Report of the High Level Committee on the Status of Women in India

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Engendering Macro-Policy: Gender Mainstreaming through Gender Responsive Budgeting

I. Introduction

1.1 The CSWI report and its findings, as pointed out earlier, coinciding with similar concerns internationally around women's issues in the 70s [1], recognized that women as a group had been adversely affected by the processes of economic transformation,

1.2 The impact of this Report on policy approaches to women since the 70s was evident in the shift from a 'welfare' approach to 'development', to 'equity', 'empowerment' and 'inclusion' over time in the Five Year Plans of the country [2] leading also to changes in the nature of state interventions to improve the position of women in society. It was realized that guarantees of gender equality by the Constitution would be meaningless and unrealistic unless the country recognized women's right to economic independence and their training in skills as contributors to family and national development is enhanced. Marriage and motherhood should not become a disability in women fulfilling their full and proper role in the task of national development. The need to regard women as critical inputs for national development rather than as targets of welfare policies was emphasized [3].

1.3 Since then despite a proliferation of policies, programmes and schemes to assist poor women and address gender gaps in social, economic and political spheres, coupled with a strong women's movement and the presence of large numbers of women in grassroots politics, the concrete improvements in women's economic and social position cannot be said to be adequate. A study commissioned by the National Commission for Women in 2001 to update the work of the CSWI, concludes that the advancement towards equality since the mid 70s has been mixed; there have been gains and there have been retrogressive trends and there have been barriers to advancement. Two significant facts that highlight women's neglect are (a) adverse sex ratio;

juvenile sex ratio declining; and (b) maternal mortality rate of a disturbingly high level. Overall, the study is of the view that, "there are miles to go before equality is reached" [4].

1.4 With the persistent mismatch between government policy and development outcomes for women across the globe, feminist scrutiny has increasingly focussed on macro policy, and the urgent need to engender it for bringing about a transformation of women's position in society and promote gender equality accepted as a necessity for the promotion of human rights.. The dissatisfaction with earlier approaches to narrowing gender gaps led to the emergence of gender mainstreaming as a strategy for promoting gender equality endorsed globally in the Beijing Platform for Action, 1995 and later enshrined in international agreements and commitments.

1.5 Earlier policy approaches based on welfare or even development focused on women, like providing them with more education, credit etc. and on specific targeted interventions. While these programmes/schemes were well intended, such top-down models were found to be inadequate in bringing about lasting social transformation based on change in power relations, and removing discrimination. When it comes to empowering women and bringing about gender equality, the discourse moves on to realizing that speaking and acting on/with women is not enough and that all interventions have to encompass both men and women in their relative positions, even as women were kept at the centre. It became apparent that gender inequalities were not going to be resolved through marginal initiatives but rather, that broad processes of change, particularly at policy and institutional level, were needed.

1.6Women's movements in the global south developed a critique of development models and institutions, arguing that the answer lay, not in greater participation of women in an unjust and unsustainable development process; there was need to rethink structures and practices that perpetuate inequalities of all kinds[5]. Gender Mainstreaming emerged as a strategy that makes it imperative on the State (amongst other actors) to assess the differential implications on men and women of any public policy action and intervention (including legislations and programmes) in all areas, at all levels, so that it brings about an equitable focus on women's empowerment and development needs. Opportunities are sought to narrow gender gaps with the ultimate goal of achieving gender equality.It is not a new strategy but builds on years of efforts and experience of trying to bring gender perspective to the centre of attention in policies and programmes.

1.7 Gender mainstreaming as the very name suggests, means moving gender equality concerns from the backwaters and side streams into the mainstream. As the BPfA stated "..... governments and other actors should promote an active and visible policy of mainstreaming a gender perspective in all policies and programmes that, before decisions are taken, an analysis is made of the effects on women and men respectively"(BPfA 1995, para 79); and since then several follow up measures have been taken to oversee its implementation. The ECOSOC agreed conclusions 1997/2 established some important overall principles for gender mainstreaming which was defined as: "*...the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation,monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality.*" (UN Women 2002).

1.8 This implies that instead of having separate policies for gender equality or adding on gender equality concerns into already drawn up policies and programmes, a gender perspective needs to be introduced from the beginning into all policies/ programmes/processes,[6] right from the planning stage to take into account their possible differential gender impacts. Recent research provides evidence that investing in gender equality has a positive impact on economic growth, in particular, with respect to education and employment. Not only does women's access to opportunities of employment and education reduce the likelihood of household poverty but resources in women's hands have a range of positive outcomes for social development and capabilities within the household. In fact this relationship has proved stronger than the other way- that economic development promotes gender equality, evidence on which is more mixed.[7]

1.9 Gender mainstreaming does not mean abandoning all women specific measures or women centric programmes of the government; nor does it imply that all official entities set up to monitor progress of policies towards gender equality should be disbanded. In fact these interventions, which primarily aim at reducing gender gaps that disadvantage women , do not contradict the mainstreaming strategy in any way .t is recognized that such measures would continue and be complementary strategies of targeted interventions since gender mainstreaming is a process which will take time and resources and there is still a long way to go.[8]There is no

one size fits all approach that can be applied in every context. What is common to mainstreaming in all sectors or development issues is *that a concern for gender equality is brought into the 'mainstream'of activities* rather than dealt with as an 'add-on'. The first steps in the mainstreaming strategy are a gender analysis, that is, assessment of how and why gender differences and inequalities are relevant to the subject being discussed, identifying where opportunities exist to narrow these inequalities and deciding on the approach to be adopted.

1.9 While the gender mainstreaming strategy appears to be a straightforward one to apply, it is found to be often difficult to implement in practice. It has been perceived as " everyone's business" which dilutes and invisibilises gender considerations, resulting in ineffective policy making and lack of ensuring explicit budgetary expenditures to mainstream gender activities. Finally there has been no one accountable and hence the process has been trivialized and made mechanical. As pointed out by the Expert Group meeting on Gender Mainstreaming Approaches in Development programmes,2013, ".... The window of opportunity to achieve gender equality is closing as a result of mainstreaming fatigue and the whole gender mainstreaming strategy is being classified as a failure" While experience gathered from several countries has thrown considerable light on the gaps, limitations and challenges the strategy faces, since the reasons for failure are so strongly enshrined in the particular approach to gender mainstreaming, we take it up in the discussion on Gender Responsive budgeting perceived as one of the best initiatives to implement gender mainstreaming. We go back a little and reflect on the biases in macroeconomic policy, the raison d' etre for gender mainstreaming, which prevent gender equality goals being taken forward. The attempt is to show how some of these are evident in the Indiam context.

2. Biases in Macro Economic Policies

1.10 Macro economics is of different genres. Keynesian macroeconomics developed in the post Second World War period had some positive implications for gender inequalities since it modified classical liberalism, with an important role given to the State, to mute the adverse consequences of the market on disadvantaged groups[9]. Under the new policy of globalisation, followed since the early 90s the focus is on a different *approach* to development based on a market-oriented economic reforms package of globalization, liberalization and privatisation with

its roots in the Washington Consensus. However, Keynesian macroeconomics too suffered from gender blindness since it ignored the unpaid work of women in the household focusing primarily on the 'male breadwinner'. But with the primacy of budget deficits as the most symbolic macro economic variable under the economic reforms package leading to fiscal conservatism and the shift towards privatization, such a defence of the disadvantaged groups has receded with a reduced role for the state. The impact on gender of the new economic policy has been well documented though there is still an unwillingness among policy makers to acknowledge that restructuring is occurring on a gendered terrain by changing the relationship between the paid and unpaid household spheres and the role of the state in redefining and expanding the 'private'.[10]

1.11 Macro policy underlying the current restructuring processes takes the "social reproduction economy" the burden of which falls largely on women, for granted assuming that it can continue to function adequately no matter how much its relation to the productive economy is disrupted. The highly unequal sharing of household work between men and women is not considered adequately in development policy making, design of which needs to address different gender needs. This is because of an implicit assumption that women's time in household work is *infinitely elastic* enabling them to adjust to any adverse impact emanating from changes in macro economic policy, especially to reduction in public services and subsidies, decline in public sector employment and rises in prices and taxes, so that basic needs of households can continue to be met.[11] Hence the transformation of women's place in society and achieving the goal of gender equality continues to be elusive. Gender equality advocates and feminists globally have raised the need to analyse women's unpaid work within this macroeconomic context[12].

1.12 It is the disjuncture between the social (the unpaid household economy) and the economic (the commodity or 'productive'economy) which drives macropolicy in gender insensitive directions and hence the need to integrate macroeconomic management with social policy. It was not as if this did not appear over time in the policy reckoning of the Bank-IMF. The 'history' of structural adjustment-stabilisation policies shows that in the late 80s responding to the massive criticism of the reforms because of large cuts in social sector spending which resulted in extremely adverse consequences for the poor and women in particular[13] Bank-IMF policy pronouncements became less aggressive, diluting the 'austerity conditions' and advocating 'good

'governance' based on decentralization as another policy initiative.[14] With the major financial crisis in 1997 in East Asia, which was immensely damaging to livelihoods of people and the real economies, WB was requested to formulate "social principles" and "good practices of social policy." Social Risk Management (SRM) was suggested as the most appropriate approach for reducing the vulnerability of the poor in which the state was expected to intervene in the social sphere when the normal structure of supply, the market and family fails. The social safety nets for risk coping for the extremely vulnerable categories would remain. Clearly, the post-Washington Consensus did seem to include some of the social concerns voiced by the critics, like poverty reduction, social protection and "good governance" but without abandoning the neo-liberal basics centred on economic liberalization, fiscal restraint and a nimble state that facilitated the integration of people into the market[15]. Social policy is not a residual category which is how it has been treated both in the earlier industrialization based development strategy and in the dominant paradigm now under the Economic Reforms strategy. It has its origins in the residual model of social welfare (that social welfare institutions should come into play only when the normal structure of supply, the family and the market break down) [16], was compatible with the industrialization led development strategy which envisaged that the fruits of growth would "trickle down" to all and if certain vulnerable groups, of which women constituted a major section were left out, some welfare measures could be adopted to meet their needs .The Central Social Welfare Board was established in 1953 in India symbolising the welfare approach to women's problems (NPPW 1988). Hence social policy has been treated as a residual to development policy.

1.13 Three things need to be noted here : (a) while welfare approach sees itself as family centred, the focus is entirely on women in terms of their reproductive role; it assumes men's role to be in the production economy and identifies the mother-child dyad as the unit of concern[17] assuming socially constructed gender roles as a given; (b) macro development policy could be designed in whatever way the mpolicy makers desired since its adverse outcomes, assumed ofcourse to be minimal, could be readily addressed through welfare or social policy measures; and (c) this has resulted in the creation of two parallel streams of development, originating in the earlier 'welfare' approach: on the one hand the support to capital/ technology intensive industrial and agricultural production in the formal sector focusing on increasing the productivity of a primarily

male labour force and on the other welfare provision for the family targeted at women who along with the other vulnerable groups remain the responsibility of the 'soft' Ministries of social welfare. In most countries such Ministries are dominated by women and hence welfare policy is often identified as women's work reinforcing social planning as 'soft edged' and of lesser importance than the 'hard edged' ministries of economic planning[18]. Hence the dichotomy between social policy and macroeconomic policy originated from the earlier period but the much higher social dislocation caused in the era of market led economic reforms since the 80s and 90s prompted a new interest into examining macroeconomic policy.

1.14 There is widespread recognition in more recent years that there is need to integrate macroeconomic policy and social policy within a transformatory approach rather than "adding on" some social policies to "sound" macroeconomic policy focussing on market based criteria, reduced role of the state and an overwhelming emphasis on price stabilization and macroeconomic austerity. Such an approach which would mainstream gender equitable social policy with macroeconomic policy [19] warrants our consideration. Recent research marks an important shift from focusing on how economic policies have affected welfare in a gender-specific manner, to illustrating how gender biases negatively affect the outcome of these same economic policies.[20]

1.15 The three interlinked biases which continue to constrain the required integration of social policy with macroeconomic policy and drive macroeconomic policy in gender insensitive directions have been outlined by Elson (2002):

--- **male breadwinner bias**: macroeconomic policy assumes that the non-market sphere of social reproduction is articulated with the market economy of commodity production through a wage which is paid a male breadwinner and which largely provides for the cash needs of a set of dependents. This bias constructs the ownership of rights to make claims on the state for social benefits around a norm of full time, lifelong working age participation in the market based labour force.

---**the deflationary bias:** the compulsions of liberalised financial markets which induce governments to adopt policies aimed at maintaining their "credibility" in financial markets such

as high interest rates, tight monetary policies and fiscal restraint which limits government's ability to spend on social sectors and their ability to deal with recession and leads to high rates of unemployment and underemployment.

---- **commodification bias:** drastic reduction of state based entitlements and their replacement by market based individualised entitlements for those who can afford them. Macro policy is designed to minimise the role of public provision; pressure to minimise budget deficit, taxation levels and public expenditure. This impacts on social reproduction and majority of women who provide unpaid care.

The latter two have assumed considerable significance in the current period of economic reforms.

1.16 Given these biases, how should gender mainstreaming be done? There could be many approaches that could be used to introduce a gender perspective in all activities. One of the most important areas of macroeconomic policy *and a point of entry* which has gained widespread acceptance is introducing a gender perspective in government budgets. Gender Responsive Budgeting (or Gender Budgeting / Gender Sensitive Budgeting) contributes to gender mainstreaming by focusing on the gender dimensions of the Budget, both the expenditure and revenue sides. These budgetary initiatives are therefore a crucial means by which governments finance gender equality and women's empowerment [21]

1.17 A Gender Responsive Budget is not a separate budget for women but one in which gender has been mainstreamed, keeping in mind the need to integrate the 'social' and 'economic' policies. It is is a strategy for changing budgetary processes and policies so that expenditures and revenues reflect the differences and inequalities between women and men in incomes, assets, decision-making power, service needs and social responsibilities for care.

It provides a methodology to assist governments to integrate a gender perspective into the Budget.

1.18 The rationale for GRB initiatives lies in the fact that its methodology recognises the economic significance of the household/care sector emphasising the need for public investment

in these activities. While the roles, responsibilities and capabilities of women and men are different, they must not be stereotyped nor held rigidly based on pre-conceived notions regarding the superiority or inferiority of either of the sexes or on stereotyped roles of men and women.[22] Culture and traditions, based on primacy given to women's role in the domestic sphere play an important role in reinforcing such notions which give rise to the multitude of legal, political and economic constraints on the advancement of women and restrict their enjoyment of fundamental rights. More and more thrust is on gender responsive budgeting as an approach to mainstreaming gender equality issues in all development work--planning, financing, implementation and review- (not just the 'soft' social issues of the welfare type). That it has not been able to achieve its objectives is a matter of concern and highlights the need for a more strategic approach, "knowledge from gender sensitive evaluations should feed back into programme decisions in a cyclical loop so as to design stronger programmes" (Report of the EG on Gender Mainstreaming Approaches, Oct 2013)

1.19 In the next Section we examine some macroeconomic data to focus on the fiscal orthodoxy of the current macro economic strategy in India, and its implications for Budgetary allocations across sectors . Evidence is also provided to substantiate the trends towards a deflationary bias of current macroeconomic policies mentioned earlier reflected in declining union budget spending as proportion of GDP, in particular, social expenditures; the pre-eminence of the fiscal deficit and the low levels of tax revenues. The subsequent Section will discuss Gender Responsive Budgeting as an initiative for gender mainstreaming and the challenges of gender mainstreaming within a (so-called) limited fiscal space.

3. Fiscal Policy Regime in India[23]

1.20 Fiscal policies across large parts of the world have been marred with fiscal orthodoxy, fiscal conservatism or anti-deficit radicalism which aims at low inflation rates arguing that budget deficits must be eliminated whatever the cost [24]. The oil-shocks of the seventies and the resultant deceleration of economic growth during the first half of the eighties in the industrial market economies was transmitted to the developing economies through the mechanisms of international trade, capital flows and aids which ushered in a process of adjustment and stabilization within the developing countries. The package included a 10-point policy reforms for crisis affected

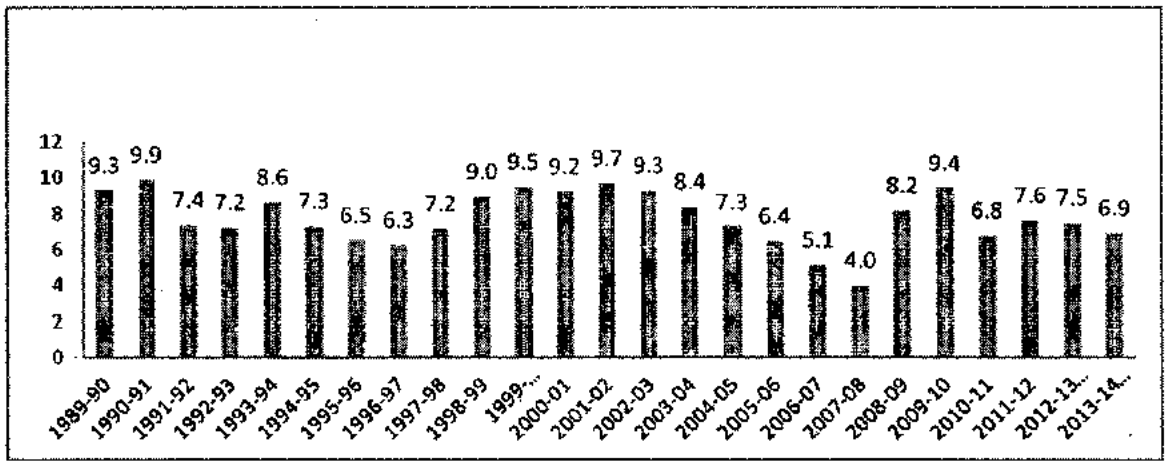
developing countries in order to boost their economic performance, including the three important aspects of macroeconomic stabilisation, greater integration into global trade and reduced role of institutions/governments. The policies revolved mainly around the conventional tools of demand management aimed at curtailing demand through expenditure reducing policies in the form of cutting down public sector deficit, wage control and a tighter monetary regime. While these were central to macro stabilization policies, it also typically included several other institutional and policy reforms such as trade and financial liberalization, including the liberalization of foreign investment rules and regulations, fiscal reforms, labour reforms, reduced role of state and increased dependence upon markets..

1.21 However, documentation of country experiences across the world, adopting these stabilization and adjustment policies for over three decades has revealed that contractionary fiscal and monetary policies that reduce aggregate demand also subsequently reduce aggregate investment thereby affecting the overall growth of output. Demand-restraining fiscal policies operate through reduction in public expenditure which in turn has a negative multiplier effect on the level of aggregate demand thereby resulting in lower private investments. Consequently the long term growth rate of the economy gets affected adversely. Restrictive monetary policies on the other hand operate through controlled money supply, a higher interest rate and increased cost of credit and a consequent reduction in the availability of domestic credit which again tends to affect growth negatively via reduced domestic investment activities. This creates a consequent negative impact on the related real sector variables like employment, wages, poverty, inequality, etc.

1.22 In the Indian context, such a paradigm initiated a policy framework that ushered in a process of maintaining low fiscal deficit while simultaneously keeping taxes low, essentially by compressing its expenditures. Initially the stabilization component consisted of policies aimed at controlling the 'excess demands' that were being placed on the limited pool of the Indian foreign exchange reserves in order to correct the balance of payments crisis. Deregulation of exchange rates towards a flexible exchange rate regime, import liberalization and partial flexibility to movement of capital were implemented as a temporary strategy intending to 'restore international investor confidence'.

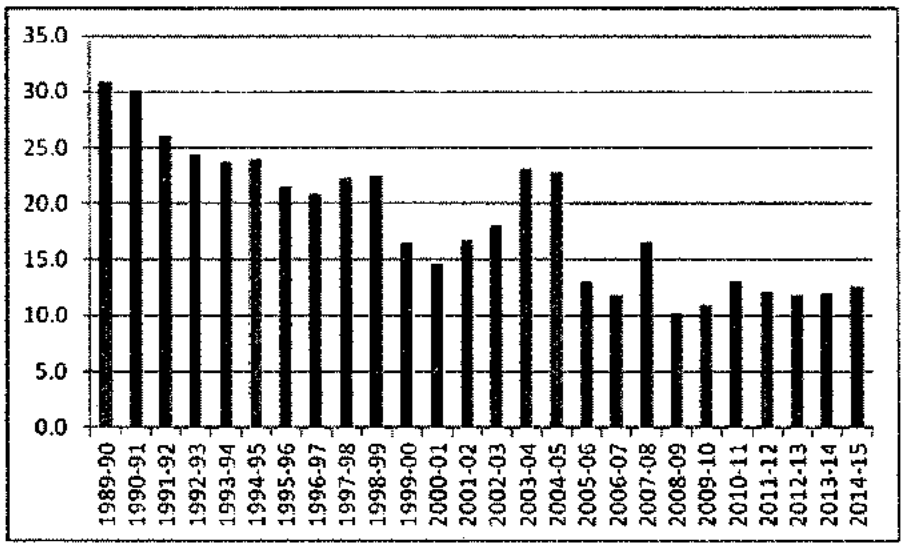
1.23 The stabilization policies were also followed by the structural adjustment programme which was about domestic deregulations mainly that of labour flexibility, financial liberalization, tax rationalization to do away with disincentives for private sector and redefining the role of state as one of facilitator from that of provider. Reducing fiscal deficit however formed the core of both stabilization policies and structural adjustment programme (SAP). Both policies aimed at a government with very low expenditure and interest liabilities in order to remain debt-free, credible and attractive in the global financial markets. Given this the deficit reduction could also not be based on additional resource mobilization which might act as disincentive for private investors. Thus both stabilization and adjustment programmes pushed the government to curb expenditures other than interest payments resulting in curtailing expenditures of the government on subsidies, public provisioning in social sectors and administration. This resulted in reducing fiscal deficits as well as drastic decline of capital expenditure (charts 1, 2). Chart 3 shows the almost stagnated levels of public expenditure in India since 1990-91. On an average, it appears that government spending had ceased to be as much of a stimulus to growth as during the 1980s, with fiscal conservatism leading to an overall deflationary trend in the system.

Chart 1: Fiscal Deficit (Gross) as percent of GDP (Centre and States combined)



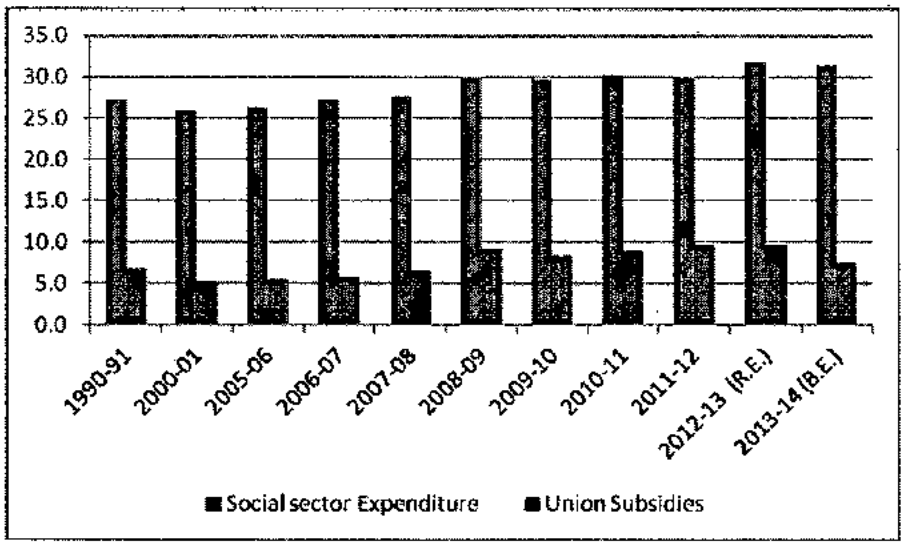
Source: Compiled by CBGA from RBI Handbook of Satistics, GOI and IPFS, MoF, GOI, various years

Chart 2: Capital expenditure as percent of total expenditure



Source: ibid.

Chart 3: Public expenditure on social sectors and Union Government subsidies as percent of total expenditure

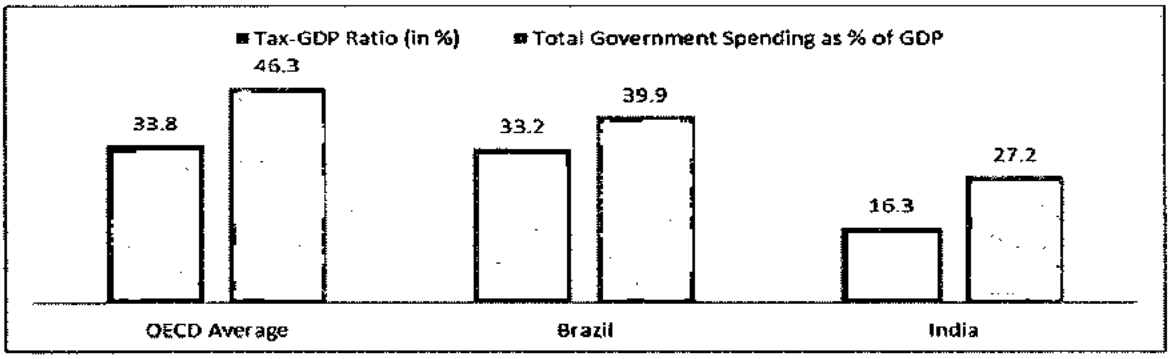


Source: ibid.

1.24 As a major step to finally institutionalise the fiscal conservative paradigm of policy-making, the Government of India in fact brought about a Fiscal Responsibility and Budget Management (FRBM) Bill which became an Act in 2003. The government's fiscal policy measures and the most important fiscal policy document, the Union Budget has since then attempted to adhere to the requirements of the FRBM Act which is to keep a check on government's overall annual expenditure though not so consistently given the constant revision of targets,. The Act provides for a reduction in the magnitude of the fiscal deficit to a ceiling of 3 percent of GDP. The provisions for the Act were also reinforced in the states with a requirement of an additional zero percent revenue deficit. The FRBM restrictions were adopted in a regime where public expenditure levels in India have already been substantially low when compared to both developed as well as developing countries.

1.25 More than two decades have passed following policies based on this philosophy and although India has experienced a moderate to high growth regime, without the type of financial crisis which occurred in other emerging market economies, a plethora of development deficits exist in terms of persistent poverty and intra-regional inequality, low rates of employment, declining livelihoods of rural workers, increased gender disparities, increased vulnerabilities in terms of lowered access to basic facilities and more recently, increased food insecurity, hunger and mal-nutrition [25]. However, keeping fiscal deficits lower by increasing additional resources has never been a part of any policy prescription. There has been no legislation stipulating the minimum tax-GDP ratio, which has also remained at very low levels when compared to either the BRICSAM countries or the G-20 countries or with any developing countries for that matter. India's tax-GDP ratio was only 16.3 percent, as compared to 33.2 percent for Brazil and 33.8 percent for the average of OECD countries in 2010.

Chart 4: Ratios of Government's revenue and expenditure to the GDP



Note: Figures as of 2010

Source: Centre for Budget and Governance Accountability (CBGA), October 2014; Budget Track, Volume 10, Track 1-2

1.26 Tables 1and 2 show that although the total government expenditure as a proportion of the GDP for India is higher than China, the same in per capita terms is lower than China. In fact the analysis of the per capita government expenditure reveals that the figure is much lower for India as compared to the OECD average as well as the BRICS countries (in 2011). The gap has widened from the year 2001 to 2011 — countries like China which also had low per capita government expenditure of USD 469 in 2001 has increased it to USD 2004 in the year 2011. India, on the other hand has been unable to make a similar increase over the same period of time.

Table 1: Total Government Expenditure to GDP Ratio for BRICSAM Countries

Country	2001	2006	2011	2012
Brazil	36.1	38.0	39.2	40.4
Russia	33.7	31.1	35.9	37.5
India	26.8	26.5	26.7	26.9
China	17.9	18.9	23.9	24.8
South Africa	25.9	28.2	31.9	32.6
Mexico	21.2	22.6	26.3	27.2

Source: Centre for Budget and Governance Accountability (CBGA), October 2014; Budget Track, Volume 10, Track 1-2

Table 2: Per Capita Government Expenditures: India, Other BRICS Countries and OECD Average

Countries	General Govt. Expenditures Per Capita (in US dollars, at current prices and PPPs)	
	2001	2011
OECD Average	10716	16548
Russia	3395	7917
Brazil	2638	4564
South Africa	1784	3537
China	469	2004
India	422	997

Centre for Budget and Governance Accountability (CBGA), October 2014; Budget Track, Volume 10, Track 1-2

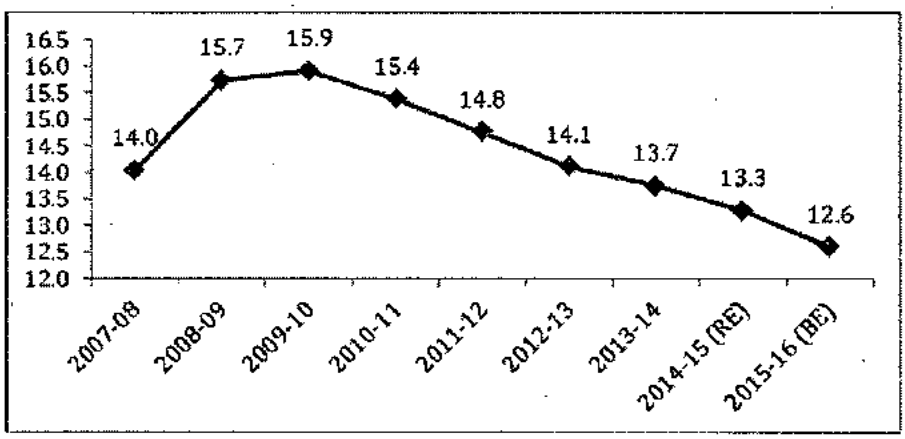
Low Levels of Public Spending resulting in low priority for social sectors and adverse gender impact

1.27 Given such a policy framework, it has been natural for subsequent budgets to experience a narrow fiscal space associated with cuts in social sector expenditures in order to keep fiscal deficit in control. This holds true for both the Union budgets and the state budgets. This in turn has adversely affected government spending on public provisioning of essential services primarily in the social sectors, reflecting the low priority of the government for these sectors. Such public policies have impacted on the unpaid work burden of women, causing it to increase either because of reduced social expenditure due to which women have to bear a larger burden of 'care' in the household or due to privatization of social services which make access to such services unaffordable. As argued in an earlier Chapter while there has been a huge increase in infrastructure spending of the government since the 11th Plan, infrastructure needs of women are barely addressed which increases time spent on provisioning essential goods for household use, such as water and fuel.

1.28 Not only is the overall public spending for India much lower than many other countries, its spending on the social sectors is even lower (see Table 3) and Chart 5 for Public Spending.

Social Sectors comprise of sectors like education, health & family welfare, water & sanitation, nutrition, social security & welfare etc. Among the different kinds of government interventions, those in the social sectors influence human development most directly. India's spending on social sectors has been low both in absolute terms as well as in relative terms. Chart 6 shows the combined expenditure by the Centre and the states on education, family welfare, medical and public health and water supply and sanitation, both in absolute as well as relative terms. It is clear that though in absolute terms there has been a consistent increase in the spending on these critical sectors, as a proportion of the GDP, there has not been a significant increase. In fact, from 1989 to 2013-14 (BE), the combined expenditure on these has consistently remained below 5 percent of the GDP.

Chart 5:Union Budget Expenditure as a Proportion of GDP in India



Source: Compiled by CBGA from Union Budget documents, various years

Table 3: Social Sector Expenditures by Union Government (rs. Crs)

Ministries/Departments	2010-11 (AE)	2011-12 (AE)	2012-13 (AE)	2013-14 (AE)	2014-15 (RE)	2015-16 (BE)
Ministry of Culture	1322	1309	1388	1989	2159	2169
Ministry/Deptt. of Drinking Water and Sanitation	10570	9998	12969	11941	12107	6244
Ministry of Health and Family Welfare (including AYUSH)	24450	27199	27885	30135	31965	33282
Ministry of Housing and Urban Poverty Alleviation	828	957	933	1084	3413	5634
Ministry of Human Resource Development	51904	60146	66055	71322	70505	69075
Ministry of Labour and Employment	2806	3318	3645	4233	4311	5361
Ministry of Minority Affairs	2020	2298	2174	3027	3165	3738
Ministry of Social Justice and Empowerment	4245	5029	4940	5515	5893	7162
Ministry of Tribal Affairs	3152	3625	3073	3839	3872	4819
Deptt. of Urban Development	6572	6858	6541	7297	11013	16832
Ministry of Women and Child Development	10688	15671	17036	18037	18588	10382
Ministry of Youth Affairs and Sports	2841	970	871	1123	1157	1541
Deptt. of Rural Development	72109	64263	50187	58666	68204	71695
Total Expenditure under Social Sector Ministries/Deptts. (Excluding Food Subsidy)	193507	201641	197697	218208	236352	237934
Ministry of Consumer Affairs, Food and Public Distribution (Food Subsidy)	71472	74277	86677	93317	123366	125474
Total Expenditure under Social Sector Ministries/Deptts. (Including Food Subsidy)	264979	275918	284374	311525	359718	363408
GDP at Current Market Prices (2011-12 series)		7783167	8832012	9988540	11345056	12653762	14108945
Share of Social Sector Expenditure (Excluding Food Subsidy) as % of GDP	2.49		2.28	1.98	1.92	1.87	1.69
Share of Social Sector Expenditure (Including Food Subsidy) as % of GDP	3.40		3.12	2.85	2.75	2.84	2.58

Adverse effect on the quality and coverage of public provisioning of essential services

1.31 Low level of public spending on social sectors has had an adverse effect on both the quality as well as the coverage of public provisioning of essential services in the country. Aggravation of systemic weaknesses in the functioning of many social sector programmes is also largely due to the low levels of public spending on the same. There is a shortage of personnel for implementation of various programmes and an even more severe one of trained and qualified persons for the delivery of services. This is especially true for education and health sectors.

1.32 It is contended in a study that "inadequate attention to government schools by starving them of sufficient financial and human resources" has resulted in their gradual and continued disintegration. [26]The Department-Related Standing Committee apprehends that inadequacy of funds would lead to cutting down or withdrawal from some Schemes by the Department of School Education and Literacy. It notes that it would also lead to hindrances in the implementation of the RTE Act which is a fundamental right for children [27]

1.33 The scenario with respect to health sector is similar. Healthcare in India is characterised by high levels of out-of-pocket expenditure and increasing privatisation. CBGA (2012) notes that the "weaknesses in India's health financing system lie at the root of the insufficient provision and reach of quality health services as well as the inadequate financial protection against ill health. Most of the problems that India's health sector is facing are typically rooted in the inadequate public spending on health". Even the 12th Five Year Plan (2012) observed the need for substantially increasing the health sector expenditure by the Centre and the States (both Plan and Non Plan) by the end of the twelfth plan period, in order to address some of the fundamental weaknesses in the system.

3. Strengthening Gender Responsiveness of Fiscal Policy

1.34 After more than 60 years of independence, women in India continue to face multiple deficits in almost all spheres of development as we saw in earlier chapters. Not only do women fare poorly in most socio-economic indicators, their access to basic services is lower than that of the total population. Though there has been improvement in the condition of women, from the year 1981 to 2011, their situation is far from satisfactory.

Table 4: Socio-economic indicators for women

Indicators	1981		1991		2001		2011	
	Male	Female	Male	Female	Male	Female	Male	Female
Literacy rate (%) (Census)	56.4	29.8	64.1	39.3	75.3	53.7	82.1	65.5
Worker population ratio (main and marginal) (Census)	52.7	19.8	51.6	22.3	51.7	25.6	53.3	25.5
Child Sex Ratio (Census) [per 1000]	962		945		927		914	
Overall Sex Ratio [per 1000] (Census)	934		927		933		940	
Maternal Mortality Ratio (SRS Bulletin) [per 1,00, 000 live births]	1997-98				2001-03		2010-12	
	398				301		178	
Proportion of seats held by women in Lok Sabha (%)	1989		1996		2004		2014	
	5		8		8.3		11.3	

Source: Office of the Registrar General and Census Commissioner, India; Government of India

Higher dependence of women on Public Provisioning of essential services in Social Sectors

1.36 In addition, women have a higher dependence on the public provisioning of essential services, especially in the social sectors. The deficiencies in public provisioning of essential services in the social sectors have, among other factors, contributed to the persistence of development deficits in many areas of human development [28]. Access to public health facilities, sanitation and safe drinking water etc. have a marked gender specificity whereby women are affected not only in case of their own health problems but also as principal caregivers, when anyone else in the family falls sick.

1.37 In education, it has been seen that the enrolment rates of girl children is higher in government schools, as compared to boys. Similarly, in health sector, the dependence of women on public provisioning of healthcare services is higher. CES (2009) data also shows that women depend more on government hospitals for deliveries. Lack of publicly provided quality medical aid does affect them more adversely than men. The same is often true in the provisioning of schools for girls [29].

1.38 Clearly women depend significantly more on the public provisioning of essential services in these critical sectors. This, coupled with the multitude of development deficits that women face, points to the need for initiating and strengthening government interventions to address these deficits across sectors.

(a)Strategy of Women's Component Plan[30]

1.39 The introduction of the Women's Component Plan (WCP) in the Ninth five year plan (1997-98 to 2001-02) was the first attempt in the country to ensure some commitment by Ministries/ Departments for women in their budgets. However, the recognition of the need to analyze public expenditure from a gender perspective can be traced back to the *CSWI,* 1974. The report, which coincided with the beginning of the Fifth Five Year Plan led to changes in policies towards development of women in the Fifth Five Year Plan; and by the Sixth Plan (1980-85) there was a shift from a 'welfare' approach to 'development' in the Five Year Plans of the country.

1.40 However, it was not until the Seventh Five Year Plan (1985-90) that attention was paid to allocations for programmes directly benefitting women. Monitoring of 27 beneficiary oriented schemes which directly benefited women was initiated to establish the impact of these on women. The Department of Women and Child Development was entrusted with the responsibility to monitor the implementation of these schemes to assess the quantum of funds flowing to women. This commitment was re-affirmed in the Eighth Plan which stated that "....the benefits to development from different sectors should not by pass women and special programmes on women should complement the general development programmes. The latter, in turn, should reflect great gender sensitivity"

1.41With the recognition that policy pronouncements for women cannot be effective without the necessary budgetary commitments, the 9th Five Year Plan introduced the Women's Component Plan. This strategy required earmarking not less than 30 percent of the funds/benefits (in Plan spending) under the various schemes in 'women related' sectors, both by the Union Government and States. In doing so, this strategy highlighted that allocation of budgetary resources for programmes is important to address women's needs and concerns. However, as critical as it is

for policies and programmes for women to be backed by budgetary outlays, no explanation was provided as to how the Planning Commission arrived at the figure of 30% under WCP.

1.42 WCP as a strategy to address women's needs, was implemented both at the level of the Union Government as well as the States. However, the strategy met with limited success and could not bring about any substantive improvements in the programmes by departments/ministries from a gender perspective. It would be pertinent to analyse the implementation strategy at the Union level as well as some of the states to understand why it did not make much progress.

Implementation of Women's Component Plan:

At the Union Level

1.43 As mentioned above, the implementation of WCP at the Union level in the Ninth and Tenth plan periods presented a disappointing picture. The *Report of the Steering Committee on Empowerment of Women and Development of Children for the Tenth Five Year Plan (2002-07),* presented by the Planning Commission highlighted that the figures for schemes had been reported by Departments as inputs for WCP in most cases, while some Departments had stated that their schemes were gender neutral. The report also noted that "the concept of the Women's Component Plan must not be abandoned or weakened merely because it was not operationalised effectively."

1.44 The total magnitude of Plan allocations of Central Ministries including Department of Women and Child Development (shown as the only women-specific Department) and 15 other women related Ministries/Departments (including Health, Family Welfare, Education, Labour, Rural Development etc.) flowing to their WCP in the 9th Plan period (1997-2002) constituted Rs.51,942.5 crore, which was 25.5% of the Gross Budgetary Support of the Central Government for the Ninth Plan (as reported in the 10th Five Year Plan document). As a proportion of the Gross Budgetary Support of the Ministry/Department, the allocations under WCP (for the entire Ninth Plan period) were 70% for Department of Family Welfare, 50.4% for Department of Health and 50% for Department of Indian Systems of Medicine & Homeopathy.

However, the methodology followed to arrive at these figures has not been shared in the public domain.

1.45 For the Department of Women and Child Development, the entire Gross Budgetary Support for the Ninth Plan was reported under WCP. In this context, it is interesting to note the observation of the Steering Committee Report which stated that "The share of women specific programmes constitute a fraction of the total fund allotted to DWCD. During the financial year 2000-01, out of the total expenditure of Rs. 1335.9 crore in the Department, expenditure on women specific programmes was only Rs. 115.7 crores. This constituted a meagre 8.57 %". In light of the fact that programmes for child development have greater priority in the budget of the Department of Women and Child Development, the Planning Commissions' assessment presented in the Tenth Plan document of the resources flown to WCP by the Union Ministries during the Ninth Plan seem to be an overestimation.

1.46 The implementation of WCP did not witness any improvements in the Tenth Plan period (2002-07). The Mid-Term Appraisal (MTA) of the Tenth Plan by the Planning Commission pointed to the fact that "most of the ministries and departments designated as women-related have not separately provided the women's component and hence cannot be evaluated on their WCP". The Mid-Term Appraisal also highlighted that while the Department of Education confirmed a flow of 42.37% of its Gross Budgetary Support to WCP, the Ministry of Labour's reporting under WCP reduced from 33.5% in the Ninth Plan to 5% of its Gross Budgetary Support in the first three years of the Tenth Plan. Several Ministries/Departments such as Agriculture and Cooperation, Urban Employment and Poverty Alleviation, Science and Technology/Biotechnology, Information and Broadcasting, which had been reporting on WCP in their budgets, discontinued in the Tenth Plan.

1.47The MTA of the 11th Plan therefore is silent on WCP; the focus is on Gender Budget Cells. It is stated that these Cells have been set up in 56 ministries which have been oriented to Gender Budgeting (GB) which needs to be perceived as a continuous process constantly needing reinforcement. Efforts were on to sensitize states and local urban and rural bodies to the concept and practise of GB. State institutes for rural development and administrative training institutes are also being involved along with NGOs and other civil society bodies. Optimum use of the gender budgeting tool needs to be made by all ministries and departments at the Centre, in the states, and at the lower levels of governance.

WCP at the state level

1.48 The implementation of WCP at the state level also raised some concerns. Though states did present a statement on WCP as part of the States' Annual Plans, there was lack of clarity with regard to the reporting by states. For most schemes, a blanket 30 percent or 100 percent of the total allocations to the schemes were reported under WCP. The basis of this reporting, i.e., whether it is based on number of beneficiaries or earmarking of funds for women under the scheme guidelines was not clear. In several instances, the proportion of schemes reported under WCP was less than 30 percent. In the absence of any justification for reporting, it is difficult to ascertain the underlying rationale being employed by states for reporting under WCP. Likewise, for schemes reporting more than 30 percent (but less than 100 percent) of the scheme allocations under WCP also, the underlying rationale was not clear. Table 5 captures some examples of states reporting less than 30 percent of the scheme allocations under WCP.

Table 5: Reporting for select schemes by various states under WCP, 2007-08

State	Department/Sector	Scheme	Total allocation to the scheme (in Rs. lakh)	Allocation reported under WCP (in Rs. lakh)	Allocation under WCP as % of Total Allocation
Uttar Pradesh	Khadi and Village Industry	Mukhya Mantri Gramodyog Yojana (Interest Subsidy Scheme)	1131.00	113.10	10
	Higher Education	Upgradation of basic amenities in Universities	1200.00	288.00	24.0
	Urban Development	SJSRY (DWACUA)	200	80	4
Rajasthan	Agriculture	Education Training to Girls/Women	6765	97	1.4
		Assistance of Women Cooperative	900	25	2.8
		M.L.S. University, Udaipur	25	2.5	10.0
Odisha	Agriculture and Allied Activities		11001.99	1613.25	14.7
Punjab	Crop Husbandry		2600	462	17.8
	Rural Development Fund		13200	2640	20.0

Source: Compiled by Centre for Budget and Governance Accountability (CBGA) from WCP Statements, State Annual Plans, 2007-08

1.49 Needless to state there was considerable dissatisfaction with the WCP. The appraisal during the 10th Plan has been stated earlier which ended strongly as, "The reality is that women still remain largely untouched by gender-just and gender-sensitive budgets as well as WCP. This stagnation needs to be shaken up across the board." Internationally too, the progress on moving towards gender equality through some form of gender mainstreaming was disappointing since "...experience has shown that gender mainstreaming is often difficult to implement in specific circumstances... it cannot be achieved without explicit institutional commitment to the strategy and systematic efforts to implement it" (UN Women 2002).

1.50 By 2010 the WCP was given up as a strategy for mainstreaming gender into government budgets. Meanwhile the Government of India in 2005-06 recognized Gender Budgeting as a key strategy to mainstream gender concerns in government interventions. In the Tenth Five Year Plan (2002-07) it sought to bring about coordination in the simultaneous implementation of both the strategies as it envisaged "immediate action in tying up these two effective concepts of WCP and Gender Budgeting to play a complementary role to each other, and thus ensure both preventive and post facto action in enabling women to receive their rightful share from all the women-related general development sectors". However, this approach was later modified with the Planning Commission urging both the Union Ministries and States to discontinue WCP. The Planning Commission stated (vide letter no. PC/SW/1-3(13)/09-WCD, dated, 5th January, 2010,) "the concepts of Women Component Plan and Gender Budgeting are not complementary but often contradictory and the world over countries have moved to using Gender Responsive Budgeting as a tool for gender mainstreaming and ensuring gender equity" and has clarified that, "Women Component Plan should no longer be used as a strategy either at the Centre or at the State level. In its place as already initiated by the Ministry of Finance and Ministry of Women and Child Development, we should adopt Gender Responsive Budgeting or Gender Budgeting only" (www.wcd.nic.in). It is not clear why such a statement was made by the Ministry since WCP which in fact is a targeted intervention for women can be complementary to gender mainstreaming.[31]

1.51 While departments/ministries at the Union level have discontinued the practice of reporting under WCP, states continue to present the Women's Component Plan as part of their Annual Plans, as required in the formats of the annexures of the Annual Plans.

1.52 The introduction of WCP drew attention to the need for budgets to be more gender sensitive. However, the narrow approach of the strategy precluded the possibility of the strategy having a significant impact on the gender responsiveness of the programmes of concerned ministries and departments. It was limited in its approach as it was restricted to only the Plan Budgets of select departments. A number of important sectors perceived as 'gender neutral' were not covered by the strategy, thereby reducing the scope for bringing about substantive improvements in the outcomes for women across sectors. Moreover, the strategy did not push ministries to recognise and address gender gaps in the design of schemes. The approach failed to take into account that earmarking of a fixed proportion of scheme allocations (i.e. 30 percent) might not be the best strategy for all sectors; enhancing the gender responsivess of schemes may require higher or lower budgetary resources.

4. Gender Responsive Budgeting at the Union Level

1.53 Gender Budgeting, recognized as a key strategy to mainstream gender concerns in government interventions was adopted by the Government of India in 2005-06. The strategy of Gender Budgeting aims to influence policies and budgetary processes to address gender concerns in all government interventions. Since gender-based differences and discrimination are built into the entire social-economic-political fabric of almost all societies, a gender-"neutral" government budget is bound to reach and benefit the men more than the women unless concerted efforts are made to correct gender-based discrimination[32]

Accordingly, the Finance Minister, in the Budget Speech in 2005-06 announced, "... Hon'ble Members will be happy to note that I have included in the Budget documents a separate statement highlighting the gender sensitivities of the budgetary allocations under 10 demands for grants. The total amount in BE 2005-06, according to the statement, is Rs.14,379 crore. Although this is another first in budget-making in India, it is only a beginning and, in course of time, all Departments will be required to present gender budgets as well as make benefit-incidence analyses."

1.54 How much space is there for gender budgeting in the context of globalisation/liberalisation when State's own control over public finance decisions is reduced and budget deficit is a key

variable limiting fiscal space. Nonetheless, given the growing criticism of the ineffectiveness of the IMF-World Bank supported structural adjustment programmes to meet its own objectives, reflected in the organised resistance to reforms due to the growing inequalities within and across regions, its development framework as we mentioned earlier, was stretched in terms of a modification of the 'austerity' conditions and endorsing "good governance" (decentralisation) as a core component of its development strategy. There has been a compulsion on governments to consider pro-poor policies in their restructuring initiatives to make development more "inclusive". This creates some space for intervention in terms of gender.

Tools of gender Budgeting

1.55Gender Budgeting (GB) or Gender responsive Budgeting (GRB) (used interchangeably here) methodology includes a variety of tools developed in the context of the first GB exercise in Australia and broadly a six step approach has been developed largely credited to Diane Elson (2000).[33]These tools attempt to examine the various facets of economic policy and the government's role from the perspective of responding to women's specific gender-based disadvantages.[34] While these tools have become somewhat familiar, a reminder of their depth of questioning is called for if one were not to use them mechanically.

Tool 1: Gender-Aware Policy Appraisal is the analysis from a gender perspective of the policies and programmes funded through the budget, the gender analysis, so critical for gender mainstreaming, which asks In what ways are the policies and their associated resource allocations likely to reduce or increase gender inequality?

Tool 2: Beneficiary Assessment is a means by which the voice of the citizen can be heard. In these exercises, the actual or potential beneficiaries of public services are asked to assess how far public spending is meeting their needs, as they perceive them. This can be done through opinion polls, attitude surveys, group discussion or interviews. Questions focus on overall priorities for public spending or on the details of the operation of public services.

Tool 3: Gender-disaggregated Public Expenditure Incidence Analysis estimates the distribution of budget resources (or changes in resources) among males and females by measuring the unit costs of providing a given service and multiplying that cost by the number of units used by each

group. Incidence analysis of public expenditure is a useful tool for helping to assess the gender distribution of public spending. It can give a sense of how gender-inclusive such expenditures actually are by comparing the distribution of the benefits of public spending among women and men, girls and boys. Similarly it can suggest the gender impact of supposedly gender-neutral budget cuts. It also implies allocating a percentage of the programme resources to women depending on the estimated women beneficiaries either in terms of workers, producers or consumers, in cases where it is not possible to calculate unit cost.

Tool 4: Gender-Disaggregated Analysis of the Impact of the Budget on Time Use is a calculation of the link between budget allocations and their effect on how household members spend their time, using household time use surveys. Changes in government resource allocation have impacts on the way in which time is spent in households. In particular, cuts in some forms of public expenditure are likely to increase the amount of time that women have to spend in unpaid care work for their families and communities in order to make up for lost public services. Thus whenever cuts are proposed, the question should be asked: 'Is this likely to increase the time that men and women spend on unpaid care provision?'

Tool 5: Gender-Aware Medium-Term Economic Policy Framework is used to assess the impact of economic policies on women, focusing on aggregate fiscal, monetary and economic policies designed to promote globalisation and reduce poverty. The ultimate aim of gender analyses of government budgets is to incorporate gender variables into the models on which medium term public expenditure planning are based. This can be done by disaggregating, by sex, variables that refer to people (e.g., labour supply) or including new variables to represent the unpaid care economy.

Tool 6: Gender Responsive Budget Statement is the government report that reviews the budget using some of the above tools, and summarises its implications for gender equality with different indicators, such as the share of expenditure targeted for gender equality, the gender balance in government jobs, contracts or training, or the share of public service expenditure used mainly by women. Any government can issue a GRB statement utilising one or more of the above tools to analyse its programmes and budgets and summarise their implications with a number of key

indicators. It requires a high degree of coordination throughout the public sector and is essentially an accountability report by government regarding its commitment to gender equity.

GB in India

1.56 It was with the constitution of an Expert Group in 2004 on classification system of government transactions to examine the feasibility of gender budgeting that the process was initiated by the Ministry of Finance, all Ministries and Departments were asked to open Gender Budget Cells (GBCs), and subsequent to the Ministry of Finance's advisory, the Planning Commission also endorsed this, asking all Ministries/Departments to clearly bring out scheme-wise provisions and physical targets in the Annual Plan proposals for 2005-06 and to carry out an incidence analysis of Gender Budgeting from next financial year.

1.57 The Expert Group suggested four steps to deepen gender budgeting in India:

i A review of the public expenditure profile of relevant Union Government departments through the gender lens;

ii. Conducting beneficiary incidence analysis;

iii. Recommending specific changes in the operational guidelines of various development schemes so as to improve coverage of women beneficiaries of the public expenditures; and

iv. Encouraging village women and their associations to assume responsibility for all development schemes related to drinking water, sanitation, primary education, health and nutrition.

1.58 The formulation of a national budget involves decisions at three levels: aggregate macroeconomic strategy, composition of expenditures and revenues, and effectiveness of service delivery.The GB methodology offers a wide range of analytical tools for the integration of a gender perspective into these different levels, with an emphasis on public expenditure. These tools can be used individually or in combination and selected according to national circumstances. While the GB methodology includes the need for Time Use Surveys, only some

countries have attempted it; nor are the beneficiary incidence and assessment surveys, generally followed up[35]

1.59 The experience over the last two decades resulted in some modification of the tools to make them simpler to use and broadly a five step approach was developed by the MWCD, which includes:

First, is a description of the situation of girls/boys, women/men in each sector which enables us to analyse the situation and identify what women's priorities are;

Second, is a gender aware policy appraisal- an assessment of the extent to which the sector's policy addresses the gender issues and gaps described in the first step;

Third, is an ex-post Gender Responsive Analysis of the Budget focusing on the expenditure side to see where funds have been allocated; do the programmes address the above identified gender gaps and are the allocations adequate;

Fouth, is to move beyond financial numbers and *monitor* whether the money allocated has been spent as planned, what was delivered and to whom. This involves checking both financial allocations and the physical deliverables (disaggregated by sex); and

Fifth, involves assessment of the impact of the policy/programme/scheme and the extent to which the situation described in the First step has been changed in the direction of greater gender equality.

1.60 It is simpler methodology; TUS is not followed up; nor is there any space for the gender disaggregated beneficiary incidence analysis//assessment in Tool 4. But in the current context when women's unpaid work is drawing increasing attention and being recognized as a critical aspect in shaping a new transformative development framework post 2015, there is a growing demand for the TUS "... as an irreplaceable source of information for the design of policies that support the reduction and redistribution of unpaid care work..." [36]Some steps have been taken up in India too but still nascent in stage. Most of the work on GB has focused largely on public expenditure; the need for a gender assessment of public revenues is now drawing attention.

Progress of the Strategy

1.61 The Gender Budget Statement, as a tool for analysing government expenditures, has been institutionalised across several ministries and departments. The Ministry of Finance began presenting a Gender Budget Statement along with the Union Budget every year since 2005-06. It presented earmarked allocations for women under two broad categories – Part A that recorded those schemes / programmes exclusively benefitting women and Part B of the Statement that outlined those schemes / programmes that benefitted women in all those government interventions with allocations over 30 percent earmarked for women. However, the overall implications of the Union Budget for women in India continues to generate concerns. This could be because the Gender Budgeting exercise initiated by the Union government and being extended gradually across its ministries has been largely at a nascent stage or has progressed very slowly. The overall emphasis has been mainly on identifying programmes/ schemes meant entirely for women or having visible components that benefit women, and subsequently reporting the relevant budget outlays in the Gender Budget Statement. While Gender Budgeting Cells (a strategy to mainstream gender concerns into the planning processes within specific departments and to review the progress in this regard) have been initiated in more than 50 Union government ministries, not much is known in the public domain about the ministries taking steps towards making their overall budget or specific schemes gender sensitive.[37]

1.62The first important step therefore, State support to GRB, has been forthcoming from the Ministry of Women and Child Development, Planning Commissison and the Ministry of Finance. Particular mention needs to be made of the efforts of the Planning Commission to engender the 11th Plan, through gender mainstreaming which continued into the 12th Plan. For the first time in the planning history of the nation, a Working Group of Feminist Economists was constituted, scrutinizing the sectoral Chapters in the Plan document through a gender lens keeping in mind the intersectorality of gender concerns; views were also elicited from Civil Society organizations on making Planning/Budgeting more gender sensitive. The value of this initiative was that it advocated moving beyond a special focus in the Chapter on "Women and Child" to looking at women as growth agents in India's political economy across all sectors. Thus the major shift of this initiative was to move the gendering of public policy into macroeconomic space.[38]Mention also needs to be made of the initiative of National Alliance of

Women, a civil society organization, on "Engendering the 11th Plan", the external impetus for which was provided by the Beijing Platform for Action. The focus was on understanding how national development policies are informed by 'plans' and therefore the critical need to ensure that such plans also include women's voices from diverse experiences. NAWO helped coordinate the process since the 9th Plan onwards which helped the government to initiate dialogue and deliberate with women's groups.[39]

1.63 The strategy of Gender Budgeting has covered some ground since its adoption in 2005-06. The number of Demands reported under the Gender Budget Statement (GBS) has increased from 10 in 2005-06 to 41 in 2014-15; 56 Gender Budgeting Cells had been set up. States like Rajasthan, Gujarat, Madhya Pradesh, Karnataka, Orissa, Kerala, Assam, Bihar, Chhattisgarh, Tripura, Nagaland, Uttar Pradesh and Uttarakhand have adopted Gender Budgeting. Over the years, the scope of the Gender Budget Statement (GBS) had widened to include a wide range of departments/ ministries. A number of ministries in so-called 'gender neutral' sectors such as Telecommunications, External Affairs, and Earth Sciences have started reporting under the GBS. The reporting by such ministries under the GBS is a welcome step as it acknowledges the existence of gender concerns across sectors and reinforces the notion that no sector is 'gender neutral'.

1.64 In 2011, a quick survey of the progress made in terms of operationalising the roadmap as suggested by the Expert group in 2004, is revealing. The government has succeeded in carrying out a comprehensive expenditure analysis through a gender lens (thus covering Point 1 of the roadmap) and commissioned a few independent beneficiary incidence analyses for some sectors (thus addressing only partially Point 2 of the roadmap). However, with regard to Points 3 and 4, there has not been much progress made yet. A thorough evaluation of the objectives, norms, guidelines, unit costs and targeted beneficiaries under various development schemes from a gender perspective and incorporating changes in the schemes to address the gender based disadvantages of women remains to be integrated into the overall framework of Gender Budgeting.[40] It is hoped that under the 12th Plan this would be followed up as promised.

1.65 The number of Ministries/Departments joining this process is undoubtedly growing and this is a positive sign. To that extent, there is progress, unlike in the case of the Women's Component

Plan. It is indeed heartening to note that certain Ministries and Departments which have traditionally considered themselves gender-neutral have also set up GBCs, realizing that all departments and ministries are after all women-related, in some way or the other. The Ministry of Science and Technology, Telecommunications, Coal, Chemicals and Petrochemicals, Civil Aviation, Heavy Industry, Petroleum, Steel, Defence etc. are all part of the list of 56 Departments/Ministries that have set up GBCs. It is also encouraging to note that a number of ministries have taken measures to recognize specific gender concerns in their respective sectors, based on which schemes have been instituted to address these gender concerns. The Scheme for 'Legal assistance to Indian Women facing problems in NRI Marriages' by Ministry of Overseas Indian Affairs and 'Disha Programme for Women in Science' by Department of Science and Technology are examples of such efforts by Ministries to introduce schemes to address specific concerns of women in their respective sectors (see Boxes 1 and 2). Table 6 gives an overview of the budgetary allocations (plan and non-plan) presented in the GBS since 2005-06.

Table 6: Summary of Allocations as Presented in the Gender Budget Statement

	Number of Demands	**Total Magnitude of GBS (in Rs. Crore)**	**Allocations under GBS as a proportion of the Union Budget (%)**
2005-06 (RE)	10	24,240.5	4.8
2006-07(RE)	25	2,2251.4	3.8
2007-08 (RE)	33	2,2348.1	3.3
2008-09 (RE)	33	49,623.4	5.5
2009-10(RE)	33	56,294.2	5.5
2010-11(RE)	33	67,074.7	5.5
2011-12(RE)	33	76,946.0	5.8
2012-13 (RE)	33	78,251.0	5.5
2013-14(RE)	35	85,495.4	5.4
2014-15(BE)	41	81,983.7	4.8
2015-16	39	79,257.9	4.5

Source: Compiled by Centre for Budget and Governance Accountability (CBGA) from Union Budget Documents, Govt. of India, Various years

1.66 There is not much that one can infer from the year on year changes in the magnitude of gender budgets in India, as seen in the Table abovebelow. Some fluctuations are visible here, probably depending on one or two schemes being included or deleted from Statement 20. However, the estimates for 2015-16 need to be noted specifically. The Centre-State funding pattern is being modified in view of the larger devolution of tax resources to States as per the recommendations of 14th Finance Commission whereby in this scheme, the revenue expenditure is to be borne by the States. This announcement may be interpreted as a slow phase out of the schemes from the ambit of the Union government as capital expenditure on most of the listed programmes are miniscule and they have a larger revenue component which then would be borne by states. Thus if the resources of the states do not increase commensurately, there is an increased possibility of the important programmes suffering due to a lack of resources. This might also be burdened with the pressure on the states to bring down the revenue deficit to zero. The Minister of MWCD has asked for a roll back of the expenditure cuts treating 2015-16 as the year of transition and adjustment; one has to wait and watch the response from the Ministry of Finance.[41] What also strikes one is the slow progress of GB as reflected in a sluggish growth of total allocations flowing to women.

1.67 Efforts have also been made by some ministries to ensure that a certain minimum proportion of the benefits under schemes are earmarked for women. Schemes such as Mahatma Gandhi National Rural Employment Guarantee by Ministry of Rural Development apart from having several gender responsive components (such as crèche facilities, locally available work, equal wages for men and women etc.), also have guidelines to ensure that at least one third of the beneficiaries under the programme are women. Likewise the National Rural Livelihood Mission also ensures that at least half the beneficiaries under the programme are women.

Box 1:

Department of Science & Technology, Government of India

The Gender Budgeting Cell of the Department can be safely called a front-runner with regard to the emphasis being paid to mainstreaming gender concerns. It has adopted unique interventions to approach gender inequalities that exist in the sector. All these interventions are exclusively for

women and clubbed under a component called 'Women Component Plan' which is reported in Part A of Statement 20 (i.e., the GBS). Under this WCP, the Department is implementing an umbrella scheme, "Science and Technology for women". This scheme is aimed at involving institutions such as scientific institutions/colleges/NGOs to develop technology packages suitable to women's needs. In addition to developing appropriate technology packages for women, there are several other important initiatives that have been taken:

- Women Technology Parks have been set up in geographical zones to act as resource centres for women. These centres provide information regarding various aspects and training for setting up self-employment ventures.
- Scholarship schemes: Among several scholarship schemes, the Women Scientist Scheme-A was initiated in 2002 for promoting research among women in basic and applied sciences. The scheme is relevant and useful since it helps those women scientists and technologists who had to discontinue their studies due to domestic/social compulsions.
- The Department has initiated a new scheme, "Disha Programme for Women in Science" this year to facilitate the mobility of women scientists. It aims to avoid or reduce difficulties faced by employed women mid-career in moving from one place of employment to another within India due to family reasons.

In order to improve the status of menstrual hygiene of women belonging to economically weaker sections of society, low-cost sanitary napkins have been developed. In addition, poor women have been trained to take this up as a self-sustaining activity. Specialised low-cost napkins are being developed for construction women workers, school going girls.

Source: *Source: Centre for Budget and Governance Accountability, 2012; "Unfulfilled Promises? Response to Union Budget 2012-13", i*

Box 2

Department of Telecommunications

A GB Cell was constituted in 2006 which was reconstituted in 2010. The website of the Department gives details of some of the initiatives that have been taken. The Universal Service Obligation Fund (USOF) of India has recently initiated a scheme called "Sanchar Shakti". It is a pilot scheme aimed at empowering women through Information, Communication and Technology (ICT). Under the scheme, women SHGs will be provided a discounted bundle of mobile services – connectivity and Value Added Services (VAS). The VAS would include services related to women's health, well-being and education, banking and financial services, market information, skills etc. In addition, the scheme also proposes to provide rural women SHGs means of livelihood such as mobile set/modem repair centres and SHG run solar based mobile charging facilities.

The other two initiatives that the USOF has taken include providing broadband connections to women SHGs in rural and remote areas and subsidy on Broadband Enabled Rural Public Service Terminals (RPST) to women SHGs. Memorandum of Understanding (MoUs) have been signed with BSNL for this purpose. Both these initiatives are also being implemented on pilot basis.

Source: CBGA

1.68 The Twelfth Plan outlines around seven key elements for addressing gender equality which includes "Mainstreaming gender through Gender Budgeting". For the first time ever in planning discourse, the Plan promises "engendering of flagship programmes". The process of Gender Budgeting, accompanied by Gender-based Outcome Budgets and Gender Audits is indeed a powerful strategy and tool to get all Ministries/Departments to incorporate gender concerns and objectives in their plans, implementation and reviews. By issuing a Charter for Gender Budget Cells (composition and functions), setting up GBCs in increasing numbers of departments and ministries over the years, by evolving guidelines for preparation of Outcome Budgets, and by initiating and running a scheme on Gender Budgeting for capacity building and research, some broad institutional matters with regard to operationalising Gender Budgeting have been addressed.

1.69 Over time considerable work has appeared on GB at the national and state levels, to assess the impact of GB but focusing almost exclusively on an ex- post analysis of budgets through a gender lens. [42] In the absence of complete gender disaggregated data for estimating the flow of budgetary resources to women, the whole exercise has tended to be caught up in a number crunching game- making calculations of how much funding goes to women's programmes or what proportion of the resources allocated to different schemes go to women. This is a major challenge to GRB which needs to be resolved through greater efforts by the government to collect all data on a gender disaggregated basis wherever relevant.

1.70 It is important to ensure that GRB should engage with overall macroeconomic policy, gender sensitise it, and discern the extent to which adequate support can be given to social investment and provision of public goods. One way in which GRB has improved upon the above numbers approach is the emphasis on planning programmes/policies for women keeping gender needs in mind, using the ex-post analysis of the budget to identify areas that need attention, and then to find adequate Plan support in terms of allocations as was attempted in Kerala during the 11th Plan period (see 12th Plan, Box 23.1, Chapter on Women's Agency). The emphasis is on schemes first and then allocation of financial resources. Most of the studies attempting to assess the working of GRB particularly at the union level through in depth analyses of the Gender Budget Statement, reveal a yawning gap between what was envisaged under GRB and actual outcomes.

Challenges that need to be addressed

1.71 Despite some encouraging developments with regard to the implementation of Gender Budgeting, questions about the impact of the strategy remain. As can be seen from Table 6, the magnitude of the gender budget which was a meager 5-6 percent of the Union Budget, is itself very low. A number of concerns with regard to the interpretation by the various ministries of the strategy, the approach and reporting, being carried out by departments/ministries in the Union Government, as pointed out above need to be examined. The low allocations could be on account of this lack of clarity among the officials about the processes of GB or on account of a reluctance of Ministries to report in the GB statement. 1.72 More recently, the concluding observations of the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) to

the Government of India highlighted the importance of intensifying gender mainstreaming efforts, including strengthening of the gender architecture. The Government of India reaffirmed the same during meetings of the Commission on the Status of Women (CSW) this year. How can GRB be strengthened to result in a more gender transformatory outcome, part of the answer to which lies in identifying its major challenges:

1. **Inconsistencies in the Gender Budget Statement**: Several departments and ministries (such as Ministry of Panchayati Raj, and Ministry of Minority Affairs) have been reporting the entire allocations to the scheme in Part B of the GBS) . Likewise, some schemes (under Ministry of Culture and Department of Post) have less than 30% allocations reported in the GBS. in Part A of the GBS.

2. **This naturally calls for the need to provide the rationale for reporting in the Gender Budget Statement**: the rationale for reporting certain proportions as benefitting women in Part B of the GBS is unclear. While reporting for schemes is done on the basis of the number of beneficiaries covered, reporting for some other schemes is based on guidelines ensuring certain minimum benefits to women. However, for many schemes, neither of the two criteria is followed. Concerns also arise with regard to the underlying rationale for reporting schemes in Part A- for instance reporting of Indira Awas Yojana, which mandates that the house can be in the name of the man or woman shows that except in Andhra Pradesh (in the year 2011) where it is 100 percent and Karnataka , 90 percent, the proportion varies between 12 percent in Arunachal Pradesh to 70 -77 percent in Uttarakhand and Kerala (see Women and Infrastructure Section). Again a Scheme for Containing Population Decline of Small Minorities by the Ministry of Minority Affairs is also reported in Part A of the GBS.
3. **Gender Budget being carried out as an ex-post exercise**: In their efforts on Gender Budgeting, most ministries are carrying forward the Women's Component Plan approach. The interpretation of the strategy of gender budgeting by most departments/ministries is a narrow approach, focusing on reporting a proportion of funds as earmarked for women and so remains largely an ex-post exercise. Such a process does not influence the process of budget formulation in the departments/ministries and so, departments miss out on

instituting special measures for women or modifying their programmes to strengthen gender responsiveness of their interventions.

4. **Several Departments/Ministries out of the ambit of Gender Budgeting**: While the implementation of Gender Budgeting by many of the departments/ministries that have adopted the strategy requires strengthening , it is a concern that a number of departments are yet to initiate Gender Budgeting. A number of important Ministries such as Ministry of Drinking Water and Sanitation, Ministry of Tourism, Ministry of Urban Development are still out of the ambit of gender budgeting. Some of these sectors are perceived as 'indivisible' but have important implications from a gender perspective and efforts must be made to engender their programmes through Gender Budgeting.

Gender Responsive Budgeting in select States

1.72 In addition to the adoption of gender budgeting by the Union government, many states have also made inroads into gender budgeting. A range of initiatives have been undertaken by the states over the last few years to mainstream gender concerns in the planning and budgeting in the states. Some of the initiatives are as follows:

1.73 Preparation of a GBS in several States: A number of states have adopted preparation of Gender Budget Statement as a part of the State budget. Different states started this process in different years and the approach is still evolving. Though some states have adopted the same structure / format of the GBS as the Union government, others have developed their own formats. The table below captures an overview of the formats adopted by select states in India.

Table 7: Overview of the Gender Budget Statements across select states

State	Gender Budget Statement	Format	Year GBS was introduced	Number of Departments reporting
Andhra Pradesh	U.O. Note No. 4474lPle.XVtil/2013; Dated:31 -10-2013 stated that the Government of Andhra Pradesh will institutionalise Gender Budget in Andhra Pradesh 2014-15			
Assam	Yes	Gives Budget Estimates for the current year; Also gives the number of women beneficiaries who are likely to benefit under the scheme in that particular year	2008-09	7 in 2012-13 (BE)

Bihar	Yes	Part A (with 100 % provision benefitting women) and B (at least 30% benefitting women); Reporting Total Allocation under the scheme along with the allocation under GBS	2008-09	18
Chhattisgarh			2007-08	16
Gujarat	Yes	Part A (with 100 % provision benefitting women) and B (at least 30% benefitting women) ; Gives a statement on explanatory notes for the schemes mentioned in Part-A of GBS	2014-2015	17 The Gender Resource Centre in the state conducted an indepth research on gender sensitivity in certain depts
Karnataka	Yes	Part A (with 100 % provision benefitting women) and B (at least 30% benefitting women); Reports Actual Expenditure as well; Gives a statement on explanatory notes for the schemes mentioned in Part-A of GBS	2007-08	28 Demand for grants
Kerala	Produced a GBS in 2008-09	Had 2 volumes: Volume 1 summarised & listed programmes and schemes given in GBS and Volume 2 built a framework for making policies more gender responsive. Volume 1 had 3 parts: Part-A with 100% for women, Part-B with more than 30% and less than 100%, Part-C with more than 10% and less than 30%	2008-09	
Madhya Pradesh	Yes	Part A (with 100 % provision benefitting women) and B (at least 30% benefitting women) . GBC constituted	2007-08	25 out of 53 depts
Rajasthan	Yes	In Rajasthan, the information provided in the GBS is neither depart wise nor major head wise, but Budget Finalizati on Committee (BFC) unit wise. These are further divided under three categories- non plan, plan and Centrally Sponsored Schemes (CSS). The format is divided into four parts: Part A: percentage of women benefi ciaries / Share of allocation towards women and girls is > 70% Part B: Where the percentages is 70-30% Part C: Where the percentage is 30-10%	2012-13	Approx 34 depts

		Part D: Where the percentage s < 10%		
Uttarakhand	Yes	Part A (with 100 % provision benefitting women) and B (at least 30% benefitting women) ; Reports Actual Expenditure as well	2007-08	31
Tripura	Yes	Reports Total Allocations as well as allocations under women component for the current year. For the previous year, Revised estimates as well as Financial and Physical Achievement under the schemes	2005-06	17

Source: Compiled by Centre for Budget and Governance Accountability (CBGA) from Gender Budget Statements of the various states and UN Women 2012. Note: States like Jharkhand, Odisha have taken some initial steps towards GB

1.74 Gender analysis of the State Budget or budgets of select Departments: Some states have undertaken a gender analysis of select departments to build an understanding of the gender concerns. The Government of Rajasthan identified six departments — health, education, agriculture, women and child development, registration and stamps and social welfare — to carry out a gender analysis. This study put forth a number of recommendations on how to initiate gender budgeting in these departments. A follow-up research was carried out in 2006-07. The state conducted gender analysis of budgets of 12 Departments.

1.75 Formation of a GB Cell / Gender Advisory Committee / Task Force to steer the process: In some states a nodal unit / agency / cell has been set up to steer the entire process of gender budgeting in the state. For example, when the process of gender budgeting was carried out in Kerala, a Gender Advisory Board (GAB) was set up in 2007-08. The GAB along with the Planning Board initiated the effort towards formulating the gender budget statement in the state. It took upon itself the responsibility to undertake the entire exercise involving a gender analysis of the plan documents of select departments, holding consultations with the departments and finally, designing the statement in a consultative manner.

1.76 Similarly, the responsibility of preparation of GBS in Karnataka lies with the Fiscal Policy Analysis Cell (FPAC). FPAC was established to provide recommendations on the fiscal reforms that were initiated in the state. It was on the recommendations of FPAC that the Fiscal Policy

Institute (FPI) was set up in 2007 under the Department of Finance, Government of Karnataka. The FPI has been mandated as the Gender Budget Cell by the state government.

1.77 **Capacity Building on GB for officials / stakeholders at various levels (several States):** Capacity building of the government officials for gender budgeting has also been taken up by a number of states. Not only are the Union Ministry of Women and Child Development and some central level institutes (like NIRDs etc.) playing a major role in conduction trainings on gender responsive budgeting, at the state level, SIRDs, ATIs, the State Planning Boards, and the Department of Women and Child Development / Social Welfare are focusing on capacity building on Gender Budgeting. This is an important tool to build gender sensitivity as well as promote awareness regarding gender budgeting and how it is to be done.

1.78 **GB Cells / GB Desks in a number of Departments:** In some states Gender Budget cells or desks have been set up as nodal points to integrate the gender concerns in the plans of the respective departments. For example, Gender Desks have been set up in 42 Departments to act as a focal point on gender issues in Rajasthan. Similarly, the Department of Human Resource Development in Bihar constituted of a Gender Cell in 2008. The Cell was formally constituted in 2010-11. It consists of 2 Assistants and 1 Data Entry Operator and is headed by the Principal Secretary.

1.79 **Engendering the planning process in Kerala:** Kerala is an example of a state that institutionalized gender budgeting in both the conventionally 'women related' as well as mainstream sectors during the 11th Plan period. Also the emphasis was on not just meeting the practical needs of the women, but also strategic needs. It was recognized that GRB is not just about number crunching, tweaking a few resources here and there but a tool for gender planning.

1.80 As with gender budgeting at the Union government level, concerns also exist with gender budgeting at the level of states.

Challenges to be addressed with Gender Budgeting at the State level

1.81. **Issues with reporting in the Gender Budget Statements:** In some states, which follow the format of the Gender Budget Statement of the Union government, entire allocations for

schemes are being reported in Part B of Gender Budget Statement. Some states which have been doing this are Madhya Pradesh, Karnataka, and Gujarat.There are a number of possible reasons for this: First and foremost seems to be the lack of clarity on how to report under Part B of the GBS, especially for the indivisible sectors in the absence of gender disaggregated data. Resulting from the same problem is the second reason: Interactions with the government officials reveal that due to the inability to estimate the gender 'proportioned percentage' from the total outlay of the schemes, they 'purposely' report entire allocations for the scheme even in Part B reasoning that it is better to report the complete budgets under the schemes, rather than reporting an ad-hoc figure, which is hard. to arrive at. Further, at times, some reported that reporting higher allocations under the Gender Budget is tempting as it indicates greater gender responsiveness of the departments.

2. **Operational challenges:** lack of coordination between Departments of Planning, Women and Child Development, Finance and the line departments. This is crucial to operationalise gender budgeting and implement it effectively. Good coordination between the departments of Women and Child Development, Finance and Planning is important to provide the crucial insights with regard to engendering the planning across sectors, institutionalising the process through state budgets as well as to engender the planning across departments. Often the concerns of women and girl children cut across a number of sectors and in this case close coordination between the departments is required to work collectively to address these concerns.

In almost all the states, there is a lack of such coordination which hampers the process of gender budgeting and prevents it from being designed and implemented properly. Often there is debate about who should be the nodal department for institutionalising gender budgeting in the states, where Finance is not the nodal department for gender budgeting.

3. **Inadequate priority for Gender Budgeting**:

(i) Concerns regarding availability of adequate human resources – often the responsibility for gender budgeting within the departments is given to government officials who already have the responsibility for a number of other programmes. There are hardly any dedicated personnel for gender budgeting in the departments, across states; with other duties to perform this results in

diminishing the priority accorded by the officials to GB which obviously affects its quality adversely.

(ii) **Concerns regarding limited capacities to do gender budgeting** – Often the officials responsible for gender budgeting have limited capacitates to carry out the exercise. Gender mainstreaming in the various sectors, right from the planning stage, does require a basic understanding of the 'gender concerns' involved. Personnel being entrusted with this responsibility, at times, lack the requisite understanding of gender. Even when the officials are sensitised, they often face challenge in identifying the gender concerns in their respective sectors and how to integrate it in their plans, policies and schemes. In this regard, capacity building is indeed an important tool.

