Chapter-3
SOCIAL RIGHTS OF WOMEN

Women movements in India have been linked to the western education. Although the social awareness against the evil practices like sati, child marriage, devdasis were initiated by the Indian intelligentsia and social reformists but it could become possible with the legal and police support of colonial bureaucracy. However, the political and economic issues like right to vote, political participation and right to property were raised by the west-educated Indian women during the freedom struggle. Although the issue of socio-economic and political rights has been raised by the various women organisation during the freedom struggle, the colonial judiciary could not adopt a secular approach while deciding the issue of the property rights of women and referred to religious texts and other old customs which undermined the rights of women. As a free nation India started its journey with the great promises of socio-economic and political justice to the weaker and backward classes of India under the aegis of state sponsored mixed-economy and state-sponsored social sector. The constitutional initiatives for social democracy and the socio-economic and political justice were furthered by the constitutional amendments and policy initiatives taken by the Indian government from time to time.

The provisions for the upliftment and development of women have always remained a serious issue for the policy and legal initiatives of the Indian state along with other weaker and backward sections of the Indian society. The Constitution of India guaranteed right to equality to women in every sphere of life: right to equality before the law (Article 14), no discrimination by the state (Article 15(1)), equality of opportunity (Article 16) and equal pay for equal work (Article 39(d)). In addition, it allows special provisions to be made by the State in favour of women and children (Article 15(3)), renounces practices derogatory to the dignity of women (Article 51(A)), (e) and also allows for
provisions to be made by the State for securing just and human conditions of work and for maternity relief (Article 42).


The evolution of socio-economic and political rights of women along with the legal provisions has been discussed in the previous chapter. In this chapter focus is to analyse the impact of globalisation on the social rights of women in India. Before discussing the impact of globalization on the social rights of women in India, it becomes necessary to analyse the existing literature on the impact of globalisation of women in the other parts of the world.

Globalisation is a process of increasing interdependence and integration of economies and societies to such an extent that an event in one part of the world affects people in other parts of the world. It is argued by the policy makers, researchers and academicians that the innovation in the information technology
has created a world which is more connected than ever before, the approach to
the knowledge and to the latest information in any part of the world is just a
click away. The integration of world economy and the global linkage of the
various socio-cultural organisations have been working as agents for linking
the local culture and creating a global culture. The global agenda of
liberalisation, privatisation and globalisation has been imposing new challenges
on every strata of society; the people living in developing countries are facing
the problems of social security which are minimised by the developing states
on the orders of International Monetary Fund and World Bank.

The regulations and the directions of the International Monetary Fund and
other international trade agencies have not only laid impact on the different
countries differently but also impacted the different people of the same country
differently, owing to their socio-economic and political status. It is not only the
economic status of any individual or group which is imposing the challenges of
inclusion and exclusion under the new order of global development. The age-
old socio-political and historical determinants are also equally relevant for the
inclusion of any group or individual in the development process across the
globe even today.

It was under this backdrop that in 2000, the Beijing+5 Document, while
reviewing progress of women under the new world since the 1995, noted that
globalisation presents opportunities to some women but leads to the
marginalisation of many and thus it advocated for gender mainstreaming in
order to achieve gender equality.

It is argued by the researcher and women activists that globalisation affect
different groups of women in different places in different ways. On the one
hand, it may create new opportunities for women to be forerunners in economic
and social progress, but on the other, it is proving to be a bane to the
uneducated and unskilled women as they are not able to cope with or adapt to
the new technology of production. The advent of global communication
network and cross-cultural exchange have no doubt, impacted the lives of women across the globe both in the negative and positive ways. Certainly, the wide-spread network of communication technology has promoted ideas and norms of equality for women in implicit and complicit ways. It has brought about awareness and acted as a catalyst in their struggle for equitable rights and opportunities.

However, it may increase gender inequality in a patriarchal society, especially in the developing countries. In the economic realm it may lead to further marginalisation of women in the informal labour sector or their impoverishment through the loss of traditional sources of income. The process of globalisation may have resulted in new avenue of growth, but due to unequal distribution of its benefits, women have been adversely affected in many cases. It is argued in the Beijing+5 Document that merely enacting a legislation for the gender mainstream and women development will not help to improve the condition of women and the proper implementation is desired as the only solution to development of women.

The report of United Nations Development Fund for Women has pointed out that in the past two decades the process of globalisation has contributed in the widening of inequality within and among different countries. The developing economies of Sub-Saharan Africa and countries in transition like in Eastern Europe and the former Soviet Union are facing the problems of financial crises and political uncertainties at the same time. It is argued by the researchers and also demanded by the poor countries that some measures should be taken to make the globalisation people centric. It must be reshaped under the human and democratic norms, the global financial and capital agencies have to realise their social responsibilities and they should have to adopt a human-centric approach instead of focusing on profit.¹

Women have entered the workforce in large numbers in the developing countries with the initiation of the liberalisation, privatisation and globalisation. The critics of liberalisation argue that following the efforts of the World Trade Organisation, World Bank and International Monetary Fund regulations, the developing countries have been forced to bring changes in national industrial and labour policies to allow the free entry of foreign corporations and to give more incentives to big business houses rather than to small scale industries. This has resulted in further marginalisation of rural, indigenous and unskilled labour from the market. The marginalisation of the unskilled and indigenous labour definitely has an impact on the poor and indigenous women. Globalisation has also increased unpaid work of women as social services are privatised and owned by the private contractors who take more hours and more rigorous work than they did earlier under the government owned social sector. It is to note that the role of international institutions like the International Monetary Fund and World Bank was found to be decisively unsupportive to the social security during the East Asian crisis.²

As it is established by the various studies that the social and economic rights of women are complementary to each other and they are incomplete without each other. Looking into the nature of research, a detailed-analysis of the economic rights of Indian women and the economic impact of globalisation on Indian women will be done in the next chapter.

The revolution in information-technology has been producing a more awakened and conscious women than ever before in the history of India. The assertion of women for equality and participation in the socio-economic and


political sphere of Indian society is not limited to urban and the metropolitan women, it is spreading to the rural areas also. Although the legal and policy initiatives for the development of women in particular and the exposure of the Indian society to the western culture is helping to break the gender stereotypes, the old social barriers and conservatism still continue to exist in the larger parts of rural India.

A debate over the social impact of the Structural Adjustment Programme (SAP) and New Economic Policy (NEP) has been stimulated by many social scientists and policy makers. The main issues of their concern are: how the Indian women and other weaker sections of the Indian society will respond to challenges of the NEP and the LPG regime. How the Indian women will respond to the market mantras? How will they budget their homes? As they have to pay more for the education of their children and have also to face the problems of purchasing the basic goods from the open market, which was earlier protected by state welfare. How can the question of the freedom of choice be relevant and important for the Indian women under the given circumstances?

The social scientists, policy makers and researchers hold that globalisation has impacted different people, differently across the globe. The new international economic order has not only changed the international rules of trade and tariffs but has also been changing the life cycles of people across the globe. It has been noticed that the people of the same nation have different experiences of globalisation in relation to their socio-economic, political, geographical and personal positions. The present form of liberalisation, privatisation and globalisation has come under the severe criticism due to the lack of principles of social-justice and sustainable development. The emphasis of the critics of globalisation is on the withdrawing of welfare measures and policy initiatives of the state. Simultaneously, the linking of economic development with socio-political change is also facing many challenges from below due to the socio-
cultural variations of the different socio-religious, economic and political groups across the globe. The reach of the global media and global information technology have also been observed as relative and its impact on the socio-psyche set-up of the different socio-cultural groups is also varying from group to group. On the one hand, it seems that the rural and traditional India is in fine tuning with the global culture and global technology and on the other, suppression of women in the name of culture, heritage and family values still continues.

Women constitute half of the world population as well as of India’s population. The development and empowerment of women is on the top most agenda of the global governance as well on the agenda of the government of India. A comprehensive analysis of the global policies on women development and empowerment as well as the policies of the Indian government shall be evaluated to know the gaps between the policies, their implementation and their impact on women in India. The second important concern is to know the impact of the global technology, capital and culture on the lives of women in India. Women are also facing the new challenges of global consumer culture, global recession and more importantly the waving of state welfare, SAP and NEP. The western values and the NEP not only imposed the competitiveness, privatisation, profitism, they have also created many avenues for employment and social exposure for Indian women. The global exposure and competitive market has doubled the burden of women as now they have to manage the house-hold affairs while sharing the burden of earning with their male companions outside home. It has not only increased their responsibilities and work but also exposed them to work exploitation and occupational hazards.

Women movements across the globe are developing a strong net-work and developing a understanding for the solution of women problems at the regional, national and international levels. The advocacy of strong global mechanism to tackle women’s problem along with the regional and national set-up through
the UNO has been advocated by the women organisations nowadays. A more connected world can provide them with the new thinking and techniques to change the old social norms which can lead to the breaking of old social taboos under which the women have worked till now.\(^3\)

Then social impact of globalisation on the status and rights of women in the traditional and developing societies like India is one of the important issues of the policy analysis along with the economic effects of the globalisation. According to the legal and human rights definition, the social rights of women include the acceptance of the role and work of a woman in society as equal to the role of a man, providing her the equal social space as it is provided to a man.

The change in the social status of women in the era of globalisation along with the economic development of women is one of the debatable issues these days across the globe. However, the researchers and policy makers across the globe are coming up with country and region-specific data and interpretation on the socio-religious and cultural impact of globalisation on women. The impact of globalisation is also visible on women in India so far as their employment, development and empowerment is concerned. As mentioned above, the socio-economic development of women and socio-economic impact of globalisation on Indian women are inter-connected and they cannot be separated from each other in totality. However, the impact of globalisation on the social status and social rights of women can be measured by some social parameters as mentioned above.

The important components of globalisation are the free-flow of information, goods, technology, particularly related to health, consumer industry and education. The social status and social rights of women is a dependent variable which is largely determined and defined by the socio, psycho, economic and

\(^3\) *Ibid*, pp. 93-95.
political set-up of any society. The impact of globalisation on the social status and rights of women can be measured from the social and cultural change.

The social acceptance of any person starts from the very beginning of his birth, although the child does not know anyone from the family and society and has no friend or foe in society at the time of his birth. The social and family acceptance of the child, however, remains relative to the gender and other socio-economic and political factors. So the analyses of negative and positive impacts of globalisation on women should start from the birth of a girl child and should end with the end of her life.

Women movements and debate over the social change in India is not a new phenomenon; its roots are more than a hundred year old and are indebted to western education. It is to note that the oxygen to women movement and the demand for equal social rights by the Indian women is provided by the western-educated Indian women and a positive support to the women cause was also provided by some western women activists. The faster exchange of ideas through modern information technology may be new and may help to build strong and global response mechanism to the women movements in India.  

As far the social impact of globalisation is concerned, there are multiple views regarding the social status and social rights of women in globalised India.

The impact of the socio-economic and political set-up along with natural environment on the human beings starts form the very beginning of their life and even before the birth of a child. The same is true in case of a woman. Although the global capital, technology and media have multiple effects on the socio-economic and political set-up of the Indian society. However, looking into the objectives of the study, in this chapter the focus is on the social aspect

and the impact of globalisation on the health and education as well as on the crimes against women in India.

**Women Health and Political Governance in India**

Health is a personal and social state of balance and well-being in which one feels strong, active, creative, wise, where all one’s diverse capacities and rhythms are valued, where one may make choices, express one and move about freely. Inequity in health is broadly defined as the systematic and potentially remediable differences in one or more aspects of health across populations or population groups defined socially, economically, culturally and demographically.\(^5\)

The socio-cultural factors have also an important role to play in determining the health status of a person or any group in given circumstances of society. It is found by various research studies that gender plays an important role in various societies while determining the health status of different persons of the same family. The health and survival of a girl child or a woman have always been an issue of debate in the traditional as well as in the modern societies while comparing the biological factors of female health and survival of women.

