provisions to improve their economic status. Thus in India paradigm is shifting from unorganized sector to organized sector, low status jobs to higher status jobs, inferior type of jobs to superior type of jobs, socially unsecured jobs to socially secured jobs, legally unprotected jobs to legally protected jobs, unproductive jobs to productive jobs. Paradigm also shifted in terms of approaches framed out to improve socio-economic status of males in general and females in particular. Paradigm shifted from welfare to development and development to empowerment approach.

The changes brought out in the study area are the changes in socio-economic structure not the changes of socio-economic structure. Under liberal feminist perspective the major sources of gender inequality include: gendered socialization of children, gender stereotyping, division of labor into men’s and women’s jobs, primary responsibility of women for child care and household maintenance, low pay for women’s jobs, restricted entry into top positions of jobs, limitations on women’s
reproductive choice. In the study area gendered socialization is still continuing. Male and females are treated unequally. Males are still dominant in every aspect of social, economic and political aspects of their life. Therefore, Liberal Feminist perspective has been used to fulfill the theoretical background of this study.

**Structure of the Thesis**

The thesis begins with First Chapter as an introduction which includes Objectives of this Study, Background, and Previous Work done Related to the Present Study, Hypothesis, Structure of Thesis and Conclusion.

Second chapter is related to the research design and methodology. This chapter includes research methodology and research design used to fulfill the requirement of this study.

Third chapter is related to the Changing Paradigm of Gender Inequality in Health. It includes a brief survey of issues related to health and gender, the constitutional safeguards, existing programmes and policies. It also explores the current health status of Uttar Pradesh before an attempt is made to analyse the findings from the survey.

Fourth chapter is presents the predicaments of gender and education. It includes efficacies of Education in Redefining Women’s Roles, Constitutional Provisions and Legislative Measures, exploring factors retarding the Progress of Women’s Education, Gender Inequality and Changing Trends of Education in Uttar Pradesh, Educational Profile of Uttar Pradesh, and an analysis of the findings from survey.

Fifth chapter is based on changing paradigm of Gender Inequality in Income. It analyses how income generation and access to livelihood options together with enhanced capacities to take decisions affects the gender equations. The data from the survey is analyzed using various cross tabs to understand the present condition of women in terms of economic empowerment.

Sixth chapter includes conclusions and suggestions of the present study.

The thesis is concluded with a summary of findings exploring its overall impact on the empowerment of women and gender relations.