4. **Lack of sex disaggregated data**: This remains a major obstacle in carrying out gender budgeting, especially in the indivisible sectors. The shortage of sex disaggregated data poses a problem both in carrying out baseline survey as well as in beneficiary incidence analysis. This poses a major challenge in reporting a specific amount in the Gender Budget Statement, from the total allocations for the schemes. In the sectors where beneficiary data is not available and not easy to generate, alternative strategies need to be adopted to quantify the benefits accrued to female beneficiaries (such as time use surveys etc.). These, however, require additional efforts, time and resources; and are hence not easy to carry out.

5. **Some States yet to adopt Gender Budgeting**: There are still a number of states which are yet to adopt gender budgeting; and are still carrying forward the Women's Component Plan. The limitations with regard to Women's Component Plan — limited to select sectors and plan part of the budget, inability to influence planning, etc. — have already been pointed out in the section on WCP. Hence, it is a matter of concern that few states remain outside the ambit of gender budgeting and continue to follow the restricted exercise of Women's Component Plan. Some states which are still to initiate gender budgeting are West Bengal, Uttar Pradesh, Tamil Nadu, Maharashtra etc.

6.Convergence between Departments: Clearly since gender cuts across sectors, convergence between Departments assumes importance; so many programmes are planned and executed in

silos, a practice which needs to be broken to make the schemes more effective. Most often the issue of convergence is not treated in depth in policy. Besides the rhetoric of its advantages not much thought is given to substantive considerations such as necessary processes and mechanisms, mode of financing, and necessary personnel, in particular training of front line workers, for delivery of convergent actions at the community level. 'Convergence' is one dimension of 'good governance' that has been advocated for quite some time to improve the effectiveness of plan programmes especially in respect of basic services at the grass root level which have largely been decentralized but which continue to function within departmental silos. GRB has to support the efforts at convergence.

7. Gender Audit: Gender Budgeting will become meaningful only if this is accompanied by efforts at Gender Audits, monitoring and evaluation.

1.81 From the above it can be seen that GRB has been institutionalized at the national level, the pre-eminent process being the creation of the Gender Budget Statement together with its acknowledgement as a political commitment. However, the GBS has come in for very sharp criticism since it is primarily an ex-post exercise and does not seem to have resulted in any gender planning. Moreover, it is full of inconsistencies, ad hocism, providing little rationale for the allocations being made to gender in part B and hence has been reduced to a number crunching game. While some states have been innovative in engendering their Budgets, very few states have been able to imbibe the spirit of GRB and still seem be bogged down with the WCP. How do we improve the situation?

1.82 Recommendations

1. Gender Budgeting has to be integrated with the Planning process and therefore the need for ex-ante analysis of total and different sectoral allocations. GB should not become a number crunching exercise but should engage with overall macroeconomic policy and influence the planning process, moving beyond mere 'gender reporting' to actual 'gender planning' that seeks to ensure linking of gender issues to designing/implementing interventions that address those issues.

(a) the process of Gender Budgeting has to be taken up as a process that will allow each department and ministry to (i) take up a gender-disaggregated analysis of the situation; (ii) identify gaps and set gender-related objectives and targets in their plans including how the interventions planned will lead to greater gender equality (iii) be critical in terms of what gets accepted as 'women-centric' – does women centrism lead to reinforcing existing inequities or does it truly empower women?

(b) a change in the approach to development, through a reallocation of resources which would bring about a greater integration of the social and economic policies within a transformatory framework rather than "adding on" some social policies to "sound" macro economic policy based on market criteria. GRB should facilitate mainstreaming gender equitable social policy providing adequate financial support for social investment and provision of public goods.[43]

2. A clear institutional (more precisely Government) commitment to gender mainstreaming stated as part of overall macro policy by the Government and reflected in the Plan and Budget documents.

(a) A nodal agency/team to coordinate the activities of GB consisting of the Planning, Finance and Women and Child Development Ministries/Departments. The role of this coordinating body could be two-fold:

- To hold a consultative dialogue with sectoral ministries at the time of the budget formulation process in order to ensure that gender issues are adequately operationalized in the budget.

- To oversee the implementation of GRB initiatives in the country.

(b) The gender budget cells would be the focal points of sectoral /departmental consultations; however there is need to undertake a comprehensive review of the cells to understand problems faced in their functioning.

(c) The format and the methodology of the Gender Budget Statement needs to be reviewed; has already been revised by a Task Force set up by MWCD and needs to be acted upon. .

MWCD
To take cognizance

(d) More 'inclusive' budgeting focusing on vulnerable / marginalized groups like dalits, tribals and others needs to be undertaken.

3. Strengthen capacities of officials to improve gender integration in the budget formulation process.

MWCD

(a) Develop customized knowledge products for the line departments which will guide them on how to mainstream gender in their sectoral policies and programmes. Therefore building from the Manual developed by the MWCD it is now important to prepare customized manuals for sectors.

(b) The department or ministry has to begin with taking capacity building more seriously. It has been seen that trainees sent to GB capacity-building do not always partake in the gender budgeting process, after all. Trained officials need to be retained in the Department/Ministry for a cycle of at least 3 years. The Joint Secretary in charge of a GBC has to have a part of her/his performance appraisal tied to Results Framework on the gender front. The GBCs also have to be empowered to ask critical questions and receive responses. EFC formats should be modified to include questions on whether a scheme has been examined and cleared by a GBC or not.

(c) Commitment of senior management, planning and finance officials essential so that capacity building is taken seriously

(d) at the same time capacity building of all concerned stakeholders--policy makers, planning officers, budgeting and implementing officials- on the methodology and tools of Gender Budgeting is required so that they can undertake the GB exercise.

(e) need to build in a Gender Budgeting Training component in all Capacity Building programmes of officials and enhance the availability of adequate human resources.

4. Given the centrality of data collection, its analysis and dissemination, collecting gender disaggregated statistics to make GRB more effective is imperative.

WCD's GB Cell to coordinate/ undertake with NIC to link all GB cells online regarding

(a) All Ministries/Departments should ensure that MIS data generated on number of users/beneficiaries is classified by sex, focusing specifically on the Flagship programmes.

(b) Disaggregation by itself is inadequate and we have to move towards mainstreaming of gender perspective in statistics which implies that all data are generated keeping in mind gender roles and gender differences and inequalities in society. This could involve collecting new types of data or expanding data collection in some areas to fill gaps in knowledge. A critical example here is Time Use Surveys and the need to move beyond the pilot TUS in 1998-99; or Poverty estimates which are not available on a gender disaggregated basis.

(c) Urgent need to undertake a large scale Expenditure Incidence Analysis (EIA) of expenditures which cater to the needs of women so as to make a systematic analysis of how the expenditures are in fact enhancing women's well being. EIA is the earlier gender disaggregated beneficiary incidence analysis, one of the tools of Gender Budgeting which had been neglected but has been revived now in an effort to make GRB more effective. *With the involvement of State and local Governments, one could initiate EIA for at least one large programme impacting on women.*

5. **Need for a Gender Audit** and a constant monitoring of programmes for women in the field. Existing accountability mechanisms can be used.

(a) The Results Framework Document is an accountability mechanism that must be gender mainstreamed.

(b) A gender perspective needs to be incorporated within the Expenditure and Performance audits conducted by CAG..

(c) At the State level, mandatory gender audit of all Centrally Sponsored Schemes and Central Schemes should be undertaken.

6. **Need for GRB at decentralized levels:** In a federal country like India, the Union government's attempts to engender budgets alone would not result in tangible gains unless complemented by similar efforts at state level which incur huge "developmental expenditure"—expenditure on social services such as education, health, nutrition, water and sanitation, and economic services such as agriculture, irrigation, rural development and transport. While this is being done erratically and in some states, we saw from above that GRB needs to be strengthened at the state level.

(a) More importantly, it is critical to initiate GRB at the local level. A substantial share of total fiscal transfers to institutions of local self-governance, municipalities and panchayati raj institutions (PRIs) is also provided for by the state governments through their budgets (almost half of total public expenditure in India is through state budgets)[44] and devolution through the Finance Commissions. While some attempts had been made to develop a framework for GRB at the District Panchayat level, it did not reach out to the extent envisaged and has to be taken up vigorously.

(b) Greater integration between state and local Plans for more effective functioning of schemes most of which after all are being implemented at the local level which would also facilitate greater convergence at the grassroot level.

7. Need to crack open the harder areas of finance, capital markets and the more technical ones such as transport, power etc. to gender sensitive analysis. Gender issues are more easily accepted in "soft" areas dealing with human resources development (such as employment and training policies) than in "hard" areas which receive most financial support. Even in these sectors, programmes do involve women and men as consumers, producers, workers - and it is important to understand the gender dimensions of these processes and design policies and programmes to address them. Several methods are being explored to design infrastructure projects keeping in mind the implications for gender. For instance, South Africa in the 1998 national budget reported on gender dimension of some mainstream projects. It assessed the roles of women in water supply programmes as employees (14%), trainees (16%), Contractors (0), Consultants (25 %) and Steering Committee members (20%). It also assessed the average time spent by rural women in collecting water (74 minutes) because of lack of tapped water. All this information was used to design water supply projects which would match resources to objectives in a gendered way.[45]

1.83What appears to be essential is to evolve a pragmatic and demonstrable approach to GB which goes beyond allocations and does contribute to gender planning and strengthening the Gender equality architecture, keeping in mind the intersectoral needs of women.

1.84 In this last sub-section a collation has been done for several attempts at mainstreaming gender into infrastructure projects, using different tools, of which Kerala was an example. It

focussed on the feasibility of such an exercise moving from number crunching to purposive gender planning.The lack of desired levels of gender mainstreaming in infrastructure projects in India particularly in the government projects give rise to another very pertinent question. Is it actually possible to incorporate gender considerations into infrastructure projects? Are there enough available tools for gender mainstreaming which could have been used in the above infrastructure policies and projects to bring about gender equitable results? Some of the relevant and useful tools for gender mainstreaming in infrastructure which have been recommended and applied by various national and international development agencies have been collated. Table 7 highlights the various tools, their applicability and examples of having been applied on the ground in India by the government or other development agencies working in collaboration with government. These tools which can be applied at various stages of the project cycle, have not only demonstrated that gender is a very important consideration for infrastructure projects but also reinstates the pay offs which these projects have derived by incorporating these concerns.

Tools	Application	Benefits	Example
Gender Action Plans (GAPs)	Setting objectives and action planning for incorporating gender/ women's concerns in infrastructure projects.	Effective GAPs have not only been successful in realizing gender benefits but have also contributed to the achievement of overall project objectives by reducing the vulnerability of women and their families to poverty and by enhancing the sustainability of benefits to the poor. (ADB,2005)	GAP of Infrastructure Development Investment Program for Tourism in India, ADB (RRP IND 40648). The GAP has very clearly brought out institutional measures like "Ensure that all bidding documents include a clause requiring contractors to adopt gender targets for the employment of laborers, the provision of core labor standards (incl. equal wages for work of equal value)"
Gender analysis (GA)	GA allows for a critical assessment of the position of men and women in a given situation, relative to each other, and the determining factors for such positions. At the heart of GA are three basic questions: *Who does what with what? Under whose control are the*	Studies by the World Bank, the DFID, ADB and the AfDB have all shown that such analysis can help projects to ensure that the specific needs of women are taken into account, the social standing of women is increased, and that appropriate facilities delivering the most needed services are	India National Highway Corridor (Sector.1) Project supported by ADB. The analysis highlighted that the area was at high risk trafficking source area and accordingly Anti-trafficking component was inbuilt. (Lateef, 2005)

	resources? Who enjoys the benefits from what and to what measure?	supported.	
Gender Checklist	Gender Checklists guide task managers and implementation teams to plan, design, implement, monitor and evaluate gender-sensitive and responsive infrastructure projects; and assist projects implementers to become both agents for ensuring effective gender mainstreaming	Checklists are very useful for their simplicity and user friendliness which enablers planners and implementers who are not so conversant with gender issues also to come up with innovative women friendly designs (MWCD, GoI)	Gender Friendly Infrastructure Scheme, Government of Kerala. In Kerala it was decided that in the year, 2010-11, a major focus would be on women friendly infrastructure. This included interventions like construction of toilets in public buildings, bus stations, construction of night shelters for fisher women, energy efficient gas stoves within EGS schemes, cheaper rental flats for women who commute, creation of Domestic violence Counselling Desk in public hospitals, etc. (Twelfth five year plan document)
Monitoring and Impact Assessment	Establish gender disaggregated indicators for the project log frame and other monitoring tools. Evaluate the impacts of the project on men and women separately and also the impact of the project on women's productivity, empowerment as also on gender relations	Helps understand if the project is benefiting women as much as men and if the desired gender outcomes have been achieved and necessary gender mainstreaming processes followed.	World Bank Gender Review, 2010. The World Bank review team conducted a desk review of project appraisal documents (PADs) and implementation completion reports (ICRs), and rated all projects systematically for the presence of six methods for integrating gender into projects. Indian projects were also reviewed. Similarly the GoI had also evaluated the Pradhan Mantra Gram Sadak Yojana, which among others very clearly highlighted the impact of the scheme on Maternal Mortality Rate.
Gender Profiling and Sex Disaggregated Data	Some form of social and demographic profiling of the area where the infrastructure is to be developed is urged. In particular, using sex disaggregated data but also including social surveys, household interviews and analysis of current available data is	This can help to ensure delivery of the most appropriate services, including those with the biggest impacts on women such as education and maternity services.	District Information on School Education (DISE), Department of School Education, GoI. The department collects and analyses sex-disaggregated data and also publishes gender parity index at annually. Under the SSA, high focus was laid on improving infrastructure and analyzing user data (students) on gender lines provides a good measure of gender inclusion. This has also highlighted the need for a gender specific infrastructure-toilets for girls

	promoted		education.
Involvement and consultation	Ensuring the involvement of women as well as men in consultation and decision-making at all levels. It is also acknowledged that meaningful consultation requires the adoption of practical measures to ensure that project information reaches women, especially poor women who experience more limitations in terms of their time and mobility.	There is consensus within the literature that women's and girls' benefits from infrastructure projects are enhanced when their perspective is included in the design and planning process.	The Water And Sanitation Management Organisation, Gujarat particularly emphasizes of consultation with women in designing and management of water projects as well as promoting women's participation in water committees/all women water committees. (www.wasmo.org) In the Safe Cities Project in Delhi consultation has led to a multi-dimensional approach, which includes along with campaign and awareness, infrastructure measures like building sanitation facilities, providing street lighting, etc. (www.jagori.org)
Gender Specialist/Cell	The inclusion of a gender specialist or a small team with dedicated gender skill sets as part of the project development team	Helps keep focus on gender integration and supports internal capacity building and monitoring.	National Rural Health Mission, and Sarva Siksha Abhiyan, GoI have provision for gender specialist (coordinators) and gender cells at the State level.
Capacity Building and Gender Mainstreaming Skills	Training staff at all levels of programme planning, implementation and decision making on gender issues and gender mainstreaming tools	Focus on capacity building leads to increased gender understanding of project staff which leds to internalization of processes	The MWCD, GoI through its scheme on gender budgeting has been focusing on training government functionaries in large numbers on gender and gender budgeting. More than 1500 officers have been trained at all levels. (www.wcd.gov.in)
Supporting women in employment and other income-generating and asset creation opportunities	There are three key routes by which this work can be undertaken: • By supporting women to enter employment • By supporting them once in employment, including qualitative improvements in employment in	Direct impacts, easy to be monitored.	The National Rural Employment Guarantee Scheme is also a similar programme for infrastructure development with a focus on employment generation and with a quota of at least 1/3 of jobs reserved for women, as well as child care facilities at work sites. The result has been that almost 48 percent of the labour days generated have been for women, with a few micro level studies also showing improved livelihoods and empowerment of women due to the

	working terms and conditions; and • By supporting them to participate as part of supply chains and wider economic activity. There is also scope within PPP arrangements to support and promote the employment of women.		scheme.
Gender Budgeting	Allocate funding to support gender mainstreaming activities. Specifically allocate resources to achieving gender goals, for example by allocating funds for the desired outcomes identified in gender assessments and gender audits as part of infrastructure projects.	Gender Budgeting has been recognized as an effective tool as it ensures that policy or programmatic commitments are translated to budgetary commitments. (UN Women; MWCD, GoI)	Sanchar Shakti Scheme, the Department of Telecommunications (DoT),GoI. The Scheme envisages bringing together the combined efforts and contributions of DoT-Universal Service Obligation Fund (USOF), mobile and Mobile Value Added Service Providers, Telecom Equipment Manufacturers and their partner NGOs. It aims to use ICT to empower rural women through provision of Mobile Value Added Services on issues of concern to women like health, social issues, and government schemes, as also livelihood related inputs and training over their mobile phones. (Twelfth Plan Document)
Delivering accessible services	Undertaking specific initiatives to improve accessibility to services like having a one-window approach, setting usage costs at a rate affordable by women, female headed households, or female-only parent families and supporting appropriate use of credit and other mechanisms.	Can help women access infrastructure services.	In Ahmedabad, the Slum Networking project, benefited more than 200,000 people by providing access to sustainable urban sanitation facilities through a one-window approach. The program forged partnerships between the municipality, NGOs, the private sector and CBOs - the latter mainly women's groups - to implement basic infrastructure services at the slum level. The Ahmedabad Municipal Corporation (AMC) partnered with an NGO the Mahila Housing SEWA Trust (MHT), to champion women's participation on

	water and sanitation issues, which led to later on the slum women forming a city level federation which not only participated actively in a slum electrification programme in the city but also went on to take led in housing schemes like Rajiv Awas Yojana. The AMC further went ahead to give these women a direct say in the city planning processes by including them in the Ahmedabad Vision 2020 and the City Sanitation Committees. (MHT, Annual Report, 2012)

1.85 It can be seen from Table 7 above there are many examples across the spectrum, of using a variety of tools for ensuring gender mainstreaming in infrastructure projects. It is important to note here that most the initiatives have the government as the principal implementer, which shows the high possibility of being able to replicate these tools in all other infrastructure projects too.

1.86 Some of the initiatives like Gender Friendly Infrastructure Scheme of the Government of Kerala; the Sanchar Shakti Scheme of the Department of Telecommunications, GoI and the Slum Networking Project by Ahmedabad Municipal Corporation have not only been innovative in nature but apart from targeting gender concerns have been able to target some of the most marginalized women like fisherwomen, tribal women and slum dwellers. This further highlights the need to use these tools as not only a means for gender mainstreaming but for targeting of marginalized and vulnerable communities in general.

1.86 Another important inference which emerges from the cases is that most of these have been partnership projects. There has either been a multilateral agency or some local NGO or para-statal agency, which has been involved in the project which has led to the desired processes being undertaken for visible results. This does indicate that while there is a possibility of being

able to mainstream gender in infrastructure projects, and even within public infrastructure projects, the process has not yet been institutionalized within the government.

Summing Up

1.83 While current trends towards macroeconomic austerity or fiscal orthodoxy, continue to drive policy in gender insensitive directions, and GRB as a tool for Gender mainstreaming has not fulfilled expectations, its potential to bring about transformatory change through greater understanding now of roadblocks in its implementation, cannot be denied. For instance the need to integrate 'macroeconomic' policy and 'social' policy, stands out as a lesson learnt. Perhaps like the attempt above to try and mainstream gender in to infrastructure projects, there should be an attempt at a similar exercise for gender mainstreaming Violence against Women. As pointed out in the BPfA, gender analysis is the critical starting point for gender mainstreaming. How can policies, programmes, institutions be made sensitive to gender needs by closely monitoring the relationship between the 'reproductive' and 'productive' spheres pertinent to women and how economic change can alter this relationship causing women's burden to increase, provide some guidelines for gender planning.

1.84 The 12th Plan promised to strengthen Gender Budgeting, with greater visibility and to get its reach extended to all Ministries, Departments and State Governments. A new methodology and format of Gender Budgeting Statement is promised by the Plan document, ***to promote purposive gender planning***. The Planning Commission proposed that an assessment of gender concerns/impacts on the same lines as is mandated for environmental clearance, for all proposals submitted for any new policy, legislation, programme or scheme. The HLC welcomes this and emphasizes the need to show progress on the same in the new institutional framework of NITI AYOG as stated in the Chapter on Programmes and Schemes.

Proportion of Budgets of Select Departments/Ministries reported under Gender Budget Statement

Ministry / Department	2005-06 (BE)	2006-07 (BE)	2007-08 (BE)	2008-09 (BE)	2009-10 (BE)	2010-11 (BE)	2011-12 (BE)	2012-13 (BE)	2013-14 (BE)	2014-15 (BE)	2015-16 (BE)
Department of Agriculture and Cooperation	0.00	0.00	2.95	4.91	4.66	4.11	4.16	4.53	4.18	3.31	20.81
Department. of Health & Family Welfare	45.59	37.73	55.14	53.56	51.99	52.44	51.45	50.5	49.31	44.4	46.64
Department of School Education and Literacy	2.03	47.34	39.92	7.50	39.89	44.70	45.08	45.6	44.95	29.41	29.54
Department. of Higher Education	0.16	16.65	14.88	17.13	17.93	17.68	26.08	25.4	26.70	27.56	27.73
Ministry of Housing & Urban Poverty Alleviation	0.00	17.37	20.25	17.63	17.60	16.78	22.02	21.6	19.41	4.74	0
Ministry of Labour & Employment	10.49	8.60	10.47	0.00	0.00	4.74	12.00	3.5	3.94	3.12	4.66
Ministry of Micro, Small & Medium Enterprises	0.00	0.00	6.72	17.32	17.75	16.40	15.71	15.2	15.69	14.11	13.93
Ministry of Panchayati Raj	0.00	0.00	0.00	0.71	1.02	1.03	1.66	2	6.50	98.65	0
Department of Rural Development	7.76	17.88	20.35	36.76	36.30	37.11	33.02	32.5	37.84	36.62	31.86
Ministry of Social Justice & Empowerment	4.08	30.00	29.86	14.72	28.93	30.39	27.63	26.6	25.48	30.12	31.37
Ministry of Women and Child Development	88.71	51.27	58.83	6.42	60.20	64.51	63.73	61.9	61.02	61.05	84.60
Department of Electronics and Information Technology#	0.59	0.83	0.40	2.25	0.24 753	0.13	0.09	0.10	0.09	0.10	0.39
Department of Chemicals and	0	0	0	0	0	0	0	0	0	11.97	16.65

Note: # Till 2012-13 (BE) it was only Department of Information Technology. It became Department of Electronics and Information Technology from year 2013-14 (BE)
* Till 2008-09, it was Ministry of Shipping, Road Transport and Highways. It became Ministry of Road Transport and Highways in 2009-10
Source: Compiled by Centre for Budget and Governance Accountability from Union Budget Documents, Govt. of India, various years

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[1] 1975 was declared by the UN General Assembly as the International Women's Year; the first Conference on Women was held in Mexico city in 1975 and 1976-85 was declared as International Women's Decade.
[2] While these approaches are described chronologically, it did not imply a linear process; in practice many of the policies appeared simultaneously.
[3] National Perspective Plan for Women (1988-2000AD): Report of the Core Group set up be the Department of Women and Child Development, 1988.
[4] S Gopalan (2002):*Towards Equality: The Unfinished Agenda-Status of Women in India,* 2001, National Commission foe Women, Government of India
[5] UN Women 2002: *Gender Mainstreaming: An Overview*, United Nations, New York
[6] D Elson (2003): Gender Mainstreaming and Gender Budgeting (preliminary draft) presented at the Conference on 'Gender Equality and Europe's Future', European Commission, Brussels, 4th March.
[7] N Kabeer (2013):Gender Equality and Economic Growth: Is there a Win-Win, *IDS Working Paper417.*
[8] D Elson (2003) op cit

[10] I Bakker (ed) (1994): *The Strategic Silence: Gender and Economic Policy,* Zed Books, North-South Institute
[11] D Elson (1994):Micro, Meso, Macro:Gender and Economic Analysis in the context of Policy reforms, in Bakker (ed) ibid.
[12] UN Women (2015): National Workshop on Women's Unpaid Work : Developing a Roadmap, Background Document, Organised by the Collective on Women's Unpoaid Work, 16-17 April
[13] G A Cornia, Jolly, R and Frances Stewart (1987): Adfustment with a Human Face: Protecting the Vulnerable and Promoting Growth, Clarendon Press.
[14] Santiso, C (2001): Good Governance and Aid Effectiveness:The World Bank and Conditionality, *The Georgetown Public Policy Review,* Vol 7. No.7 Fall.
[15] Shahara Razavi (2009): *The Gendered Impacts of Liberalisation:Towards "Embedded Liberalism"?* UNRISD, Routledge, New York
[16]Caroline O.N Moser (1993):*Gender Planning and Development: Theory, Practice and Training,* Routledge.
[17] Moser 1993 Ibid
[18] Moser ibid
[19] D Elson (2000): *Progress of the World's Women: UNIFEM Biennial Report,* UNDPFund for Women, New York; D Elson (2004):Social Policy and Macroeconomic Performance Integrating the Economic and the Social, in T Mkandawirw (ed) *Social Policy in a Development Context,* UNRISD abd Palgrave Macmillan
[20] UN Women 2002: op cit
[21] R Sharp (2007): *Financing for gender equality and empowerment for women,* Written Statement, Commission on the Status of Women, Fifty-first Session, 26 February-9 March, New York.
[22] Kaniz Siddique (2011): *Bangladesh's Progress in Gender Responsive Budgeting,* First Draft, September.

[24] Normally 3 percent or less. Inflation targets are ofcourse set by the monetary authorities which use monetary policy to achieve this. The argument is that if fiscal consolidation is not achieved monetary policy will be ineffective.
[25] Ghosh (2012): Women's Work in the India in the early 21st Century,
[26] CBGA (2013):"How has the Dice Rolled?":Response to Union Budget 2012-13, New Delhi.

[27] Departmental Related Standing Committee 2013-14 of the Department of School Education and Literacy

[28] JA Khan and Subrat Das (2014):"Exclusion in Budgetary and Planning Processes" in The India Exclusion Report, 2013-14.

[29] Bina Aggarwal (2001):Empowerment of Women throughout the Life Cycle as a Transformative strategy for Poverty Eradication" presented EG Meeting ,UN, 26-29 November,New Delhi

[30] This section draws heavily from Das, S and Yamini Mishra (2006):Women's Component Plan and Gender Budgeting in India: Still a Long Way to Go!, Yojana, Vol 50, Ministry of Information, Government of India.

[31] UN Women 2002 op cit

[32] P Parvati,Bhumika Jhamb,S Srivastava and Khwaja Mobeen Ur Rehman(2012): Recognising Gender Biases, Rethinking Budgets, CBGA, New Delhi

[33] Diane Elson (2000):Progress of the World's Women:UNIFEM Biennial Report, UNDPFund for Women, New York

[34] Centre for Budget and Governance Accountability (2012): Recognising Gender Biases, Rethinking Budgets: Review of GRB in the Union Government and Select States, New Delhi, CBGA.

[35] A comprehensive Beneficiary Incidence Analysis and Assessmen survey was undertaken in Bangladesh in 2001 involving a baseline study of government expenditures enshrined in the GB framework using GB tools , perceiving gender disaggregated beneficiary assessment and incidence analysis a a first necessary step in "incorporating gender issue in the formulation of the national budget of Bangladesh" (see Barbara Evers and K Siddique (2006): *Who Gets What: A Gender Analysis of Public Expenditure in Bangladesh,* North-South University, Dhaka

[36] Valeria Esquivel (2013):*Measuring Unpaid Care Work with Public Policies in Mind*, Expert Paper for EG Meeting, Mexico City, 21-24 October

[37] CBGA 2013 op cit

[38] M Eapen and A Mehta (2012): Gendering the 12th Plan: A Feminist Perspective, *Economic and Political Weekly*, April 28.

[39] UN Women (2013): *A Practitioner's Guide to Gender Responsive Planning and Implementation, UNW.*

[40] CBGA 2012, op cit

[41]

[42] Prabhu, Sita and K Menon-Sen, CBGA, Lekha Chakravarty, Mishra, Yamini and Bhumika Jhamb 2012, P Parvati et al 2013, B Jhamb et al (2013) Khan J A and Das, S 2014, among others.

[43] D Elson (2011): *Economics for a Post-crisis World: Putting Social Justice* First, in (eds.) Devaki Jain and Diane Elson Harvesting Feminist Knowledge for Public Policy, IDRC, Sage Publications.

[44] Swapna Bisht Joshi (2014): Assessing Gender Equality Investments: a multi-state perspective. National Foundation for India and UN Women.

[45] Sharp, Rhonda and Diane Elson (2009): *Improving Budgets: A Framework for Assessing GRB Initiatives,* 2009.

CHAPTER - 11

Women and Education in India

1. Introduction

Education has occupied a dominant position in independent India since it was perceived as a promoter of economic growth, technological development and also as an instrument of equal opportunity and upward social mobility for all sections of the population. The educational discourse ran parallel to equal opportunities discourses and policies in the public sector institutions which provided education and employment. This centrality of equal opportunity reflected the social importance of education and the concern of the Indian government to ensure the outreach of education regardless of parochial considerations of caste, class, religion, colour or gender. It was motivated by the increasing importance of social justice around the issues of caste, tribe, ethnicity and gender. Education was viewed as an instrument to foster change and bring about empowerment. This was particularly true in the case of the underprivileged sections, the marginalised categories and girls and women. Yet it is these very categories which remained excluded from education, more so girls and women cutting across religion, class, caste, tribe, physical and mental ability.

It is well known and documented that girls and women do not have access to education equal to boys and men. The links between gender and education have been highlighted and substantiated worldwide. Girls and women suffer multiple and overlapping handicaps because there are close links or intersectionalities between gender, on the one hand, and caste, tribe, religion, region, class, ethnicity and disability, on the other. Thus girls and women remain excluded from education, particularly education which builds skills and is empowering. In this context, the present chapter focuses upon women's education at all stages, primary, secondary, higher education as well as vocational and skill education. It further elucidates the educational status of various groups of women, the impact of open schools upon women's educational status, the policies enunciated by the Government of India from time to time, the barriers faced by women in accessing education

and finally puts forth some recommendations to improve the access of women to quality education.

2. Literacy Rate in India by Gender

Women, in India, have been excluded from education for centuries. Yet, women in the Rig Vedic age had equal access to education with both girls and boys undergoing *Upanayana Sanskar* and then going to the Gurukul for education. However, this trend declined by the Atharvavedic period and the Smritis excluded women from education almost completely. Over the next few centuries, women continued to be excluded from education and at the time of independence only 9 per cent of women were literate.

Table 1: Literacy Rate in India by Sex : 1991-2011

India/States/UT	1991			Gap in literacy rate	2001			Gap in literacy rate	2011			Gap in literacy rate
	Total	Male	Female		Total	Male	Female		Total	Male	Female	
India	**52.2**	**64.1**	**39.3**	**24.8**	**64.8**	**75.2**	**53.6**	**21.6**	**74.0**	**82.1**	**65.4**	**16.7**
Jammu & Kashmir	51.5	63.3	38.8	24.5	55.5	66.6	43.0	23.6	68.7	78.2	58.0	20.2
Himachal Pradesh	63.9	75.4	52.1	23.3	76.5	85.3	67.4	17.9	83.7	90.8	76.6	14.2
Punjab	58.5	65.7	50.4	15.3	69.5	75.2	63.3	11.8	76.6	81.4	71.3	10.1
Chandigarh UT	77.8	82.0	72.3	9.7	81.9	86.1	76.4	9.6	86.4	90.5	81.3	9.1
Uttarakhand	N.A*	N.A	N.A	N.A	71.6	83.2	59.6	23.6	79.6	88.3	70.7	17.6
Haryana	55.9	69.1	40.5	28.6	67.9	78.4	55.7	22.7	76.6	85.3	66.7	18.6
Delhi	75.3	82.0	67.0	15.0	81.6	87.3	74.7	12.6	86.3	91.0	80.9	10.1
Rajasthan	38.6	55.0	20.4	34.6	60.4	75.7	43.8	31.8	67.0	80.5	52.6	27.8
Uttar Pradesh	40.7	54.8	24.4	30.5	56.2	68.8	42.2	26.6	69.7	79.2	59.2	19.9
Bihar	37.5	51.4	22.0	29.4	47.0	59.6	33.1	26.5	63.8	73.3	53.3	20.
Sikkim	56.9	65.7	46.8	18.9	68.8	76.0	60.4	15.6	82.2	87.2	76.4	10.8
Arunachal	41.6	51.5	29.7	21.8	54.3	63.8	43.5	20.3	66.9	73.6	59.5	14.

Pradesh												1
Nagaland	61.7	67.6	54.8	12.8	66.5	71.1	61.4	9.7	80.1	83.2	76.6	6.6
Manipur	59.9	71.6	47.6	24.0	69.9	79.5	60.1	19.4	79.8	86.4	73.1	13.3
Mizoram	82.3	85.6	78.6	7.0	88.8	90.7	86.7	3.9	91.5	93.7	89.4	4.3
Tripura	60.4	70.6	49.6	21.0	73.1	81.0	64.9	16.1	87.7	92.1	83.1	9.0
Meghalaya	49.1	53.1	44.8	8.3	62.5	65.4	59.6	5.8	75.4	77.1	73.7	3.4
Assam	52.9	61.9	43.0	18.9	63.2	71.2	54.6	16.6	73.1	78.8	67.2	11.5
West Bengal	57.7	67.8	46.6	21.2	68.6	77.0	59.6	17.4	77.0	82.6	71.1	11.5
Jharkhand	N.A	N.A	N.A	N.A	53.5	67.3	38.8	28.4	67.6	78.4	56.2	22.2
Orissa	49.1	63.1	34.7	28.4	63.0	75.3	50.5	24.8	73.4	82.4	64.3	18.0
Chhatisgarh	N.A	N.A	N.A	N.A	64.6	77.3	51.8	25.5	71.0	81.4	60.5	20.8
Madhya Pradesh	44.7	58.5	29.4	29.1	63.7	76.0	50.2	25.7	70.6	80.5	60.0	20.5
Gujarat	61.3	73.4	48.9	24.5	69.1	79.6	57.8	21.8	79.3	87.2	70.7	16.5
Daman &Diu UT	71.2	82.7	59.4	23.3	78.1	86.7	65.6	21.1	87.0	91.4	79.5	11.9
Dadra & Nagar Haveli UT	40.7	53.6	27.0	26.6	57.6	71.8	40.2	30.9	77.6	86.4	65.9	20.5
Maharashtra	64.9	76.6	52.3	24.3	76.8	85.9	67.0	18.9	82.9	89.8	75.4	14.3
Andhra Pradesh	44.1	55.1	32.7	22.4	66.6	70.3	50.4	19.8	75.6	75.5	59.7	15.8
Karnataka	56.0	67.3	44.3	23.0	60.4	76.1	56.8	19.2	67.6	82.8	68.1	14.7
Goa	75.5	83.6	67.1	16.5	82.0	88.4	75.3	13.1	87.4	92.8	81.8	11.0
Lakshadweep UT	81.8	90.2	72.9	17.3	86.6	92.2	80.4	12.0	92.2	96.1	88.2	7.8
Kerala	89.8	93.6	86.2	7.4	90.8	94.2	87.7	6.5	93.9	96.0	91.9	4.1
Tamil Nadu	62.7	73.8	51.3	22.5	73.4	82.4	64.4	18.0	80.3	86.8	73.8	13.0
Pondicherry	74.7	83.7	65.6	18.1	81.2	88.6	73.9	14.7	86.5	92.1	81.2	10.9
Andaman & Nicobar Islands UT	73.0	79.0	65.5	13.5	81.3	86.3	75.2	11.1	86.2	90.1	81.8	8.3

Source: Census of India 1991, New Delhi, Registrar General and Census Commissioner, India and Provisional Population Totals 2011 New Delhi, Registrar General and Census Commissioner, India. *N.A. stands for 'not available'

Today women in India have come a long way from the 9 per cent literacy rate of 1951 and 2 out of three women can at least read and write.The Census of India 2011, pegs the country's literate population at over 778 million individuals, and the non-literate population at over 272 million[1]. The 2011 literacy figures record a 9.21 per cent rise from the previous decade, with a jump from 65 per cent in 2001 to 74 per cent. The decade before that also showed a significant increase in literacy rates from 52 per cent in 1991 to 65.4 per cent in 2001. For the first time, in 2001, the absolute numbers of non-literates declined - a trend that has continued in 2011[2]. Yet female literacy lagged behind in comparison with male literacy figures of 82.14per cent. There has been a reduction in the gender gap in literacy, with Kerala leading in female literacy with 91.98per cent. Yet there continues to be a high difference between the male and female literacy rate, which even today stands at 16.7 per cent. Further, there is a wide gap in the female literacy rates of different states with Kerala having 91.9 per cent female literacy rate and Rajasthan at the other end of the scale with 52.6 per cent female literacy rate. The gender gap in literacy of the different states reveals substantial variations with Meghalaya having the lowest of 3.4 per cent and Rajasthan again having the highest at 27.8 per cent. This reveals a substantial regional variation in literacy rates in general and female literacy rates in particular.

While this progress is commendable, within larger global contexts, a UNESCO report[3] places the number of non literate adults in India at 287 million individuals, higher than the census estimates, thereby, making India the country with the largest illiterate population in the world, contributing a whopping 37per cent to the world total number of those who cannot read and write. The same report categorizes India as being "Very far from target" and "making slow progress or moving away from target" as far as achieving adult literacy according to the benchmarks set for Millennium Development Goals to be fulfilled by 2015. States that have recorded low female literacy rates are illustrative of this point.

Table 2 :Trends in Female Literacy Rates in India by Regions (%) : 1951-2011

Year	Female Literacy Rate	
	Rural	Urban
1951	12.00	34.59
1961	22.46	54.43
1971	27.89	60.22
1981	36.09	67.34
1991	44.69	73.09
2001	59.40	80.30
2011	58.75	79.92

Source: (i) Registrar General of India, Census of India, for relevant years (ii) Socio-Economic Review 2011-2012, Gujarat State, Directorate of Economics and Statistics, Government of Gujarat, Gandhinagar. (iii) http://mpra.ub.uni-muenchen. de/20680.

Literacy, however, implies a mere knowledge of the three 'r's', which is definitely not what education implies. Being educated would require a person to have more knowledge than merely being able to sign one's name; it would require scientific knowledge, knowledge which opens the brain to rational thinking. Thus, in order to assess the educational status of women in India, one needs to go beyond mere literacy rates and analyse the entire gamut of educational system and women's place in this. Accordingly, it is pertinent to have a thorough analysis of women's education across various stages as well as the specific types of education. Thus the next section would provide an insight into primary and secondary education in India vis-à-vis women's education, while the section thereafter would delve into the status of women in higher education.

3. Girls and school education

3.1 Overview of the School System

School education has progressed steadily and exponentially over the last 4 decades. The National Policy on Education 1986 as amended in 1992, the Sarva Shiksha Abhiyan and the Right to Education Act, 2010 have provided a national architecture for provisioning of universal education upto elementary stage. In 1951, only 39per cent of children were in primary and 16per cent in upper primary schools. By 2011, 92per cent of children were in primary and 82per cent in upper primary schools.

3.2 Enrolment Rate

One of the most significant indicators for educational status is the enrolment rate in schools. The Table below reveals that enrolment rates for girls in schools decrease with the rising levels.

Table 3:Enrolment in Primary, Upper Primary and Elementary Education: (2000-01 to 2013-14)

(in Millions)

Year	Primary stage (Classes I-V)			Upper Primary stage (Classes VI-VIII)			Elementary stage (Classes I-VIII)		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
2000-2001	64.0	49.8	113.8	25.3	17.5	42.8	89.3	67.3	156.6
2001-2002	63.6	50.3	113.9	26.1	18.7	44.8	89.7	69.0	158.7
2002-2003	65.1	57.3	122.4	26.3	20.6	46.9	91.4	77.9	169.3
2003-2004	68.4	59.9	128.3	27.3	21.5	48.8	95.7	81.4	177.1
2004-2005	69.7	61.1	130.8	28.5	22.7	51.2	98.2	83.8	182.0
2005-2006	70.5	61.6	132.1	28.9	23.3	52.2	99.4	84.9	184.3
2006-2007	71.0	62.7	133.7	29.8	24.6	54.4	100.8	87.3	188.1
2007-2008	71.1	64.4	135.5	31.0	26.2	57.2	102.1	90.6	192.7
2008-2009	70.0	64.5	134.5	29.4	26.0	55.4	99.4	90.5	189.9
2009-2010	70.8	64.8	135.6	31.8	27.6	59.4	102.6	92.4	195.0
2010-2011	70.5	64.8	135.3	32.8	29.3	62.1	103.3	94.1	197.4
2011-2012	70.8	66.3	137.1	31.8	30.1	61.9	102.6	96.4	199.0
2012-2013	69.6	65.2	134.8	33.2	31.7	64.9	102.8	96.9	199.7
2013-2014	68.6	63.8	132.4	34.2	32.3	66.5	102.8	96.1	198.9

Source: Statistics of School Education, 2007-08, MHRD, GoI; Educational Statistics at a Glance, 2011, MHRD, GoI; Statistics of School Education, 2010-11, MHRD, GoI; and U-DISE, NUEPA.

The table above reveals that the enrolment and enrolment rates have been consistently increasing for both boys and girls over the decade from 2000 to 2010 in all classes. Consistent with this increasing enrolment is the decline in the gender gap in enrolment, which stood at almost 15 million for primary classes in 2000-2001 and was only 6 million in 2009-10. Likewise the gender gap in upper primary declined from 5.7 million to 4.2 million. The improvement is significant if it were not for the fact that the figures are in millions, implying thereby that very few girls as compared to boys are still able to access education.

Table 4:Gross Enrolment Ratio in Primary, Upper Primary and Elementary Education: (2000-01 to 2013-14) (%)

Year	Primary stage (Classes I-V)			Upper Primary stage (Classes VI-VIII)			Elementary stage (Classes I-VIII)		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
2000-2001	104.9	85.9	95.7	66.7	49.9	58.6	90.3	72.4	81.6
2001-2002	105.3	86.9	96.3	67.8	52.1	60.2	90.7	73.6	82.4
2002-2003	97.5	93.1	95.3	65.3	56.2	61.0	85.4	79.3	82.5
2003-2004	100.6	95.6	98.2	66.8	57.6	62.4	87.9	81.4	84.8
2004-2005	110.7	104.7	107.8	74.3	65.1	69.9	96.9	89.9	93.5
2005-2006	112.8	105.8	109.4	75.2	66.4	71.0	98.5	91.0	94.9
2006-2007	114.6	108.0	111.4	77.6	69.6	73.8	100.4	93.5	97.1
2007-2008	115.3	112.6	114.0	81.5	74.4	78.1	102.4	98.0	100.3
2008-2009	114.3	114.4	114.4	77.9	74.4	76.2	100.5	99.1	99.8
2009-2010	115.5	115.4	115.5	84.5	78.3	81.5	103.8	101.1	102.5
2010-2011	115.4	116.7	116.0	87.7	83.1	85.5	104.9	103.7	104.3
2011-2012	106.8	109.3	108.0	72.9	76.3	74.5	93.3	96.3	94.7
2012-2013	104.8	107.2	106.0	80.6	84.6	82.5	95.6	98.6	97.0
2013-2014	100.2	102.7	101.4	86.3	92.8	89.3	95.1	99.1	97.0

Source: Statistics of School Education, 2007-08, MHRD, GoI; Educational Statistics at a Glance, 2011, MHRD, GoI; Statistics of SchoolEducation, 2010-11, MHRD, GoI; and U-DISE, NUEPA.

Significantly, a gender gap of nearly 15 percentage points has been overcome and the enrolment of girls has actually exceeded that of boys in 2013-14 in all classes. This reveals that the efforts being made for girls education are actually bearing fruit. However, the more significant issue is how many children are we able to retain in schools, that is how many children are dropping out of school?

3.4 Dropout Rate

Girls dropout of schools for any number of reasons which include distance of school from home, care of siblings, need to take up a paying job, the very insignificance of education for girls, increasing violence against women, withdrawal of schemes for girls such as free transport, even the lack of bathrooms and so on. While an almost equal number of boys dropout of school, the reasons are different, for boys would more likely drop out of school for taking up paid employment and not for fulfilling gender roles and looking after siblings.

Table 5: Level-wise dropout rates in percentage for 2010-11

Level	All		SC		ST	
	Boys	Girls	Boys	Girls	Boys	Girls
I-V	28.7	25.1	29.8	23.1	37.2	33.9
I-VIII	40.3	41.0	46.7	39	54.7	55.4
I-X	50.4	47.9	57.4	54.1	70.6	71.3

Source: Educational Statistics at a Glance, MHRD, 2013: 20
* Data for senior secondary stage is not available

The table above reveals the percentage of children who fail to reach the next class after enrolment. A quarter of children do not survive in school after primary stage. The figures are slightly better in SC, ST groups. But at the elementary stage, around 40per cent of children are no longer in the school system. By class X, 50.4per cent of boys and 47.9per cent of girls are out of school. A higher percentage of SC boys and girls are out of school. However, 70.6per cent of boys and 71.3per cent of girls of ST group do not complete Class X. This speaks volumes of our school education system notwithstanding the impressive number of schools shown in the Table above.

3.4 Achievement

It is not enough to bring the children to school, what matters more is what and how much they learn in school. The National Achievement survey for Classes III and VIII conducted by NCERT, provides a measure of achievement levels of school going children. At class III, the national average score in Mathematics at class III stood at 253 (boys) and 253 (girls) and in language at 257 (boys) and 259 (girls). Data disaggregated by states also shows that there is no significant difference between the performance of boys and girls except in Madhya Pradesh where boys scored higher and Kerala where girls scored higher. Some states such as Bihar, Uttarpradesh, Rajasthan Madhya Pradesh, Chattisgarh (lowest), Odisha, Jammu and Kashmir show lower achievement than the national average. States with higher than national average scores are Kerala, Tamilnadu, Karnataka, Dadra and Nagar Haveli, Puduchery, Tripura and Mizoram. In 27 states, there was no significant difference between rural and urban children's achievement except in Maharshtra and Nagaland, where rural children scored higher. In Kerala, Punjab, Dadra and Nagar Haveli, urban children scored higher. As we look at performance by social groups, the achievements are generally lower among SC(language 243, Mathematics 241), ST (Language 229, Mathematics 229), OBC (Language 232, Mathematics 227).

In class VIII, national average for Language was 247, Mathematics, 245, Science, 251 and Social Science, 247. "Overall the NAS reveals significant differences in the average achievement levels of students between states. Some difference may be accounted for by contextual factors, but on balance the results suggest that the quality of educational outcomes is far from equal across the country. Nationally, there was no significant difference between boys and girls achievement levels in mathematics, science and social science. This was also true for most states although in Kerala, girls outperformed boys in all three subjects and in West Bengal girls performed less well than boys in science. In reading comprehension, girls outperformed boys. This was also true in several states but in most states girls and boys performed equally well. Only Bihar was an exception where girls performed less well than boys.In science and mathematics, rural students out performed urban students, in social science they performed the same but in reading comprehension rural students performed less well than urban students. Equity issues need to be studied further as students from some groups, comprising Scheduled Castes, Scheduled Tribes and Other Backward Categories, scored significantly lower than students in the General category. Similarly students who reported

being physically challenged scored lower than those who did not."[4]. Obviously, what matters is bringing girls to school, for once they are in school, their performance equals if not betters that of boys. However, the achievement of girls by different social groups continues to be a matter of concern.

3.5 Secondary and Senior Secondary Education

From primary education to secondary education should be one more step up the ladder in educational status, but statistics reveal that there are more leakages from the pipeline along the way and a lot more girls go missing from school. According to the UNESCO Institute of Statistics, the secondary GER is 59per cent for boys and 48.6per cent for girls; presumably this is as percentage of those who enter class VI. The policy at present is to make secondary education of good quality available, accessible and affordable to all young persons in the age group of 14-18.[5]. It is of vital importance to take initiatives and negotiate gender specific issues of quality, accessibility and affordability when it comes to girls.

Table 6: Level-wise enrolment in School Education (in 000s) for 2010-11

Level	All		SC		ST	
Primary (I-V)	70468	64849	14104	12947	7674	7178
U. Primary (VI-VIII)	32808	29248	5978	5321	2837	2585
Secondary (IX-X)	17453	14326	3151	2562	1202	970
Sr. Secondary (XI-XII)	10848	8568	1677	1311	629	465

MHRD, Educational Statistics at a Glance, 2014

Table 7: Level wise Enrolment in School & Higher Education

(in '000')

Level	**All Categories**			**SC**			**ST**		
	Boys	**Girls**	**Total**	**Boys**	**Girls**	**Total**	**Boys**	**Girls**	**Total**
Primary (I-V)	67223	62769	129992	13469	12614	26083	7458	6994	14452
UpperPrimary (VI-VIII)	33746	32035	65780	6568	6257	12825	3280	3121	6401
Elementary	100969	94804	195773	20037	18871	38908	10738	10115	20853

(I-VIII)									
Secondary (IX-X)	19484	17477	36961	3589	3231	6820	1641	1523	3164
I-X	120453	112281	232734	23626	22102	45728	12380	11638	24018
Senior Secondary (XI-XII)	11747	10406	22153	2036	1815	3851	741	642	1383
I-XII	132199	122688	25662	25662	23917	49579	13121	12280	25401
Ph.D	50	34	84	NA	NA	NA	NA	NA	NA
MPhil	16	19	35	NA	NA	NA	NA	NA	NA
Post Graduate	1744	1631	3374	NA	NA	NA	NA	NA	NA
Under Graduate	12723	10815	23538	NA	NA	NA	NA	NA	NA
PG Diploma	164	51	215	NA	NA	NA	NA	NA	NA
Diploma	1500	624	2124	NA	NA	NA	NA	NA	NA
Certificate	81	95	176	NA	NA	NA	NA	NA	NA
Integrated	51	32	83	NA	NA	NA	NA	NA	NA
Higher Education - Total	16329	13301	29629	2005	1632	3637	729	586	1315

NA- Not Available
Data Source : For School Education : U-DISE-2013-2014(Provisional)
For Higher Education : AISHE-2012-13(Provisional)

The number of students by each stage of school education according to the provisional population estimates of Census 2011 is given in Table 6 and 7.

Senior secondary stage is in even greater need of attention for all children and especially girls. Except for Kendriya Vidyalayas (KV), Navodaya Vidyalayas (NV) and Ashram schools, central government has no involvement in senior secondary which is left to the states.

The Government of India has begun collating data on secondary education from 2011 onwards. All India, the number of children enrolled in secondary stage is 10,742,563 and 7,577,279 (compared to 137,099,984 enrolled in primary stage): 47.29per cent are girls at secondary stage and 47.18per cent are girls in senior secondary stage.

There has been much concern about the low representation of girls and women in sectors involving Science and Mathematics. This concern needs to further factor in the availability of Science and Mathematics streams to children as a whole. At present, only 18.25per cent of schools at the secondary level offer these streams (18.91per cent in senior secondary stage).

Thus, the enrollment of girls in schools follows a pyramid like structure with almost 100 per cent enrollment at the primary stage and declining with each stage thereafter. Even more significant is the fact that there is strict gender stereotyping so far as subject choice is concerned with a majority of the girls going in for Arts and Humanities.

3.6 MAJOR GENDER ISSUES IN SCHOOL EDUCATION

Apart from enrolment and dropout rates, a few specific issues come up in relation to school education of girls. These are highlighted here.

3.6.1 Gender role socialization

The processes operating in the school have an important bearing on the construction of gender identities. Although the family is the site of primary socialisation, schools, the sites of secondary socialisation, generally reproduce primary socialisation.

Schooling actively endorses familial norms through tasks assigned-girls in cleanliness duties, boys for outdoor duties. The teacher's social background of caste, religion, language and their own socialization, affect their interactions with students and messages about models of masculinity and femininity are contained in everyday school practices.[6]. Studies tend to differentiate between girls and the boys in their teaching, strategies and co-curricular activities (Acker; 1994).

Girls try to be 'good girls' following teacher's rules, whether it is reasonable or not which hinders creativity and expression in girls (Skelton & Francis 2003).Girls are described by teachers in terms of maturity, neatness and politeness; maturity being related to biological development. Nambissan (1996) also studied the way teacher's expectations and the school environment shapes children's aspirations and their self-worth through gender role socialization in the explicit as well as the implicit curricular experiences that children have in their schooling. Researchers have studied how expectations and aspirations of teachers from girls and boys about their capabilities and potential shape their performance capacities, self-esteem and self-worth[7] which shape the identities of boys and girls.

Additionally, gender differences in the socialisation of girls and boys at home (familial socialisation) and differential perceptions of feminine and masculine identities and social roles influence educational policies, programmes, curriculum and expectations from education because those who conceptualise, design and formulate them are also constrained by their socialisation. Schools, through the teachers and the texts, are active instruments of reinforcing familial and cultural socialisation. For example, students, when they come to the school are already boys and girls and are treated as such by the school administration and, especially, the teachers. Thus, sex role or gendered socialisation at home and the consequent stereotyping of the feminine role is reinforced in the school thereby impacting girls and their academic achievement and aspirations (Delamont 1980). While the situation on the ground is quite complicated because, as mentioned earlier, social class, ethnicity, caste, tribe, religion, neighbourhood and peer group etc. are also pertinent in the socialisation process.

Family and school, both the social institutions, are sites of socialization. While, family is a significant site of primary socialization for a majority of school going children, school as the site of secondary socialization is expected to neutralize or overcome biases inherent in this process of gender construction which may not necessarily happen in reality. The school provides formal and informal socialization while that within the family is informal. In this context, the major responsibility falls on the teachers who interact with students within the classroom and outside it but within the school. They play a critical role in the informal and formal socialization of students within the schools. Peer influence is yet another dimension of the socialisation process within and outside the school.

3.6.2 Schooling and Gender based violence

Gender violence within schools includes physical, verbal, psychological, and emotional sexual violence; threatening, name-calling, harassment or stalking. It can occur in classrooms, administrative buildings, teachers' residences, school grounds, or on the way to and from school. There are many reported and unreported cases of abuse in schools by the teachers and staff including driver, conductor, watchman, sweeper, peon, etc. who all have easy access to children. Dominant boys also abuse less powerful boys and girls. School walls are filled with sexually abusive pictures and words. Pervasiveness of child abuse normalizes abuse. The silence of the victim encourages the abuser to continue and escalate abuse. Children who experience abuse can develop misconceptions about themselves and other people that negatively affect their personality, performance and achievement in schools. Abuse occurs in both private and government schools.

Schools and teachers, are traditionally venerated in India and a teacher is equated with God. Yet when those very teachers rape small children, this respected institution becomes soiled. The recent spate of rapes of small girls by teachers or other persons in schools have shaken the very foundation of trust in the educational system.

Indian police are investigating the alleged rape of a three-year-old girl in her school in the city of Bangalore.

The child returned from school on Tuesday and complained of pain that had been caused by "an uncle in school", her parents told the police.

Police say they are questioning school staff and are waiting for a report on the child's medical condition.

The incident comes three months after a six-year-old was raped by a staff member in another Bangalore school.

Source: http://www.bbc.com/news/world-asia-india-29719018 downloaded April 28, 2015

VIOLENCE AGAINST GIRLS AND THE RIGHT TO EDUCATION

- Violence or the fear of violence is an important reason for girls not attending school. Besides being in itself an infringement of girls' rights, violence is also denying girls their right to education.
- ActionAid has carried out an initial study of the violence that girls encounter in and around schools and on the way to school, in 12 countries in Africa and Asia.It indicates that much violence against girls goes unreported and the scale of the problem has been underestimated.
- Violence against girls is a serious obstacle to the attainment of internationally agreed education goals including the Millennium Development Goals (MDGs) (UN 2000).
- Violence against girls takes many forms including rape, sexual harassment,intimidation, teasing and threats. It affects all girls, regardless of age, race, class, caste or location. Poverty, war and long journeys to school put girls at additional risk.
- The causes are rooted in male-dominated cultures which belittle or condone violence against girls and women. Violence is used as a tool for imposing male power. Girls themselves often regard violence as inevitable and feel powerless to complain.

https://www.actionaid.org.uk/sites/default/files/doc_lib/125_1_stop_violence_against_girls.pdf downloaded April 30, 2015

3.6.3 Bullying

Bullying is another prevalent form of violence in the schools. The bully uses his or her power (which may be due to physical attributes or social standing) against a weaker student who is unable to defend herself. Both bullies and victims are more likely to evidence social, emotional, behavioural, and academic problems. Victims exhibit higher rates of depression, anxiety, loneliness, and low self-esteem persisting into adulthood. Peer rejection, delinquent behaviour, criminality, violence, and suicidal thoughts have also been identified as outcomes of bullying.

Cyber bullying involves the use of e-mail, cell phone, messaging web sites used for online deliberate, repeated, and hostile behaviour by an individual or group, that is intended to harm others. School children, especially, girls are increasingly becoming victims.

MMS on porn site, Orissa girl ends life

A 16-year-old girl has committed suicide at her home in a Cuttack village after an Intermediate second year student allegedly uploaded an MMS of their sexual act on a pornographic website, police said.

Father of the girl lodged a complaint with the police accusing 18-year-old Kamalakanta Mall of blackmailing his daughter and creating circumstances that forced her to take the extreme step. The girl, who had written her Class X examinations last month, had consumed poison at her home on Wednesday night.

Source: http://indianexpress.com/article/india/india-others/mms-on-porn-site-orissa-girl-ends-life/ downloaded April 30, 2015

3.6.4 Single sex and Co-educational schools

There has certainly been progress in the number of co-educational schools notably in the private sector, and at the primary stage in both private and government sectors. The direction of this change, while creating space for girls in schools, could have a less egalitarian basis than it first appears and more a factor of social class. It is interesting to note that in middle and secondary stages of schooling in the government sector where even today, the substantial number of children study, segregation is a settled norm, affecting the socialisation of both boys and girls, each in their own silos, violently affecting how especially boys behave with girls and women in public. The gender segregation of teachers-women teachers for girls and men teachers for boys further blocks avenues in which boys and girls can interact with each other humanely.

Researchers point out that girls' schools are a measure to counter patriarchal society or a practical measure which benefit girls to a larger extent. Girls' schools provide a safe space for developing their potential. However, critics of single-sex education argue that it denies young men and women the social skills to relate to each other now and in the future. Boys' schools can become sites for sexism. Research findings suggest that girls do better in certain subject areas such as mathematics and science when boys are not in the class[8]. There are no differences in what girls and boys can learn; but there may bedifferent ways to engage and teach girls as compared to boys. The embodied ways with which girls and boys view each other profoundly affects body image of both. In well-managed co-educational environments boys and girls learn to respect and value each other's ideas.

3.6.5. Distance between home and School

Distance between home and school is another issue of importance for girls and has been brought up again and again at the time of policy formulation and programme implementation. Although it can be said that primary schools within walking distance are, for the most part, a reality, but is that adequate? Barriers such as a highway cutting through and dividing the school from the homes of children are realities. The social distance girls experience on their way from home to school and back remains to be bridged. While primary schools may be within walking distance, middle and senior secondary schools are located at a greater distance. This serves to keep girls out of education not only because they have to cover long distance, but also because of the violence which they face along the way. In a country where girl's education is of little importance, parents will not pay for public transport for girls to schools and this again hampers accessto educational opportunities for girls.

4. Women in Higher Education

4.1 Overview

Globalisation has changed the world into a global market and the direct nexus between the industry, corporate world and higher education has brought a transformation in the skills needed for jobs. Nevertheless, the privatization of higher education has had a significant gender impact, both in terms of quality and quantity. Even while the HEI's have increased manifold in umber, yet women's access is more limited on account of the high costs of education. Quality wise, there are 'education shops' rather than institutions. The link of universities with the private sector is not new in India nor is the nexus between higher education and the economy. What is disconcerting is the nature and speed of change, the motives of those who are establishing the private institutions, the ad hoc approach to the new developments and the lack of a considered response from the Indian government.

Simultaneously, there has been a corresponding change in the boundaries between arts and science subjects. While the stratification between arts and science has been further reinforced, the sciences are subdivided into applied/ emerging vs pure sciences. Natural/pure sciences are relegated to a lower position than are the applied sciences and professional skills.

These developments have led to the devaluation of subjects in the humanities and social sciences. Women have been enrolling mainly in these subjects till the early nineties- a trend which is continuing. Though, they are also enrolling in the professional subjects in the private self-financing institutions for pursuing their studies in both the new and the traditionally labelled 'masculine' disciplines yet it is not known what are their numbers and proportions because of the high cost. *Thus, the gendered impact of these changes requires attention if the goal of social change and gender equity has to be achieved.*

4.2 Enrolment

The enrolment of men and women in higher education in 2010-11 excluding distance education was 13,479,707 and 10,705,588 respectively. The total enrolment in regular education was 24,185,295. In distance education there were 1,986,852 men and 1,327,602 women (40.1) bringing the total in distance education to 3,314,454 students comprising 12per cent of the students in higher education. The enrolment of men and women in higher education in 2011-12 was 15,466,559 and 12,033,190 (43.8)respectively. The total enrolment including distance education was 27,499,749. (India 2013a) SC students are 11.1 per cent with 56 percent male students. ST students are 4.4 percent of the total with 55 percent male students. 27.6 belong to OBC category with 55 percent male students[9].

The GER for all categories is 19.4: 20.8 for men and 17.9 for women. It is 13.5 for all SCs: 14.6 for men; 12.3 for women. For all Scheduled Tribes it is 11.2: 12.9 for men; 9.5 for women.[10].

There is regional variation with some provinces and union territories having less than 10 percent GER. These are Jharkhand, Daman and Diu, Dadra and Nagar Haveli (7.1per cent lowest) and Chhatisgarh. On the other end are the union territories and provinces such as Chandigarh at the top (53.8per cent) followed by Goa (40.4). Tamilnadu, Manipur, Puducherry and Delhi have a GER between 30-35 percent[11]. The gender parity index for total population is 0.86; SC-0.84 and ST: 0.79[12].

An MHRD Report reveals the gender differentials in girls enrolment in higher education."Total enrolment in higher education has been estimated to be 28.56 million with 15.87 million boys and 12.69 million girls. Girls constitute 44.4% of the total enrolment."[13]

The same report reveals the Gross Enrolment Ratio of girls to be lower than that of boys."Gross Enrolment Ratio (GER) in Higher education in India is 20.4, which is calculated for 18-23 years of age group. GER for male population is 21.6 and for females it is 18.9." Likewise, the enrolment of girls in distant education is also lower than that of boys, constituting merely 39.9 per cent of the total enrolment.[14]

4.3 Gender and subject choice

One of the most significant aspects of women's educational experience is the subject choice. Subjects are themselves divided into masculine and feminine, not because they have any such intrinsic qualities, but because they are chosen by males or females. The female subjects are traditionally the "less important" social sciences, arts and humanities, while male subjects are the "more significant" professionally oriented science, technology, and so on. The argument is that girls tend to opt for specific subjects because of their socialization which relates feminine roles to feminine subjects. In India, the policy decision under NPE 1986 to make science compulsory up to the Tenth standard ensured that all girls will study science.

It is argued that the clustering of women in specific subjects, such as arts, humanities and the social sciences, and of men in engineering, technology, management and sciences leads to their occupational segregation later in life. So much so that some subjects began to be perceived as masculine and others as feminine leading to a vertical segregation. Much has been written on the patriarchal imprint on the subject choices of women in higher education and on the feminine and masculine dichotomy of subjects[15] because the subject choices are a reflection of the expected social roles of women and occupational roles of men. Although the situation is changing and women are enrolling in masculine subjects yet the gap between women and men remains.

It is apparent from Table 1 that women's enrolment is higher than men in arts, humanities and social sciences. But their enrollment is lower than that of men in the subjects, (a little over 20 per cent,) which are labelled masculine, namely, engineering and technology, agriculture, law, and veterinary science. The only subject in which they are more than men is teacher education where their proportion is 58.5per cent but this does not mean that they are more in number as teachers in schools or even in teacher education institutions. Their proportion vis-à-vis men students in

science has been increasing since the 1980s. However, their proportions in science indicate the devaluation of these subjects which are not applied and have low market value. When science subjects were rated the best, men were 92.9per cent in 1950-51 and 71.5 percent in 1980-81. Since then their proportions have been coming down. In 2002-03, it was 59.8 percent. This is so because men have shifted to the newly market-oriented professional and applied science courses. Medicine is one professional subject in which women have a substantial presence because tradition and modernity impact simultaneously on women's access to medical education. In a society where large number of women are secluded or segregated, the women patients prefer to be treated by women doctors which necessitated training women as medical doctors. Therefore, teaching and medicine became preferred professions for women.

Table 8: Proportion of Men and Women Students to Total Enrolment by Gender and Discipline/subject (1980-81 to 2011-12)

	1980-81		1991-92		2000-01		2011-12	
Faculties	Women	Men	Women	Men	Women	Men	women	men
Arts	37.7	62.3	41.8	58.2	44.2	55.8	48.2	51.8
Science	28.8	71.2	32.9	67.1	39.4	60.6	43.9	56.1
Commerce	15.9	84.1	22.1	77.9	36.5	63.5	39.6	60.4
Education	47.3	52.7	50.2	49.8	51.2	48.8	58.5	41.5
Engg./Tech	3.8	96.2	7.6	92.4	21.5	78.5	29.4	70.6
Medicine	24.4	75.6	33.2	66.8	44.0	56.0	48.9	51.1
Law	6.9	93.1	11.0	89.0	20.0	80.0	25.5	74.5
Agriculture	13.6	86.4	7.1	92.9	17.4	82.6	24.5	75.5
Vet.Science*			8.0	92.0	20.9	79.1	28.9	31.1
Others			38.3	61.7	37.7	62.3	38.1	61.9

* Agriculture, veterinary science and others are merged for the year 1980-81.

Sources:

I. University Grants Commission, University Development in India: Consolidated Data Statewise 1988-89 to 1993-94, Information and Statistics Bureau, New Delhi.

II. UGC, University Development in India: Basic Facts and Figures 1995-96 to 2000-2001, Information and Statistics Bureau, New Delhi.

III. UGC annual report-2011-12. Men's enrollment, appendix VI, p.343 ; women's enrollment, table 2.4, p. 64.

Of the total number of women in comparison to men who enter higher education how many access which discipline? In the 1980s, 56 per cent of all women students in higher education enrolled in the subjects of arts, humanities and social sciences which is now reduced to around 42 per cent

(Table2). The men's percentage distribution has remained almost the same. The differential importance of general science for women and men over time has to be understood as a background to shifts in disciplinary choices in the recent past. Two decades after independence natural science was at a premium, especially physics and chemistry. Even till the eighties they were the first choice for men students and while competing with them women were pushed out. It is also possible that science was not, in any case, the first preference for young women whose parents perceived marriage as a priority over higher education. Thus, the percentage distribution of women and men in science has remained constant and comparable since the 1980s. However, arts, humanities and social sciences remain the preferred subjects for women even though the gap between the percentage distribution of men and women is decreasing. Men enroll for engineering, law and commerce in much larger percentages than the women.

Again, biological and life sciences in comparison to physical and computer sciences have more women. Some specialisations within science have concentration of women. Therefore, and as mentioned earlier, researchers are pointing out that in science and professional courses while the **vertical dimension of unequal gender participation** may be declining (e.g. the proportion of women in engineering and science or the fields of study), the **horizontal dimension** relating to specialisation may remain resistant to change.

Table 9: Percentage Distribution by Discipline and Gender 1980-81-2011-12

	1980-81		**1990-91**		**2002-03**		**2011-12**	
Discipline	**Women**	**Men**	**Women**	**Men**	**Women**	**Men**	**Women**	**Men**
Arts	56.2	34.6	54.2	35.6	51.1	41.0	41.91	**33.5**
Science	20.6	19.0	19.8	19.0	19.9	19.8	19.17	**18.3**
Commerce	11.8	23.3	14.6	24.3	16.5	19.0	16.31	18.5
Education	4.5	1.9	3.7	1.8	1.8	1.2	4.94	2.6
Engg./Tech	0.7	6.2	1.2	6.7	4.2	9.7	11.06	19.8
Medicine	3.6	4.2	3.5	3.3	3.6	3.0	4.04	3.1
Law	1.6	8.1	1.8	6.8	1.7	4.3	0.29	2.3
Agriculture	1.2	2.8	0.3	1.5	0.3	0.8	0.08	0.6
Veterinary Science*			0.1	0.3	0.1	0.2	1.24	0.2
Others*			0.8	0.7	0.8	0.9	0.96	1.2

* Agriculture, veterinary science and others are merged for the year 1980-81.

Sources:

I. Karuna Chanana, 1993.Accessing Higher Education-The Dilemma of Schooling Women, Minorities, Scheduled Castes and Scheduled Tribes in Contemporary India in S.Chitnis and Philip G. Altbach (eds.) *Higher Education and Social Change in India*, New Delhi ; Sage, pp. 115-154.

II. University Grants Commission, University Development in India: Consolidated Data Statewise 1988-89 to 1993-94, Information and Statistics Bureau, New Delhi.

III. UGC, University Development in India: Basic Facts and Figures 1995-96 to 2000-2001, Information and Statistics Bureau, New Delhi

IV. UGC Annual Report 2011-12, New Delhi

Table 10: % Enrolment at Ph.D.,M.Phil. & Post Graduate Level in Major Disciplines/ Subjects (2011-2012)

Discipline	Ph. D			M.Phill			Post Graduate		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Science	21.60	22.97	22.15	17.39	17.58	17.50	8.25	9.62	8.90
Engineering & Technology	24.17	15.16	20.55	0.25	0.28	0.27	7.50	4.74	6.18
Social Science	18.45	17.89	18.22	26.57	22.07	24.07	16.17	19.95	17.97
Indian Language	5.95	8.54	6.99	9.34	9.30	9.32	5.80	10.29	7.94
Medical Science	5.16	6.22	5.59	2.71	5.56	4.30	3.96	4.86	4.39
Management	5.05	4.90	4.99	3.33	3.48	3.42	25.85	14.93	20.64
Commerce	3.49	3.89	3.65	6.37	9.86	8.31	6.49	8.11	7.27
Agriculture	3.16	2.35	2.84	0.02	0.05	0.04	0.52	0.32	0.42
Foreign Language	2.21	3.57	2.75	7.76	6.24	6.92	3.63	6.10	4.80
Education	2.04	3.66	2.69	5.70	5.46	5.56	3.33	4.18	3.73
IT & Computer	1.04	1.81	1.35	3.69	6.32	5.15	11.37	9.13	10.30
Area Studies	0.82	0.89	0.85	6.35	5.00	5.60	2.26	3.34	2.77
Law	0.8	0.90	0.84	0.61	0.44	0.52	1.03	0.62	0.83

	0								
Linguistics	0.71	0.97	0.81	1.52	1.97	1.77	0.00	0.00	0.00
Fine Arts	0.54	1.00	0.72	1.00	1.48	1.27	0.17	0.16	0.16
Physical Education	0.76	0.47	0.64	2.64	0.68	1.55	0.30	0.12	0.21
Marine Science/ Oceanography	0.60	0.60	0.60	0.10	0.14	0.12	0.02	0.02	0.02
Religious Studies	0.71	0.42	0.59	0.25	0.11	0.17	0.11	0.11	0.11
Veterinary & Animal Sciences	0.68	0.37	0.55	0.00	0.01	0.01	0.12	0.06	0.09
Library & Information Science	0.46	0.56	0.50	0.93	0.85	0.89	0.30	0.33	0.31
Oriental Learning	0.58	0.29	0.46	0.62	0.15	0.36	0.64	0.55	***0.59***
Home Science	0.01	1.03	0.42	0.04	0.33	0.20	0.01	0.34	***0.17***
Social Work	0.30	0.51	0.38	1.33	1.10	1.20	1.29	0.90	***1.10***
Journalism & Mass Communication	0.38	0.36	0.37	0.46	0.16	0.29	0.57	0.41	***0.50***

4.4 Enrolment by level

It is also worthwhile to look at enrolment of women at different levels (table 3) to see whether the transition from undergraduate, to post graduate and then to research level is proportionately adequate. In 1981, the proportions of women were the same in the three levels of education indicating that proportionately the same number of women who joined UG transited to PG and then to research. In between higher percentage of women were enrolled at the research level than at the UG and PG levels. But if we look at the latest statistics the percentage of women enrolled at the UG and PG level is the same (45per cent vis-a vis 55 per cent of men) but it is reduced to 38per cent at the research level thereby increasing the gap with men students. *This indicates a 'leaky pipeline' and deserves to be investigated. Further, the proportion of women at the research level is almost constant from the nineties onwards even though their proportions at both UG and PG levels have gone up.*

Table 11: Proportion of Women by level/stage : 1980-2011

Year	Undergraduate	Post Graduate	Researcher
2010-11	45.0	45.0	38.0*
2002-03	39.9	42.0	38.5
1996-97	34.1	34.0	39.2
1995-96	34.1	34.0	39.2
1994-95	33.6	35.6	38.5
1993-94	33.0	35.4	36.5
1992-93	32.4	35.6	38.4
1991-92	31.8	34.7	37.1
1980-81	27.2	28.2	27.3

Sources: UGC *Annual Reports* for relevant years; India 2013 for 2010-11
Note: *AISHE (p.17)provides figures for M.Phil which is 50 percent i.e., higher than the post graduate figures i.e., more women transit to M.Phil but are left behind when it comes to Ph.D. thus transition to doctoral level deserves support.

4.5 Regional disparities and gender

The gendered impact of social, cultural and economic disparities across states[16] have been referred to, time and again, by the official committees and commissions as well as by the social scientists. These trends are continuing and the enrolment of women varies from province to province. During 2011-12, Goa with 60.31per cent has highest enrolment of women as a percentage of total enrolment of the state. Next are Kerala (58.62per cent), Meghalaya (54.19per cent), Himachal Pradesh (51.16per cent) etc. There are union territories which have more than 50per cent enrolment of women in higher education. These are: Andaman and Nicobar Islands-58.37; Chandigarh-50.37; Daman and Diu-59.11and Pudducherry-51.52per cent. Arunachal Pradesh has the lowest women enrolment of 36.69 per cent only. Other states with less than 40 per cent enrolment of women are: Andhra Pradesh-39.93; Bihar-36.97; Chhattisgarh-37.18;Jharkhand-38.61; Madhya Pradesh-and 37.88 and Rajasthan 38.54 per cent. Those with the lowest proportion are also the most backward. In these states the proportion is less than the all India average of 42.66 percent[17].

The regional differences are due to several factors. One of them is the earlier start of formal education in the southern as compared to the northern region during the colonial period. Moreover, a large number of private engineering colleges have been established here even in contemporary period. Third, the socio-cultural practices, especially the absence of female

seclusion, and positive attitudes of parents towards the higher education of their daughters also impact on women's access to professional education. This difference is, to a large extent, due to the practice of female seclusion in the north and its absence in the south[18].

In spite of the fact that higher education was almost free during the first four decades (till 1991) since it was publicly funded women have not achieved equal access. It has also been either denied to or almost impossible for the women from the disadvantaged groups to access because of social and economic reasons. There is a critical need to deconstruct the rhetoric surrounding globalisation and economic liberalisation and their inequitable impact.

4.6 Critical Gaps in higher education

Some of the critical gaps are: privatisation of public universities, distance education, and changing subject choices of women and women in science.

The new developments have led to the devaluation of subjects in the humanities and social sciences. Women used to enter colleges and universities mainly in general education or in arts, humanities and the social sciences till the early nineties- a trend which is continuing. However, they are also entering the professional subjects offered in the public institutions. Simultaneously, they are entering the private self-financing institutions for pursuing their studies in both the new and the traditionally labelled 'masculine' disciplines. *The gendered impact of these changes requires attention if the goal of social change and gender equity has to be achieved. Since masculinity and femininity are social constructions the underlying assumptions about subject or disciplinary choices have to be uncovered along with their close connection to women's place in society.*

Therefore, one should try to understand why certain subjects have become associated with women, and others with men. Why is it prestigious to take up science and mathematics? Why science and mathematics are perceived as difficult for girls? Moreover, subjects are considered masculine not because of numerical preponderance of men but it is the other way around i.e. science is viewed as masculine and therefore, more men take it. 'To both scientists and their public, scientific thought is male thought, in ways that painting and writing – also performed largely by men-never have been'[19].

Private education has expanded immensely. According to the Plan Document as it was circulated to the NDC the share of private unaided institutions in the X Plan increased from 42.6per cent in 2001 to 63.21 in 2006. The enrolment increased from 32.89per cent to 51.53per cent in the same period. Even then it finds no place except in passing especially when most of market oriented courses and academic programmes are available in them and women are also joining them.

Women have entered the self financing private institutions. Which strata of society do they come from? How are the women affected by the increasing individual cost and the change in the subject options offered by higher education? There is lack or dearth of macro and micro data to analyze the trends and to answer these questions.

What are the proportions of women enrolled in Government and private institutions, in self financing courses in government and aided and private institutions, in professional and liberal arts and social science courses and programmes?

How many women are enrolled in which courses? This information is required to analyse issues of access, participation and outcomes in regular and in distance education.

Why are women becoming 'visible' in pure science subjects in colleges and universities? Is this a sign of women's preference for science? Are they pushing men out and getting into highly prestigious disciplines leading to elite occupations? Or since pure sciences are devalued in the market women are finding space in them? Which science disciplines and specialisations are they entering and how long do they survive? What are the chances of completing doctorate, post-doctoral research and getting jobs in them?

The privatisation of public universities and colleges has two aspects that are likely to affect women as students. First relates to the higher tuition fee in the self financing courses and leads to the question: which strata of society do they come from?

Second trend is appointment of on contract and temporary teachers which is leading to the casualisation of the academic profession. This is true of the public and private universities[20]. When in some state universities more than half the faculty members are on casual, contract and temporary positions its gendered impact deserves attention[21]. This is more widespread in private

HEIs but figures are not available. However, it is well known that the casualisation of the occupations leads to their feminisation.[22]

Distance education is also excluded from the database and so are the women in it. Currently 12 per cent of students are enrolled in distance education. The UGC sub group on XI Plan recommends that "there be synergy between regional centres of IGNOU and other open universities and colleges in the regions in which they are located for promoting education among women." Has anything been done to establish the links?