Normally males have higher level of mortality, but in several countries of South Asia-namely India, Bangladesh, Nepal, Pakistan and Sri Lanka and in some countries of the Middle East, girls have a higher mortality rate during childhood than boys. Health care during pregnancy and child birth and health facilities for women are also under question.\(^6\)

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In India women’s health has always remained crucial to the policy makers since Independence. The state control over the health services directly focused on the health of women and children. The Community Development and Family Welfare Programmes at the grass roots were initiated with special focus on health care of women and children in the early years of Independence. There has been a progressive increase in the plan outlays over the six decades of planned development to meet the needs of health care of women and children. The outlay of Rs.4 crores in the First Five Year Plan (1951-56) has been increased to Rs. 7,81042 crores in the Ninth Five year Plan and Rs. 13,7800 crores in the Tenth Five Year Plan. There has been a shift from family welfare-orientated approach which was adopted in the First Five Year Plan to the “development” and “empowerment” of women in the consecutive Five Year Plan. Tenth Five Year Plan (2002-2007) laid emphasis on women component plan (WCP) and gender budgeting which are complementary to each other. Apart from the allocation of specific funds in the Five Years Plans various measures have been taken in order to eradicate atrocities against girls and women in India.

Women’s police station, family courts, legal aid centres etc., have been set up and awareness programmes on rights of women and legal literacy have been conducted.\(^7\) The Eleventh Five Year Plan proposed a five-fold agenda for gender equity. This includes economic, social and political empowerment and strengthening mechanisms for effective implementation of women-related legislations and augmented delivery mechanisms for gender mainstreaming. Recognising that women and children are not homogenous categories, the Eleventh Plan aims to have not just general programmes, but also targeted interventions, catering to the specific needs of different groups. Reducing the gender gap in literacy to 10% by 2011–12, Infant mortality rate (IMR) to 28%, Maternal mortality ratio (MMR) to 1 per 1000 live births, the Fertility Rate to

\(^7\) Ibid.
2.1and Malnutrition among children in the age group of 0–3, Anaemia among women and girls was also to be reduced to half of its present level by the end of the Eleventh Five Year Plan. Sex ratio for age group 0–6 children is to be raised to 935 by 2011–12 and to 950 by 2016–17. It ensures that at least 33% of the direct and indirect beneficiaries of all the government schemes should be women and girls.  

8 Twelfth Five Year Plan (2012-2017) is expected to deliver more inclusive growth by creating jobs for women. In other words, ‘women’ as a category will be included in the development process, 9 12th Five Year Plan emphasised on the development and empowerment of women by providing ‘quota’ or gender based reservation in jobs.10

Since April, 1996 Family Welfare Programmes have been re-oriented to provide an integrated package for family welfare, women and child health services. The new programme is known as Reproductive and Child Health (RCH) programme. Earlier versions were called Family Planning and Maternal and Child Health (MCH) in the 7th five year plan and as Child Survival and Safe Motherhood (CSSM) in the 8th five year plan. The focus of the family welfare programmes has been widened to new areas like: Safe pregnancy and child birth and post natal care, contraception (Family Planning with Target Free Approach), Safe Abortion, Management of RTI, STD, HIV/AIDS, Adolescent health and increased male responsibility, etc.11

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Globalisation and Women Health

Globalisation has not only provided the global capital and new range of reproductive health and health technologies, which have potential for better caring for health and health hazards in India. Simultaneously, the issue of health care and health safety particularly the health care of women and children has become an important goal of the international society. The international Convention on the Elimination of all Forms of Discrimination Against women provided certain provisions for the mental and physical health of women beside a call to end all kinds of social, economic and political violence against women. United Nation Development Programme took a lead in measuring the gender development in 1995 by entitling the Human Development Index as Gender and Human Development Index.

The other important steps to improve the mental and physical health of women under the global partnership are Beijing Plan of Action, Beijing+ 5, Beijing+ 10 and Beijing + 20 etc. The UN efforts for women health has become more rigorous and action oriented by the end of 20th century and the United Nations General Assembly adopted a resolution on Women’s Health Throughout the Lifespan in 1998 at the celebration of 50th anniversary of World Health Organisation, while reaffirming the commitment made in the Beijing Platform for Action and Beijing Declaration, the Programme of Action of the International Conference on Population and Development, the Copenhagen Declaration on Social Development and the Programme of Action of the World Summit for Social Development and the Obligations of the State Parties under the CEDAW and other relevant international agreements to meet the health needs of women throughout their life span.

The other important international documents on women health and concern are the call for the global action, the global capital, technology and partnership are;

The preparatory documents for both the World Summit for Social Development and the Fourth World Conference of Women scheduled for 1995, documents prepared by the UN Agencies, Regional conclaves or NGO forums and experts on Women’s affairs, all attested to one fact i.e. this gap between men and women in control of productive assets, employment, income, education and training, hours of work, habitation, health and social welfare infrastructure leading to denial of development rights of women. The exact situation of the girl child belonging to extremely poor families and groups does not augur well for the future of generations of women to come, till a massive popular transformation in perception of women’s roles in society and social attitudes in preparing them for their multiple roles take roots. The positive and negative impacts of the global health technology can be measured from the various issues, facts and figures of the policy initiatives of the governance and the actual position of women in the contemporary world.

South Asia has seen momentous changes in the last two decades in terms of economic growth coupled with changing patterns of work, especially for women and today it is most “globally integrated” region of the world with the


highest average ratio of trade to GDP with the largest inflow of foreign direct investment, substantial financial capital flows and even significant movement of labour.\textsuperscript{16} Over the last two decades, South Asia has been the second fastest growing region after East Asia, with an average growth rate of 5.3 per cent. The pattern of growth has stimulated higher rates of migration among women and special situation of women migrants is a new and emerging issue in the region. The concern for the women health has become a major issue of the policy makers in South Asian and the national governments are spending a fixed amount of their GDP on women’s health now. The efforts to reduce the issues related to women’s health under the various national and international health programmes and special programmes for women health-care have also been designed by the international agencies like WHO, UNIFEM etc. along with the national government programmes to reduce the child mortality, infanticide, and foeticide, prenatal, post-natal, and maternal deaths.\textsuperscript{17}

All countries in this region have made a commitment to the International Conference on Population and Development (ICPD) Declaration and Declaration on Safe Motherhood. Specific targets have been set for reduction of maternal mortality and better coverage with maternal health services. The following is a quick glimpse at the key initiatives. The government of Bangladesh has adopted a comprehensive Health Policy and Health Nutrition and Population Sector Programme (HNPS) for 2003-2006. The HNPS was aimed at reducing Maternal Mortality from 3.3% to 2.75% per 1000 live births, reducing total fertility rate and ensuring access to reproductive health services. The Maternal and Child Health Programme of Bhutan has been expanded into Reproductive Health Programme. India’s National Health Policy 2001 gives


high priority to women health as reflected in the Reproductive and Child Health Programme (RCH) (second phase started in 2003). Women’s health becomes the important concern of the political governance and an understanding has been developed by the municipal governments in South-Asia to fix the amount of their annual budget.\textsuperscript{18}

Given the current global focus on universal health coverage, government spending on health from domestic sources takes an increasingly central role. The criteria for the government health expenditure as defined by the experts are ethical use of health technology, reduction of poverty, health equity and the rule of rescue.\textsuperscript{19}

**Policy Initiatives and Women Health in Globalised India**

The economic development of any region or nation is relative to many other socio-economic and political factors. An economically weak society can prove better off in case of social knowledge and social development if the social parameters of that society are based on scientific and rational thinking rather than on the superstitions and religious bigotries. As everybody knows the issue of women’s health and development is not only related to the health facilities & health technology in general but it is also an issue which is more enrooted into the social fabrics of society. The effects of the advancement in science and technology on the health-care and safety can prove negative if the social set-up and social norms are not favourable. The recent examples of the misuse of the advance Ultra-sound technology on women to diagnose the sex of the unborn child rather than to use the technology to save the lives of women is a vital proof of the contradictions between the development of science and technology


\textsuperscript{19}Musgrove Philip, “Public Spending on Health Care: How is Different Criteria Related?” *Health Policy*, vol. XXXVII, no. 3, 2011, pp. 207-23.
and social development.\textsuperscript{20} The socio-economic and cultural set-up has a great role to play in the safety-security and health care of women in any society and nation. So, the actual picture of the impact of global health-care programmes and health-care technology is relative and can clear only after the analysis of other social variables which are in one or other way related to women’s health.

The most important issue of women’s health is acceptability of her as equal to male in the socio-cultural set-up of any society. As the discrimination against women starts from the womb and the social implications of technology on women’s health and survival also start from the womb of the mother. A comprehensive analysis of the impact of global technology should cover the impact of advanced health technology on women from womb to tomb in the given circumstances in any society. \textsuperscript{21} So the analysis of women health should start from the sex selective techniques of the pre-natal, post-natal child mortality, maternal health care and other issues related to women’s health in India.

**Foeticide**

Foeticide and skewed sex ratio of the girl child is an important issue of women and child’s health in South Asia. Although foeticide is a very broad issue and is linked with the socio-religious conservatism, poverty, law and political set up of any society, it is also related to the medical lab –technology and the ethics of the medical practices in the globalised world. As explained by the experts, benefits of the advance medical lab technology i.e., the ultra-sound technology shall help to improve the health facilities in developing countries. However, the ultra-sound machines are working as double-edged swords as the male members are duly benefited from this advance technology but the unborn girl child of the same societies is becoming a victim to the same technology.

\textsuperscript{20} Gangoli, n.11, pp.514-517.

\textsuperscript{21} Ibid.
Although the sex selective techniques are banned in India, however, easy and cheap access to this technology has created havoc like situation. The census of 1991 has reported sharp decline in the birth rate of the girl child. It was noted that the sex of a girl child declined to 945 and even down to 927 in the census of 2001 and 914 in the census of 2011.

Table- B (1)
Sex Ratio (Females/1000 Males)

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<th>2011</th>
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The Government Initiative for the Improvement of Girl Child Sex Ratio: An Analysis

The government of India launched a special campaign to improve the sex ratio and save the girl child. To involve the people at regional and national levels various schemes and laws like: Pre-natal Diagnosis Test 1994, special campaigns at the social level like: Mukhya Mantri Kanya Suraksha Yojana (Bihar), Dhan Lakshmi Scheme (Karnataka) Ladli, (Haryana & Delhi), Balika Samridhi (Gujrat), and the Beti Bachao, Beti Padao of Central Government are worth mentioning. Even the regional and national political parties launched a special campaign and made the protection of the girl child a part of their election campaigns.\(^2\)

The real picture, however, reveals a different fact and all the government and civil society initiatives have proved futile as the NSSO reported further decline in birth rate of the girl child, which continues to decline at the same pace and the 2011 round of NSSO reported decline of the girl child birth to 914. The Pre-natal Diagnosis Test 1994 and the special campaigns at the social level proved to be a futile and fruitless exercise to improve the sex ratio and save the girl child. The finding of the foeties of the unborn girl children at many places and in the renowned hospitals after the launching of complaints by the social activists across India has exposed the well-established net-work of the doctors.

and agents across the country. Moreover, the large scale reports on the abandoning of the new born girl children by their parents at public places suggests that the development of health technology has less to do with the improvement of sex ratio of the girl child and it has more to do with the social conservatism and social set-up. The efforts of government and technology inputs and innovations in health–care technology can’t be successful to control the birth rate and save the girl child, until the mindset of the concerned society is changed. The lack of social awareness, lack of medical ethics among the medical professionals and administrative corruption along with the lack of political will have been leading to the declining sex ratio of the girl child.

The reports on the abuse of sex-selection technology proved that it is the developed states and the middle class families that are using the health techniques for killing the unborn girl child instead of promoting medical–care and safety of the girl child. Infact, the arrival of the advance health technology in India has intensified the foeticide in the middle class families of the developed states of India like Punjab and Haryana. The States of Punjab and Haryana are not only known to be rich economically but also culturally superior to the other states of India, but the real picture of their socio-cultural set-up is presented by the Census of India in 1991 under which the sex ratio has been noted to be below to 861 in Punjab and 874 in Haryana, whereas the other poor states have been better off than these model states of India.

**Bad to Worse: Pros and Cons of Global Medical Technology**

The advancement of medical drugs along with the health care technology and the information technology have been also proved dangerous to the medical-care and safety of the girl child and mother. Global awareness about

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reproductive rights of women has been coerced under the established social norms. Mother’s control over the birth of her child has been reduced as the sex of the child can be detected by any doctor in the nearby city and the question of the delivering of child by her has becomes a matter of family prejudice rather than of her choice. The choice of the child’s sex definitely affects the birth and safety of the child as it can be aborted if the unborn child is a girl.