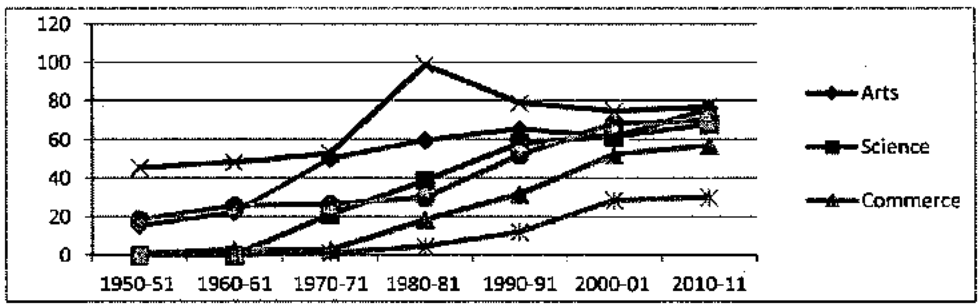
5. Women in Science

5.1 Gender and Science

Gender questions in science go beyond a simple tabulation of the number of women in science courses and science jobs lost and require an understanding of the underlying reasons for why women drop out of science. While there has no doubt been a growth in the number of women entering science, the gap still remains large, especially with respect to higher level participation in academic careers, across the world; this phenomena of attrition of women at progressively higher levels has been described as the 'leaky pipeline'.

In the Indian context, there has been a rise in the numbers of women entering science at the undergraduate level (from almost nil in 1951 to close to 62 percent in 2010-11 as seen in the graph below. This is a very encouraging sign. Yet there is a steady attrition of women from the post-graduate and PhD level.

Graph 1: Enrolment of Girls across broad disciplines between 1950-2011



India presents an interesting scenario because despite the lower numbers of women taking up PhDs in India, one of every four scientists in India is a woman (Sur, 2001)[23], but the largest pool of women remain at the lower rungs of science. A study by Bal[24] reports that even in the biological sciences, which is thought to have a relatively higher proportion of women, the number of permanent positions held by women ranges between 10 –22 per cent across biological departments of various universities and institutions in India. Women in the biological sciences are also limited at junior faculty positions, where their proportion ranges from 18-33 per cent.

Assumptions and beliefs that women's growing access to education would lead to gender equity in scientific careers have thus proven to be unfounded.

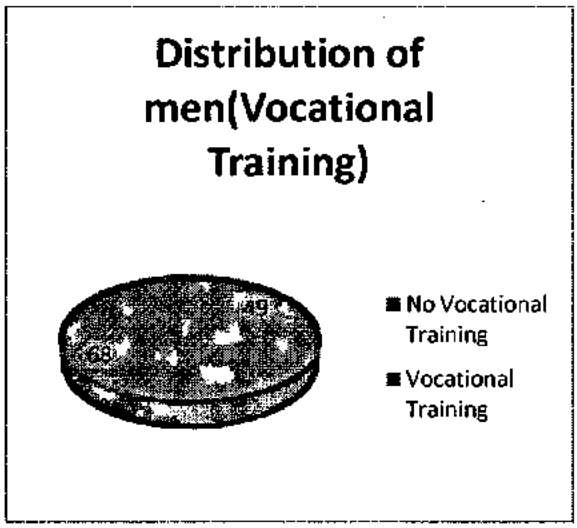
6. Vocational Education

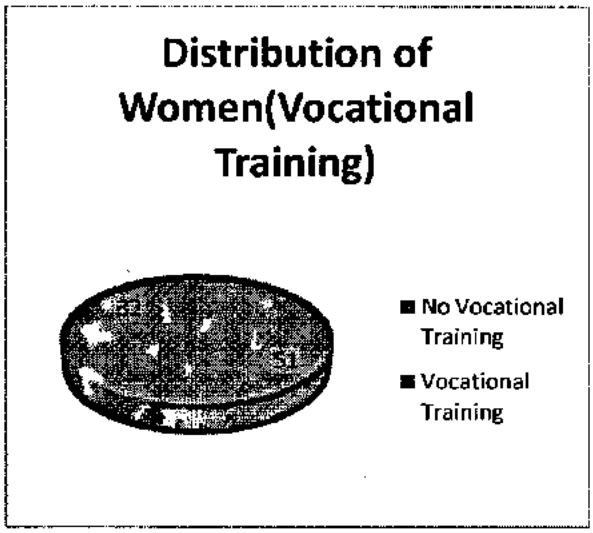
The situation in vocational education, a type of education which is based on occupation or employment and prepares people for specific trades, crafts and careers at various levels is also not very different with respect to gender. Vocational education is related to the age old apprenticeship system of learning and is designed for many levels of work from manual trades to high knowledge work. The historicity of vocational education in society also embeds and reflects the deep gender bias that prevails even today. Table number2 and pie charts2.1 and 2.2 bring out very clearly that the percentage of women receiving vocational training for better job prospects are less than half. 68per cent of men received vocational training which pits them at an advantageous position in the labour market which is already biased, as established by various studies. The percentage of those who received vocational training includes formal, informal, non-formal, self learning and on the job. The binary division is used to the distinction between men and women.

Table 12: Percentage Distribution Gender wise for Vocational Training

	Men	Women
No Vocational Training	49	51
Vocational Training	68	32

Source: Author's computation using NSS 68th Round unit level records





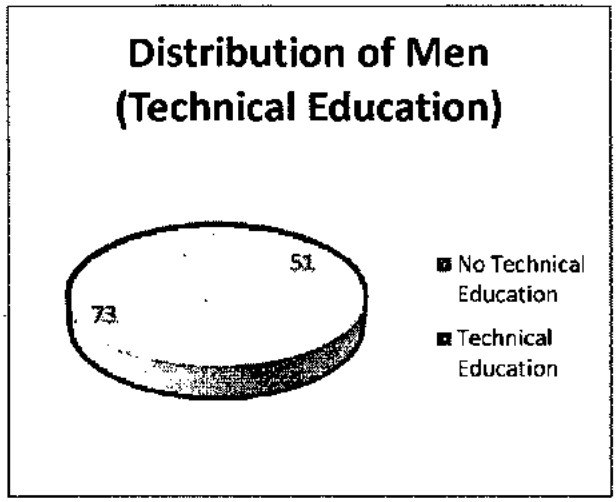
7. Technical Education

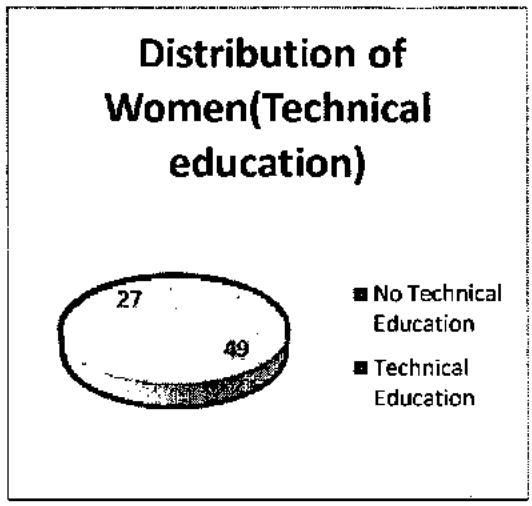
In the second five year plan, GOI focused on industrialization which could have been achieved only through quality technical education. It is a field of study which covers human ability to shape and change the physical world to meet human needs by manipulating materials through tools and techniques. This includes both content and process related to technical education. Sound technical education leads to firm labour market outcomes. The gender gap between people who have received technical education is extremely glaring. Table number 3 along with pie charts number 3.1 and 3.2 demonstrates that while 73per cent men received technical education only 27 per cent women reach there. Such segmentation pushes the women into further disadvantageous positions and leads to feminization of labour

Table 13: Percentage Distribution Gender wise for Technical Education

	Men	Women
No Technical Education	51	49
Technical Education	73	27

Source: Author's computation using NSS 68th Round unit level records





8. Early Childhood Care and Education (ECCE)

Sequentially, this section could have been located before the school system since it precedes it. However, it is placed here mainly to flag it as an important area which deserves urgent attention. In spite of recognizing it as critical in policy documents which also admit gender as a parameter deserving attention, gender disaggregated data or statistics are not available.

8.1 ECCE: Foundation for life

Early Childhood Care and Education (ECCE) may be defined as an enabling environment for all children from birth to eight years of age, which ensures care, nutrition and health provisions, and play based learning opportunities, which promote their holistic development and early learning. It is also often referred to as Early Childhood Development (ECD). ECCE is rapidly gaining prominence across the globe, not only as a critical input for realizing the goals of Education for All and in particular education of girls by providing surrogate care, but also for contributing to a sound foundation for life for every child, thereby breaking the intergenerational cycle of poverty and marginalization. There is sound evidence today to confirm that "early childhood programmes that comprehensively address children's basic needs –health, nutrition, and emotional and intellectual development--- foster development of capable and productive adults."[25]

ECCE programmes step in as a more organized intervention for all round development of children and for ensuring an equitable head start to children for life. ECCE derives its importance

also as a support service for women and for older girls who are often compelled to stay out of the realm of school education due to sibling care responsibility, by providing surrogate care. (NPE,1986). It is due to these multidimensional benefits that ECCE has been identified as the first goal of the Education for All (EFA) global initiative, to which India is also a signatory.[26]

8.2 Policies and Provisions for ECCE –A Critical Analysis

India has had the benefit of thinkers and practitioners in this area who influenced incorporation of this provision as one of the six components of the Integrated Child Development Services (ICDS), a publicly sponsored programme for young children, as early as in 1975, when the first set of *Anganwadis,* or early childhood centers, were launched.

ECCE was also seen as a foundation for elementary education and included in the National Policy on Education (India 1986) as an area of priority. The policy viewed ECCE both as a feeder and a strengthening factor for primary education and for human resource development in general and as a support service for older girls and women. Subsequently, the National Curriculum Framework (2005) reiterated the importance of ECCE in similar terms. It emphasized two years of pre-schooling and advocated a play-based and developmentally appropriate curriculum.

Post Jomtien (1990), with international assistance coming into India for Basic Education Projects under the EFA initiative, ECCE which was included as Goal 1, got a spurt with several innovations under the Bihar Education Project (BEP) and the District Primary Education Programme (DPEP). Although these initiatives were given importance to ensure girls' participation in schools which really benefitted, they also elicited promising results in terms of establishing *Anganwadis* or ECCE centers as sites for play based early childhood education and led to improvement in the learning environment in early primary grades.

Since 2002 the MHRD also supported quality improvement initiatives in ECCE under the *Sarva Shiksha Abhiyan* (SSA) for capacity building and curriculum development, through an innovations grant to states/districts. This was to be implemented in convergence with ICDS. Later in 2006, all models of ECCE other than *Anganwadi* centres were closed down to avoid duplication of public provision.

With the shift in priority, MHRD's recent legislation, the Right to Education (RTE), 2009 which made Elementary education a fundamental right of every child, also omitted children below 6 years from its ambit, thus reversing the previous Constitutional commitment vide Article 45 to education of all children below 14 years (1950). This omission led to a great deal of protest from several professional organizations and the civil society. As a compromise, ECCE has now been included as a constitutional provision, but through an amended Article 45, which reads as follows: "The State shall *endeavour* to provide ECCE for all children until they complete the age of six years".

Concurrently, Ministry of Women and Child Development (MWCD) formulated the National Policy on ECCE, which was approved and notified in 2013. A National Curriculum Framework and Quality Standards accompanied this policy. The recently restructured ICDS too, which is currently supporting 1.3 million *anganwadis* all across the country, makes a clear statement regarding converting all *Anganwadis* into 'vibrant ECCE centers"[27] and also converting these into crèches cum *Anganwadi* centers in a phased manner to facilitate working women.

Overall, in terms of public policy and provisions for young children there has been a distinct acknowledgment of the importance of ECCE, as evident in the constitutional provisions, legislative measures, policy frameworks and public initiatives put in place over the years for the protection, welfare and development of children.

8.3 Are ECCE[28] Provisions Benefitting Children?

This section attempts to review the status of ECCE

8.3.1 Are ECCE centers available for children?

In terms of access, the main providers for ECCE in India are the ICDS and the private preschools. The major public provision in ECCE is the ICDS, with some states and Municipal Corporations having traditionally supported preschool sections in government schools.

The shift in ownership of ECCE and impact of the policy discouraging duplication of facilities has resulted in a steady decline in ECE provisions in the public school system from 2006 onwards. Correspondingly, the ICDS provisioning has seen a consistent expansion since 2002, with an exponential 36.2 percentage increase between 2006 to 2008. A similar spurt is also visible in 2011 to over 1.3 million centers, possibly due to restructuring and up-gradation of ICDS to a mission mode, for universalization of these services for children.[29]

The other major provider of ECCE is the private sector with schools having preschool sections. This has also seen concurrent expansion since the late nineties though not at the same steep rate. (Figure 1 (no. to be changed to 1 in the figure). This rise interestingly is seen in both urban and rural areas, contradicting the view that this is an urban phenomenon only. While there is no specific data on pre primary classes in private schools, almost all private primary schools (recognized and non-recognized) running in the randomly selected sites in 3 states studied were found to have pre primary classes as well.[30]. Significant factors associated with private school preference among parents that emerge are higher socioeconomic assets' index and higher mothers' education levels[31].

8.3.2. Is ECCE serving as a support facility for girls and women?

Studies have indicated that nutrition with early stimulation elicits better results as compared to either input in isolation, in terms of child outcomes. Given this importance of the first 1000 days of life, it is of critical importance for the child to be placed in a nurturing, responsive environment. With the large numbers of women joining the work force, particularly in the unorganized sector, the need for appropriate surrogate care facility becomes crucial. The vision for *Anganwadi* is to provide this kind of facility to the young mothers and older girls who are otherwise kept away from school to attend to their younger siblings.

With 1.3 million anganwadis in operation in the country there is currently an Anganwadi approximately in every village in the country. A longitudinal study based on the trends in a sample of three states confirms this finding, with the corollary that these may not be in the smaller habitations[32]. *It would therefore be assumed that this support service for women and older girls is available almost universally in the public sector and is being fully utilized.*

However, the situation on the ground is not at all consistent with this conclusion. Altogether across states there is a perceptible shift in demand and parental choice from government provision to private provisions, albeit with state differences, resulting in lower enrolments in *Anganwadis*. An interesting trend that is observable over time is that this preference is also a function of the child's age and sex.

While the Anganwadi's ECCE programme is planned for 3 to 6 year olds, the trend indicates that the age range of children attending anganwadis is on an average moving downwards to 2 to 4 years and children around age 4 are actually moving into schools, public or private.[33]. *An interesting gender dimension is observed in these patterns which is derived from anecdotal evidence but cannot be susbstantiated in the absence of disaggragated data. Visits to anganwadis in many states have indicated that more boys move out of anganwadis into private preschools by age 4 while more girls continue in anganwadis till age 5 or 6, possibly since parents do not see value in paying for girls' education. Again with no reliable disaggregated data, this can only be speculative.*

Thus over the years the proportion of children attending *Anganwadis* appears to have decreased (although the number of *anganwadis* has increased) and parents of children over 4 years are demonstrating a preference for private schooling, if they can afford, or else are getting them to sit 'un-enrolled' in government primary schools as under age children. The key question is –why are they not utilizing the *Anganwadi* service? Parental interviews indicate the reasons for this shift in perception are two fold; (a) parents require a longer duration care facility for their children so that they can go to work assured of children's safety, but *anganwadis* open for only a short duration of two to three hours. The private and public schools, on the contrary stay open for longer time; (b) parents believe that around the age of four years children are ready for more organized learning which does not happen in *anganwadis*. parents do not mind sending children at 3 years to Anganwadi as they feel for them *Anganwadis* may still be appropriate since they make children 'learn to sit' which 'prepares them for school'!

Some innovative initiatives attempted in the past under the DPEP and SSA are relevant in this context. These included relocation of *anganwadis* to primary schools and synchronization of timings with the school; the effects of both were found to be very positive in terms of enhancing

girls' participation in schools, as evident from evaluation studies conducted at that time. *However, in the absence of any reliable data base it is difficult to say what percentage of girls and women have actually benefitted from this support service and been able to continue their education or work which could be useful from a policy perspective. There is currently no data also to confirm the actual numbers of women who need this support service and for what duration for more futuristic planning.*

8.4. The Way Forward

A big gap is the absence of gender disaggregated data. This is important since the disaggregation will enable analysis of estimates of gender equity and extent of gender based discrimination in the field of early education. It will also facilitate evidence based planning for older girls' education by evaluating impact of ECCE with regard to its objective of providing surrogate care to young children and thereby releasing older girls for primary education and women for work.

There is undoubtedly greater awareness among all categories of parents at present regarding the need to send children from the age of 2 to 3 years to some preschool programme, whether *Anganwadi* or private preschools, or even the neighboring government primary school. The choice is largely determined by the socioeconomic status of the family.

9. Adult Literacy Discourse in India

If literacy is essential for women, then for adult women, those who never had the chance for schooling, it is an imperative. In this context, various policies have emphasized upon the significance of adult education. The National Policy on Education (1986) and Plan of Action (1992) were the first national level planned efforts to promote mass adult education. It articulated a national commitment to eradicate mass adult illiteracy in a time-bound manner with planned and coordinated efforts. The policy paid special attention to eradicating illiteracy among women, Scheduled Castes, Scheduled Tribes and other disadvantaged sections. India also accepted Dakar framework (2000) committing as "ensuring that learning needs of all young people and adults are met through equitable access to appropriate learning and life-skills programmes and achieving a 50per cent improvement in levels of adult literacy by 2015, especially for women and equitable

and continuing education for adults". The National Literacy Mission (NLM) was set up to translate the policy to action. The Mahila Samakya (MS) with special focus on 'women's empowerment through education' also evolved out of this policy commitment. Yet we have failed to achieve the goal.

10. Education of Women from Marginalised Sections

While gender gap in enrolment has decreased slightly, it is nowhere nearing closing especially for girls from the marginalised sections which includes Scheduled Castes, Tribes, minorities, physically and mentally challenged. A Government of India Report reveals that, "Three fourths are girls....A majority of them belong to the Scheduled Castes and Tribes, minorities, and from rural and inaccessible areas, etc. Poverty affects girls more than the boys. The social, regional and economic diversity of India are also factors. There is enough data to show that a sizeable proportion of out-of-school dropouts, working children, non enrolled children, children of migrants and the poor, and the disabled are girls"[34].

10.1 Education of Scheduled Caste, and Tribes Girls

Social exclusion is the process in which individuals or entire communities of people are systematically blocked from (or denied full access to) various rights, opportunities and resources that are normally available to members of a different group, and which are fundamental to social integration within that particular group(e.g., housing, employment, healthcare, civic engagement, democratic participation, and due process).The major marginalized groups in India include the Scheduled Castes, Scheduled Tribes and Other Backward Castes. Table number 5 and 6 and Tables number 5.1 and 5.2 bring to light the status of these groups by level of education. On juxtaposing the following two tables one can easily discern the figures in each cell that women are lagging when compared to the statistics on men. This leads to double discrimination, one being from the social category and the other being from the gendered group.

Table14: Percentage Distribution of Males by Social Groups

	ST	SC	OBC	Others
Elementary	8.90	20.65	44.29	26.16
Seondary	5.43	14.38	44.00	36.19
Higher	3.70	9.49	36.05	50.75

Source: Author's computation using NSS 68th round(unit level records)

Table 15: Percentage Distribution of Females by Social Groups

	ST	**SC**	**OBC**	**Others**
Elementary	8.20	18.41	43.06	30.33
Seondary	4.61	12.84	42.15	40.40
Higher	2.52	7.89	33.64	55.95

Source: Author's computation using NSS 68th round (unit level records)

The tables above clearly indicate the lower enrolment of girls belonging to these categories as compared to boys in each level of education.

The violence that pervades society seeps into schools and assaults on dalit children by caste atrocity and minorities by pedagogies of hate. Teachers discriminate against children of SC/ST background. Teachers are observed to have low expectations of SC/ST children and girls and children from slums. Cultures transmitted in schools are not always shared by all groups and can adversely affect the educational experiences of those not sharing the culture.

There has been no comprehensive study of education of dalit children along the lines of Sachar Committee. The all-India study on Education of SC, STs is being conducted by the Indian Council of Social Science Research (ICSSCR) is still a work in progress. *Annual Reports from the SC, ST Commission are also not available for the past several years. Periodic status reports on SC, ST, OBC, Muslim girls' education and third gender need to be prepared.*

10.2 Minority Education

The Union Government set up the **National Commission for Minorities** (NCM) under the National Commission for Minorities Act, 1992. Six religious communities, viz; Muslims, Christians, Sikhs, Buddhists, Zoroastrians (Parsis) and Jains have been notified as minority communities by the Union Government. Tables number 4a and 4 b and charts table 4.1 and 4.2 flag on record the similar gender status by minority groups and different levels of education. The representation is both with respect to total population and to minority population.

Table 16 : Percentage Distribution Gender wise(minorities) in Total Population

	Male	Female
Elementary	10.6	8.5
Secondary	9.5	7.2
Higher	8.4	5.6

Source: Author's computation using NSS 68th round (unit level records)

Table 17 :Percentage Distribution Gender wise (minorities) in Total Minorities Population

	Male	Female
Elementary	55.6	44.4
Secondary	57.1	42.9
Higher	60.2	39.8

Source: Author's computation using NSS 68th round (unit level records

Data on children from Muslim communities became available only since 2001, when the census included enumerating educational attainment by religion. In 2005, the first ever report on Social, Economic and Educational Status of the Muslim Community of India was prepared by the Prime Minister's High Level Committee chaired by Justice Sachar.

The Muslim community has the most favourable sex-ratio (986 per 1000 boys) amongst all communities. Ironically, the same cannot be said of their educational status. According to the report, 25per cent of children have either never attended or dropped out of schools. Sachar Committee, 2005: 57). The report goes on to state that

"There is also a common belief that Muslim parents feel that education is not important for girls and that it may instill a wrong set of values. Even if girls are enrolled, they are withdrawn at an early age to marry them off. This leads to a higher drop-out rate among Muslim girls. Our interactions indicate that the problem may lie in non-availability of schools within easy reach for girls at lower levels of education, absence of girl's hostels, absence of female teachers and availability of scholarships as they move up the education ladder."[35].

Muslim girls' school enrolment rate tends to be 40.6per cent, as compared to 63.2per cent in the case of 'upper' caste Hindus. In rural North India it is only 13.5per cent, in urban north India 23.1per cent, compared to rural and urban south India where it is above 70per cent. Only 16.1per cent of Muslim girls from poor families attend schools, while 70per cent of Muslim girls from economically better-off families do so, thus clearly suggesting that low levels of education of Muslim girls owe not to religion but poverty. Less than 17per cent of Muslim girls finish eight years of schooling and less than 10per cent complete higher secondary education. In the north the corresponding figures are 4.5per cent and 4.75per cent respectively compared to the national female average of 17.8per cent and 11.4per cent[36]. Both the gender gap and social gap becomes more and more pronounced with the rise in educational levels.

Data regarding medium of instruction shows that 13.5per cent of boys and 11.5per cent girls are studying in English medium and 84.4per cent boys and 85.8per cent girls in other mediums. Only 2.1per cent boys and 2.6per cent girls were studying through Urdu medium at primary stage[37]. Given the overwhelming response of Muslim community to government schooling, provision of more government schools is a logical and appropriate policy.

10.3 Gender and special needs

After the passing of RTE, 2009, it is assumed that children with disabilities will be admitted into schools. However, schools insist that they need to provide only 3per cent of seats to children with disabilities. They also insist on disability certificate. This is incorrect reading of the Persons with Disabilities Act, 1986. The 3per cent is for admissions to higher education and for jobs in the government sector, not for admitting children in schools.

Security is especially a key issue given the physical vulnerabilities. Equally important is the pervasive attitude that girls with disabilities need not be provided those curricular and co-curricular inputs that their peers receive *because* they have disabilities. Science stream is not offered on the grounds that they will not be able to perform lab work. With digital technology, there is no reason why any child with orthopaedic, hearing, visual impairments cannot learn all that their peers can learn. Much work needs to be done to prepare a body of learning materials and to orient teachers in using these in inclusive classrooms.

The needs for accessibility to infrastructure and curriculum must be urgently met.

This is one of the newer areas of concern which has attracted the attention of policy makers and those dealing with students who are challenged. Legal provisions and instruments have been made available to those dealing with special education. Therefore, the need to include it in this chapter was considered important.

This was a precursor to subsequent programmes for inclusion of children with disabilities. Significant among these were the *Project Integrated Education* (PIED) in 1988 for the disabled and the *District Primary Education Program* (DPEP), 1985 moving towards the "Universalization of Elementary Education" and Sarva Shiksha Abhiyan (SSA) in 2001 for meeting the EFA Goals. The objectives of the Integrated Education for Disabled Children Scheme[38] was to (a) to provide educational opportunities for disabled children in common schools to facilitate their retention in the school system; (b) to integrate the disabled children with the general community at all levels as equal partners; and (c) to prepare them for normal growth and to face life with courage and confidence. *It must be noted that all programmes were gender neutral in their focus for PwDs.*

This trend continued as The National Policy on Education (NPE 1986) brought the fundamental issue of equality centre stage. Section 4.9 of the policy clearly focuses on the needs of the children with disabilities, "*The objective should be to integrate the physically and mentally handicapped with the general community as equal partners, to prepare them for normal growth and to enable them to face life with courage and confidence.*" The NPE was followed by the Plan of Action (1992) which suggested a pragmatic placement principle for children with special needs. It postulated that a child with disability who can be educated in a general school should be educated

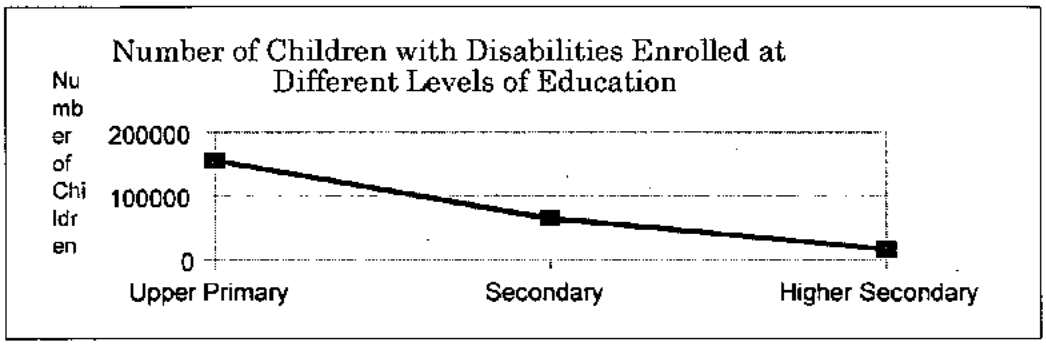
in a general school only and not in a special school. Even those children who are initially admitted to special schools for training in plus curriculum skills should be transferred to general schools once they acquire daily living skills, communication skills and basic academic skills. This recommendation too was gender neutral.

The Inclusive Education for the Disabled at the Secondary Stage (IEDSS) scheme introduced in 2009 provides a scholarship of Rs. 200 /- per year to girls with disabilities in addition to the other provisions for disabled students to support their education at the secondary level. The Ministry for Social Justice and Empowerment (MSJE) through its Department of Disability Affairs[39] has reserved 50 percent of its scholarship in higher education for women with disabilities. India's commitment to Education for All received a fillip with the 86th Amendment to the Constitution of India, making education a fundamental right (Article 21A). The Right to Education Act (2009) came into force to provide free and compulsory education to all children in the age group of 6-14 years. In an attempt to synergize this with Section 26 of the Persons with Disabilities Act, 1995, that mandated the provision of free and compulsory education to all children with disabilities up to the age of 18 years as well as reservation of 3 percent seats in educational institutions, the Government of India has further stepped up the initiatives to include children with disabilities in mainstream education. The Sarva Shiksha Abhiyan (SSA) ensures that every child with special needs, irrespective of the kind, category and degree of disability, is provided meaningful and quality education. It has a zero rejection policy and also provides for various facilities and incentives to enroll and retain children with disabilities in schools and provide them with meaningful education (SSA, 2011) without mentioning anything specific for girls with disabilities.

Education Status

Physical and mental impairments are compounded by poor education outcomes. Data on the educational status of persons with disabilities is limited. According to the twelfth plan document, the proportion of disabled out-of-school children in 2005 was 34.19 per cent and remained unchanged at 34.12 per cent in 2009. Analyzing the data from the 2001 census and other government sources, the World Bank report[40] concluded that over 51 percent of persons with disabilities are illiterate with only 26 percent reaching primary level and a little over 8per cent accessing classes over grade 8. The share of disabled children who are out of school is around five

and a half times the general rate and around four times even that of the ST population. In even the best performing major states, a significant share of out of school children are those with disabilities: (in Kerala, 27 percent; in TN over 33 percent).



Source: NCERT (2008) *Seventh All India School Education Survey (7th AISES), Schools for Physically Challenged Children*, NCERT, New Delhi

School Readiness and Early Intervention is also very critical for children with disabilities. According to the NSSO Survey, 58th Round (2005), the proportion of disabled persons of age 5-18 years who attended the pre-school intervention programme is only about 13 per cent of the disabled persons. The proportion of population with disabilities accessing early childhood services in urban areas is 20 per cent, while rural areas are estimated only at 11 per cent. *Surprisingly, a higher proportion of disabled girls attended the pre-school intervention programme in urban areas, although the proportion was higher for boys in rural areas.* This data is exceedingly important, since poor levels of attendance in pre-school demonstrate the abysmally poor early intervention services available for young children with disabilities. The statistics spring no real surprises, especially when less than 30per cent of general child population is able to access early childhood education services[41].

Share of Disabled Children in Elementary Education can be seen in table 2 from the DISE data on children with disability and the nature of disability.

Table 18: Enrolment of Children with Disability: 2004-05 to 2007-08

Grades	All Areas			Rural Areas			Urban Areas		
	Girls	Total	GPI*	Girls	Total	GPI	Girls	Total	GPI
2004-05									
I-V	4,10,860	10,17,392	0.68	3,57,482	8,92,191	0.67	52,766	1,23,612	0.74
VI-VII/VIII	1,58,600	3,81,951	0.71	1,02,314	2,60,260	0.65	56,044	1,21,144	0.86
I-VII/VIII	**5,69,460**	**1,399,343**	**0.69**	**4,59,796**	**11,52,451**	**0.66**	**1,08,810**	**2,44,756**	**0.80**
2005-06									
I-V	5,12,993	12,36,891	0.71	4,48,097	10,82,624	0.71	64,611	1,53,560	0.73
VI-VII/VIII	1,52,684	3,79,965	0.67	1,20,026	3,04,078	0.65	32,568	75,653	0.76
I-VII/VIII	**6,65,677**	**16,16,856**	**0.70**	**5,68,123**	**13,86,702**	**0.69**	**97,179**	**2,29,213**	**0.74**
2006-07									
I-V	434606	10,43,906	0.71	3,73,332	9,01,303	0.71	61,208	1,42,433	0.75
VI-VII/VIII	1,61,397	80,928	0.74	1,17,809	2,87,029	0.70	43,520	93,720	0.87
I-VII/VIII	**5,96,003**	**14,24,834**	**0.72**	**4,91,141**	**11,88,332**	**0.70**	**1,04,728**	**2,36,153**	**0.80**
2007-08									
I-V	4,86,745	11,55,876	0.73	4,28,523	10,18,923	0.73	58,222	1,36,948	0.74
VI-VII/VIII	1,68,344	3,98,475	0.73	1,34,747	3,23,545	0.71	33,594	74,926	0.81
I-VI/VIII	**6,55,089**	**1554351**	**0.73**	**5,63,270**	**13,42,468**	**0.72**	**91,816**	**2,11,874**	**0.76**

* Gender Parity Index.
Note: Rural and Urban total may not add to true total because of no-responses in a category.
Source: Analytical Reports , NUEPA, 2004-05 , 2007-08

The data on children with disabilities in elementary classes collected under the DISE reveals that their number varies from year to year. In the year 2004-05, there were 1.40 million such children as against 1.62 million in 2005-06. However, their number has always remained about one percent of the total enrolment in elementary classes. In 2006-07, there were as many as 1.42 million disabled children across elementary classes. In 2007-08, this figure was about 1.55 million and 1.15 million of them were in Primary and 0.40 million in Upper Primary classes. The percentage of children with disability, in Primary, is 0.86 and in Upper Primary 0.78 of the totals enrolment in

these classes. The corresponding percentage at the Elementary level in 2007-08 is 0.84 compared to 0.80 in the previous year. The percentage share of girls with disabilities in the total of such enrolment in Primary, Upper Primary and Elementary classes in 2007-08 was 42.11, 42.25 and 42.15, respectively. This is also reflected in the Gender Parity Index computed in the case of disabled children. Irrespective of the level, the calculated GPI works out to much lower than the GPI of the overall enrolment. The GPI is as low as 0.73 in the case of Primary, Upper Primary and Elementary enrolment. Urban areas have a slightly higher GPI compared to rural areas. However, of the total disabled enrolment at the Primary, Upper Primary and Elementary levels in the country, the percentage of disabled children in rural areas in 2007-08 has been as high as 88.15, 81.20 and 86.37, respectively.

Enrolment by Nature of Disability

Currently schemes meant for girls' education do not normally capture data on disabled girls accessing these facilities. A recent evaluation commissioned by the MHRD, Government of India (MHRD, GOI, 2013) of the Kasturba Gandhi Balika Vidyalaya (KGBV), residential upper primary schools for girls from marginalized sections highlighted the poor coverage of girls with special needs within the scheme. The report covering 24 states of the country mentions that only a negligible percentage of CWSN were found in most states although there were exceptions such as states like Bihar which have made a conscious effort to reach out to CWSN with 1,118 girls with special needs out of a total of 47311 girls attending KGBVs (about 3per cent).

Information under Rashtriya Madhyamik Shiksha Abhiyan (RMSA) is just evolving for secondary school data.Available data on the access of children with disabilities to the IEDSS scheme shows that there has been a drop in children with disabilities accessing secondary education. Comparison of boys and girls enrolment in the year 2012-13 indicate a gender gap in enrolment in eleven States out of the thirteen States that have given relevant data.

Table-19:

Year	Grant released (in crores)	Number of children with disabilities covered /approved to be covered	per cent of enrolment of girls with disabilities	Number of resource teachers engaged
2009-2010	55.13	1,15,363	43.57	2565
2010-11	80.35	1,46,292	43.07	4959
2011-12	83.16	1,38,586	41.51	7311
2012-13	15.48	81227	40.21	2829

Source: Annual Report, Ministry of Human Resource Development, 2012-13

Children with disabilities also access the Open school system and many of them take their examinations through the National Institute of Open Schooling (NIOS). Data available on students enrolled in open school indicate that of the 4,73,000 students enrolled, a total of 2065 students with disability are enrolled at the secondary and senior secondary level. ***Of these girls form 40 percent of those enrolled.*** A further 570 students with disabilities are enrolled in the vocational stream offered by NIOS[42].

For Higher and Professional Education, the regular Educational Statistics usually deal with data on PwDs as gender neutral as well as devoid of their location and person identities. However, schemes and programmes in higher education such as coaching, post metric fellowship do mention PwDs as beneficiary but do not highlight in the nomenclature such as scheme for SC and ST or Women Hostels.

The recent Annual reports from the MHRD as well as the All India Survey on Higher Education (AISHE) conducted in 2010-11 do provide some information. AISHE has released provisional data(India, Government of, 2013) which indicates that around 53,975 PWD students are enrolled in higher education. Of these 26,507 are men and 27,468 women, indicating a greater proportion of women students with disabilities at the higher education level while confirming the fall in higher education attainment among the disabled population.*It would be relevant to analyse this data in the context of the existing gender gap in the earlier stages.*

Table 20: Category wise distribution of Persons with Disabilities at the Higher Education level

Category	Male	Female	Total	per cent of Total enrolment of social groups	Female per hundred males
Total	26,507	27,468	53,975		104
SC	1,835	2,919	4,754	8.8	159
ST	965	413	1,378	2.6	43
OBC	5,796	7,346	13,142	24.3	127

Source: All India Survey on Higher Education, 2010-11, Department of Higher Education, MHRD, 2013

Critical Analysis of Policies and Reservations and Gaps

As has been presented earlier, there have been some progressive and impressive pieces of legislation that have been enacted for persons with disabilities. However, as with many such policies for disadvantaged and marginalized social groups, the implementation of these remains a challenge with many schemes and provisions for the disabled not reaching the beneficiaries. A non empathetic social environment combined with infrastructural barriers continues to prevent persons with disabilities from accessing their entitlements. Most of the schemes and programs for the disabled fall short when examined from a gendered dimension scarcely reflecting the special needs of girls and women with disabilities. Disabled women also do not find mention in mainstream schemes for women. *For example, policies on the education of the general population, on girls' education and on the disabled mostly do not reflect on the education of girls and women with disabilities and hence do not capture disaggregated data on data on girls' education or on how many access the facilities. If inclusive educational policy is located outside of the broader framework, it will constantly face problems of inarticulation with other educational initiatives.*

Without a conscious effort to include the specific rights and entitlements of disabled women and girls in existing policies, they will continue to remain invisible in their communities, in educational and skill development institutions and in the eyes of the policy makers.

A review of existing legislation for the disabled using a gender lens undertaken by the Centre for Disability Studies, NALSAR[43] confirms the absence of gender reference in existing legislation and the absence of consideration for the specific needs and accommodation for the inclusion of girls and women with disabilities in the education and skill development programmes. It also points to the lack of participation and presence of women with disabilities in the political processes. The paper suggests the adoption of a twin track approach in line with the Convention on the Rights of Persons with Disabilities, to address gender components in all existing legislation as well as specific provisions for women and girls with disabilities.

A segmented approach and a lack of inter-ministerial and cross sectoral convergence and coordination have also complicated interventions. There are multiple actors and stakeholders involved in the education of children with disabilities. Non-government organizations (NGOs) have played a significant role in the provisions of education and other services for persons with disabilities. While their services have varied in reach and quality, they have led the Disability Rights movement in the country and contributed to the human resource development and have facilitated the dissemination of information on provisions for the disabled. *Non-governmental organizations can continue to play a powerful role in counteracting the cycle of oppression through which disabled women are denied access to support and resources that would empower them to reach their potential and contribute to the community*[44]. Families of persons with disabilities especially mothers in their traditional roles as caregivers of children with disabilities have led the way in setting up organizations advocating for the rights of their children providing the support and care through the lives of their wards. They also affect the outcomes of the development of their children especially daughters with disabilities. But these groups have mostly been ignored by the State when developing policies for children with disabilities.

As mentioned earlier, the Government of India has ratified and is a signatory to various covenants and declarations for persons with disabilities. However it has been slow on the implementation of the recommendations of the Biwako Millennium Declaration and the UNCRPD with respect to women with disabilities.

A lack of authentic gender disaggregated data further makes it difficult to analyze the impact of these reservations and schemes on women with disabilities. Availability of such data emerges as a

first need if indeed we wish to evaluate the effectiveness of such programs on the desired population. The advent of the new International Classification of Functioning, Disability and Health (ICF) (2001), replacing the WHO (1980) Classification of Impairment, Disability and Handicap (ICIDH), has provided a framework that has great potential for the collection of more meaningful disability data. *It is imperative that we take up the collection of data within this* (ICF) *framework, so that the discrepancies seen in the last two Census 2001, 2011 and NSSO, 2002 does not recur in the forthcoming Census 2021.*

A recent evaluation of the functioning of the IEDSS scheme for inclusion of disabled children at the secondary level indicated that the funds earmarked for the scheme were underutilized[45]. Across most of the states it surveyed, the enrollment of girls with disabilities did not go beyond 40 percent. The major reasons stated for students with disabilities dropping out were identified as : shortage of special teachers in the States, disturbances in Maoist affected and tribal areas, poverty and social stigmas attached to disability, lack of modified/adapted curriculum, lack of awareness and sensitization, absence of secondary schools in the neighbourhood especially for girls; absence of basic infrastructural and other facilities in school; and absence of linkage between different inclusive schemes/interventions, between different departments, and between school and vocational education.

While the initiatives in inclusive education have ensured at least a visibility of girls with disabilities in the regular schools at the primary level, the low enrolment of girl students at the secondary level is of serious concern.

Given the sizable disabled population and innovations and technical advances it makes sense to make available an untapped labour force. Yet despite the reservations provided for through legislations, women with disabilities have not been able to benefit sufficiently primarily due to the low value placed on their education and their low literacy and skill levels.

Gender budgeting of all existing schemes and programmes of the governments at the national and state level is still in its nascent stage. There is a further need to consider the concerns of the more vulnerable groups such as women with disabilities to ensure that they are not rendered invisible for policy makers.

For example in NIOS, girls are merely one third of the total enrolment at secondary level and less than that at sr.secondary level.An analysis of enrolment at NIOS in the context of gender is given below:

Table-21: Gender distribution of Enrolment in NIOS (2008-09 to 2012-13)

Year	Gender	Secondary	Sr. Secondary	Total
2008-09	Boys	131495	129568	261063
	Girls	**57986**	**52576**	**110562**
	Total	189481	182144	371625
	per cent of Girls	**30.6**	**28.86**	**29.75**
2009-10	Boys	148329	145829	294158
	Girls	**65008**	**60536**	**125544**
	Total	213337	206365	419702
	per cent of Girls	**30.47**	**29.33443**	**29.91**
2010-11	Boys	154736	164820	319556
	Girls	**67600**	**70899**	**138499**
	Total	222336	235719	458055
	per cent of Girls	**30.4**	**30.07**	**30.23**
2011-12	Boys	162502	181476	343978
	Girls	**71815**	**77741**	**149556**
	Total	234317	259217	493534
	per cent of Girls	**30.65**	**30**	**30.30**
2012-13	Boys	168216	190486	358702
	Girls	**70947**	**81139**	**152086**
	Total	239163	271625	510788
	per cent of Girls	**29.66**	**29.87**	**29.78**

From Table 21, it is evident that the enrolment of girl learners in Academic Courses has increased from 110, 562 in 2008-09 to 152,086 in 2012-13. While at the secondary level, it was 57986 in 2008-09, which increased to 70947 in 2012-13, in Senior. Secondary it increased from 52576 to 81139. Proportionately, the enrolment for girls learners at Senior Secondary level has increased more in comparison to Secondary level. However, the girl learners only comprise of nearly 30per cent of the total learners. *Therefore, there is stringent need to focus on more enrolment of girls.*

Table-22: Gender Distribution of Enrolment in Vocational Courses (2009-10 to 2012-13)

Year	Gender	Enrolment	Percent
2009-10	Boys	8562	44.89
	Girls	**10511**	**55.1**
	Total	19073	
2010-11	Boys	8902	39.07
	Girls	**13877**	**60.92**
	Total	22779	100
2011-12	Boys	9972	37.83
	Girls	**16382**	**62.17**
	Total	26354	100
2012-13	Boys	11158	39.80
	Girls	**16877**	**60.2**
	Total	28035	100

However, in vocational courses more girls are enrolled. Table 2 shows that the enrolment of girls has increased from 10,511 in 2009-10 to 16,877 in 2012-13 and thus, there was increase of nearly 6000 enrolment in 3 years. On the other hand, there was increase in the number of boys of nearly 2500 in 3 years between 2009-10 to 2012-13. The percentage of girls enrolment to total enrolment was 55.1per cent, in 2009-10 which increased to 60.2per cent in 2012-13. However, The percentage of enrolment of girls to total enrolment has been proportionally more in Vocational courses than academic subjects. Nearly 60per cent of the total learners are girls in Vocational Courses while in all the courses they are 29.78 per cent.

Table-23: Social Category wise Gender Composition of Enrolment at Secondary and Secondary level

Year	Category	Secondary				Senior Secondary			
		Boys	Girls	Total	per cent of Girls to Total Learners	Boys	Girls	Total	per cent of Girls to Total Learners
2012-13	General	111006	45983	156989	29.29	138204	57915	196119	29.53
	SC	23514	6851	30365	22.56	21116	7243	28359	25.54
	ST	13747	10424	24171	43.12	9399	8501	17900	47.49
	OBC	19078	7401	26479	27.95	20856	7244	28100	25.78
	Total	**167345**	**70659**	**238004**	**29.68**	**189575**	**80903**	**270478**	**29.91**
2011-12	General	106981	47580	154561	30.78	131684	55972	187656	29.83
	SC	26114	7871	33985	23.16	23095	7666	30761	24.92
	ST	13344	10154	23498	43.21	9074	7914	16988	46.59
	OBC	14961	5925	20886	28.36	16693	5929	22622	26.21
	Total	**161400**	**71530**	**232930**	**30.7**	**180546**	**77481**	**258027**	**30.03**

Table 3 shows that the ratio of girls' enrolment to total enrolment for Scheduled Tribes is higher even in comparison to general population at secondary level. For example, the enrolment of girls belonging to Scheduled Tribes (STs) was 10,424 while total enrolment in this category was 24,171 in 2012-13 in comparison to girls belonging to general population who constitute nearly 29per centof the total population belong to General Category in 2012-13. However, the enrolment of girls among Scheduled Castes and Other Backward Castes is comparatively lower. Even at the senior secondary level, the proportion of ST girls to total ST students is 47.49 per cent and that of girls in general category is 29 percent. What is noteworthy is that the number of ST girls is very small. *Steps need to be taken for more enrolment of girls belonging to Scheduled Castes & OBCs.*

Table-24: Age wise Gender Composition of Enrolment at Secondary and Secondary level

Year	Age – Range	Secondary				Senior Secondary				Grand Total	per cent of Total Enrolment
		Boys	Girls	Total	per cent of Girls	Boys	Girls	Total	per cent of Girls		
2011-12	14 – 20	103764	40198	148962	26.99	94421	35261	129682	27.19	278644	56.46
	21 – 25	34742	16537	51279	32.25	52875	22378	75253	29.74	126532	25.64
	26 – 30	13187	7803	20990	37.17	18259	10162	28421	35.75	49411	10.01
	31 – 35	5439	4114	9553	43.06	7851	5124	12975	39.49	17528	3.55
	36 – 40	2495	1940	4435	43.74	4184	2620	6804	38.5	11239	2.28
	41 – 45	1423	773	2196	35.2	2226	1322	3548	37.27	5744	1.16
	46 – 50	898	330	1228	26.87	1168	656	1824	35.96	3052	0.62
	Above 50	554	120	674	17.8	492	218	710	30.7	1384	0.28
	Total	**162502**	**71815**	**234317**	**30.64**	**181476**	**77741**	**259217**	**30**	**493534**	-
2012-13	14 – 20	107458	39709	147167	26.98	105628	38303	143931	26.61	291098	56.99
	21 – 25	35228	15121	50349	30.03	49298	20330	69628	29.19	119977	23.49
	26 – 30	13553	7646	21199	36.07	17740	10106	27846	36.29	49045	9.6
	31 – 35	6003	4667	10670	43.74	8497	5752	14249	40.36	24919	4.88
	36 – 40	2903	2262	5165	43.79	4705	3206	7911	40.52	13076	2.56
	41 – 45	1555	1023	2578	39.68	2470	1863	4333	43	6911	1.35
	46 – 50	926	369	1295	28.49	1428	1053	2481	42.44	3776	0.74
	Above 50	590	150	740	20.27	720	526	1246	42.21	1986	0.39
	Total	**168216**	**70947**	**239163**	**29.66**	**190486**	**81139**	**271625**	**29.87**	**510788**	**100**

It is evident from Table 24 that the enrolment of girls is highest in the age groups 14-20 and second highest in the age group of 21-25 years. The total learners in the age group of 14-20 in both secondary and senior secondary courses together constitute 56.46 and 56.99 of the total enrolment respectively in 2011-12 and 2012-13. The girls' enrolment in secondary classes was **39,709** out of the total enrolment **70,947** in the age group of 14-20 while the corresponding figure was **38,303** out of the enrolment **81,139** for 2012-13. *Enrolment of sizeable number of girls in the 14-20 hopefully postpones the marriage of girls although their numbers are still much smaller than those of the boys.*

It is an established fact that girls constitute the most disadvantaged group as far as education is concerned. Overall enrolment of girls is less than that of boys both in the formal system as well as open schooling.

It is evident that the percentage of girls in the overall enrolment in academic courses is only around 30per cent and is thus much less than the boys. However, their enrolment in vocational courses is more than boys (more than 60per cent) which is a positive development. But going deeper into this reveals that this enrolment of girls is restricted to certain feminine courses like Beauty Culture, Cutting, Tailoring & Dress Making, Early Childhood Care & Education and elementary level computer based courses.

Again, percentage of girls in SC category is a little over twenty percent both at Secondary and Senior Secondary level which is less than the overall percentage. Surprisingly, the corresponding figure for ST category is 43.12 at Secondary and 47.49 at Senior Secondary level. These figures seem high because numerically the STs are small in number. For OBC category, it is 27.95 at Secondary and 25.78 at Senior Secondary level. In absolute numbers out of a total of 258,027 students those from the three categories are very small and girls are much less than the boys. None of them exceed more than 10,000 in enrolment. Obviously, strategies have to be devised to bring more reserved category (SC, ST, OBC) girls into the fold of education.

There is not very significant difference in the success rate of boys and girls, rather the success rate of girls is slightly more. However, the success rate is not very encouraging. We need to pay attention to this aspect also. Not only enrolment, but retention and success have to be ensured.

Similarly, though data is not there, it can be assumed that girls from disabled category need to be paid attention to and brought into the fold of open schooling. It can also be assumed that drop-out rate will be more among girls than boys although statistics are not available. A database on dropouts, disabled, minorities is the need of the hour.The gender gaps in enrolment of social categories discussed above seem to be falsifying the Government's policy that claims to focus on reserved categories. Another critical gap is the information on enrolment from rural areas. Has the system been able to attract the students from rural areas and those from hard to reach areas? This gap needs to be plugged.

Table 25 : Levelwise Distribution of Distance Enrolment : (2011-2012)

Level	Distance Enrolment		
	Male	Female	Total
Post Graduate	772328	531536	1303864
Under Graduate	1213524	785429	1998953
PG Diploma	44661	18003	62664
Diploma	70580	45595	116175
Certificate	37231	38671	75902
Integrated	1523	478	2001
All	**2139847**	**1419712**	**3559559**

Girls constitute a major segment of Drop-outs in School Education system. There is a dire need to have an intensive as well as extensive advocacy programme for changing the mind set and enabling all sections to send their daughters for education, even through open schooling. Mass Media can play a vital role in strengthening and enrolling girls in far flung areas of the country. Steps need to be taken for more enrolment of girls belonging to Scheduled Castes, Tribes & OBCs.

Skill Development Programmes like Hunar devised for Muslim girls should be expanded to girls from all disadvantaged sections of society. It will help in a big way in strengthening education for women.

Incentives should be given to girls especially those from other disadvantaged sections, who take admission in open school programmes. Even making it free by reimbursing their fee can be thought of.

Collaborations with Civil Society particularly focusing on Gender based Approach need to be involved for more enrolment and strengthening education of Girls.

As of now, most study centres of NIOS are for both boys and girls. NIOS may go for more centres that are only for girls, particularly in rural areas and Educationally Backward Blocks. All Kasturba Gandhi Balika Vidyalayas (KGBVs) may be made study centres for girls.

More vocational courses which are not just 'suitable' for the feminine role of girls but which also break the social stereotypes should be introduced. Though, girls should also be encouraged to take up academic courses and go for higher education.

Some steps need to be taken in order to ensure that girls not only enroll, but they do not drop out so that their success rate in comparison to boys improves. For this, provision for Counseling & Guidance is required; special attention may be given to increase/improve learner support for girls.

Open and Distance Higher Education

As in the case of school education, this section presents an analysis of the open and distance higher education after a discussion of the formal face to face system of higher education. The open and distance learning (ODL) as it is called forms 12 per cent of the total enrolment in higher education. It is critical in providing flexible options to students who for varied reasons cannot access the full time regular face to face system ie join colleges and universities.

Women Students in the ODL System

Conventionally in Indian society women's access to higher education has been very low in India. Some of the main reasons for such low access have been those of the structural barriers as have remained in built with this system: non availability of colleges and universities in the proximity, rigid structure of attendance in the class rooms, rigid rule of exit and entry in the system, non availability of women teachers, non availability of required academic programmes in the preferred language. Besides the practice of parda, financial hardship, burdens of household chores, part time work etc. have also impeded women's access to higher education in India. Herein the functional and philosophical dimensions of the open universities in particular and the improvised version of

the ODL system of the country in general has emerged to be an effective arrangement for the women to access education.

Issues and problems

The ODL system has emerged to be a heaven of hope for millions of learners, especially for women. It has emerged to be an enabling tool for the women learners who are socially and economically deprived of access to higher education. If women have to be made equal partners of the emerging knowledge society, then ODL is to be promoted as a tool for of mass quality higher education for education for women. The ODL in India stands today with a national mission, which is to be accomplished collectively both by the state and the civil society to take women beyond the threshold.

12. Gender Concerns in Curriculum

Curriculum[47] content at school level, especially for primary education, and its relevance for the social role of girls has been a salient issue in policy documents in the colonial period and continued after independence. For example, the Indian Education Commission (1882-83) dealt extensively with female education and made several recommendations. Even as early as that there was awareness that girls may not attend full day schools, that incentives such as scholarships and waiver of tuition fees had to be provided; that female teachers were needed to attract girl students to the schools and the schools had to be situated in suitable localities. So far as the curriculum and teaching were concerned, 'the standard of instruction for primary girls' schools be... drawn up with special reference to the requirements of home life, and to the occupations open to women... that the greatest care be exercised in the selection of suitable textbooks for girls' schools...'[48]. The Educational Policy 1904 mentions the social customs of the people which act as barriers to female education. The educational Policy 1913 continues in the same vein. Although it notes that social customs differ in different parts of India, it recommends that, 'the education of girls should be practical with reference to the position which they will fill in social life. It should not seek to imitate the education suitable for boys...'[49]

This kind of argument continues in the pre and post independence period with a few exceptions. It was argued by social reformers and 'enlightened' Indians that schools should offer relevant

curriculum and subjects to the girls. In the colonial period and post independence period the majority view was that the school curriculum should be different for girls and boys. It should meet the special needs of the girls[50].

"While emphasizing the need for educating girls and women there was a belief that girls required a special curriculum in keeping with the 'nature' of women and their social roles. While a gender-differentiated curriculum at the primary level was not considered necessary, its need was seen to be greatest at the secondary level where schooling was viewed as most socially problematic for girls who had reached puberty. In addition, a differentiated curriculum for boys and girls was justified on the assumption that girls were not going to take up jobs after completion of their education but would be getting married"[51]. A further justification is based on essentialism: women were psychologically and physically distinct from men: hence the need for a separate curriculum to enhance these differences[52].

Today, while the curriculum remains the same for boys and girls up to Class X, for the most part especially in government schools, co-curricular activities are either not in place, or severely gendered. At senior-secondary level, Home Science, Humanities are the predominant options available for girls. Girls' schools often do not tend to have science laboratories and hence science streams are not offered. Here it is essential to emphasise that even while the curriculum is the same, the textbooks being used even today are gender blind, with pictorial representations continuing the stereotyped roles, the stories focusing on male achievements, the gender stereotypes being perpetuated even today.

In the academia, the concern for reflecting women's contributions in all disciplines and making curriculum gender inclusive gained momentum in the late 70s and, since then, continued. In this context, UNESCO made a beginning in 1982 by organizing a meeting of experts on Women Studies to gauge the degree of emphasis on women's perspectives visible in different disciplines. The experts also studied the manner in which knowledge was constructed in different disciplines. The findings of the workshop highlighted that women's perspective was missing in the domain of Social Sciences particularly in subjects like Sociology, History and Political Science. In subjects like Economics, Psychology and Education, too, the gender perspective had yet to be integrated.

A pioneering initiative was taken by Women's Studies unit of NCERT by organizing a seminar (1975) to identify values commensurate with the status of women in India. The proceedings of the seminar culminated in the publication of handbooks to guide textbook writers, teacher educators and teachers to make disciplines like Languages, Social Science, Sciences and Mathematics, gender inclusive[53]. The initiative of integrating gender concerns in curriculum continued in the 90s in the NCERT. Handbooks of teachers were revisited to make teaching learning processes gender inclusive by suggesting activities that would make classroom transactions an empowering experience for all children-girls as well as boys. Two publications that reflected this philosophy were those by Nayar and Duggal 1996, 1997. These publications were also available in Hindi and Urdu. In addition, biographies highlighting the contributions of women in the past and the present in different fields[54] were published by NCERT for sensitizing textbook authors, teacher educators and teachers. These specifically addressed issues of gender bias and stereotyping.

The Programme of Action (POA) 1992, specifically stated that the Department of Women's Studies, NCERT would intensify activities already initiated in the area of developing gender sensitive curriculum, removing sex bias from textbooks and training of trainers/teachers of SCERT and concerned State Level Boards and institutions to undertake similar work.

The National Policy for the Empowerment of Women, 2001, stated the importance of making the textbook gender sensitive and free of biases and stereotypes. The policy mentioned that gender sensitive curricula would address one of the causes of gender discrimination i.e., sex stereotypes.

Justice J.S. Verma Report of the Committee on Amendments to Criminal Law 2013 also mentions that gender equality needs to be integrated in the curriculum at all levels of school education and gender modules need to be developed for percolating issues of equity and equality in a sustained manner.

Researches in the context of classroom processes and outdoor class activities have highlighted that gender biases and stereotypes get transmitted consciously and unconsciously by teacher educators and teachers indelibly impacting the formative years of children. School textbooks and other related materials as well as a curriculum and the processes of its transaction, imbued with the principles of gender harmony and inclusiveness in all spheres are thus pertinent needs.

The most popular repository of knowledge is the textbook that is largely accessed by children from multiple contexts. Therefore, there is a need to make textual material at different stages of school education gender inclusive along with establishing linkages with the lived realities of learners and their experiences. The construction of knowledge in different disciplines whilst instilling interest, creativity and imagination in children should attempt to demystify notions of femininity and masculinity by suggestive activities that can jointly be done by all. The content, visuals and exercises should project gender inclusiveness in all spheres to promote human values of caring and sharing, mutual tolerance, respect for diversity, love and care for animals and preservation and conservation of environment, etc.

Textbook writers need to consciously address gender concerns so that the knowledge domain constructed in different disciplines reflects gender justice, equity and equality as mentioned in the Constitution of India. The National Focus Group Paper on Gender Issues in Education[55] which was prepared for the National Curriculum Framework (NCF) 2005 mentions that although the analysis of textbooks in the past have shown gender biases in the textual content and visuals, the initiatives undertaken by concerned individuals and organizations were marked by their limited understanding of gender, equity and equality. To make textbooks gender inclusive there is a need to emphasize equality between sexes and bridge the gap between policy rhetoric and experiential reality. Construction of knowledge in different disciplines should reflect the contributions made by both sexes since historical times. Further, content and visuals in textual materials depicting women as having an equal opportunity to lead productive and self-fulfilling lives in their societies would help to recognize the status of women as individuals in their own right.

NCF 2005 was a landmark document in that it integrated gender in all subjects. It emphasized that the language, illustrations and content of the textbooks should be able to introduce a change in existing value systems in the society, to improve the status of girls and women. The selection of themes of the textbook should ensure the spirit of co-operation, not confrontation between sexes, promotion of self-esteem and self- confidence, learning to live together, valuing the contributions of women as equal participants in all development initiatives and not only as beneficiaries. All the narratives related to different school subjects should reflect girls and women as active contributors to development in all spheres and not as passive recipients.

As mentioned earlier, textbook analysis from a gender perspective has been undertaken by the Department of Women's Studies[56] of NCERT since its inception. In the 80s and 90s, the Department included textbook evaluation in several training programmes wherein participants of the programme analyzed state textbooks. Also, evaluation studies were taken up to examine NCERT's primary and upper primary textbooks from the view point of gender bias and stereotypes. In 2011-12, it undertook the analysis of textbooks of Uttar Pradesh and Madhya Pradesh in the domain of Social Science, Science and Mathematics at the elementary stage of classes VI to VIII. This is followed up by the analysis of NCERT textbooks at the primary level, i.e., of classes I to V.

This analysis has been based on the National Curriculum Framework[57] that emphasizes the values of equity, equality and social justice enshrined in our Constitution. It emphasizes, among other things, systemic changes as markers of curricula reform. "It recognizes the primacy of each child's experiences, her and his voice and the active involvement of all in the process of learning... Curricular transactions seek hands-on experiences and project based approaches. Concerns and issues pertaining to environment, peace oriented values, gender, SC & ST and minorities must inform various subjects and school experiences."[58]. The document reiterates that we need to reaffirm our commitments to the concept of equality, within the landscape of cultural and socio-economic diversity from which children enter into the portal of the school. Relevant passage from NCF-2005 on Gender Equality is mentioned below.

> "A critical function of education for equality is to enable all learners to claim their right as well as to contribute to society and the polity. We need to recognize that *rights and choices in themselves cannot be exercised until central human capabilities are fulfilled.* Thus, in order to make it possible for marginalized learners, and especially girls, to claim their rights as well as play an active role in shaping collective life, education must empower them to overcome the disadvantages of unequal socialization *and enable them to develop their capabilities of becoming autonomous and equal citizens.*"[59]

Excerpts of the overall evaluation of NCERT Primary Textbooks (2013-14) from a gender perspective are stated below:

"The NCERT textbooks at the primary stage of classes I to V are mostly gender inclusive. The content and the visuals in all textbooks depict a joyful learning experience. Visuals and themes in the textbooks can be broadly classified as gender inclusive, gender neutral and those that are specifically related to different characters drawn from established classics in English language and literature, historical events and from contemporary times."

"Inspirational stories of women role models are specially mentioned in Environmental Studies textbooks and few are also stated in Language textbooks. A significant aspect of some of the textbook is questioning customary practices such as child marriage, showing men/boys as emotional and boys/men sharing household chores and in child rearing and caring practices. The visuals in nearly all the textbooks focus on continuity and change in terms of dresses, new and emerging role of men and women and briefly also on use of communication technology."

While all the textbooks have attempted to highlight gender concerns there are elements of stereotypes in some textbooks. Men are shown mainly in a variety of professions whereas women are mainly shown as homemakers, teachers, nurses and doctors. In the English textbooks a large number of characters are men/boys. Animals in the different themes of the textbooks are gendered. They represent more male characters. The language used promotes stereotypical qualities of femininity and masculinity. Men and Women are shown in relational category in all textbooks."[60].

School curriculum is not neutral or objective knowledge. "Ideology is used to exercise control over resources and women's actions, bodies and sexuality. A curriculum encompasses not only the knowledge taught in schools but also the experiences, teaching and learning materials, classroom practices, evaluation and assessment procedures, verbal and non-verbal messages, language are all components of curriculum that are 'learned' in school and form the contexts within which the children make meaning of, through the filter of her/his subjective experience while growing up as female/ male in society. Ideologies are expressed at the level of everyday school practices and experiences, through the 'hidden' curriculum"[61].

The knowledge given through textbooks is also re-interpreted by the teacher who views the curriculum from their standpoints. How they transact the textbooks and in turn how children process these through their own lens makes for a different mosaic.

12.1 Gender depictions in textbooks

"Textbooks, embodying what some scholars have referred to as 'official knowledge',... are the principal vehicle for the transmission of these ideologies, reflecting the 'distribution of power and the principles of social control' in society"[62].

The process of textbook preparation has been debated intensely in recent years. The experiences of those who write textbooks are far removed from the lives of girls. Without this knowledge-base, those charged with rewriting texts will restrict themselves to superficial tinkering: either by increasing the number of times girls are visually or verbally represented in books or by facile role-reversals[63]. Again, seeing gender as an 'add-on' in certain content areas and not others, limits possibilities for engaging children with gender issues in any meaningful way[64]

12.2 Teacher preparation

Table 26: Female teachers per 100 male teachers

Stage	No. of Female teachers per 100 male teachers
Primary	76
Upper Primary	80
Secondary	61
Senior Secondary	65

Source: Educational Statistics at a Glance, MHRD, 2013:18

It is well established that the presence of female teachers is essential for girls to come to school. The figures in Table 25 show that even at primary stage, males outnumber female teachers. Though slightly better at upper primary stage, there are only around 3 female teachers to 5 male teachers in secondary stage. Teaching is seen as a feminine profession, even here males outnumber females. This also affects professional gender equity of female teachers.

"The status of the teacher reflects the socio-cultural ethos of a society; it is said that no people can rise above the level of its teachers. The Government and the community should endeavor to create conditions which will help motivate and inspire teachers on constructive and creative lines. Teachers should have the freedom to innovate, to devise appropriate methods of communication and activities relevant to the needs and capabilities of and the concerns of the community. Teacher Education is a continuous process, and its pre-service and in-service components are inseparable"[65]

Identifying the need to view the teacher as central to the process of change in school education, the Chattopadhyaya Commission notes, "if school teachers are expected to bring about a revolution in their approach to teaching...that same revolution must precede and find a place in the Colleges of education."[66]

The National Curriculum Framework 2005 and the National Curricular Framework for Teacher Education 2009 have laid out detailed re-envisioning of teacher preparation. However, states have not yet engaged critically with these recommendations. Most revisions in curricula are in the nature of surface re-organizations.

Teacher Education for school teaching is currently geared largely towards transmission. There is little space for questioning, tools to analyse realities are not often available or provided. There is little space for engagement of theory with practice. As teacher educators emerge from this mode, the cycle of transmission becomes self-perpetuating.

Further, gender does not find core curricular space in all the teacher education programmes. Teachers also do not understand the intersectionalities in the lives of girl students nor the patriarchal imprint which impacts the educational career of girls and perceptions about and expectations of teachers from their girl students.

So far as teaching is concerned, it is also anticipated that the public and private institutions which offer contractual, low paid, short term jobs may have, in the long run, substantial number of women faculty leading to the feminisation of teaching in the private higher education[67].

13. Education and Empowerment

Education is widely viewed as a pathway to empowerment of girls. Much depends on what we mean by empowerment. If by empowerment we mean the ability to have voice and agency, to have control of and make critically and carefully informed choices, then both the nature of education provided and the stage to which this is provided become vital. There have been several instrumental interpretations of empowerment-educate the girls and she will educate the family, educate girls till primary stage and she will have less children; she will educate her own child. These interpretations have been vigorously contested from both gendered and rights standpoints. Visaria and others have conclusively shown that until a girl acquires education up to the senior secondary level, she does not have the agency to inform fertility choices. Even within this, the kind of school curricula and practices will crucially determine its possibilities for empowerment. At another level, simply having the opportunity to study even in the status quoist schooling and curricula, girls acquire the vital certification that enables her to enter the work world and acquire economic capital which in turn, *can* provide space for possible empowerment in the real sense.

It can generally be submitted that education as a liberating force has widened the choice for women. For example in the campus selection men and women students perform equally. Case studies from several parts of the country also show that it has enabled women students to get access to job opportunities.

"Empowerment is a process of transition from a state of powerlessness to a state of relative control over one's life, destiny and environment. This transition can manifest itself in an improvement in the perceived ability to control as well as in improvement in the actual ability to control[68].

14. Gender, Education and Employment

Having presented a discussion of the school and higher education system, it is worthwhile to look at the gender, education and employment linkages. Its linkages with labour market are direct and indirect. Although it is known that stereotypes prevent women from getting into the market and if they do they do so in small numbers. It is still worthwhile to look at the situation on the ground.

'The more you learn the more you earn'. Educationists round the world use this logic to encourage children to enroll and sustain themselves through the school cycle. There are several studies to confirm the connection between the level of education and employability along with earnings. Adults who had never attended school had the lowest rates of employment across the sectors. In other words, those with lower levels of educational attainment had higher rates of unemployment. Education is both a cause and consequence of development. It is essentially seen as an aid to individual's economic achievement as well as national development. The Indian economy is the eleventh largest in the world by nominal GDP and third largest by purchasing power parity. The country is one of the G20 major economies and a member of BRIC.

The goal of universal basic education in developing countries has grown out of the fact that equipping individuals with education and labour market entry is the only way towards development. This also aids an individual into making informed choices and develop himself better in the agential role. The education of women in particular is seen as providing as a tool for intergenerational and social change. Education is the beginning of any kind of productivity. Therefore an analysis of levels of education by gender will be very useful to begin with. Table number1 and pie chart Table number 1.1and 1.2 illuminate not only towards the gender lag at different levels of education but also the increasing trend by levels of education i.e. at elementary level it is 14per cent, secondary it is 20per cent and at higher education level it is 28per cent . Education is an investment enhancing productivity, therefore, the question that why is there a lag with increasing trend with the level of education. The participation of girls at different levels of education should steeply rise so that it has a ripple effect on labour participation rates also thereby enhancing their productivity at an early stage.

15. Women's Studies in education

One significant development with the greatest transformative potential is the emergence of women's studies. Women's studies provides a critical analysis of the numerous processes and patterns (social, economic, political) which both construct and reinforce women's subordination. Women's studies does not merely inquiry into the causes of women's oppression; but seeks to transform social mores, psyche and mindsets through an interrogation and recasting of dominant ideologies.

Women's studies has been defined as "the pursuit of a more comprehensive, critical and balanced understanding of social reality. Its essential components include (i) women's contribution to the social process; (ii) women's perception of their own lives; (iii) roots and structures of inequality that lead to marginalisation, invisibility and exclusion of women from the scope, approaches and conceptual frameworks of most intellectual enquiry and social action. Women's studies should, thus, not, not be narrowly defined as studies about women or information about women, but viewed as a critical instrument for social and economic development."[69] The realization is writ large throughout this definition that neither social transformation, nor social and economic development is possible without an understanding of and change in women's condition.

The First National Conference on Women's Studies was convened at SNDT University, Mumbai in 1981, which had already taken the first step of establishing a Research Centre for Women's Studies[70] in 1974. This led to the establishment of the Indian Association for Women's Studies in 1982. Following this the National Policy of Education (NPE,1986, updated in 1992) also emphasized upon women's studies as a "critical instrument of social and educational development". The Policy, stressing upon education of women, laid down that, "...Women's studies will be promoted as a part of various courses and educational institutions encouraged to take up active programmes to further women's development."

By the mid nineteen-eighties, University Grants Commission took up the baton. In collaboration with the IAWS and the University of Delhi, it co-sponsored a Seminar on Organisation and Perspectives of Women's studies in Indian Universities in 1985, which later on formed the basis of the Guidelines on women's studies enunciated by the UGC. Prof Madhuri ben Shah, the then Chairperson of the UGC took this process a step further by inviting Universities to send proposals for setting up of Women's Studies Centres, thereby initiating the process of academic institutionalisation of women's studies. Women's studies was envisaged as "playing an interventionist role by initiating the gender perspective in many domains in the generation of knowledge; in the field of policy domain and practice".(UGC Guidelines, 1998) The UGC further declared that "...Women's studies must become an inextricable part of our academic system and form a component of teaching, research and extension activities, at all levels of schools, colleges and universities. Not merely the liberal arts, humanities and social sciences but even science, technology, engineering and medicine had to be informed of the aims, approach and content of

women's studies." Thus women's lives and concerns became central issues of academic research, debate and theorizing.

The journey of women's studies began with a mere 4 women's studies centres set up in four universities across India.[71] Today, the women's studies family has expanded to encompass more than 132 Women's Studies Centres set up by the UGC, autonomous Women's Studies Centres such as Aalochana, Anveshi, Vimochana, Institute of Social Studies Trust (ISST) and others, as well as the Institutes supported by the ICSSR, Non-governmental organizations as well as individual researchers, all of whom are playing a vital role in the field of women's studies.

However, women's studies continues to face numerous challenges. A reality for any Centre for Women's studies has been the challenge presented to its credibility and legitimacy. This challenge manifests itself in a few ways, but the most detrimental to the larger cause of feminism has been the financial constraints which give the Women's Studies Centres an image of forever seeking funding. Universities, within which they are located, give minimum funds and the University Grants Commission gives funds which are received after a large time gap thereby constraining the functioning of the Centres.

Another problem faced by the centres is of functional autonomy. Their work is trivialised and viewed condescendingly and question mark is raised on the relevance of the work.

The Centres' need to meet periodically to have a dialogue on collaborative research, prioritization of issues, evolving common methodologies, sharing of research findings and identify the gaps for their future agendas. A common data base could be created. The Centres, among themselves need to develop mechanisms wherein they will not only share but also can review and critique the existing research. There is a need to collate, analyse and make accessible research findings.

The Centres, being very much a part of social reality, are equally effected by the upheavals on the socio-economic and political front. Globalisation, with its accompanying feminisation of poverty, revivalism and fundamentalism, the widening social inequalities, equally pose challenges for women's studies centers. The commitment of the Centres to the ideals of democracy, equality and secularism equally bring them into direct confrontation with parochial and divisive forces.

The financial worries of the Centres are exacerbated by developments such as globalisation as the fiscal austerity measures adopted by the Governments leads to cuts in finances for the educational sector, pushing women's studies centers to depend on donor agencies, which have their own research priorities and agendas, for funds.

Women's studies still remain marginal in the predominantly patriarchal set-up of the academia. These patriarchal structures not only continue to influence feminist scholarship by determining the criteria for scholarship, but also exercise controls over appointments of personnel in women's studies departments.[72] The complexity of the issue is multiplied manifold by a failure to comprehend the meaning, objectives and parameters of women's studies. Thus women's studies continues to be confronted by a multitude of problems.

16. Barriers to girls' education

It is by now a well-known fact that the gender gap at all levels of education has been persistent for nearly seven decades of our independence. Even though statistics show that this gender gap has decreased, it is also true that it is nowhere near closing. In other words, the enrolment of girls and women continues to be lower than that of the boys and men. Further, the dropout rate among girls is higher at higher levels of education, which impacts on the retention rate. In addition to the social and economic diversity, regional diversity of India has also to be taken note of while one is looking at the gender dimension of education. For example, specific states have been identified as being very backward in education generally and in the education of girls specifically. Data has indicated that a sizeable proportion of out-of-school dropouts, working children, out of school children, children of migrants and the poor, and the disabled are girls. What are the barriers encountered by girls in attaining a high level of education?

The first major barrier is the patriarchal socio-cultural ethos which regards girls as secondary in all aspects of social and cultural life. This leads to discrimination in allocation of resources including education. At the same time, gender role stereotypes ensure that girls from an early age bear the burden of household responsibilities and sibling care. The apathetic attitude of parents towards girls education as well as the prevalent maxim of "educating a daughter is like watering a plant in the neighbour's garden" as well as the patrilineal and patrialocal set up of society which prohibits

a girl from caring for her parents and parents from accepting care from a daughter equally lead to this apathetic attitude towards education of daughter. Numerous socio-cultural practices perpetuated by patriarch including child marriage and female seclusion, are equally culpable in denial of education to girls. These factors as well as daughter discrimination equally result in apathetic attitude of teachers towards the education of girls.

Even now a notable refrain in the policy documents about curriculum tends to be that the education of girls should be relevant and should prepare them for life (India 2001). Relevance here means related to their present and future domestic and social roles and their instrumentality. Nowhere is it mentioned that education should prepare all the children, girls as well as boys, for life. As stated earlier, socialisation of girls and the gender-based division of labour determine whether girls will be sent to school, for how long and why. In other words, *gender ideology underlies the societal perceptions of the goals of women's education.*

These socio-cultural barriers are 'aided and abetted' by numerous other problems, which equally hamper the access of girls and women to quality education. Distance between home and school has, for long, been highlighted as a strong barrier to the schooling of girls and a reason for their dropout. Moreover, there is the problem of social access[73] which is pertinent in the case of young girls who are not allowed to go to school which are not at a safe distance (hilly terrain, isolated location, located across a main road with traffic etc.) from their homes.

Bifurcation of the elementary education into primary and upper primary schools has to be seen in this context. This division in the structure of the schools and their physical location affects girls' access to education much more than the boys thereby making them structures of exclusion of girls from middle schools. The transition from primary to middle school corresponds with transition from girlhood to womanhood, i.e., puberty and the social concerns mentioned earlier affect the decision of the parents to withdraw them from school. It can be said that primary schools within walking distance are, for the most part, a reality, but is that adequate? A large densely populated neighbourhood or village would need far more than the 1 school within 1 km norm. Again, schooling within easy access has been relatively poor for the SC/ST children as compared to the general population. Barriers such as a highway cutting through and dividing the school from the

homes of children are realities. *The physical and social distance girls experience on their way from home to school and back remains to be bridged.*

Thus, girls who cannot walk up to three kilometres are automatically excluded from upper primary schooling. Are these norms not in violation of the constitutional promise of universal education? If the girls cannot physically access the upper primary schools how does one ensure universal elementary education[74]?

Add to this, the facilities or lack of facilities in the school and you get an added 'incentive' for dropping out of school. A large number of schools across India do not have basic sanitation facilities for girls which hamper their education, particularly during their menstrual cycle. Thus, presence or absence of clean toilets with running water can become a major determinant of girls education in India.

Gender socialization is an equally critical factor in ensuring or denial of education. When children come to school they are already socialized as girls and boys and are treated similarly in the school i.e., through the seating arrangements in the class. Moreover, the views of the teachers are also very crucial in the gender division of school activities and in directing boys and girls towards gender-typed subject choices and extra-curricular activities. Again, girls either do not take up science and mathematics or are not expected to because of the gendered views of the parents and teachers. This gender bias extends into computer science which has also acquired the label of a 'masculine' subject. Thus, gender gap has been found to be in the use of technology especially in computer and internet usage in the schools[75]. The difference in the attitude to the use of technology between boys and girls is attributed to the preference of boys for mechanical toys and of girls for social games and dolls from childhood. This differential socialisation combined with traditional school practices leads to girls being discouraged to pursue computer science and technology. Several studies have been undertaken to unravel the connection between gender, socialisation and technology. The increasing use of word processing by working class girls make this a 'feminine' task while programming and other higher level tasks are seen as white middle class male dominated tasks[76]. The intersectionality of class with gender here is even more significant.

For those who have been unable to attend school, the The Right of Children to Free and Compulsory Education (RTE) Act, 2009 stipulates that they be permitted to join an age-appropriate class-for it to be effective, carefully thought out bridge programmes and strategies for meaningfully entering the classrooms do not exist. *Teachers are not oriented to engage educationally with girls who have never been to school, but enter it at the age of say age 12, in class VI. The provision of toilets, water and security in schools are now acknowledged as learning needs, though yet to be fully implemented in every school as entitlement.*

The presence of women teachers is essential for girls to attend school. The ever present danger of molestation is self evident reason for the presence of women teachers in every school where girls attend. While data on number of children studying in all men teacher schools is not readily available, DISE data shows that all India, only 75.62per cent of schools have women teachers. It is often argued that where there are less than 30 children in a habitation, it is not feasible to have more than one teacher. As on 2012, there are 10.80per cent of schools all India are single teacher schools. If this be so, then the policy needs to be that all single teacher schools must have only women teachers (except where the woman teacher's security is a special concern).

Girls' education is also impacted by inherent inequalities in the social structure and the intersectionality of caste, class, religion, language, disability and so on. These create multiple deprivations which adversely impact access to education.

Liberalization and globalisation have, on the one hand, have opened up limited spaces for the education of girls at the primary level, while on the other, has exacerbated gendered violence and normalised exclusions, dominance and subjugation. Gender and caste-class inequalities have become more entrenched in post globalisation politico-economic order. India today has a vast network of educational institutions which includes institutions offering both formal and non-formal education. Both education and educational systems have been impacted by the global, economic, political and social trends resulting in increasing privatization of both schools and higher educational institutions. This has led to increasing costs and reduction of government funding, leading to pressure on the educational institutions, particularly higher educational institutions to generate their own resources, further increasing the cost of education and also leading to "corporatization" of higher education. One could say that, that was the need of the hour

for the post-independence educational system had failed to respond adequately to the rising demand for higher education especially of the skill oriented professional education, even while it had become large and ineffective. It was characterized by a few high-quality institutions at the top while the majority at the bottom were of poor and indifferent quality. This had the net result of excluding large segments of the population, of whom girls and women formed a substantial component from the benefits of quality education.

In recent years, the educational structure has undergone a major revamping with the entry of the private sector at all levels. In higher education the government allowed the private sector to establish fee-paying and self-financing institutions to meet the increasing demand for education and for specific courses and academic programmes. Private schools are offering international certification while the private HEIs are offering professional and applied science subjects in addition to tying up with foreign universities. This has led to a clear-cut class difference among institutions at all levels. Some of them are catering to the elite students while the others are accessed by the masses. There is also a direct link between the market and the academic courses and programmes offered in the private for profit HEIs. All of them charge high tuition fees raising the individual cost and are self funded. This has had both positive and negative impact on the status of education in the country. Enrolments have increased, the outreach of the educational system has increased, and the efficiency has increased. However, expense involved has created a specific gendered impact. In a society where parents are reluctant to spend on the education of daughters, where a girl's education is determined by the maxim, "educating a daughter is like watering a plant in the neighbour's garden", this 'expensive' education's users are limited to the more 'valuable' sex, i.e. males. Additionally, issues of social equity have been pushed to the background where market seems to dictate the expansion of the system. This is a marked shift from the position and role assigned to education after independence.

Thus even while India has come a long way in the matter of education of women and girls, yet 'we have miles to go' and for this we need to cross multifarious barriers, which not only hamper the education of girls, but actually threaten the very basis of the development of India. In this context, the Government of India has from time to time enunciated various policies for promoting girls education which are the focus of the next section.

17. Policy framework for Women's Education

One of the major policies enunciated for education with major ramifications for women's education is the **National Policy for Education.**NPE 1986 articulated the goals of education for girls and women as equality and empowerment as is evident in the following quote.

> Education will be used as an agent of basic change in the status of women. In order to neutralise the accumulated distortions of the past, there will be well -conceived edge in favour of women. The National Education System will play a positive, interventionist role in the empowerment of women. It will foster the development of new values through redesigned curricula, textbooks, the training and orientation of teachers, decision-makers and administrators, and the active involvement of educational institutions. This will be an act of faith and social engineering....'[77]

> 'The removal of women's illiteracy and obstacles inhibiting their access to and retention in, elementary education will receive overriding priority, through provision of special support services, setting of time targets, and effective monitoring...the policy of non-discrimination will be pursued vigorously to eliminate sex stereotyping in vocational and professional courses and to promote women's participation in non-traditional occupations, as well as existing and emergent technologies.'[78].

Part X on The Management of Education suggests "inducting more women in the planning and management of education"[79] as priority area under the systemic overhauling.

The **Programme of Action (POA) 1992** continues the thrust of the National Policy on Education 1986 which becomes mere rhetoric in the absence of focused outcomes. It states,

> 'Education for Women's Equality is a vital component of the overall strategy of securing equity and social justice in education.... what comes out clearly is the need for institutional mechanisms to ensure that greater sensitivity is reflected in the implementation of educational programmes across-the-board.... it should be incumbent on all actors, agencies and institutions in the field of education at all levels to be gender sensitive and ensure that women have their rightful share in all educational programmes and activities'[80]

It focuses on the role of education in changing the status of women but stops short of presenting a conceptual framework for this purpose. In continuation of the programmes and strategies of NPE 1986 it limits itself to suggesting ad hoc and piecemeal strategies, such as, opening boarding schools and alternative schools and Early Childhood Care and Education (ECCE) centres, setting up alternative schools without an overarching and integrative conceptual framework thereby accepting the sex role stereotypes about girls.

The Ramamurthy Committee (1992) for Review of National Policy on Education (1986) reflected on the need for redistribution of educational opportunities in favour of girls belonging to rural and disadvantaged sections with adequate support services (water, fodder, fuel, child care) and also asked for 50per cent share for girls in educational resources. It also recommended that teachers, Anganwadi workers, village-level functionaries of other departments, and representative of women's group and community level organizations should play an important role in making micro-level information available to the Educational Complex for prioritization of action in this regard. Therefore, this report underscored the importance of education of rural and disadvantaged girls.

National Policy for the Empowerment of Women (NPEW, 2001) makes very comprehensive statements about the different dimensions that affect women, namely, education, science and technology, and gender sensitization. In relation to education, it states: "Equal access to education for women and girls will be ensured. Special measures will be taken to eliminate discrimination, universalize education, eradicate illiteracy, create a gender-sensitive educational system, increase enrolment and retention rates of girls and improve the quality of education to facilitate life-long learning as well as development of occupation/vocation/technical skills by women.Reducing the gender gap in secondary and higher education would be a focus area. Sectoral time targets in existing policies will be achieved, with a special focus on girls and women, particularly those belonging to weaker sections including the Scheduled Castes/Scheduled Tribes/Other Backward Classes/Minorities. Gender sensitive curricula would be developed at all levels of educational system in order to address sex stereotyping as one of the causes of gender discrimination" (NPEW, 2001: 4). A very comprehensive statement indeed. It also emphasized upon the need to motivate girls to take up science and technology for higher education and also to provide training in special

skills such as communication and information technology. It further emphasized upon the need to inculcate gender sensitivity through curricula and using mass media.

Another significant scheme is the **Sarv Shiksha Abhiyan** (SSA) which aimed to universalise elementary education for the 6-14 age group by the year 2010. The purpose was to bridge the social, regional and gender gaps. Community participation is central to the programme. One section is devoted to the coverage of special focus groups. Like the 10th Plan paper it also mentions that the emphasis will be on 'mainstreaming gender concerns in all the activities under the SSA programme.... Every activity under the programme will be adjudged in terms of its gender component' (Chanana 2001: 40). Yet intersectionalities of gender with other parameters are overlooked especially at the level of outcomes. Under this programme, there are special provisions for education and empowerment of girls. These provisions are: Free textbooks to all girls up to class VIII; Separate toilets for girls; Back to school for out of school girls; Bridge courses for older girls; Recruitment of 50per cent women teachers; Early childhood care and education centers in / near schools in convergence with ICDS programmes; Teacher sensitization programme to promote equal learning opportunities; Intensive community mobilization efforts.[81]

Gender concerns have also been woven in another Government of India programme that attempts to universalize secondary education. This programme is known as the **Rashtriya Madhyamik Shiksha Abhiyan** (RMSA) targeting universalisation of secondary education implemented in 2009. The girls specific interventions designed under this programme are:

- Promoting education of girls in the age groups of 14-18 years, especially those who have passed Class VIII

- Girls, who pass class VIII examination from KGBV irrespective of whether they belong to SC, ST and enroll for class IX in State/UT Government, government aided or local body schools in the academic year 2008-09 onwards.

A sum of Rs. 3,000/- is deposited in the name of eligible girls in the form of fixed deposits. The girls are entitled to with draw the sum along with interest after attaining 18 years of age and on passing 10th class examination.

The other intervention under the scheme is construction and running of girls' hostel for students of secondary and higher secondary schools. The beneficiaries of the scheme are girls belonging to SC, ST, OBC, minority communities and BPL families. 50per cent seats are reserved for them in the age group of 14-15 years. These schemes along with other interventions made by civil society and Non-Governmental Organizations have impacted our educational indicators.

While the above mentioned provisions exist for removing gender disparities in education, the two specific programmes that strengthen the resolve of the government to bring girls of the marginalized communities to the center stage of education with a focus on their overall development and enhance their knowledge base, self-esteem and self confidence are the **National Programme for Education of Girls at the Elementary Level** (NPEGEL), launched in 2003, **Kasturba Gandhi Balika Vidyalayas** which began in 2004 and later became a part of Sarva Shiksha Abhiyan (SSA) in 2007.

The NPEGEL programme focuses on providing provisions to marginalized girls by motivating poor parents to send their daughters to schools. These provisions include, intense community mobilizations, development of girl child friendly model schools in clusters, gender sensitization of teachers, development of gender sensitive learning material, early child care and educations facilities and provisions of need based incentives like escorts, stationery, workbooks and uniforms etc for girls. Under this programme, a total of 41779 models schools are functional in 3,553 Educationally Backward Blocks (EBBs) of 442 districts across the country (MHRD 2013). In total, 4.24 crore girls are covered under NPEGEL.

Kasturba Gandhi Balika Vidyalaya scheme (KGBV) attempts to provide residential formal schooling facilities from classes VI- VIII to girls belonging to SC, ST, OBC, Minorities and Children with Special Needs (CWSN).

Most of the girls enrolled in KGBV's are from SC, OBC, ST backgrounds. Very few girls are from Muslim and BPL backgrounds. The scheme has inbuilt provisions for holistic development of girls by building their capacity to exit from persistent intergenerational poverty. It focuses on providing academic and other related skills designed for aesthetic development, self protection and

self reliance. The scheme is meant for enabling girls to complete elementary education i.e. Classes VI to VIII.

Reports of the National Evaluation of the scheme by Government of India in 2007 and 2013 and research studies on the scheme conducted by the Department of Women's Studies, now Department of Gender Studies, NCERT give a lot of information on the scheme. They have highlighted that besides academic support, girls are trained in local craft, music and dance. In addition, skills like sewing, stitching, knitting, cooking and beauty parlor techniques are taught. In a few KGBVs, girls are imparted skills related to repair of home appliances, cycle and electrical gadgets. Computers are provided in all KGBVs but the usage is limited to typing and making the girls familiar with some software like Coral Draw. Thus, enriched curriculum in KGBV goes beyond training girls in stereotypical skills. In discussions with stakeholders of the scheme, it was mentioned that provision of such skills is motivational and has an inbuilt pull mechanism. In addition the new skills that are also imparted include those related to self esteem and self confidence. Girls in KGBVs managed by Mahila Samakhya and SSA have also trained girls to voice their opinion on different issues and confidently resist child marriage. Adolescent girls are organized in groups called the *Meena Manch* wherein they debate on social and customary practices of their region impacting on the status of women. In some KGBVs of Uttar Pradesh such as Sevapuri in Varansi district, Parsandi in Sitapur district, girls are also taught the technique of repairing pump- sets, cycles, stoves and agricultural implements. Focus on skills has facilitated in gaining confidence of parents to educate their daughters.

However, recommendations of the National Evaluation and researches have highlighted that still more attention should be given to unconventional courses. This would help in breaking the umbilical cord of stereotype and familiar courses that girls opt for. This aspect was also stressed at the National Consultation on Katurba Gandhi Balika Vidyalayas organized by Department of Women's Studies, NCERT in 2008. One of the recommendations was that along with existing skills imparted to girls, there could be an additional component of training girls in entrepreneurship and marketing.

All provisions in KGBVs have stimulated greater demand for enrollments in Educationally Backward Blocks (EBBs) and in nearly all catchment areas of their locations. There is now a

growing and persistence demand for up scaling the scheme to cover the entire schooling cycle of girls. Community members in nearly all states have expressed their desire to have more KGBVs in their blocks. National evaluation of KGBV by Government of India in 2013 has highlighted that the scheme has been well received by stakeholders who have reinforced the above two demands. This demand was widely conveyed across states covered by the scheme. Further, in states like Gujarat, Odisha, Nagaland, Andhra Pradesh, Jharkhand efforts are made to help girls transit to secondary and senior secondary schools. Stake holders and beneficiaries of the scheme have mentioned at different forums that there is a need to strengthen upward mobility of girls to secondary and higher secondary education. According to them, it would help in covering larger number of dropouts and never enrolled girls of their region. This would make the scheme complete in itself.

However, there are problems here relating to uprooting the disadvantaged girls from their homes and putting them in hostels and the cultural shock and adjustment required. Issues of their safety and security have also cropped up which are referred to in the section on school education.

There are conflciting opinions regarding KGBVs. One view is that it is perhaps not desirable to move girls from vulnerable groups from their home environs especially since KGBVs sites are often isolated and there is grave risk of sexual exploitation. Another view is that well-run KGBVs can help and have helped greatly in overcoming traditional barriers.

The National Nutrition Policy (1993) Focusing mainly on the most vulnerable group, mothers and infants, supplementary nutrition it also provided to school-going children at the elementary stage under the National Programme of Nutritional Support to Primary Education (also popularly known as Mid-Day Meal Programme). The Mid-day meal programme went through several stages in its evolution, ranging from providing raw grains to eventually, through intervention of the Supreme Court of India, it has evolved into a national program to provide hot, cooked meals to all school going children up to 14 years of age and is widely regarded as one of the key drivers of school participation of children from marginalised sections.

National Knowledge Commission (NKC) 2006

In the opening statements of the NKC (2006), the focus has been on the creation and use the knowledge capital through a process of increasing human capabilities. There is a need to harness the demographic dividend of a young India where India will be soon one of the countries with a largest working population. Against this background the document fails to state upfront that close to 50 per cent of this young population will be women who may need specific programmes and affirmative action to include them in the process of development. This in spite of the fact that two of the members were women, a rarity in higher policy making bodies.

It is important to realise that 21st century institutions must take into cognizance that they are dealing with a greater heterogeneous groups of students and most likely teachers and administrators who are not only drawn from the underprivileged sections of society, but more importantly dealing with a constituent group of women that cuts across all under privileged categories. In all likelihood women from the privileged society will invariably also be part of this deprived group.

A critical review of the NKC (2006) shows that the focus of the document is increased expansion with a pursuit for excellence in the higher education sector. The document does refer to ensuring access for all deserving students under the section on inclusion where it recommends for a well be a well-funded and extensive National Scholarship Scheme targeting economically underprivileged students and students from groups that are historically, socially disadvantaged. There is recognition that disparities in educational attainments are related to caste, class, gender, geographical location. Hence the need to develop a deprivation index may be more useful as a basis for affirmative action (p 46-47). *However, in this entire discussion the cultural disadvantage that women suffered historically and presently and also that gender overlaps with other parameters of disadvantage does not figure in any of these recommendations beyond the mention of women as one of the disadvantaged groups.*

Yashpal Committee Report

'The Committee to Advise on Renovation and Rejuvenation of Higher Education', 2009 was a report that by and large tried to synergise the historical meaning of universities and the

expectations of modern times. While the recommendations were directed to restructuring higher education sector in the country with the purpose of promoting equality and excellence, there was little devoted to perhaps what does this change mean to women who constitute one of the higher education population who come with their own socio-economic and cultural barriers.[82]

IE Participation of women have been restricted to specific disciplines that are not directly linked to lucrative career options and often women have occupied vacuums created by men when they made a clear shift in choice of their courses in higher education to more lucrative careers. The participation of women in higher education vis-à-vis faculty positions still struggle with poor data that disables one to make a compelling case for women. The same could be extended to leadership roles in different higher education institutions. *The lack of sensitivity required to raise the concerns of women as a group and formulate specific recommendations to address them seems to be an important lacunae in all higher education policies.* Further examples can be given from some of the plan documents.

The Approach Paper to the XI Plan of the Planning Commission (2006) says that "the plan must focus on ways of improving women's socio- economic status by mainstreaming gender equity concerns in all sectoral policies and programmes. Special efforts should be made to ensure that the benefits of government schemes accrue in appropriate proportions to women and girls." (105). Here too the social context marked by region, caste, tribe and social disadvantage is highlighted. Well meaning words indeed. But when it comes to recommendations the focus is on general expansion in HE as well as of the scientific pool and also on quality. Providing access to high quality institutions for the poor and the socially disadvanged is also given priority. Gender is missing altogether[83].

The Plan Document as it was circulated to the National Development Council also focuses on social groups and women and clubs the two together only for fellowships. So much so even when it is proposed that an Equal Opportunity Office for social groups will be established in every university issues of gender are left out. As an exception, gender along with the other parameters of disadvantage is mentioned in the context of hostels for girls at the district level[84] Women in science find no mention in most of the documents, in spite of a comprehensive report[85], except the need to push women into professional and technical courses. Women in distance education and in

the rapidly expanding private sector also find no place except in passing. In fact, hostels and scholarships are the most agreed upon measures in all the documents. Most of them, however, provide patchwork solutions handed down for quite sometime. The gender concerns are also not integrated or mainstreamed into other chapters on higher education as if financing, quality etc. do not have gender implications and deserving of attention[86].

UGC -XII plan document: It recommends, in addition to the existing schemes, 20 women's universities to attract women from rural and suburban areas. It recommends continuation of all ongoing schemes in addition to a stipend for girls in areas where the gap between men and women GER is more than 5 per centage points –rural and urban in addition to tuition fee waiver. The stipend will be linked to family income and grades in earlier public examinations. Women's higher education stipend. (Inclusive and Qualitative Expansion of Higher Education: 12th Five Year Plan, 2012-17. All this is without integrating gender as a parameter in other social groups or in other dimensions of education. Gender equity and social group equity remain separate chapters and an overall conceptual frame is consistently missing in the outcomes[87].

The National Perspective Plan for Women (1988-2000) recommended for women's education on a priority basis so that women can attain a comparable level of education by 2000. The plan suggested eliminating gender bias in educational programmes and school curricula, engagement between community members and teachers, 50per cent reservation for women teachers, at least 1 female teacher in each school, flexible timings and increase in number of schools.

National Focus Group on Gender Issues in Education, 2006 views education as a process of socializing for "*expanding* human capacities to rather than the *narrowing* of human capacities to fit particular forms." Children need to be able to "critique current realities, become conscious of the contradiction that exists between the openness of human capacities that we encourage in a free society and the social forms that are provided and within which we must live our lives and to transform the relation between human experiences and social forms so that realization of new forms becomes possible".[88]

The National Mission for Empowerment of Women (NMEW)2010, was launched with a view to 'empower women socially, economically and educationally' by securing convergence of

schemes/programmes of different Ministries/Departments focusing on coverage of all girls especially those belonging to vulnerable groups in schools from primary to class 12, higher and professional education for girls/women; skill development, micro credit, vocational training, entrepreneurship, SHG development.

The Government of India initiated '**Mahila Samakhya**'in 1989 to concretise gender policy of the NPE, 1986. It recognised that education can be an effective tool for women's empowerment, the some of the parameters are: enhancing self-esteem and self-confidence of women; developing ability to think critically; enabling women to make informed choices in areas like education, employment; ensuring equal participation in developmental processes[89] . Currently,the programme is being implemented in121 districts (563 blocks) of ten States. The Mahila Shikshan Kendras (MSKs) provide condensed residential courses to adolescent girls and young women who have either never gone to school or have dropped out.

The Mahila Samakhya (MS) programme, the outcome of these deliberations, is an effective process – oriented towards women's education and empowerment targeting poor, socially disadvantaged women and is operational in 9 states across 89 districts. The programme works through women's collectives and addresses several gender issues including violence against women. In some states MS runs a number of innovative non-formal education programmes for women and adolescent girls. Given its impact and innovativeness to address gender-based issues, MS needs to be expanded to more states with more resources to deepen their work at the community level. While the focus of the government is shifting towards ensuring universalization of elementary education, it is important that MS does not lose its focus on women's education and empowerment.

Rashtriya Madhyamik Shiksha Abhiyan (RMSA)

The National Mission for Secondary Education was launched in March 2009. It aims to provide universal education for all children between 15–16 years of age. The principal objectives are to enhance quality of secondary education and increase the total enrolment rate from 52 to 75per cent in five years.To facilitate girls' schooling, community mobilization (especially among educationally-backward groups) "to overcome cultural barriers," women's participation in the

SMDCs,and the incentive schemes (to address economic constraints) are key instruments. Other facilities include boarding facilities and grants, transport (bicycles, bus passes), safety measures, separate toilet blocks for girls and recruitment, accommodation and allowances for female teachers [90].

State Schemes for Girls

There have been special schemes for girls in the states. Till recently, they were largely in the form of stipends, free books till class XII, cycles for girl students gained popularity in Bihar, Chattisgarh and Jharkhand. The Schemes took on fresh forms beginning with the Ladli Scheme in Delhi, where an age-stage wise deferred incentive beginning at the time of birth was initiated in 2008, impelled by the alarming sex ratios and female child mortality. The Scheme involves a Fixed deposit in the name of the child at the time of registering the girl child's birth, followed by additional deposits after inoculations, at the time of entry into class I, upon completion of Class V, then Class VIII, X, XII, to be redeemed into a bank account in her name when she is 18 years of age. The duration of the Scheme is at least 12 years, and it is early to understand the impact. Study of the State schemes indicates similarities. In Tamilnadu for example, the Scheme offers the incentive at marriage; as was in Goa (the Scheme has since been revised). The financial limits of eligibility severely narrows the scope of the Schemes while the onus of sex ratio imbalance rests on the marginalised. The link with marriage perpetuates traditional gender role of girls.

- The slew of legislation, policies, schemes and programmes indicate varying shades of conceptualisation of gender equality. A coherent framework is required to bind the various programmes that require *social* re-organising. Gender should be seen as a cross-cutting issue that requires both specific attention as well as integration[91].

The Right of Children to Free and Compulsory Education Act (RTE) 2009

The RTE Act came into force in 2010. It provides for:

(i) Right of children to free and compulsory education till completion of elementary education in a neighbourhood school.

(ii) It clarifies that 'compulsory education' means obligation of the appropriate government to provide free elementary education and ensure compulsory admission, attendance and completion of elementary education to every child in the six to fourteen age group. 'Free' means that no child shall be liable to pay any kind of fee or charges or expenses which may prevent him or her from pursuing and completing elementary education.

(iii) It makes provisions for a non-admitted child to be admitted to an age appropriate class.

(iv) It prohibits (a) physical punishment and mental harassment; (b) screening procedures for admission of children; (c) capitation fee; (d) private tuition by teachers and (e) running of schools without recognition.

(v) It provides for development of curriculum in consonance with the values enshrined in the Constitution, and which would ensure the all-round development of the child, building on the child's knowledge, potentiality and talent and making the child free of fear, trauma and anxiety through a system of child friendly and child centred learning.

However, the 86th Amendment and RTE have reduced the age span for elementary education from 'up to 14 years' to '6-14 years of age', effectively leaving out the developmental, educational and care needs of children of the 0-6 age group as essential for children in this age group. Although early childhood has been retained in the amendment as Article 45, it remains under Directive Principles of State Policy, Part IV.

This has profound impact on the education of all children, more particularly girls. As girls from 6-14 years are often expected to look after siblings and household tasks, they are unable to participate regularly in schools because ECCE is not a right. Unless provision of creche and early childhood facilities are made for the duration of school hours, near the school or home; the girl child will not be able to exercise her right to education.

Two key mechanisms stipulated in the Act are grievance and redressal mechanism and the School Management Committees where 50per cent of members must be women whose children study in

the school. This is still in the nascent stage. SMCs can play a crucial role in providing safety and altering gender socialisation and in enabling safe environments for girls.

National Literacy Mission

The National Literacy Mission (NLM) started in 1988 as an effort towards achieving these national goals. The objective of the scheme was to impart "functional literacy to non-literate persons particularly in 15-35 age group". In 1988, the Total Literacy Campaign (TLC) became the dominant strategy to implement the mission.[92] Women were the backbone of the TLC. They participated actively and in large numbers, breaking the myth that rural women are not interested in literacy.

The initial implementation under NLM followed a centre based, volunteer based state controlled approach. The Kottayam and Ernakulam experiences in Kerala in early 90s made the shift to a campaign and mass mobilization approach. In a pilot experiment the district collector of Kottayam mobilized 200 volunteers from universities and ensured 2000 non-literates were made fully literate in three months. Closely following this in Ernakulam district, a breakthrough was made through the collaboration across diverse stakeholders headed by the district collector, bringing in the district administration, volunteers, activist groups, NGOs. The intervention was spearheaded by the Kerala Shastra Sahitya Parishad (KSSP), an NGO. The strategy was a mass campaign drawing in diverse stakeholders, creating a conducive environment, raising community demand for literacy and mobilizing different sections of society. Ernakulum was declared fully literate district on 4 February 1990. This experience broke the centre based approach to literacy to become a mass based, campaign based approach. Other states further took up this strategy.

Some basic facts about National Literacy Mission[93]

- The number of persons made literate is 124.64 million
- 60per cent of the learners are female.
- 23per cent learners belong to SCs and 12per cent belong to STs.

Through the NLM experience and initiatives like Mahila Samakhya, the need and desire of rural women to access education became widely evident. An experience from Andhra Pradesh demonstrates how literacy campaign triggered off other movements such as the anti-arrack movement in Nellore, which was able to overcome vested interests continuously attempting to thwart their efforts. 30,000 women assembled in Nellore to thwart the sales of liquor licenses. They faced threats but stood steadfast in their determination to stop the sales. Thirty two times they could stop the sales in Nellore district. Through these efforts it became clear that even in a non-revolutionary social milieu, the political commitment of policy makers, involvement of the learners and the community at large, the spirit of voluntarism aided suitably by the state infrastructure, structural flexibility and tight calendar of the programmes could lead to the initiation and carrying out of a mass literacy campaign with some degree of success.

Despite this visible success, efforts in the NLM eventually diminished by the end of the 90s. The national policy discourse started to privilege primary education and investment in children's education over that of adults, especially women. Further, the spaces of literacy centres started to be used instead as Self Help Groups, through which group saving and micro-credit were promoted. As a result, the literacy focus and agenda of those centres lost momentum.

Recent initiatives

Sakshar Bharat

The revival of efforts towards literacy in 2009 with the launching of the Sakshar Bharat, a flagship programme of the government of India that has been implemented in 365 districts, which are the low literacy districts in India. Sakshar Bharat programme aims to bring over 7 crore adults into the literate bracket. So far the programme claims to have certified 1.73 crore adults as literate since its launch in 2009. The targets kept for 2013 have now been given an extension till 2017. These targets are 80per cent literacy level at the national level by focusing on adult women's literacy to reduce the gap between male and female literacy to not more than 10 percentage point. The mission aims to cover 1.4 crore SCs, 80 lakh STs, 1.2 crore minorities & 3.6 crore others. The overall coverage of women will be 6 crore. 410 districts belonging to 26 States/UTs of the country have been identified to be covered under Sakshar Bharat.

The implementation of this remarkably well-drafted programme is rampant with lack of administrative communication, unmet targets, unfinished surveys and fudged figures[94]. The focus of this programme is to build functional literacy skills of adult learners, especially women. After nearly four years the programme has not yet taken off in several districts and with its focus on certification, it is far from covering the objectives that it was designed to meet.

According to Ministry of Human Resource Development (MHRD), 8 states have performed below average (not being able to achieve set targets) and a majority of these are with lower literacy rates and greater gender disparity. Government is addressing the issue of illiteracy through Sakshar Bharat, but the focus is only on certifying adults as literate with no strategy or plans for continuing education to ensure that neo-literates do not regress into illiteracy.

The skills and capacities along with remuneration of facilitators is a big question mark, as the programme has not moved from the past assumption that adult literacy can be done by anybody. The meagre remuneration offered to facilitators (Preraks) to do adult literacy is a recipe for non-performance and lack of sufficient time and dedication for this work. Additionally there are no institutional mechanisms or structures that exist to make adult education a sustainable and lifelong phenomenon rather than one time investment, in its present framework.

On the whole, one could say that the Indian educational policies which are designed to promote the education of girls and women are conceptualized within a narrow framework and are fragmented by a fractured vision of both the system of education and of Indian society. As a result, gender concerns receive very little meaningful space in the final policy documents. This is because the cultural concerns colour the vision and value frames of the policy makers. Further, inclusion requires an understanding of socio-cultural contexts and processes that produce the values and biases which go into the making of policy. This understanding is used to perpetuate the status quo instead of changing it.

Current schemes on literacy and education for both children and adults are unable to address the regional and communal gaps that exist. Due to multi fold marginalizations, disparities of gender and social categories like SC and STs rural and urban are still a big concern.

However, the educational policy documents continue to use a compartmentalised approach to education. For example, a separate chapter is generally written on the education of girls, and others on the education of the Scheduled Castes and Tribes, another on children with disability, one on child labour, the urban disadvantaged, etc. Each of these chapters may not refer to gender. In other words, gender may be excluded from the social groups based on caste, tribe, disability and working status of the children. These then become exclusive categories and not inclusive as they are expected to be. Gender as an overlapping category is overlooked in the policy, programmes, and in the recommendations[95].

This approach has led to another anomaly. Even the most well worked out policy documents mention separate strategies for improving the enrolment and retention of girls and children from social groups and categories. For example, the National Policy on Education 1986 devotes a section to the role of education in promoting equality. It underscores the twin dimensions of education, namely, the removal of disparities and equalisation of educational opportunities. Strategies are outlined separately for women, the Scheduled Castes, the Scheduled Tribes and minorities. However, their specific needs and suggested strategies are neither integrated nor an overall comprehensive framework provided for the education of all the disadvantaged groups[96].

This lacuna is visible in the policies relating to school education as well as higher education. For example, the 10th plan document on elementary education (India 2001: 7) is critical of earlier programmes, which were 'disjointed in nature' because their targets were either specific regions or merely covered specific aspects of elementary education or did not cover the whole country. It was proposed in the 10th Plan 'to have a holistic and convergent approach'. It mentioned a two-pronged approach which would mainstream gender and also introduce specific schemes for the promotion of the education of girls and women. Yet when specific schemes are mentioned such as the National Programme for Education of Girls at the Elementary Level (NPEGEL), the fragmentary approach is very evident in spite of the recognition that girls are the most disadvantaged in all the identified social groups.

Thus, in spite of a careful articulation of education for equality for women which is reflected in the educational policy discourse in post-independence India it may be noted that empowerment on the ground is not expected from girls' education even though it may be incorporated in the policy

documents. Ultimately they are denied agency because the goals of familial socialisation and schooling as processes have to converge. Thus, girls and women continue to remain the objects, not the subjects, of social policy as will be substantiated later.

18. Recommendations

In spite of the initiative undertaken by the Government of India along with members of civil society and non-governmental organizations (NGOs) there continue to be gaps that hinder the overall participation of children in education at different levels. This is mainly true for girls from hard to reach groups and from the marginalized sections. Some suggestions are put forth here:

Provision of Infrastructural facilities:

Do letter to MWD to MHRD

- In connection with retention of adolescent girls at the post primary level, availability of separate toilets, clean and functioning, is still a felt need especially in schools located in small towns and rural areas.
- Every school needs to have a crèche and early childhood care and education centre nearby to enable girls to participate in school.
- UGC should provide funds for married students' hostel, a gender neutral facility. It helps women pursue and complete doctoral research at a life stage when they are getting married and bearing-rearing children.

Gender Sensitive teachers:

- In addition, availability of qualified gender sensitive teachers at the post primary level continues to be a challenge which is acutely felt by a scheme like KGBV.
- Recruitment of teachers, especially women teachers, should be given top priority.
- Gender and education needs to have core curricular space in all teacher education programmes.
- Classroom teachers must be carefully oriented to any changes in the curriculum, content and pedagogies and how differences between girls and boys are expressed.
- Teachers should be educated to understand realities of caste, class, gender, ethnicities, patriarchy, concepts of masculinity and femininity, stereotypes and gender stereotypes.

- Teachers, both women and men, need tools to understand and recognize their own perceptions, attitudes and expectations regarding gender.
- The NCF 2005 and NCFTE 2009 must be rolled out in all teacher education institutions within 3 years. No institution must be recognised that do not adhere to NCTE norms.

Elimination of gender stereotypes:

- Further, the endemic prevalence of gender stereotypes, both in the content and process of education continue to exist across the country.
- Encouraging the participation of girls in unconventional courses and professions by disseminating scholarships and other relevant information already available. This would go a long way in addressing gender stereotypes in education.
- The universities have to become pro gender or gender inclusive for which women need institutional help and support. Women should be on all decision making bodies, statutory and non statutory, on search committees for vice chancellors and other high administrative positions.
- In addition, what is needed is focused educational research on the university structures, processes, and their ideological underpinnings which will lead to the formulation of strategies to change the system.
- Institutions should collect gender desegregated data and also undertake gender audit to see how gender sensitive they are.

Cultural Practices:

- The other crucial gaps that have been highlighted by several research studies is the prevalence of cultural practices related to child marriage and segregation of girls at the onset of puberty. This impacts retention of girls in education.

Addressing Gender Concerns in Textbooks:

- Gender-sensitive material at the primary and secondary levels must include women's and girls' voices.

- School curricula and textbooks are and need to be vehicles to promote human rights and constitutional values, the idea of composite culture, the multi-ethnic, multi-cultural and multi-lingual basis of Indian nationhood (CABE, 2005:8).
- There is a need to make textual material at different stages of school education gender inclusive along with establishing linkages with the lived realities of learners and their experiences.
- Textbook writers need to consciously address gender concerns so that the knowledge domain constructed in different disciplines reflects gender justice, equity and equality as mentioned in the Constitution of India.
- Preparing gender inclusive materials and training all those involved in development of textual materials, both print and audio-visual from a gender perspective.
- Construction of knowledge in different disciplines should reflect the contributions made by women since historical times. Further, content and visuals in textual materials depicting women as having an equal opportunity to lead productive and self-fulfilling lives in their societies would help to recognize the status of women as individuals in their own right.

Gender Audit of Schemes:

- There is a need to audit on a continuous basis schemes devoted for girls' education and women's empowerment. This will help in knowing whether the budgetary provisions earmarked for different activities initiate transformatory changes and not just focus on meeting practical needs.

Addressing needs of different sections:

- Greater provision and sensitivity towards handling girls with disability is needed for their confidence and capacity building.
- Schools must admit all children irrespective of type of special needs or the number of children with special needs.
- The presence in the vicinity of a well functional government school is the single most important driver of girls' education among Muslim communities.

- More Urdu medium schools with better facilities, women staff, and materials in Urdu would go a long way in encouraging Muslim girls to go schools and stay there.

Monitoring of Private Schools:

- Each state needs to conduct an assessment of the size of private schooling that the state requires to augment its own efforts. The proportion of private schools must not exceed the proportion of the population with income levels that can make private schools affordable in each state. Central government needs to provide proportional additional funding to support those states where the population incomes cannot support private schooling costs.
- Strict monitoring of the financial aspects of private schools need to be in place.
- Private schools must be encouraged to start schools in the state languages. Their overwhelming emphasis on English is threatening the language equity of school education as a whole. CBSE also needs to broadbase its affiliation to state language schools.

Quality Management of Government Schools:

- Government schools need to enhance their budgetary provisions for quality aspects of schooling. At present government school budgets do not have Quality management information systems.
- Community monitoring of the school should be encouraged where the school should be open to parents and other community members.

Implementation of RTE

- The 25per cent provision for children of educationally backward sections under the RTE must be strictly impelemented and extended from pre-school to senior secondary, with subsidised fees to be paid for secondary and senior secondary stages.
- Government monetary provisions to private schools for the 25per cent EWS category must be enhanced to reflect the real costs of schooling and must be equal to the fee approved by each state for private institutions in the state.

Recommendations FOR SECONDARY SCHOOLS

- All secondary and senior secondary schools especially co-educational and girls' schools must offer all streams: Science, Mathematics, Commerce, Arts.
- 50per cent of seats in schools must be reserved for girls.
- 50per cent Science and Mathematics teachers must be women.

Safety and Security of Girls

- SMCs and Grievance mechanisms must focus on safety and security of all children, especially girls.
- Schools need to provide a safe environment for both boys and girls. An atmosphere of trust, space where they can practice democratic ways of interacting with each other and build skills to acknowledge and negotiate with conflicts outside the school, to discuss processes of decision making, to interrogate the basis of their decisions and to make informed choices.
- Sense of accountability of reporting of cases of bullying, including cyber bullying, to be raised.

Counselling and Guidance:

- Counselling and guidance regarding new subject choices and linked career opportunities should be made available to girls from class IX onwards in schools.
- Counseling and guidance at entry to colleges and universities to make subject choices and after entry to push them into research careers to bridge the gap between women and men especially in transition from postgraduation to research.

Developing Gender-sensitive policies

- It is imperative to critically examine process of policy conceptualization and formulation and analyze the process of policy development which keep gender as marginal and not integral parameter in the whole policy discourse and its outcomes.

- Gender should be integrated with all other social groups. Focus on women as a category with intersectionalities or multiple identities is imperative. Recognition of multi layered disparities and inequity vis-à-vis different parameters is critical. Lacking this perspective, the policies do not have the desired impact even though they make well meaning statements about the special needs of women. In other words, focus on women as a category with multiple handicaps is critical. Women suffer these handicaps because of overlapping of categories of caste, class, tribe, rurality, religion, disability vis-a-vis gender.
- While writing separate chapters or sections of chapters in the policy documents for each of the social categories gender should be interwoven in all of them. Therefore, policy conceptualization and formulation should be inclusive from a gender perspective. This applies to disability as well.
- In fact, women with disablility, Adivasi and dalit women, women from minorities, from rural areas and from poor homes and their intersectionalities should be made visible by policy makers. For example. When strategies for improving enrolment and retention and reducing dropout at school level are suggested for the social categories, gender should be an inbuilt parameter for all categories thereby making the policy inclusive rather than exclusive. To reiterate, gender should be inbuilt parameter for all levels of education.
- Moreover, gender discrimination faced by women, especially those from the deprived groups, needs to be addressed not at the level of only providing opportunities or access but more so at the level of outcomes for all girls and women- students/ faculty/ administrators and leaders.
- Women in India are at the bottom of the heap by international standards in terms of GER and GPI. Future educational policy has to take care of these parameters to remove gender gaps.
- Database-reasonably meaningful and relevant, updated, transparent, functional and gender disaggregated or gender inclusive has been highlighted by all the authors.
- Gender budgeting and auditing and flexibility of all existing schemes and programmes at the national and state level be undertaken. Too much regimentation of schemes is detrimental to the cause of gender. Scope to adapt/innovate within broad frameworks (but within the gender framework) may be the future direction.

Role of Mass Media:

- The role of mass media and collaboration with civil society may go a long way in changing attitudes and mindsets of the stakeholders towards the education of girls. This will be more important for enrolling girls in far-flung, inaccessible areas and villages and from the marginal communities and social groups, also towards publicizing and generating awareness about open schooling and ODL.

Promoting women in Science:

- Develop a database on women in science: An important move in this direction will be to build on the existing database created by the Indian Academy of Sciences (IAS) on a mission mode by assigning dedicated staff and targeting completion of a comprehensive database within one year's time and continue it on annual basis.
- Since women and also men who have dropped out of Science are difficult to locate, media drives and campaigns through television and newspapers will have to be undertaken.
- The need for institutions to not bar hiring of couples in the same institutions if they are competent.
- Increase opportunities for women to enter formal spaces of science with not a crèche/childcare, but an excellent one where the women, even men, can leave her/his child and engage in research is important.

Change Socialisation Patterns

- Education must enable boys and train them to understand how they derive privilege and power and how, by not changing, they perpetuate gender inequality. Education should enable boys to question their own socialization into masculinity, and start the process of change in their personal relations, domestic life and sexuality (NFG, 2006).
- Initiatives to work with boys from the early stage to constructively address their notions about the other genders.

Co-educational schools

- The ideal of co-education at all stages and for all social groups must continue to be the policy.
- Co-educational government primary schools must extend to co-educational secondary schools.
- It is preferable not to have all boys' schools but may be required for specially vulnerable groups. All girls' and all boys' schools need to be viewed as transitory policy for vulnerable groups. (Vulnerability needs to be more carefully gender defined). These will need to be gradually phased out as schools and processes get more egalitarian.

Dept of Disability
M/o Social Justice

Education of girls with disabilities:

- *Develop Inclusive Policies:* All the schemes and programmes of all the ministries and departments should be responsive to persons with disabilities in general and women with disabilities in specific This would also imply cross sector convergence even in private sector. Department of Disability affairs of MSJE and Ministry of Women and Child need to insure responsive policies for Women and children with Disabilites.
- *Align with international instruments and commitments*: These include the formation of special task forces to protect women with disabilities, the adoption of policies by self help organizations to promote the full representation of women with disabilities and the inclusion of women with disabilities in all policy making bodies at all levels.
- *Overcome Barriers and Build Assets:* Programmes must be aimed at addressing barriers of attitudes, perception and infrastructure by making reasonable and relevant accommodation for girls and women at educational institutions, their training and workplace as well as in their physical environment.
- *Collect Sex Disaggregated Data:* Sex disaggregated data on disability needs to be collected under each of the social sectors to ensure that the planning includes the needs of persons with disabilities. This would apply to all data generation activities such as Annual Statistics of MHRD, DISE and All India Survey on Higher Education. The forthcoming Census 2021 must collect data within the ICF framework.

- *Prioritize Secondary Education:* There is a need for strong initiatives to increase enrolment of girls with disability at the secondary level especially in view of IEDSS and RMSA. All the facilities earmarked for this purpose like escort allowance, stipend to girl students, transport facilities, hostel facilities, adapted toilets should be a priority for the States. This stage has strong implications for generating manpower.
- *Include in Skill Development Programmes:* Incorporate and include the disabled, especially women in the various skill development programmes initiated by the government and as articulated in the National Skill Development Mission.

Adult Literacy

- Programmes for adult women's literacy should aim towards overall transformation by providing life-long learning opportunities over and above reading and writing skills. It should enable adult women to face life and critically analyse the multiple deprivations or intersectionalities they face in terms of gender, race, ethnicity, class and geographical location.
- *Long term commitment of time and resources:* Most adult education interventions have happened at a schematic level. A comprehensive policy with a longer term commitment in terms of investments of time and resources will lead to efforts to link literacy to local contexts and issues, including improved implementation of other government programmes and schemes in rural areas.
- *Adequate and long term budget allocation:* With allocation of Rs.683 crore, adult education received 1per cent of total outlay for education, grossly inadequate to reach out the number of non-literate people in far removed rural areas and reaching out to marginalised communities including SC, ST and Muslims. Funds should be earmarked for the most marginalised women from all the communities.
- *Strengthen Sakshar Bharat*: Enhance the funds, strengthen its Continuing Education component, and evolve mechanisms to evaluate the state of learners post the completion of the programme by independent agencies to ensure that Sakshar Bharat gets honest feedback in its ability to meet its original objectives.
- *Strengthening linkages with civil society groups:* There is a need to promote and build on the learnings of civil society groups that have worked on women's literacy, including a

- participatory approach to programme design trainings and capacity building of literacy personnel, designing research around women's education and in evaluation on literacy programmes.

Vocational and skill Development courses:

- More vocational courses which are not just 'suitable' for the feminine role of girls but which also break the social stereotypes should be introduced. This was a demand from the stakeholders from KGBVs also. Skill Development Programmes like Hunar of NIOS targeting Muslim girls should be expanded to girls from all disadvantaged sections of society.

Incentives:

- Incentives, such as fee waiver, should be given to girls especially those from other disadvantaged sections, who take admission in open school programmes.

Changes in School Structures:

- There should be no standalone primary or middle schools in the country up to the elementary level . Elimination of these structures of exclusion may reduce dropout by circumventing the constraints of socialisation which prevent girls from going to schools and staying in them. This may be done in two phases ie elementary education (I-VIII) should be in a composite school in the first phase. In the second phase all schools should be from I-XII. Girls are more likely to stay on even if the schools are upto X standard.
- Upscale the KGBVs to senior secondary and open more such schools.
- Every educational institution needs to have a crèche and early childhood care and education centre in it or nearby to enable girls to participate in school if they are relieved from sibling care. These are also required in the colleges and universities to help women faculty, especially in science, to pursue research.
- Change the distance norms? In other words, if the existing norms relating to distance between home and school are a barrier to girls' education and have so far failed to provide elementary education to every child how can the situation change if these norms relating

to distance between home and school are not changed ? In the absence of that, provide safe transport. The difference between social and physical distance has to be understood.

- Schemes and schooling need to be expanded and universalised so that every child especially a girl who enters Class 1 has a genuine opportunity to complete Class XII.

These strategies, programmatic and infrastructural provisions and structural changes are critical, if not a necessary precondition, for bridging the gender gap in education at all levels and for making educational policy of the future pro gender and gender inclusive.

In sum, there have been overall improvements in access to education, especially elementary education, in school enrolment, literacy rates, in plugging the dropout rates as well as in making gender aspects a policy concern. Yet a large number of issues remain to be addressed. These include the issue of women in higher education, overcoming the numerous barriers faced by women in access to education, in particular the increasing violence, whereby even a five year old child is subjected to violence, promoting women in vocational and technical education and making education an effective agency for overall empowerment of women and not merely an agent for perpetuation of gender role stereotypes. Women must not be treated as a homogeneous entity for it is essential to recognize the intersectionality of gender with concerns of socially disadvantaged groups. Thus, there is a need to address issues of exclusion and focus on rights. The system has to be held accountable for failure to deliver, for failure to provide access, for failure to overcome barriers. Thus there is an urgent need for systemic change.

Investment in women's education is the singular means to achieve sustainable human development and India today stands at a crossroads where failure to invest in women's education would take it backwards from its proclaimed stance as a leader of the developing world and put paid to any hopes which India has of becoming a future power to contend with. We conclude with a quote from Malcolm X, ""Education is our passport to the future, for tomorrow belongs to the people who prepare for it today."

[1]State of Literacy, Census 2011, Government of India.
[2]State of Literacy, Census 2011, Government of India.
[3]Education for All Global Monitoring Report 2014, UNESCO.
[4] (NAS 2012:7)
[5] Ministry of Human Resource Development. (2014). *Educational Statistics at a Glance*, http:// dise.in/Downloads/Publicationsper cent202007-08/Urban0708/Teacher-Partper cent20per centpdf retrieved on 8/31/14, 9:22pm; http://mhrd.gov.in/statistics_data?tid_2=157 20:23, 9/9/2014.
[6] Acker, S. (1994). *Gendered Education: Sociological Reflections on Women, Teaching and Feminism*, Modern Educational Thought Series, Buckingham: Open University Press.
[7] Skelton, C. and Francis, B. (2003). *Boys and Girls in the Primary Classroom*. Buckingham: Open University Press.
[8] (Robinson and Gillibrand, 2004, as cited in UNESCO. (2007). *Single-Sex Schools for Girls and Gender Equality in Education - Advocacy Brief.* Bangkok: UNESCO.
[9] (AISHE, p.18)
[10] India, Government of. (2013a). *Educational Statistics at a Glance*, New Delhi: Ministry of Human Resource and Development., table 9, p.9)
[11] Varghese, N.V. (2012) "Private higher education: the global surge and Indian concerns". In *India Infrastructure Report: Private Sector in Education*, London and New Delhi: Routledge (Taylor and Francis),:9)
[12] India, Government of. (2013a). *Educational Statistics at a Glance*, New Delhi: Ministry of Human Resource and Development., table 8, p.8)
[13] http://mhrd.gov.in/sites/upload_files/mhrd/files/statistics/AISHE2011-12P_1.pdf downloaded May 11, 2015
[14] Ibid.
[15] Acker, S. (1994). *Gendered Education: Sociological Reflections on Women, Teaching and Feminism*, Modern Educational Thought Series, Buckingham: Open University Press.
[16] (Chanana 1988)
[17] University Grants Commission (2012). *Annual Report 2011-12*. New Delhi: UGC appendix IV, pp 340-41
[18] (Chanana 1988)
[19] (Keller 1983:188)
[20] Chanana, Karuna. (2006). "Educate Girls, Prepare them for Life?" In Ravi Kumar (ed.) *The Crisis of Elementary Education in India*, Sage, New Delhi, pp. 200-223
[21] (Chanana 2006a)
[22] (Blackmore 1997; 1999; Milligan et. al. 1994).
[23] As cited in Kumar , Neelam (Ed.) (2009) *Women and Science in India*, Oxford University Press: New Delhi.
[24] Bal (2005)
[25] Young, M. (ed.) (2000).*From Early Child Development to Human Development* , Washington DC: World Bank..
[26] UNESCO (2000). *Dakar Framework for Action*, UNESCO
[27] *National ECCE Policy* (2013), Ministry of Women and Child Development, New Delhi: Government Of India.
[28]ECCE was earlier considered to be from birth to 6 years, but more recently it has been extended to 8 years.
[29] DISE, 2006-2012 and Ministry of Women and Child Development, 2006-2012
[30] (IECEI, 2013)
[31] (IECEI, 2014)
[32] (IECEI, 2012)
[33] *Annual Status of Education Report* (2013) ASER Center; New Delhi: Pratham
[34] (Government of India 2001: 42)
[35] Sachar Committee Report (2006). *Social, Economic and Educational Status of the Muslim Community of India*, Prime Minister's High Level Committee, New Delhi: Government of India.:85)
[36] Hasan, Z. and Menon, R. (2005). *Educating Muslim Girls: A Comparative Study of Five Cities. New Delhi*: Women Unlimited.
[37] (National Commission for Minorities, 2013)
[38] (IEDC Scheme, 1974)
[39] The Department of Disability Affairs came into existence as part of MSJE as a Department headed by a Secretary level Person in 2012
[40] World Bank. (2007). *Persons with disabilities in India - From commitments to outcomes.* Washington, DC: World Bank.
[41] MHRD. (2007). *Report on the National Evaluation of Kasturba Gandhi Balika Vidyalaya Scheme,* New Delhi: MHRD.

[42] National Institute of Open Schooling. (2012).*Annual Report-2011-12*. NOIDA: NIOS.
[43] Gupta, R. (2006). Twin tracking for women with disabilities on disability legislation. Retrieved August 25, 2014, from http://www.disabilitystudiesnalsar.org/bcp-wwd.php
[44] N.K. Jangira. & Mukhopadhyay, S. (1991). "Research in special education, A trend report". In M.B.Buch (Ed.), *Fourth Survey of Research in Education*. NCERT.
[45] (NCERT, 2013)
[46] Surmila, Kain. (2007) 'Kinnaro ke shaikshik avum vyvasaayik avsaron ki pahchaan avum vistaar ke liye sujhhaav'. M.Ed. dissertation, Central Institution of Education, Delhi University.
[47]Issues of curriculum, gender and textbooks are also briefly referred to in the section on school education.
[48] Garg, B.R. (2001). *Policy Documents on Indian Education*, Ambala Cantt, Punjab: The Associated Press.: 233)
[49] Garg, B.R. (2001). *Policy Documents on Indian Education*, Ambala Cantt, Punjab: The Associated Press.: 289)
[50] (Chanana 1988)
[51] (Chanana 1988 in Chanana, Karuna. (2001). "Hinduism and Female Sexuality: Social Control and Education of Girls in India", *Sociological Bulletin*, March, 50 (1), pp. : 51. Also in S. Rege (ed.), *Sociology of Gender: The Challenge of Feminist Sociological Knowledge*, 2003. Sage: New Delhi, pp. 287-317)
[52] (Karlekar 1993)
[53] Bisaria, Sarojini, et.al, (1982) *Status of Women Through Curriculum: Elementary Teacher's Handbook*, New Delhi: NCERT; Kulshreshtha Indira, Kumari Surja (ed), (1982). *Status of Women Through Curriculum: Secondary and Senior Secondary Stages Teacher's Handbook*, New Delhi: NCERT.; Kumari Surja, (1984). *Status of Women through Teaching of Mathematics, A Teacher's Handbook*, New Delhi
[54] Srivastava, Gouri, (2006), *The Role of Begums of Bhopal in Girls' Education*, Department of Women's Studies, New Delhi NCERT.

[55] (NCERT, 2006) NCERT. (2006), *National Focus Group on Gender Issues in India*, Position Paper,New Delhi: National Council of Educational Research and Training.
[56]Recently it has been renamed Dept. of Gender Studies.
[57] National Curriculum Framework (2005), New Delhi: National Council of Educational Research and Training.
[58] (NCF 2005: v)
[59] (NCF-2005:6)
[60] Srivastava, Gouri, (2013-14), *Report on Strategies adopted for Enrolling Girls in KGBVs managed by different Agencies in Andhra Pradesh, Bihar and Gujarat : An Exploratory Study*, New Delhi: NCERT.: 18)
[61] (NFG, 2006)
[62] Bernstein, B. (1971). "On the Classification and Framing of Educational Knowledge", in M.F.D. Young (ed.) *Knowledge and Control*. London: Collier-Macmillan, pp. 47-69.:47)
[63] (NFG, 2006:22)
[64] (NCF, 2005).
[65] (National Policy on Education, 1986)
[66] (The Teacher and Society, Chattopadhyaya Committee Report (1983-95), MHRD, GOI. pp.4).
[67] *(Chanana 2005*
[68] Sadan, E (2004). Chapter 3: A Theory of Empowerment. In Sadan, (ed.) Empowerment and Community Practice (online). Tel Aviv. Hakibutz Hameuchad 144. Available from: http://www.mpow.org
[69] This definition was adopted by a group of practitioners soon after the First National Conference on Women's Studies held in 1981. (Mazumdar, 1994)
[70] This was the first time that the specific term 'women's studies' came into use in India.
[71] These were Panjab University, Delhi University, Calcutta University and Jadhavpur University.
[72] (Poonacha, 2003)
[73] (Chanana 2006; Acker 1994)
[74] (Chanana 2006)
[75]Visit the website: http://www.ed.uiuc.edu/wp/access/gender.html- See 'An educator's guide to gender bias in computers'. Gender gap has been found to be in the use of technology esp. in computer and internet usage.
[76] Apple, Michael. (1997). "What Postmodernists Forget: Cultural Capital and Official Knowledge". In Halsey, A.H., Hugh Lauder, Phillip Brown and Amy Stuart Wells (eds.), *Education: Culture, Economy, and Society*, New York: Oxford University Press, pp. 595-604.
[77] India, Government of. (1986). *New Educational Policy (NPE) 1986*. New Delhi: Ministry of Human Resource Development.: 6

[78] (*Ibid*)
[79] (India 1986: 33)
[80] India, Government of. (1992). *Programme of Action, 1992*, New Delhi: Ministry of Human Resource Development:1.
[81] For details see Handbook: KGBV, MHRD, Government of India (2007).
[82]This committee also incidentally had one woman member who was also a Member of the National Commission for Women. Yet she did not lend an effective voice to the deliberations.
[83] Chanana, Karuna. (2011). "Policy Discourse and Exclusion-Inclusion of Women in Higher education in India", *Social Change*, Sage, New Delhi. 41(4), p.:542)
[84] (Chanana 2011:542).
[85]It was prepared by women in science committee constituted by the Indian National Science Academy.
[86] (Chanana 2011)
[87] (Chanana 2011)
[88] (NFG 2006: 22)
[89] Ministry of Human Resources Development (2014). Secondary Education Management Information System. http://semisonline.net/AboutSEMIS.aspx retrieved on 14.11.2014
[90] MHRD. (2013). *Second national evaluation of KGBV Programme of Government of India.* Ministry Of Human Resource Development , Government of India
[91] (NCF, 2005)
[92]http://www.nlm.nic.in/tlc_nlm.htm
[93] Press Information Bureau, Govt of India. 1.09.2008
[94]Sakshar Bharat: The Reality Behind the Sheen of Statistics: http://khabarlahariya.org/?p=6209
[95] (Chanana 2011)
[96] (Chanana 1993: 86)

Chapter 12

Women's Health and Access to Services

Introduction

Chapter Highlights

Introduction

- Current Health Situation of Women in India
- ✓ Malnutrition/Anaemia and Chronic energy deficiency
- ✓ *Maternal Health: Pregnancy, Delivery and Post Natal Care*
- ✓ *Life Expectancy and Infant Mortality Rates*
- ✓ *Contraceptive Use as a Measure of Women's Health*
- ✓ *Post-reproductive years/Post-menopausal*
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- Adolescent Girls and Health
- Rashtriya Swasthya Bima Yojana(RSBY)

Conclusion and Recommendations

12.1 Increasing women's access throughout her life cycle to appropriate, affordable and quality health care, which is sensitive and responsive to women's needs, information and related services, is a great challenge for health programs. Widespread social and economic inequities directly influence access to and utilization of healthcare services.

12.2 While the health system can and must function as a safety net, providing care to those who need it most, all too often the reverse is true i.e. socially excluded groups do not have access to badly needed care, despite their higher burden of disease. When they are able to access care, it often involves catastrophic costs that deepen their impoverishment. *Though food security and nutrition are now legal entitlements; healthcare is still not.* A rights-based approach has not permeated the health system either in terms of financial allocation or quality of services, especially for the socially and economically excluded. In an analysis of out-of pocket (OOP) expenses and impoverishment in urban India, during 1995-96 and 2004, it was found that roughly 6 percent of the urban population or about 18 million people were impoverished entirely due to out of pocket medical expenses and the depth of poverty registered a threefold increase

between the two periods. Urban Muslims, dalits, casual labour, and lower middle income households were easily the most vulnerable to the financial implications of ill-health[1]. According to another estimate, about 39 million additional people[2] fall into poverty each year as a result of the health expenditure.

12.3 While social inequity is largely responsible for adverse health outcomes for both men and women, it more seriously impacts women's health [3]. Gender inequality multiplies in health manifold - as unlike men, women face double jeopardy, experiencing inequalities both outside and within the household, which negatively impacts their health and wellbeing. The health status of women in India relates to the perceived interest response because of the societal and cultural practices that create an environment where the self-worth of women is marginalised. Therefore, outcomes relating to healthcare decisions within households favour the men, due to greater self-worth. Long-term and sustained improvements in women's health require rectification of the inequalities and disadvantages that women and girls face in other realms of life such as education, economic opportunity, property ownership etc., and improving their self-worth.

12.4 Through successive planning processes, program formulations, resource allocations to health as well as through its commitments to various international agreements, the Government of India (GoI) has made efforts to respond to health challenges faced by women. The GoI is signatory to the International Conference on Population and Development (ICPD) held in Cairo(September, 1994), and the Fourth World Conference on Women, held in Beijing (September, 1995) – both watershed moments in the history of women's health, and which placed women's health within a framework of empowerment and reproductive rights. The Millennium Development Goals (MDGs) adopted by 189 countries, including India, in the UN Millennium Summit in September 2000 reiterated the significance of gender equality and women's health when it set eight development goals and targets to be achieved by all signatory nations, by 2015. MDG 5 explicitly focuses on improving maternal health whereas goals 4 (child mortality) and 6 (HIV, Malaria and other diseases) address other health issues in which women and girls have much greater disadvantages than men and boys.

12.5 A close monitoring of MDG goals and consultations have recognized that while child and maternal mortality have declined at unprecedented rates, and commendable progress has been

made to contain AIDS, tuberculosis and malaria, much more needs to be done beyond 2015 to "sustain the gains that have been made to date and to ensure more equitable levels of achievement across countries, populations and programmes". At the same time, emerging health issues like non-communicable diseases will have to find place in the new development agenda and Universal Health Coverage (UHC) must be used in the post-2015 agenda as a way of accommodating the wide range of health concerns and to clearly reduce poverty and impact development[4].

12.6 Convention on the Elimination of all forms of Discrimination Against Women (CEDAW)[5] also recommends to take measures to ensure equal access to health care. Pursuant to ICPD's Plan of Action and various national and international commitments, the GoI formulated the National Population Policy (NPP), 2000; the National Health Policy (NHP), 2002; and successive reproductive and child health programs for a comprehensive reproductive and sexual health approach. More recently, the Government shared a Draft National Policy document in public domain in order to finalize the National Health Policy (2015).

12.7 One of the key governmental initiatives to address the issue of health inequity is the National Rural Health Mission (NRHM) launched in 2005; also later the National Urban Health Mission (NUHM) - to provide affordable and quality primary healthcare to the poor and disadvantage population. The National Health Missions now provide an overarching framework to deliver comprehensive health services in the country.

12.8 Despite these initiatives, lack of serious public spending on health in India is presented as a major reason contributing to the continued health disadvantages for women and men, and in particular of those from the poor communities. According to one estimate[6]public spending on health in India was about 1.1 per cent of GDP in 2010-11. The authors of this estimate concluded, based on the modified methodology to estimate the health expenditure, "*If one includes water supply and sanitation, the estimate was around 1.5 per cent of GDP. Further, with nutrition, the estimate was about 1.7 per cent of GDP. The target level of health expenditure (of around 2 to 3 per cent of GDP) refers to expenditure on health services alone, and our estimate suggests that this expenditure has increased by about 0.2 per cent of GDP between 2004-05 and 2010-11.*"

12.9 Over 60 per cent of health expenditures are private, of which nearly 80 per cent is financed out of pocket primarily due to a very limited insurance coverage - both government and private, making it one of the highest out-of-pocket spending rates, globally.

12.10 Various National Health Insurance Schemes[7] including the much talked about Rashtriya Swasthya Bima Yojana (RSBY), for people below the poverty line, are important initiatives by the central government. Various evaluations of RSBY though present mixed results of its impact. Several state governments have come up with their own insurance schemes. Despite these initiatives, the actual public spending on health has not shown much increase[8].

12.11 Research shows that the proportion of medical and healthcare expenditure in overall personal consumption has risen considerably over the years.10.11 In the year 2005-06, a system of Gender Budget Statement (GBS) was introduced in the Union Budget . This practice has been sustained till date. Apart from listing schemes where 100% provisions are meant for women, the statement in its current form includes those schemes as well, in which at least 30% provisions are meant for women. This leaves out many important schemes as well as sectors having significant impacts on women, since not all ministries and departments are reporting in the GBS[9]. Based on a preliminary assessment of the GBS over the last few years, a study led by Centre for Legislative Research and Advocacy (CLRA-) revealed that the total allocations earmarked for women as proportion of the total union government expenditure is in the range of 5-6%, which by any standard is significantly low[10]. An analysis of per capita allocation for MDGs shows that in 2011 the government had allocated Rs. 594 per woman to address Goal 1 (poverty and hunger) and only Rs 67.5 per woman/girl child to address Goal 4 (child mortality) and Rs. 202 per capita allocation to address maternal health[11]. The study also identified *pattern of spending* and *quality of spending* as two areas of concern, with respect to the allocated budget.

12.12 The gap between the actual spending and the required amount is larger in the relatively low-income states. This results in marked inter-state inequality. The low levels of spending have had an adverse impact on the creation of both equitable and preventative health infrastructure[12], and have also adversely affected the demand for appropriate health care from public health outlets[13].

Current Health Situation of Women in India

12.13 Low spending in public health and poor quality of public health services have hugely disadvantaged women resulting into debilitating and life threatening health problems. Despite overall improvements in some of the health outcomes and some Indian states achieving desirable outcomes, the health and well-being of many women and girls in India is still neglected[14]. Those from poor, vulnerable and marginalized communities continue to suffer from high levels of malnutrition, infection and mortality and morbidities at various life stages, and face huge barriers in accessing timely and affordable health services. *Evidence clearly suggests that continued economic growth will not automatically translate into equitable health outcomes for women and girls.*[15]

Malnutrition/Anaemia and Chronic Energy Deficiency

12.14 One of the worst health situations that Indian women and girls face relates to their nutritional status. Malnourishment or under-nutrition situation is grim in India, particularly that of women. Also, a very large proportion of Indian women are anaemic (Table 1).

Table 1: Prevalence of Anaemia among Women - States

State	Percentage of women with			
	Mild anaemia	**Moderate anaemia**	**Severe anaemia**	Total
Andhra Pradesh	39.0	20.6	3.3	62.9
Arunachal Pradesh	36.6	12.5	1.6	50.6
Assam	44.8	21.2	3.4	69.5
Bihar	50.5	15.9	1.0	67.4
Chhattisgarh	39.9	15.7	1.9	57.5
Delhi	35.2	8.8	0.2	44.3
Goa	29.6	7.8	0.6	38.0
Gujarat	36.2	16.5	2.6	55.3
Haryana	37.6	16.7	1.7	56.1
Himachal Pradesh	31.6	10.5	1.2	43.3
Jammu & Kashmir	37.3	13.1	1.6	52.1

Jharkhand	49.6	18.6	1.3	69.5
Karnataka	34.4	15.1	2.0	51.5
Kerala	25.8	6.5	0.5	32.8
Madhya Pradesh	40.8	14.1	1.0	56.0
Maharashtra	32.8	13.9	1.7	48.4
Manipur	30.1	5.1	0.5	35.7
Meghalaya	32.8	12.6	1.8	47.2
Mizoram	29.1	8.8	0.7	38.6
Nagaland	..	..	..	..
Orissa	44.9	14.9	1.5	61.2
Punjab	26.2	10.4	1.4	38.0
Rajasthan	35.2	15.4	2.5	53.1
Sikkim	42.1	16.2	1.7	60.0
Tamil Nadu	37.4	13.6	2.2	53.2
Tripura	49.0	14.8	1.3	65.1
Uttarakhand	40.4	13.3	1.5	55.2
Uttar Pradesh	35.1	13.2	1.6	49.9
West Bengal	45.8	16.4	1.0	63.2
India	38.6	15.0	1.9	55.3

Source: National Family Health Survey - III, 2005-06.

.. : *Not Available.*

Note: The haemoglobin levels are adjusted for altitude of the enumeration area and smoking when calculating the degree of anaemia. Total includes women with missing information , who are not shown separately.

12.15 According to the nutrition data from NFHS during the mid-2000s, more than half of the adult women in India were anaemic; a third of all women were underweight as measured in terms of their Body Mass Index (BMI). Nutritional deficiency was much higher among women from poor and underdeveloped states. In Madhya Pradesh, Bihar, Chhattisgarh, Jharkhand and Orissa more than 40 percent of women have a low BMI. Anaemia is endemic in India. While it equally affects rural, urban, literate and illiterate women, it is highest among rural and illiterate women as well as those belonging to the lowest wealth quintile. Almost 70 percent of women in Assam, Jharkhand and Bihar; between 55 and 58 percent of women in Chhattisgarh, Madhya Pradesh, Rajasthan and Uttarakhand are anaemic. Incidentally, these very states also have high IMR thereby indicating a high causal relationship between maternal health and infant survival.

12.16. Over one in three women in India have chronic energy deficiency (CED). CED[16] is high in Chhattisgarh, Orissa, Madhya Pradesh, Bihar, Jharkhand and Uttar Pradesh17. These are also states that have high maternal mortality ratios (MMRs). A survey conducted by NMRB[18] in rural areas found that the Recommended Daily average Intake (RDI) of energy and proteins in the rural population is below par for both sexes at the growing stage, and at the onset of adulthood. Women who were eighteen and above were consuming 400 kilo calories less than the recommended amount. According to recent estimates, under-nutrition in India is increasing among women of childbearing age. It affects women more than it affects men due to the specific nutrition needs of women during adolescence, pregnancy, and lactation. Widespread nutrition deprivation among women perpetuates an inter-generational cycle of nutrition deprivation in children. Undernourished girls grow up to become undernourished women who give birth to a new generation of undernourished children.

12.17 Under-nutrition in India has remained high or has remained unchanged among children. According to recent estimates, it is increasing among women in childbearing ages. National Family Health Survey (NFHS-3) data indicates almost no decline in the proportion of underweight children, and in fact, some rise in wasting. National Nutrition Monitoring Bureau (NNMB) however shows some decline. But, according to many, almost no change in the nutritional status of children as per the most recent NFHS data, is worrying[19]. In any case, a large proportion of Indian children and more girls than boys are stunted (low height for age), wasted (low weight for height) and underweight (low weight for age).

12.18 In order to address the issue of under nutrition among both mother and her infant, the Ministry of Women and Child Development (MWCD) formulated a Scheme for pregnant and lactating mothers called Indira Gandhi Matritva Sahyog Yojana (IGMSY) – a Conditional Maternity Benefit Scheme. Under this Scheme, a cash incentive of Rs. 4000 is provided directly to women 19 years and above for the first two live births subject to the woman fulfilling specific conditions relating to maternal child health and nutrition. Cash incentive is provided in three instalments, between the second trimester of pregnancy till the infant completes 6 months of age. Women enrolled under IGMSY are encouraged to avail Janani SurakshaYojana – described later in the chapter - package also for institutional delivery. An evaluation of IGMSY shows

disappointing results on account of poor implementation[20]. Reduced allocation of resources in the current budget further signals the possibilities of poor implementation.

12.19 Citing NFHS data on declining trends of child malnutrition some studies attribute partial credit to ICDS. In a recent report[21] using DHS data from 2005 to 2006 on child-level participation in ICDS, investigators demonstrated the impact of flagship supplementary nutrition program of ICDS on children's physical growth. Using matching and difference-in-difference estimators, researchers found that girls 0–2 years old receiving supplementary feeding intensely were at least 1 cm (0.4 *z*-score) taller than those not receiving it in rural India. The estimates were similar for boys aged 0–2 but less robust. Despite some of the evidence a conclusive evidence of positive impact of ICDS is not available.

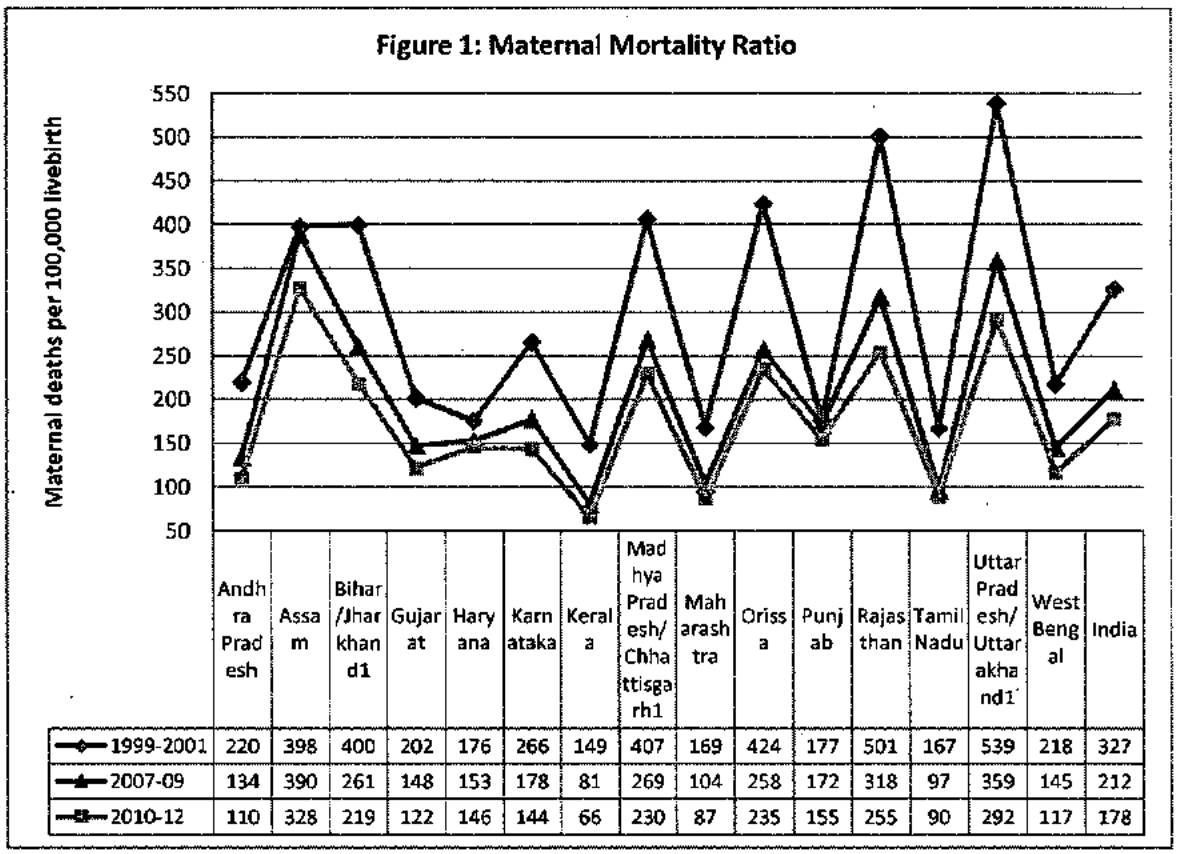
Maternal Health: Pregnancy, Delivery and Post Natal Care

12.20 The impact of poor nutrition carries over to every other aspect of women's health and her life. If married early, which is likely in a large number of cases, a malnourished girl is likely to suffer from severe maternal health problems if she becomes pregnant early. The national statistics suggest that a large number of girls get married before they attain 18 years of age, and that a majority of them suffer from anaemia. Maternal mortality rate (MMR is still quite high indicating that all-round holistic efforts are needed to improve the health situation of women in the country.

12.21 According to one estimate, worldwide every fifth woman who dies due to maternal causes is an Indian[22]. The most recent estimate of the Maternal Mortality Ratio (MMR) in India is 178 per 100,000 live births (Figure 1). While this is a marked improvement from about 550 during the mid-nineties, the rate is still high and varies widely across states with Tamil Nadu and Kerala relatively better off than the rest of India.. For example, Kerala has a rate of 66 maternal deaths whereas Assam is estimated to have a rate of 328 deaths. The high focus states[23] of Bihar/Jharkand, Madhya Pradesh/Chattisgarh, Orissa, Rajasthan, and Uttar Pradesh/Uttarakhand have MMRs of 219, 230, 235, 255, and 292 respectively. These are also states that have registered high birth rates compared to the national average and other more developed states.

What is noteworthy and subject of further research is that Assam and Punjab have not shown a significant decline in maternal mortality ratio in last eight years (Figure 1).

Figure 1: Maternal Mortality Ratio



	Andhra Pradesh	Assam	Bihar/Jharkhand1	Gujarat	Haryana	Karnataka	Kerala	Madhya Pradesh/Chhattisgarh1	Maharashtra	Orissa	Punjab	Rajasthan	Tamil Nadu	Uttar Pradesh/Uttarakhand1	West Bengal	India
1999-2001	220	398	400	202	176	266	149	407	169	424	177	501	167	539	218	327
2007-09	134	390	261	148	153	178	81	269	104	258	172	318	97	359	145	212
2010-12	110	328	219	122	146	144	66	230	87	235	155	255	90	292	117	178

Source: Maternal Mortality in India; Office of the Registrar General, India.

12.22 Haemorrhage, primarily post-partum haemorrhage, is the major cause of maternal deaths followed by anemia (SRS, 2003). The other direct causes of maternal deaths include abortion (8 percent), obstructed labour due to malposition of the foetus (7 percent), puerperium sepsis (10 percent) and hypertensive disorders (5 percent). Malnutrition, reproductive tract infections (RTIs) and sexually transmitted infections (STIs) combine to keep the MMR in India high[24]. *Maternal mortality is just the tip of the iceberg of reproductive health problems in India.* Back in 1995, the WHO estimated that for every maternal death, there are 16 women who suffer morbidities that can last a lifetime. Among the indirect causes of maternal deaths, besides

anaemia, evidence from recent studies suggest that malaria and viral hepatitis, tuberculosis and other infectious diseases, heart disease and gestational diabetes may also be contributory factors.[25] For a significant proportion of maternal deaths -14 percent - the cause remains unknown in the country.

12.23 A high incidence of maternal deaths is a reflection of both poor maternal health and poor quality of maternal health services. Women die during pregnancy, childbirth, and soon after, due to multiple factors related to health care systems that include poor outreach and inadequate referrals. There are underlying socio-economic and cultural causes of maternal deaths, as well as lack of adequate and appropriate policy framework. *Maternal deaths therefore cannot be seen in isolation. Besides being a reflection of the general health status of a community, maternal health is a manifestation of gender inequality, discrimination and the low status of women.*

12.24 Pregnancy-related health care referred to as antenatal care (ANC), monitors a pregnancy for signs of complications, problems of pregnancy, and provides advice and counselling on preventive care, diet during and after pregnancy. Timely antenatal check-ups can prevent maternal mortality to a significant proportion. A minimum of three antenatal check-ups are recommended to regularly monitor weight and blood pressure; perform abdominal examinations; immunize against tetanus; and provide iron and folic acid prophylaxis as part of anaemia management. Between 1992-93 to 2005-06, while there is a slight increase in the uptake of ANC services, the proportion of pregnant women seeking all three antenatal checkups, particularly women coming from the disadvantaged communities is extremely low.

12.25 Only one in two pregnant women in India goes through three or more ANC visits[26]. The rural urban divide in receiving maternal health care is truly stark. In rural India, only 43 percent of women compared to 74 percent of urban women had at least three or more ANC visits (Table 2). Data clearly show that - older, illiterate, those with higher birth orders and women from poor households *are less likely* to receive ANC services; women from the Other Backward Caste categories *are least likely to receive;* and Adivasi women have the least coverage.

Table 2: Trends in Maternal Care Indicators for Births during the Three Years Preceding the Survey by Residence

Indicator	NFHS-I	NFHS-II	NFHS-III	DLHS[4]
	1992-93	1998-99	2005-06	2007-08
URBAN				
% who received ANC[1]	83.00	86.50	90.70	87.20
% who had atleast 3 ANC visits[1]	66.80	70.10	73.80	68.90
% who received ANC within the first trimester[1]	40.90	55.80	63.00	
% of births delivered in a health facility[2]	58.40	65.10	69.40	70.50
% of deliveries assisted by health personnel[2,3]	66.40	73.30	75.30	
RURAL				
% who received ANC[1]	59.20	59.90	72.20	70.70
% who had atleast 3 ANC visits[1]	37.30	36.90	42.80	43.90
% who received ANC within the first trimester[1]	20.20	26.70	36.10	
% of births delivered in a health facility[2]	16.70	24.70	31.10	37.80
% of deliveries assisted by health personnel[2,3]	25.90	33.50	39.90	
TOTAL				
% who received ANC[1]	64.60	65.80	76.90	75.30
% who had atleast 3 ANC visits[1]	43.90	44.20	50.70	51.00
% who received ANC within the first trimester[1]	24.90	33.10	43.00	
% of births delivered in a health facility[2]	26.10	33.60	40.80	47.00
% of deliveries assisted by health personnel[2,3]	35.10	42.40	48.80	

Source: National Family Health Surveys, Ministry of Health & Family Welfare; Figures for 2007-08 are from DLHS-3; [1]Based on the last birth to ever-married women in the three years preceding the survey. [2]Based on the last two births to ever-married women in the three years preceding the survey. [3]Doctor, auxiliary nurse midwife, nurse, midwife, lady health visitor, or other health personnel. [4]DLHS: District Level Household and Facility Survey, Ministry of Health and Family Welfare.