It is found that the male sterilisation programme which was launched during the emergency has not only become a challenge to the patriarchal psyche of macho man but it has also become a political challenge to the government as it was a major issue against the Indira Gandhi government in the post emergency elections. It may be due to the political polarisation of male sterilisation during the emergency that till date no government could dare to popularise and implement male sterilisation programme as it became one of the factors for the defeat of Indira Gandhi in the parliament election of 1977. Women became a soft target for population control programmers’ in the post emergency period as the coercive measures for the population control against the male could defame the government. Harmonal pills (Estrogen- Progestone combination), injectible contraceptive (Depro-provera Depot Medroxy Progesterone Acetate, Net EN – Nortesteeone Enethate) and anti fertility vaccine have been foisted on Indian Women‘s body without any concern for collateral damage in terms of thyroid, migraine, chest pain etc.

Although India signed CEDAW and the family welfare programmes of Indian government are under the media scanning and the government is also afraid of International criticism for encouraging women sterlisation more than that of men. The direct benefiters for the motivation of the sterilisation of women are


also discouraged mainly due to the bindings of CEDAW, however, the clandestine policy of family planning has not only become the direct violator of the provisions of women health-care and safety provided under CEADAW and various international programmes, but it has also become the killer of women who want to control their family size.\textsuperscript{27}

The target which was fixed to reduce the fertility rate in 2011 was 2.1 and this target was to be achieved by 2015. Under the target-oriented approach of the government, a doctor has to perform 800 sterilisations every year, particularly in the states having high fertility rate. The studies show that the women sterilisation is one of the effective and major tools of population control in India as per the data 37.3 per 1000 women have got their sterilisation to control their family size instead of using the other techniques.

The most dangerous are the conditions and the manners under which the family planning programme is performing sterilisation to the women as revealed by the 16 deaths of women in a sterilisation camp at Bilaspur in the State of Chhattisgarh. It is found that the conditions under which the sterilisation camps are organised are against the established procedure of the sterilisation law and ethics of the medical health care. Health Ministry admits that Rs, 50.76 crore was released between 2001-2011 and 2013-14 for 363 deaths and 14,901 surgery failure according to the National family Planning Insurance Scheme ICICI Lombard Bank 2005. Under this scheme Rs. 2 lakh are provided to the family of the woman who dies following the sterilisation in a family planning camp and Rs. 50,000 to the family of a woman who die within 8 to 30 days of discharge from the camp.

The methods and concerns of health care of women followed by the government are also revealed by the women many times who go through the government and private camps of sterilisation in India. The agony tales can be

revealed from the fact of the recent incident of Bilaspur where 16 women died within a day or two after sterilisation. As told by the survivors of the incident to the media that they only remember unclean beds where they lay shoulder to shoulder as someone administrated anesthesia. That the sedition was ineffective is clear from the fact that majority of these women woke up in pain screaming for relief while the doctor, now arrested, continued the procedure and finished 83 tubectomies in five hours. All participants were discharged within minutes of the operation despite the requirement of overnight post-operative care under the Government of India rules. They went off with the sachets of medicines later found contaminated with rat poison.²⁸

**Sex Difference and Child Mortality in India**

**Health Equity and Globalisation** Equity in matter of health and survival is an important policy issue and a difference by sex is one of the areas which require special focus. The Programme of Action of the International Conference on Population and Development (ICPD) called on the leaders of world to act forcefully against patterns of discrimination within the family and to eliminate excess mortality of the girl child. This call was echoed in A World Fit for Children, the declaration of the twenty-seventh special session of the General Assembly of United Nations.²⁹ The survival of children is prominent on the international agenda in the light of the Millennium Development Goals and substantial reduction in child mortality has been achieved in many countries in recent decades. However, the question whether the recent increases in survival rate have benefited boys and girls equally has rarely been addressed on a global scale. The government and public policies regarding the child health and care

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has become a subject of social set-up and family intentions and preference of medical care of the male and the female child. The preference and acceptability of male child as *kul ka deepak* (the heir of family) along with the economic resources of the family have become a crucial factor not only in the case of child education and development but also in case of child mortality. The data on the child mortality can clarify the actual scenario of the social acceptability and the survival rights of the girl child in comparison to the male child in India.

**Table- B (2)**

**Child Mortality Rate**

<table>
<thead>
<tr>
<th>Decades</th>
<th>Infant Mortality</th>
<th>Under-Five Mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Deaths under age 1 per 1000 live births</td>
<td>Deaths under age 5 per 1000 live births</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>1970</td>
<td>113</td>
<td>115</td>
</tr>
<tr>
<td>1980</td>
<td>93</td>
<td>93</td>
</tr>
<tr>
<td>1990</td>
<td>74</td>
<td>74</td>
</tr>
<tr>
<td>2000</td>
<td>57</td>
<td>59</td>
</tr>
<tr>
<td>2010</td>
<td>46</td>
<td>49</td>
</tr>
</tbody>
</table>

Table- B (3)
Maternal Mortality Ratio (MMR) (per 100,000 live births) in the Various Countries of South-Asia.

<table>
<thead>
<tr>
<th>Country</th>
<th>1990</th>
<th>2000</th>
<th>2010</th>
<th>2013</th>
<th>% Change in MMR between 1990-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>800</td>
<td>400</td>
<td>240</td>
<td>170</td>
<td>-67</td>
</tr>
<tr>
<td>Bhutan</td>
<td>1000</td>
<td>430</td>
<td>180</td>
<td>120</td>
<td>-87</td>
</tr>
<tr>
<td>India</td>
<td>600</td>
<td>390</td>
<td>200</td>
<td>190</td>
<td>-65</td>
</tr>
<tr>
<td>Maldives</td>
<td>830</td>
<td>190</td>
<td>60</td>
<td>31</td>
<td>-93</td>
</tr>
<tr>
<td>Nepal</td>
<td>770</td>
<td>430</td>
<td>270</td>
<td>190</td>
<td>-76</td>
</tr>
<tr>
<td>Pakistan</td>
<td>490</td>
<td>380</td>
<td>260</td>
<td>170</td>
<td>-57</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>85</td>
<td>58</td>
<td>35</td>
<td>29</td>
<td>-40</td>
</tr>
</tbody>
</table>


The above data proves that it is not only the investment but also the political and administrative measures along with the social initiatives which can help to improve the issues related to the health of women and children. As the table given above proves that the poor and smaller countries of South-Asia like Bhutan, Sri Lanka and Maldives have improved a lot but the bigger countries like India and Pakistan have been failed badly in this respect.

The Maternal Health Care and Women

Access to maternal health services is one of the important indicators of the development of health-care and health safety of the women in any society, simultaneously; it also indicates the social attitude towards women.
### Table- B (4)
#### Access to Maternal Health Services

<table>
<thead>
<tr>
<th>Country</th>
<th>Birth attended by skilled personnel (%) 1995-2002</th>
<th>Birth attended by skilled personnel (%) 2000-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td>Bhutan</td>
<td>24</td>
<td>72</td>
</tr>
<tr>
<td>India</td>
<td>43</td>
<td>47</td>
</tr>
<tr>
<td>Maldives</td>
<td>70</td>
<td>95</td>
</tr>
<tr>
<td>Nepal</td>
<td>11</td>
<td>19</td>
</tr>
<tr>
<td>Pakistan</td>
<td>20</td>
<td>39</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>97</td>
<td>99</td>
</tr>
</tbody>
</table>


The poor medical help and the lack of medical facilities in case of attending to pregnant women and delivery of children by the semi-skilled and unskilled local midwives is a common feature of the developing countries. However, the concern for women’s health is relative and varies from country to country they are also connected more with the political will in the country than the economic development and the available facilities of health-care. As the above table shows, the smaller countries like Maldives and Sri Lanka have a higher number of child deliveries or women attended by the trained nurses rather than India. It is also true in the case of Pakistan which is lacking behind even small country like Bhutan.
Fertility Rate and Population Control

The population growth has both positive and negative impact on the development of any nation. The development of modern health sciences and health care has reduced the death rate among children and pregnant women which have resulted in the stable growth of population across the globe. The population growth has become a matter of concern for political governance particularly in the developing countries. The easy accessibility of the method controls fertility rate through contraceptive and sterilisation techniques, which are again to be experimented on women.

Table-B (5)
Fertility Rate of Various Countries (%)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>6.2</td>
<td>3.8</td>
<td>3.5</td>
<td>2.2</td>
</tr>
<tr>
<td>Bhutan</td>
<td>5.9</td>
<td>5.5</td>
<td>5.0</td>
<td>2.2</td>
</tr>
<tr>
<td>India</td>
<td>5.4</td>
<td>3.3</td>
<td>3.0</td>
<td>2.5</td>
</tr>
<tr>
<td>Maldives</td>
<td>7.0</td>
<td>5.8</td>
<td>5.3</td>
<td>2.2</td>
</tr>
<tr>
<td>Nepal</td>
<td>5.8</td>
<td>4.8</td>
<td>4.3</td>
<td>2.3</td>
</tr>
<tr>
<td>Pakistan</td>
<td>6.3</td>
<td>5.5</td>
<td>5.1</td>
<td>3.2</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>4.1</td>
<td>2.1</td>
<td>2.0</td>
<td>2.3</td>
</tr>
</tbody>
</table>


The common feature of all the developing societies is the relative lack of awareness regarding birth control techniques. The above data shows that despite the development of health-care infrastructure and information technology, the problem of over-population is yet to be solved. The spread of information regarding population control and contraceptive techniques is not giving the desired results. The techniques of population control particularly in
the developing countries are old and women sterilisation is still considered the cheapest and best option under the patriarchal set-up of the traditional society. India is also not an exception to the fact of high fertility and over-population. Despite the adoption of policies regarding population control India could not achieve the desired target of reducing the fertility rate to 2.1 which Sri-Lanka achieved in 2005. The other established fact that the government control in India is the lacking a comprehensive policy of population control and insensitivity towards health of women. Till date no strong alternative has been found by the government to replace the age-old practice of women’s sterilisation.

Although the foreign capital and health technology has improved the health facilities and health care to a great extent in India, the gains of global health technology have proved to be a bane rather than a boon. Female health is still a secondary issue in comparison to the male health due to social conservatism. The need of the time is to change the social conservatism regarding the women health, reproductive rights, reproductive health and care. The misuse of the diagnostic technology and female foeticide will make the small girls a rare species if social awareness is not generated against female foeticide.

**Globalisation and Women Education in India**

Education is one of the important components to measure the socio-economic and political development of any society. It always plays a vital role in ensuring the future of any nation. An educational institution is a vital place to inculcate the moral values and national ideals among children and to prepare the future generation of the nation.

The innovations and creations of technology particularly after globalisation have changed the production system and production process to a large extent. It has definitely impacted Indian education system and posed new challenges before the Indian educationists to make the Indian youth capable for global
level competition. Globalisation has also posed many challenges for Indian youth and particularly for young women as their education is now considered as the family oriented earlier. Globalisation has posed a new challenge in making women education market orientated. Accepting the challenges of globalisation the policy makers have started focusing on women education and inclusive growth under the Eleventh and Twelfth Five Year Plans.

Therefore, women’s entitlement to education for preparing them to play multiple roles of productive and reproductive citizens has become important and essential for the positive and healthy growth of the nation. The New Education Policy (1986) (NEP) as amended in 1992, has started focusing on education for Women’s equality, the necessity of women’s access to vocational, professional and technological education. Revised NEP and Programme of action were adopted based on the recommendation of Acharya Ramamurti Commission aimed at improving access to education reducing drop-outs and improving learning achievements for all children between 6 and 14 years of age. It emphasised on inclusive education, especially education of tribal children. Lok Jumbish project was launched in Rajasthan with an aim of spreading inclusive education and encouraging participation of village communities to ensure quality education for each child.\(^\text{30}\)

As per 1991 census female literacy rate was 39.42 percent as compare to 63.86 percent for men. The urgent need for the higher education of women has been realised only after the marketisation of education and as the demand for the Indian educated women increased in the MNCs and TNCs in India and abroad. Although a woman is yet not accepted as an earning hand in the families under the patriarch set-up of the family, the government initiatives and the exposure of the Indian female workforce in the global labour market has been helping Indian women to play their potential role in the family and the society.