12.26 The low demand or use of ANC services is attributed to the ignorance and lack of felt need on the part of women. However, many argue that low use of ANC services is largely because of a gap in the implementation of services. It has been repeatedly pointed out by researchers and program evaluators that poor quality of services including non-availability of doctors/providers

and lack of trust in providers are important deterrents[27]. Studies have also pointed out other structural barriers - for example, difficulties in reaching the health facilities due to poor road and transport conditions.

12.27 Till 2005-06, only about two in five deliveries were taking place in some type of health care institution. This means 60 percent of all women – the proportion increases to 80 percent in the case of Advasi women – gave birth at home[28]. The rural/urban divide in delivery care is striking. Only a little over one-third of rural women delivered in a health facility compared to 70 percent of their urban counterparts; and only 40 percent of rural women were assisted by health personnel in their deliveries compared to 75 percent of women in urban areas.

12.28 Postpartum care is extremely crucial as 60 percent of neonatal deaths occur due to complications arising from delivery[29]. The available data show that only 1 in 6 women receive some kind of postnatal care. The majority who receive care are urban, literate and living in households with higher standards of living[30]. Ironically, most women who do not receive health care during pregnancy think it is unnecessary[31].

12.29 According to NHFS-3, the likelihood of non-utilization of government health services such as ANC and institutional deliveries is very high among certain groups. State studies conducted in Jharkhand, Rajasthan and Uttar Pradesh show that women belonging to tribal communities are more likely to deliver at home (94 per cent as compared to 69 per cent of non-tribal groups) ; they are less likely to utilize ANC services, and less likely to receive post-natal care. Maternal deaths are also high among SC/ST women. A study using verbal autopsies found that 37 percent of the sampled SC/ST women accounted for as much as 74 percent of the maternal deaths reported in the study[32]. Although not analysed separately, maternal death is also high among the ST women.

12.30 The GoI has had a series of initiatives to address high maternal mortality. In the mid-seventies, the GoI launched the Expanded Program on Immunization (EPI) which evolved into the Child Survival and Safe Motherhood (CSSM) program which still later, during the post-Cairo period, became the Reproductive and Child Health (RCH–I) initiative and later RCH-II (Annual

Reports, GOI). In April 2005, to meet a number of supply side challenges like lack of human power; to improve the outreach as well as the MDG 5 targets to promote institutional deliveries and improve maternal survival, a scheme Janani Suraksha Yojana (JSY) has been launched under the umbrella of the National Rural Health Mission (NRHM).

12.31 In order to attain universal access to women's health services, and to achieve population stabilisation, gender and demographic balance (Ministry of Health and Family Welfare, 2005) the NRHM had set goals to reduce the MMR to 100 per 100,000 births and the IMR to 30 per 1,000 live births. The JSY and the focus on female health volunteers in the village called Accredited Social Health Activists (ASHA) are priority schemes under the NRHM, which completed its phase I from 2005-12. With the inception of the 12th Plan period (2012-17), NRHM is further strengthening its strategies and approach[33].

12.32 Evaluations of the JSY have shown a mixed impact. Without doubt JSY has succeeded in increasing the use of ANC services and institutional deliveries[34], and in reducing perinatal and neonatal deaths[35]; several other aspects of maternal health and care continue to be challenging. Population Council's in-depth evaluation of JSY for example, revealed that JSY's reach remains limited and inequitable. Focussing on Rajasthan only, the evaluation findings suggested that the most vulnerable women were less likely than others to have availed JSY services. Thus, women living in rural areas; those at high risk of maternal complications i.e. very young mothers or high-parity mothers (mothers with more than one child); those belonging to socially and economically excluded groups (e.g. Muslim women, illiterate women, and poor women), were less likely than others to have benefited from JSY.

12.33 Because of its overwhelming focus on 'universalized institutional deliveries' and its link to maternal mortality, NRHM has been criticized for its neglect of other crucial health issues such as adolescent reproductive health, men's participation in reproductive health, management of RTIs and STIs at primary levels, and safe abortion options for women. Health activists and public health professionals have questioned the assumption that institutional deliveries are equivalent to safe deliveries. As mentioned earlier, very few deliveries are assisted by a skilled birth attendant. According to the UN Rapporteur's report, "health work force is a major bottleneck in India achieving the MDG 5 on maternal health. Skilled birth attendants are not

available in sufficient numbers. The Auxiliary Nurse Midwives who are supposed to be resident at the village sub centre and facilitate child births, are often absent from the communities that they are supposed to serve. Additionally, they do not have the competencies of a skilled birth attendant"[36].

12.34 Most maternal deaths can be prevented if deliveries are attended by skilled birth professionals. There have been several innovative schemes like the Chiranjeevi Scheme[37], a public-private partnership scheme initiated by the Government of Gujarat.. Under the scheme, the government contracts private providers that volunteer to render their services by signing a memorandum of understanding with the district government. In return, they receive an advance payment to commence services and are compensated at about $4,500 per 100 deliveries (normal, caesarean or with other complications). Any qualified private provider with basic facilities, such as labor and operating rooms, and access to blood and anaesthetists can enrol in the program after a thorough orientation. The scheme uses the existing cards issued to families living below the poverty line by the rural development department of the state government to access services. In the first six months since the launch of the scheme, each provider performed 116 deliveries on average. The institutional delivery rate has increased to more than 81% from about 54.7% in 2005-2006. 10.35 NRHM/RCH-II also provides for the expanded role of staff nurses to qualify as skilled birth attendants and develop competency in providing life saving measures. This is done through a two-week training, which according to experts is not adequate to acquire adequate skills, and address gaps in services.

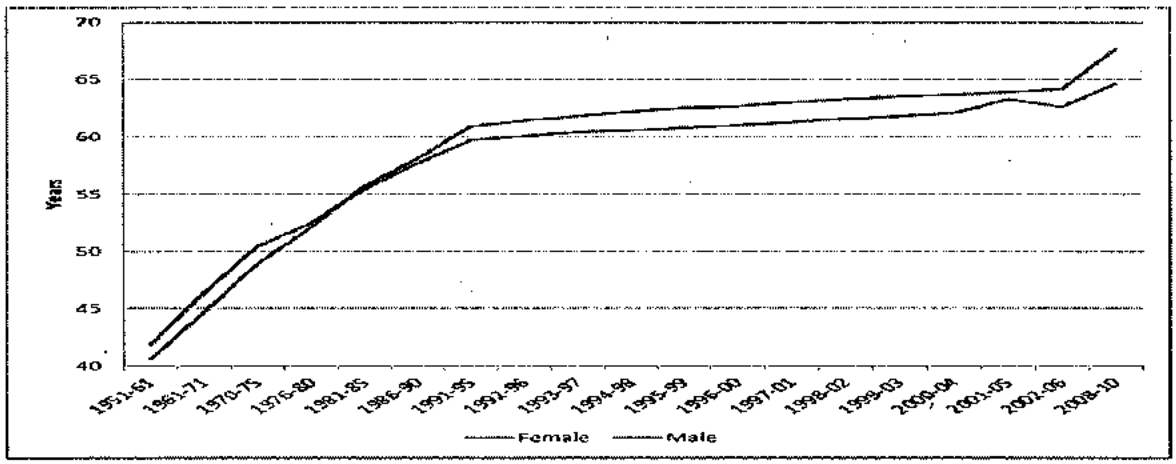
12.35 There is a need to put emphasis on safe delivery in institutional set ups, improve post natal care, and screenutritional status of women. There is a need to improve perinatal and neonatal care, and to curb malnutrition in childrenAlso, delaying age at marriage backed up by enhanced educational and livelihood opportunities and skills can provide greater control and autonomy to a woman to take reproductive decisions, and decide upon other crucial options of her life. Early marriage and early pregnancy are closely interlinked. According to a national study conducted by the Indian Council of Medical Research, maternal mortality was 342 per 100 000 live births among women aged 20–34 years compared to 645 per 100 000 live births for adolescents. Among few important suggestions that have emerged from various program evaluations include building strong evidence base to inform strategies to reduce MMR. For example, evidence needs

to be generated on the effectiveness of skilled based attendant or referral and emergency obstetric services; also on the effectiveness of public-private partnerships

Life Expectancy and Infant Mortality Rates

12.36 Improvement in women's life expectancy in the past few decades has been noteworthy. During 1970s, female life expectancy began improving faster than men's. By 2006-10, women had a greater life expectancy than men across all age groups. In 2008, an average Indian was expected to live 4.6 years longer compared to a decade earlier; and an average Indian woman's life expectancy was three years more than her male counterpart (67.7 years vs. 64.6 years). This represents an increase of 2.5 years for women and 1.8 years for men respectively, when compared with 2002 levels (Figure 2). This is a significant improvement; it shows that if women and girls survive the most vulnerable stages in their life, they can live longer than men.

Figure 2: Life Expectancy at Birth (in years)



Source: Office of the Registrar General, India.

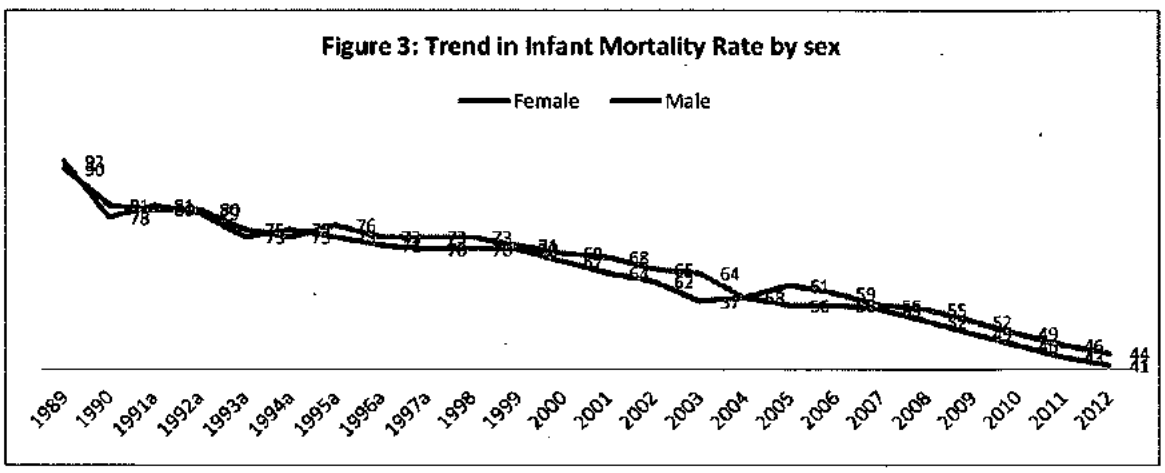
Notes: Figures for 1951-61 and 1961-71 are based on Census Actuarial Reports and for 1970-75 onwards on the basis of estimates from Sample Registration System.

12.37 Despite an improvement in life expectancy, data using a life-cycle framework has consistently shown a relatively higher level of health disadvantage among women and girls as compared to men and boys. Age and sex specific death rates (age specific death rate refers to the number of women and girls dying in a specific age group as opposed to overall life expectancy)

are strong manifestations of the low value placed on women and girls, and evident at different stages in the lifecycle when they are highly vulnerable both biologically and socially. One can see women's and girls' relative powerlessness in terms of higher mortality rates during infancy and childhood, and during their peak reproductive years when women are burdened with repeat pregnancies and poor health care. The death rate amongst girls in the age group 1-4 years as compared to boys is nearly 39 percent higher (SRS, 2011). Overall, infant mortality in India has declined from 91 deaths per 1000 live births in 1989 to 42 deaths in 2012 with an average rate of decline of 2 deaths per year. Even though the infant mortality rate (IMR) has declined by 36 points in the last two decades, female infants continue to experience a higher IMR than males (F 44, M 41) (Figure 3).

12.38 The IMR varies dramatically from one state to another, ranging from 12 in Kerala to 56 in Madhya Pradesh (Table 4 in Appendix). Death of female children is uniformly higher compared to male children in all the states of India. A high disparity between states in IMR is indicative of the differing standards of living, quality healthcare, education and socio-economic conditions. Kerala which has the lowest IMR has the highest female literacy rate in the country, and is reported to have the lowest rural-urban inequalities in public health status.

Figure3: Trends in Infant Mortality Rate by Sex



Source: Sample Registration System (various years), Office of the Registrar General, India. (excludes Jammu and Kashmir)

12.39 Kerala is rated high in the human development index and provides good health care at a low cost to its citizens. Among India's eight 'high focus states', Madhya Pradesh recorded the highest IMR of 56 followed by Orissa (53), Uttar Pradesh (53), Assam (55), Rajasthan (49), Chhattisgarh (47) and Bihar (43). The IMR is skewed towards females in all the above states, with the greatest difference being in Odisha. There is evidence to suggest that fewer girls than boys receive full immunization coverage in Odisha and in all the 8 focus states.

Contraceptive Use as a Measure of Women's Health

12.40 It is widely accepted that family planning can prevent as many as one in every three maternal deaths by enabling women to delay the first pregnancy, lengthen the interval between births (spacing), avoid unintended pregnancies and abortions, and stop childbearing (limiting). It plays a vital role in part in not only deciding the number of children (fertility) but also preserving women's health. Over the past two decades there has been a steady increase in the prevalence of contraceptive use. While in 1992-93, 41 per cent of eligible couples were using a modern contraceptive method, in 2005-06 the proportion increased to 56 per cent, about 85% of which is in the in the form of female sterilization[38].

12.41 An impressive increase in contraceptive use reveals that unfortunately women have to disproportionately bear the responsibility for family planning; yet they have very little choice in the methods they use and the timing of their use. *The family planning program is dominated by a single method - female sterilization.* The GoI 2011 data shows that the proportion of female sterilization to total sterilization increased from 79 percent in 1980-81 to 96 percent in 2010-11, and the number of condom users declined over the years[39]. What is most revealing is that 77 per cent of sterilized women did not use any other method before their sterilization (2005-06 data) indicating that sterilization was their first and only method. Among sterilized women, 38 per cent underwent sterilization when they were age 20-24, and 35 per cent when they were age 25-29. In other words, 73 percent of sterilized women got sterilized before age 30. The median age at sterilization is as low as 25.5 years. The pattern of family planning use has not changed over the time as contraceptive use – read sterilization acceptance – is positively associated with the number of sons[40].

12.42 Several review studies show that women's position and autonomy within the family system has a bearing on contraception choice, abortion services and health-seeking behaviour. Lack of autonomy and independence within the family can have far-reaching ramifications in so far as health seeking behaviour of women is concerned. Family planning programs in India have been criticized for being insensitive to women's privacy and dignity needs. The conditions under which surgical operations on women are carried out are appalling and dehumanizing in many camp situations, to say the least. The program implementation continues to be driven by targets that are set from the top and women continue to be treated as 'cases' to fulfil the targets. This situation needs to change through closely-monitored implementation of community needs assessment strategy and through the communitization of the program as originally envisaged in the National Rural Health Mission. The focus ought to be on improving quality of care and better infrastructure with emphasis on quality information and counselling to help the women and couples to make informed decisions.

Sterilisation Deaths: A case of Bilaspur, Chhattisgarh, India

What happened in Bilaspur, Chhatisgarh is dreadful to say the least where 16 women died as a result of surgical sterilization in a camp. The post incident assessments clearly pointed out an urgent need to shift the focus of the program away from mindless target achievement to a better quality program to cater to the family planning needs of couple[A]. Laboratory reports confirmed the presence of toxins in the drugs given to the women who died in BIlaspur camp[A]. However, presence of septicaemia found in seven of the women by a fact finding [A] mission showed that quality of care had taken a back seat. The fact finding mission pointed out that *"the district administration and health officials were of the opinion that the cause of deaths was spurious medicines. However, post mortem examinations of the first seven deaths had suggested septicaemia. These indicate death by infection during or after the operation. Further, according to forensic medicine and toxicology experts, the amount of zinc phosphide required to be lethal for women is 4.5 gms, which is much higher than what could possibly have been consumed by the women in 500mg of Ciprofloxacin. This also strengthens the argument that it was not the medicines alone that caused these deaths"*[A]. However, speculation is still rife and debates continue, whether surgeon error, rusty instruments, or contaminated drugs are to blame. Many have rightly urged that this must not detract us as a country from the urgent need to overhaul India's approach to family planning and contraception[A].

12.43 Maternal health and family planning programs largely operate in silos. A wider choice of spacing methods among young mothers delivering at institutions through post-partum contraceptive programs must be promoted. Instead of emphasising only female sterilization, programs must promote other methods through education and awareness to both women and men

on the benefits of using spacing methods. By all indications, the demand for spacing is high but has remained untapped. According to a recent estimate, in one of the high fertility states, Bihar, only 18% of total demand for spacing methods is met compared to about 72% of total demand for limiting methods. The unmet need for family planning among Muslim (32%), rural (24%) and adolescent (36%) and poor women (26%) is relatively higher than other groups[41].

12.44 Declining fertility rates have also favoured women as fewer children means freedom from the cycles of childbearing and child-rearing. The total fertility rate (TFR) which measures the average number of children that would be born to a woman over her lifetime, is 2.68 for the country as a whole, which is much lower than what it was a decade or two ago. Between NFHS-1 and NFHS-2, the TFR fell by 0.54 children, from 3.39 to 2.85 (a decline of 16%). Between NFHS-2 and NFHS-3, the TFR however, declined by a meagre 0.17 children, from 2.85 to 2.68. Fertility rates in several states are now below replacement level – for example in Kerala it is 1.7 -- and compares with many developed countries. A higher fertility rate would indicate more pregnancies, a shorter birth interval and low awareness and usage of contraceptive methods. Although declining, fertility rates are still high in many 'high focus states'. For example Uttar Pradesh (3.6) and Bihar (3.7) continue to have the highest reported TFRs.

Post-reproductive years/Post-menopausal

12.45 Menopause or the permanent cessation of menstruation signifies the end of woman's reproductive life and occurs in between the ages of 45 and 55 years worldwide. National Family and Health Survey-2 (1998-99) data found that the mean age at menopause of Indian women is 44.3 years and that 11 percent of women attain menopause before the age of 40. This proportion has increased slightly (0.5percent) in the past decade (IIPS & ORC Macro, 2007)[42]. Both early and delayed menopause have certain risk factors associated with it. There is an increased risk of cardiovascular disease and osteoporosis with early menopause whereas delayed menopause has been associated with increased risk of breast and endometrial cancer[43].

Elderly Women and Health

12.46 The percentage share of elderly in the population has increased from 5.6 percent in 1961 to 7.4 in 2001, and 8.6 percent in 2011. According to Census 2011, of the nearly 250 million

households in India, 31.3% have at least one elderly[44] person. Almost 15 million elderly Indians live all alone and close to three-fourths of them are women. In rural areas, 28lakh elderly women live all alone while in urban areas the figure is about 8.2lakh[45]. In some states like Tamil Nadu, the proportion of such 'single elders' is even higher with one in eleven of those aged above 60 living alone. One in every seven elderly persons in India lives in a household where there is nobody below the age of 60[46].

12.47 Elderly women are marginalised due to their gender, lower economic status, higher rate of widowhood and possible higher morbidity[47]. As life expectancy is higher for females than for males, the longer life span makes a woman more vulnerable to diseases. Older women face higher risks for chronic illnesses and disabilities. They also suffer from degenerative diseases such as osteoporosis. And incidences of cervical cancer also rise. Public policies and healthcare services must take cognizance of their problems, and ensure that older women's physical and mental health is addressed.

12.48 Studies show that according to various indicators of physical and mental well-being, a large proportion of elderly have poor health, with a high proportion of old, poor, illiterate and widows in this category[48]. A UNFPA report on elderly persons establishes a significant socio-economic gradient in self-rated health with the poor, illiterate and the widowed rating their health much worse than their counterparts, clearly bringing out the close link between socio-economic status and self-rated health in the country[49]. This report also establishes similar correlation between age, gender, socio-economic status and mental well-being among elderly.

12.49 In 1999, the Government of India announced the National Policy for Older People (NPOP). NPOP acknowledges the concerns of older women in India, and clearly states that there is a need for expansion of social and community services for older persons, particularly women. It points out the importance of enhancing their accessibility; and thus, increasing the use of these services by removing socio-cultural, economic and physical barriers and making them client oriented and user friendly[50]. NPOP also throws light on the importance of social security net and community based management and care of elderly.

12.50 Death rates during old age are lower for women than men. It is during this time that women can enjoy the natural biological advantage over men[51]. However, within the Indian social system, this advantage is not fully realized and often gets altered by widowhood. A lot has been written on the low position of Indian widows but very few systematic studies have been carried out on the health status and health seeking behavior of widows. It has been argued that the best way to ensure improved conditions both social and health wise of widows is to recognize and enable them to contribute significantly to the household economy besides protecting their property rights[52].

12.51 Cognitive health is a growing concern among aging populations in developing countries yet remains understudied in India[53]. Access to healthcare services is less in case of elderly, specifically elderly women and that too for those who depend on others for health care expenditure. About 64 per thousand elderly persons in rural areas and 55 per thousand in urban areas suffer from one or more disabilities. Loco motor disability is the most common disability among the aged[54].

Women and Mental Health

12.52 There is no significant difference between the number of men and women experiencing mental health problems. But mental illnesses affect women and men differently; some disorders are more common in women, and some express themselves with different symptoms. It is the array of social factors, and the overall gender disadvantageous position that put women at greater risk of mental illness than men - that result in poor prognosis, and lessened scope for management of problems.

12.53 Women are generally care givers within the family. In today's world, a woman performs productive (paid work) and reproductive roles along with the unpaid and unrecognized work. This puts her in an extremely disadvantageous and vulnerable position, where she is likely to suffer anxiety and depression, than any other person. Violence against women worsens the situation further. Consequences of violence, both on the women themselves and on their children who witness such violence, can be profound and life-long[55]. The WHO Report on Violence and Health published in 2002 emphasized that women who have experienced violence, whether in

childhood or adult life have increased susceptibility to mental disorders such as depression, anxiety, stress related syndromes, phobias, chemical and substance dependency, etc.

12.54 Cross-sectional population-based studies consistently show that the poor and marginalised are at greater risk of having common mental disorders[56]. Studies have also shown that women are at greater risk of mental disorders, including in low and middle income countries; a review of the possible explanations for this found no evidence to support a hormonal or biological mechanism[57]. A study in India shows that gender disadvantage and exposure to intimate-partner violence are key risk factors for common mental disorder in women[58].

12.55 Many surveys and studies show that psychological factors including common mental disorders, are major risk factors for abnormal vaginal discharge, one of the most common health complaints among women in South Asia[59]. Gynaecological complaints are often culturally determined somatic idioms of distress for women facing severe social disadvantage and psychological distress[60]. All these culminate to the fact that public health and clinical interventions aimed at reducing the burden of common mental disorders in women must target those who are poor, and facing acute economic problems[61].

12.56 India has recently announced a National Mental Health Policy[62]. The policy document however fails to recognize gender and violence against women as cross-cutting issues determining and impacting women's and girls' well-being and mental health. There is an urgent need to situate women's issues and mental health problems in the center-stage of this policy document and subsequent programmatic efforts. There is a need to sensitize the health care system to the issues of women while providing both preventive and curative services and mainstreaming a gender perspective in the mental health sector .. This could be enabled through educating women and men at all levels of society about prevalent illnesses and symptoms; possibilities of mental health interventions;, potential services and programs available. Development of community-based programs is a way for awareness generation too. This could be done by engaging women, linking them to the local communities and services. The health care system also needs to be strengthened with respect to mental illnesses, through capacity building. This needs to be complemented by community based non-medical support groups and restorative institutions that provide crucial care in many communities.

Violence against Women and Health Implications[63]

12.57 Violence against women (VAW) is the worst form of discrimination and data suggest that over one in three married women in India as well as across the globe[64] have experienced physical violence within the domestic sphere from their spouse[65]. Among various forms of violence against women and girls, some of the well-known ones include female infanticide; excess female child mortality; girl child abuse; child marriage; trafficking; honour crimes; non-partner sexual violence; sexual harassment; custodial violence; intimate partner violence; maltreatment: abuse of widows/divorced; elderly abuse.

12.58 In a comparative analyses of those who experience violence versus those who do not, studies have clearly demonstrated the adverse impact of violence on women's health outcomes including unintended pregnancies, gynaecological problems, induced abortions and adverse pregnancy outcomes[66]. The experience of violence has also been conclusively related to lower odds of receiving antenatal care, iron supplements, and tetanus shots. In an in-depth analysis of the NFHS data, women who have experienced such violence are one and half times more likely to have experienced a stillbirth, than women who did not.

12.59 The impact or after effect of such acts of violence on women's health, well-being, mental status and social behaviour was not recognised and studied until a decade or two ago. VAW is a social disease with critical public health significance[67]. Studies done by WHO maintain that women exposed to intimate partner violence are twice as likely to experience depression. They are 16% more likely to have babies with low birth weight. 42% of the women who have experienced physical or sexual violence at the hands of a partner have experienced injuries as a result. They are almost twice as likely to have alcohol use disorders (in case they are exposed to it) and they are 1.5 times more likely to acquire HIV and contract syphilis infection, chlamydia or gonorrhea[68]. The report, "Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence" emphasized the urgent need for better care for women who have experienced violence.

12.60 It is imperative for public health sector to take cognizance of, and action on VAW, not only because of its huge effect on women's health and health services, but also because of the

significant contributions that can and should be made by public health workers in reducing its consequences. Public health can benefit from efforts in this area with its focus on prevention, scientific approach, potential to coordinate multidisciplinary and multisectoral efforts, and role in assuring the availability of services for victims[69]. It is also important to train health care providers and workers across all levels to recognize when women may be at risk of partner violence, and to know how to provide an appropriate response, as these women often seek health-care, without necessarily disclosing the cause of their injuries or ill-health[70].

12.61 In India, efforts are initiated at various levels and regions where public health sector is instigating actions towards combating VAW. Dilaasa, India's first hospital-based crisis intervention department for women was established at K. B. Bhabha Hospital (Mumbai) to make the public healthcare system accountable to the issue of domestic violence. The public health department of the MCGM (Municipal Corporation of Greater Mumbai) in collaboration with CEHAT (the research centre of the Anusandhan Trust) set up this center in 2000[71], "as an integrated model for responding to Gender based Violence (GBV) which includes domestic violence, child sexual abuse and sexual violence[72]". Since then Dilaasa has institutionalized GBV as a legitimate and critical public health issue in the health system and built capacity of health care providers to recognize and respond to the issue sensitively. The program overcame several initial problems in the attitudes of the staff and built their capacity through intensive training so that they could identify women facing violence within two years of onset of abuse, as most women coming to the hospitals were young women in child bearing age group.

12.62 The Government of Kerala also initiated a programme - Bhoomikain 2012 on 'Medical Care for Victims of Gender Based Violence/Social Abuses' in 14 district hospitals as part of the state plan[73]. Bhoomika not only provides training and awareness generation for health care professionals in relevant areas, but also links the person and family to relevant services and information. Human Rights Law Network (HRLN) has come out with a set of guidelines for health care providers and medical practitioners, to be followed while providing services to victims of violence. Based on the success of Dilaasa, it has been recommended to upscale this model under the NUHM in all mega cities and other urban hospitals. It is also recommended that the national protocols and guidelines for responding to sexual violence that have been formulated

by the MoHFW must be implemented in all hospitals and other such centres set up under NUHM[74].

12.63 Following Dilaasa's experience and expanding its scope, India's first one stop crisis center 'Gauravi' was set up Jai Prakash Hospital in Bhopal, Madhya Pradesh in with the support of a NGO, ActionAid. This center offers medical aid and helps in filing FIRs, provides legal advice and psychological counselling to women survivors of rape, dowry harassment and domestic violence.

Women and HIV and AIDS

12.64 Women are particularly vulnerable to HIV infection given unequal gender norms that limit their ability to negotiate safe sex and access information and services for testing and treatment. There are an estimated 2.1 million (2011) People Living with HIV (PLHIV) in India, with national adult HIV prevalence of 0.27% (2011). Of these, women constitute 39% of all PLHIV, while children less than 15 years of age constitute 7% of all infections.

12.65 Epidemiological data on HIV shows that over the years the sex-ratio of those infected has changed rapidly, indicating feminization of the epidemic. A large number of these women are wives engaged in a monogamous relationship within marriage who can pass the virus on to their new born, if not diagnosed.

12.66 Qualitative research points out to the important link of domestic violence to increased risk of HIV among married women. Gender norms prevalent in the society tacitly expect women to concede to their spouse's demands of sex, and not negotiate in sexual matters. Studies have shown that women who face domestic violence in marital relationship report inability to negotiate safety or refuse sex with their spouses for the fear of further escalation of domestic violence and increase their chances of exposure to STIs and HIV[75]. Between 2004 and 2013, the number of pregnant women tested annually under the Prevention of Parent-To-Child-Transmission (PPTCT) programme increased from 0.8 million to 8.83 million. Mother-to-child-transmission of HIV is a major route of HIV infection in children. However, out of an estimated 27 million pregnancies in a year, only about 52.7% attend health services for skilled care during child birth in India. Of those who availed health services, 8.83 million ANCs received HIV

counselling and testing (March 2013) out of which 12,551 pregnant women were detected to be HIV positive[76][i].

12.67 Majority of caregivers of PLHIV are women, and deal with the challenges of stress and burnout as caregivers. It has been seen that women infected with HIV face gender related barriers to adhering to ART drug regimes. Within resource-poor family settings, women often prioritize family's and husband's health needs over their own. Women infected with HIV face greater discrimination in form of loss of right to family property, and even face blame and removal from home for HIV infection[77].

12.68 Stigma and discrimination against HIV infected persons is huge in India. Women are vulnerable to multiple layers of stigma, discrimination and violence and this is more so if they happen to be in sex-work. Studies have shown that women acquiring infections in monogamous relationships from their partners are more likely to be 'blamed' and stigmatized for the infection than the man.

Infertility/childlessness, Assisted Reproduction and Surrogacy as Women's Health Issues

12.69 Infertility is a term used to explain the inability of a couple to conceive despite two years of cohabitation and exposure to pregnancy with no contraceptive use. Infertility problems have been a source of major concern in India lately, and studies suggest that infertility is rising at an alarming pace. A study by the International Institute for Population Sciences (IIPS), analyzing the national census reports of the past three decades, viz. 2001, 1991 and 1981 showed that infertility is likely to have risen by 50 percent in the country and largely in the urban areas! Nearly 30 million couples in the country suffer from infertility, making the incidence rate 10 percent.

12.70 Increasing infertility rates have serious demographic, social and health consequences (Khanna, 2013). Basic low cost diagnostic and treatment services, health education and awareness is lacking at the community level. As infertility treatment remains largely unavailable[78] in the public health sector, allopathic infertility treatment is available to only half of the women belonging to lower socio- economic backgrounds[79].

12.71 Although infertility is not only a female problem, and studies suggest that male infertility is almost as high as female infertility, in a fertility-obsessed culture like that of India, the consequences of infertility for women can be hugely devastating[80]. Childless women in India are stigmatized and they experience many forms of social discrimination and isolation including violence. This has severe mental health and other health consequences too, if they attempt to conceive using harmful practices like observing *tantric* rites or excessive fasting and so on.

12.72 More often, if a couple is unable to bear a child after treatment with medical and surgical techniques they resort to more complex procedures called Assisted Reproductive Technologies (ART). These include: i) Intrauterine Insemination (IUI); ii) *In Vitro* Fertilization; and iii) Third Party Assisted ART which includes sperm donation, egg donation and surrogates and gestational carriers. Of these, surrogacy seems to have gained much greater momentum in recent years with severely negative social and health implications for women.

12.73 Surrogacy is a method of assisted reproduction (third party assisted) whereby a woman agrees to become pregnant for the purpose of gestating and giving birth to a child for others to raise. Surrogacy provides avenue for exploiting poor women from countries like India already having an alarmingly high maternal death rate, in bearing babies for women of richer countries, or for richer couples within India. Currently, no law exists to protect the surrogate mother in case of birth complication, forced abortion, etc. Since 2002, commercial surrogacy has become rampant in India. This is in spite of the fact that it is not governed by any law, but is guided only by the guidelines issued by ICMR in 2005[81]. Estimates say that the business of surrogacy in India is already touching $445-million a year[82].

12.74 The Ministry of Women and Child Development is examining the issue of surrogate motherhood in India for bringing up a comprehensive legislation. A draft legislation on surrogacy prepared by ICMR has recommended strict penalties for offenders and a tight regulation of Assisted Reproductive Techniques (ART). This set of guidelines has also raised several issues about the suitability of surrogacy in the present context from public health point of view. Experts share their concern regarding sections such as 3.10.5 of the guidelines which states, "a surrogate should be less than 45 years" without mentioning the minimum age to be surrogate. While specific sections of the document are dedicated to ensuring the protection of

the unused embryos, but there is no section for protection of the surrogate mothers[83]. Issues and problems arise as a result of totally unregulated private ART clinics - with varying costs, standards and procedures - that give primacy to profits rather than epidemiological needs of the majority in India[84]. There is a need for comprehensive legislation that governs proper procedures to ensure both the concerns of the prospective parents and the health of the baby as well as protect the health and reproductive well-being and rights of the surrogate mother.

Cancers among Women

12.75 According to data from population based registries under the National Cancer Registry Program, more than half of reported cancers in Indian women are related to the breast, cervix, uterus and ovaries. According to some reports, the incidences of breast cancer is rising among both young and elderly women rapidly, and cervical cancer remains the most common form of the cancer among women. Lack of systematic screening, low awareness of risk factors, and poor access to affordable health services are the reasons accounting for why more than 70 percent of women receive medical care and attention in advanced stages of the disease (Khanna, 2013).

12.76 Dietary modification is one important approach to cancer control. There is a link between overweight and obesity to many types of cancer such as oesophagus, colorectum, breast, endometrium and kidney. Diets high in fruits and vegetables may have a protective effect against many cancers. Regular physical activity and the maintenance of a healthy body weight, along with a healthy diet, will considerably reduce cancer risk. National policies and programmes must be implemented to raise awareness and reduce exposure to cancer risk factors, and to ensure that people are provided with the information and support they need to adopt healthy lifestyles. 10.79 Anecdotal evidence suggest that the number of women opting for mastectomy (removal of breast) surgery is rising rapidly due to lack of awareness about breast cancer among many. In a recent national media report (Times of India, October 21, 2014) from a city hospital in South India, on an average, there are about 300 breast cancer cases every year. Out of these, 140 cases are of women who opt for mastectomy. Due to lack of awareness and early diagnosis, women tend to consult a doctor during the advanced stages that forces them to undergo mastectomy surgery.

Women in Informal Economy and Health Hazards

12.77 India's women workers in the informal sector face serious and hazardous health conditions. A large number of women in India work as agricultural labourers, construction site workers, labourers in coir industry, fish processing units, *beedi* industry, sugar cane cutting, kite making, garment sector, and other occupationally hazardous industries. Long work hours, unhygienic working conditions, poor equipment, some hazardous technologies (like pesticides in farming) and heavy work load have an adverse effect on their overall health and on their reproductive health.

12.78 In a study conducted on women coir workers in Kerala, the prevalence of symptomatic diseases such as rheumatism, chest pain, joint pain, bronchial asthma was found to be higher. Similarly, in another study among women *beedi* workers in Tamil Nadu, the investigators found that more than 70% of *the beedi* rollers suffered from eye, gastrointestinal and nervous problems while more than 50% of the respondents suffered from respiratory problems (mostly throat burning and cough). More than 75% of the respondents in the study faced osteological problems.

12.79 There is an urgent need to understand and address the occupational health issues for women in the informal economy. Extensive studies must be carried out to highlight the health plights of women in hazardous sectors, and solutions must be found in appropriate policy responses. Solutions must also be found through collaborations between women and organizations that can offer technological and other safety measures to women.

12.80 The Rashtriya Swasthya Bima Yojana(RSBY) has been extended to cover building and construction workers, street vendors, beedi workers, MGNREGA beneficiaries who have worked for 15 days in the preceding financial year and domestic workers. According to the government, access to cashless hospital-based care to a large number of poor informal sector workers has been enabled by a huge IT enabled network of hospitals and insurance companies. However, fewer women in the informal sector access RSBY. There are problems in identifying the people from BPL families, and issuance of smart cards, obstructing the wider reach of the RSBY in particular to women from the most marginalized groups, and extreme poor communities.

12.81 Census 2011 revealed that while half of India's population owns mobile phones, 53.1% (63.6% in 2001) of the households do not have a toilet, with the percentage being as high as 69.3% (78.1% in 2001) in rural areas, and 18.6% (26.3% in 2001) in urban areas. Studies indicate that even the use of the existing toilets in both rural and urban areas is very low[85].

12.82 There are significant health impacts of the poor water and sanitation situation in India. Women and children bear the brunt of this. In addition, women and girls face greater threat and experience sexual violence due to lack of safe , accessible and affordable toilet facilities. A Wateraid[86] report on sanitation problems in the urban areas described how common it is for women and girls to be physically assaulted and raped when they have nowhere to go, and are forced to use unsafe facilities or go outdoors for defecation. The study reported "many of the women interviewed experienced violence and harassment on a daily basis. They feared violence by men in a variety of places, including public toilets, open defecation sites and the routes leading to both. Women living in slums in Delhi reported that it is common to be physically assaulted and raped on their way to use a public toilet. They told of specific incidents of girls under ten being raped. They also said there were incidences of men hiding in the latrines at night, waiting to rape those who entered. 94% of the women and girls interviewed in Bhopal said that they faced violence or harassment in some form when going out to defecate, and more than a third had been physically assaulted. More than half the women defecated alone in the open, with most feeling unsafe while doing so".

12.83 A recent study[87] of over 1600 households in 160 villages in the rural areas of Uttar Pradesh highlighted that over 97 per cent of the women reported going for open defecation, and it took on an average 30 minutes to reach to the OD place. Most of the women reported that toilets are priority for women than men but when it comes on taking decisions for construction and use, more than half of the women agreed that its men who decide about construction. Also, if toilet is there in the house, men will still go for OD. More than two third of the women perceived that it will be an added responsibility on them to clean toilets; one-third of women reported that having toilet will pollute the environment of the house. Women do understand the importance but the

myths, perception and practice must change and engagement of men must be ensured to enhance the use of the toilets.

12.84 Based on an in-depth investigation of sanitation related problems for women in urban slums partners from SHARE[88] (Sanitation and Hygiene Applied Research for Equity consortium) program made important recommendations to promote home-based toilets where spaces are available or encourage neighbours to share toilets or promote community toilets with women's involvement in the design, implementation and monitoring of water and sanitation services. There is a need for strong political will and media involvement in raising the issue. An added and important aspect would be to advocate community mobilisation approaches to be used by NGOs and communities to map, monitor and evaluate water and sanitation services so that residents can hold their service providers accountable.

12.85 It has been estimated that[89] the total economic impact of inadequate sanitation in India was equivalent to about 6.4 percent of India's gross domestic product (GDP) in 2006. The health-related economic impact of inadequate sanitation was 1.75 trillion ($38.5 billion), which was 72 percent of the total impact.

12.86 Recently launched Swachh Bharat Mission[90] is a step in the direction of meeting the cleanliness and sanitation challenges facing India. This campaign aims to accomplish the vision of 'clean India' by 2 October 2019 on 150th birthday of Mahatma Gandhi. It is expected to be accomplished through budgetary allocations shared by center and states; contributions to the Swachh Bharat Kosh; through commitments under Corporate Social responsibility (CSR) and funding assistance from multilateral sources. In addition to behavioral and attitudinal changes towards cleanliness, the ultimate success of Swachh Bharat Mission will depend on what role government plays in reducing solid waste and managing them; also reducing and controlling industrial waste and resultant pollutions. Another critical area would be to address various issues facing dalit and other castes and their women, rag pickers and others engaged in keeping urban and rural India safe, and the occupational health hazards they face on a regular basis.

Adolescent Girls and Health

12.87 Adolescents (10-19 years) constitute about 22.8% (232 million) of India's population; and adolescent girls between 10-19 years constitute close to half (111 million) of this population[91]. This means every fifth person in the country is an adolescent[92]. According to UNICEF (2011), out of the 1.2 billion adolescents around the world, 243 million are in India[93].10.91 Data and research studies suggest that while there are programs addressing the Sexual and Reproductive Health and Rights (SRHR) and nutrition needs of adolescent girls, their status with respect to SRHR parameters continue to remain poor.

12.88 Overall, adolescent marriage – largely concentrated in the age group 15 to 18 -- continues to remain high and fairly widespread in India with 47% girls getting married off before age 18[94]. Of 601 districts in India, in 192 districts 50-75%, in 286 districts 20-50% girls are married off before they reach the age of 18. In 16 districts, more than 75-80% girls are married off as a child[95]. The past 15 years data from various sources[96] show that some of the large states such as Rajasthan, Bihar, Madhya Pradesh, Uttar Pradesh, West Bengal, and Jharkhand continue to remain high on child marriage prevalence. In the south, Andhra Pradesh continues to register high child marriage rate, and so does Karnataka[97]. The situation in Gujarat on the other hand has not changed much over the years with relatively moderate levels of child marriage rate[98]. Almost two-thirds of districts in each of these states mentioned above have more than 50% of women married before 18 years. Bihar has 89% of its districts with 50% or more early marriage, and 46% districts with 70% or more of women age 20-24 years married before the age of 18. Similarly, in the newly created state of Telegana, 60% of the districts have 50% or more girls married before age 18[99].

12.89 According to a recent and exhaustive analysis of adolescent marriage and childbearing in India, it was reported that over 22 per cent women gave births before age 18[100] and the proportion giving birth before age 20 is 42%. Contraceptive use among married adolescent girls remains very low: Just 7% of married 15–19-year-old women use a modern method, and 6%, a traditional method. Current use of modern methods ranges from a high of 18% in Delhi to a low of 2% in Bihar. Forty-three percent of married 15–19-year-old women have an unmet need for modern contraceptives.

12.90 Child marriage is not only a human rights violation but it has numerous and serious educational, health and developmental consequences for girls. It robs them of their childhood and sentences them to a life of poverty and economic dependence, with little or no education. Even among the affluent communities child marriage deprives girls from economic independence. Child marriage negatively impacts married adolescent girls as they are highly vulnerable to poor maternal health outcomes, a higher risk of HIV infection and are more likely to suffer from domestic violence and sexual abuse[101]. 10.95 Data clearly suggest that girls married at an early age have much bigger age difference with their spouses than those married late (NFHS 2005-06). A wide husband-wife age difference in marriages involving a child-bride has serious implications for equality and balance of power for the young wives. Young brides are more likely to face physical and sexual abuse and less power to negotiate safe and respectful relations[102].

12.91 There is vast body of literature that links early-age marriage with a host of physical and psychological problems for women who become young brides. Married adolescent girls are more likely to have had early first pregnancy, repeated pregnancies, and multiple terminations of pregnancy[103]. Early marriage has also adverse health outcomes for women as well as to children born to these young mothers[104].

12.92 A review of programs[105] suggests that there are several programs with potential to prevent child marriages in India;most programs tend to impact child marriage practices indirectly. Programs to prevent child marriages[106] generally try and build life skills among adolescent girls and try and retain them in schools, and enhance their worth through both conditional cash transfer schemes and other educational programs. Whether these programs also address the root causes of child marriage embedded in unequal gender norms and enhance the societal value of girl children is not well understood or documented.

12.93 Adolescent girls' programs have tended to focus -- although not sufficiently -- on protecting girls from early and unwanted childbearing. The programs do not address their needs comprehensively or create alternative identities apart from their roles as current or future wives and mothers. At puberty, girls find themselves increasingly and closely identified by their sexuality. Parental and community fears about girls having pre-marital sexual activity and

maintaining sexual chastity of girls results in restrictions around their mobility. A social prominence around proving early fertility, forces girls into premature marriage and motherhood—with or without preparation or consent.

12.94 Life of a typical adolescent girl in rural India is characterized by practical isolation and several challenges. They live within the confines of their households and communities with little or no exposure to the outside world. They spend large amount of their time taking care of their younger siblings or by supporting family in a variety of arduous household chores. Adolescent girls in the rural areas generally do not have the abilities to build a network of their friends or allowed to visit outside their homes. Their access to media is extremely limited and often monitored[107]. It is a matter of serious concern that even though girls' school enrolment and gross school enrolment have increased in the last three decades, girls' enrolment in higher levels of education is still very low[108].

12.95 Adolescent girls are the major targets of gender based violence both in public and private domestic spheres[109]. A large number of adolescent girls do not go to schools ; they drop out of the schools for the fear of violence while accessing schools and also while inside the schools. 'Acid attacks' and 'honour killings' are reported almost on daily basis from one or the-other part of the country.

12.96 During the last decade, the vulnerability of the adolescent as a risk group has increasingly been recognized in the national development process. In cognizance of this, a Working Group on Adolescents was set up to provide inputs to the Tenth Five Year Plan of India. The involvement of family, community and civil society in partnership with UN agencies was recommended as an approach to ensure wellbeing of adolescents[110].

12.97 On 7 January 2014, the Government of India launched the Rashtriya Kishor Swasthya Karyakram (National Adolescent Health Programme) to address the health needs of the 243 million adolescents of the country in a comprehensive manner. Towards achieving this, MoHW has developed a National Adolescent Health Strategy. It intends to realign the existing clinic-based curative approach to focus on a more holistic and ecological approach to address the health

and developmental needs of the adolescent[111]. Though sound in strategy, the challenge for the RKSK would be that of implementation and accountability.

12.98 Integrated Child Development Services (ICDS) Scheme, launched on 2nd October 1975, has expanded over the years to become one of the world's largest and most unique programmes providing nutritional supplementation, and health and nutrition education for pregnant and lactating women;and nutritional supplementation and early childhood education for their pre-school aged children. In the 1990s, for the first time, ICDS extended its activities to include adolescent girls. The primary goal of ICDS is to break the inter-generational cycle of malnutrition, reduce morbidity and mortality caused by nutritional deficiencies by providing the following six services as a package through the network of Anganwadis – Supplementary Nutrition (SNP), Non-formal pre-school education (PSE), Immunisation, Health check-up, Referral services, Nutrition and Health Education (NHE). Three services - Immunisation, Health check-up, Referral services – are designed to be delivered through the health care (primary) infrastructure. Of the several innovations one is the promotion of closer convergence between the ICDS program of the MWCD and the Reproductive and Child Health program (now under the purview of NRHM) of the Department of Health and Family Welfare (DHFW).. The underlying premise of convergence, under the umbrella of NRHM, is that by working together, these programs are more likely to achieve their shared objectives of reducing infant mortality, combating child malnutrition, and improving the health status of adolescent girls and women.

A Case of Integrated Child Development Services (ICDS) Scheme

Several evaluations and studies conducted in order to assess different facets of ICDS programme unequivocally state that it would take a long time to achieve its intended goal of behavioural changes among the varied target beneficiaries with respect to health, hygiene, dietary habits and practices; which in turn would improve maternal mortality and morbidity, neonatal and child morbidity and mortality, malnutrition and anaemia among children, adolescent and women. However, these studies do acknowledge behavioural changes of varied intensity across regions and states of the country. There are positive trends in Andhra Pradesh, Himachal Pradesh, Jharkhand, Kerala, Maharashtra, Tamil Nadu and West Bengal; while not so promising trends in Bihar, Punjab, Haryana, Rajasthan and Uttar Pradesh.

12.99 Major efforts are required to address violence against adolescent girls both in public and domestic spaces. Health providers must be sensitized and integrated to larger violence prevention strategies. Adolescent girls'

empowerment programs using 'safe space' concept have underscored the importance of physical places, where girls can find opportunities to interact with each other and build network among friends, find mentors to seek help and guidance and access skills, and gain information and appropriate attitudes to deal with day to day challenges[112]. In an integrated 'safe spaces' program there must be an engagement with parents and communities. It is important that girls not only draw strengths from their own peer groups within confined safe spaces but feel safe and draw inspirations from others in the family and the community without fear from being shamed, harassed or suppressed. Extensive and structured interventions with parents, and men and boys in the community besides engaging with key community stakeholders will ensure that communities take ownership to provide safety to girls when they access schools and other avenues of exposure and growth.

Rashtriya Swasthya Bima Yojana(RSBY)

12.100 In 2008, the Ministry of Labor and Employment, Government of India (GoI) in launched the national health insurance scheme,*Rashtriya Swasthya Bima Yojana*(RSBY), to promote equitable access to health services by reaching economically disadvantaged families living below the poverty line (BPL). In the RSBY scheme, the annual premium of Rs. 750 per family is paid jointly by the central (75%) and state (25%) governments. The beneficiary family pays only Rs. 30 per annum at the time of registration and renewal. A maximum of five members of a family can be covered under this Scheme and can access free hospitalization and day care procedures of up to Rs 30,000 per annum on a floating basis in selected private and public health facilities.

12.101 The Scheme has been extended to cover building and construction workers, street vendors, beedi workers, MGNREGA beneficiaries who have worked for 15 days in the preceding financial year and domestic workers. Access to cashless hospital-based care to a large number of poor informal sector workers has been enabled by a huge IT enabled network of hospitals and insurance companies.

12.102 In the past six years – relatively short period of time – RSBY has done well to reach out to about 51 percent of the eligible BPL families. Yet there is a wide variation in the reach of RSBY across states and among districts within state. For example, while over 80 percent of the

eligible BPL families in Tripura and Himachal Pradesh are enrolled, the proportion is as low as 35 per cent in Assam, Jharkhand, and Tamil Nadu. In some districts only 10 per cent enrolment has happened.

12.103 Although over a period of time RSBY penetration has been steadily increasing, many studies across different regions show that under the RSBY scheme access to healthcare has been low and utilization is extremely poor[113]. Remote locations are left out as in case of any other scheme and even after being enrolled, remotely located RSBY enrolees end up travelling to service providers located far from their area and face larger transport costs[114]. Studies show that there exists a massive shortfall between registered beneficiaries and actual hospitalisation[115].
10.109 Data also suggest that much fewer women than men avail RSBY services. RSBY's data from 145 districts showed[116] that far more men than women were issued the smart cards. Of the nearly 27 million cards that were issued, only about a third, or nearly ten million, were women.

Table 3 : Enrolment of Families under RSBY

State	Total target BPL families (millions)	Enrollment of families in RSBY (millions)	Conversion ratio	No. of private hospitals empanelled
Bihar	12.01	6.61	55	865
Chhattisgarh	6.42	3.73	58	349
Gujarat	4.37	1.85	42	889
Haryana	1.26	0.45	36	429
Himachal Pradesh	0.55	0.39	72	23
Jharkhand	3.32	1.64	50	217
Madhya Pradesh (8 districts only, < 1 year of implementation)	1.04	0.42	41	76
Maharashtra	Data not available			
Punjab	0.45	0.23	51	175
Rajasthan	3.68	2.64	72	229
Uttar Pradesh	11.07	4.65	42	1254
Uttarakhand	0.74	0.28	38	49

Source: RSBY Website;http://www.rsby.gov.in/Statewise.aspx?state=13

12.104 One of the key problems with RSBY is that the scheme excludes both primary and tertiary care. Once admitted to an empanelled hospital, patients get treatment for certain ailments as per the predefined packages specified under the scheme. The additional expenses of illnesses are not taken care of by the hospital, but continue to burden the beneficiary. Beneficiaries continue to face OOP costs, since coverage for complex or chronic ailments is limited to five days of medicines at the time of discharge[117]. RSBY provides coverage for secondary care that is generally provided at the community health centres/rural hospitals, district hospitals and medical colleges.

12.105 The important challenges that RSBY scheme must address include i) ensuring the registration of families from BPL families or improving the system of distributing smart cards; ii) increasing the awareness about the RSBY scheme among poor families; iii) improving the quality of services in the private hospitals and their sensitivities to poor; iv) providing primary health care as part of the scheme; and v) reaching out to women workers in the informal sectors.

Public-Private Partnership (PPP) in Health

12.106 In the absence of clear policy guidelines on public-private partnerships, most strategies and public-private arrangements that we see on the ground are at best ad hoc, unregulated and unevaluated. It has been clarified that all public-private interactions cannot be termed as PPP. For PPP to be meaningful and relevant there is an urgent need to identify clear terms and conditions, clear partner obligations, clear performance indicators, stipulated time frame and clear overall health objectives that must be achieved through these partnerships[118].

12.107 PPP in health emerged due to the failing public health care system on one hand, in terms of efficiency, quality and reach and on the other, the rapid expansion of private, unregulated expensive private health care sector and its increasing dominance. The envisaged outcomes of PPP must be: improved efficiency and quality; improved access and reach; improved quality by reducing out of pocket expenditure; regulated services and accountability, and opportunity to pool in and augment resources.

12.108 Studies and analysis show flaws at various levels[119]. Lack of legal / regulatory know-how and framework is among the foremost of these flaws[120]. At the Government level there is clear lack of institutional capacity to structure and monitor PPP. Health systems have not demonstrated technical ability to scale up successful initiatives[121] and not generated transparent system to monitor the PPP. They lack trust among the partners. At the partner level, services are offered in an unregulated manner with no proper grievance redressal mechanism and no assessment of their quality[122].

Conclusion and Recommendations

WCD to comment on DNHP

12.109 The Draft National Health Policy (NHP), 2015 has proposed a target of raising public health expenditure to 2.5 % from the present 1.2% of GDP. 40% of this would come from central expenditure [123].The policy shall focus on critical healthcare issues; also the government may pass the Health Rights Bill to ensure health as a fundamental right[124]. The NHP however makes no commitment to Universal Health Coverage nor the Twelfth Plan document[125]. The policy framework lacks clearly identified goals and the National Human Rights Commission's core group on health has observed that rights perspective is missing from the Draft Policy[126]

12.110 It must be noted that while engendering health policies is in itself is a complex process, translating these into programmes is a far more challenging task. However, awareness of the need for a gender perspective would go a long way in making the health system more gender just. For example, does the child survival programme aim its messages also at fathers? Are health education programmes conducted only for mothers, or both parents? What is the extent of women's participation in the VHSNCs and RKSs and how far are health programmes addressing their needs incorporated into the village health plan,etc.

12.111 While NRHM talks of universalizing health care for women and children puts emphasis on safe motherhood via JSY (now JSSK), its key component in the communitisation of health care is a woman worker, *ASHA*, there are important ways in which existing gender inequities at the household, community and institutional level operate such as hierarchies within the health system, low female autonomy and inadequate infrastructural support, underpaid female health workers etc/ These if neglected/underestimated, impinge on health outcomes. **The following are**

some of the overarching recommendations that are essential to ensure an equitable and gender sensitive health program in the country:

- *Increase public spending on health and improve health system*

12.117 As discussed earlier, despite increased resource allocations, public health spending is far below planned expenditures. Spending by the National Health Mission in its first two years of the 12th Plan is only 18 per cent of promised outlay[127]. In this context, the case of Tamil Nadu is worth noting. Tamil Nadu is one of the most progressive states in India in terms of the health indicators. Some of the key reasons why Tamil Nadu has done exceptionally well[128] on health front are summarized in Box item below.

Success Story of Tamil Nadu Health System

Tamil Nadu is well recognized for its high level and pervasive political commitments to public health. It has a pioneering Public Health Act, 1939, amended from time to time, to take proactive measures to promote health in the state. The state has created a very strong public health platform through prioritized funding allocation for health. It is the highest spender – 94% - of the allocated NRHM budget among low-focus states. Primary Health Care infrastructure is strongest in Tamil Nadu with one PHC reaching almost 30,000 populations, and a sub-center per 5000 population. Very few states have this high level of coverage. Tamil Nadu has also implemented several innovative schemes for health. State-funded scheme of Conditional Cash Transfer – Muthulakshmi Reddy Maternity Assistance Scheme for institutional delivery is one such scheme, which has been in operation since 1989 much before the JSS was launched in other parts of India. Tamil Nadu has taken a major initiative to launch a government company, Tamil Nadu Medical Service Corporation (TNMSC) to streamline procurement, supply and management of medicines/ essential drugs in public health system. Tamil Nadu government has also implemented the Maternal Death Review (MDR) spelt out in RCH II with all commitments that it requires. The state mandates that each maternal death be reported to the Maternal and Child Health Commissioner within 24 hours of occurrence irrespective of the place of occurrence. Tamil Nadu is the state where 99.8% deliveries are conducted in an institution by qualified and trained personnel. It is the first state that introduced three staff nurse model with 24*7 functional PHCs. In addition, the State has experimented with other technological innovations such as Iron-Sucrose injections to raise hemoglobin levels among pregnant women, and Non-Pneumatic Anti-Shock Garment (NASG) to prevent haemorrhage.

12.118 The new Draft Health Policy has indicated an increase but it is not adequate. The public health spending must be increased to 4.5% of GDP. Low public spending on health not only impacts women adversely, the impact on older persons is devastating as women in older ages have very little care services. An important step to improve health system is to streamline procurement, supply and management of medicines/ essential drugs in public health system. In this regard, the initiative taken by the Tamil Nadu Government to launch a government company, Tamil Nadu Medical Service Corporation (TNMSC) to streamline procurement, supply and management of medicines/ essential drugs is worth examining and scaling up.

- *Reduce reliance on private sector to provide health services to women from poor and marginalized population*

12.119 Increasing incidences of hysterectomies and C-section deliveries (*See Box Item below*)and infertility treatments by the private sectors are concerning. It demonstrates why private sector, where profit motives run high and ruthlessly, cannot be trusted to provide women sensitive services respecting their bodily integrity. . The Government must be proactive to check the unscrupulous services by the private sectors; and prepare the public health system to step into provide services especially to women from marginalized and poor communities.

- *Develop and implement a gender transformative health strategy*

12.120 There is a need to draw up a gender transformative health strategy with a clear and stated vision to recognize women's reproductive rights as a driving and central principle in the design, execution and evaluation of the health system. *Very few health service providers truly*

Rise in hysterectomies and C-section deliveries

A serious form of reproductive rights violations is the alarming rise of hysterectomies and caesarean deliveries particularly in the private sector. There is some progress in identifying and challenging coerced hysterectomies, the increasing trend however is worrying. An in-depth study in Andhra Pradesh has documented that a large number of rural, illiterate women and those from marginalized communities – BC/SC/ST and Muslim communities - are 'actively pushed' towards having hysterectomies especially by the private medical practitioners along with the registered medical practitioners (RMP) . Appallingly, the average age of women undergoing a hysterectomy was 29 years; for 80% of the cases the reason given to women as to why they needed the procedure was that they had white discharge. A consistent increasing trend in the use of C-section deliveries over normal deliveries in India is equally alarming and needs to be seriously addressed.

appreciate or understand women's rights, and very few services are designed to deliver respectful and rights-based services to women. Indicators at all levels must be developed and used to monitor the health system for its responsiveness to the issues of women. Besides health outcomes, indicators must capture the processes and quality of services. A gender transformative strategy is not a one-time training program but a long term framework for guiding programs, services and policy.

12.121 While mainstreaming gender into NRHM is a stated objective in the RCH II documents, which spells out the task for improving gender equity; progress on this aspect is slow. It is necessary to review the NRHM programme through a gender lens and envisage a new health architecture that will be gender sensitive and sensitive to the needs of the poor. There is no doubt of a need for much greater commitment to 'engendering' health.. The very term suggests that it is not the same as focusing on women's health, or even more narrowly on health conditions exclusively experienced by women as a consequence of their biology. Gender is an important social determinant of health. A gender approach in health, while not excluding biological factors, considers the critical roles socio- cultural factors and power relations between women and men play in promoting and protecting or impeding health. Besides examining differences in health needs based on sex differences, it includes looking at differences between women and men in risk factors and determinants, severity and duration, differences in perceptions of illness, in access to and utilisation of health services, and in health outcomes based on gender differences.

12.123 Engendering health or a gender transformative strategy would recognise spousal violence as a gender related health problem to which women are disproportionately more exposed because of social norms sanctioning male violence and their right to control women. In the case of health issues which are specific to women, an engendered health programme would go beyond merely providing a technical service. A 'safe motherhood' policy, for instance, would not assume either that women alone are responsible for childcare, or that they have access to the resources to ensure their own as well as their child's well-being; abortions may not always be safe in situations where women have very little decision making powers regarding reproduction.

- *Prioritize social inequity in order to increase access to health services by vulnerable groups*

12.122 There is a wide inter-state variation in the status of women's health. High focus states are also the states with very high social inequity in terms of caste and ethnicity. While social inequity is largely responsible for adverse health outcomes for both men and women in these states, inequity impacts women's health more seriously than men's. Unlike men, women face double jeopardy, as they experience inequalities both outside and within the household, which negatively impact their health and wellbeing. Social inclusion efforts therefore must reach out to women from marginalized and excluded communities including Muslim, Dalits and those from Tribal communities.

- *Create a holistic framework to address the negative consequences for both women and men of an unbalanced sex ratio*

12.123 Sex-selection and the resulting worsening in the ratio of females to males is a serious problem, and will have far reaching social and economic implications. Many scholars[129] in India assert that there is a likely link between an increasingly male sex ratio and the growing incidence of violence of all sorts, especially against women. Bose et al[130] examining whether domestic violence and control over women is worse in areas with a gender imbalance, found that women in districts with highly unequal sex ratios experience more physical abuse and a higher degree of control than those in areas with more equal sex ratios. Murder rates are higher in districts with low female-male ratios[131]. It has been conclusively asserted by scholars that patriarchal, male-dominated societies are likely to be more violent. It is imperative that more research be carried out on the effects of skewed sex ratios to help address negative consequences, strengthen unintended positive consequences[132]and shape policy (Kaur, 2013). Additionally, the health sector must work in close alliance with the education and other sectors to create norms that place a higher value on the girl child.

- *Improve situations of malnutrition and Anaemia*

12.124 One of the worst health situations that Indian women and girls face relates to their nutritional status. While it equally affects rural, urban, literate and illiterate women, it is highest

among rural and illiterate women as well as those belonging to the lowest wealth quintile. Almost 70 percent of women in Assam, Jharkhand and Bihar and between 55 and 58 percent of women in Chhattisgarh, Madhya Pradesh, Rajasthan and Uttarakhand are anaemic. Incidentally, these very states also have high IMR thereby indicating a high causal relationship between maternal health and infant survival.

12.125 It is thus recommended that nutritional programs be reviewed to ensure that they have greater reach to the poor, socially and economically excluded communities, and women especially women from Adivasi and Dalit communities. Break also the cycle of malnutrition by reaching out to young mothers and bring greater emphasis on adolescent unmarried girls. Public Distribution System (PDS) needs to include nutritious food items like millets/pulses and oils as part of the Food Security Scheme and school based food programs to include nutritious meal programs on the line of Tamil Nadu diet program. The Tamil Nadu mid-day meal program provides not only nutritious but varied food items as part of a comprehensive packaging of food – including almost 54 items – to keep the children's interest also enhance their levels of nutrition. Finally, enforce child marriage prevention programs. If married early, which is likely in a large number of cases, a malnourished girl is likely to suffer from severe maternal health problems if becomes pregnant early.

- *Review and strengthen maternal health Services*

12.126 A high incidence of maternal deaths is a reflection of both poor maternal health and poor quality of maternal health services. Women die during pregnancy, childbirth, and soon after, due to multiple factors related to health care systems that include poor outreach and inadequate referrals. It is recommended to:

- ✓ Improve outreach and implementation. Researchers and program evaluators have repeatedly pointed out that poor quality of services including non-availability of doctors/providers and lack of trust in providers, are important deterrents.
- ✓ Build capacity of the health system to address underlying socio-economic and cultural causes of maternal deaths. Women belonging to Dalit and tribal communities and those from low social and economic status are more likely to deliver at home, less likely to utilize ANC

services, and less likely to receive post-natal care. Most maternal deaths can be prevented if deliveries are attended by skilled birth professionals. There have been several innovative schemes like the Chiranjeevi Scheme. Emphasis must be on safe delivery in institutional set ups, improved post natal care, and screening of nutritional status of women. There is a need to improve perinatal and neonatal care and to curb malnutrition in children

- ✓ Expand the role of staff nurses to qualify as skilled birth attendants and develop competency in providing life saving measures.
- ✓ Strengthen programs to delaying age at marriage and integrate these programs with enhanced educational and livelihood opportunities and skills. Build strong evidence base to inform strategies to reduce MMR. For example evidence needs to be generated on the effectiveness of skilled birth attendance or referral and Emergency Obstetric Services, and evidence must be generated on the effectiveness of public-private partnerships.

- *Shift focus of family planning away from exclusive female sterilization to bring in wider choices and men's participation*

12.127 Unfortunately women have to disproportionately bear the responsibility for family planning and yet they have very little choice in the methods they use and the timing of their use. The family planning program is dominated by a single method - female sterilization. It is recommended that the program :

- ✓ Ensures that the selection and use of a contraceptive is a woman-led choice
- ✓ Improves the conditions under which surgical operations on women are carried out as they are appalling and in many instances, dehumanizing in many camp situations.
- ✓ Assesses the community needs while implementing the family planning programs through closely-monitored implementation of community needs assessment strategy and through the communitization of the program as envisaged in the National Rural Health Mission.
- ✓ Improves quality of care and better infrastructure with emphasis on quality information and counselling to help the women and couples to make informed decisions.

- *Pay special attention to the health of elderly women*

MWCD to remind the NPOP for comment

12.128 The National Policy for Older People (NPOP) acknowledges the concerns of older women in India. The Ministry of Health & Family Welfare launched the National Programme for the Health Care of Elderly (NPHCE)[133] during the 11th Plan period in order to address the health-related issues of the elderly. The programme was launched on the basis of recommendations made in the National Policy on Older Persons and the State's obligation under the Maintenance & Welfare of Parents & Senior Citizens Act, 2007. The Main components of NPHCE were- establishing 30 bedded Department of Geriatric in 8 identified Regional Medical Institutions (Regional Geriatric Centres) in different parts of the country. Another component was providing dedicated health care facilities in District Hospitals, CHCs, PHCs and Sub Centres in 100 identified districts of 21 States. Initially, 100 districts were selected from 21 states for this programme.

12.129 It is strongly recommended to implement the recommendation of setting up the geriatric care services as envisaged in the NPHCE and allocate resources for the purposes. It has been argued that the best way to ensure improved conditions both social and health wise of widows and elderly women is to recognize and enable them to contribute significantly to the household economy besides protecting their property rights.

- *Improve mental health services for women*

12.130 Studies have shown that women are at greater risk of mental disorders. A study in India shows that gender disadvantage and exposure to intimate-partner violence are key risk factors for common mental disorder in women. India's recently announced National Mental Health Policy. fails to recognize gender and violence against women as cross-cutting issues determining and impacting women's and girls' well-being and mental health. There is an urgent need to situate women's issues and mental health problems in the center-stage of this policy document and subsequent programmatic efforts.

- *Enhance health systems capacity to address violence against women*

12.131 Public health sector takes cognizance of, and action on VAW, not only because of its huge effect on women's health and health services, but also because of the significant contributions that can and should be made by public health workers in reducing its consequences. it is recommended to upscale models like DILASA and BHUMIKA under the NHM in all mega cities and other urban hospitals. Train Social workers in hospitals, and the community health workers under the national health mission to provide VAW related services; the training on GBV must be included in the ANM and other nurse's teaching courses. Further, implement national protocols and guidelines for responding to sexual violence that have been formulated by the MoHFW in all hospitals and other such centres set up under NHM.

- *Address stigma, discrimination and violence against HIV-positive women and female sex-workers*

12.132 Stigma and discrimination against HIV infected persons is huge in India. Women are vulnerable to multiple layers of stigma, discrimination and violence and this is more so if they happen to be in sex-work. Studies have shown that women acquiring infections in monogamous relationships from their partners are more likely to be 'blamed' and stigmatized for the infection than the man. It is recommended thatHIV programs incorporate and address gender-related components especially VAW prevention strategies in its HIV prevention and treatment programs. Also,HIV programs must specifically address violence against sex workers especially from police and other stakeholders. In fact, there is need to sensitize the health system to provide full range of care to female sex-workers and ensure their entitlement as a citizen.

- *Address infertility problems in public health sector*

12.133 Infertility problems have been a source of major concern in India lately and studies suggest that infertility is rising at an alarming pace. It is thus recommended that Infertility treatment be made available in the public health sector. In addition, Assisted Reproductive Technologies (ARTs_ must be reviewed for their implications to increase women's choices, and

reduce vulnerabilities. Of these ARTs, surrogacy seems to have gained much greater momentum in recent years with severely negative social and health implications for women. A draft legislation on surrogacy prepared by ICMR must be reviewed and brought forward.

- *Improve cancer diagnosis, prevention and treatment services*

12.134 According to data from population based registries under the National Cancer Registry Program, more than half of reported cancers in Indian women are related to the breast, cervix, uterus and ovaries. According to some reports, the incidence of breast cancer is rising among both young and elderly women rapidly and cervical cancer remains the most common form of the cancer among women. It is recommended to promote systematic screening; enhance awareness; and increases access to affordable health services.

- *Address health problems of women in informal sector*

12.135 India's women workers in the informal sector face serious and hazardous health conditions. There is an urgent need to understand and address the occupational health issues for women in the informal economy by carrying out extensive studies to highlight the health plights of women in hazardous sectors. Solutions must be found in appropriate policy responses; also through collaborations between women and organizations that can offer technological and other safety measures to women. Further recommended is the registration of families in RSBY from BPL families, and improving the system of distributing smart cards in particular to women from the most marginalized groups and extreme poor communities. In addition, increase the awareness about the RSBY scheme among poor families; improve the quality of RSBY services in the private hospitals and their sensitivities to poor, provide primary health care as part of the RSBY scheme; and reach out to women workers in the informal sectors.

- *Improve water and sanitation situation for women*

12.136 There are significant health impacts of the poor water and sanitation situation in India. Women and children bear the brunt of this. While the recently launched Swachh Bharat Mission is a right step in this direction, it is also recommended to:

- ✓ Promote home-based toilets where spaces are available or encourage neighbours to share toilets
- ✓ Promote community toilets with women's involvement in the design, implementation and monitoring of water and sanitation services. Taking advantage of Swachh Bharat Abhiyan, Tamil Nadu government has recently launched women SHGs led community toilets in vast rural areas. The significant feature is that they also pay maintenance charges per toilet. It is important to encourage scaling of this kind of initiatives in other states.

- *Address health needs of adolescent girls as part of comprehensive programs*

12.137 Data and research studies suggest that while there are programs addressing the sexual and reproductive health and rights (SRHR) and nutrition needs of adolescent girls, their status with respect to SRHR parameters continue to remain poor. It is recommended that

- ✓ Adolescent girls' programs focus on protecting girls from early and unwanted childbearing, and address their needs comprehensively in creating alternative identities apart from their roles as current or future wives and mothers.
- ✓ Major efforts are required to address violence against adolescent girls both in public and domestic spaces.
- ✓ Health providers must be sensitized and integrated to larger violence prevention strategies.
- ✓ Adolescent girls' empowerment programs must be evolved using 'safe space' concept underscoring the importance of physical places where girls can find opportunities to interact with each other and build network among friends, find mentors to seek help and guidance and access skills, and gain information and appropriate attitudes to deal with day to day challenges comprehensively.

- *Prepare a policy framework for clear public-private partnership*

12.138 In the absence of clear policy guidelines on public-private partnerships, most strategies and public-private arrangements that we see on the ground are at best adhoc, unregulated and unevaluated. The envisaged outcomes of PPP must be to improve efficiency and quality; improve access and reach; improve quality by reducing out of pocket expenditure; and regulate services & accountability and opportunity to pool in and augment resources.

Table 4: Infant Mortality Rate in Major States

India/Major States	2005			2006			2007			2008			2009			2010			2011			2012		
	F	M	T	F	M	T	F	M	T	F	M	T	F	M	T	F	M	T	F	M	T	F	M	T
Andhra Pradesh	58	56	57	58	55	56	55	54	54	65	62	64	50	48	49	47	44	46	46	40	43	43	40	41
Assam	69	66	68	68	68	67	67	64	66	58	53	56	64	58	61	60	56	58	56	55	55	57	54	55
Bihar	62	60	61	63	58	60	58	57	58	58	57	57	52	52	52	50	46	48	45	44	44	45	42	43
Chhattisgarh	64	63	63	63	58	60	61	58	59	37	34	35	57	50	54	54	48	51	50	47	48	47	46	47
Gujarat	55	52	54	54	52	53	54	50	52	51	49	50	48	47	48	47	41	44	42	39	41	39	36	38
Haryana	70	51	60	58	57	57	56	55	55	57	51	54	53	48	51	49	46	48	48	41	44	44	41	42
Jammu & Kashmir	55	47	50	53	51	52	52	49	51	51	48	49	51	41	45	45	41	43	41	40	41	40	38	39
Jharkhand	58	43	50	52	46	49	49	47	48	48	45	46	46	42	44	44	41	42	43	36	39	39	36	38
Karnataka	51	48	50	50	46	48	47	46	47	46	44	45	42	41	41	39	37	38	35	34	35	34	30	32
Kerala	15	14	14	16	14	15	13	12	13	13	10	12	13	10	12	14	13	13	13	11	12	13	10	12
Madhya Pradesh	79	72	76	77	72	74	72	72	72	72	68	70	68	66	67	63	62	62	62	57	59	59	54	56
Maharashtra	37	34	36	36	35	35	35	33	34	33	33	33	33	28	31	29	27	28	25	24	25	26	24	25
Orissa	77	74	75	74	73	73	72	70	71	70	68	69	66	65	65	61	60	61	58	55	57	54	52	53
Punjab	48	41	44	50	39	44	45	42	43	43	39	41	39	37	38	35	33	34	33	28	30	29	27	28
Rajasthan	72	64	68	69	65	67	67	63	65	65	60	63	61	58	59	57	52	55	53	50	52	51	47	49
Tamil Nadu	39	35	37	37	36	37	36	34	35	33	30	31	29	27	28	24	23	24	23	21	22	22	21	22
Uttar Pradesh	75	71	73	73	70	71	70	67	60	70	64	67	65	62	63	63	58	61	59	55	57	55	52	53
West Bengal	39	38	38	40	37	38	37	36	37	37	34	35	33	33	33	32	29	31	34	30	32	33	31	32
India	61	56	58	59	56	57	56	55	55	55	52	53	52	49	50	49	46	47	46	43	44	44	41	42

Source: Sample Registration System (various years), Office of the Registrar General, India.

F: female, M: Male, T: Total

Note: Estimates of Infant mortality Rate by sex are subject to year to year fluctuations.

[1]Chowdhury, S (2014). Public Retreat, Private Expenses and Penury – A Study of Illness Induced Impoverishment in Urban India. Paper Prepared for the IARIW 33rd General Conference Rotterdam, The Netherlands, August 24-30. Institute of Economic Growth: India.

[2]Balarajan, Y, Selvaraj, S and Subramanian, SV (2011). Health Care and Equity in India.The Lancet, 377 (9764), 505 -515.

[3]Sen, G, Östlin, P and George, A (2007). Unequal, Unfair, Ineffective and Inefficient - Gender Inequity in Health: Why it exists and how we can change it. Final Report to the WHO Commission on Social Determinants of Health.

[4]World Health organization(WHO) Health in the post-2015 UN development agenda. WHO discussion paper; Positioning health in post 2015 development agenda.

[5]UN Women, Convention on the Elimination of all forms of Discrimination Against Women (CEDAW); General recommendations made by the Committee on the Elimination of Discrimination against Women Article 12, para 19 states parties are required by Article 12 to take measures to ensure equal access to health care. Violence against women puts their health and lives at risk. Para 20: In some States there are traditional practices perpetuated by culture and tradition that are harmful to the health of women and children. These practices include dietary restrictions for pregnant women, preference for male children, and female circumcision or genital mutilation.

[6]Choudhury, M and Amar Nath, HK (2012).An Estimate of Public Expenditure on Health in India.Retrieved on November 19, 2014 from *http://www.nipfp.org.in/media/medialibrary/2013/08/health_estimates_report.pdf*

[7]National Health Insurance Schemes include Rashtiya Swasthiya Bima Yojana (RSBY); Employment State Insurance Scheme (ESIS); Central Government Health Scheme (CGHS); Aam Aadmi Bima Yojana (AABY); Janashree Bima Yojana (JBY); Universal Health Insurance Scheme (UHIS); and Arogyashri schemes for tertiary care at the state government levels

[8]Rao, MG and Choudhury, M (2012). Health Care Financing Reforms in India. Working Paper No: 2012-100. National Institute of Public Finance and Policy, India.

[9]Centre for Legislative Research and Advocacy, Oxfam India, Centre for Budget and Governance Accountability. MDG and Gender Budgeting: Where does India Stand. Policy Booklet for Parliamentarians, 2011; Retrieved on November 19, 2014 from *http://indiagovernance.gov.in/files/CLRA_Gender_Budgeting_fine.pdf*

[10] *ibid*

[11] *ibid*

[12] *Rao, MG. and Choudhury, M(2012).* op.cit.

[13]Balarajan,Y, Selvaraj, S and Subramanian, SV (2011). Health care and equity in India. The Lancet, 377(9764), 505–515.

[14]The World Bank (2011). Beyond Consumption Poverty: Nutrition, Health and Education in Perspective on Poverty in India. The International Bank for Reconstruction and Development /The World Bank: Washington DC.; Mortality in India, Using International and Constitutional Law to Promote Accountability and Change (2008). Centre for reproductive Rights, New York, USA; Baru, RV, and Bisht, R (2010). Health Service Inequities As Challenge To Health Security in Prakash, A "Policies and Strategies for Inclusive Development in India", IHD, New Delhi and Oxfam, India.

[15] Thomsen, S, Ng, N, Biao, X, Bondjers,G, Kusnanto, H, Liem, NT, Mavalankar, D, Målqvist, M and Diwan, V (2013). Bringing evidence to policy to achieve health-related MDGs for all: justification and design of the EPI-4 project in China, India, Indonesia, and Vietnam. Global Health Action,6: 19650; Saxena, ., Vangani, R, Mavalankar,D, and Thomsen, S (2013). Inequity in maternal health care service utilization in Gujarat: analyses of district-level health survey data. Global Health Action, 6: 19652;Gwatkin, DR, Bhuiya, A, and Victora, CG (2004). Making health systems more equitable. The Lancet, 364, (9441), 1273_80.

[16] Various anthropometric measures are used to measure chronic energy deficiency. In most studies, weight-for-height or Body Mass Index (BMI) is used to indicate the current nutritional status thereby reflecting the difference between food intake and the demand for these intakes.

[17]Prevalence of Undernutrition (BMI below 18.5) in Women State-wise NFHS 3 (2005-06)

[18]National Nutrition Monitoring Bureau (NNMB).(2006). Diet and Nutritional Status of Population and Prevelance of Hypertension Among Adult in Rural Areas. NNMB Technical Report No. 24. Retrieved on November 28, 2014 from *http://nnmbindia.org/nnmbreport06nov20.pdf*

[19]Paul, VK, Sachdev, HS, Mavalankar, D, Ramachandran,P, Sankar, MJ, Bhandari, N, Sreenivas, V, Sundararaman, T, Govil, D, Osrin, D, and Kirkwood, B (2011). Reproductive health, and child health and nutrition in India: meeting the challenge. The Lancet, 377(9762): 332–349.

20_Vanita Leah Falcao and Jasmeet Khanuja. India's unrealised maternity entitlement. The Centre for Equity Studies, New Delhi.

[21]Jain, M (2014). India's Struggle Against Malnutrition—Is the ICDS Program the Answer? *World Development, 67, 72–89.*

[22]United Nations Children's Fund (2008). Progress for Children: A Report Card on Maternal Mortality, Number 7. UNICEF, NewYork; Maternal Mortality in India, Using International and Constitutional Law to Promote Accountability and Change (2008). Centre for Reproductive Rights, USA.

[23]On account of the unacceptably high fertility and mortality indicators, the eight Empowered Action Group (EAG) states i.e.Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa, Rajasthan, Uttarakhand, Uttar Pradesh and Assam, which account for about 48% of India's population, are designated as "High Focus States" by the Government of India. Under-Five Mortality in High Focus States in India: A District Level Geospatial Analysis by Chandan Kumar, Prashant Kumar Singh and Rajesh Kumar. *Rhttp://journals.plos.org/plosone/article?id=10.1371/journal.pone.0037515*

[24]Data on causes of maternal deaths reveal that more than 80 percent of such deaths worldwide are due to five direct causes viz., haemorrhage, sepsis, unsafe abortion, obstructed labour and other disease conditions like anemia and malaria. For every woman who dies, an estimated 100 survive but suffer from serious diseases, infections, disability or physical damage caused by pregnancy related complications.

[25] Khanna, R (2013). MDG 5 in India: Whither Reproductive and Sexual Right? Retrieved on November 27, 2014 from *http://www.unwomen.org/~/media/headquarters/attachments/sections/csw/58/ep1-remi-khanna%20pdf.pdf*

[26]International Institute for Population Sciences. (2007). National Family Health Survey (NFHS-3), Key Findings. IIPS, India.

[27]Singh, SK, Kaur, R, Gupta, M and Kumar, R (2012). Impact of National Rural Health Mission on Perinatal Mortality in Rural India. Indian Pediatrics, 49 (2), 136-138; International Institute for Population Sciences (IIPS) (2010). District Level Household and Facility Survey (DLHS-3), 2007-08: India ; UN Human Rights Council, Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health; Addendum: Mission to India, 15 April 2010, A/HRC/14/20/Add.2. Retrieved on November 27, 2014 from *http://www.refworld.org/docid/4c0367cf2.html*

[28] Sanneving, L, Trygg, N, Saxena, D, Mavalankar, D and Thomsen, S (2013). Inequity in India: the case of maternal and reproductive health. The Global Health Action, 6: 19145.Retrieved on November 27, 2014 from *http://dx.doi.org/10.3402/gha.v6i0.19145*

[29] National Neonatal Perinatal Database (2002-2003). Human Reproduction Research Centre Network, NNPD Network. Retrieved on November 27, 2014 from *http://www.newbornwhocc.org/pdf/HRRC-Report_2002-03.pdf* ; Shrivastava, SP, Kumar, A, and Ojha AK (2001). Verbal Autopsy Determined Causes of Neonatal Deaths. Indian Pediatrics. 38, 1022-1025.

[30] Khanna, R (2013). MDG 5 in India: Whither Reproductive and Sexual Right? Retrieved on November 27, 2014 from *http://www.unwomen.org/~/media/headquarters/attachments/sections/csw/58/ep1-remi-khanna%20pdf.pdf*

[31]Kamalapur, SM, and Reddy, S (2013). Women Health in India: An Analysis. International Research Journal of Social Sciences, 2(10), 11-15.

[32]Sanneving, L, Trygg, N, Saxena, D, Mavalankar, D and Thomsen, S (2013); *op.cit.*

[33] The key components of NRHM are encouraging delivery in institutions through incentives from Janani SurakshaYojana, supporting the development of services for emergency obstetric care, and training auxiliary nurse midwives and nurses for 2–3 weeks to gain competencies as skilled birth attendants

[34]In just 5 years, beneficiaries of Janani Suraksha Yojana have increased 13 times, from 0.74 million in 2005–06 to nearly 10 million in 2009–10, thus representing almost 40percent of the 26 million women who deliver in India every year. Budgetary allocation for Janani Suraksha Yojana increased from $8.5 million (Year) to $275 million in 2008–09. From the point of view of delivery in public sector health facilities, cash incentives seem to stimulate demand and enhance use. In just 1 year, for instance, the states of Rajasthan and Madhya Pradesh showed an increase in deliveries in government facilities by 36 percent and 53 percent, respectively. Janani SurakshaYojana has helped to overcome financial constraints that prevented women from going to the hospitals for delivery.

[35]Santhya, K.G., Jejeebhoy, S.J., Acharya, R. and Francis, A.J. (2011).*Effects of the Janani SurakshaYojana on maternal and newborn care practices: Women's experiences in Rajasthan.* New Delhi, India: Population Council.

[36]http://www.commonhealth.in/pdf/MDG-5-in-India-Whither-reproductive-and-sexual-rights.pdf, p. 9

[37] The Chiranjeevi scheme based on a public private model (PPP) provides childbirth and services for emergency obstetric care in private hospitals under the care of qualified private obstetricians, free of cost to

families but paid for by the government. More than 800 obstetricians have joined the scheme and have undertaken more than 300 000 deliveries for clients who are poor.

[38] Currently married couples in the age group of 15-49 years

[39]Government of India, Ministry of health and family Welfare. (December 2011). *Annual Report to the People on Health, June 2010-May 2011.*Retrieved on November 28, 2014 from http://mohfw.nic.in/WriteReadData/1892s/6960144509Annual%20Report%20to%20the%20People%20on%20Health.pdf.

[40]https://www.academia.edu/4472746/India_National_Family_HealthVolume_IMinistry_of_Health_andFor_related_information_visit_http_www.iipsindia.org_or_http_www.mohfw.nic.in_CONTRIBUTORSContents_v_CONTENTS_VOLUME_I

[41]Kumar, A., and Singh, A. (2013). Trends and determinants of unmet need for family planning in Bihar (India): Evidence from National Family Health Surveys. Advances in Applied Sociology Scientific Research, 3 (2):157-163.

[42]IIPS MACRO; National Family Health Survey

[43]Mahajan, N., Aggarwal, M., and Bagga, A. (2012). Health issues of menopausal women in North India. *Journal of Midlife Health*, 3(2), 84-87.

[44] Most developed world countries have accepted the chronological age of 65 years as a definition of 'elderly' or older person….At the moment, there is no United Nations standard numerical criterion, but the UN agreed cutoff is 60+ years to refer to the older population….http://www.who.int/healthinfo/survey/ageingdefnolder/en/

[45]Nagarajan, R. (2014, October 14). 15 million elderly Indians live all alone: Census. *Times Of India.* Retrieved on November 20, 2014 from http://timesofindia.indiatimes.com/india/15-million-elderly-Indians-live-all-alone-Census/movie-review/43948392.cms.

[46] Ibid

[47]United Nations Population Fund (2012). Building a Knowledge Base on Population Aging in India: Report on the status of elderly in selected states of India, 2011.

[48]*ibid*

[49] *ibid*

[50]Gupta, N (2013). Older Women in India: Issues and Concerns in n S. Siva Raju, U V Somayajulu, & C P Prakasam (eds), Ageing, Health and Development.Delhi: B..R. Publishing Corporation. Pp203-222.

[51]Das Gupta, M, Chen, LC and Krishnan, TN (1995). Women's Health in India: Risk and Vulnerability. India: Oxford University Press.

[52]Chen, M, and Dreze, J (1995).Widowhood and Well-being in Rural North India in Monica Das Gupta, Lincoln C Chen, and T N Krishnan (eds), Women's Health in India. Bombay: Oxford University Press.Pp245-288.

[53]Jotheeswaran, AT, Williams, JD and Prince, MJ (2010). The predictive validity of the 10/66 dementia diagnosis in Chennai, India: a 3-year follow-up study of cases identified at baseline. Alzheimer Disease and Associated Disorders, 24(3), 296-302; James, KS (2011). India's Demographic Change: Opportunities and Challenges. Science, 333 (6042), 576-580.

[54]Government of India, Central Statistics office, Ministry of Statistics and Programme Implementation (2011). Situation Analysis of the Elderly in India. Retrieved November on 28, 2014 from *http://mospi.nic.in/Mospi_New/upload/elderly_in_india.pdf*

[55]McCarthy, T (2003). Public Health, Mental Health and Violence Against Women. Report produced for VicHealth. Retrieved on November 28, 2014 from *http://www.ncsmc.org.au/wsas/Documents/VAW%20scoping%20report%20for%20web.pdf*

[56]Patel, V &Kleinman, A (2003) Poverty and common mental disorders in developing countries. Bulletin of the World Health Organization, 81 (8), 609-615.

[57]Patel, V, Kirkwood, BR, Pednekar, S, Weiss, H and Mabey, D (2006). Risk factors for common mental disorders in women: Population-based longitudinal study. British Journal of Psychiatry, 189, 547-555.

[58] *ibid*

[59]Prasad, J, Abraham, S, Akila, B, Joseph, A and Jacob, KS (2003). Symptoms related to the reproductive tract and mental health among women in rural Southern India. National Medical Journal of India, 16 (6), 303-308.

[60]Patel, V, Kirkwood, BR, Pednekar, S, Pereira, B, Barros, P, Fernandes, J, Datta, J, Pai, R, Weiss, H, and Mabey D (2006). Gender disadvantage and reproductive health risk factors for common mental disorder in women: a community survey in India. Archives of General Psychiatry, 63 (4), 404-413.

[61] Patel et al (2006) *op. cit.*

[62] Government of India: Ministry of Health and Family Welfare (October 2014). New Pathways New Hope, National Mental health Policy. Retrieved on November 28, 2014 from *http://mohfw.nic.in/index1.php?lang=1&level=2&sublinkid=4523&lid=2964*

[63]Refer to the Chapter on Violence against Women in this report, which discusses all aspects of VAW, its determinants and implications.

[64]The World Health Organization.: Violence Against Women: Global Picture Health Response. Retrieved on November 27, 2014 from http://www.who.int/reproductivehealth/publications/violence/VAW_infographic.pdf?ua=1

[65] IIPS and Macro (2007) National Family Health Survey.

[66]The World Bank (2011). Beyond Consumption Poverty: Nutrition, Health and Education in *Perspective on Poverty in India.* The International Bank for Reconstruction and Development / The World Bank: Washington DC.

[67]McCarthy, T (2003). Public Health, Mental Health and Violence Against Women. Report produced for VicHealth. Retrieved on November 28, 2014 from http://www.ncsmc.org.au/wsas/Documents/VAW%20scoping%20report%20for%20web.pdf

[68] WHO Study. *Op cit.*

[69]Krug, EG, Mercy, JA, Dahlberg LL, & Zwi, AB (2002). The world report on violence and health. The Lancet, 360 (9339), 1083–88.

[70]WHO, Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, South African Medical Research Council. (2013). Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence. Retrieved November 28, 2014 from http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf?ua=1

[71]Deosthali, P, Maghnani, Pand Malik, S (2005). Establishing Dilaasa - Documenting the Challenges. Mumbai, India: Cehat. Retrieved on November 28, 2014 from http://www.cehat.org/go/uploads/Dilaasa/estabdilaasa.pdf

[72] DILASA SANSTHA. (n.d.). Retrieved on December 3, 2014, *from* http://www.dilasa.org/

[73] National Health Mission, Kerala. GBVMC - Medical Care for Victims of Gender Based Violence/Social Abuses. Retrieved on November 28, 2014 from available on http://www.arogyakeralam.gov.in/index.php/special-initiaves/gbvmc

[74]These recommendations have been summarized from a workshop that was held in DILASA center in January 2014 and attended by then Secretary, Mr. Keshav Deshiraju

[75] As found in http://www.who.int/gender/documents/gender_hiv_guidelines_en.pdf on 10 March 2015

76[i] Government of India, National AIDS Control Organization (NACO) (2013). Updated Guidelines for Prevention of Parent to Child Transmission (PPTCT) of HIV Using Multi Drug Anti Retroviral Regimen in India (NACO). Retrieved on December 3, 2014 from http://www.naco.gov.in/upload/NACP%20-%20IV/18022014%20BSD/National_Guidelines_for_PPTCT.pdf

77 Pradhan, BK, Sundar, R & Singh, SK (2006). Socio-Economic Impact of HIV and AIDS in India. United Nations Development Programme, NACO (National AIDS Control Organization), Ministry of Health and Family Welfare, Government of India, and NCAER (National Council on Applied Economic Research).

[78] Wand C Hospital of GoK in Tvm has a very efficient, affordable infertility clinic

79 Unisa Sayeed. Infertility and Treatment Seeking in India: Finding from District Level; Household Survey. F,V & V in ObGyn, 2010, Monograph: 59-65; in Renu Khanna, MDG 5 in India: Whither reproductive and sexual rights?; for Expert Group Meeting Structural and policy constraints in achieving the MDGs for women and girls. UN Women, in collaboration with ECLAC, 21-24 October 2013, Mexico City, Mexico

[80] Refer to researches of Shireen Jejeebhoy on trends and patterns of infertility in India; also IIPS analysis of infertility

[81]Pande, A (2010). Commercial surrogacy in India: Nine months of labor? Doctoral Dissertations Available from Request. Abstract Available on http://scholarworks.umass.edu/dissertations/AAI3409640 (Accessed Date: November 20, 2014).

[82]Anu, Kumar P, Inder, D and Sharma, N (2013). Surrogacy and women's right to health in India: Issues and perspective. Indian Journal of Public Health, 57 (2), 65-70. Retrieved on November 20, 2014 from http://www.ijph.in/text.asp?2013/57/2/65/114984

[83]Wadekar, N (2011). Wombs on Rent: A Bioethical Analysis of Commercial Surrogacy in India. Tuftscope: The Journal of Health, Ethics and Policy. Retrieved on November 20, 2014 from http://s3.amazonaws.com/tuftscope_articles/documents/160/Original%20Article%20--%20Wadekar.pdf

[84]Anu, Kumar, Inder and Sharma (2013) *op cit*

[85] Rao, S, Pai, M, Lyanar, A & Joseph, A (1997). Sanitation for the Rural Communities: First Win the People's Support. World Health Forum, 18 (3-4), 262-265.

[86]WaterAid (2012). Nowhere to go. WaterAid in Sweden. Retrieved on November 28, 2014 from www.wateraid.org/se/~/media/Files/Sweden/nowhere-to-go.pdf

[87]ICRW and RGMVP (2014). Sanitation and Hygiene Initiative through Community Institutions of the Poor in Uttar Pradesh, India; Study in progress and findings reported here are that of base line survey in 160 villages in Uttar Pradesh

[88] SHARE (2012) Fear and anger, Delhi, India. Briefing note. Retrieved November 28, 2014 from http://www.shareresearch.org/LocalResources/VAW_India.pdf

[89]World Bank(2011). Economic impacts of inadequate sanitation in India. Washington, DC: World Bank. Retrieved on November 28, 2014 from *http://documents.worldbank.org/curated/en/2011/01/16232493/economic-impacts-inadequate-sanitation-india*

[90]Government of India; Press Information Bureau; Cabinet Press Note (September 2014). Restructuring of the Nirmal Bharat Abhiyan into Swachh Bharat Mission. Retrieved on November 28, 2014 from *http://pib.nic.in/newsite/PrintRelease.aspx?relid=109988*

[91]UNFPA (2003). Adolescents in India, A Profile. Retrieved on November 28, 2014 from *http://novaspecialtyhospitals.com/files/resources_pdf/UNFPA%20India%20Report-Adolescent%20Health%20and%20Development.pdf.*

[92]Chandramouli, C (August 2013). Release of Social and Cultural Tables – Age Data Highlight, Census of India 2011.Ministry of Home Affairs, Government of India.

[93]*ibid*

[94] The State of the World's Children.UNICEF Report, 2009

[95]International Center for Research on Women (2014): Trends and patterns of Child marriages in India: A district level analysis.

[96] *Ibid*

[97] *Ibid*

[98] *Ibid*

[99] *Ibid*

[100] Moore, AM, Singh, S, Ram, U, Remez, Land Audam, S (2009). Adolescent Marriage and Childbearing in India: Current Situation and Recent Trends. Guttmacher Institute. Retrieved on November 28, 2014 from *http://www.guttmacher.org/pubs/2009/06/04/AdolescentMarriageIndia.pdf*

[101]Bott, S, Jejeebhoy, S, Shah, I, & Puri, C (2003). Towards Adulthood: Exploring the sexual and reproductive health of adolescents in South Asia. Retrieved on December 3, 2014 from *http://whqlibdoc.who.int/publications/2003/9241562501.pdf*; Mathur, S, Greene, M & Malhotra, A (2003). Too Young to Wed: The Lives, Rights and Health of Young Married Girls. Washington, D.C: International Center for Research on Women (ICRW.; UNICEF (2001). Early Marriage: Child Spouses. UNICEF Innocenti Research Centre. Florence, Italy; UNICEF (2009). The State of the World's Children: Maternal and Newborn Health. UNICEF (2011). The State of the World's Children: Adolescence, An Age of Opportunity.; Jain, S & Kurz, K (2007). New Insights on Preventing Child Marriage: A Global Analysis of Factors and Programs. Washington, DC: ICRW; Malhotra, A, Warner, A, McGonagle, A and Lee-Rife, S (2011). Solutions to end child marriage: What the evidence shows. Washington, DC: ICRW.

[102]Ganatra, B and Hirve, S (2002). Induced abortion among adolescent women in rural Maharashtra, India. Reproductive Health Matters, 10 (19):76–8.; Santhya, KG, Ram, U, Acharya, R, Jejeebhoy, SJ, Ram, F and Singh, A (2010). Associations between early marriage and young women's marital and reproductive health outcomes: evidence from India. International Perspectives on Sexual and Reproductive Health 36(3): 132-139.

[103]Jejeebhoy and colleagues in Population Council have over the past two decades created invaluable body of evidence around adolescent girls vulnerabilities and the drivers of these vulnerabilities; Similarly International Center for Research on Women (ICRW) has worked extensively on issues of adolescent girls and programs to reduce their vulnerabilities in past two decades working with various community based organizations and NGOs. Godha, Hotchkiss & Gage, 2013; MACRO and IIPs led National Family Health Survey (NFHS) rounds have consistently demonstrated high level of adolescent fertility.

[104] Prakash, R, Singh, A, Pathak, PK and Parasuraman, S (2011). Early marriage, poor reproductive health status of mother and child well-being in India. The Journal of Family Planning and Reproductive Health Care, 37(3):136-45.; Singh, PK, Rai, RK, Alagarajan, Mand Singh, L (2012). Determinants of maternity care services utilization among married adolescents in rural India. PLoS ONE 7(2): e31666.

[105]Pande, R, Kurz, K, Walia, S, MacQuarrie, K and Jain, S (2006). Improving the Reproductive Health of Married and Unmarried Youth in India. India: ICRW. Gupta, SL, Mukherjee, S, Singh, S, Pande, . and Basu, S (2008). Knot Ready: Lessons from India on Delaying Marriage for Girls. India: ICRW; Malhotra, A, Warner, A, McGonagle, A and Lee-Rife, S (2011). Solutions to end child marriage: What the evidence shows. Washington, DC: ICRW.

[106] Some of the well-known programs to enhance value of girl child include; Dhan Lakshmi Scheme (2009) - centrally funded scheme; Raj Lakshmi Scheme (1992) (discontinued); Bal Vivah Virodh Abhiyan (Child Marriage Protest Programme,2005) - a nationwide awareness-raising programme against child marriage; Kasturba Gandhi BalikaVidyalaya (KGBV) (2007) a component of Sarv Siksha Abhiyan (SSA) for setting up residential schools at upper primary level for girls belonging predominantly to the Scheduled Castes, Scheduled Tribes and Other Backwards Castes and minorities in difficult areas. These schools have classes from VI up to XII; *http://rajasthan.gov.in/SpecialInterestGroupCorner/WomenCorner/Pages/Girl-Child-Scheme.aspx?ContentType=Scheme*

[107]International Institute for Population Sciences (IIPS) and Population Council. (2010). Youth in India: Situation and Needs 2006–2007. India: IIPS.

[108]Nanda, P, Das, P, Singh, A and Negi, R (2013). Addressing Comprehensive Needs of Adolescent Girls in India: A Potential for Creating Livelihoods. International Centre for Research on Women, India.

[109]In recent years, research and anecdotal evidence are plenty to document and highlight various forms of violence that girls of all ages experience in both public and private spheres. A majority of the cases are not reported and girls suffer them on daily basis silently due to social stigma and for the fear of retribution However, it is believed that post-Nirbhaya incident and widespread media coverage, the stigma has reduced and more women and girls are coming forward to report violence. This needs to be validated through rigorous research and evidence building.

[110]UNFPA (2003). Adolescents in India, A Profile. Retrieved on November 28, 2014 from *http://novaspecialtyhospitals.com/files/resources_pdf/UNFPA%20India%20Report-Adolescent%20Health%20and%20Development.pdf*

[111]Ministry of Health and Family Welfare, Government of India. (January, 2014). Rashtriya KishorSwasthya Karyakram (RKSK). Retrieved on December 3, 2014, from *http://www.nhp.gov.in/health-programmes/national-health-programmes/rashtriya-kishor-swasthya-karyakram-rksk*

[112]The safe spaces programs in Egypt, Nigeria, Kenya and other countries have shown positive impact on various aspects of girl's life including nutrition, reproductive and sexual health, and girl's self-esteem and aspirations.

[113] Jain, K. (September 2012). Health Insurance in India: The RashtriyaSwasthyaBimaYojana Assessing Access for Informal Workers. *WIEGO Policy Brief (Social Protection) No. 10*; Ahuja, R. and De, I. (October 2004). Health Insurance for the Poor: Need to Strengthen Healthcare Provision. *Economic & Political Weekly, 39 (41), 4501-4503.*

[114]Rajasekhar, D., Berg, E., Ghatak, M., Manjula, R. and Roy, S. (May 14, 2011). Implementing Health Insurance: The Rollout of Rashtriya Swasthya Bima Yojana in Karnataka. Economic & Political Weekly, 46 (20), pp Pp 56-63. ; Das, J. and Leino, J. (August 2011). Evaluating the RSBY: Lessons from an Experimental Information Campaign. Economic & Political Weekly, 46 (32), Pp85-93.

[115]Poorest Areas Civil Society (PACS). Retrieved on December 3, 2014, from *http://www.pacsindia.org/key-themes/right-to-basic-services/health-nutrition/rsby*

[116] Jain, K (September, 2012). Health Insurance in India: The Rashtriya Swasthya Bima Yojana. WIEGO Policy Brief (Social Protection) No. 10.Retrieved on November 19, 2014 from *http://wiego.org/sites/wiego.org/files/publications/files/Jain-Health-Insurance-Informal-Economy-India-WIEGO-PB10.pdf*.

[117]Mukherji, A, Sen, G, &Rathi, P (2012). Rashtriya Swasthya Bima Yojana: Evaluating Utilisation, Roll-out and Perceptions in Amaravati District, Maharashtra. Economic & Political Weekly, 47 (39).

[118]A VenkatRaman. Public Private Partnership in Health Care: Contexts, Models and Lessons as of 26 March 2015 available on *http://www.who.int/global_health_histories/seminars/Raman_presentation.pdf*

[119]*Ibid*

[120]Imrana Qadeer. Health Care Systems in Transition III: India, Part I. The Indian Experience. Journal of Public Health Medicine, 2000; 22 (1): 25-32; KV Ramani and D Mavalankar, Health System in India: Opportunities and Challenges for Improvements in J Health, Organ Manag. 2006; 20 (6): 560-572 as given in "Planning Commission of India, Report of High Level Expert Group on Universal Health Coverage for India, November 2011, New Delhi.

[121] Examples of public-private arrangements are many in the country. Some of them must be evaluated for their potential to scale up and replication. For example, in Karnataka, contracting management of Primary Health Care Centres (free services-diagnosis, consultation, treatment and drugs) with Karuna Trust; Super Speciality Hospitals providing 40% beds for poor patients and free OPD services to poor . In Rajasthan, contracting management of CT scan / MRI diagnostics (free for all poor patients and at subsidized rate for others); Demand side financing for institutional delivery & infant care (Institutional deliveries through private obstetricians, primarily for women from poor families) in Gujarat; demand side financing for institutional delivery primarily for poor women in Uttarakhand; Yashswini in Karnataka to provide community based health insurance and hospitalization for more than 1600 surgeries, for members of farmers' co-operatives and their dependents; mobile health clinics and clinical & radio diagnostics through health camps, lab tests; free to all BPL cardholders in Uttarakhand. Also, Boat clinics in far-flung areas such as small islands providing specialist help and resources such as boats free of coast to reach unreached population in Assam and Sundarbans (West Bengal); Telemedicine and tele health (tele-diagnosis and consultation in cardiac care and specialist care), free diagnosis, medicines and treatment for BPL patients in Karnataka.

[122] "Emerging health care models: Engaging the private health sector", National Conference Report by CEHAT; 25-26 September 2009, Mumbai.

[123] As given in http://timesofindia.indiatimes.com/india/Draft-National-Health-Policy-proposes-making-health-a-fundamental-right/articleshow/45712774.cmsdtd 1 Janury 2015

[124] As given in http://www.indiaenvironmentportal.org.in/content/404112/the-draft-national-health-policy-2015-proposes-health-as-a-fundamental-right/dtd 30 December 2014

[125] ibid

[126] As given in *http://timesofindia.indiatimes.com/india/NHRC-faults-draft-national-health-policy/articleshow/46073890.cms* dated 31 January, 2015.

[127] Health Minister addressing the Steering Committee of the National Health Mission December, 2013.

[128] Neogi, S and Misra, M (2014)in Innovations in Maternal Health: Case Studies from India edited by Jay K Satia, Madhavi Misra. Radhika Arora, and Sourav Neogi.Sage Publication.

[129] Kaur, R (2013). Mapping the Adverse Consequences of Sex Selection and Gender Imbalance in India and China. *Economic* & Political Weekly, 48 (35).

[130] Bose, S, Trent, ., & South, SJ (2013).The Effect of a Male Surplus on Intimate Partner Violence in India. Economic and Political Weekly, 48(35).

[131] Dreze, J and Khera, R (2000).Crime, Gender, and Society in India: Insights from Homicide Data. *Population* and Development Review, 26 (2), 335-52.

[132] Kaur (2013) has pointed out based on an extensive review of literature and her own ethnographic work that the gender imbalance reduces net dowry payments and lowers demand for dowry in areas that report bride shortages. She has shown that cross-region marriage in India do not involve dowry, with men taking care of all marriage expenses.

[133] Ministry of Health & Family Welfare launched National Programme for Elderly. Retrieved 06 April 2013 from *http://www.jagranjosh.com/current-affairs/ministry-of-health-family-welfare-launched-national-programme-for-elderly-1365226987-1*

CHAPTER 13

Women in Power and Decision Making

"Women in every part of the world continue to be largely marginalized from the political sphere, often as a result of discriminatory laws, practices, attitudes and gender stereotypes, low levels of education, lack of access to health care and the disproportionate effect of poverty on women"

2011 General Assembly Resolution on Women's Political Participation

13.1. Introduction

13.1.1. Politics and decision-making is not new to Indian women, for they have been participating directly or indirectly in governance since ancient times with astuteness. Nevertheless, today women continue to be left out of the decision-making process and shunted to the sidelines. Available data indicates women's exclusion from this process at all levels, notwithstanding the 73rd and 74th Amendments to the Constitution of India providing for 33 per cent reservation for women.

13.1.2 As stated above, Indian women have a vibrant history of participating in the political realm since ancient times. Females have reigned over empires, bearing male titles or acting as regents during the minority of their sons. Razia Sultan was an Emperor in her own right. Similarly during the Mughal period, although Muslim women were in *purdah* and had a restricted public life, there are examples of women's intelligence, capabilities and participation in public life. The wives of Emperors, and Kings not only accompanied them in their work but also worked as advisers to them, and contributed a lot in the governance of the empire. In the modern period, the iron-willed Rani of Jhansi – Rani Laxmibai was amongst the pioneers of India's Struggle for Freedom during 1857, and fought against the British till her last breath for independence.

13.1.3 History is witness to the fact that women were politically mobilized in large numbers, particularly by Gandhiji during the national movement. This generated an expectation that they would become equal partners in the democratic processes of India. The framers of the Indian

Constitution realized that in order to have a country free from inequalities based on class, gender, and race, where basic needs became basic rights and where poverty and all forms of violence are eliminated, where each person would have the opportunity to develop her or his full potential and creativity, women's participation in decision making at all levels is essential. It was also recognized that such participation is a pre- requisite to attaining self- reliant and sustainable development.

13.1.4 Accordingly, the Preamble of the Constitution of India affirms- **"WE THE PEOPLE OF INDIA...GIVE OURSELVES THIS CONSTITUTION"**, which clearly declares that women have equal rights in public sphere. The expectations, however, remained fictional and reality was otherwise, for women in the post-independence period continued to be excluded from formal politics.

13.1.5 Politics continues to remain a male dominated sphere despite the fact that Indian women were granted political rights without much struggle, because of their dynamic participation in the freedom struggle. The Indian Constitution created a base for equal participation of women. Even so, women have not been very active in politics. There exists a wide gap between the de *facto* and *de jure* situation of women, as a large section of **citizens** that is women, particularly those belonging to the marginalized, socially, culturally and economically under privileged section of the society are excluded from this **"WE"**, as far as political processes and deliberations are concerned.

13.1.6 It is observed that women do not enjoy equal opportunities to access the means for political participation at par with men. This led to women's exclusion from the political process, resulted in their exclusion from decision-making, which in turn implies the exclusion of women's needs and concerns from policy-making. This resulted in asymmetrical power relations, which has placed an undue burden on women in terms of uneven distribution and access to resources and resulted in subordinate socio-economic status, declining sex ratio, increasing crime against women, feminization of labour force, increasing unemployment and feminization of poverty.

13.1.7 Despite continuous efforts made by the women's' movement and initiatives by government, the discourse, procedure, structures and functions of traditional politics and governance still continue to be heavily skewed in favour of men, resulting in the invisibility of women in politics and decision-making at all levels. Even though many efforts have been made in the recent decades by the government to enhance women's participation in politics and decision-making by adopting various policies and plans, yet the situation on the ground continues to be the same; there still exists a wide gap between the de jure and de facto situation of women in India, particularly in relation to their political participation.

13.1.8 As a result, the last decade of the Twentieth Century witnessed intensive efforts by the women's organizations and women's rights activists who have been advocating and pleading for space for women to bring their vision and leadership, knowledge, skills, views and aspirations on the development agenda from the grassroots to the national and international levels. They have started challenging the legitimacy of existing governance structures and institutions and their functioning in ways that perpetuate gender based discrimination.

13.1.9 In this context, the present chapter seeks to assess women's position in Indian politics and decision-making and look at ways and means whereby women and women's perspectives can be made an integral part of the decision-making process. The first section seeks to highlight a few critical concepts related to women's participation in decision-making. The next section would look at women's role in the electoral process at the national and state levels, as voters, contestants as well as representatives. The Chapter would go on to analyse women's participation at grassroots levels, going on to look into the debate on reservation. It would also analyse women's participation in political parties and in judiciary and end with a few recommendations to enhance women's participation in the electoral politics and decision-making in India.

13.2. Towards Equality- Report of the CSWI on Political Participation

13.2.1. The Report of the Committee on Status of Women in India, 'Towards Equality' (1974) had declared that political status of women can be defined by the degree of equality and freedom enjoyed by women in shaping and sharing of power and in the value given by the society to her role. The

CSWI had used three indicators to examine the efficacy of the instrument of political rights and status in order to achieve general equality of status and opportunities and social, economic and political justice, and its practical operation of the political process. These indicators were as follows:

a. Indicators of Participation in the Political Process: - The readiness and willingness of the people to participate in the political process is a basic requirement for a democracy. The role of women in this can be measured by the turnout of women voters and number of women candidates in each election.
b. Indicator of Political Attitude:- Since attitudes play a major role in determining political behavior, the level of awareness, commitment and involvement of women participating in politics, particularly their autonomy and independence in political action and behavior, are important measures of their political status.
c. Impact of Women in the Political Processes:- If political rights are only an instrument to achieve other goals, then this is the crucial measure of women's political status. (CSWI, p.285)

13.2.2 To evaluate this CSWI has examined women's view of their own roles and efficacy in the political process, and society's attitude to these new roles of women. This is indicated by the success of women candidates at various elections, the efficiency of women's pressure groups, the nature of the leadership and women elite in parties and government, and the effectiveness of campaigns for women's mobilization particularly on issues that directly concerns them. (CSWI, p.287). Today, India is doing much better on all these indicators, yet a lot needs to be done before substantive equality can be attained.

13.2.3 However, before going on to assess the status of women in politics and decision-making in India, it would be pertinent to have a brief overview of a few concepts relevant to an analysis of women in politics and decision-making.

13.3. Personal is Political

13.3.1 In the first place, women's studies scholars assert that the **'personal is political'** implying thereby that everything personal has been impacting on society and all political and

social occurrences and decisions influence everyone in the society, thus personal no more remains personal, rather personal becomes political. It further means that there should be no division between personal or domestic sphere and the public sphere. Morality, ethics, caring, the basic attributes of the domestic sphere must replace the present day politics and its culture of violence, double standards and hypocrisy.[1]

13.4. Need for Women's Political Participation

13.4.1 One major question which arises is why do we need more women in politics? It is assumed that the 'representatives of the people' sitting in the Houses of Parliament speak for 'the people' including women. They define the national interest which assumes the tacit approval of women too, while assuming that the issues and concerns of women are identical with men, which is not true for women's concerns are not merely overlooked they are actually overturned in such a scenario. As Shirley Dysart, then speaker of New Brunswick Legislative Assembly observed at the 1993 Commonwealth Women Parliamentarians Group, "The fact is that a world managed by men has a lot to answer for when they have managed to transform the traditional food producers of Africa, namely women, into the saddest victims of famine and shortages."[2]

13.4.2 It has been further observed that most of the time, democratic governments, everywhere at every level, are more concerned with survival and busy with strengthening their constituency and vote-bank with power negotiating strategies rather than addressing the needs of the people at large. This might be the compulsion of people in power; hence, there is a pressing need to bring about a qualitative change in politics. Since government matters in every aspect of life, women must be a part of it. Women need to enter politics not merely because they want to share power, but because they need to change the nature of power, not just to govern but to change the nature of governance, to engender change, to transform politics and ultimately the society. Therefore, incorporating women's perspective in policy formulations is vital to have decisions that will reflect the needs and interests of women, which will ultimately result in achieving overall sustainable development for the society.[3]

13.4.3 UNICEF, in its report, identifies the need for political participation of women:

- Empowerment of Women in the political arena has the potential to change societies.

• The participation of women in local politics can have an immediate impact on outcomes for women and children, particularly in the distribution of community resources and in promoting provisions for children.

• Women's participation in peace negotiations and post-conflict reconstruction is vital to ensure the safety and protection of children and other vulnerable populations. [4]

13.4.4 Consequently, women's rights advocates have been pleading for space for women to bring their vision and leadership, knowledge, skills, views and aspirations on the development agenda from grassroots to national to international levels.

13.5 Women and Transformative Politics

13.5.1 It can be said that women's participation in the political process can change the nature of politics to bring **transformation in the society** which will ultimately help in achieving **empowerment of women**. "The achievement of women's full rights is a complex socio-economic and political process. It demands diverse, positive, and sustained changes in policy, practices, resource allocation, attitudes, beliefs, and power relationships. Together these changes have the potential to lead to transformed societies where women and other marginalized groups can fully achieve their rights. Transformative change means change that is fundamental, lasting, and which challenges existing structural inequality"[5]

13.5.2 One of the early articulations of women's vision of political transformation can be found in the 1985 pre-Nairobi writings of a Southern Women's Network:

> "We want a world where inequality based on class, gender, and race is absent from every country, and from the relationships among countries. We want a world where basic needs become basic rights and where poverty and all forms of violence are eliminated. Each person will have the opportunity to develop her or his full potential and creativity, and women's values of nurturance and solidarity will characterize human relationships. In such a world women's reproductive role will be redefined: child care will be shared by men, women, and society as a

> whole. We want a world where the massive resources now used in the production of the means of destruction will be diverted to areas where they will help to relieve oppression both inside and outside the home...We want a world where all institutions are open to participatory democratic processes, where women share in determining priorities and decisions...Only by sharpening the links between equality, development, and peace, can we show that the 'basic rights' of the poor and the transformation of the institutions that subordinate women are inextricably linked. They can be achieved together through the self-empowerment of women."[6]

13.5.3 Rounaq Jahan very eloquently states the need and the means for achieving transformed and transformational politics in these words, "Politics that is both **Transformed** and **Transformational**". Transformed because -it uses power to create change, to develop people, and to build communities; it is non-hierarchical and participatory in its structures and processes; and it accords priority to the disadvantaged sectors, such as the poor grassroots women in the rural and urban areas and indigenous women; Transformational because -it is development-oriented, issue based, and gender responsive; it seeks economic, social, and political equality between sexes and among sectors; and it builds a society that is just and humane, and a way of life that is sustainable."[7] This **process of transformational politics** implies changing the process of governance from being hierarchical to participatory; from corrupt to clean; from secretive to transparent; from burdensome to being empowering. Similarly transformation of institutions is visualized from being top down and bureaucratic to becoming egalitarian, responsive and accountable".[8] It is affirmed that most of the time **women who gain power use the power with others rather than over others**, not as an instrument of dominance and exclusion, but as an instrument of emancipation and equality.[9] Women feel differently about power and use power differently from men. Men consider power as power over, an ability to influence or dominate, whereas women consider power as power to, or empowerment. Power is for sharing and nurturing, not for promotion of individual self. It is meant to be used for the 'the greatest good for the greatest number' in particularly the deprived and marginalized sections of society. In so doing, women can change the nature and practice of politics to genuinely respond

to society's problems by pushing a gender-responsive policy agenda. Transformative politics is the use of power to create change towards economic, social and political equity between sexes and among sectors within the context of shaping a society that is just, humane and promotes a sustainable way of life.[10]

13.6 Critical Mass of Women

13.6.1 Such a transformation, however, necessitates a **critical mass** of women. Otherwise their voice remains unheard, as Alida Brill asserts, "without our own voices being heard inside the government arenas and halls of public policy and debate, we are without the right of accountability- a basic entitlement of those who are governed."[11] The concept of critical mass assumes that the form of a political body or governance will change once women are included in sufficient numbers. The idea is that women would be able to set new agendas and defines new styles of leadership. Sandra Grey observes that, "Drude Dahlerup set out six changes expected when women achieved critical mass including changes in the 'political discourse'; changes in the 'social climate of political life'; and changes 'of policy'. Kanter expected changes to culture and behaviour once the composition of a group altered. In her study of the impact of women on parliament, Pippa Norris looked for changes in political attitudes, policy priorities, and legislative styles and roles."[12] Beijing Platform for Action, the document adopted at the Fourth World Conference held in Beijing in 1995, reaffirms this by referring to **Gender Balance** without specifying a numerical target. This suggests that once women reach 'critical mass', 'political behaviour, institutions, and public policy' will be feminized.

13.6.2 However, there is a problem in the concept for there is no agreement about the numbers which would lead to a critical mass. Another issue which emerges is – would numbers be enough? "There does not seem to be an agreement about what figure constitutes critical mass; too often it is loosely defined as anywhere between 10 and 35 per cent. There has also been a failure to recognise Drude Dahlerup's important distinction between critical acts and critical mass, which noted back in 1988that critical acts might be implemented before the establishment of critical mass. Moreover, because critical mass simply counts the numbers of biological females and males present it fails to acknowledge the importance of party differences and neither distinguishes between sex and gender nor copes with a recognition that gender identity may vary

amongst women. Indeed, because it draws inferences simply from the numbers of women in a given elected forum it gives insufficient acknowledgement to the gendered context within which those women representatives operate."[13]

13.6.3 "Feminist political scientists have used the concept of 'critical mass' as a shorthand-term to describe how the effect of increasing the numbers of women in politics accelerates and makes further increases inevitable. Generally, the figure set for critical mass of women is about 30% of a legislature; for example, that was the threshold set by the United Nations in 1995 as the necessary minimum of women representatives needed for women to be fairly represented. Yet 30% is a rather arbitrary figure and the concept, as applied to politics, remains underdeveloped. The term 'critical mass' is evocative as it suggests that the size of the minority of women in political office is important..."[14]

13.6.4 Visibility of women in the political sphere can be achieved in two ways. One is **quantitative aspect** of increase in number. Numbers are important, but mere numbers would not ensure accommodation of the voices, ideas and needs of women. The second is **qualitative changes** in political goals and processes as a result of incorporating women's perspective, visions and priorities. In brief, **feminization of politics** means to have both quantitative and qualitative representation of women at the power and decision making levels to achieve transformative politics. It necessitates more women to occupy decision making positions and those who have already attained such positions have to be gender sensitive. Hence, women's entry to the political decision making structures is vital in order to : change their subordinate social and economic status; transform the political structures, institutions and processes; cleanse politics of corruption and criminalization.

13.7. Women in Electoral Process

13.7.1 The dawn of independence saw the adoption of a Constitution based on secular, liberal and democratic principles guaranteeing equality regardless of narrow parochial considerations of race, class, caste and gender. Women were actively involved in the deliberations of the Constituent Assembly, although their number was quite minimal.[15] Women have been given political equality at par with men, including the right to vote, contest elections to the local

governing bodies, State Legislative Assemblies and Central Parliament and to the other elected bodies and to hold public office.

13.7.2 These egalitarian values and guarantees, enshrined in the Constitution, notwithstanding, women are far from achieving *de facto* political equality. The traditional, socio-cultural and economic barriers prevent women from entering into politics, or even from deciding to attempt to do so. India has witnessed active participation of women in various social and economic movements, however, this has not translated into a commensurate participation of women in the political process and legislative bodies either at the national or at the State level. Very few women have been able to cross the boundaries of gender and move into the male bastions of political power. While substantial gains have been made over the decades, this has not been reflected in the increased representation of women in positions of power. There is still a wide gap between Constitutional guarantees and the actual representation of women. Only a handful of women managed to contest elections and even fewer managed to win. This is clearly evident in the icture of representation of women in the Union Parliament, particularly the Lok Sabha. Table: 1.1 reveals that the number of women representatives in the Lok Sabha has been very low throughout the life of Indian democracy. Nevertheless on the positive side, it has almost doubled in half a Century from 22 in the first general election held in 1952 to 45 in the Fourteenth Lok Sabha elections held in 2009 and reached 61 in the Fifteenth Lok Sabha which is highest till now. However, as a proportion of the total members, women's representation has never exceeded 11 per cent.

TABLE: 1

Representation of Women Members from First to Fifteenth Lok Sabha

Lok Sabha	Total Seats	No. of Women Contestants	No. of Women Elected	Percentage to the Total
First (1952-57)	499	51	22	4.4
Second (1957-62)	500	45	27	5.4
Third (1962-67)	503	70	34	6.7
Fourth (1967-70)	523	67	31	5.9
Fifth (1971-77)	521	86	22	4.2
Sixth (1977-79)	544	70	19	3.4

Seventh (1980-84)	544	142	28	5.1
Eighth (1984-89)	544	164	44	8.1
Ninth (1989-91	517	198	27	5.2
Tenth (1991-96)	544	325	39	7.2
Eleventh (1996-97)	544	599	40*	7.3
Twelfth (1998)	544	271	44*	8.1
Thirteenth (1999-2004)	543	277	48	8.8
Fourteenth (2004-2009)	543	355	49	9.0
Fifteenth (2009-2014)	545	556	61	11.9
Sixteenth (2014-19	545	668	66	12.1

* One member nominated by the President.
Source: PIB, Government of India; www.eci.nic.in ; www. parliamentofindia,nic.in.

In the 8th Lok Sabha women's representation had jumped by 3 per cent to 8.1 per cent from 5.1 per cent in the previous Lok Sabha, while the percentage of women members has increased from 4.4 (1952) to 11.0 (2009), the graph has not been a smooth curve, but witnessed several ups and down. No doubt, the number has been increasing steadily but it has been less than 10 per cent of the total strength of the Lok Sabha. Only in 2014, it touches the figure 12.1 per cent, which has been the highest so far. Women still have a long way to go to achieve the target of 33 per cent, to have the 'critical mass' required for the transformation of politics.

13.7.3 The percentage of women's representation in the **Rajya Sabha** has always been a little higher than that of Lok Sabha. Table: 1.2 reveals that before 1977 it revolved around 8 per cent. In 1977 it touched 10.2 per cent. It was the highest in 1990 at 15.5 per cent and shows a declining trend thereafter. The reason could be traced to the fact that members of the Rajya Sabha are elected through indirect elections, while some are nominated. It is significant to note that in the year 2015, the percentage of women to the total strength in both Houses, that is, Lok Sabha and Rajya Sabha is more or less same around 12 per cent with the variation in decimal points. However, it is a matter of great concern that the number of women is on the increase in the Lok Sabha where they have to face direct elections; their number in the Rajya Sabha is declining. It implies the attitude of political parties and the leadership at the higher level of political hierarchy,. towards women's representation in politics and their will to meet the commitment to provide 33 per cent representation for women at all levels.

TABLE: 2

Representation of Women Members in Rajya Sabha

Year	Total Seats	No. of Women	Percentage of Women
1952	219	16	7.3
1957	237	18	7.6
1962	238	18	7.6
1967	240	20	8.3
1971	243	17	7.0
1977	244	25	10.2
1980	244	24	9.8
1985	244	28	11.4
1990	245	38	15.5
1996	223	20	9.0
1998	223	19	8.6
2004	245	28	11.4
2006	245	25	10.2
2008	245	23	9.4
2010	245	12	4.9
2011	245	23	9.4
2013	245	28	11.4
2015	245	31	12.6

Source: Election Commission of India, www.eci.nic.in; www.parliamentofindia.nic.in

13.8. Women as Contestants

13.8.1 The low proportion of women members in the Union Parliament is just one part of the story. The other part is their low proportion as contestants, thereby reinforcing the argument that political parties are unwilling to promote women in politics. The number of women Contestants for the various Lok Sabha elections is given in Table 3. The data reveals that the 1984 general elections to the Lok Sabha, the percentage of women contestants remained around 2.9 or 3.0 per cent. It was from the year 1989 onwards the percentage of women contestant started increasing. The eleventh Lok Sabha elections held in 1996, the percentage crossed 4.2 per cent and thereafter it kept on increasing in the subsequent elections. In the fifteenth Lok Sabha elections,

the percentage of women contestants increased to 6.9, which is just three times more than the first Lok Sabha elections held in 1952. Paradoxically, the percentage of women contestants has increased in the last few general elections but the percentage of female winning candidates has not increased. The figures show a constant decline in the percentage of female winning candidates from 1952 to 2009. It will be significant to note that the increase in number of women contestants is due to increase in number of women contesting the elections as independent candidates, which shows their inspirations for joining legislatures.

TABLE: 3

Women as Contestants for Lok Sabha Elections

Year	Total contestants	Males contestants	Percentage of male contestants*	Females Contestants	Percentage of female contestants*	Percentage of males winning*	Percentage of females winning*
1952	1874	1831	97.7	43	2.3	26.1	51.2
1957	1518	1473	97.0	45	2.9	31.7	60.0
1962	1985	1915	96.5	70	3.5	24.0	50.0
1967	2369	2302	97.2	67	2.9	21.3	44.8
1971	2784	2698	96.9	86	3.1	18.5	24.4
1977	2439	2369	98.3	70	2.9	22.1	27.1
1980	4620	4478	96.9	142	3.1	11.5	19.7
1984	5574	5406	97.0	164	2.9	9.2	25.6
1989	6160	5962	96.8	198	3.2	8.5	13.6
1991	8699	8374	96.3	325	3.7	5.9	12.0
1996	13952	13353	95.7	599	4.2	3.8	6.7
1998	4750	4476	94.2	274	5.7	11.2	15.7
1999	4254	3976	93.5	278	6.5	12.3	17.3
2004	5435	5080	93.5	355	6.5	9.7	13.8
20 09	8070	7514	93.1	556	6.9	6.4	10-9

Source: PIB, Ministry of Information and Broadcasting; www.eci.nic.in;
*Percentage is calculated on the basis of data available from election commission of India

13.8.2 Women comprised just eight per cent of all the candidates from all the political parties that contested the elections this time. That is, only 632 women ran for election, as opposed to

7,527 men. This is because women are not seen as winners, according to a study by Dr Carole Spary of the University of York, England. In a paper titled *Women Candidates and Party Nomination Trends in India – Evidence from the 2009 General Election*, she writes that political parties in India tend to see women as less likely to win elections than men, and therefore prefer not to take risks with seats they could conceivably win. The perception that 'winnability' is based on gender is very strong, even though, if you break up the electoral success rate by sexes, the women who do win elections are proportionally far more successful than the men who win, given the huge number of men they have to beat.[16]

13.9 Women as Voters

13.9.1 The only sphere where women have been visible - as voters - this is the only space where there is almost a parity between men and women - but then there are also larger questions related to the role of women as voters - Are women independent voters or are they voting according to family/ male choices? Are women politically aware? Are they in a position to take rational political decisions? Most important question relates to - If women are the largest group of voters - do they form a political constituency? Unlike Dalits or OBCs or the minorities, women do not form a political constituency and have not been able to gain negotiating power on the basis of their right to vote. Women voters do not form a group and rather than their gender category, it is their caste or religion or community which determines their basic political identity/ the gender identity is cut across by the category of caste, community and religion and other identities. Before analyzing the data for women voters it will be significant to note the gender segregated data on electorate in India. Table 4 gives the details of number of electorates in various General Elections in India.

Table 4
Electorate Percentages by Gender across Different LS

Years	Total Electorate	Men	Women	Difference in Electorate
1962	127719470(100)	67388166(52.7)	60331304(47.3)	5.4
1967	216102215(100)	113944234(52.7)	102157981(47.2)	5.5
1971	274149132(100)	143564829(52.3)	130624303(47.7)	4.6
1977	321174327(100)	167019151(52.0)	154155176(48.0)	4.0

1980	356205329(100)	185539439(52.0)	170665890(48.0)	4.0
1984*	379540608(100)	196730499(51.8)	182810109(48.2)	3.6
1989	498906129(100)	262045412(52.5)	236860987(47.5)	5.0
1991#	498363801(100)	261832499(52.5)	236531302(47.5)	5.0
1996	592572288(100)	309815776(52.2)	282756512(47.8)	4.4
1998	605880192(100)	316672789(52.2)	289187403(47.8)	4.4
1999	619536847(100)	323813667(52.2)	295723180(47.8)	4.4
2004	671487930(100)	349490864(52.0)	321997066(48.0)	4.0
2009	716985101(100)	374758801(52.2)	342226300(47.8)	4.4
2014	833062877(100)	436538842(52.4)	396524035(47.5)	4.9
Avg.	479409017(100)	250655354(52.2)	228753682(47.7)	4.5

Source: Election Commission of India, 1962 – 2014, Govt. of India
(*) mentions the only 1984 LS Election excludes election in Assam and Punjab in 1985, (#)it excludes election held in Punjab in 1992.

13.9.2 Table 4 reveals that there is a minor gender gap between the number of electorates. The difference is between 5.5 points which was the highest recorded in the year1967, whereas lowest gender gap was noticed in the year 1984. This gender gap is also indicative of the adverse sex ratio in India.

13.5.3 Nevertheless, the percentage of women casting their vote remains high. A look at the percentage of women voters in various Lok Sabha elections reveals that they are actively participating in the democratic process to elect their government. Table 5 reveals the percentage of women voters for the Lok Sabha Elections. The Table reveals that as far as percentage of voters are concerned, on an average the gender gap has been less than 10 per cent. It is significant to mention here that it was lowest that is 1.4 percent in the sixteenth Lok Sabha elections, as 67 per cent women voters cast their vote this time in the elections.

Table 5.
Voting Percentages by Gender across Different LS Elections

Year	Total	Men	Women	Difference in turnout
1957	45.4	56.0	38.8	17.2
1962	55.4	63.3	46.6	16.7
1967	61.0	66.7	55.5	11.2

1971	55.2	60.9	49.1	11.8
1977	60.4	65.6	54.9	10.7
1980	56.9	62.1	51.2	10.9
1984*	63.6	68.1	58.6	9.5
1989	61.9	66.1	57.3	8.8
1991#	56.7	61.5	51.3	10.2
1996	57.9	62.0	53.4	8.6
1998	61.9	65.7	57.6	8.1
1999	59.9	63.9	55.6	8.3
2004	58.0	61.6	53.6	8.0
2009	58.1	61.0	55.8	5.2
2014	**66.4**	**67.1**	**65.7**	**1.4**
Average	**58.5**	**63.4**	**53.6**	**9.7**

Source – Election Commission 1951 – 2014, Government of India
(*) mentions the only 1984 LS Election excludes election held in Assam and Punjab in 1985
(*) it excludes election held in Punjab in 1992.

13.9.4 The total percentage of women voters in keeping with the lower sex ratio is lower than the percentage of male voters. Furthermore the increase in the number of women voters is not commensurate with the increase in male voters. A study by the Delhi Policy Group reveals that, "...the electoral data from 2014 shows that the percentage of new women voters in the 18-19 years age category is only 41.4%. 15 states and Union Territories fall below the national average in this age group, with Haryana having the lowest percentage at 28.3%. Only Nagaland has more female electors than male among the new electorate, at 50.4%."[17] The study further points out that , "The low enrolment of women voters in the new electorate, even below the already unequal percentage of 47.6% at the national level, shows that current awareness and outreach programs are not reaching women and there is a clear need to concentrate more on women's enrolment in the years ahead. This is extremely important because most data analysis shows that a male dominated electorate results in policies disfavouring women."[18]

13.9.5 "While 66.38 per cent — 551 million — exercised their democratic right across the 190,000 polling booths across India, and 32 of the 35 Indian states and Union Territories saw a higher turnout than in 2009, 33.62 per cent Indians did not vote. That is 264 million voters — six times the population of UK — who did *not* get inked. The top performers in the elections were the smaller states: Nagaland (88.6 per cent turnout), Lakshadweep (86.8 per cent) and Tripura

(84.3 per cent). And in Goa, Punjab, Chandigarh and 13 more states and Union Territories, the female turnout was higher than that of males. As for the most populous states, many performed poorly. In Bihar, 43.5 per cent did not vote. And from among the 200 million voters of Uttar Pradesh, 41.4 per cent did not — or could not — vote."[19]

13.9.6 Here it becomes crucial to address another significant issue, that of women's voting behavior. Although women are voting in larger numbers than ever before, and in some instances even exceeding the numbers of men, yet their voting patterns are determined not by themselves, but by males in the family. As Nirmala Devi from Srhera village of Haryana, while speaking to Project India reveals, "Politicians only address men. We, the women of the village, are told by our husbands which symbol to vote for. We don't think, we vote."[20]

13.10. Women's Representation in Council of Ministers

13.10.1 Apart from the representation in the Parliament, women's representation in the Council of Ministers has always been negligible. Rajkumari Amrit Kaur was the first woman appointed as a Cabinet Minister in 1952 with the portfolio of health. After her no woman minister had cabinet rank till Mrs. Indira Gandhi became the Prime Minister in 1966. Surprisingly, not even a single woman with Cabinet rank was appointed during Mrs. Gandhi's time. There was only one woman minister of Cabinet rank in Rajiv Gandhi's Government. The thirteenth Lok Sabha had witnessed a better position of women in the Union Council of Ministers in post-independence India with 9 women ministers out of a total of 84. Among these 9 ministers 4 were of Cabinet rank. Analysis of the trend of appointment of women Ministers reveals that most of the time they have been given welfare oriented portfolios such as women and child development, social welfare, health, education and consumer affairs. It is for the first time, during the Sixteenth Lok Sabha women are in better positions than earlier in the Council of Ministers, with cabinet ranks. Out of the total 28 Cabinet Ministers with independent charge, five are women, while out of 13 Ministers of States with independent charge, only one woman minister is there. Similarly out of 25 Ministers of State, a single woman has been given the charge of Minister of State with the portfolio of food processing. Women are rarely appointed to the ministries such as finance, industries, commerce, defense, external affairs, home, or science and technology. Till date, there have been only 4 women who had served in the Ministry of External Affairs. Currently, Sushma

Swaraj is Cabinet minister for External Affairs. Apart from this one woman served as Deputy Home Minister, one served as Deputy Minister of Finance and one worked as Minister of State for Law.[21] That is one of the reasons that women have hardly been able to influence decisions and policy formulations.

13.10.2 India ranks 73rd among the nations of the world so far as women in politics is concerned having just 9.9% of parliamentary or ministerial posts being occupied by women in 2014. India ranks below countries like Haiti, Rwanda, Congo, Chad and Zambia. [22] Since 1947, there have been only 20 women governors in the various states in India, and only 15 women have been sworn in as chief ministers of various states.[23]

13.10.3 The scrutiny of the Parliamentary Committees too reveals the low representation of women in these committees. It is only the Committee on Empowerment of Women that has a majority of women members; all other Committees have one or two women members. Similarly no Committee other then the Committee on Empowerment of Women has a woman as Chairperson.[24]

13.11. Women in State Assemblies

13.11.1 In the State Assemblies, the picture is all the more dismal as the representation varies from 0.8 per cent to 9.0 per cent in different States. Table: 6 reveals that the highest percentage of women in the State Legislative Assemblies has been 14.0 per cent, the highest ever in Rajasthan in 2008 and lowest 0.3 per cent in 1952 in Tamil Nadu. While, Nagaland never had any woman representation in its State Assembly since its first election (2008-2012), 18 States had higher percentage of women in their respective State Assemblies than the Average State percentage in various elections. Chhattisgarh has had the highest average of women in the Assemblies at 9.0 per cent followed by Delhi at 7.0 per cent, Haryana 6.9 per cent, Jharkhand 6.8 per cent, Uttrakhand 6.4 per cent, Madhya Pradesh 5.9 per cent, Rajasthan 5.7 per cent, Andhra Pradesh 5.4 per cent, Bihar 5.2 per cent and Punjab with 5.1 per cent. On the lower side of representation is Manipur with 0.8 per cent with Mizoram (1 per cent), Jammu and Kashmir(1.8 per cent) and Pondicherry(1.9 per cent) are only a little better. The period average shows that the percentage of women in the State Legislatures varied from the lowest at 2.2 per cent in 1952 and

the highest of 6.3 per cent in 2008-13. The proportion of women representation had seen a quantum jump in 1957 to 6 per cent. Thereafter it has been declining and during 1993-1997 it reached 4.0 per cent. Again from 1998 onwards the percentage start increasing and it reached to its highest at 6.3 during 2008-12 elections.

TABLE: 6[25]

Women Representation in State Legislatures 1952-2014
(per cent of Women MLAs)

State	1952**	1957	1960-1965	1967-1969	1970-1975	1977-1978	1979-1983	1984-1988	1989-1992	1993-1997	1998-2002	2003-2007	2008-2012	2013-2017	State Average
A.P.	2.9	3.7	3.3	3.8	9.1	3.4	4.1	3.4	3.7	2.7	9.5	8.8	11.6	N.E	5.4
Arunachal Pradesh	-	-	-	-	-	0.0	3.3	6.7	3.3	3.3	1.6	0.0	3.3	N.E	2.7
Assam	0.5	4.6	3.8	4.0	7.0	0.8	0.8	4.0	4.0	4.8	N.E	9.1	11.1	N.E	4.9
Bihar	3.6	9.4	7.9	2.2*	3.8	4.0	3.7	4.6	2.8	3.4	5.9	5.8	9.9	N.E	5.2
Chhattisgarh	-	-	-	-	-	-	-	-	-	-	-	5.5	12.5	N.E	9.0
Goa	-	-	-	6.7	3.3	3.3	0.0	0.0	5.0	10.0	5.0	2.5	2.5	N.E	3.8
Gujarat	-	-	8.4	4.8	3.2	N.E	2.7	8.8	2.2	1.1	2.1	6.5	8.8	N.E	4.9
Haryana	-	-	-	7.4*	6.2	4.4	7.8	5.6	6.7	4.4	4.4	12.2	10.0	N.E	6.9
Himachal Pradesh	-	-	-	0.0	5.9	1.5	4.4	4.4	5.9	4.4	8.8	5.9	4.4	N.E	4.6
Jammu & Kashmir	-	N.E	0.0	0.0	5.3	1.3	0.0	1.3	N.E	2.3	N.E	2.3	3.4	N.E	1.8
Jharkhand	-	-	-	-	-	-	-	-	-	-	-	3.7	9.9	N.E	6.8
Karnataka	2.0	8.7	8.7	3.2	5.1	4.0	0.9	3.6	4.5	3.1	2.7	6.7	1.3	N.E	4.2
Kerala	0.0	4.8	3.9	0.8	1.5	0.7	3.2	5.7	5.7	9.3	N.E	5.4	5.0	N.	4.2

														E	
Madhya Pradesh	2.1	10.8	4.9	3.4	5.4	3.1	5.6	9.7	3.4	3.8	8.1	5.0	10.9	N.E	5.9
Maharashtra	1.9	6.3	4.9	3.3	9.3	2.8	6.6	5.6	2.1	3.8	4.2	4.2	3.8	N.E	4.5
Manipur	-	N.E	N.E	0.0	0.0 *	N.E	0.0	0.0	1.7	0.0	1.7	0.8	2.5	N.E	0.8
Meghalaya	-	-	-	-	1.7	1.7	0.0	3.3	N.E	1.7	5.0	3.3	1.6	6.6	2.8
Mizoram	-	-	-	-	0.0	3.3	3.3	2.5	0.0	0.0	0.0	0.0	0,0	N.E	1.0
Nagaland	-	-	-	-	-	-	-	-	-	-		-	0.0	0.0	0.0
Orissa	9.6	3.6	1.4	3.6	1.4 *	4.8	3.4	6.1	4.8	5.4	8.0	7.5	4.8	N.E	4.9
Punjab	2.2	5.8	5.2	1.0 *	5.8	2.6	5.1	3.4	5.1	6.0	6.0	6.4	11.9	N.E	5.1
Rajasthan	0.0	5.1	4.5	3.3	7.1	4.0	5.0	8.0	5.5	4.5	7.0	6.0	14.0	N.E	5.7
Sikkim	-	-	-	-	-	-	0.0	0.0	6.3	3.1	3.1	9.4	12.5	N.E	4.9
Tamil Nadu	0.3	5.9	3.9	1.7	2.1	0.9	2.1	3.4	9.0	3.8	N.E	9.4	7.2	N.E	4.1
Tripura	-	N.E	N.E	0.0	3.3	1.7	6.7	3.3	N.E	1.7	3.3	3.3	5.0	8.3	3.6
Uttar Pradesh	1.2	5.8	4.4	2.8 *	5.9	2.6	5.6	7.3	3.3 *	4.0 *	N.E	6.1	8.7	N.E	4.8
Uttrakhand	-	-	-	-	-	-	-	-	-	-	-	5.8	7.1	N.E	6.4
West Bengal	0.8	3.6	4.8	2.9 *	1.6 *	1.4	2.4	4.4	7.1	6.8	9.5	12.6	11.6	N.E	5.3
Delhi	4.2	-	N.E	N.E	7.1	7.1	7.1	N.E	N.E	4.3	12.0	10.0	4.3	N.E	7.0
Pondicherry	-	-	6.7	3.3	0.0	0.0	3.3	3.3	1.7	3.3	0.0	0.0	0.0	N.E	1.9
Period Average	2.2	6.0	4.7	2.8	4.2	2.6	3.5	4.3	4.3	4.0	4.9	5.6	6.3	4.9	4.4

Note:Table Entry stands for percentage of Women MLAs elected to State Legislatures in the relevant elections.
– State did not exist; N.E: No elections held in that year/period; *: 2 elections held during this period. The figure given here is an average of the two; **: In 1952, the Election Commission did not recognise women as a separate category. The figures given here are based on the name recognition and hence liable to underreporting of women representatives.

13.11.2 Significantly, there seems to be no correlation between the literacy rate and women's representation. Kerala with the highest literacy rate has a low State average representation at 4.2 per cent, similarly Mizoram with the second highest literacy rate, is second from the bottom with 1.0 per cent representation of women, while the States with low level of female literacy rate have higher women's representation, for instance, Bihar with the lowest literacy has 5.2 per cent followed by Uttar Pradesh at 4.8 per cent and Rajasthan with 5.7 Per cent.[26]

13.11.3 This low representation of women is also reflected in their status within the political parties, be it the organizational structure, or decision-making within the political parties.

13.12. Women in Political Parties

13.12.1 Women's political participation is central to the goal for achieving inclusive, equitable and sustainable development and political parties are among the most important institutions for promoting and nurturing such participation. The right of women to participate in political life is guaranteed by several international conventions. But transforming an abstract right into a reality requires hard work on the ground.

13.12.2 In most legislative systems, political parties are the main vehicle through which candidates are elected. Although in some contexts and electoral systems particularly at the sub-national level, candidates are elected as independent from parties (typically running on issue-specific or particular ethnic tickets); political parties typically assume the responsibility for nomination. Parties are entrusted with perhaps the most strategic responsibility in democracy – to prepare and select candidates for election and to support them in positions of leadership and governance[27].

13.12.3 Political parties are the primary and most direct vehicle through which women can access elected office and political leadership, therefore, the structures, policies, practices and values of political parties have a profound impact on the level of women's participation in political life of their country. Parties that take women's political participation seriously can get more benefits in the form of strong vote bank, electoral positions, and stronger relationships with their constituents. Additionally, parties that can produce new faces and ideas maintain a vibrant

and energized image in an age of declining voter turnout. Political parties gain when women influence and participate in the electoral and governing processes.

13.12.4 Political parties are the key to women's participation in politics, as it is political parties that recruit and select candidates for elections and determine a country's policy agenda. However, within political parties, women tend to be over represented at the grassroots level or in supporting roles and underrepresented in positions of power. This is very much the scenario in India, where women are found participating actively at the grassroots levels and are invisible in the upper echelons of party leadership and organizations. It has been observed that though they are in good number in rank and file of their respective party, yet they hardly able to make effective influence within the party where the ideological and policy decisions are made to bring the women's issues on national agenda as a political issue.

13.12.5 One of the significant arenas within which women's political participation abounds is the women's wing of political parties. Almost all national and regional parties have set up their women's wings, which focus on issues of interest and significance for women. They are also the vehicles within which more women may be mobilized into politics. However, in practical terms they do not fulfill these objectives and in fact may lead to ghettoisation of women's issues and concerns as all issues relating to women are pushed to these, as against general (read male) issues.

13.12.6 It would be pertinent to point out that although the number of women contestants is showing a rising trend, there is no corresponding increase in the number of tickets being granted by political parties to women contestants. The number of women contestants is increasing because there is an increase in the number of women contesting as independent candidates. Women, by and large, are the last choice for the political parties, if not compulsion, as candidates for contesting elections. Even when women are given the tickets, the seats allotted to them are those where the chances of winning are less. As a result, the percentage of women winners is not increasing at the same rate as of women contestants.[28]

13.12.7 The attitude of the political leaders towards women's issues is evident from sexist remarks made on and off by Indian politicians.

JD(U) leader Sharad Yadav said, "The women of the south are dark but they are as beautiful as their bodies... We don't see it here. They know dance."

Congress MP Sanjay Nirupam to BJP MP Smriti Irani, "It's only four days of your entry into politics and you have become a political analyst. Aap toh TV pe thumke lagati thi, aaj chunavi vishleshak ban gayi."

Opposing the Women's Bill in the Lok Sabha, Janata Dal (United) leader Sharad Yadav said that the Bill would only benefit the well-off in the cities, describing well-off women as, "par kati auratein".

Congress MP and President Pranab Mukerjee's son Abhijit Mukherjee on the Delhi anti-rape protests: "dented-painted women protesters in Delhi went to discotheques and then turned up at India Gate to express outrage."

Soon after the 26/11 attacks, senior BJP leader Muqtar Abbas Naqvi said, "some women wearing lipstick and powder have taken to the streets in Mumbai and are abusing politicians democracy. This is what terrorists are doing in Kashmir."[29]

Table 7: Women Candidates by Political Parties, 2014 Lok Sabha Elections

Party	Number of total candidates (not included by elections candidates)	Number of women candidates	Number of women winner	Women as a percent of total candidates	Percentage of Women Candidates that won
Bharatiya Janata Party(BJP)	428	38	32*	8.87	84.21
All India Trinamool Congress(AITC)	45	13	13*	26.67	100.00
Nationalist Congress Party(NCP)	464	60	4	12.93	6.67
All India Anna Dravida MunnetraKazhagam(AIADMK)	40	4	4	10.00	100.00
Nationalist Congress	36	4	1	11.11	25.00

Party(NCP)					
Biju Janata Dal(BJD)	21	3	3*	14.28	100.00
YuvajanaSramikaRythu Congress Party(YSR Congress Party)	38	5	2	13.16	40.00
Communist Party of India (Marxist)(CPI(M))	93	11	1	11.82	9.09
Jammu and Kashmir Peoples Democratic Party(J&KPDP)	5	1	1	20.00	100.00
Samajwadi Party	78	11	1	14.10	9.09
Lok Jan Shakti Party(LJSP)	7	1	1	14.28	100.00
Shiv Sena	20	1	1	5.00	100.00
TelanganaRashtraSamithi(TRS)	17	1	1	5.88	100.00
Apna Dal(Apna Dal)	2	1	1	50.00	100.00
Shiromani Akali Dal(SAD)	10	2	1	20.00	50.00

Elected to 16th Lok Sabha in a by election, 19 October 2014

13.12.8 Here another crucial trend may be noted. Women have been contesting more as independent candidates rather than on party tickets. "The data on independent candidates point to another trend –women independents have increased at a greater rate than independents in general. Between 1991 and 1996 for instance, there was a spike in the participation of both total independents and women independents, but while the total increased by 93 percent, women independents increased by 175 percent. Similarly, between every subsequent election, the growth in women independents has been larger than independents in general."[30]

13.12.9 As revealed in a study by Shamika Ravi and Rohan Sandhu, "The number of women ticketholders from state parties fell sharply from 66 in 2004, to 27 in 2009. For national parties, the number of women candidates actually increased from 110 to 134, but nearly 60 percent of this increase the BJP fielded 50 percent more women than it did in 2004. This rapid increase by the BJP within two election cycles, helped it to catch up and overtake the Congress in the 15th Lok Sabha election."[31] The study continues that, "This collective failure of political parties to field a critical mass of female candidates is worrisome because it highlights the absence of a pipeline of women leaders. Our political apparatus has collectively failed to nurture women leaders, leaving it unprepared should quotas in Parliament be legislated. In such a context, even

if the Bill were to pass, its impact would be dubious. Given the absence of a pool of potential women candidates, a reservation policy would accomplish little more than tokenism. Additionally, it is likely that political parties will field women only from seats that are reserved for them, making the general seats – male only."[32]

13.12.10 They also point out that most Indian parties have provisions in place for representation of women in their internal structures, but fail to comply with these provisions. "Interestingly, several Indian political parties reveal an inclination to increase women participation among their rank and file. According to the Constitution of the INC, 33 percent of the seats in different Committees, 33 percent of members of the Executive Committees, and 33 percent of the seats for the All India Congress Committee (AICC) are to be reserved for women. Similarly, Rule 9 of the Trinamool Congress's constitution reserves 33 percent of seats in different committees for women. Even the Aam Aadmi Party has a ruling that 7 of the 30 members in its highest executive body, be women.However, the challenge among Indian political parties is that these impressive constitutional rules are seldom followed. In the case of the INC, only 5 of the 42 members of the party's executive body, the CWC, are women. Similarly, 6 of the 57 AICC members are women and only 4 of the 14 members of their Election Committee are women. Moreover, 30 (of 35) state screening committees for elections don't have a single woman. Statistics for Trinamool Congress and AAP are just as discouraging. Within the Trinamool, none of the 30 Vice Presidents are women; and only 2 out of the 8 General Secretaries, and 1 out of 14 Secretaries, are women. The party has 10 frontal organizations in West Bengal, of which only one – the Trinamool Mahila Congress – is led by a woman. The AAP has 24-member National Executive, of which only two are women. This is significantly less than the 25 percent benchmark stated in their constitution. ...Ironically, the CPI (M) itself has failed to adequately represent women in the party's top leadership positions. There is only one woman in the 12-member polit bureau and only 11 out of the 74 Central Committee members are women. ...As a consequence of these amendments within the BJP, 26 of the 77 members – or 33.7 percent – of the BJP's National Executive are women leaders. Women comprise 26 percent of BJP national office bearers, which is higher than all other political parties in India. Some statistics within the BJP, however still raise concern. For instance, only 2 of the 19 members of the Central Election Committee are women (one of who is the President of the Mahila Morcha). Out of the 12-

member Parliamentary Board, there is only one woman representative. Similarly, in the party's various working groups, women are largely relegated to the Mahila Morcha, with no female representation on the Economic, Agriculture, Security, and Legal groups, and only marginal representation in others areas. ...In general then, most political parties in India flout the rules of their own constitutions. The absence of women in party leadership positions is indicative of an internal party infrastructure that is unsupportive of women's political participation."[33]

13.13. Campaign

13.13.1 One of the most significant aspects of the electoral process is the campaigning. Managing election campaign is a challenging task as it determines the victory and defeat of the contesting candidates. The fate of the contestant very much depends upon the way in which the campaign is planned and strategized. Hence the campaign technique is very important aspect of election engineering. During the past few decades major changes have occurred in the conduct of election campaigns from a traditional style to the adoption of new techniques of campaigning. Public meetings, election processions, person-to-person contact, posters, handbills and use of audio-visual means etc. have been the popular traditional mode of election campaign. In addition to the prevailing campaign practices, modern campaign skills have been adopted by the candidates in the last few elections which include use of electronic and print media such as political broadcasts on radio and television, and intensification of newspaper advertising, etc.

13.13.2 A look at the 13th, 14th and 15th General Elections and the state elections, reveals that a new trend emerged where during the election meetings on stage the organizers called film celebrities particularly women celebrities, to attract and keep the mob busy. In addition to this some of candidates also engaged dancing girls to attract the crowd. As far as the 16th general elections' campaign is concerned, it became very hi tech, as use of social media, all popular media and all modern and high level technology was used. A serious look at the management of election campaign by the two major political parties reveals that the campaign was managed by management professionals. The point under consideration is that such type of election campaign requires lot of financial and other resources, which is generally not available with women contestants; only few women will be able to have access to such methods, which will again became an impediment in the way of women to contest and win elections.

13.14. Women in Informal Political Participation

13.14.1 Politics includes not merely electoral politics or membership of political parties, but also as Vibhuti Patel observes, "collective action of women against oppressive patriarchal power with a long term goal of social transformation that ensured women's liberation from exploitation, degradation, injustice, subjugation and superstition, casteism and communalism."[34]

13.14.2 Women have been very active in the informal political participation in India. A very important area of women's participation relates to the social movements - both the movements which are gender-specific movement and the movements which are revolving around other issues like environment, globalisation, caste, etc. In the post-independence period, the decade of seventies was marked by women's movements around the issues of domestic violence, dowry deaths and the issue of custodial rape. This was the time when many women's organizations became active in major Indian cities. Though the issues raised by these organizations were mainly those concerning the middle class and urban women, but that started the era of asserting the slogan that for women 'the personal is political'. This period also witnessed the emergence of many other movements such as Chipko movement, which was basically initiated by males but later on it became an all-women's movement in which women highlighted their role in raising the issue of deforestation. Another important movement by women needs a special mention that is anti-arrack movement of Andhra Pradesh, it also spread to other parts of the country, particularly in Haryana and Himachal Pradesh. There have been other movements where the participation of women has been notable. For instance the Narmada Bachao Andolan which was led by Medha Patekar. The mobilisation of large number of tribals included the women. NBA's role is important for the intervention it made in the very discourse on development. Challenging the 'growth oriented' pattern of development, it asked very significant questions like 'Development for whom?' and 'Development for what?' It also raised issues related to displacement and rehabilitation of those displaced by the big development projects; the issues related to common property resources; and the cultural rights of the tribals and indigenous people. Similarly, Tehri movement has its own significance.

13.14.3 Women's mobilisation for right to information in Rajasthan, needs a special mention, as it led to two major institutional responses - the RTI and the Panchayati Raj Institutions. Other

than these women have been part of various civil society responses. While many of these responses are articulated through various women's organizations, most of these are the women's wing of the political parties of the country, while many others are reflected in the spontaneous protests around various issues both related to gender as well as other issues. More recently, women participated in large numbers in the anti-corruption movement launched by Anna Hazare. The participation of young women in the spontaneous protests against gang rape of young girl in Delhi in December 2013 is a exemplary instance of informal participation of women.