The new phenomenon of ‘earning’ and ‘learning’ has become a marked sign from 90s onwards. Tele-networking and tele-trade is drawing a lot of Indian women in the high salaried sector. Open Schools, open universities, correspondence courses and distance education are becoming popular among Indian women. Lectures and demonstrations by globally renowned teachers, experts and specialists telecast by various television channels have become a source of learning for women in India. Globalisation has encouraged the induction of women engineers, architects, pilots, scientists, technicians and journalists with super-specialisation in challenging and rewarding assignments. The facilities of safe transport and flexible working hours with the availability of variety of fresh and durable food in the market have helped Indian women to come out from their traditional set-up of the house-hold. The old thinking of considering women as a burden and as less productive by the employers as women need separate toilets, rest-rooms and flexible working hours has been changing as the Indian women have proved themselves as competitive and hard-working as their male partners are.

The social parameters of women education and the conservatism regarding them have changed to a large extent. The very foundation of women education in India was laid down by the conservative socio-religious reform movements which related women education with house-hold work, family and social values, has now been changed and a professional approach to education of the girl child is developing in these days. Another important point that needs to be emphasised is that the trust of the NEP in letting the education system play an interventionist and empowering role for women by sensitising the whole society for an egalitarian social order.

New players have entered the education services along with the already established state-sponsored education system. New schemes, strategies, innovation and creations of the government and non-government institutions in the education sector have both positive and negative impact on the Indian
society in general and women in particular. Women education has become a concern not only for the government of India but also for many non-governmental organisations at every level and everywhere.

So the policies for the education of women in India not only require a careful analysis but their working at the ground level should also be documented and presented carefully along with their actual outcome. The strategies for women’s education, development and empowerment are becoming the new mantras for the policy makers in the government set-up and the non-government agencies.

**Government Policies and Women Education**

Although educational development was on the priority of the Indian leadership from the independence onwards, the special requirement of women education was recognised in the Third Five Year Plan (1961 – 66) and the largest share for expending on social welfare services was allocated to the education sector. The emphasis on women education was continued during the Fourth and Fifth Year Plan also (1969 – 1974). The basic policy was to promote women’s welfare as the base of operation. The outlay on family planning was stepped up to reduce the birth rate through education.

The Fifth Five Year plan also recommended a strategic programme of functional literacy to equip women with skills and knowledge to perform their functions as good housewives. The Fifth Five Year Plan was implemented during the International Decade for Women and the submission of the Report of the Committee on the Status of Women in India (CSWI) entitled “Towards Equality” also took place at the same time. The CSWI had comprehensively examined the rights and status of women in the context of changing social and economic conditions and the problems relating to the advancement of women. The CSWI reported that the dynamics of social change and development had adversely
affected a large section of women and had created new imbalances and disparities and to educate women was felt to be the immediate need of the nation.\textsuperscript{31}

In the Sixth Five Year Plan the development of women was treated as a separate issue from the family welfare. Until then they were provided welfare services along with other weaker and handicapped sections. It was, for the first time that a chapter on development of women had been documented in the Sixth Five Year Plan. According to the document four strategies namely, Economic independence, educational advancement, access to health care and family planning and supplementing income of tribal women, were emphasised.\textsuperscript{32}

During the Seventh Five Year Plan period, the Indian Parliament adopted a National Policy on Education 1986, which included a chapter on Education for Women’s Equality.\textsuperscript{33} The Eighth Five Year Plan strategy for women’s development covered new thrust-areas such as improving women’s education, database, enumeration of women workers, and provision of supportive services, encouraging women’s organisations and stepping up social security measures. The government also initiated certain programmes for women such as social welfare, nutrition, supplement income generation, girls education, equal remuneration for equal work, hostels for working women and crèches for their children, functional and legal literacy, family-welfare, promotion and strengthening of self-employment, review and streamlining laws concerning women etc.\textsuperscript{34}


The Ninth Five Year Plan came into effect from April 1, 1997. An approach paper was brought out by the Planning Commission and accepted by the National Development Council. An important objective in the Approach paper was the empowerment of women. In planning process, empowerment at the outset, means choices for women and opportunities to avail of these choices. The supportive environment should be provided to women at all stages by the home, school, religion, government and work place.

To boost up the programmes for women’s development, a National Perspective Plan for Women (1988–2000) was brought out by the Department of Women and Child Development, Ministry of Human Resource Development. Education of girls was given priority and awareness regarding the necessity of educating girls so as to prepare them to contribute effectively to the socio-economic development of the country.35

**Sahajani Shiksha Kendra: A Programme of Literacy and Education for Women Empowerment**36

A comprehensive policy on women education *Nirantar* was initiated by the central government in 2002. The objective of this policy was to educate women from every strata of Indian society, including the tribal, dalit and rural women. For the purpose vernacular was adopted to teach them at primary level. The programme broadly aims at empowering women and adolescent girls through literacy and education – an education that connects with their lived realities and rights, and enables them to develop analytical skills on gender, development and other issues. Nirantar’s SSK programme foregrounds ‘literacy for empowerment’, by linking women’s lived realities to its educational initiatives which take the form of camps, centres or the development of locally

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contextualised material for enabling and sustaining literacy.

Various strategies adopted in the SSK programme like, Village-level literacy centres, which are located in the community or hamlet and run over a period of 18 months. Village-level (six-day) literacy camps, Residential (ten-day) literacy camps, Regular literacy follow-up, issue-based meetings with women learners and Residential School for School Dropouts (Eight-month Bridge Course).

**Kasturba Gandhi Balika Vidyalaya**

KGBVs are residential upper primary schools for girls from SC, ST, OBC and Muslim communities. KGBVs are set up in areas of scattered habitations where schools are at great distances and pose a challenge to the security of girls. This often compels girls to discontinue their education. KGBVs address this need through setting up residential schools in the block itself. KGBVs reach out to: Adolescent girls who are unable to go to regular schools, out of school girls in the 10+ age group that are unable to complete primary school and young girls from the migratory populations in difficult areas of scattered habitations which could not qualify for primary/upper primary school.

KGBVs provide for a minimum reservation of 75% seats for girls from SC/ST/OBC and minority communities and 25% to girls from families that live below the poverty line. Till 2009-10 there were 2570 KGBVs in the country. After the RTE Act came into operation, an additional 1030 KGBVs were sanctioned, taking the total number of KGBVs in the country to 3600.

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National Programme for Education of Girls at Elementary Level (NPEGEL)\textsuperscript{38}

NPEGEL is being implemented in educationally backward blocks (EBB) and addresses the needs of girls who are in school or out of school. NPEGEL also reaches out to girls who are enrolled in schools, but do not attend any school regularly. NPEGEL emphasises the responsibility of teachers to recognise vulnerable girls and pay special attention to bring them out of their state of vulnerability and prevent them from dropping out. Both NPEGEL and KGBV are expected to work in tandem to complement efforts under SSA to ensure inclusion of all girls and provide them quality education. While NPEGEL is designed to work through the day schools, KGBV establishes residential schooling facilities for the girls in remote areas that are not served by upper primary schools or in areas with educational disadvantage amongst certain social groups.

The Rashtriya Madhyamik Shiksha Abhiyan (RMSA)\textsuperscript{39}

A centrally sponsored scheme with a funding pattern of 75:25% between Centre and States (90:10% for Special Category and North Eastern States), was launched in 2009–10. The major objectives of the RMSA are (i) to raise the minimum level of education to class X and universalise access to secondary education; (ii) to ensure good-quality secondary education with focus on Science, Mathematics and English; (iii) to reduce the gender-centric, social and regional gaps in enrolments, dropouts and improving retention. The interventions supported under RMSA included (i) upgrading of upper primary schools to secondary schools; (ii) strengthening of existing secondary schools; (iii) providing additional classrooms, science laboratories, libraries, computer rooms, art, craft and culture rooms, toilet blocks and water facilities in schools;


\textsuperscript{39} Twelfth Five Year Plan (2012-2017), n. 37, pp. 70-71.
(iv) providing in-service training of teachers; and (v) providing funds for major repairs of school buildings and residential quarters for teachers. Despite being launched in the third year of the XI Plan, RMSA was welcomed and the strength of students increased very fast, the target of enrolling 3.2 million students was achieved within two years of the launch of RMSA and 2.4 million more students were enrolled in secondary schools during the Eleventh Plan period.

As per the 2001 and 2011 census, the literacy rates of women have improved and dropout rates have been reduced. Globalisation has increased the opportunities for higher learning for highly educated women who can compete in the global market. But commercialisation of education has proved detrimental to the majority of girls who belong to poor and lower middle class families.

<table>
<thead>
<tr>
<th></th>
<th>Literates</th>
<th>% of Total Population 2001</th>
<th>% of Total Population 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons</td>
<td>% of Total Population</td>
<td>65%</td>
<td>74%</td>
</tr>
<tr>
<td>Males</td>
<td>76%</td>
<td>82%</td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>54%</td>
<td>65%</td>
<td></td>
</tr>
</tbody>
</table>


Literacy is the primary foundation for social, economic and political growth of any country. The 15th official census in India presented the magic figure of 74.04%, of literacy in India, which was just 12% in 1947. Over the years, India has changed socially, economically, and politically. After the 2011 census, literacy rate in India was found to be 74.04%. As compared to the adult literacy rate; the youth literacy rate is about 9% higher. Though this seems to be a great
accomplishment, it is still a matter of concern that till date a large chunk of Indian population still cannot read and write. The number of children who do not get education, especially in the rural areas, is still high, though the government has made primary education free and compulsory and aimed to achieve 100% primary education.

Simultaneously, a cursory glance over the female literacy rate in India proves that the government policies seriously need a new direction and action if it really wants to achieve the goal of 100% primary education for all in India. Female literacy is lower than male literacy in every corner of India as per the census of 2011 the gap is 17%. First, any effective programme for girl–child education requires a lot more to do than just providing free education and financial initiatives. As compared to boys, girls face a lot of social as well as personal problems even during primary education. As shown by the different studies the burden of caring for the siblings always becomes a hurdle in the way of young girls because a mother prefers to give the responsibility of the young kids to young girls rather than to send them to school. The second is of the non recognition of the socio-economic and political role of women under the patriarchal set-up.

Women education has always been a matter of serious concern for policy makers as well as for the concerned citizens and civil society groups in India. Lot of initiatives has been taken by government and non-government organisations to educate women in India for more than a hundreded years. The special initiatives of government and the collaboration of non- government institutions have helped to increase the number of women literates.

A casual glance at the literacy rate of the Census presents the ten years growth of above 7 years age group of both boys and girls.
Table- B (7)
Literate and Illiterate Population of Male and Female (aged 7 above)

<table>
<thead>
<tr>
<th>Literates/illiterates</th>
<th>Persons</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (aged 7 above)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2001</td>
<td>86,49,00,041</td>
<td>44,72,41,823</td>
<td>41,76,85,218</td>
</tr>
<tr>
<td>2011</td>
<td>1,05,14,04,135</td>
<td>54,07,72,113</td>
<td>51,06,32,022</td>
</tr>
<tr>
<td>Increase in 2011 over 2001</td>
<td>18,65,04,094</td>
<td>9,35,57,290</td>
<td>9,29,46,804</td>
</tr>
<tr>
<td>Literates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2001</td>
<td>56,07,53,179</td>
<td>33,65,71,822</td>
<td>27,41,81,357</td>
</tr>
<tr>
<td>2011</td>
<td>77,84,54,120</td>
<td>44,42,03,762</td>
<td>33,42,50,358</td>
</tr>
<tr>
<td>Increase in 2011 over 2001</td>
<td>21,77,00,941</td>
<td>10,76,31,940</td>
<td>11,00,69,001</td>
</tr>
<tr>
<td>Illiterates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2001</td>
<td>30,41,46,862</td>
<td>11,06,43,001</td>
<td>19,35,03,861</td>
</tr>
<tr>
<td>2011</td>
<td>27,29,50,015</td>
<td>9,65,68,351</td>
<td>17,63,81,664</td>
</tr>
<tr>
<td>Increase in 2011 over 2001</td>
<td>-3,11,96,847</td>
<td>-1,40,74,650</td>
<td>-1,71,22,197</td>
</tr>
</tbody>
</table>


As per the provisional population census of 2011, out of the provisional total population of 1,210,193,422, the number of persons aged seven years and above is 1,051,404,135. Out of this, 778,454,120 are literate and 272,950,015 are illiterate. There has been an increase of 186,504,094 persons in the age group seven years and above during 2001-2011, while 217,700,941 additional persons have become literate during this decade.
A significant improvement is noted in the Census of 2011, the total number of illiterates has come down from 304,146,862 in 2001 to 272,950,015 in 2011, showing a decline of 31,196,847 persons. One of the interesting features of Census 2011 is that out of total of 217,700,941 literates added during the decade, females (110,069,001) outnumber the males (107,631,940). A reverse trend was noticed during 1991-2001. The decadal increase in number of literates among males is of 31.98 percentage points while the corresponding increase in case of females is of 49.10 percentage points.