13.15. Women in Grassroots Governance

13.15.1 India had a vibrant democratic tradition at the grassroots levels notwithstanding the ebb and flow of various imperial destinies. This tradition was distorted and destroyed by the advent of the British rule. Prior to the advent of the Britishers, India had Tribal Councils and Village and Caste Panchayts as people's own institutions of administration of their affairs, within certain limits. Britishers replaced this process by the Permanent Settlement Act of 1793, which really distorted the working of these rural grassroots institutions to such an extent that in spite of all attempts at establishing Panchayati Raj Institutions in independent India, yet this not only didi not succeed, but it also led only to tokenism so far as women's representation is concerned. It has been realised that even after seven decades of independence, women have not been receiving adequate benefits from processes of planning and development due to lack of opportunities for their participation and involment in the prepration and execution of plans for their economic development and social justice through decentralised institutions.

13.15.2 The Indian women's movement, activists and social scientists too recognised the necessity of effective participation of women to redress the 'stark' inequalities existing between women and men. The realisation dawned that women's entry into politics broadens and redefines the political agenda and transforms the very nature of politics. This led to the increasing assertion of the demand for 33 per cent reservation for women at all levels of the political system by the women's movement and the social scientists.

13.15.3 As a result, after almost two Decades of recommendations made by the Towards Equality Report of 1974, which was futher reaffirmed by the National Perspective Plan for

Women 1988 – 2000 AD, Government of India in 1992 brought in the 73rd and 74th Amendments to the Constitution of India, followed by State Acts, which provided reservation of one-third seats for women in the Panchayati Raj Institutions and Urban Local Bodies. This effort has been termed as the 'greatest social experiment of our time', which established decentralisation of public authority and power, and deepening and extension of democratization of grassroots governance. This resulted in a veritable silent revolution, which brought more than a million women into grassroots governance and made India the very first state worldwide to have taken such an affermative action for ensuring political empowerment of women. They have now emerged as 'critical mass' in the PRIs and Urban Local Bodies, which enables the articulation of women's issues and concerns in desion making bodies and become key agents for building a 'New India'. After the first round of elections to the PRIs, there was a great deal of scepticism about the effectiveness of the elected rural women to radically transform politics in India, usher in clean and green politics and be the harbingers of good governance. There are success stories as well as failures or what is popularly known as proxy membership. Studies revealed 88% of these women representatives have been observing *purdha* before contesting the elections and continued to be marginalized by the male members of their own families; often their only role as a sarpanch was to append their signature to documents brought by their husbands, fathers, brothers, son or any other male relatives in a joint family.[35]

13.15.4 However, the change is becoming more and more evident from the succeeding rounds of elections. Some states have actually exceeded the 33 per cent mark of reservation. By the second round of elections, Maharashtra, Madhya Pradesh, West Bengal, Tripura had witnessed the emergence of all women Panchayats, and number of such Panchayats increased by every consecutive round of elections. Mention may be made of an All women's Panchayat in a small village of Vyara in Gujarat. It was only after the 73rd Amendment that this village got a Panchayat and that too an all women's panchayat. The elected women had a tough time getting this far, because in this conservative village, women were neither allowed out of the house, nor to talk to men. The Panchayat has taken up issues relevant to society such as a road, because it was difficult to reach the hospital and ambulances could not reach the village. They built houses under the Indira Awas Yojana, created awareness and helped in overall development of the village. [36]

13.15.5 Evidence from the field reveals that the affirmative action along with capacity-building initiatives taken up by both government and NGOs for women to perform their role effectively, is delivering positive results for the women in the leadership positions as well as for women in the community. It is seen that women *panchayati* leaders have prioritized the issues of health and access to basic amenities such as sanitation, safe drinking water and are also taking a stand for better nutrition, and access to reproductive healthcare in their constituencies. Education outcomes such as literacy courses for other women, school infrastructure, teacher attendance, etc. have seen an improvement. Women panchayat members have also proactively addressed the issues of social justice such as dowry, domestic violence, alcohol/drug abuse, child marriage, and child labor, etc. In some cases it has also been observed that after contesting the elections from the reserved seat, a few months later, they have shifted their roles as husbands' proxies to emerge as persons with a will and vision. They revealed their alertness and receptiveness to new ideas, while willingly sharing their own problems and successes with their sisters from other villages and states. Educated women are taking numerous initiatives to change the lives of their sisters in rural areas. Mention may be made of **Arti Devi**, (29 years old), who is the Sarpanch, Ganjam District in the state of Orissa. Arti, MBA degree holder and a former banker, left her job to work as a Sarpanch. She has introduced the benefits of Public Distribution System to her village, which was not known to the villager earlier, and ensured that PDS system should work effectively in her village. As a result now villagers avail wheat, kerosene and other items of basic necessity at subsidized prices from PDS shop. She has also stared literacy campaign for women in the panchayat where only signatures would be recorded for official applications, instead of thumb impressions. She has also taken initiatives to revive traditional folk art in Ganjam, which was very much appreciated by the villagers. She was also nominated for the Rajiv Gandhi Leadership Award 2014. As a recognition of her successful work, she was nominated by the state government to attend at an International Leadership Programme in the US.[37]

13.15.6 Notwithstanding the fact that a large proportion of women entering grassroots governance may be proxy representatives, studies reveal that the entry of women into the arena has resulted in taking up issues of immediate concern to women, such as education, water, and so on. Further the Delhi Policy Group also reveals that , "They also have an empowerment effect

such as lesser house-work hours, control over reproductive choices and an increase in women's overall participation in politics."[38]

13.15.7 One of the most significant steps for democratizing and engendering local governance is taking up affirmative action, which India has done through the 73rd and 74th Constitutional Amenments. This however, does not guarantee that the entrants will b gender sensitive and issues of social concern and women's issues would be taken up and handled in a gender sensitive manner. It is important to address not merely women's paractical gender needs, but also the strategic gender needs, the fulfilling of which would challenge women's subordinated status and transform power and gender relations, enable equity and social justice. One major issue missing from discussions and deliberations is the issue of domestic violence which is widespread in rural India.

13.15.8 Reservation of Seats at the grassroots governances has not only facilitated these women with an opportunity to demonstrate their political consciousness and interest in attaining political power, it has also led to the realisation that it is essential to gain political power through elections in order to eradicate poverty and to bring social change in the society by addressing women's issues with a gender sensitive approach. Moreover, this reservation is not benefitting any one section of the population, but the benefits are cutting across, class, caste and religious barriers. It will be pertinent to mention here that Muslim Women who earlier lived in seclusion, now dared to defy *fatwas* by the religious leaders for contesting the elections, as seen in the States of Uttar Pradesh and West Bengal. WEDO reports that, "*In West Bengal State a large number of Muslims have been elected in the Panchayats. In Kanpur, where Muslim women had to defy fatwas (an order by religion) to fight elections, 14 Muslim women won from 30 women reserved seats in the corporation elections. Reservation of seats has given these women an opportunity to demonstrate their deep political consciousness & interest in obtaining power. For them, politics & elections are very practical routes out of poverty & are instruments of social change. The findings also dispel the myth that only Hindu well to do & upper class women benefit from the reservations*".[39]

13.15.9 Nevertheless, women, especially from the marginalized and under-privileged sections continued to face numerous kinds of barriers in exercising their citizenship rights. One of the

most significant is the violence faced by them while performing their duties. The mere expression of intent to contest elections, particularly by Dalit women, leads to violence. Such incidents are frequently reported in the media. For example, in some places Dalit Women Sarpanches were not allowed to host the National Flag on the Independence or Republic Day of the Country. It is not an occasional incident; rather a continuous attempt is made to stop these women from performing their fundamental duty year by year. A review of reporting by media reveals that year by year numbers of such incidents were reported.

13.15.10 WEDO reports about one such instance which occurred in Saddha Gram Panchayat, Taluk Sabarkantha , Gujrat,(1995):

> Savita Ben, elected as Sarpanch of Saddha and took up her task with all sincerity and initiated many development activities in her village, such as constructing roads, water pipelines, and tanks. She also got constructed one and community halls. She also helped specially able people and other from the disadvantaged families to get benefits from the government schemes. She soon became very popular among villagers due to her services to the needy. However, she has to face repercussions from the other Panchayat members, especially those from belonging to the upper castes. She was accused of misusing her powers and they started humiliate her; ultimately they managed to oust her from office through a non- confidence vote. She never gave up, stood again for the cause and moreover for her right and contested the election again, and won the election by a thumping majority. This was not the end of her troubles, after six months Panchayat members once again suspended her on the grounds of incompetence.[40]

13.15.11 Another incident reported by WEDO is relates to Ms. Sunita Agham, who was elected as the Sarpanch of Shirsgaon Pandhari village in Maharashtra she took charge of her office. On the day of first Gram Sabha, while Gram Panchayat Secretary was reading the information about the administrative procedures of the Panchayat. At this occasion, the Ex-Sarpanch and his supporters got up and created a ruckus. They were protesting against the appointments of Sarpanch and Deputy Sarpanch. They demanded to stop Gramsabha and created a big fuss to disturbe the gram sabha, later they threw the chilly powder in Sarpanch's eye, on the Secretary,

deputy Sarpanch & other members of Gram Panchayat. Soon they started beating them & abusing Sarpanch as she came from a low caste. The elected women members often faced the un-cooperative, manipulative staff & officialdom. In another incident of harassment a Women Sarpanch in Nagpur district of Maharashtra, was being sexually harassed by Gram Panchayat Secretary, who used to write vulgar letters to her. Ultimately, one day after receiving the same type of letter she committed suicide.[41]

13.15.12 It is not essential here to list down the cases reported from every corner of the country here, what is important is that it is a matter of great concern, that government functionaries were issuing such dictates that dalit women cannot host the Tricolour on national days. Being the Sarpanch it is her democratic right to unfold the national flag, by not allowing her to perform this function is not only a case of violence against her, but it is a clear violations of her citizenship rights, violation of the Fundamental Right under Article 17 of the Constitution which prohibits untouchability. At the same time, it is pertinent to mention that these women have not taken such attempts lying down and went to court to assert their rights. The Courts upheld their claims, giving new confidence to raise their voices and fight for their basic citizenship rights.

13.15.13 Another problem in the realization of grassroots democracy are the difficulties encountered by women who do not belong to a politically influential class in entering politics. It easy for those women who belong to the political families or the privileged class to make their ways into these institutions, but it is very difficult for those who really want to emerge as leaders from the grassroots without any political background or support.

13.15.14 However, it is the phenomenon of proxy or surrogate representation which has gained attention. This is being cited as proof of the failure or inefficacy of reservations for women. Proxy representation involves a woman candidate contesting election in place of a male, who may or may not be from her immediate family. If she wins, her work is carried out by the male, on whose behalf she has contested elections. In some places, the male has even taken oath on her behalf and participated in the shobha yatra, as was revealed to the Committee in its visits. Such males are known by epithets such as *panch pati, panch pita, panchbhai* etc.

13.15.15 In such cases, the Committee observed that throughout their election campaign, the materials used such as banners and posters and handbills etc., depicts the photos and name of the man who tends to assume the role of the pradhan or sarpanch, along with the name of the official candidate. After winning the elections, these men assume the role of the pradhan or sarpanch, and even chaired the official meeting in place of the elected women representative.

13.11.13 However, there is a positive aspect to this. In some situations women representatives may be dependent on their male relatives for carrying out their day to day official work , the nature of power relations within the household has started changing because the family members started realizing that they are getting public importance because of her. This is equally true with the changing relationship between husband and wife as husband started feeling he has got the chance to come to the public sphere due to wife who had won the elections. Though this change is very minimal and slow, but the change has started. Thus, notwithstanding the proxy representation, the women are gaining confidence and become independent. They are realizing the importance of their signature or thumb impression, which is guaranteed by the 73rd and 74th amendment to the Constitution, which implies that even proxy representations has initiated the process of empowering them.

13.15.16 No doubt these women representatives face many social challenges such as gender roles and responsibilities, restrictions on their movements, and so on, yet they are able to give their best performance once they entered these bodies. Illiteracy continues to be a stumbling block for women panchayat members to realise their full leadership potential in many states.

13.15.17 The Union Cabinet of the Government of India in August 2009, approved 50% reservation for women in Panchayati Raj Institutions. The panchayati raj system being a state subject, makes it the prerogative of states, where the quota for women is less than 50%, to formulate their own rules to implement the provision once it is made part of the Constitution. It needs special mention that Bihar took the lead in implementing 50% reservation for women in Panchayati Raj system in 2005, prior to the Union Cabinet decision. Other states which provided 50per cent reservation for women are Madhya Pradesh, Uttarakhand, Himachal Pradesh, Andhra Pradesh, Chhatisgarh, Jharkhand, Kerala, Maharashtra, Orissa, Rajasthan and Tripura in panchayats and other local bodies.

13.15.18 Any discussion on women in grassroots governance would be incomplete without a discussion on the role of women in the Gram Sabha. One of the main provisions of the 73rd Constitutional Amendment is that the Gram Sabha or village assembly has been envisaged as the foundation of the Panchayati Raj System. Gram Sabha is a constitutionally mandated mechanism through which grassroots' constituencies hold Panchayats accountable. All the adult citizens of a village who have the right to vote participate in the Gram Sabha. However, lack of awareness leads to limited participation of the people in general and women in particular. All states as per their respective State Acts have mandated that between two to four sessions of the Gram Sabha be held in an year. In addition to this, special Gram Sabha's can be called to address special issues and demands. Traditionally, even among more egalitarian tribal communities, women have not taken part in the gram sabha, but this is slowly changing. For women's leadership to be effective both in governance and in other aspects of village and community life, having women communicate and participate in the Gram Sabha meetings is crucial. Increasingly women are becoming involved in the important village-level organizations of the gram sabha and the panchayat, as well as in less important mixed-gender and women-only organizations.

13.15.19 Most recently in some states there has been a move to institutionalize Mahila Gram Sabha's. However, in practise the Gram Sabha's are rarely held as per the provisions of the State Act. They are usually dominated by the rural elite and the powerful. Marginalized sections such as women have not been able to engage with this institution with much success. The space of the Gram Sabha was meant to be a space of debate and deliberation, instead it has become a space of hostility and indifference to the needs and voice of many. Awareness about decisions taken, its timings, role, and scope of work is not shared with communities in a transparent manner. Thereby, while the provision exists of citizen engagement in local democracy, in practise, various systems need to be re-vamped to ensure that both the local bureaucracy and elected representatives welcome active citizen participation. Additional proactive steps need to be taken by the State to ensure that women participate as equal citizens in this village assembly.

13.15.20 Maharashtra state has 50% reservation for women in the Panchayati Raj Institutions. The Act mandates Mahila Gram Sabha to be organized before each Gram Sabha to ensure women's concerns are addressed. Since issues like availability of water, health services etc. affect women more than men, it is necessary for women to voice their opinions and demands.

These institutions have been vested with a lot of administrative and financial powers. Even though women members are elected in Gram Panchayats in most villages, their participation in community decision-making is very low. In reality, Mahila Gram Sabhas are rarely held in the villages.[42] The Madhya Pradesh Chief Minister too announced that a special women's gram sabha would be held once a year, while announcing the State Policy for Women- 2015 at Mahila Panchayat.[43]

13.15.21 Mention must be made of the ordinance issued by the Rajasthan Government which specifies educational qualifications for persons contesting elections to local bodies. The Rajasthan Panchayati Raj (Second Amendment) Ordinance, 2014, promulgated by the Governor on December 20, amends Section 19 of the 1994 Act to expand the eligibility criteria by including educational qualifications for contesting the elections. To contest a zilla parishad or panchayat samiti seat, a candidate must have passed class 10 of the Board of Secondary Education or its equivalent. To contest for the sarpanch's post in a non-Scheduled area, a person must have passed class eight and in a Scheduled area class five. Census 2001 records that only 18 per cent of the State's population has studied beyond class five. The education clause is unique to Rajasthan, which had earlier amended the Act to debar persons having more than two children from contesting elections. The "education ordinance" was preceded by an ordinance on December 8 which made it mandatory for a candidate to have a functional sanitary toilet, which meant a water-sealed toilet system or a set-up surrounded by three walls, a door and a roof. Candidates were required to give an undertaking that neither they nor their family members defecated in the open. The State Election Commission issued a circular on December 22 adding another amendment to the rules of the Act that the toilet needed to be clean and in working condition. [44] On the face of it, these ordinances would seem progressive, but when one considers the fact that female literacy rate in Rajasthan is the lowest in the country, one realizes that almost half the state's population is excluded from their constitutional right with one stroke.

13.16. Debate on Reservation for Women in Parliament and State Assemblies:

13.16.1 It is obvious that women's participation in politics and decision-making in India is increasing, but at a snail's pace. This leads to the conclusion that some drastic measures need to be put in place for ensuring the representation of women. One of the means mooted for this has

been reservations of seats in parliaments and State Legislatures. The 'Towards Equality' Report of CSWI had not been in favour of reservation. The report revealed that there was an increase in the participation of women in the political process, but it was not reflected in their ability to influence the political process because "of the inadequate attention to their political education and mobilization by both political parties and women's organizations. The structures of the parties make them male dominated and in spite of outstanding exception, most party-men are not free from general prejudices and attitudes of the society. They have tended to see the women voters and citizens as appendages of the males and have depended on the head of families to provide block-votes and support for their parties and candidates."[45] Towards Equality report while criticizing the token representation of women in local self-governing bodies, recommended the setting up Women's Panchayats at the village level; reservation of seats in the municipalities; constitution of permanent committees in municipalities to initiate and supervise programmes for women's welfare and development. It also suggested that political parties should adopt a definite policy regarding the percentage of women candidates; it further recommended the inclusion of women in all important committees, commissions or delegations that are appointed to examine socio-economic problems[46]. Since the Committee was not unanimously in favour of reservation, therefore, it did not recommend quotas for women.

13.16.2 However, since then reservation has gained acceptance as a method at various levels. Nevertheless, there continues to be a debate upon its efficacy and both the proponents as well as opponents of reservation put forth some very convincing arguments in support of their claims.

13.16.4 The opponents of reservation claim that women's issues and concerns are not a priority for the elected legislature in general and women legislators in particular, even though they had made promises in their election manifestos. It is further observed that women who were able to break the glass ceiling and reached the higher echelons of power are also working in nexus with their male counterparts and contribute to reinforcing the patriarchal order in society. Probably, they might fear that focusing on women's issues would lead to their identification as "women activists" rather than as "people's representative". In the absence of feminist consciousness they are not able to realize that the feminist slogan of "all issues are women's issues" and "women's issues are everyone's issues" is a reality and not merely a slogan.

13.16.5 However, the proponents of reservation equally strongly contend that, women members being present in a miniscule proportion in the House are not able to make their voices heard "in the corridors of power". They justify their stand on the basis of arguments about democratic right of political participation and equality. Further, the efficacy shown by women in grassroots governance is cited as evidence that encouraging women's participation in politics would bring about clean and green politics or transformative politics. One example cited is of the panchayat of Kultikri which has taken up numerous development projects.

13.16.6 "Women's meaningful participation in politics affects both the range of policy issues that are considered and the types of solutions that are proposed. Research indicates that a legislator's gender has a distinct impact on policy priorities. While women lawmakers are not a homogenous group with the same perspectives and interests, they do tend to see "women's" issues—those that directly affect women either for biological or social reasons—more broadly as social issues, possibly as a result of the role that women have traditionally played as mothers and caregivers in their communities. In addition, women see government as a tool to help serve underrepresented or minority groups. In an the Inter-Parliamentary Union (IPU) poll of members of parliament conducted between 2006 and 2008, which compiled the views of parliamentarians from 110 countries, women self-identified as being the most active in women's issues, gender equality, social and community matters and family-related matters. Women lawmakers, therefore, have often been perceived as more sensitive to community concerns and more responsive to constituency needs."[47]

13.16.7 According to the same IPU survey, "female parliamentarians tend to prioritize social issues such as childcare, equal pay, parental leave and pensions; physical concerns such as reproductive rights, physical safety and gender-based violence; and development matters such as poverty alleviation and service delivery. In places such as Rwanda and South Africa, an increase in the number of female lawmakers led to legislation related to land inheritance and reproductive rights. Only five years after the women's suffrage movement achieved the rights of women to vote and run for office in Kuwait, newly elected female legislators introduced new labor laws that would give working mothers mandatory nursing breaks and provide onsite childcare for companies with more than 200 employees. A study from Stockholm University showed an increase in the budget for education expenditures as the number of women in the Swedish

Parliament increased. As more women reach leadership positions within their political parties, these parties tend to prioritize issues that impact health, education and other quality of life issues."[48]

13.16.8 Dahlerup and Freidenvall (2003:3) outline three arguments in favour of women's equal participation in formal politics, which need to be supported by quotas:

1. The justice argument – women are half the population and therefore have the right to be represented as such.

2. The experience argument – women's experiences are different from men and need to be represented in discussion that results in policy-making and implementation. Indeed, because of these different experiences, women 'do politics' differently from men.

3. The interest argument – the interests of men and women are different and even conflictual and therefore women are needed in representative institutions to articulate the interests of women

Two further arguments that are made to support quotas are:

4. The critical mass argument – quotas allow women to participate in public life in sufficient numbers, which allows for the possibility for them to make alliances, and work together across party lines. . Women stay on longer in political life if they have support of each other.

5. The symbolic argument - women are attracted to political life if they have role models in that sphere.[49]

13.16.9 The question of reservation for women was taken up by the National Perspective Plan for Women 1988-2000 AD, that 'views women not as the weaker segment of society or as passive beneficiaries of the development process, but as a source of unique strength for reaching

national goals.'[50] Therefore it advocated that the Government should effectively secure women's participation in all decision-making processes at National, State and Local levels. It further observed that the political participation of women is gravely restricted, hence, it recommended that a minimum of 30 per cent reservation for women should be introduced at all levels of policy planning and decision-making bodies. Appreciating a shift in approach of governance from centralized to decentralized governance, since decentralization is a prerequisite for effective mainstreaming of women's concerns in development, and further to meet the country's commitment to strengthen democracy at the grass-roots level by encouraging women's participation in politics, it recommended that initially reservation for women should be made at the local governing bodies level.[51] As a result 73rd and 74th Amendment to Constitution was enacted in 1992 and an attempt was made to correct the gender imbalances at the local governance level through providing 33 per cent reservation for women.

13.16.10 Recognizing the achievements made by the 73rd and 74th Constitution Amendments, in the history of women's political empowerment, the demand from women's movement for 33 per cent reservation once again gained momentum in 1995. This time the focus was on reservation for women in the legislature, both in the State Assemblies and the Parliament. A bill to this effect was first introduced by the H.D. Deve Gowda led United Front Government in 1996. Since then the Bill has been reintroduced several times but vested interests have managed to prevent its passage each time. [52]

13.16.11 The National Commission for Women (NCW) has also been pursuing the demand for the 33 per cent reservation of seats for women in the State Assemblies and the Parliament and efforts were made to mobilize public support in its favour.

13.16.12 Women's organizations too have not lagged behind. The whole debate on reservation has provided a platform for the networking of various voluntary organizations for mobilization, lobbying and advocacy in favour of women's political reservation. Such organizations as Joint Women's Front, Seven Sisters, National Alliance of Women (NAWO) have played a significant role in this direction. The National Alliance of Women organized a National Consultation on Mainstreaming Women's Agenda into Electoral Politics in March, 1996 at New Delhi. For the first time over 100 women from all over the country came together as political beings and drafted

a Women's Manifesto, first of its kind that challenged the dominant style of politics and electioneering. The manifesto and the Charter of Demands adopted at the said consultation demanded 33-50 per cent reservation for women in all the political institutions from local to national level, an end to criminalisation of politics and politicization of crime, right to recall elected members, separation of politics from caste, class, and religion, right to information that affects the lives of the people and public declaration of assets of candidates among other things.[53] The women's movement in India has strongly been lobbying for the issue and has been actively engaged in organizing workshops, seminars, conferences, *dharnas* and processions and interface with the parliamentarians and the leaders of the political parties and making persistent efforts to transform this movement into a '*Jan Andolan*' (Mass Movement).[54]

13.16.13 Notwithstanding the promises made by most of the political parties in their election manifestoes from 1996 Lok Sabha elections onwards, the passage of the Bill was scuttled by a strong lobby within Parliament. The debate in the Parliament over the Bill reflected stiff opposition from several quarters. Even today, it looks difficult to get the Bill passed from the Parliament due to the absence of political will of doing justice with it by most of the political parties.

13.16.14 The Women's Reservation Bill, or The Constitution 108th Amendment Bill, proposes 33% reservation for women in the Lok Sabha and state assemblies for 15 years. The Bill was first introduced way back in the Parliament in 1996, and subsequently in 1999, 2003, 2005, 2008 and 2010. It was finally passed by the Rajya Sabha in 2010, but did not get through the Lok Sabha. The Bill faces opposition from patriarchal forces which fear the marginalization of men, losing of entrenched seats by male politicians and a perceived threat for women as well as socially and economically backward classes.[55]

13.17. Women in Judiciary

13.17.1 The significance of the third organ of the government cannot be underestimated, so far as women's representation is concerned. The role of the judiciary, particularly the higher judiciary as a protector of the fundamental human rights, and interpreter of the fundamental law of the land, necessitates the incorporation of a gender perspective, which can be done only if there are

more women on the judiciary. However, women have been more noticeable by their absence. The Constitutional promise of equality for women, notwithstanding, it took 39 years to appoint a women as a judge of the apex court of India. Fatima Beevi, had the honour to be the first woman elevated to the Supreme Court only in the year 1989. This is not to say that there were no women judges in the High Courts. Women judges had been appointed in High Courts as early as 1959 when Kerala got the first woman judge, Honourable Ms.Justice Anna Chandy. Till date only five women have been elevated to the highest court of the land, namely Justice Fatima Beevi, Justice Sujata Manohar(1994), Justice Ruma Pal (2000). Justice Gayan Sudha Misra (2010) and Justice Ranjana Prakash Desai (2011) **R Banumathi (2014)**– the **last one is sitting judge**. At present the number of judges in the Supreme Court is 29 (including Chief Justice of India) though the sanctioned strength of the apex court is 31. The Supreme Court of India has never had a woman Chief Justice and no woman judge has ever been a member of the Collegium of the Supreme Court.

Table 1

Approved strength, Working Strength and Vacancies of Judges in the Supreme Court of India and the High Courts (As on 01.03.2015)[56]

	Name of the Court	Working Strength of Judges (Permanent +Additional)in SC/HC			Approved Strength	Percentage of women Judges (working strength)
		W	M	T		
A	**Supreme Court of India**	**1**	**28**	**29**	**31**	**3.4**
B	**High Courts in India**					
1	Allahabad	5	79	84	160	5.9
2	Telangana&Andhra Pradesh	1	28	29	49	3.4
3	Bombay	10	55	65	75	15.3
4	Calcutta	5	32	37	58	13.5
5	Chhattisgarh	0	10	10	18	0
6	Delhi	9	32	41	60	21.9
7	Guwahati	2	15	17	24	11.7

8	Gujarat	3	27	30	42	11.1
9	Himachal Pradesh	0	7	7	13	0
10	Jammu Kashmir	0	10	10	17	0
11	Jharkhand	0	13	13	25	0
12	Karnataka	3	33	36	62	8.3
13	Kerala	1	30	31	38	3.2
14	Madhya Pradesh	2	32	34	53	5.8
15	Madras	6	36	42	60	14.2
16	Manipur	0	3	3	04	0
17	Meghalaya	0	3	3	03	0
18	Orissa	1	18	19	27	5.2
19	Patna	2	30	32	43	6.2
20	Punjab and Haryana	9	45	54	85	20.0
21	Rajasthan	4	25	29	50	13.7
22	Sikkim	0	2	2	03	0
23	Tripura	0	4	4	04	0
24	Uttrakhand	0	6	6	11	0
	Total	**63**	**575**	**638**	**984**	**9.8**

13.17.2 Though women's equal right to employment is a constitutionally entrenched fundamental right and is repeatedly affirmed in a series of laws in India but the judicial system in India has long been a male-dominated profession. Male dominance increases with the status of the court, and thus the greatest gender imbalances are generally found in the higher courts.

13.17.3 The statistics relating to women on the higher judicial and lower judicial bench are disheartening. The percentage of women in the higher judiciary increased from 5.4% in 1985 to 9.8% in 2015. This shows India still have a very long way to go to make the bench more representative in terms of gender.

13.17.4 The situation is also not better when it comes to the High Courts. The percentage of women judges continues to remain highly dismal here too. As per records of Department of Justice, Government of India as on 1st March, 2015, out of the working strength of 638 High Court Judges in the country against 984 sanctioned posts in all 24 High Courts of the country including the three recently constituted, merely 63 i.e. even less than ten percent belong to the women.

13.17.5 Table 3 illustrates that, women make up only 3.4 percent in Supreme Court and 9.8 percent of all High Courts. Only 2 states have achieved a 20 percent threshold or more, in 6 states, women fill between 10- 15 percent positions and in seven states the percentage of women is less than 10 percent. The High Courts with the highest percentages of women judges are Delhi, Punjab and Haryana, Bombay and Madras. The highest percentage of women judges, 21.9 percent is in Delhi. The High Courts with the next highest percentages are Punjab and Haryana, Bombay and Madras, where women judges comprise are 20.0 per cent, 15.3 percent and 14.2 percent respectively.

13.17.6 It is disappointing to note that only Calcutta and Delhi High Courts got woman Chief Justices. Amongst all, the Bombay High Court leads the with ten women judges followed by Delhi, Punjab and Haryana and Madras where the corresponding number is nine, nine and six respectively. It is clear that in 9 High Courts there is not even a single woman Judge. The country's largest high court - in Allahabad (Uttar Pradesh) - has a working strength of 84 judges, of whom only 5 are women.

13.17.7 The significance of an increased role for women decision makers in the lower courts should not be underestimated because these deal with 90 percent of all kind of cases. Therefore in the lower courts, women decision makers are in a position to have the greatest impact on ordinary people's day-to-day experience and perception of justice.

13.17.8 The percentage of women on District and Subordinate courts is higher than on the High Courts and Supreme Court. **273 District Courts** from 10 States and one Union Territory, there are only 22 (7.8%) women District and Session Judges out of 272 courts and out of 7895 judges, 1645 **(20.8%)** are women and 6241 **(79.2%)** are men. Only 5 states have achieved a 30% threshold or more, but in 6 states, women fill less than 30% of the positions. In Bihar State, there are only 6.3 percent are women judges and 18 district courts of Bihar have no woman judge.

13.18. Barriers/Obstacles for Women's Entry into Politics and Governance

13.18.1 Women's entry into politics and governance is beset by a number of problems, which effectively prevent their entering and if they do manage to enter, in effective working. Politics continues to be a male bastion and Parliaments, Legislatures and other structures of governance,

male only clubs, where women are permitted on conditions imposed by the male members of these clubs. As the 2011 UN General Assembly resolution on women's political participation notes, "Women in every part of the world continue to be largely marginalized from the political sphere, often as a result of discriminatory laws, practices, attitudes and gender stereotypes, low levels of education, lack of access to health care and the disproportionate effect of poverty on women."[57]

13.18.2 The major barriers could be defined in terms of five 'P's, viz. Patriarchy, property, power, propensity and physiology. The most significant barrier is patriarchy, which limits women's role to the private sphere, constraining their access to the public sphere. Patriarchy leads to a devaluation of women, which further tends to confine their roles to the stereotypical gender roles, effectively keeping them out of politics and decision-making. Patriarchy combines with an inter-sectionality of caste, class and gender to deter women from contesting elections. Keeping women within the private sphere of the household, it contributes to women's lack of awareness and knowledge of electoral politics and also serves to keep them bereft of family support which is a crucial determinant for entry into politics.

13.18.3 Patriarchy also limits their access to productive assets or property, which hampers their participation in the electoral process, for as seen above, funds are an essential concomitant in participation in politics. Women do not have control over property; lacking skills, their access to productive employment is low, keeping them at the lower end of the employment ladder and so in the absence of arty support their political role becomes extremely limited. Added to this is the fact that political parties fail to give tickets to women and so many a times women have to contest as independent candidates which requires more funds.

13.18.4 The socialization process is equally culpable in keeping women out of politics and governance, for women are socialized from childhood to be seen and not heard. The socialization process teaches the girl child that she is secondary, to give way to her male siblings in all matters and that the public sphere is a male sphere, where she would always be uncomfortable; her zone is the private sphere and even here, it is the males who would have primacy in everything. Naturally, she learns that her place is in the kitchen and not in a position of power. Thus she does not have the propensity to enter politics. Furthermore, household decision-making is not her cup

of tea; power in the household vests in the males or the elders and neither election nor voting are decisions made by women. Thus power structures within the household equally limit women's access to decision-making. "Similarly in cultures where the woman's role is mainly confined to the household, their role in politics will not be greatly encouraged. According to structural perspectives, the family education system, labour force and other societal structures are configured in ways that prevent women from gaining the skills necessary to participate in politics or compete against men for public office."[58]

13.18.5 Gender construction also supposedly prevents women from imbibing the male qualities of leadership and decision-making serving to keep women outside these male clubs.

13.18.6 Add to these women's physiological structure, which requires her to be confined for nine months in order to reproduce life and another few months or years in order to conserve, by both feeding the baby and protecting it. This serves to confine women to the four walls of the household, plus leads to stereotyped assumptions of women's physical weakness which prevents their entry into decision-making structures.

13.18.7 Increasing criminalization of politics, violence against women, women's lower mobility as well as character assassination are adjuncts of the five 'P's mentioned above, but may be referred to separately as playing a distinct role in keeping women out of the political process. Apart from the five 'P's, women's low literacy levels and poor training and knowledge work as efficient barriers in enabling women's participation in politics. Gender roles put a heavy household work burden on women and they face a negative attitude towards their participation in public office which trivializes their participation and constrains their functioning as well as putting a dampener on any ambitions of recontesting elections.

13.18.8 Gender based violence is widely prevalent in India and political power has not provided an insulation from this. A recent report by the United Nations (UN) has found that "verbal-sexual abuse and character assassination of women are rampant in South Asia politics. Worse, Karnataka is one of the three states in India affected by such behaviour. The study 'Violence Against Women in Politics' revealed that women from all parties in Karnataka, Uttar Pradesh

and Delhi were victims of gender violence. In most cases, the perpetrators were men within their party, and fear prevented women from participating as contestants and voters."[59]

13.18.9 The study revealed that "Women risk physical violence and harassment and women politicians and parliamentarians experience violence during election campaigns and constituency visits."[60] It also alluded to the political isolation faced by women for not toeing the party lines drawn by male party members. One of the most common forms of abuse faced by women in politics is verbal abuse. The study revealed that the most exploited were poor, new entrants, first generation politicians and those from religious minorities.[61]

13.18.10 Significantly, although constituting numerically almost half the population, women, unlike other groups formed around caste or religion, are neither united nor viewed as a constituency by the political leaders and hence overlooked. This serves as a deterrent to even women's voting, not to mention their participation in other aspects of the electoral process.

13.18.11. It is indeed significant that lack of facilities can also hamper women's political participation, Ironically even the lack of sanitations facilities is working as a barrier in women's participation in politics. [62]

13.18.12 Thus women encounter a number of barriers in trying to utilise their Constitutionally declared right to be represented and to represent.

13.19. Summing Up and Recommendations

13.19.1 On the whole, sustainable and holistic development is impossible in the absence of women in decision-making, for only the entry of women into decision-making processes would bring in women's perspectives and raise issues of significance to the entire nation. The old saying "only a wearer knows where the shoe pinches", fits in perfectly in this context, for women's issues can be addressed only by women themselves. Furthermore, it is opined by various scholars that entry of more women into politics would result in clean and green politics as well as transformative politics. This is not to say that gender sensitive men cannot address women's issues, but women's perspectives can be understood better by women. Thus, the necessity of a critical mass of women in politics. However, the tragedy is that women's

representation in politics, whether at the national or the state level has always been low. In fact prior to the 73rd and 74th Amendment, it was in the shape of an inverted pyramid with the grassroots level having the lowest level of representation. The 73rd and 74th Amendments enacted in 1992 resulted in changing the shape of this pyramid and the entry of a million women representatives at the grassroots level. Yet this did not bring about a major transformation at the higher levels and women remained invisible in decision-making at these levels. Yet, it cannot be denied that women's entry into politics and decision-making is a necessity, which has been emphasized time and again by national and international bodies. This leads to the question of strategies or recommendations for enhancing women's representation in politics.

13.19.2 Reservation of Seats at all Levels

- One of the major steps in this direction is to ensure at least fifty per cent reservation for women in the Local bodies, State Legislative Assemblies and Parliament.
- Similar reservation should be made at the Ministerial levels also.
- In addition to this, fifty per cent reservation for women should be made in all other decision making bodies at the government level, with a view to involving women in arenas of policy-making.
- One of the first steps could be increasing women's representation in the Rajya Sabha by including more women in the nominated members.

13.19.3 Improving quality of Women's Representation through structural changes:

However, reservation must not merely aim to increase the numbers but must also focus on quality, that is women's overall representation. "The goal of Reservation Bill must not merely be to *increase* the number of women reresentatives (sic), but *improve* women's representation overall. While a policy of reserving seats in Parliament will certainly increase the number of women candidates; the absence of a pipeline of women leaders makes it likely that a majority of these candidates will be unprepared or from dynasties, as daughters and wives."[63]

- However, working to promote women's political and public leadership may be ineffective if we ignore the broader political and structural context in which this is taking

place, and the relevant informal sources of power and decision-making that are active in that context. This is because conventional leadership is often situated in existing power structures. Usually these are founded in hierarchical and exclusionary patterns of power over. Globally, decision-making spaces are still male-dominated. Leaders who become part of these structures are encouraged to model prevailing power behaviors which may compromise on their principles, and are rewarded for doing so. Merely ensuring that women hold formal positions of power is therefore not enough.

13.19.4 **Capacity Building:**

- Mere inclusion of women is not enough. Priorities have to change, society has to be transformed, policies need to change, patriarchal frameworks challenged, traditional power hierarchies shattered.
- Capacity building programmes need to be launched on a large scale to strengthen the governance role of women at the grassroots and urban local governance level, so that women can climb the political ladder to the state, national level and above.
- Department of Local Governance should tie up with the Women's Studies Centres to conduct orientation and capacity building programmes for the elected representatives from grassroots levels to the highest level.
- Identification and documentation of success stories will make them play a positive interventionist role in the empowerment of women.
- Capacity Building Programmes must highlight not merely the provisions of the laws and acts but on concepts such as equity, discrimination and development in order to ensure a gender sensitive governance.
- Not merely the women, but all representatives must be gender sensitive and this has to be instilled in them through training.
- There is also a need to teach them effective and sensitive responses to crucial women's issues such as violence and domestic violence. Elected bodies and members must play a central role to ensure that responses are in keeping with rights and justice frameworks and denounce biased and patriarchal efforts.
- In conducting these trainings, it is essential to ensure that persons with minimal literacy can participate effectively in these trainings,

- The Training must also contain features such as confidence building, role performance, budgets, time management and so on.
- Discussions around rationale and content of laws, acts and provisions related to such issues as domestic violence, child marriage and education must be incorporated.

13.19.5 Changing Criterion for nomination:

- Where there is nomination to any political body, the governing criterion should not be political loyalty but proven record in protection and promotion of women's rights.
- For example, It is essential to ensure that the National Commission for Women has members who have a track record in protection and promotion of women's rights rather than using it for granting favours to political protégés.

13.19.6 Changing Role and Obligations of Political Parties:

- The political parties need to put their houses in order and include women's issues in their manifestoes, not merely for lip service but to ensure change.
- Parties also need to endorse women candidates, but even more significantly, no party must give a ticket to a candidate facing charges of gender based violence and must take strict action against those making anti-women remarks or remarks reflecting a discriminatory attitude towards women.
- Women must be included at all levels of party hierarchy.
- Sexist remarks by politicians must not be ignored but must attract strict punishment by the party organization, which could also mean denial of tickets for contesting elections. The public in general and women in particular need to be made aware that such remarks need not be tolerated. As voters they should be made aware of their strength and power in a democracy.
- Political parties could set a minimum share for women in the candidates list. Indian political parties, therefore, must realize their critical role as gatekeepers in women's political participation. Whether national parties like the BJP and Congress, or new parties such as the APP, each has to evolve internally to facilitate a greater culture of inclusiveness and operational democracy.

- It is equally essential that parties in power refrain from putting prohibitive conditions on contestants, for these conditions more often than not impact women contestants more than men. For example, the recent Rajasthan ordinance putting a condition of education on contestants at the grassroots level, is more likely to add to the constraints faced by women in participation in elections as Rajasthan has one of the lowest female literacy rates in the country.

13.19.7 **Role of Election Commission:**

- The Election Commission of India too can play a pivotal role by holding parties accountable for their stated rules and promises in their Constitutions and manifestos.

13.19.8 **Role of Women's Studies Centres:**

- Women's Studies Centres in each region should be identified on the basis of expertise as a Nodal Centre to cater as a regional Leadership Development Training Centre for the elected representatives as well as for the interested or would be emerging women leaders so that we can have trained women leaders.

13.19.9 **Electoral Reforms:**

- To curb the money game during the elections there is a strong need to have state funding for contesting elections.
- There is a strong need to make electoral reforms, so as to make the election system women friendly.
- We can also think about the proportional representative system which has been in practice in many countries and scholars have asserted its efficacy in increasing women's political participation.
- There is a need for electoral reforms related to democratic and transparent mechanisms within and outside parties, with more proactive dissemination of information about candidates, manifestos etc., so that women can participate more actively both as candidates and voters.

13.19.10 **Combating Criminalisation of Politics:**

- Effective efforts must be made to combat criminalization of politics in general and elections in particular.

13.19.11 **Consciousness Raising:**

- Concerted efforts must be made to raise consciousness regarding increasing gender inequality and the ways in which stereotypical gender roles create both formal and informal barriers in the way of active and effective political participation of women.

13.19.12 **Addressing the Five 'P's;**

- The key barriers that restrict women's proactive participation in the electoral process need to be addressed on a priority basis.
- Apart from affirmative action, women should be promoted and encouraged by the concerted effort of government in partnership with civil society for enhanced and quality participation in formal politics.
- An increased political participation by women in all spheres of political life and electoral competition in particular will not only ensure political parity and equality with men, but would also serve the larger issues concerning women, that is empowerment of Indian women.

13.19.13 **Ensuring women's participation in household decision-making:**

- A key strategy would be to encourage women's participation in household decision-making for only when women have space for themselves in the household will they be able to acquire a space in political arena.

13.19.14 **Strengthen capacity of State to deliver:**

- Legislation alone rarely leads to transformation. The challenge lies in strengthening the capacity of the state to deliver on these rights. We need reforms that break the culture of bureaucracy and build an administrative system that privileges local

autonomy over centralized control and rewards leadership and innovation over rules and guidelines. The rights-based approach – instead of a welfare state concept - could be a catalyst for this reform.

13.19.15 **Research:**

- There are researchers who are engaged in studying women's political participation, identifying factors that impede or promote women's active participation in electoral politics. Hence there is a need for all these efforts to converge. It is also important to make efforts to bridge the gap between the women's Movement and the NGO sector to eliminate the existing gaps and unite to emerge as one major force to promote and facilitate women's political participation.
- Research and empirical studies are required to capture the changes that women's political leadership is bringing about as role models and best practices too. The resultant information will serve to inspire and motivate other women and to sensitize men. There needs to be undertaken a systematic and periodic review of the mandate of local governance structures. This would help in identifying the changes needed to ensure that grassroots governance becomes a space for addressing issues of concern to women and the community.

13.19.16 **Mahila Gram Sabha**:

- Mahila Gram Sabha's as set out in the Maharashtra Act would provide women with the playing field for garnering political experience and would also help raise women's issues. These must not only be made compulsory, but steps should be taken to ensure that they are made functional.

In sum, a few proactive efforts on the part of the government and community would go a long way in promoting women's participation in politics and governance. We conclude with a quote from Bela Abzug, "We are bringing women into politics to change the nature of politics, to change the vision, to change the institutions. Women are not wedded to the policies of the past. We didn't craft them. They didn't let us."[64]

[1] Kamla Bhasin , 1999, "*Women's Place is in the House! This is Why They Should be in Both Houses of Parliament: Women and Governance*", talk given at interaction organized by the SAP Nepal in Kathmandu on the Changing Role of Women in Governance, p.7.

[2] http://www.revparl.ca/english/issue.asp?art=1009&param=150 accessed on May 29, 2015.

[3] Lorrain ,Cerner, 1997, *"Women's Participation in Decision Making and Leadership: A Global Perspective"*, paper delivered at a conference on Women in Decision-Making in Cooperatives, held by Asian Women in Co-operative Development Forum (ACWF) and others, Philippines, http://www.unifem-eseasia.org|TechPapers|wleaders.htm

[4] http://www.prajnya.in/prcbg1.pdf accessed May 28, 2015

[5] https://www.oxfam.org/sites/www.oxfam.org/files/transformative-leadership-womens-rights-oxfam-guide.pdf

[6] Gita Sen and Caren Grown, *Development, Crisis and Alternative Visions: Third World Women's Perspectives*, as quoted in Rounaq Jahan, The Practice of Transformative Politics, http://www.capwip.org/resources/rounaq/rounaq.htm accessed on May 29, 2015

[7] Rounaq Jahan, as quoted by Sultana, Ameer, 2015, Gender and Politics, Regal Publications, New Delhi, p. 4

[8] ibid.

[9] Jacqueline Pitangroy, 1995, Plenary Session on "Governance, Citizenship and Political Participation", NGO Forum, Huairou, China.

[10] http://iknowpolitics.org/en/2012/06/asia-pacific-online-network-women-governance-politics-and-transformative-leadership-capwip

[11] Brill Alida, (ed), 1995, *A Rising Public Voice: Women in Politics Worldwide*, UNIFEM Press, New York, p.1.

[12] Sandra Grey, Women and Parliamentary Politics, http://www.capwip.org/readingroom/nz_wip.pdf accessed on May 29,2015

[13] Sarah Childs, A Feminised Style of Politics: Women MPs in the House of Commons, http://www.web.pdx.edu/~mev/pdf/Childs.pdf accessed May 29, 2015

[14] JONI LOVENDUSKI, Women and Politics: Minority Representation or Critical Mass?, Parliamentary Affairs (2001), 54, 743–758, http://pa.oxfordjournals.org/content/54/4/743.full.pdf

[15] Out of total of 296 members of the Constituent Assembly, only 15 were women. Some eminent names include Sarojni Naidu, Vijaya Lakshimi Pandit, Hansa Mehta, Sucheta Kripalini, Poornima Banerjee, Rajkumari Amrit Kaur. They had also worked as the members of the Central Legislative Council in the First Five years immediately after independence.
Sadhna Arya, 2000, *Women, Gender Equality and the State*, Deep and Deep Publication Pvt. Ltd., New Delhi, p. 57.

[16] http://www.project-india.com/ accessed on May 28, 2015

[17] http://www.delhipolicygroup.com/uploads/publication_file/1066_Women_in_Politics_final.pdf downloaded May 27, 2015

[18] http://www.delhipolicygroup.com/uploads/publication_file/1066_Women_in_Politics_final.pdf downloaded May 27, 2015

[19] http://www.project-india.com/ accessed on May 28, 2015

[20] http://www.project-india.com/ accessed on May 28, 2015

[21] Sushma Swaraj as Cabinet Minister of external affairs, Laxmi.N.Menon, Kamla Sinha and Vijaye Raje Scindia have served as Ministers of State for External affairs. M. Chandersekharan was in Home Ministry, Tarkeshwary Sinha was Minister of State (Independent Charge) in Education, Petroleum and Power, and Deputy Minister in Finance and Dr. S. Mahishi in Law, Justice and Company Affairs.

[22] http://timesofindia.indiatimes.com/world/uk/India-is-73rd-in-womens-participation-in-politics/articleshow/32174668.cms accessed on May 28, 2014

[23] http://gendermatters.in/2015/05/women-in-politics/ accessed on May 28, 2015

[24] Najma Heptullah was the ex-officio Chair of a few Committees in the Rajya Sabha when she was the Deputy Chairperson of Rajya Sabha.

[25] Sultana Ameer, (2015),Gender and Politics, Regal publications, New Delhi, pp.28-29

[26] Literacy rate of the following States according to the Census of India 2001 are Kerala - 90.92 % (87.86), Mezoram – 88.49% (86.13), Bihar – 47.53%(33.57), Uttar Pradesh – 57.36% (42.98). Within parenthesis the female literacy rate is given.

[27] "Political Parties and Special Measures: Enhancing Women's Participation in Electoral Processes" Julie Ballington& Richard E. Matland Enhancing Women's Participation in Electoral Processes in Post-conflict Countries Office of the Special Adviser on Gender Issues and Advancement of Women (OSAGI) & Department of Political Affairs Expert Group Meeting Glen Cove, New York, USA 19 to 22 January 2004

[28] Sultana Ameer, op cit

[29] - See more at: http://indianexpress.com/article/india/politics/tunch-maal-to-sanvli-ten-sexist-remarks-by-politicians-on-women/2/#sthash.eOr90ZCv.dpuf

[30] Shamika Ravi, Rohan Sandhu, "Women in party Politics", Working Ppaer, April 2014, http://brookings.in/wp-content/uploads/2014/04/Ravi-Sandhu-Brookings-India-Working-Paper.pdf accessed on May 28, 2014

[31] **Ibid.**

[32] Ibid.

[33] **Ibid.**

[34] **Dr. Vibhuti Patel, Getting Foothold in Politics: Women in Political Decision Making Process, http://southasia.oneworld.net/Files/Getting%20Foothold%20in%20Politics.pdf accessed on May 28, 2015**

[35] CWSD, Panjab University, Chandigarh, (2002), Women Sarpanches and Transformative Politics: Crossing the Boundaries, p. 17

[36] http://wvindia.blogspot.in/2013/08/an-all-womens-panchayat-board.html, downloaded on 18/05/2015

[37] **www**.wedo.org/wp.../**women**-local-self-governance-in-indian-context.do., *downloaded on April 18. 2015*

[38] http://www.delhipolicygroup.com/uploads/publication_file/1066_Women_in_Politics_final.pdf downloaded May 27, 2015

[39] **www**.wedo.org/wp.../**women**-local-self-governance-in-indian-context.do., *downloaded on April 18. 2015*

[40] **www**.wedo.org/wp.../**women**-local-self-governance-in-indian-context.do., *downloaded on April 18. 2015*

[41] **www**.wedo.org/wp.../**women**-local-self-governance-in-indian-context.do., *downloaded on April 18. 2015*

[42] http://www.populationfirst.org/Promoting%20Mahila%20Gram%20Sabhas%20and%20Village%20Level%20Committees/M__93 accessed on May 29, 2015

[43] http://timesofindia.indiatimes.com/madhya-pradesh/Madhya-Pradesh-to-hold-special-womens-gram-sabha-once-a-year-Shivraj-Singh-Chouhan/articleshow/47365080.cms accessed May 29, 2015

[44] **The Nation** ,Print edition : January 23, 2015 http://www.frontline.in/the-nation/controversial-ordinance-on-local-elections/article6756559.ece

[45] *Towards Equality* 1974, op. cit., p. 301.

[46] **ibid.** p. 304-5.

[47] Susan Markham, Women as Agents of Change: Having Voice in Society and influencing Policy, http://www.worldbank.org/content/dam/Worldbank/document/Gender/Markham%202013.%20Women%20as%20Agents%20of%20Change%20Having%20voice%20in%20society%20and%20influencing%20policy_%20Dec%2017.pdf accessed on May 28, 2015

[48] Ibid.

[49] http://www.un.org/womenwatch/daw/egm/eql-men/docs/BP.1%20Background%20Paper.pdf accessed on May 28, 2015

[50] National Perspective Plan for Women: 1988-2000 A.D., 1988, Report of the Core Group set up by the Department of Women and Child Development, Ministry of Human Resource Development, Government of India, p. ix

[51] **ibid.** , pp. 164-65

[52] The continuous demand for the sub-quota for Other Backward Classes (OBCs) and Minorities, was referred to a Joint Select Committee of the Parliament consisting of members of both Houses, under the Chairpersonship of late Geeta Mukherjee for consideration. The Joint Select Committee in its report refused to consider the demand for the sub-quota and reaffirm its original stand and suggested several Amendments. The Bill was again scuttled in 1996., 1997, 1998, 2000, and continuously thereafter till toady- 2015.

[22] Report of the Consultation, n.d., *Women's Political Agenda for 1996 and Beyond*---, NAWO, New Delhi, pp. 16 ff.

[54] Sultana Ameer, op cit.pp31-33

[55] http://www.delhipolicygroup.com/uploads/publication_file/1066_Women_in_Politics_final.pdf downloaded May 27, 2015

[56] http://indiancourts.nic.in/sitesmain.htm

[57] http://www.unwomen.org/en/what-we-do/leadership-and-political-participation#sthash.2Fx7M7JI.dpuf

[58] http://www.prajnya.in/prcbg1.pdf accessed May 28, 2015

[59] http://www.newindianexpress.com/states/karnataka/Women-Not-Safe-in-Politics-Too/2014/05/08/article2212471.ece accessed on May 28, 2014

[60] http://www.newindianexpress.com/states/karnataka/Women-Not-Safe-in-Politics-Too/2014/05/08/article2212471.ece accessed on May 28, 2014

[61] http://www.newindianexpress.com/states/karnataka/Women-Not-Safe-in-Politics-Too/2014/05/08/article2212471.ece accessed on May 28, 2014
[62] http://reliefweb.int/report/india/lack-toilets-keeps-women-out-politics accessed May 28, 2015
[63] Shamika Ravi, Rohan Sandhu, "Women in party Politics", Working Ppaer, April 2014, http://brookings.in/wp-content/uploads/2014/04/Ravi-Sandhu-Brookings-India-Working-Paper.pdf accessed on May 28, 2014
[64] http://www.brainyquote.com/quotes/quotes/b/bellaabzug688100.html#2q4PS6W2VBF6V881.99

Chapter - 14

Marginalised Women and Women in Difficult Circumstances

Women in India are not a homogeneous group. They reflect the pluralistic society that India has – religion, class, caste, ethnicity, region etc., are all woven into the mosaic. The conditions and position of different women are influenced by numerous factors, apart from an all-pervasive gender-based discrimination against women. In a society which practises discrimination based on class, religion, caste and ethnicity, women from particular classes, religions, castes and ethnic backgrounds are marginalized in multiple ways. Muslim women, women from indigenous tribal communities and dalit women face class, religion-based/caste-based and gender discrimination. Women's position is also intimately connected with their marital status in a patriarchal society, as can be seen in the context of single women including widows. In a woman's life, particular phases/age windows also make her more vulnerable to abuse and neglect than at other times. The case of elderly women is an illustration. Stigma, violence and marginalization are also associated with particular kinds of work: sex workers and manual scavengers are examples. Differently abled women also confront multiple marginalisations including social exclusion and invisibility.

Using the concept of intersectionality, where these women experience overlapping and interconnected systems of oppression and discrimination, we examine the status of dalit women, muslim women and adivasi women in this chapter. Here, we also look at the situation of single women including widows, elderly women and transgender persons. These are women with multiple identities, and gender discrimination is further exacerbated by the other identities in their case. The condition and position of women in sex work, and women who are differently-abled are also presented here.

Despite the understanding of this "intersectionality" approach gaining traction in discourse and understanding, it is seen that when it comes to implementation of many policies, laws and schemes, the approach is still piecemeal. It is not only in the state interventions that these most marginalized women fall through the cracks, but sometimes also in the civil society work. It is very important to note that unless equality and justice issues of these marginalized women are not met squarely, the overall status of women is not likely to improve.

I. STATUS OF DALIT WOMEN IN INDIA

1. Dalit communities – introduction, social and demographic profile
2. Dalit Women: Literacy and Education
3. Dalit Women and Economic Empowerment
4. Dalit Women: Health, Nutrition and Sanitation
5. Dalit Women and Violence
6. Dalit Women: Malpractices incl. Manual Scavenging, witch-hunting, Devadasi system etc.
7. Summing up of the issues
8. Recommendations

I.1. (CASTE- & GENDER-BASED) DISCRIMINATION-INDUCED DEPRIVATION AND INJUSTICE

I.1.1. The caste system in India is a deeply entrenched, discriminatory structure because of which basic human rights of entire communities have been denied for centuries now. The State designates some castes as "scheduled castes" while the communities and scholarship prefer referring to them(selves) as dalits. The number of main "Scheduled Castes" in India is now 1241 (up from 1221 earlier). Further, 115 sub-entries have been notified within the main SCs. These are notified at each state and union territory level and are therefore, area-specific. Further, as per the Indian Constitution, Scheduled Castes can only belong to Hindu, Sikh and Buddhist religions (unlike in the case of Scheduled Tribes who can belong to any religion).

I.1.2. Historically, dalits in India have faced caste-based structural and systemic social discrimination, exclusion and violence, resulting in violation of their economic, civil, cultural and political rights. They suffer intense deprivation on numerous fronts.

I.1.3. Among them, Dalit women face multiple exclusions — they not only experience gender-based discrimination and economic deprivation but their misery is accentuated by their caste identity of being the lowest in the caste hierarchy. This identity further deprives them of choices and opportunities to escape from poverty and denies them a voice to claim their rights. The Indian government has addressed the problem of caste and untouchability through various

constitutional safeguards. Laws have been passed, aiming at removing discriminatory practices against the Scheduled Castes, and also for their social and economic empowerment. Importantly, in addition to legal safeguards against discrimination, equitable access and participation in public employment, education, politics and governance was sought to be ensured through reservation of some seats in government services, public educational institutions, Parliament and state legislatures for SCs and STs; in the elected bodies of local government, there are reserved seats for women also[1]. While the practice of 'untouchability' has been banned since Independence, in practice many of the associated behaviours, norms and values persist (albeit in some morphed forms at times, apart from overt untouchability and discrimination too). Large studies have also shown overt and illegal practice of untouchability in many spheres of life. This means that Dalits still often live in separate locations with poorer services, face discrimination when accessing services, are barred from many occupations, receive lower pay and face discrimination in the market place. Analysis of various indicators of empowerment/discrimination can depict the true picture about the status of the Dalit women in Indian society. It is therefore imperative to underline that caste and gender are intricately intertwined and continue to raise significant concerns for women.

I.1.4. It is clear that addressing dalit women's issues squarely is both an enormous challenge given the deeply entrenched caste and gender-based discrimination against them, as well as holds great potential for foundational change in society and polity. Their status (and its improvement) very much depends on multiple kinds of discrimination and injustice to be removed against them.

I.1.5. It is mainly the dalit feminist movement in India that forced comprehensive and yet nuanced interrogations into the connections and disconnections between class, caste and gender. These dalit feminists started pointing out how the issues of dalit women often fall between the cracks, both in the dalit movement as well as the women's rights movement and discourse, caught as they are between the 'brahmanism of the feminist movement and the patriarchal practices of dalit politics'[2] (*"masculinization of dalithood and savarnisation of womanhood"*). It is pointed out that Ambedkar's theory of caste also has a theory of the origins of subordination of women and that he saw the two issues as intrinsically linked, especially in his arguments on the absence of intermarriage or endogamy ("the one characteristic that can be called the essence of

castes") – that caste system can be maintained only through the controls on women's sexuality and in this sense, women are the gateways to the caste system. The dalit feminist critique of the women's movement was also around the allegation that left party-based and autonomous women's movements have ignored the fact that "*issues of sexuality are intrinsically linked to caste, and addressal of sexual politics without a challenge to Brahmanism results in lifestyle feminisms*".

I.1.6. While "intersectionality" started gaining traction in discourse, with caste and gender understood to be intimately entangled, new questions on methodologies of inquiry and research are still emerging. In many ways, the epistemology is continuously evolving and is expected to create better understanding about dalit women and their issues and aspirations.

I.1.7. In this section, we seek to present unconscionable overt discrimination against, burdening of, and marginalization of dalit women in various spheres of life (with an understanding that dalit communities are not homogeneous either), where their unequal status is apparent vis-à-vis other women, as well as men in their own communities. *This section has been enriched by an exclusive national consultation organized by the HLC on dalit women on November 18th 2013 in Delhi, in which academics, activists, NGO representatives and others participated, in addition to inputs provided by Indian Institute of Dalit Studies.*

I.2. DEMOGRAPHIC PROFILE

I.2.1. By Census 2011, the total population in the country touched 1.21 billion with 377 million persons residing in urban areas and the remaining 833 million in rural India (in all, this population belongs to around 249 million households). This represented an increase of 17.7% from 2001 (31.8% more in urban, and 12.3% more in rural India, compared to 2001; increase of women's share in urban India is steeper)[3].

I.2.2. Out of this, Scheduled Caste or SC population as per Census 2011 is 201 million (16.6% of total population, up from 16.2% in 2001 showing a decadal growth rate of 20.8%), with around 47.5 million SCs residing in India's urban centres by 2011. In terms of number of households, SCs added up to 41.7 million households.

I.2.3. SCs constitute 18.5% of rural India's total population and 12.6% of urban India's population in 2011. What is noteworthy is that the SC population in urban India showed a remarkable increase of 41.3% between 2001 and 2011, with rural India exhibiting 15.7% decadal change, which is closer to the decadal change in the general population itself in rural India[4]. States like Maharashtra, Haryana, Kerala, Tripura and Sikkim are showing significantly high urbanization of SC population, compared to 2001. It is often noted that urbanization blurs caste identities to a little extent, liberating dalits from caste based oppression.

I.2.4. The largest proportions in terms of percentage of SC population to total population in 2011 are in Punjab (31.9%), Himachal Pradesh (25.2%), West Bengal (23.5%), Uttar Pradesh (20.7%) and Haryana (20.2%). This corresponds with 2001 Census findings too. Within dalits, 20.5% are from Uttar Pradesh as per Census 2011, followed by West Bengal (10.7%), Bihar (8.2%), Tamil Nadu (7.2%), Andhra Pradesh (6.9%), Maharashtra (6.6%) and Rajasthan (6.1%).

I.2.5. Dalit women constituted about 16.6 percent of India's female population in 2011 (Census 2011) adding up to 100 million dalit women and were 49.96% of total dalit population. The share of the female scheduled caste population varies from close to 1 per cent in Goa to 15 percent in Punjab.

As per Census 2011, while 10.9% of all households in India are 'female headed' (27 million households with 49 lakh single member female headed households and three fourths of these female-headed households located in rural India), it is higher amongst SCs, at 11.3% of all SC households (10.6% in Rural, and 13.4% in Urban).

I.2.a. SEX RATIO

I.2.a.i. In terms of overall sex ratio, at the all-India level, the general population sex ratio in 2011 was 943, with 949 in Rural India and 929 in Urban India (and witnessed a 10 points' change compared to 2001 which had a general sex ratio of 933, both urban and rural). Amongst SCs, it is marginally better at 945, with urban SC sex ratio at 946 and rural at 945 (the improvement compared to 2001 when it comes to overall SC sex ratio, rural and urban, is 9 points only). Urban SC sex ratio has shown a noteworthy improvement from 923 in 2001 to 946 in 2011. However, states like Haryana, Jammu & Kashmir, Uttar Pradesh etc., are to be flagged for their

low SC sex ratio, while states like Andhra Pradesh, Goa, Kerala, Tamil Nadu and Pondicherry have a favorable sex ratio of more than 1000 females per 1000 males[5].

I.2.a.ii. When it comes to Child Sex Ratio, at the all India level, it was 919 in 2011, with 923 rural and 905 urban (a decline compared to 2001 which was at 927 overall, with 934 rural and 906 urban). Coming to SCs, it is 933 in 2011, down from 938 in 2001[6]. Within this, SC rural child sex ratio is 936, down from 941 in 2001 (while it is still better than the total population CSR, the decline from 2001 is worth noting). Similarly, it declined by 2 points in urban India too, with 2011 Census showing that SC CSR in urban areas is down to 922 from 924.

Indicator	Sex Ratio		Child Sex Ratio	
	2001	2011	2001	2011
Total Population	933	943	927	919
Rural	946	949	934	923
Urban	900	929	907	905
SC Population	936	945	938	933
Rural SCs	939	945	941	936
Urban SCs	923	946	924	922

Source: Census 2011

I.2.a.iii. Sex ratio (not child sex ratio) amongst dalits was above 1000 and encouraging in Tamil Nadu, Andhra Pradesh, Goa, Puducherry and Kerala whereas it was very low in Mizoram, Dadra & Nagar Haveli, Chandigarh, Haryana and NCT of Delhi. Interestingly enough, when it comes to Child Sex Ratio however, Mizoram figures on top of the list at 1161, followed by Goa, Jharkhand, Sikkim and Puducherry. The bottom 5 states of adverse dalit CSR are Jammu & Kashmir, Haryana, Chandigarh, Punjab and NCT of Delhi.

I.3. LITERACY & EDUCATION

Literacy among SCs and all Social Groups, over the decades

Year	SCs			All Social Groups		
	Male	Female	Total	Male	Female	Total
1961	16.96	3.29	10.27	40.40	15.35	28.30
1971	22.36	6.44	14.67	45.96	21.97	34.45
1981	31.12	10.93	21.38	56.38	29.76	43.57

1991	49.91	23.76	37.41	64.13	39.29	52.21
2001	66.64	41.9	54.69	75.26	53.67	64.84
2011	75.17	56.46	66.07	80.89	64.64	72.99

Source: Registrar General of India, reproduced on Page 164, Table-2.1, Statistical Profile of Scheduled Tribes in India 2013, Ministry of Tribal Affairs, Govt of India

Effective Literacy Rate

Indicator	Effective Literacy Rate		Decadal Change
	2001	2011	
Total Population (Men & Women)	64.8	73	8.2
Rural Population (Men & Women)	58.7	67.8	9.1
Urban Population (Men & Women)	79.9	84.1	4.2
Total Scheduled Castes (Men & Women)	54.7	66.1	**11.4**
Rural SCs (Men & Women)	51.2	62.8	**11.6**
Urban SCs (Men & Women)	68.1	76.2	8.1
Total Population, Male	75.3	80.9	5.6
Rural Population, Male	70.7	77.2	6.5
Urban Population, Male	86.3	88.8	2.5
Total SC Population, Male	66.6	75.2	**8.6**
SC Rural Population, Male	63.7	72.6	**8.9**
SC Urban Population, Male	77.9	83.3	5.4
Total Population, Female	53.7	64.6	**10.9**
Rural Population, Female	46.1	57.9	**11.8**
Urban Population, Female	72.9	79.1	6.2
Total SC Population, Female	41.9	56.5	**14.6**
SC Rural Population, Female	37.8	52.6	**14.8**
SC Urban Population, Female	57.5	68.6	11.1

Source: Primary Census Abstract, 2011

1.3.1. Effective literacy rate amongst all dalits was 66.1 in 2011, compared to 54.7 in 2001. In Rural India, it moved up from 51.2 in 2001 to 62.8 in 2011 and in urban India, from 68.1 to 76.2. The corresponding figures for total population show a slower trend, compared to dalits'. From the above tables, it can be clearly seen that SCs, particularly females in rural India, have made remarkable strides in terms of the decadal changes seen in literacy between 2001 and 2011. In terms of gender gap in literacy rate, while at the total population level it remained at 16.3 in 2011

(rural 19.3 and urban 9.7), when it comes to dalits, urban gender gap still remained quite high (overall gender gap in SCs was 18.7, with rural being 20 and urban being 14.7). This is something worth noting, given the rapid urbanization of dalit population in India. The picture with regard to GER for elementary stage of education is given below for dalit boys and girls.

Gross Enrolment Ratios (GER) for Elementary stage (I-VIII)

Year	Scheduled Caste			Total Population		
	Boys	Girls	Total	Boys	Girls	Total
1990-1991	100.6	63.5	82.5	90.3	65.9	78.6
1995-1996	109	78.5	94.3	86.9	69.4	78.5
1999-2000	97.6	75.3	86.8	90.1	72	81.3
2000-2001	97.3	75.5	86.8	90.3	72.4	81.6
2001-2002	95.7	74.6	85.6	90.7	73.6	82.4
2002-2003	87.1	74.4	81.1	85.4	79.3	82.5
2003-2004	89	77.2	83.4	87.9	81.4	84.8
2004-2005	106.5	90.3	98.8	96.9	89.9	93.5
2005-2006	109.5	93.7	102	98.5	91	94.9
2006-2007	113.5	97.8	106	100.4	93.5	97.1
2007-2008	114.4	98.7	106.8	102.4	98.3	100.5
2009-2010	113.88	112.98	113.45	103.7	101.1	102.5
2010-2011	117.3	116.9	117.1	104.9	103.7	104.3

Source: Statistics of School Education, Ministry of Human Resources Development, GoI 2006-07 and Abstract of Statistics of School Education 2007-08, 2009-10, 2010-11 reproduced on Page 175, Table-2.9, Statistical Profile of Scheduled Tribes in India 2013, Ministry of Tribal Affairs, Govt of India

I.3.2. While discussing education status of a given social group, it is also important to discuss dropout rates. The following is the picture for dalit boys and girls regarding the same.

Dropout Rates of All Categories, SC Students, Boys and Girls (1990-91 to 2010-11)

Year	Sex	Classes I to V		Classes I to VIII		Classes I to X	
		All	SC	All	SC	All	SC
1990-91	Boys	40.1	46.3	59.1	64.3	67.5	74.3
	Girls	46	54	65.1	73.2	76.9	83.4
	Total	**42.6**	**49.4**	**60.9**	**67.8**	**71.3**	**77.7**
1996-97	Boys	39.7	41	54.3	61.9	67.3	75.5
	Girls	40.9	45.2	59.5	68.3	73.7	81

	Total	**40.2**	**42.7**	**56.5**	**64.5**	**70**	**77.6**
2001-02	Boys	38.4	43.7	52.9	58.6	64.2	71.1
	Girls	39.9	47.1	56.9	63.6	68.6	74.9
	Total	**39**	**45.2**	**54.6**	**60.7**	**66**	**72.7**
2005-06	Boys	28.7	32.1	48.7	53.7	60.1	68.1
	Girls	21.8	33.8	49	57.1	63.6	73.8
	Total	**25.7**	**32.9**	**48.8**	**55.2**	**61.6**	**70.6**
2006-07	Boys	24.6	32.3	46.4	51.6	58.6	66.6
	Girls	26.8	39.9	45.2	55	61.5	72.2.
	Total	**25.6**	**35.9**	**45.9**	**53.1**	**59.9**	**69**
2007-08	Boys	26.2	33.7	44.3	53.9	56.4	67.8
	Girls	24.8	29.5	41.4	51	57.3	68.6
	Total	**25.6**	**31.8**	**43**	**52.6**	**56.8**	**68.1**
2009-10	Boys	30.3	35.2	40.6	55.2	53.4	74.7
	Girls	27.3	33.7	44.4	60.6	52	75.9
	Total	**28.9**	**34.5**	**42.4**	**57.8**	**52.8**	**75.2**
2010-11	Boys	28.7	29.8	40.3	46.7	50.4	57.4
	Girls	25.1	23.1	41	39	47.9	54.1
	Total	**27**	**26**	**40.6**	**43.3**	**49.3**	**56**

Source: Statistics of School Education 2010-11, reproduced from Page 179, Table-2.13, Statistical Profile of Scheduled Tribes in India 2013, Ministry of Tribal Affairs, Govt of India

There is a large number of school-going children in India who never complete their schooling and drop out midway. Amongst those who drop out, a higher proportion is of Dalit girl students. The drop-out rates — 56% for Dalit as compared to 49.3% for non-SC — are relatively high for Dalit women at each stage of education (MHRD-2010). One can gauge the disparity that exists through the enrolment figures for higher education. In 2007-08, while 15.2% women on the whole got into higher education, the enrolment figure for Dalit women was as low as 9.5% as compared to 16.6% for non-SC/ST women.

Education Level of Population

	Dalit				Non-Dalit			
Education level	Female	%	Male	%	Femal e	%	Male	%
Not literate	499	34.11	260	15.74	164	32.54	92	16.28
Studied at home	91	6.22	65	3.93	51	10.12	29	5.13

Primary	348	23.79	469	28.39	90	17.86	140	24.78
Secondary	215	14.70	306	18.52	79	15.67	124	21.95
Higher secondary	165	11.28	235	14.23	61	12.10	96	16.99
Graduate	89	6.08	179	10.84	34	6.75	57	10.09
Post graduate	30	2.05	76	4.60	17	3.37	17	3.01
MPhil /Phd	14	0.96	31	1.88	4	0.79	3	0.53
Nurse/doctor/engineer	12	0.82	31	1.88	4	0.79	7	1.24
Total	1463	100.00	1652	100.00	504	100.00	565	100.00
Children below 6 years who've been excluded from this analysis	114		107		43		47	

Source: Dalit Women and Resources: Accessing government schemes. A Ministry of Women and Child Development-commissioned study, 2013. Table 10, Education Level of Population. Pp102

More on Education of dalit girls and women is covered in the Education section of this report.

I.4. DALIT WOMEN IN THE ECONOMIC EMPOWERMENT SPHERE

I.4.1. Greater levels of poverty than the general population's and other communities' is a persistent feature when it comes to economic conditions of dalits in the country. Assetlessness of SCs in a deeply embedded system of caste-based discrimination and injustice is well established. In rural India, this applies to land ownership, housing and so on and this is reflecting in data captured by NSSO, Census, agriculture census etc. In the contemporary context, this could be related to regular salaried employment in the formal sector, financial inclusion, savings etc. commensurate with the SC population, despite affirmative action.

I.4.2. Discrimination, including untouchability and restrictions imposed on occupational mobility do play a role here in denying opportunities, in addition to the fact that educational attainment is lower than the general population with many first and second generation educated persons emerging in these communities only now. While this is the case with the entire community, the additional disadvantage of dalit women can be well imagined.

I.4.3. Poverty: The controversial Tendulkar methodology for poverty assessment when it came up with poverty ratios for different social groups put Scheduled Castes in rural India at 42.3%,

right behind Scheduled Tribes in terms of poverty (47.4%), while it was 33.8% for all groups. In urban areas, it was the highest for SCs at 34.1%, followed by STs (30.4%) as against 20.9% for all classes. It computed that in rural Bihar and Chattisgarh, nearly two thirds of SCs and STs are poor, whereas in states like Manipur, Odisha and Uttar Pradesh, the poverty ratio for these groups is more than half[7]. No estimates are drawn out for women separately caste group wise, apart from some estimates of poverty ratios for female headed households (pegged at 29.4% in rural areas and 22.1% for urban areas against an overall poverty ratio of 20.9% in urban areas). Decades earlier, in 1993-94, Government of India put the figure at 49.04% (people below poverty line) for rural SCs and 42.35% for urban SCs. The corresponding figures for 'others' were 32.96% and 23.91% and at the all-India level, it was 38.46% in rural households and 26.89% for urban households[8]. Some scholars have presented analysis that poverty rates have declined particularly sharply among Scheduled Castes between 1993-94 and 2011-12, with the gap between these rates and those associated with the general population narrowing considerably[9]. The following figures present the poverty rates across social groups in 2009-10:

Poverty Rates Across Social Groups: All India (2009-10)

	% of Poor SCs	% of Poor Others	% of Poor All
India (Rural)	29.6	17.5	21.9
India (Urban)	32.8	18.2	20.8
Overall	30.3	17.7	21.6

Source: Amaresh Dubey and Sukhadeo Thorat's "Has growth been socially inclusive during 1993-94 – 2009-10?", Economic and Political Weekly, Vol. XLVII No. 10, March 10th 2012

I.4.3.1. Some analysts have shown that differences in educational attainments explain a large percent of poverty incidence gap for SCs and other non-scheduled households; further, it is also argued that social constraints to occupational diversification because of the caste system, rather than returns to occupational structure, explains much of the poverty incidence gap. It is seen that households that are larger, where the head of the household is not literature, is an agriculture labourer, is younger in age and possess a smaller amount of land are more likely to be in poverty[10].

I.4.3.2. Village level studies show that dalit households are under-represented in top income quintiles[11]. Per capita monthly expenditure amongst dalits is lower than among others in rural

India, with SC households accounting for a less than proportionate share of total consumption expenditure[12]. Theoretical as well as empirical evidence exists on the discrimination that dalit households experience on the economic attainment front, compared to other caste and social groups[13]. Analysis of poverty in the context of caste-based discrimination in terms of average household incomes, probabilities of being in different income percentiles, showed that at least one third of the average income/probability differences between caste Hindu and SC/ST households was due to the "unequal treatment" of the latter[14]. Analyses of this kind however did not capture the situation with dalit women specifically.

I.4.4. Work Participation and Employment: The following is the picture with regard to Work Participation Rates as captured in Census 2011. The WPR for SC workers in general (men and women) was found to be high in Mizoram, Himachal Pradesh, Andhra Pradesh, Tamil Nadu and Sikkim and lowest in Delhi, Daman & Diu, Uttar Pradesh, Jammu & Kashmir and Haryana. The latter states also have a high proportion of SCs and this is a matter of concern.

Work Participation Rates, 2001 and 2011

Indicator	Work Participation Rate		Decadal change
	2001	2011	
Total population, Persons	39.1	39.8	0.7
Rural population, persons	41.7	41.8	0.1
Urban population, persons	32.3	35.2	2.9
Scheduled Caste Total, Persons	40.4	40.9	0.5
Rural SCs, persons	42.5	42.4	-0.1
Urban SCs, persons	32.1	35.9	3.8
Total population, Males	51.7	53.3	1.6
Rural population, males	52.1	53	0.9
Urban population, males	50.6	53.8	3.2
Scheduled Caste Males	50.7	52.8	2.1
Rural SCs, Males	51.6	52.9	1.3
Urban SCs, Males	47.4	52.4	5
Total population, Females	25.6	25.5	-0.1
Rural population, females	30.8	30	-0.8

Urban population, females	11.9	15.4	3.5
Scheduled Caste females	29.4	28.3	-1.1
Rural SCs, females	32.9	31.3	-1.6
Urban SCs, females	15.6	18.5	2.9

Source: Primary Census Abstract, 2011

I.4.4.1. Work participation rates as per Census 2011 were 28.3 for SC women (down from 29.4 in 2001 and against 25.5 for total female population may be reflecting the greater need for women to work given the poverty status) and 52.8 for SC men (up from 50.7 in 2001 and as against 53.3, for total male population). Generally amongst dalits, both in rural and urban areas, it is seen that percentage of marginal workers to total workers is higher than in the case of general population.