**Literacy Rate Trends**

The effective literacy rate for India in Census 2011, works out to 74.04%. The corresponding figures for male and female children are 82.14 and 65.46 % respectively. Thus three-fourths of the population of children aged 7 years and above are literate in the country. Four out of every five males and two out of every three females in the country are literate now. The country has continued its march in improving literacy rate by recording a jump of 9.21 % during 2001-2011. The increase in literacy rates in male and female children are in the order of 6.88 and 11.79% respectively. However, efforts are still required to achieve the target of 85 % set by the planning commission was to be achieved by the years 2011-12. An extremely positive development in the present decade is that the gap of 21.59 percentage points recorded between male and female literacy rates in 2001 Census has been reduced to 16.68% in 2011. Though the target set for the year 2011-2012 by the planning commission of reducing the gap to 10% has been not achieved, it is heartening that the reduction has been to the order of almost 5%.
The above table shows that the growth rate of male literacy has always remained higher than the female literacy in India. The gap between the male and female literacy has been increased as the efforts of the government to spread the modern education has started. As shown by the census of 1951, the gap between the male and female literacy rate started with 18.3% in Independent India and increased to 25.05% within one decade of Independence as reported in the census of 1961.

The rising gap between the male and female literacy in India despite the government efforts to spread education among all citizens and providing constitutional equality to women proved that the development of women in India required a lot to be done both at the government as well as societal level. The gap became slightly low in 1971 to 23%, but it again touched its highest level of 26.62% in 1981. It came down to 24.84% in 1991. The special initiatives for literacy including the adult literacy were initiated in 1980’s and
they have showed their results in 2001 and 2011 census respectively and the
gap between the male and female education has been lowered down to 16.68%
. It is important to note that it is not only the women literacy rate which has
been increasing at a rapid pace especially after 2001, but the enrolment of
women in higher and professional educational institution has also been
increasing day by day.

Table-B (9)
Enrollment of Boys and Girls from Primary to Senior Secondary
Education (in Millions)

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Primary (Classes I–V)</th>
<th>Upper Primary (Classes VI–VIII)</th>
<th>High/Hr.Sec (ix-xii)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Boys</td>
<td>Girls</td>
<td>Total</td>
</tr>
<tr>
<td>1950-1951</td>
<td>13.8</td>
<td>5.4</td>
<td>19.2</td>
</tr>
<tr>
<td>1955-1956</td>
<td>17.1</td>
<td>7.5</td>
<td>24.6</td>
</tr>
<tr>
<td>1960-1961</td>
<td>23.6</td>
<td>11.4</td>
<td>35.0</td>
</tr>
<tr>
<td>1965-1966</td>
<td>32.2</td>
<td>18.3</td>
<td>50.5</td>
</tr>
<tr>
<td>1970-1971</td>
<td>35.7</td>
<td>21.3</td>
<td>57.0</td>
</tr>
<tr>
<td>1975-1976</td>
<td>40.6</td>
<td>25.0</td>
<td>65.6</td>
</tr>
<tr>
<td>1980-1981</td>
<td>45.3</td>
<td>28.5</td>
<td>73.8</td>
</tr>
<tr>
<td>1985-1986</td>
<td>52.2</td>
<td>35.2</td>
<td>87.4</td>
</tr>
<tr>
<td>1990-91</td>
<td>57.0</td>
<td>40.4</td>
<td>97.4</td>
</tr>
<tr>
<td>1991-92</td>
<td>58.6</td>
<td>42.3</td>
<td>100.9</td>
</tr>
<tr>
<td>1992-93</td>
<td>57.9</td>
<td>41.7</td>
<td>99.6</td>
</tr>
<tr>
<td>1993-94</td>
<td>55.1</td>
<td>41.9</td>
<td>97.0</td>
</tr>
</tbody>
</table>
The literacy trends of male and female children over the last 60 years present very interesting trends. As mentioned in the table given above, the literacy rate which was just 13.8 million for boys and 5.4 million for girls at primary level and 2.6 million for boys and 0.5 million at Elementary level in 1950-51 has been increased to 69.8 million for boys and 65.5 million for girls in 2010-2011. The trends of elementary to senior secondary education are also notable. The total percentage of both boys and girls was just 3.1 and 2.1 million of boys and 0.5 million of girls respectively at elementary level and 1.5 million of
senior secondary with 1.3 million of boys and 0.2 million girls respectively in 1950-51. The upper primary education has also improved a lot and reached the 57.7 million with 29.9 million boys and 28.0 million girls at elementary level. Same is true in case of senior secondary education which was just 1.5 million total with 1.3 and 0.2 million of girls have increased to the level of 193.0 million with 99.6 million of boys and 93.4 million of girls respectively in 2010-2011.

It is true that the development of any country depends on the development of human resources in that country. It is also true that the pace of development of human resources in India has always remained low, particularly in case of women education. It is the fact that due to the social conservatism and poverty government of India has not only faced many challenges at levels of policy initiatives and financial restraints but more at the social level. The 21st century and the census of 2011 have presented a different picture of fast growth of 16% in women education within a short span of 10 years, which could not happen over the last 50’s years. However, the above figures of women education lost their relevance and government and non-government initiatives for women education in India came under question if one sees the education and drop-out level of girls in rural areas as well as in the deprived sections of the Indian society.

During the academic year 2006–07, total enrollment of girls was 85.5 million and about 47.7% of the all children (179.3 million) aged 6–14 years were enrolled in elementary schools. The corresponding figures for rural and urban areas were found to be 47.6% and 47.8% respectively. These figures approximately match the share of women in the total population of the country. In case of SC and ST children, the shares of elementary school enrollment was 19.85% and 10.70% respectively, which was more than their share of 16.2% and 8.2% respectively in the overall Indian population. Even girls of these sections in the relevant age-group shared elementary school enrollment to the
extent of 44.7% and 47.4% respectively of the total enrollment of children coming from these sections. The SC and ST girls enrolled in elementary schools constituted respectively 18.6% and 10.6% of all girls of the same age-group studying in elementary schools. The OBC girls constituted about 42% of the total enrollment of girls at that stage. Therefore, enrollment of girls belonging to SC, ST, and OBC sections was more than their share in the total population of the country, and thus they were not underrepresented.

At the secondary education stage (for children ages 14–16 years), enrollment of all girls (2005–06) was 42% of the total enrollment at that stage. While all enrolled SC children constituted about 14.50% of the total enrollment at that stage, SC girls were 39.60% of all SC children and 13.70% of all girls. Similarly, enrolled ST children were 5.70% of all secondary school children and enrolled ST girls were 39.10% of all enrolled ST children. But, enrolled ST girls were only 5.30% of all secondary school girls. The overall situation indicates that both SC and ST children enrolled in secondary schools are less than the share of these communities in the total population of the country, the situation being more alarming in case of girls belonging to these sections. Moreover, there is about 75–80% dropout and 30–40% examination failure of school children belonging to SC/ST groups up to class 12th.

The percentage of girls out of the total number enrolled at primary and upper primary levels was 48% and 46.5% respectively in the year 2006–07; this increased to 48.4% and 48.3% at primary and upper primary levels respectively in 2010–11. The annual average growth rate of enrolment for girls was considerably higher as compared to boys.

**Higher Education and Women**

Historically, the higher education of women in comparison to men in India is very low. The grim scenario of the higher education of women in India at the time of Independence can be noted from the fact that there were only 14 women in higher education in comparison to 100 men in 1950-51. In 1994-95
the ratio of female education in comparison to male education improved from the earlier one and it increased to 51 women in comparison to 100 men.\textsuperscript{40} The gap between male and female has been enrollment decreasing and in the gross enrollment ratio in higher education of male 21.8 and female 17.9 in 2010-2011. The equal rise in the gross enrollment in the higher education of male and female is noted in 2011-2012 with the increase of 1% that mean 21.6 of male and 18.9 of female in higher education in India.\textsuperscript{41}

The basic parameters of the government policies regarding women education at large come under a cloud when a comprehensive analysis of government policies is done along with the socio-economic parameters of Indian society. The concern of Indian government for women education can be easily revealed by the situational data analysis of women education along with percent of women education in the rural, urban and caste lines.

The pathetic condition of the girl child education in rural India is revealed from the fact that even after 65 years of independence the primary education for girl child is not ensured. The available data present a very grim picture. The dropout rate at the primary level can shock every conscious individual as only 40 girls from the enrolled 100 girls could complete their primary education in rural areas.

The condition of upper primary elementary education is also not different as only 18 girls could pass the VIII class from the 40 who were lucky enough to complete their primary education. The situation deteriorated more at the high school level as only 9 girls could pass 10\textsuperscript{th} class from the 18 who completed elementary education and the girl child education scenario meets its worst at

\textsuperscript{40} Thangamani, n. 30, p.205.

the Senior Secondary level as only 1 girl could cross the 12\textsuperscript{th} class in the rural areas of India. There are no words to explain the scenario of girl child education in rural India as only 1 girl could receive the 12\textsuperscript{th} class education from the 100 girls who joined the primary education with her in their 1\textsuperscript{st} standard in their childhood. Although the scenario of upper elementary education is not much impressing but it is slightly better in comparison as 82 girls pass the primary stage in urban areas in comparison to 40 girls in rural area and 62 pass elementary education in urban areas in comparison 18 girls in rural areas and 32 girls pass their 10\textsuperscript{th} class in the urban areas in comparison to 9 girls in rural areas and 14 girls pass their 12\textsuperscript{th} in urban areas in comparison to 1 girl in the rural areas of India.

Table- B (10)

Dropout Rate by Stage and Gender in 1999-2000 to 2009-10 (%)

<table>
<thead>
<tr>
<th>Year</th>
<th>Primary (I-V)</th>
<th></th>
<th></th>
<th></th>
<th>Elementary (I-VIII)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year</td>
<td>Boys</td>
<td>Girls</td>
<td>Total</td>
<td>Boys</td>
<td>Girls</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>1999-00</td>
<td>39.8</td>
<td>41.0</td>
<td>40.3</td>
<td>53.3</td>
<td>57.7</td>
<td>55.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000-01</td>
<td>39.7</td>
<td>41.9</td>
<td>40.7</td>
<td>50.3</td>
<td>57.7</td>
<td>53.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2002-03</td>
<td>38.4</td>
<td>39.9</td>
<td>39.0</td>
<td>52.9</td>
<td>56.9</td>
<td>54.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2003-04</td>
<td>35.85</td>
<td>33.72</td>
<td>34.89</td>
<td>52.28</td>
<td>53.45</td>
<td>52.79</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004-05</td>
<td>33.74</td>
<td>28.57</td>
<td>31.47</td>
<td>51.85</td>
<td>52.92</td>
<td>52.32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005-06</td>
<td>31.81</td>
<td>25.42</td>
<td>29.00</td>
<td>50.49</td>
<td>51.28</td>
<td>50.84</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2009-10</td>
<td>30.25</td>
<td>27.25</td>
<td>28.86</td>
<td>40.59</td>
<td>44.39</td>
<td>42.39</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


In total the figures present that the dropout rate of 60% of girls at primary stage, 82% at elementary stage, 91 at high school level and 99 at the senior
secondary stage. Correlating this with increasing poverty in the rural areas, 30% to 35% women manage households; increasing work hours for the mother both outside and inside the house and the girl child’s responsibility to take care of siblings.

The grim scenario of girl child education is also observed by Reddy and Sinha. In their study on primary education in 2010 they reported that more than 27 million children in India, who joined Class I in 1993, only 10 million of them could reach Class X, which is about 37% of those who entered the school system and in more than half the states, only 30% of children could reach the Class X. While presenting their views on the implementation of Right to Education (RTE) they observed that there has been a gradual decline in the annual average dropout rate from 9.1 in 2009-2010 to 6.9 in 2010-11. However, there have been more children dropout in 2010-11 compared to 2009-2010 in 10 out of the 30 states. It is also to note that the states where the drop-out rate increased were the states at where RTE had been notified, including progressive states like Tamil Nadu and Gujarat had increased dropout ratio from 0.1% to 1.2% and 3.9% to 4.3% respectively in 2009-10 and 2010-11.

The Programme of Action (POA) is candid enough to admit that if 10 to 12 years of basic education is the requirement for entrance to technical education and higher education, rural girls hardly have a chance, more so with these facilities located mostly in urban centers. The old socio-economic barriers against the girl child education still continue in the rural area where a majority of the deprived section of society habitates. The fact of gender stereotypes and

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43 Hazra, n.36, pp. 117-119.

44 Editorial,“Drop Out Rate by Stages”, *Times of India*, 01 April, 2012.
lack of the infrastructure in rural areas has also been recognised by the Jakarta Document (1994).\footnote{Hem Lata Swarup and Pam Rajput, “Changing Political Economy of India, Within the Global Adjustment Programms: Some Critical Gender Issues”, Pam Rajput and Hem Lata Swarup (eds), Women and Globalisation, Ashish Publishing House, New Delhi,1994, p. 108.}

Census and NSSO of 2011 presents a detailed picture of the access to education in rural habitations and of a lack of implementation of the government policies on education. The 20% rural areas are still lacking in basic facilities of primary education and primary schools. All India Education Survey of NCERT (1990) through the Ramamurti Committee (1990) also brought out the reality of the lack of basic infrastructure in case of primary education in the remote and rural areas even after 50 years of India’s Independence. The number of teachers and schools per thousand of population were declined in the mid of 1980’s from 9.32 schools and 24 teachers per thousand populations in 1965 to 8.05 and 19 in 1986. While population grew at around 2.2 percent, primary schools grew at the rate of around 1.6% and teachers at a little less. About one-third of schools are single-teacher schools and another one- third has only two teachers. The operation blackboard has had only a mixed success and Navodya Vidyalayas for the poor people are again appropriated by the well off.

As such, the conditions created by earlier liberalisation policy and SAP in general by increasing unemployment and poverty have added to the deprivations already suffered by women. The higher secondary stage again repeats the same scenario. But one point needs to be emphasised that it is the urban middle classes and the rural well- off who have used the opportunity offered by vast expansion of education facilities to the utmost. Secondary and higher education is thus predominated by the strong middle-class of India’s population.

Women who go beyond higher secondary or obtain a graduate degree are less than 1 percent of the total women population. While the government desists
from making cuts in the primary and secondary sector, which is still suffering
due to inflation and reduced incomes, the higher education sector is getting the
highest cuts. The higher-education institutions are instructed to recover the
deficit by increasing fee, by procuring funds from industries in the liberalised
and privatised India. The professional courses become a very costly affair and
the capitation fee has been increased up to 50% by the private education-
institutions which have been also legitimised by the honorable supreme court
of India.\footnote{Patel, n.25, pp. 93,202.}

The central Government intends to support only the IITs and IIMs, which
mainly produce exportable or high tech industry human resources and these
institutions are also dominated by the male students.\footnote{Ibid, p. 91.} In the grim scenario
women will again be sufferers from the government cuts in the higher
education under the NEP, as the women are still considered the secondary
earner in the family. The more investment in the higher education will force the
family to support only male child due to precarious resources and social
conservatism. Unfortunately even after 68% years of independence 61% of
Indian women are still illiterate. As per Economic Survey, GOI, 1995 only
24% of scheduled caste women and 18% of scheduled tribe women are literate.
The states with higher percentage of child labour, child marriages and child
prostitution (vicious circle of CL-CM-CP) have higher dropout rate of girl
students.

Education is one of the core components of the development of every
individual and group. The lack of education and awareness among women has
been the major cause for the exploitation and underdevelopment of women in
India. The development of modernisation and rationality has opened the new
avenues of scientific and rational education and knowledge for women, which were earlier dominated by the religious education and superstitions. Globalisation has provided new horizons, methods and ways of learning and knowledge to every individual and group across the globe. Although women are equally competent and can receive equal and easy knowledge which can be received by their male companions, the age old social barriers and superstitions are still creating many problems in women education. The rapid growth in education and knowledge infrastructure has been proving as a boon for women education for the upliftment of women in India and the numbers of educated women are also increasing day by day. However, the gains of global education are still limited to a few urban and metropolitan women and the massive majority of women who are living in small towns and rural areas are still untouched from the benefits of global educational development.

**Crime against Women: An Analysis**

In general crime against any individual is analysed under the given circumstances, which may be linked to the origin and reason of any crime. The actual picture of the origin and reason of the crime cannot be cleared without its implication on society at large and without linking that crime with the socio-economic, political and historical circumstances of any society. The second important determinant in the establishment of a crime is the analysis of the mental-physical health of the culprit and victim under given circumstances. However, when the crimes are categorised under the broader lenses of socio-economic and political categories, the socio-political, economic and historical reasons of the crime are analysed along with the historical circumstances.

The analysis of violence and crime against women in these days is done along the socio-economic and political discrimination against women at large. The policy frame-work and legislative measures enacted by the state for the development and empowerment of women are always linked with the actual position of women and their impact on society at large. Crime against women
is analysed under the socio-economic and political set-up of the society and solutions for which become a matter of concern for political and public authority rather than a family or community.

India presents one of the prime cases for the analysis of the socio-economic and political impact of modern education and information technology on women along with the legislative and policy measures of the state for the inclusive growth and development of women under the NEP since 1990’s. It is argued and also established by the various research data that Indian women have discarded the old yokes of slavery and are breaking old norms of patriarchal authorities and have joined hands with their male partners in the development of the nation.  

The advent of globalisation is taken by the different scholars differently and they have different views about the socio-economic and political impact of liberalisation, privatisation and globalisation on society in general and women in particular. It is commonly held by the scholars that globalisation not only impacts the rich and the poor of the same countries differently but it will also impact the rich and the poor of the same countries differently. As it is argued above, gender and development constitute an important component of globalisation. It is not only the developed countries and international organisations which are focusing on gender sensitive development but the developing countries are also advised to do the same. The developing countries are making arrangements in their political governance to ensure the development of the nation as inclusive and gender sensitive. The positive initiatives are taken by passing the new legislations to control the violence against women on the one hand and economic initiatives are provided under the gender-budgeting for the development and empowerment of women on the other.

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48 Sengupta, n. 1, pp. 3137-31
In education girls have outnumbered boys and they are opting more and more for job-oriented courses in India. However, a situation of confusion prevails when one compares the graph of crime against women with the graph of socio-economic and political development of women in India. It is argued by researcher that globalisation has helped Indian women economically but socially, she is still weak. In spite of receiving modern-education and economic independence Indian woman can’t raise her voice; she is not even free to take the decision related to her personal social life: like choosing her life partner and choosing the sex of her child.\textsuperscript{49} The other argument is that globalisation has led to the development of new crimes which were rare and not much known in India earlier and doubled crimes against women as it could not restrain the old patriarchal set-up and traditional crimes against women.

To tackle the problem of crime against women the Indian government has taken some important legislative as well as policy measures, which are particularly aimed at addressing new challenges which the Indian women are facing after 1990’s. A National Commission for Women\textsuperscript{50} at the National Level and State Women Commission are also established by the various states to address these new challenges. The National Plan of Action for the Girl Child (1991-2000). It aimed to ensure survival, protection and development of the girl child with the ultimate objective of building up a better future for the girl child.\textsuperscript{51} National Policy for the Empowerment of Women, 2001, the goal of this policy is to bring about the advancement, development and empowerment of

\textsuperscript{49} World Health Organisation, \textit{Homicide Data by Sex}, United Nations Office on Drug and Crime (UNDOC), 2013, pp. 47-49


women. National Mission for Empowerment of Women, 2010 is an important development that will provide the much required fillip to a coordinated assessment of current government interventions and aligning future programmes so as to translate the MPEW prescription into reality. The Mission was operationalised during 2011. Verma Committee Report (2013) was a three-member Commission, headed by former Chief Justice of India; Justice J.S. Verma which was assigned to review laws for sexual crimes submitted its report to the Government during January 2013. The Commission has recommended many comprehensive changes in criminal laws to deal with crimes and atrocities against women which are as under:

**Punishment for Rape:** The panel has not recommended the death penalty for rapists. It suggests that the punishment for rape should be Rigorous Imprisonment (RI) for seven years to life. It recommends that punishment for causing death or a "persistent vegetative state" should be RI for a term not be less than 20 years, but may be for life also, which shall mean the rest of the person's life. Gang-rape, it suggests should entail punishment of not less than 20 years, which may also extend to life and gang-rape followed by death, should be punished with life imprisonment.

**Punishment for other sexual offences:** The panel recognised the need to curb all forms of sexual offences and recommended- Voyeurism be punished upto seven years in jail; stalking or attempts to contact a person repeatedly through any means by up to three years. Acid attacks would be punished by up to seven years if imprisonment; trafficking will be punished with RI for seven to ten years.

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Registering complaints and medical examination: Every complaint of rape must be registered by the police and civil society should perform its duty to report any case of rape coming to its knowledge. "Any officer, who fails to register a case of rape reported to him, or attempts to abort its investigation, commits an offence which shall be punishable as prescribed," the report says. The protocols for medical examination of victims of sexual assault have also been suggested. The panel said, "Such protocol based, professional medical examination is imperative for uniform practice and implementation."

Amendments to the Code of Criminal Procedure: The panel observed, "The manner in which the rights of women can be recognised can only be manifested when they have full access to justice and when the rule of law can be upheld in their favour." The proposed Criminal Law Amendment Act, 2012, should be modified, suggests the panel. "Since the possibility of sexual assault on men, as well as homosexual, transgender and transsexual rape, is a reality the provisions have to be cognizant of the same," it says. A special procedure for protecting persons with disabilities from rape, and requisite procedures for access to justice for such persons, the panel said was an "urgent need." Bill of Rights for women: A separate Bill of Rights for women that entitles a woman a life of dignity and security and will ensure that a woman shall have the right to have complete sexual autonomy including with respect to her relationships.

Review of the Armed Forces Special Powers Act: The panel has observed that the "impunity of systematic sexual violence is being legitimised by the armed forces special powers act." It has said there is an imminent need to review the continuance of AFSPA (Armed Forces Special Power Act) in areas as soon as possible. It has also recommended posting special commissioners for women's safety in conflict areas.

Police reforms: To inspire public confidence, the panel said, "police officers with reputations of outstanding ability and character must be placed at the higher levels of the police force." All existing appointments need to be reviewed to ensure that the police force has the requisite moral vision. The
panel strongly recommended that "law enforcement agencies do not become tools at the hands of political masters." It said, "Every member of the police force must understand their accountability is only to the law and to none else in the discharge of their duty."

**Role of the judiciary:** The judiciary has the primary responsibility of enforcing fundamental rights, through constitutional remedies. The judiciary can take *suo-motu* cognizance of such issues being deeply concerned with them both in the Supreme Court and the High Court. An all India strategy to deal with this issue would be advisable. The Chief Justice of India could be approached to commence appropriate proceedings on the judicial side. The Chief Justice may consider making appropriate orders relating to the issue of missing children to curb the illegal trade of their trafficking etc.

**Political Reforms:** Justice Verma committee observed that reforms are needed to deal with criminalisation of politics. The panel suggested that, in the event cognizance has been taken by a magistrate of an criminal offence, the candidate ought to be disqualified from participating in the electoral process. Any candidate who fails to disclose a charge should be disqualified subsequently. It suggested lawmakers facing criminal charges, who have already been elected to Parliament and state legislatures, should voluntarily vacate their seats.\(^{54}\)

Irrespective of the policy initiatives and the development of institutional mechanism to ensure the safety and protection of women some other permanent legislative measures have also been adopted by the Indian government. The Domestic violence Act 2005 ensures the social and economic rights of women by providing them compensation from the culprit in case of loss of job and also ensures safety from physical and mental torture both by the husband as well as in the parental house.\(^{55}\) Sexual Harassment at Work Place Act 2013, seeks to protect women from sexual harassment at their place of


work. The act defines sexual harassment at work place and creates a mechanism for redressal of complaints. It also provides safeguards against false or malicious charges. The definition of “aggrieved woman” who will get protection under the act is extremely wide to cover all women, irrespective of her age or employment status, whether in the organised or unorganised sector, public or private and covers clients and customers, both public and private. The act provides the report of inquiry of the offense by the committee within 90 days. On completion of the inquiry, the report will be sent to the employer or the district officer, as the case may be, they are mandated to take action on the report within 60 days.56

The legal division of the crimes against women is done on the two lines one of which is of the general nature and the other of specific nature and both are linked to the gender crimes. As we know, violence against women is a universal phenomenon which is present in every nation and every society, but in this chapter the focus of the study is on analysing the impact of globalisation on violence and crime against women. Fear of violence is an important factor in the lives of most women which lead to the social-economic and political exclusion of women from public life. In Indian society, position of women is always perceived in relation to the men. This perception has given birth to various customs and practices which establish the supremacy of men over women that has further led to the controlling of public space by man-folk in India. Although women may be victims of general crimes such as ‘murder’, ‘robbery’, ‘cheating’, etc. The marginalisation of women from the mainstream and demand for the development and empowerment of women under the democratic set-up in India has led to the enactment of special laws which are required to deal with gender crimes. It is to mention that some specific provisions are made in the legal set-up to deal with the crime against women and amendments have also been made in the Indian Penal Code (IPC) to deal

effectively with gender crimes. The crimes against women are broadly categorised into two categories one is to be dealt under Indian Penal Code and the other with Special &Local Laws (SLL). 57

**The Crimes dealt under the Indian Penal code (IPC)**

(1) Rape (Sex, 376 IPC)
(2) Kidnapping & Abduction for specified purposes (sec 363-373 IPC)
(3) Homicide for dowry, Dowry Death or their attempts (Sec. 302/304-BIOC)
(4) Torture, both mental and physical (Sec.509IPC)
(5) Molestation (Sec.354 IPC)
(6) Sexual Harassment (Eve Teasing) (Sec. 509 IPC)
(7) Importation of Girls (up to 21 years of age) (Sec.366-IPC)

**The Crimes under the Special &Local Laws (SLL)**

Although all the above crimes are related to gender violence and womanhood to a large extent, they are still dealt under the category of normal crimes and under the normal criminal procedure of the country; however, gender specific provisions of law affecting attesting women significantly have been revived periodically and amendments have also been carried out to keep pace with the emerging requirements. The gender specific laws are enacted by the state and central government to deal with the menace effectively. The gender specific laws are:

Immoral Traffic (prevention Act, 1956).

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It is to mention that despite the existence of comprehensive legal frame-work and commitment which is shown by the government of India to protect, promote and empower women against gender discrimination, there are many problems in the implementation and addressing of women’s problem effectively. The laws against sexual offences are not developed comprehensively and to some extent show insensitivity of the law makers when one comes to know that the rape laws do differentiate between major and minor rape. The victims of gender crimes are not provided with any economic security which they need particularly to come-out from the social pressure after their issue becomes public; more importantly, there are no arrangements for proper psycho-therapy for the victims of gender crimes. The available data on crimes registered under the IPC and special laws on crimes against women can link globalisation and crime against women in India.

Incidents and rate of cognizable crimes (IPC) and change during the years.

**Crime Rate**

The rate of crimes committed against women was 52.2 in 2013. Delhi UT has reported the highest rate of crime against women at 146.8 during the year 2013 as compared to 52.2 at the national level.

**Trend Analysis**

The head-wise details of reported crimes from the year 2008 to 2013 along with percentage variation are presented below. The crime against women during the year 2013 has increased by 6.7% over the year 2012 and by 51.9% over the year 2009. The IPC component of Crimes against women has accounted for 95.6% of the total crimes and 4.4% under SLL.

The proportion of IPC crimes committed against women towards total IPC crimes has increased during the last 5 years from 9.2% in the year of 2009 to 11.2% during the year 2013.
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rape (Sec. 376 IPC)</td>
<td>21,397</td>
<td>22,172</td>
<td>24,206</td>
<td>24,923</td>
<td>33,707</td>
<td>35.2</td>
</tr>
<tr>
<td>2</td>
<td>Kidnapping &amp; abduction (Sec. 363 to 373 IPC)</td>
<td>25,741</td>
<td>29,795</td>
<td>35,565</td>
<td>38,262</td>
<td>51,881</td>
<td>35.6</td>
</tr>
<tr>
<td>3</td>
<td>Dowry death (Sec. 302 / 304 IPC)</td>
<td>8,383</td>
<td>8,391</td>
<td>8,618</td>
<td>8,233</td>
<td>8,083</td>
<td>-1.8</td>
</tr>
<tr>
<td>4</td>
<td>Cruelty by husband and relatives (Sec. 498-A IPC)</td>
<td>89,546</td>
<td>94,041</td>
<td>99,135</td>
<td>1,06,527</td>
<td>1,18,866</td>
<td>11.6</td>
</tr>
<tr>
<td>5</td>
<td>Assault on women with intent to outrage her modesty (Sec. 354 IPC)</td>
<td>38,711</td>
<td>40,613</td>
<td>42,968</td>
<td>45,351</td>
<td>70,739</td>
<td>56.0</td>
</tr>
<tr>
<td>6</td>
<td>Insult to the modesty of women (Sec. 509 IPC)</td>
<td>11,009</td>
<td>9,961</td>
<td>8,570</td>
<td>9,173</td>
<td>12,589</td>
<td>37.2</td>
</tr>
<tr>
<td>7</td>
<td>Importation of girl from foreign country (Sec. 366-B IPC)</td>
<td>48</td>
<td>36</td>
<td>80</td>
<td>59</td>
<td>31</td>
<td>-47.4</td>
</tr>
<tr>
<td>A</td>
<td>Total IPC crime against Women</td>
<td>194,832</td>
<td>205,009</td>
<td>219,142</td>
<td>232,528</td>
<td>2,95,896</td>
<td>27.3</td>
</tr>
<tr>
<td>---</td>
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<td>---------</td>
<td>------</td>
</tr>
<tr>
<td>8</td>
<td>Commission of Sati Prevention Act, 1987</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>9</td>
<td>Immoral Traffic (Prevention) Act, 1956</td>
<td>2,474</td>
<td>2,499</td>
<td>2,435</td>
<td>2,563</td>
<td>2,579</td>
<td>0.6</td>
</tr>
<tr>
<td>10</td>
<td>Indecent Representation of Women (Prohibition) Act, 1986</td>
<td>845</td>
<td>895</td>
<td>453</td>
<td>141</td>
<td>362</td>
<td>156.7</td>
</tr>
<tr>
<td>11</td>
<td>Dowry Prohibition Act, 1961</td>
<td>5,650</td>
<td>5,182</td>
<td>6,619</td>
<td>9,038</td>
<td>10,709</td>
<td>17.9</td>
</tr>
<tr>
<td>B</td>
<td>Total SLL crime against Women</td>
<td>8,969</td>
<td>8,576</td>
<td>9,508</td>
<td>11,742</td>
<td>13,650</td>
<td>16.2</td>
</tr>
<tr>
<td></td>
<td>Total(A+B)</td>
<td>2,03,804</td>
<td>2,13,585</td>
<td>2,28,650</td>
<td>2,44,270</td>
<td>3,09,546</td>
<td>26.7</td>
</tr>
</tbody>
</table>

### Table-B (12)

Proportion of Crime against Women (IPC) Towards Total IPC Crimes

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Year</th>
<th>Total Crimes Registered under IPC</th>
<th>Crimes against Women Registered under IPC</th>
<th>Percentage to Crimes Register Against Gender Crimes under IPC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1991</td>
<td>16,78,375</td>
<td>74,093</td>
<td>4.4</td>
</tr>
<tr>
<td>2</td>
<td>1992</td>
<td>16,89,341</td>
<td>79,037</td>
<td>4.7</td>
</tr>
<tr>
<td>3</td>
<td>1993</td>
<td>16,29,936</td>
<td>83,954</td>
<td>5.2</td>
</tr>
<tr>
<td>4</td>
<td>1994</td>
<td>16,35,251</td>
<td>98,948</td>
<td>6.0</td>
</tr>
<tr>
<td>5</td>
<td>1995</td>
<td>16,95,696</td>
<td>1,06,471</td>
<td>6.3</td>
</tr>
<tr>
<td>6</td>
<td>2003</td>
<td>17,16120</td>
<td>1,31,364</td>
<td>7.6</td>
</tr>
<tr>
<td>7</td>
<td>2004</td>
<td>18,32,015</td>
<td>1,43,615</td>
<td>7.8</td>
</tr>
<tr>
<td>8</td>
<td>2005</td>
<td>18,22,602</td>
<td>1,43,523</td>
<td>7.9</td>
</tr>
<tr>
<td>9</td>
<td>2006</td>
<td>18,78,293</td>
<td>1,54,158</td>
<td>8.2</td>
</tr>
<tr>
<td>10</td>
<td>2007</td>
<td>19,89,673</td>
<td>1,74,921</td>
<td>8.8</td>
</tr>
<tr>
<td>11</td>
<td>2008</td>
<td>20,93,379</td>
<td>1,86,617</td>
<td>8.9</td>
</tr>
<tr>
<td>12</td>
<td>2009</td>
<td>21,21,345</td>
<td>2,03,804</td>
<td>9.2</td>
</tr>
<tr>
<td>13</td>
<td>2010</td>
<td>22,24,831</td>
<td>2,13,585</td>
<td>9.6</td>
</tr>
<tr>
<td>14</td>
<td>2011</td>
<td>23,25,575</td>
<td>2,19,142</td>
<td>9.4</td>
</tr>
<tr>
<td>15</td>
<td>2012</td>
<td>23,87,188</td>
<td>2,44,270</td>
<td>10.2</td>
</tr>
<tr>
<td>16</td>
<td>2013</td>
<td>26,47,722</td>
<td>2,95,896</td>
<td>11.2</td>
</tr>
</tbody>
</table>

Rape (Sec 376 IPC)

There were 33,764 victims of rape cases in the country during the year 2013. In 2010 there were 22,193 victims of rape out of 22,172 reported cases in the country. 13.1% (4,427 out of 33,764) of the total victims of rape were girls under 14 years of age, while 26.3 % (8,877) were teenage girls (14-18 years). 46.1% (15,556) victims were women in the age group 18-30 years. 4,648 victims (13.8%) were in the age-group of 30-50 years while 0.7% (256 victims) were over 50 years of age.

In 2011 there were 24,206 victims of rape out of 24,270 reported rape cases in the country. 10.6% (2,582) of the total victims of rape were girls under 14 years of age, 19.0% (4,646) victims were Teenage girls (14-18 years), 54.7% (13,264) victims were women in the age group 18-30 years. However, 15.0% (3,637) victims were in the age group at 30-50 years while 0.6% (141 victims) were over 50 years of age.

Offenders were known to the victims in as many as 22,549 (94.2%) cases. Parents’ close family members were involved in 1.2% (267 out of 22,549 cases), neighbours were involved in 34.7% cases (7,835 out of 22,549 cases) and relatives were involved in 6.09% (1,560 out of 22,549) cases.

There were 24,915 victims of rape out of 24,923 reported rape cases in the country during the year 2012. 12.5% (3,125) of the total victims of rape were girls under 14 years of age; while 23.9% (5,959 victims) were teenage girls (14-18 years) 50.2% (12,511 victims) were women in the age group 18-30 years. However, 12.8% (3,187 victims) victims were in the age group of 30-50 years while 0.05% (135 victims) were over 50 years of age.

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Offenders were known to the victims in as many as in 24470 (98.2%) cases. Parents/close family members were involved in 1.6% (393 out of 24470 cases) and relatives were involved in 6.05% (1585 out of 24470 cases) cases.

A decreasing trend in rape cases has been observed during 2008-2009. Thereafter an increasing trend in the incidents of rape has been observed during the periods of 2009-2012. These cases reported a decline of 0.3% in the year 2009 over 2008, an increase of 3.6% in 2010 over 2009, an increase of 9.2% in the year 2011 over the year 2010 and an increase of 3.0% in the year 2012 over 2011.

Madhya Pradesh has reported highest number of rape cases (3425) accounting for 13.7% of total number of such cases reported in the country. Mizoram has reported the highest crime rate of 20.8% as compared to national average of 4.3%.

Rape cases have been further categorised as incest and other rape cases. Incest cases have decreased by 7.3% cases in 2010 and increased by 46.8% from 267 cases in 2011 to 392 cases in 2012 as compared to 3.0% increase in overall rape cases reported in the country.

A total number of 10782638 oral, written, telephonic or suo-moto complaints were recorded by the police across the country in 2012. But 15 states and 3 union territories did not provide separate records for complaints and FIRs. 13 states and UTs received a total of 7147332 complaints in 2012. Out of these only 2406253 i.e., is 33.66% were converted into FIRs. Delhi has the worst record of converting only 2.49% complaints into FIRs.

Out of the total number of 38144 rape cases pending investigation in 2012, charge-sheets were submitted in 21565 (56.5%) cases. Investigations were still pending in 14695 (35.9%) rape cases at the end of the year. The charge sheeting rate calculated by the NCRB does not take the pending cases into
account, hence the rate provided is as high as 95.6% for rape. This manner of calculation is highly questionable and conceals more than it reveals.

Near about 101041 rape cases under trial in the courts, trials were completed in 14717 (14.6%) cases. Of these, conviction happened in 3563 cases, 292 were compounded or withdrawn, and the accused were acquitted or discharged in 11154 cases. The conviction rate for rape, therefore, was as low as 24.2% in 2012, down from 26.4% in 2011 and 26.6% in 2010. The average number of IPC cases per police personnel was 2.5 in 2012, the same as in 2011, contrary to constant refrains of overburdening of the police.

The rapes were committed by the following: parent/close family member 393 (1.6%) other relatives 1585 (6.4%), neighbours 8484 (34%) other known persons 14008 (56.2%) and unknown persons 453 (1.8%). Moreover 1175 incidents of rape by juveniles were reported in 2012. Out of these, 881 were committed by 16-18 year olds, 391 by 12-15 years, and 33 by 7-12 year olds. 28 rapes were also reported in the railways in 2012. For every one hour, 2.84 cases of rape were reported across the country in which on an average 3.55 persons was arrested during the year 2012, suggesting a significant number of gang rapes. A total number of 100727 rape cases were pending in the criminal justice system at the end of 2012, with 14695 pending investigations by police and 86032 pending trial in the courts.  

**Kidnapping & Abduction**

(Sec.363-373 IPC)

These cases have reported an increase of 35.6% in 2013 during the year as compared to previous year 2012 (38,262cases) and the cases have reported an increase of 7.6% during the year 2012 as compared to previous year 2011 (35656 years). Uttar Pradesh with 79737 cases has accounted for 18.8% of the

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total number of cases at the national level in 2013. Delhi has reported the highest Crime rate at 41.1 as compared to the national average at 8.8.  

**Dowry Death**

According to the Indian National Crime Record Bureau (NCRB) in 2010, 8391 dowry death cases were reported across India. This means a bride was burned after every 90 minutes, or dowry issues caused 1.4 deaths per year per 100,000 women in India. The cases of dowry deaths increased by 2.7% during the year 2011 over the previous year (8391 cases) 26.91 of the total number of such cases reported in the country were from Uttar Pradesh (2322 cases) alone followed by Bihar (1413 cases) (16.4%) The highest rate of crime (1.4) was reported from Bihar as compared to the national average of 0.7.  

The cases of dowry deaths decreased by 1.8% during the year 2013 over previous year (861233 cases) and 28.9% of the total number of such cases reported in the country was from Uttar Pradesh (2335 cases) alone, followed by Bihar (1182). The highest rate of crime (2.43) was reported from Bihar followed by Uttar Pradesh (2.36) as compared to the national average at 1.4.  

**Torture (Cruelty by Husband & Relatives)**

Torture cases against women increased by 11.6% during the year 2013 over the previous year (1, 06,527 cases) and 40.8% of these were reported from West Bengal (18,116 cases) followed by Rajyasthan 12.7% (15,094 cases) and Andhra Pradesh 12.7% (15,084). The highest crime rate of 56.4 was reported from Tripura as compared to the national rate at 20.1. 

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61 World Health Organisation, n. 49, pp. 4749, also see, *NCRB*, n .58, p.92.

62 NCRB, n. 59, p. 83.

63 NCRB, n .58, p. 84.
Assault on Women with Intent to Outrage their Modesty

Incidents of molestation in the country increased by 56.0% during the 2013 over the previous year (45,351 cases) and Madhya Pradesh reported the highest incidence (8,252) amounting to 15.5% of total number of such incidents. Kerala has reported the highest crime rate (11.2) during 2011 as compared to the national average of 3.6. Incidents of Assault on women with intent to outrage their modesty in the country increased by 5.5% during 2012 over the previous year (42,968 cases) and Madhya Pradesh reported the highest incidents (6,655) amounting to 14.7% to total number of such incidents during 2012. Kerala reported the highest crime rate (20.9 as compared to the national average of 7.7 during 2012.64 Sexual harassment still persists at workplaces in India despite stringent legislation against it.

Importation of Girls from a foreign country

A decrease of 47.4% was observed in cases registered under this crime in 2013 (31 cases) over 59 cases registered in 2012. West Bengal (9 cases), Bihar and Madhya Pradesh (7 cases each) together registered in 74.2% of total such cases at the national level (23 out of 31 cases). An increase of 122.2% was observed in crime rate as 80 cases were reported during the year 2011 as compared to 36 cases in the previous year (2010). Madhya Pradesh (45 cases), Bihar (10 cases) and Karnataka (12 cases) together contributed more than two-third of total number of such cases at the national level. A decrease of 26.2% was observed in crime head as 59 cases were reported during the year 2012 as compared to 80 cases in the previous year (2011).65

The Crime under the Special & Local Laws (SLL)

Although all laws are not gender specific, the provisions of the law affecting women have been significantly reviewed periodically and amendments carried

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64 Ibid
65 Ibid
out to keep pace with the emerging requirements. The gender specific laws for which crime statistics are recorded throughout the countries are as follows:

**Immoral Traffic (prevention) Act, 1956**

Cases under this act registered an increase of 0.6% during 2013 as compared to the 2012 (2,563). The highest number of incidents of 21.3% (549 cases) of such cases were reported from Tamil Nadu followed by Andhra Pradesh 19.0% (489 cases). Daman and Diu reported the highest crime rate of 6.0 as compared to the national average of 0.4.

The number of cases under this act registered a decrease of 2.6% during the 2011 year as compared to the previous year (2499). 20.1% (497) cases were reported from Andhra Pradesh followed by Tamil Nadu 17.2% (420 cases). Daman and Dui reported the highest crime rate of 2.5 as compared to the national average of 0.2%. Cases under this act registered as increase of 5.2% during 2012 as compared to the 2011 (2,435). The highest number of incidents of 19.5% (500 cases) of such cases were reported from Tamil Nadu followed by Andhra Pradesh 18.4% (742 cases). Goa reported the highest crime rate of 4.6 as compared to the national average of 0.2.\(^{66}\)

**Dowry Prohibition Act**

The incidents of cases under this act increased by 17.9% during the year 2013 as compared to the previous year (9,038 cases) and 18.8% of cases were reported from Odisha (2,014) followed by Bihar (1,893 cases) accounting for 17.7% of total number of cases at the national level. The highest crime rate of 9.8 was reported from Odisha as compared to 1.8 at the national level.

The cases under this act increased by 27.1% during the year 2011 as compared to the previous year (5182 cases) and 28.7% of cases were reported from Andhra Pradesh (1899) followed by Karnataka (1210 cases) accounting for

\(^{66}\) *Ibid*
18.3% of total number of cases at the national level. The highest crime rate of 2.5 was reported from Odisha as compared to 0.5 at the national level. The cases under this act increased by 36.5% during the year 2012 as compared to the previous year (6619 cases) and 27.8% of cases were reported from Andhra Pradesh (2,511) followed by Odisha (1487 cases) accounting for 16.5% of total cases at the national level. The highest crime rate of 7.3 was reported from Odisha as compared to 1.5 at the national level.

**Indecent Representation of Women (prohibition) Act 1986**

A decrease of 156.7% was noticed under this crime head during the year 2013 as compared to the previous year (141 cases). Andhra Pradesh reported 69.3% of total such cases (251 out of 362 cases) with crime rate of 0.6 cases compared to crime rate of 0.1 at the national level in the year 2013.

A decrease of 49.4% was noticed under this crime head during the year 2011 as compared to the previous year (895 cases). Andhra Pradesh with 314 cases accounted for 69.3% of total number of such cases at the national level (0.4). Data showed that cases registered under indecent representation of women (Prohibition) Act, 1986, witnessed a sharp decline over the year 2011. A decrease of 68.9% was noticed under this crime head during the year 2012 as compared to the previous year (453 cases). Rajasthan with 62 cases accounted for 44% of total such cases at the national level (0.2).\(^{67}\)

**Sati Prevention Act 1987**

One case was registered under this crime head in Jammu & Kashmir during the year 2011. No case was registered under this crime head across the country during 2012 to 2013.\(^{68}\)

\(^{67}\) *Ibid, p. 85\n
\(^{68}\) *Ibid*
Crime against women is one of the serious issues which spread from family to the public and political realm. Only legislation and law enforcement agencies cannot prevent the incidents of crime against women. There is an urgent need for social awakening and change in the mind set of the masses, so that due respect and equal status is given to women. As established by the various studies on crime and criminology, the crime always starts in the mind and before the commission of a crime every individual has some kind of thought by way of revenge or greed, which is also influenced by the surroundings and social thinking and the actual position of law and order. The policy initiatives aimed at curbing violence against women should be comprehensive and multi–tasked as the requirement is not only to make laws and implement them effectively but it also needs more to do in the direction of gender sensitisation of the every individual of society including men, women, children and old people.

This awakening can be brought about by education campaign among youth making them aware of the existing social evils and the means to eradicate them. Mass media can also play an active role in the awakening of youth. Various NGOs can hold a responsible position here by assigning themselves the task of highlighting socio-economic causes leading to such crimes and by disseminating information about their catastrophic effect on the womanhood and the society at large. Simultaneously, law and enforcement agencies should be well trained to react swiftly and with sensitivity towards the women and children cases. Exemplary punishment should be given to culprits and zero – tolerance approach against sex offenders be adopted. Radical reforms can be done in the old police and security system by following the latest techniques of crime investigation and surveillance like the initialisation of cameras at public places, proper lighting and easy access to the police through the public information system.
Although globalisation has provided a new platform to Indian women and they are also able to establish a new identity as competent professionals like women of any other part of the world do. The easy access to the knowledge and information along with professional education has opened new horizons of opportunities and earning; however, the economic gains of globalisation are limited to the few metropolitan and urban educated women. The vast majority of rural and uneducated women are still untouched by the positive outcome of globalisation. Infact they have lost the benefits of the mixed and welfare economy due to the adoption of NEP by the Indian government. It is observed by a majority of studies that the social impact of globalisation and social change is very slow; the age old superstitions and the deprivation of women of their socio-economic and political rights continues. The lack of social security and the consequent violence which has been created by the new culture of working outside the house and also bearing the age old practices of performing the house-hold chores alone. The age old definition of a “good woman” is equally relevant both in the urban and rural India and determinants of being a good woman constitute to be the same as they were before globalisation. Their choice for taking personal decisions is still under the control of the male members of the family. The negative impact of global health technology and the alarming decrease in the sex-ratio of the girl child in the last two and half decades present a very bleak picture of the social backwardness of the Indian society.