I.4.4.2. Coming to WPR for Females among Scheduled Castes, the above table clearly shows that while WPR for rural females in general has declined marginally, and also for rural dalits in general, it is a distinctly higher decline for rural dalit women. However, their WPR has increased in urban areas. Even so, it is lesser than urban dalit men, as well as urban women's in the total population.

I.4.4.3. It is noteworthy that apart from the North Eastern States which in 2001 also had WPRs less than 20, more states got added to this category (WPR equal to or below 20): Uttar Pradesh, Haryana, Punjab and Jammu & Kashmir joined the ranks, which is a worsening of the situation, compared to 2001. While Madhya Pradesh posted a decline in 2011 WPRs of SC women compared to 2001, Rajasthan showed an improvement.

I.4.4.4. Apart from Agriculture, Census data also captures numbers of workers in household industry. SC workers' numbers here are similar to those in total population. Compared to 2001, the proportion of dalits in household industry work came down in states like Madhya Pradesh, Odisha, Gujarat, Tamil nadu, Chattisgarh, Rajasthan, Uttarakhand, Jharkhand etc. The "Other Workers" category in the Census parlance has a large chunk of SC workers absorbed. While this is still lesser than the total population's (41.6%), amongst dalits, it is 36.1%.

Proportion of different categories of workers among total (main and marginal) workers, by caste, Male and Female, rural India, 2001 and 2011 per cent

	Cultivators		Agricultural Labourers		Workers in household enterprises		Other workers	
	2001	2011	2001	2011	2001	2011	2001	2011
Rural Male								
Scheduled Castes	25.6	19.7	46.5	50.8	3.0	2.3	25.0	27.2
Others (other than SC/ST)	44.7	38.3	22.1	29.1	3.3	2.9	29.9	29.8
Rural Female								
Scheduled Castes	19.9	15.5	61.8	63.0	5.1	4.4	13.1	17.1
Others (other than SC/ST)	40.8	32.2	36.7	42.2	6.4	5.9	16.2	19.7

Source: Brinda Karat and Vikas Rawal (2014): "Scheduled Tribe Households: A Note on Issues of Livelihood." Review of Agrarian Studies. Journal 4, No. 1. p141

I.4.4.5. What is striking is the data on Agricultural Labourers amongst dalits and others. Noteworthy is also the difference between SC males and females in this sphere of work. A high concentration of 63% of dalit female workers is in the category of agricultural labourers, with only 15.5% being cultivators. The corresponding figures for other rural women (non-SC/ST) is 42.2% as agricultural labourers (up from 2001 figures) and 32.2% as cultivators. Tamil Nadu, Madhya Pradesh, Uttar Pradesh, Chattisgarh, Rajasthan, Punjab etc., showed an increase in percentage of agricultural workers to total workers amongst scheduled castes in 2011, compared to 2001. In urban areas, majority of SC women were employed in the category of "other workers".

I.4.4.6. The other source of information on employment and work is NSSO. Here, we present trends related to work participation of SCs over the past few rounds of NSSO surveys.

Worker Population Ratio, Dalit Households – Usual Status (PS+SS)

	1993-94		1999-00		2004-05		2009-10		2011-12	
	SCs	All	SCs	All	SCs	All	SCs	All	SCs	All
Rural Male	554	553	531	531	545	546	548	547	539	543
Rural Female	355	328	325	297	333	327	269	261	262	248
Urban Male	505	521	503	518	537	549	550	543	545	546
Urban Female	199	155	185	139	200	166	178	138	172	147

Source: compiled from different NSSO rounds

Rural India & Distribution of SC households by Type of Work

	1993-94		1999-00		2004-05		2009-10		2011-12	
	SCs	All	SCs	All	SCs	All	SCs	All	SCs	All
SELF EMPLOYED	308	505	284	461	342	517	307	474	**337**	***498***
Self Employed in Agri	201	378	164	327	202	359	171	319	195	343
Self Employed,Non-Agri	107	127	120	134	141	158	137	155	142	155
CASUAL LABOUR	595	383	614	402	560	367	589	404	**526**	***345***
Agri Labour	493	303	514	322	405	258	369	256	314	210
Other Labour	102	80	100	80	154	109	221	148	212	135
OTHERS	97	112	102	137	98	116	103	122	**51**	***61***
Regular Wage/Salaried									**85**	***96***
ALL	*1000*	*1000*	*1000*	*1000*	*1000*	*1000*	1000	1000	1000	1000

Source: Compiled from different NSSO rounds

I.4.4.7. The above table on WPR, compiled from various rounds of NSSO shows that while for the rural dalit male, the WPR has not shown any steady trends, for the rural dalit woman, there has been a decline. For total rural women too, there has been a decline except for 2004-05 being

an aberration. For urban men, both total and dalit, there has been an improvement in WPR. The same cannot be said about urban women where a more uneven trend is visible.

I.4.4.8. Similarly, the distribution of households by type or nature of work in rural India over several rounds of NSSO surveys (not gender disaggregated, with the data presented at the household level and not individual level) shows that agriculture (whether self-employment or casual labour) is turning out to be less of relevance to SCs much more than it is for the total households. Non-agriculture is more rapidly increasing its share for dalit households. It should also be noted that casual labour is prevalent more, even as it is increasing its share amongst dalit households than in the total households. This could be related to NREGS works in rural India. It is seen that regular wages or salaried employment for dalits is higher in Manipur, Meghalaya, Puducherry, Himachal Pradesh, Punjab and Jammu & Kashmir, compared to other states in 2011-12. The highest proportion of self-employed within dalits in any given state is more in Mizoram, Assam, Nagaland, Sikkim and Manipur (north eastern states), followed somewhat distantly by states like Uttarakhand, Himachal Pradesh, Rajasthan, Odisha and Jharkhand. Within this, self-employed nature of work in Agriculture is high in Sikkim, Assam, Manipur, Rajasthan, Chattisgarh, Gujarat, Himachal Pradesh, Jharkhand, Uttar Pradesh and Odisha.

I.4.4.9. On the other hand, the highest casual labour based employment amongst dalits within a state are in Puducherry, Karnataka, Kerala, Tamil Nadu, Andhra Pradesh, Bihar, Maharashtra and West Bengal. This incidentally coincides with greater casual labour in agriculture amongst rural SCs as seen in Karnataka, Tamil Nadu, Andhra Pradesh, Maharashtra, Chattisgarh, Bihar etc. with the exception of Kerala. This also reflects in land holding possessed across different size class holdings amongst dalits in each state. Only 9.2% of all SC households possessed land more than 1 hectare in the 68th Round of NSSO survey. With the holdings size of dalits (59.6% households having only 0.005 to 0.40 hectares), and with data reported on land cultivated being even smaller in the same survey, it is remarkable that there are 19.5% households self-employed in agriculture.

Coming to MGNREGS and dalits, the following findings emerged from NSSO 68th Round:

Parameter studied	SCs	All	Remarks
No. of households having MGNREGS job card per 1000 households	500	384	Largest dalit household coverage is in Maizoram, Manipur, Sikkim, Pondicherry, Rajasthan, Tripura, Chattisgarh, Madhya Pradesh, West Bengal and Andhra Pradesh
No. of job cards per 1000 HHs which have MGNREGS cards	1177	1196	Apart from some NE states, Gujarat, Tamil Nadu, Karnataka and Maharashtra have higher number of cards per household
No. of HHs with Bank/ Post Office accounts, per 1000 HHs with MGNREGS card	855	861	Other than some NE states, Himachal Pradesh, Haryana, Kerala and Uttarakhand have largest linkage between cards and accounts
No. of **Males** of age 18 and above registered in MGNREGS per 1000 persons of age 18 years and above	366	281	More SCs being registered is not unexpected given the poverty focus of the scheme
No. who got work, from the above (Males)	551	505	These numbers are higher in Madhya Pradesh, Rajasthan, Andhra Pradesh and Chattisgarh
No. who sought work but did not get, from the above (Males)	219	202	While no definitive statement can be made on this aspect, it appears that even though job card possession-wise the overall population average is lower than SCs, the numbers who got work when sought for was higher which could be indicative of a caste-based disadvantage
No. of **Females** of age 18 and above registered in MGNREGS per 1000 persons of age 18 years and above	252	194	More SCs being registered is not unexpected given the poverty focus of the scheme
No. who got work, from the above (Females)	563	505	Numbers who obtained work through the scheme amongst dalit women are higher in Haryana, Tamil Nadu, Kerala, Uttar Pradesh, Andhra Pradesh and Assam
No. who sought work but did not get, from the above (Females)	181	168	While no definitive statement can be made on this aspect, it appears that even though job card possession-wise the overall population average is lower than SCs, the numbers who got work when sought for was higher which could be indicative of a caste-based disadvantage

1.4.4.10. While it is apparent that more dalit men and women benefited out of the scheme compared to the total population (the person days of employment provided to dalit households ranged from 22% to 31% of the total person-days generated in NREGS and land development works in dalit lands has been an important component in terms of works taken up), the data thrown up by the 68th Round of NSSO needs to be studied further to understand discriminatory components, if any.

The 28th Report of the Committee on the Welfare of Scheduled Castes and Scheduled Tribes (2013-14, in 15th Lok Sabha) was on "Examination of Mahatma Gandhi National Rural Employment Guarantee Act with particular reference to Scheduled Castes and Scheduled Tribes" (Aug.2013). This report recommended that SCs/STs should be given priority employment of 150 days, guaranteed per household, given that they are "poorer of the poor".

I.4.5. Wage Differentials: In terms of wage differentials between male and female workers aged 15 years and above in rural households, the following is the picture.

Daily earnings in agricultural and non-agricultural occupations, male and female workers aged 15 years and above, rural labour households, in rupees, at current prices

	Agricultural occupations			**Non-agricultural occupations**		
	1999-2000	2004-05	2009-10	1999-2000	2004-05	2009-10
Men						
Scheduled Tribes	33	42	73	54	55	111
Scheduled Castes	42	49	88	61	72	120
Other Backward Classes	41	50	89	67	81	136
All	41	48	87	65	75	129
Women						
Scheduled Tribes	26	32	60	34	43	81
Scheduled Castes	30	35	66	37	44	85
Other Backward Classes	28	34	65	87	41	86
All	29	34	65	56	43	85

Source: Table 10 as given in Brinda Karat and Vikas Rawal (2014): Scheduled Tribe Households – A note on issues of livelihoods. Review of Agrarian Studies. Journal 4 (1). pp146

I.4.5.1. It can be seen that the wage differential between men and women amongst dalits is significant and has been higher in non-agricultural occupations over the years. However, while wages of dalit women are very marginally higher in agricultural occupations, in non-agricultural operations, non-dalit women used to earn better. This gap has decreased however in the recent past.

I.4.6. Dalit Women and Work Sphere in Urban India

Urban India and Distribution of Dalit households by Type/Nature of Work

	1993-94		1999-00		2004-05		2009-10		2011-12	
	SCs	All	SCs	All	SCs	All	SCs	All	SCs	All
SELF EMPLOYED	*249*	*337*	273	344	294	375	262	347	268	353
REGULAR WAGE/SALARIED	392	434	376	417	411	413	394	397	440	417
CASUAL LABOUR	*276*	*132*	265	140	218	118	251	134	205	118
OTHERS	*83*	*97*	85	97	77	94	92	121	86	112
ALL	*1000*	*1000*	*1000*	*1000*	*1000*	*1000*	1000	1000	1000	1000

Source: Compiled from various rounds of NSSO reports

I.4.6.1. In urban India, a reverse trend is seen – more dalit households are moving ahead on regular wage/salaried employment than the total population. On the casual labour front, not as many are employed on this basis amongst dalits as they used to be one decade ago in urban India. However, states like Kerala, Arunachal Pradesh, Jharkhand and Haryana have large numbers of dalits in the urban casual labour category in the latest round of NSSO (2011-12).

I.4.6.2. Studies indicate that dalit women face new forms of urban exclusion, and given a lack of networks in cities like Mumbai, end up becoming the most marginalized and excluded category. It is seen that social factors continue to play a significant role in cities. Hidden behind the

migration figures are often stories of neglected gender dimensions of 'development', displacement and resettlement ("involuntary resettlement"). While rural to urban resettlement is one aspect, slum displacement and resettlement projects within cities are another emerging dimension. The transit camps and resettlement colonies where vast numbers of dalits end up are marked by lack of access to civic amenities of various kinds, even as housing rights are secured to an extent. *"The lives of these dalit women is marked by experiencing and negotiating discrimination, humiliation and exclusion in such a distressed neighbourhood that endlessly produces a multitude of hierarchies both vertical and horizontal and suggest these struggles are ongoing in megacities*" concludes one recent study from Mumbai[15].

I.4.6.3. A paper that analyses the wage gap between higher castes and the scheduled castes/tribes in the regular salaried urban labour market using the findings of NSS data concluded that discrimination causes 15 per cent lower wages for SC/STs as compared to equally qualified others; that SC/ST workers are discriminated against both in the public and private sectors but the discrimination effect is much larger in the private sector and that discrimination accounts for a large part of the gross earnings difference, with occupational discrimination (unequal access to jobs) being considerably more important than wage discrimination. Further this paper concluded that the endowment difference is larger than the discrimination component, and this is the case more so with women[16].

I.4.6.4. What is important to note is that dalit women face discrimination and exclusion from certain categories of employment. The 61st NSSO data indicates that out of the total women employed as cooks, waiters etc., around 13% belong to dalit social group as compared to a higher proportion of 33% for others.

I.4.6.5. There is also a wage discrimination practised between SC women and men, as well as SC women and all other women[17]. It should also be noted that in the number of self employed rural workers amongst dalit women, there is a large chunk of unpaid workers (as in the case of other women too) – this was 63.9% in 2009-10, and is most probably because of these women working on the land owned by their spouses.

I.4.6.6. A large number of dalit women are from, and engaged in so-called unclean occupations, which are considered inferior in nature. This association with such occupations is often construed as the reason for these women facing discrimination in social relations as well – the discrimination is more deeply embedded than this stated reason, of course. A woman belonging to communities that have been hitherto relegated to cleaning jobs finds it very difficult to get employment as a cook or other household jobs and suffers from exclusion when it comes to better jobs[18]. Data indicates that dalit women's economic deprivation is due to lack of access to income-earning assets, land or capital, low literacy levels leading to higher dependence on manual labour, lower wages and high unemployment rates in addition to a large prevalence of discrimination and exclusion in numerous forms. A higher proportion of Dalit women depend on wage employment for their income as compared to the rest of the women.

I.4.6.7. When it comes to women migrant workers amongst dalits, it is seen that 41.8% of them are into short term and circulatory migration, as opposed to 17.81% amongst general castes.

I.4.7. Landholdings:

I.4.7.1. Imbalances in ownership of productive assets, especially land in the agrarian context, make rural Dalit women economically most vulnerable. There are gender inequalities in access to land within the group, with more Dalit men cultivating land than Dalit women. There are caste inequalities between the access to land of Dalit and non-Dalit women and the difference is substantial.

All India number and area of operational holding by size class

Size in class (ha.)	Social group	No. of operational holding			Area operated		
		Individual	Joint	Total	Individual	Joint	Total
Marginal	SC women	1540 (80.79%)	151 (78%)	1691 (80.56%)	526 (41.15%)	56 (36%)	582 (40.69%)
	SC Men	9920 (77.2%)	1636 (75.81 %)	11556 (77.04%)	3682 (35.87%)	603 (29.74%)	4285 (34.86%)
	SC Total	11461 (77.70%)	1786 (76%)	13247 (77.47%)	4208 (36.45%)	659 (30.24%)	4867 (35.47%)

	All Women	11554 (72.29%)	1102 (64.74 %)	12656 (71.57%)	4118 (28.77%)	431 (19.61%)	4549 (27.55%)
Small	SC Women	252 (13.21%)	25 (13%)	277 (13.19%)	347 (27.15%)	35 (23%)	382 (26.71%)
	SC Men	1885 (14.67%)	302 (13.99 %)	2187 (14.58%)	2658 (25.89%)	416 (20.5%)	3074 (25.01%)
	SC Total	2137 (14.48%)	327 (13.91 %)	2464 (14.41%)	3005 (26.03%)	450 (20.65%)	3455 (25.18%)
	All Women	2714 (16.98%)	296 (17.39 %)	3010 (17.03%)	3800 (26.54%)	419 (19.07%)	4218 (25.54%)
Semi medium	SC Women	88 (4.61%)	12 (6%)	100 (4.7%)	229 (17.91%)	31 (20.4%)	260 (18.18%)
	SC Men	759 (5.91%)	147 (68.11 %)	905 (6.03%)	2019 (19.67%)	398 (19.63%)	2417 (19.66%)
	SC Total	847 (5.74%)	158 (6.72%)	1005 (5.87%)	2248 (19.47%)	430 (19.73%)	2678 (19.51%)
	All Women	1256 (7.85%)	195 (11.45 %)	1451 (8.20%)	3323 (23.21%)	541 (24.62%)	3864 (23.40%)
Medium	SC women	23 (1.20%)	4 (2.08%)	27 (1.28%)	131 (10.25%)	22 (14%)	153 (10.69%)
	SC Men	245 (1.90%)	59 (2.73%)	303 (2.02%)	1388 (13.52%)	344 (16.97%)	1732 (14%)
	SC Total	268 (1.81%)	63 (2.68%)	330 (1.92%)	1519 (13.16%)	366 (16.79%)	1885 (13.73%)
	All Women	406 (2.54%)	93 (5.46%)	499 (2.82%)	2292 (16.01%)	541 (24.63%)	2834 (17.16%)
Large	SC Women	3 (0.15%)	1 (0.52%)	3 (0.1%)	45 (3.52%)	9 (5.9%)	54 (3.7%)
	SC Men	34 (0.26%)	15 (0.69%)	49 (0.32%)	517 (5.03%)	265 (13.07%)	782 (6.36%)
	SC Total	37 (0.25%)	15 (0.63%)	52 (0.3%)	563 (4.87%)	273 (12.52%)	836 (6.09%)

	All Women	50 (0.31%)	16 (0.94 %)	66 (0.37%)	780 (5.44%)	265 (12.06%)	1045 (6.32%)
All class	SC Women	1907 (100%)	192 (100%)	2099 (100%)	1278 (100%)	152 (100%)	1430 (100%)
	SC Men	12842 (100%)	2158 (100%)	15000 (100%)	10264 (100%)	2027 (100%)	12291 (100%)
	SC Total	14749 (100%)	2350 (100%)	17099 (100%)	11542 (100%)	2179 (100%)	13721 (100%)
	All women	15981 (100%)	1702 (100%)	17683 (100%)	14313 (100%)	2197 (100%)	1430 (100%)

Source: Compiled from Agriculture Census 2010-2011, Government of India

I.4.7.2. In terms of operational landholdings, the average female operated area size is 0.81 Ha, whereas it is 1.16 Ha for men and women together. SC female operated area is only 0.68 Ha on an average, per holding (while the average SC male operated size is 0.81 Ha). Within female operational holdings, 10.8% belonged to SC women. In the overall landholdings, 12.4% belonged to SCs (SC men and women together), showing that SC women are worse off than their male counterparts within dalits, as well as other women. Female SC landholdings cover 10.4% of the area operated by SCs. When it comes to area, while operated area by SCs is 8.6% of the total operated area, the area operated by SC women is also 8.6% within the female operated area. The intense concentration of SC women landholdings in the marginal category is apparent from the table above.

I.4.8. Financial Inclusion: While the above is the picture with landholdings, the following is the picture with regard to an aspect of financial inclusion of dalit households. This is however not gender disaggregated.

Percentage Of Households Availing Banking Services: 2011

SOCIAL GROUPS	URBAN	RURAL	TOTAL
SC	55.9	49.2	50.9
ST	58.8	42.8	45.0
GENERAL	70.3	58.0	62.4
TOTAL	67.8	54.4	58.7

Source: Census 2011, reproduced from G6.10, Statistical Profile of Scheduled Tribes of India 2013. Ministry of Tribal Affairs. Pp.83

I.4.9. Scholars have shown that through its emphasis on family status, caste plays a pivotal role in undermining the autonomy of women – the ratio of women's market work to men's declines as one moves up the caste hierarchy; this ratio falls as family wealth rises and the decline is steeper for the higher castes. This is a case of women being used for "status production" where affluence and education induce women to curtail market work and reallocate their time towards status production (home-based respectability/purity status). Within dalits, research has shown that mimicking this upper caste behavior might not be as strong as thought earlier (weak evidence of 'sanskritisation'), giving greater autonomy to women[19].

I.5. HEALTH STATUS OF DALIT WOMEN IN INDIA

I.5.1. The persistent and pervasive discrimination against dalit women has its effect on health outcomes too. According to the 2005-06 National Family and Health Survey (NFHS), about 58.3% of dalit women suffered from anaemia compared to 51.3% non-SC/ST women. Malnutrition of the mother impacts the health and nutritional status of the children, expectably. 21% of dalit children under the age of 4 suffered from malnutrition compared to 13.8% from all other groups.

I.5.2. Nearly 72% of the Dalit children suffer from anaemia as opposed to 63.8% from all other groups. High levels of malnutrition among Dalits result in higher morbidity and mortality. In 2005-06, the infant mortality rate among Dalits was 66.4 per thousand live births. This was much higher than the 49 per thousand live births for other categories of women. Dalit women face discrimination at public health institutions during the administration of medicines as well as during diagnosis. Health care-workers are often from a 'higher caste' and visit Dalit houses less frequently. They even avoid touching the Dalit children during weighing and immunization, which results in humiliation and affects dignity. Lack of transport at the time of birth to reach the health facility as compared to the rest of the women leaves Dalit women extremely vulnerable.

I.5.3. As per NFHS-3 (2005-06) total fertility rate was 3.1 for scheduled tribes and 2.9 for scheduled castes while the total average rate at the national level is 2.7. The proportion of women aged 15-19 who have begun childbearing is higher among scheduled castes (20%) than

women who do not belong to SC/ST/OBC communities (12%). Contraceptive prevalence amongst scheduled caste women is however high at 55% and the rate across social groups at the national level was 56%. In terms of institutional deliveries, at the all-India level, 38.7% women went in for institutional deliveries (up from 33.6% in 1999-2000) – a lower proportion of dalit women gave birth in a health facility however. 32.9% SC women gave birth in a health facility as compared to 51 per cent "Other" women. When it comes to births attended by skilled health personnel, it is seen that the disparity gap between SC women and "Others" increased between 1999-2000 and 2005-06.

1.5.4. According to the *Morbidity and Health Care Survey*, 2004, NSSO, of the total death reported in the preceding year of the survey that is 1,716 deaths, 9.1 percent were *Adivasis*, 17.6 percent were *Dalits*, and 12 percent were Muslim, and 21.3 were Hindus. By contrast, *Adivasis*, *Dalits*, and Hindus comprised 7.9, 16.9, and 23.6 percent, respectively, of the total of the 383,288, persons in the M&HC-NSS sample. Thus, in respect of *Adivasis* and *Dalits*, there was a difference between their proportionate presence in the number of deaths and their proportionate presence in the sample[20]. Citing NSSO 60th Round data (health file), the same report indicates that in terms of gender, the average age at death of *Dalit* women, at 39.5 years, was nearly fifteen years less than that for Non-SC/ST women. The average age of death of dalit men was 43.6 years, which was also nearly eleven years less than that for forward caste hindu men but higher than that of dalit women. Studies tried to analyse this difference in longevity as measured by 'age at death'[21]. It is understood that dalit women might be more likely to be at risk to mortality-inducing factors than higher caste women (living in rural areas, in houses with poor sanitation and with limited access to safe drinking water) and even if the risk is the same, dalit women are more likely to die younger because of differences in the response to such mortality-inducing factors (literacy, stress, nutrition etc.).

Proportion of households with treated tap water within premises, and access to electricity and a toilet, by caste, rural and urban, India, 2011 in per cent

	Scheduled Tribes	Scheduled Castes	Others	All
Rural	1.2	3.5	6.0	4.9
Urban	33.1	33.5	48.0	45.3
Total	5.6	11.2	21.1	17.8

Source: Census 2011

1.5.5. It has been documented that discrimination against dalit women exists in terms of sources of drinking water. Further, in mid-day meal scheme in schools as well as the public distribution system too, such discrimination has been noted.

1.5.6. When it comes to nutritional status, the largest percentage of women whose height is below 145 cms is amongst scheduled castes (at 15%, while it is 11.4% for the total population, or 8.9 for "Other" women). Further, as per BMI, 18.5% of dalit women aged between 15 and 49 years are classified as moderately or severely thin, as compared to 15.8% for the total population, and 13.1% for "Other" women. In general, it is seen that women and men from scheduled castes have relatively poor diets compared with those in the 'other' category (NFHS-3).

1.5.7. Within dalits, dalit boys are more likely than girls to have received all vaccinations. Vitamin A doses are more likely to be given to boys than girls[22].

1.5.8. Dalit women face discrimination at public health institutions in terms of information, during treatment as well as diagnosis. Healthcare workers are often from other castes and are recorded to visit dalit houses less frequently. They even avoid touching the dalit children during weighing and immunization; lack of transport at the time of birth leaves dalit women extremely vulnerable compared to the women in the general population. It is seen that dalit women have low access to maternal healthcare as NSS 60th Round and the NFHS-3 data show. Only 33% of the births to the SC women took place in medical institutions. While 15% higher caste women did not receive prenatal care, such care was not received by 26 percent dalit women. Similarly, as compared to 27 percent higher caste women who did not receive post natal care, such care was not received by 37 percent dalit women. It is seen that even after controlling for income, education, religion, age, place of residence, occupation etc., the social group to which women belonged had a significant effect on their probabilities to receive such maternal healthcare[23]. Humiliation/discrimination while accessing basic services which are the rights of dalit women (as much as other women, and as much as men) is the norm reported nearly everywhere. Numerous forms of discrimination are experienced when it comes to healthcare services – health workers avoid visiting dalit neighborhoods; dalit women were not informed of the auxiliary mid-wife timings and village health and nutrition committee meetings; meetings conducted in higher caste neighborhoods restricted the participation of dalit women in these meetings; dalit women

reported that they received less post-natal check-ups and advice – several heathcare services that required physical contact between the medical professional and the patient were affected when it came to dalit women and children[24]. Studies on Mid-Day Meal Schemes show how there is denial of dalits being employed as cooks[25].

I.5.9. NFHS-3 (2005-06) of the Ministry of Health and Family Welfare reveals that after STs, it is dalit households who are least covered by a health scheme or health insurance (only 3.3% households, as against 31.9% amongst total households). Within this, Employee State Insurance coverage is the highest.

I.5.10. India's national health insurance programme (RSBY) has reduced out-of-pocket health care costs on inpatient treatment and reduced the dependence on debt for beneficiary households. A higher proportion of marginalised households (Scheduled Caste and Muslims), however, have incurred out-of-pocket expenditure on inpatient health care treatment, report limited awareness of the RSBY scheme (its benefits and processes), and perceive discriminatory behaviour during their healthcare treatment, than upper caste households. The findings suggest that greater attention must be given to addressing discrimination based on caste and religion in the design and delivery of RSBY[26].

I.6. DALIT WOMEN & POLITICAL PARTICIPATION

I.6.1. Political participation is generally recognized as a representative instrument towards achieving positive policy outcomes for each group. Data on the trends in participation at the national level of governance show that participation of women, Dalit women in particular, remains dismally low in India. Data on Lok Sabha from 1971-2004 reveals the dominance of Dalit men in the politics of this marginalised group as compared to Dalit women. The 14th Lok Sabha had a total of 75 MPs from the Dalit community, of which 65 were men and only 10 were women. There is slight improvement in the percentage share of the women parliamentarians from Dalit background although they continue to be under-represented[27]. They are under-represented when compared to non-SC/ST women, too. However, while there were 14.29% women amongst the dalit parliamentarians during the 15th Lok Sabha, there were only 9.71% women amongst non-dalit parliamentarians. In the election of the 15th Lok Sabha in 2009, for the

543 electoral constituencies a total of 8,070 candidates contested out of which 7,514 were men and 556 women from different social groups. From amongst these 556 women, only 57 got elected. Only 12 women out of these belonged to the scheduled caste.

I.6.2. It is generally observed that upper caste status and a higher educational status enable women to perform their role effectively. At the Panchayat Raj Institutions' level, dalit women are leaving their mark here and there, even as many of them are at a disadvantage in terms of their social exclusion, education status, gender etc. In Maharashtra, a case study of an illiterate SC woman sarpanch shows her performing her role confidently, and execute a number of projects concerning her own community. In Odisha and a few other states, it has been documented that high caste men did not like to work in a panchayat headed by an SC woman, which they considered below their dignity. On the other hand, in a state like Maharashtra it is seen that dalit men and women exercise full rights in their panchayats as members and sarpanches, being vocal and taking full advantage of various welfare schemes for themselves and for the village as a whole. In Uttar Pradesh, an instance exists of a SC woman sarpanch hitting a Rajput man, after being provoked by the words of the latter. It is seen that these PRI members gained confidence during the rule of a SC woman chief minister[28].

I.6.3. A study done by All India Dalit Mahila Adhikar Manch in 2010 in Gujarat and Tamil Nadu, on "Dalit Women in the Panchayati Raj" threw up interesting but not unexpected findings. It found that 85% of the dalit women who contested were pushed into it by their husbands or dominant castes, in a game of proxy politics. On the other hand, 12.5% of this study's 200 respondents were discouraged from filing nominations (through allegations, property destruction etc.) and 14.5% forced to withdraw their nominations. After women get elected, only 1/3rd of 119 dalit women who have been elected Presidents were able to discharge their official responsibilities with freedom and independence. Even in this new capacity, 90% of the elected dalit women felt discriminated against, and treated differently from others (when it comes to utensils to eat from or glass and cups)[29].

I.6.4. From Karnataka, field studies have indicated that a dalit woman president is more unacceptable than a male SC president reflecting the gender dimension in a caste discriminated society. Here, passing a no-confidence motion and exhibiting other forms of non-cooperation is

the way that elected dalit women are marginalized[30]. Dalit Women Panchayat Presidents who were respondents in the study reported that they are misled by others, and are restricted/hardly allowed to speak.

I.6.5. In Odisha, it was found that villagers score SC/ST women representatives as better performers with the reason being that women representatives of higher castes do not mix with people freely and very rarely come out of their homes to look into people's problems[31]. In Karnataka, it was seen that a majority of dalit women elected to Grama Panchayat continue to face the challenges of earning their livelihoods. Their domestic roles also cause difficulty in active involvement in the political sphere[32]. It is also reported that caste-based discrimination on dalit women representatives also included sexual harassment while performing their public roles. Illiteracy or low education levels have been found to be a constraint in the case of dalit women[33].

Two Child Norm and Dalit Women's Political Participation

Political participation of women from marginalized communities is seriously affected by the two-child norm being adopted, whereby elected representatives in PRIs are disqualified if they have more than two children. Field experiences indicate that this is being used to settle personal and political scores at the village level, and to maintain caste and class status quo. Thousands of women panchayat members lost their jobs due to this norm, and this usually works against poor, dalit representatives. Complaints for dismissals have mostly been filed against STs and SCs. There is a danger that through such norms, panchayat membership can once again become the monopoly of upper class and caste men. A range of human rights are grossly violated through the introduction and enforcement of such norms.

I.7. VIOLENCE AGAINST DALIT WOMEN

I.7.1. Multiple discriminations pitted against dalit women result in enduring violence in both the general community and in the family, from state and non-state actors of different genders, castes and socio-economic groupings[34]. The position of Dalit women in the society is, in fact, reflected in terms of the nature and number of atrocities committed against them. Dalit women are constantly abused and ill-treated to remind them of their caste, gender and class, and keep them oppressed. On an average, about 1,000 cases of sexual exploitation of Dalit women are reported

annually as per NCRB data. The number of reported cases of rape of SC women has been steadily increasing in NCRB data. The number of atrocities which are not reported to the police and may remain unregistered is far greater. Another problem is lack of disaggregated data based on both caste and gender.

I.7.2. Laws like the Protection of Civil Rights (PCR) Act and Scheduled Caste and Schedule Tribe Prevention of Atrocities (POA) Act address the threat of violence and atrocities against the Dalits. The objectives of these Acts clearly emphasise the intention of the government to deliver social justice and to enable SCs to live with dignity, without fear of violence and atrocities. While the Acts incorporate strong compensatory and punitive measures, violence and atrocities continue. The PoA Act has two specific sections on dalit women (311 and 312). Certain districts and locations in the country have been mapped out to be atrocity-prone by an NHRC report. There are no official studies on districts which have seen decline in reporting and registering of cases to understand whether there has indeed been a real decline and if yes, what reasons contributed to this.

I.7.3. When considering discrimination and violence against Dalit women, sanctioned impunity in context of the offenders emerges as a key problem. Police personnel often neglect or deny the Dalit women their right to seek legal and judicial aid. Women tell of police officers refusing to intervene or to even take their statements. They also report that in many cases, the judiciary fails to enforce the laws that protect Dalit women from discrimination. In 2006 in India, the official conviction rate for Dalit atrocity cases was just 5.3%.

I.7.4. Apart from being forced into the most demeaning jobs, Dalit women are extremely vulnerable to sexual exploitation and are often victims of trafficking and forced sexual labour. A three-year study of 500 Dalit women's experiences of violence across four Indian states shows that the majority of Dalit women report having faced one or more incidents of verbal abuse (62.4%), physical assault (54.8%), sexual harassment and assault (46.8%), domestic violence (43.0%) and rape (23.2%). Verbal abuse included regular derogatory use of caste names and caste epithets possibly amounting to 'hate speech', as well as sexually explicit insults, gendered epithets and threats[35]. What characterizes these incidents of violence against Dalit women is that most of these take place within the public sphere and works as a means of both private and

collective punishment and humiliation by the dominant castes. Some of these experiences of violence also take place within the home and in the private sphere, as a result of the Dalit men exercising patriarchal power. Limited evidence that is available indicates that within the dalit community, dalit men retaliate against their own oppressed position by perpetrating violence against their wives. Not many studies have been undertaken to examine the issue of patriarchy within the dalit community[36]. In some cases Dalit women become victims of collective retribution within the Dalit community itself as a result of an internalized control mechanism and self-suppression.

Bhanwari Devi, a *saathin* at the grassroots employed by the Rajasthan government to take up issues of literacy, health, minimum wages, land etc., hit the headlines in 1992, when she tried to stop a child marriage happening in a village in Rajasthan. She was gang-raped by the upper caste men in whose family the child marriage was taking place. The response from the state machinery whether it was in the Police Station or the Primary Health Centre or the referral hospital or even with the magistrate with regard to the medical examination was indifferent and objectionable. What shocked the nation was the district court judge's infamous statement where he said, "since the offenders were upper caste men and included a brahmin, the rape could not have taken place because Bhanwari was from a lower caste". There was a subsequent nation wide campaign for justice for Bhanwari Devi. Meanwhile, Bhanwari Devi and her family were ostracised by villagers in Bhateri, as well as by her own caste members. Justice eludes her to this day.

1.7.5. The UN Special Rapporteur on Violence against Women visited India in April/May 2013. She concluded that Dalit women and women from other marginalised groups exist "at the bottom of the political, economic and social systems, and they experience some of the worst forms of discrimination and oppression - thereby perpetuating their socio-economic vulnerability across generations"[37].

Comparative incidence of Crime against Scheduled Castes

CRIME HEAD	YEAR					
	2008	2009	2010	2011	2012	2013
MURDER	626	624	570	673	651	676
RAPE	1457	1346	1349	1557	1576	2073
KIDNAPPING &ABDUCTION	482	512	511	616	490	628
DACOITY	51	44	42	36	27	45
ROBBERY	85	70	75	54	40	62
ARSON	225	195	150	169	214	189
HURT	4216	4410	4376	4247	3855	4901
PROTECTION OF CIVIL RIGHTS ACT	248	168	143	67	62	62
SC/ST (PREVENTION OF ATROCITIES) ACT	11603	11143	10513	11342	12576	13975
OTHERS	14623	15082	14983	14958	14164	16797
TOTAL	33615	33594	33712	33719	33655	39408

Source: Table 7(2), National Crime Records Bureau 2013

1.7.6. A total of 2073 cases of rape of women belonging to Scheduled Castes were reported in the country during the year 2013 as compared to 1,576 cases in the year 2012 and this is consistent with the upward trend in rapes against dalit women in the country. At the all-India level, overall number of rape cases reported by NCRB in 2013 stood at 309546 cases. Madhya Pradesh at 19.15%, Uttar Pradesh at 18.85% and Rajasthan at 14.18% of these rapes against dalit women topped the list. At the all-India level, when it comes to rapes against women in general, Andhra Pradesh, Uttar Pradesh and Rajasthan top the list.

1.7.7. The number of reported cases of SC women being raped by the non-SC men increased from 604 in 1981 to 727 in 1986, 784 in 1991, 949 in 1996 and 1316 in 2001. The number came down to 1089 in 2003, but once again increased, though gradually, to 1157 in 2004, 1172 in 2005, 1217 in 2006, 1349 in 2007 and to 1457 in 2008. The data shows that on an average, 2 Dalits are murdered and 4 Dalit women are raped in India every day. A matter of concern is the fact that conviction rates for crimes against SCs were quite low at only 23.8% as compared to overall conviction rate of 40.2% relating to IPC cases and 90.9% relating to SLL cases. In 2013, only 6.2% rape cases saw conviction when it came to SCs.

I.7.8. It is estimated by some that as high as 90% of the cases of atrocities against dalit women do not get reported, for fear of social ostracisation and lack of justice[38]. When it comes to data related to crimes against dalit women, it is felt that the current system of NCRB records does not reflect the profile of people who have benefited from statutes that protect the rights of dalits and to glean lessons from the same.

I.7.9. Further, there is a great amount of analysis from dalit rights' groups on the issues with the implementation of the two statutes related specifically to Scheduled Castes and atrocities. It is often found that dalit women fall through the machinery created for dalit rights and women's rights separately. Activists have several anecdotes to share about how the National Human Rights Commission (NHRC), NCW (National Commission for Women) and NCSC (National Commission for Scheduled Castes) end up raising questions on whether a particular case is caste or gender issue based, making delivery of justice a cumbersome process. Convergence and coordination between these agencies is found to be missing.

I.7.10. Activists point out that staggering number of cases from states like Haryana go unreported. The instances of dalit women being stripped and paraded naked continue unabated in states like Bihar and Odisha. Many dalit rights activists feel that both incidence and reporting of crimes against dalit women have been on the rise and impunity remains high. On record with documentation efforts of dalit rights, women's rights and human rights groups is a vast amount of data on experiences of dalit women. Despite this, investigations have usually been compromised due to entrenched caste biases and justice meagerly delivered. There have been amendments suggested by activists to the PoA Act which deserve immediate attention of the Parliament.

It has also been seen that dalit women become the targets of violence in a lesson to be taught to the entire dalit community in overt conflict situations. They embody the community and in the case of Bihar's famous caste-based violence incidents in the 1980s and 1990s, women's 'wombs' were sought to be wiped out in an effort to wipe out dalits ('killing the demon in the womb'). There was 'femicide' unleashed as some authors note against dalit women. Upper caste men also paraded 'massacre widows' from their own castes in a *karuna rath*.

Ref: Ranveer Sena and Massacre Widows, by Arvind Sinha and Indu Sinha, EPW, 27/10/2001

I.7.11. 41.7% of the Scheduled Caste respondents in NFHS-3 reported that they have experienced physical violence since age 15 and this was the highest for any community women. Further, this is also reported to be a frequent occurrence in the case of dalit women (4.9% dalit women reported to have experienced violence in the past twelve months "often" as opposed to 3.1% "Other" women). Experience of sexual violence was also highest amongst dalit women, at 11%, compared to 7.8% reported by "Other" women. It is also seen that spousal violence was the highest amongst dalits (at 47.9% of dalit women respondents in NFHS-3 reporting experience of emotional, physical or sexual violence in the hands of spouses, as opposed to 32.3% when it comes to "Other" women).

I.7.12. There has been escalation in violence against dalit women despite an increase in the reporting of such violence. The biggest challenge is to improve the conviction rate. The legal system has failed to bring the culprits to book and secure justice to victims even in the most prominent cases of dalit massacres in the country.

I.7.13. Dalit groups have done meticulous and systematic analysis of the implementation failures as well as gaps in the statutes meant to protect their rights. For instance, in the PoA Act, when cases are registered, the Act extends itself only till the first compensation. Similarly, it is often seen that survivors of caste based violence are rarely in a position to get back to normalcy in life, whether it is related to education or employment. However, safe spaces are not provided for, at present. Relief and rehabilitation for the victims goes missing. It is seen that reviews of the implementation of the Act at the Chief Minister's level are not taken up. As in the case of many other statutes, awareness of the law amongst dalit women is very poor and there are no systematic efforts taken up to educate them about the same. Though the title of the statute emphasizes *Prevention* of atrocities, it is seen that concrete measures for actual prevention are often missing.

I.8. CUSTOMARY PRACTICES AGAINST DALIT WOMEN

I.8.1. DEVADASI/MATHAMMA/JOGINI SYSTEM:

I.8.1.i. Specific social customs and religious practices in the Hindu tradition victimise Dalit women. Some of these customs include the Devadasi, Mathamma and Jogini system. The National Human

Rights Commission indicated that Andhra Pradesh had 29,000 joginis[39]. A similar practice exists in states such as Tamil Nadu ("Mathammas"), Karnataka and Maharashtra, where Dalit women are designated as Devadasis. Through a formal ritual, girls are inducted into sex work in this system. As some activists describe, the woman here is untouchable during the day and touchable at night. Observers have shown that these rituals and practices basically reinforce caste structure even as they also allow lower caste men to negotiate their caste subordination to a certain degree[40]. Given the stigma associated with this practice, it is not unexpected that girl children of devadasis fall into a similar trap, with discrimination due to lack of clear paternal lineage marking their lives, making this an inter-generational cycle.

I.8.1.ii. During the year 1993-1994, a census report by the Karnataka government found that there were 22,873 devdasis, in 10 districts. Under pressure from various quarters, another survey was commissioned by the government in 2007-08, when the number went up by an additional 23,787 in 14 districts[41]. A scheme run by the Karnataka State Women's Development Corporation provides a monthly allowance, in addition to initiating income generating activities through loans. Earlier, there was also an effort to provide one or two acres of land per devadasi. In 1987-88, the number of Devadasis in Andhra Pradesh was 24,273 and in 2013 it went up to 80,000 as per one estimate.

I.8.1.iii. There are some old statutes against this system like the Bombay Devadasis Protection Act dating back to 1934, and the Madras Devadasis (Prevention of Dedication) Act 1947. State governments have also enacted new laws like the Andhra Pradesh Devadasi (Prevention of Dedication) Act 1947 with amendments in 1988, and Karnataka State Devadasi (Prevention of Dedication) Act, 1982, amended in 2010. Goa opted for a Goa Children's Act 2003 wherein dedication of a minor girl as a devadasi is illegal and is classified as child prostitution.

I.8.1.iv. The amendments brought in different laws during the recent past had provisions for rescue, care, protection, welfare and rehabilitation of devdasi women, in addition to Devadasi Dedication Prohibition Officer with powers to prevent dedication. Police department/magistrates

were given the authority to arrest those dedicating devadasis and offences under this Act are cognizable and non-bailable.

Component	Karnataka	Maharashtra	Telangana
IGA support	Rs. 20,000/- with 50% subsidy		Rs 20000/- with 50% subsidy
Devadasi pension	Rs. 500 per month, for devadasis, as per devadasi card; Demanding for Rs. 1000/month	Rs. 500 per month for Joginis	Rs. 1,000 per month, some disqualified in new survey because this was a widow pension
Land distribution			3 acres of land per SC/ST landless household, by the SC/ST Corporation
Housing scheme	Rs 75000 to 1,20,000/- under called Indira Awas Yojana/Rajiv Gandhi Grameen Housing Scheme		Rs 75000 /- from SC Corporation
Marriage grant	Rs. 10,000 (earlier provision, not provided any more)		

Source: Extracted from a presentation ("Unpaid Work and Sexual Labour in the context of Devadasis") by Smita Premchander of Sampark, a Karnataka-based NGO in a recent UN Women National Workshop on Women's Unpaid Work: Developing a Roadmap', April 16-17, 2015.

1.8.1.v. It is seen that legal measures against such a system are quite weak in their implementation. Activists point out that there is an urgent need to collect latest statistics related to Devadasis and their children in all states where such a practice is prevalent, that regular pensions with a decent amount are provided to all the identified women even as skill building and income generation activities are initiated for proper rehabilitation; there is also a need for housing facility to all these women. Further, property rights over the property of the long term partners of devadasis are also due.

Some practices that are particular to dalit women have raked up debates on victimization of female sexuality Vs. celebration of female sexuality (in response to a dominant discourse that focuses on sexual violence against women) in literature, as in the case of *Bettaleseve* or nude

worship of a goddess in Karnataka. While such a debate continues, it is important to note as some authors have said, 'a question arises in the context of a social code that has historically allowed upper caste men legitimate access to the dalit woman's body, covering the upper caste woman in respectable clothing while exposing the dalit woman and stereotyping her as sexually available'. The fallacy of the search of an unmediated voice of the subaltern subject is to be acknowledged, as some authors have put it, even as there is a need to contextualize issues in frameworks that are not always reformist and modernist, and emanate from an alternate basis of knowledge-practice of non-dominant traditions.

Ref: P Radhika (2012): Nude Worship in Karnataka, EPW, Vol. XLVII No. 44, November 2012

I.8.2. Witch Hunting:

I.8.2.i. The practice of witch-hunting and killings is present in a number of Central and Eastern states of India and is seen to be spreading to newer areas[42]. Scholars see this as a legacy of violence against women in general, and it is usually dalit or adivasi women who are branded as *dains* or witches. In 2008, 175 cases of witchcraft related murders were reported as per NCRB data, with Jharkhand, Haryana, Andhra Pradesh, Orissa, Madhya Pradesh, Chattisgarh, Maharashtra, West Bengal and Meghalaya registering such cases. Women's organizations have shown evidence that it is not just superstitions that drive this practice but property and power. Often, witch hunting is a tool for upper caste men to persecute assertive dalit and adivasi women.

I.8.3. Manual Scavenging:

I.8.3.i. Manual scavenging is another major injustice perpetrated against particular dalit communities in India. Manual scavenging means the removal of human excreta by hand from dry latrines, railroad tracks and sewers and in India, it is a caste-based hereditary occupation (for particular sub-castes of dalits), pushing a whole community to the lowest level in the social hierarchy. Here, basic tools such as thin boards, buckets, brooms and baskets are used and the excreta carried on the head usually for disposal. It is estimated that around 1.3 million dalits, predominantly women, are involved in this practice for their livelihood. This work consists of very low wages and enormous discrimination. "Manual scavenging is not a career chosen voluntarily by workers but is instead a deeply unhealthy, unsavoury and undignified job forced upon these people because of the stigma attached to their caste. The nature of the work itself then reinforces that stigma", stated the UN Commissioner for Human Rights in 2013. While this has

been abolished in 1993 itself by a law, this deeply entrenched practice continues, and it is often seen that it is governments who perpetrate employment in this sector.

1.8.3.ii. The Prohibition of Employment as Manual Scavengers and their Rehabilitation Act 2013 outlawed yet again this practice – the Supreme Court also has called for effective remedy. However, the new law does not have concrete measures for rehabilitation. In fact, analysts point out to the problems with the very definition of manual scavenging, as adopted in the statute. Activists point out to the need to prioritise the conversion of all dry latrines in public spaces, railways, trains and private households through adequate budgetary allocations and penalizing of construction of the same. Adequate resources to liberate manual scavengers and rehabilitate them including with provision of dignified livelihood, housing, education support for their children and healthcare are a must.

I.9. TO SUM UP:

1.9.1. Affirmative action and proactive measures have yielded visible improvements in schools, higher enrolment in education and space in local governance for Dalit women. The Indian state provides the guarantee of Dalit women's right to political participation, and safeguards to prevent violence and atrocities as well as a redressal mechanism for the discrimination they face in exercising their right to education, healthcare, employment, sanitation, among others. Until the early 1990s, the participation of women, especially Dalit women, at all levels of governance was merely symbolic. The participation of dalit women, like in the case of other women too, did not necessarily translate itself into their participation in higher levels of political institutions of the country. The enactment of a series of laws — the SC/ST (Prevention of Atrocities) Act 1989, the path-breaking 73rd and 74th Constitutional Amendments and ratification of CEDAW in 1993 — empowered a large number of Dalit women to confront the systems of power. These provisions continue to be reinforced through policy efforts such as 'The National Policy for the Empowerment of Women 2001' to uplift the marginalised section. It is seen that despite a slew of legislative and policy measures, there are still some areas that remain unaddressed. Several argue that persistent poverty, lack of political power and violence against dalit women with impunity are all indicators of how ineffective interventions have been with regard to dalit

women. It is also noted that conceptually, there is no life cycle approach taken in policy approaches and interventions with regard to dalit women.

I.9.2. At the grassroots level, there has been unprecedented magnitude of organizing women into collectives which are also often federated at higher levels. In a programme like Mahila Samakhya which believes in education as an agent of basic change in the status of women wherein empowerment of socially and economically marginalized women is the focus, around 37% of the membership is of dalit women. However, lack of awareness as well as access to mechanisms of implementation of various schemes in addition to design-related problems with schemes imply a huge gap between intention and result on the ground in different schemes.

I.9.3. Meanwhile, there continue to be several issues of concern with regard to dalit women and their unequal status with men within their communities and with women in other communities. What comes out very clearly is that there is a need to strengthen institutional mechanisms and structures for monitoring policy and protective statutes' implementation. The government has established specific programmes for women's empowerment focussing on formation of SHGs, enhancing the productivity and income generation of poor women in traditional sectors (STEP, for instance) and meeting credit needs of assetless women in the informal sector (Rashtriya Mahila Kosh, for example). However, Dalit women are not specifically identified, nor are there provisions to ensure their inclusion in these schemes. It is seen that there is no effort on the economic empowerment front that is commensurate with the need for justice and equality that dalit women's current conditions and position demand. In fact, it is reported that formal credit to dalit women has declined even as their requirement for credit at just terms is unfulfilled. Unfortunately, even in schemes like MGNREGA, discrimination at work sites is reported. Sometimes, the works taken up are such that dalit women get excluded (pattern of gangs or jodis, for example). There are emerging issues for dalit women migrating to urban areas in terms of basic services even as their numbers are swelling. Housing rights need to be upheld. There is also a need for more hostels for women migrating into urban centres. It is seen that dalit women end up as domestic workers in urban areas and there are no statutes protecting their interests. Anecdotal reports indicate that even placement agencies are working along caste lines! The Prohibition of Employment as Manual Scavengers and their Rehabilitation Bill passed in Parliament recently does not have concrete measures for rehabilitation. Also, it fails to talk about

specific implementation mechanism on how the state would make sure this law brings about radical change on the ground in doing which the earlier Act and a National Commission miserably failed. Despite moving away to an extent from their earlier 'polluting' occupations, Dalit women continue to face discrimination and hardships on account of the notions of purity. Selling agricultural products such as vegetables, flowers, fruits, and other products, including milk and poultry, poses a big challenge for Dalit women. Globalisation did not bring about any significant benefits for dalit women. While migration has increased, job diversification has not been concomitant. New job opportunities in the era of globalization have not necessarily meant a feminization; the skill sets of dalit women are not a specific part of the consideration in skill development programmes. In fact, activists flag de-skilling as a point of concern. As much as one assumes that Dalit women are better off than upper caste women since the former's economic utility (hence their need to go out of the home) accords them greater freedom and equality, it is also true that the very fact of dalit women's need to work makes them susceptible to multiple indignities. There is an urgent need to increase and improve the asset base of dalit women, to bring about some structural changes in their position.

I.9.4. Implementation struggles arise for both access to and participation in Panchayati Raj. The Committee on the Elimination of Racial Discrimination noted that Dalit candidates, especially women, are frequently forcibly prevented from standing for election or if elected, forced to resign from village councils. It is reported that many Dalits are not included in the electoral rolls. Public service posts reserved for scheduled castes are almost exclusively filled in the lowest category – e.g. sweepers.

I.9.5. There has been an escalation in violence against Dalit women. Despite an increase in the reporting of such violence, impunity has remained high. The biggest challenge today is to improve the conviction rate. It is appalling to note that even in cases of Dalit massacres, the legal system has failed to bring the culprits to book and to ensure the victims get justice. While safety and security for all women is an imperative, there needs to be special mechanisms put into place to ensure the safety of dalit women given their additional vulnerabilities to violence (whether it their greater mobility for work and other livelihood needs, or lack of toilets or a general socio-cultural milieu that perceives them to be easy targets).

I.9.6. Dalit women's presence and participation in the highest levels of policy making and implementation is missing. This is the case in the judiciary and educational institutions also.

I.9.7. In the recent past, some focused consultations and workshops on various issues pertaining to dalit women have come up with detailed analyses and recommendations. It is felt that taking up concrete action on these will go a long way in addressing the condition and position of dalit women.

I.9.8. Apart from what the State needs to do, dalit feminists also point out to the persistent lack of prioritization of dalit women's issues by the Indian women's movement as well as the dalit rights movement and this is something that these movements have to seriously introspect about. Some activists note that dalit women who take part in many struggles are just used as a front by non-dalit, and non-women leadership. Failure to gain mobility in political or new social movements by dalit participants in general but dalit women in particular is explicated as being due to lack of economic, social and symbolic capital to survive the different kinds of repression and backlashes that each of these movements came to face, as per some authors (this is in the context of Kerala specifically)[43].

I.9.9. It is also noted that mainstream media hardly has any space for dalit women's issues and voices whereas it can be a powerful medium for transformation. For instance, violence against dalit women does not always get space accorded in the media as much as violence against other women. On top of that is the fact that women's issues themselves do not receive the kind of attention that they deserve. State investment in media for dalit women would help in such a case.

I.10. RECOMMENDATIONS

I.10.1. The marginalization and discrimination issues confronted by dalit women would indeed demand group-specific gender policies that includes and addresses the voices of women from excluded groups, in addition to the general policy of women's empowerment. This would also call for effective eradication of caste-based discrimination in the country. The problem therefore requires a dual solution. First, through policies against gender discrimination and poverty for all women, which will also help Dalit women and second, complimentary policy measures and legal safeguards against social exclusion and discrimination for women who belong to excluded

groups. This would enable to conceptualise inclusive policies to address the problems of Dalit women more effectively.

I.10.2. Economic Empowerment: There is a need to adopt a substantive equality approach when it comes to ensuring opportunities for dalit women. This is true of the economic sphere too. Increasing access to fixed sources of income and regular salaried work, relief from caste-based occupations and reducing unemployment and under-employment to create an enabling environment in which Dalit women have freedom, equal opportunity & access to development resources is important. For this to happen, vesting ownership of assets and productive resources like Land in the hands of dalit women is critical. Given that initial ownership of land with dalit communities is low, assuming that inheritance rights' enforcement will ensure greater ownership for women will not work. Strong public distribution programmes around Land are very important, in addition to land purchase schemes as have been implemented on a small scale in some states. Land reforms is not an irrelevant agenda in this context, and this should include not just effective distribution but also proper land titling and development efforts with women at the centrestage. The draft land reforms policy created in 2013 should be finalized after inviting views from dalit women's representatives and implemented, given that it already commits to land distribution efforts targeted at dalit women and village commons being managed by women's collectives etc. Within this, there should be an emphasis on the needs and priorities of dalit and other marginalized women. The definition of farmers being linked to land ownership for all practical purposes is a great obstacle to dalit women securing any entitlements in agriculture. There have to be clear implementable policy measures put into place for recognizing and support women farmers including dalit women farmers.

Apart from resources like land is the issue of decent employment, whether it is through public works or self employment. There is an urgent need to meet the credit and other financial needs of dalit women by banks and financial credit institutions through suitable policy initiatives and development of new institutions in this area. The government should provide optimum loans, infrastructure and market facilities for Dalit women cooperatives and groups, and guarantee marketing of their products.

Strict Enforcement of labour laws: Stricter enforcement of relevant laws such as Equal

Remuneration Act and Minimum Wages Act in all employment sectors is necessary for living incomes as well as gender parity in the informal sector including agricultural sector, for dalit women. Further, job security and improvement in work conditions has to be addressed. Skill building should be in areas that break gender and caste stereotypes and roles. There could be special schemes devised to collectivise and federate women workers in different sectors, with a special focus on dalit women so that they can improve their employment conditions for themselves through collective action.

I.10.3. Curbing Violence and Crime Against Dalit Women: When it comes to violence and crime against dalit women, it is important to proactively take up several measures. It has become essential to recruit Dalit women into all levels of the police force. It should be ensured that each police station holds Dalit gender sensitisation trainings to take Dalit women's complaints. Apart from some amendments suggested to the PoA Act which need to be enacted, there are various implementation issues to be addressed, including effective access to justice. It is seen that special protection mechanisms for dalit women complainants might be needed. There must be for time-bound swift disposal of legal cases concerning atrocities and violence against Dalit women – this will require better legal aid and services in addition to sensitization at all levels including the judiciary. At the ground level, continuing as well as strengthening the implementation of Mahila Samakhya programme with its Nari Adalats is recommended. It is important to establish special units and procedures in government hospitals and primary healthcare centres to help women victim-survivors of caste atrocities and to provide them counselling on a non-discriminatory basis. Increasing representation and participation in the police, administration, judiciary and in position with decision-making authority is important.

I.10.4. Regulation against caste-based discrimination: There is a need to enforce, and create where missing, regulation against caste-based discrimination in employment (domestic work and mid-day meal scheme as examples), in the PRIs and in public health institutions. Administrative rules and positive practices to promote non-discriminatory behaviour are important given that discrimination is not just in the form of brazen atrocities and violence but also insidious. The existing laws have to be implemented more strictly for this. Such an enabling environment of a non-dscriminatory nature has to be created for dalit women to access many opportunities.

I.10.5. Healthcare: Special targets have to be set and met for improving access to maternal healthcare and girl child nutrition in the case of dalits. Proactive selection of Dalit women as service providers/health-link workers, trained and deployed to administer schemes and programs that are meant to reach out to dalit women, would help in ensuring effective outreach of such schemes. At another level, sensitization and training of the service providers to make them more sensitive to the problems of the discriminated groups is necessary.

I.10.6. Effective prohibition of certain practices, rehabilitation and restorative justice: Effective enforcement of the law to ban devadasi system and measures for rehabilitation of devdasis and their children is needed. Similar is the case with manual scavenging. The non-functional nature of the National Commission on Safai Karmacharis has to be addressed and decent livelihood opportunities to be provided to liberated manual scavengers. Also important is the need to ensure that witch-hunting or dayan system is eradicated. It is also seen that incidence of bonded labour in overt as well as slightly mutated forms continues and this has to be eradicated.

I.10.7. Political empowerment: Opening spaces for political inclusion through reserved quotas alone in not enough. Societal power relations that limit the political goals and opportunities for Dalit women must be challenged. The danger of equalizing women's political representation without a corresponding process of women's empowerment lies in creating a situation where dominant social forces can easily utilize the political spaces opened up to women to reinforce rather than transform social, economic and political power relations. Empowering women through education and training to claim their right to political participation involves addressing the systemic causes and consequences of their marginalization. Thus, there is a need to create an enabling environment in which Dalit women have freedom and equal opportunity and access to development resources. Training (including introduction to basic technologies) and awareness programmes for Dalit women representatives in the Panchayati Raj institutions will go a long way in making them self-reliant and effective. It is seen that any adoption of norms like the 2-child norm that restrict political participation usually impact dalit women more adversely and therefore should not be put into place.

I.10.8. Education: Education has to be made the central force of empowerment that can strengthen Dalit women's self-confidence, broaden their thought, raise productivity as well as

raise bargaining power through acquisition of knowledge. This has to be the main pillar of our policies towards engendered cultural change in values for equality and non-discrimination. To ensure inclusion and equality of dalit women with others, more pro-active measures for improving enrolment and retention at every level of education is needed, especially encouraging enrolment in higher education. Lateral entry of dalit women into various streams of education and skill development, without the baggage of younger years' disadvantages coming in the way, is important. Addressing attitudes within the family and society through education and sensitization has to be taken up. There is a need to improve safety as well as other conditions in residential schools. It is recommended that quality of education also receive special focus in KGBV to bring it on par with NVS and RMSA. At another level, it is advocated that dalit feminist studies have to be strongly encouraged and supported. Further, privatization of higher education is a matter of concern given that this will make such education highly inaccessible for dalit women. All deemed universities and institutions should also adhere to reservation policies. Scholarship schemes should be implemented transparently.

1.10.9. Disaggregated data systems: There are some statistics on health, education, and poverty of the Scheduled Castes, however there is urgent need for gender-and-caste disaggregated data with respect to all socio-economic and political violence and atrocities to assess the situation of Dalit women. Without this, specific issues, hurdles and lapses in the path to uplift Dalit women will remain unclear. There is urgent need to start collecting and collating gender disaggregated data through all primary data collecting agencies of the Central and State governments as well as research and academic institutions in public and private sectors to identify and redress gaps in vital areas immediately. Government institutions should publish data related to programmes and benefits on a gender-disaggregated basis. This will help in meaningful planning and evaluation of policies.

1.10.10. Gender component in SCP: There is a need for fixed allocation of funds for dalit women within the special component plan (SCP) so that it can be used to build and grant sources of livelihood and subsistence. The gender budgeting processes should take into account Dalit women even as SCP has specific 50% equal allocation for dalit women. Special care should be taken to ensure that interventions don't fall into usual gender and caste based stereotypes but have concrete measures to equalize food and nutrition security, education and livelihood

opportunities for dalit girls and women. In fact, special measures and allocaitons for relief from caste-based occupations are necessary. It is also important to have monitoring mechanisms of implementation of such an SCP by setting up Committees in each Ministry, which will also allow for transfer of funds across ministries in case of unused or under-used finances.

1.10.11. Convergence: There is an urgent need for convergence of machinery meant to protect human rights, women's rights and dalit rights. This includes NHRC, NCW and NCSC as well as state level mechanisms. A separate desk for dalit women in all these institutions is also advocated.

1.10.12. Partnerships: The state must build and strengthen partnerships with civil society, particularly women's organizations, in order to create mechanisms to affirm and support the non-state institutional mechanisms that have built legitimacy and credibility through their long standing work.

II. STATUS OF MUSLIM WOMEN IN INDIA

1. Introduction
2. Demography
3. Sex Ratio
4. Economic status
5. Education and literacy
6. Health, nutrition and population
7. Violence against Muslim women
    a. Domestic Violence
    b. Victims of Identity Politics
8. Issues related with Personal Laws
9. Political Representation of Muslim women
10. Status of Government Schemes
11. Issues and Recommendations

II.1. INTRODUCTION

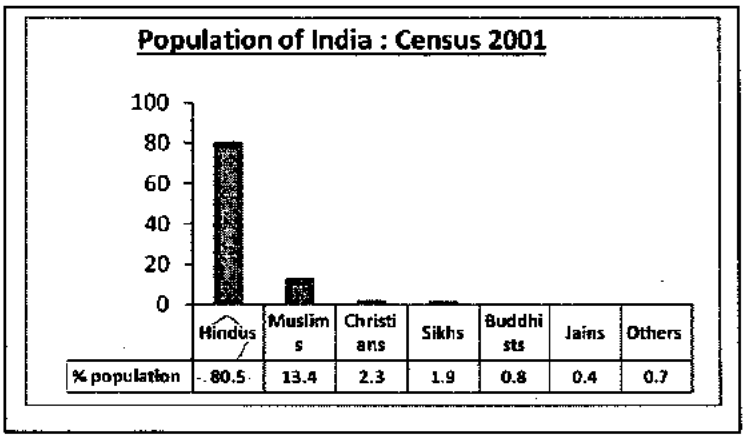
Indian society is pluralistic with a diversity of religions, languages and cultures living together – Indian women are also spread along these lines and are closely governed by customs, traditions and laws of these diverse religions and cultures even as they seek equal opportunities for development irrespective of their religion, caste, sex. Though the Constitution of India has provided its citizens with equality of status and opportunity, and justice to all in its Preamble[44], it is seen that Muslim women – being part of the Muslim community - are lagging behind in almost all key socio-economic indicators of development[45]. After independence, it was for the first time in 1986, that the then Government acknowledged that Muslims are lacking in education as compared with others (Census data was not being collected on religious basis till 2001)[46]. Although this was a welcome development for the community, during the same year, subsequent to the Shah Bano verdict, the Parliament passed a bill depriving Muslim women from right of maintenance under section CrPC 125, creating a new law called "The Muslim – Protection of Rights on Divorce Act (1986)". Many felt this was a retrograde step and was paradoxical. Although the marginalization was broadly acknowledged, a more precise picture emerged as

more and more Committees were appointed by the Government and other research studies put forth the status of the community on social, economic and educational front in numbers, highlighting that the status of Muslim men and women was comparable to OBCs[47].

Further, issues of Muslim women have been at the centre of debate since independence and apart from their own perspective, the debates have often assumed sensitive legal, social and political perspective from time to time[48]. The Shah Bano case in 1986 has impacted the Indian polity to a great extent, and accordingly various aspects of Muslim women's issues have been under discussion.

II.2. Demographic data

In this sub-section, we present data from Census 2001. Muslims constitute 13.4% of the total population of India with absolute numbers as 13.8 crores with women population of 6.68 crores which is 48.35% of total Muslim population. The Muslim community is the largest amongst minorities. The communities that are termed as "Minorities" for protection of their rights (Article 29 and 30 of the Constitution and Section 2(c) of the National Commission for Minorities Act 1992) include Muslims, Sikhs, Christians, Buddhists and Zoroastrians (Parsis)[49]. As per 2001 Census, the percentage of minorities in the total population of India was about 18.4%, out of which Muslims constituted 13.4%, Christians 2.3%, Sikhs 1.9%, Buddhists 0.8% and Parses 0.007%[50]. Muslim women constitute an important cross section of this profile as seen in the table below.



II.2.1. Muslim women: Distribution in total population

Religious Communities	Persons	Males		Females	
		In numbers	%	In numbers	%
All Religious Communities	1,028,610,328	532,156,772	51.74	496,453,556	48.2
Hindu	827,578,868	428,678,554	51.80	398,900,314	48.20
Muslim	**138,188,240**	**71,374,134**	**51.6**	**66,814,106**	**48.3**

Source: Religion, Census of India 2001

Women from majority as well as all minorities have one thing in common – their share of population is not exactly half, it is less than half.

State wise % of Minorities in population

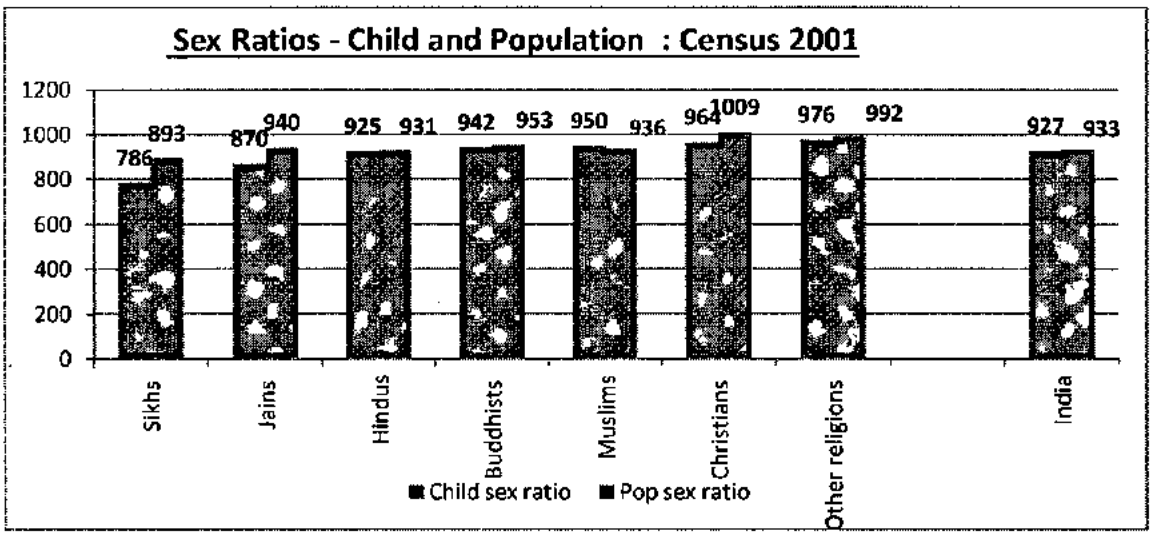
State	Muslims %	Christian%	Sikhs %	Buddhists %	Parsis*-numbers
JAMMU & KASHMIR	67.0	0.20	2.04	1.12	1
HIMACHAL PRADESH	2.0	0.13	1.19	1.25	4
PUNJAB	1.6	1.20	59.91	0.17	25
CHANDIGARH	3.9	0.85	16.12	0.15	13
UTTARANCHAL	11.9	0.32	2.50	0.15	4
HARYANA	5.8	0.13	5.54	0.03	24
DELHI	11.17	0.94	4.01	0.17	202
RAJASTHAN	8.5	0.13	1.45	0.02	86
UTTAR PRADESH	18.5	0.13	0.41	0.18	103
BIHAR	16.5	0.06	0.03	0.02	1
SIKKIM	1.4	6.68	0.22	28.11	4
ARUNACHAL PRADESH	1.9	18.72	0.17	13.03	0
NAGALAND	1.8	89.97	0.06	0.07	3
MANIPUR	8.8	34.04	0.08	0.09	10
MIZORAM	1.1	86.97	0.04	7.93	0
TRIPURA	8.0	3.20	0.04	3.09	0
MEGHALAYA	4.3	70.25	0.13	0.20	0
ASSAM	30.9	3.70	0.08	0.19	4
WEST BENGAL	25.2	0.64	0.08	0.30	325
JHARKHAND	13.8	4.06	0.31	0.02	321
ORISSA	2.1	2.44	0.05	0.03	17

CHHATTISGARH	2.0	1.92	0.33	0.31	13
MADHYA PRADESH	6.4	0.28	0.25	0.35	382
GUJARAT	9.1	0.56	0.09	0.04	11594
DAMAN & DIU	7.8	2.13	0.09	0.08	99
DADRA & NAGAR HAVELI	3.0	2.75	0.06	0.21	60
MAHARASHTRA	10.6	1.09	0.22	6.03	54739
ANDHRA PRADESH	9.2	1.55	0.04	0.04	702
KARNATAKA	12.2	1.91	0.03	0.74	683
GOA	6.8	26.68	0.07	0.05	69
LAKSHADWEEP	95	0.84	0.01	0.00	0
KERALA	24.7	19.02	0.01	0.01	31
TAMIL NADU	5.8	6.07	0.02	0.01	70
PONDICHERRY	6.1	6.95	0.01	0.01	11
ANDAMAN & NICOBAR ISLANDS	8.2	21.67	0.45	0.12	1

* Total number of persons from Parse community. Source-Census 2001

It is seen that Muslims are distributed with varied share of percentage amongst the states. In some states in India, Muslims are in majority like J&K (67%). They also have a very significant presence in states like Assam (30.9%), West Bengal (25.2%), Kerala (24.7%), UP (18.5%) and Bihar (16.5%), and are between 10-15% in states like Jharkhand, Uttarakhand, Delhi, Maharashtra and Karnataka.

II.3. GENDER INDICATORS: SEX RATIO

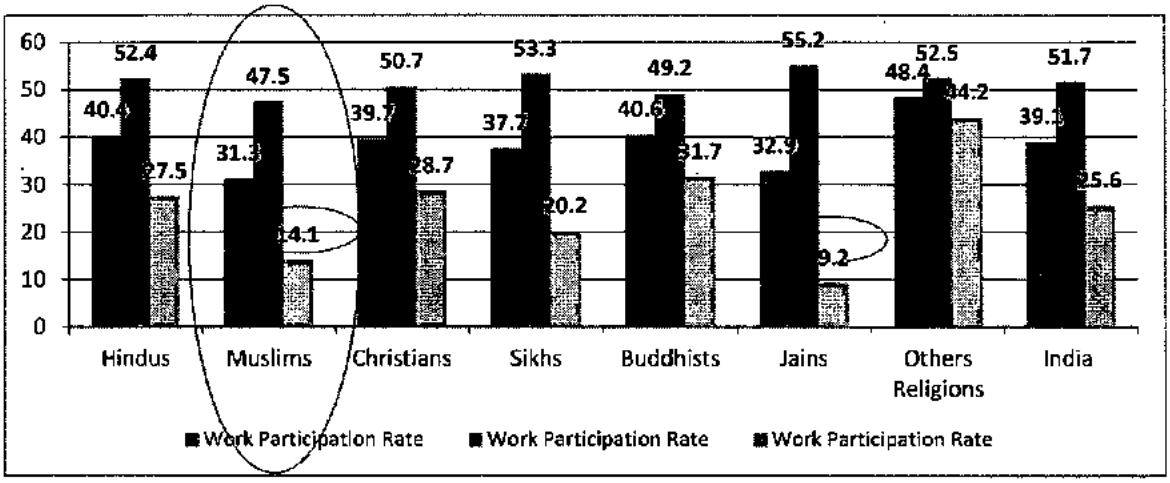


Sex ratio as per Census 2001 was 933 for all the religious groups at the national level. The Hindus have a sex ratio of 931 while Muslims, the second largest religious community have 936. Although marginally better than Hindus, it is still far behind communities like Christians which is 1009. In Muslims, child sex ratio is marginally higher than population.

II.4. ECONOMIC PARAMETERS

Religion wise mapping of development parameters started with Census 2001 and subsequently, reports of Justice Sachhar Committee, Ranganath Mishra Committee, other research studies and institutional surveys have come out. These established that the Muslim community is economically backward as a whole, and their economic status is comparable with that of Hindu OBCs[51]. Muslim women being integral part of this population, they also suffer from this economic marginalization. Very often issues of Muslim women are portrayed the legal and religious context only, while economic issues which are also very important for them are often overlooked.

II.4.1. Muslim women are second lowest on WPR



Source-Census 2001

WPR is an indication of economically employed population and Muslim community as a whole is having lowest WPR (31.3) and within this, Muslim women are significantly lower (14.1) as compared with Muslim men (47.5) and their counterparts from majority community – Hindu women (27.5), and also far below the national average for females (25.6). This confirms the status of Muslim women as marginalized amongst marginalized and their dependency on men for wage earning.

II.4.2. Muslim women are lowest on Labour Force Participation Rates: Data on usual status (ps+ss) among persons of different categories of the major religious groups in NSS 55th (1999-2000), 61st (2004-05) and 66th (2009-10) rounds confirm the status of Muslim women as lowest in rural as well as urban areas compared with all other religious groups.

All-India									
Household Religion	**Rural Male**			**Rural Female**			**Rural Person**		
	1999-2000	2004-05	2009-10	1999-2000	2004-05	2009-10	1999-2000	2004-05	2009-10
Hinduism	546	561	560	317	350	279	434	457	423
Islam	489	505	526	**164**	**185**	**146**	327	348	344

Christianity	583	577	573	342	385	346	461	481	459
Sikhism	557	569	550	274	369	268	422	473	415
Others	522	579	576	366	476	293	445	528	437
Household religion	**Urban Male**			**Urban Female**			**Urban Person**		
	1999-2000	2004-05	2009-10	1999-2000	2004-05	2009-10	1999-2000	2004-05	2009-10
Hinduism	549	576	563	154	186	151	361	390	368
Islam	520	546	536	**104**	**128**	**101**	322	345	327
Christianity	522	535	540	252	283	226	386	409	382
Sikhism	532	575	568	104	168	167	329	383	380
Others	527	587	573	135	159	184	341	371	379

Further in case of rural Muslims, men's rate is increasing form 489 (1999-2000) to 526 (2009-10) however women's rate is decreasing from 164 to 146 for same period, and the trend is similar for urban Muslims, indicating that women are increasingly getting out of employment.

II.4.3. Muslim women are lowest on Worker Population Ratio (WPR) according to usual status (ps+ss) among persons of different categories of the major religious groups in NSS 55th (1999-2000), 61st (2004-05) and 66th (2009-10) rounds.

All India									
Household religion	**Rural Male**			**Rural Female**			**Rural Person**		
	1999-2000	2004-05	2009-10	1999-2000	2004-05	2009-10	1999-2000	2004-05	2009-10
Hinduism	537	553	551	314	344	275	428	451	417
Islam	**478**	**495**	**517**	**162**	**178**	**143**	**321**	**339**	**337**
Christianity	567	562	558	322	359	326	443	461	441
Sikhism	547	550	535	273	355	263	416	457	405
Others	511	568	567	365	475	291	439	522	432
Household religion	**Urban Male**			**Urban Female**			**Urban Person**		
	1999-2000	2004-05	2009-10	1999-2000	2004-05	2009-10	1999-2000	2004-05	2009-10
Hinduism	525	555	547	145	174	142	344	373	355

Islam	**496**	**526**	**523**	**98**	**121**	**94**	**306**	**331**	**317**
Christianity	486	505	528	232	244	215	358	375	371
Sikhism	514	555	536	99	153	153	317	365	356
Others	500	545	562	130	153	182	324	348	373

II.4.4. Muslim women are low in regular employment: On per 1000 distribution of usually employed (ps+ss) persons by status of employment for major religious groups during 2009-10, table below indicates that amongst employed population, Muslim women are low in regular employment, but comparable/higher in self-employment in rural as well as urban areas as compared with Hindus and Christians. This indicates their entrepreneurial capability.

All-India								
Household religion	**Rural Male Status in Employment**				**Rural Female Status in Employment**			
	Self-employed	Regular employee	Casual labour	All employed	Self-employed	Regular employee	Casual labour	All employed
Hinduism	537	83	379	1000	547	41	411	1000
Islam	**528**	**79**	**393**	**1000**	**649**	**39**	**312**	**1000**
Christianity	500	168	332	1000	554	114	332	1000
Sikhism	545	123	333	1000	789	86	125	1000
Others	436	114	450	1000	438	60	502	1000
Household religion	**Urban Male Status in Employment**				**Urban Female Status in Employment**			
	Self-employed	Regular employee	Casual labour	All employed	Self-employed	Regular employee	Casual labour	All employed
Hinduism	397	441	161	1000	393	404	203	1000
Islam	**496**	**298**	**205**	**1000**	**597**	**216**	**187**	**1000**
Christianity	294	450	256	1000	284	607	109	1000
Sikhism	444	352	204	1000	515	367	118	1000
Others	414	440	146	1000	336	451	213	1000

II.4.5. Muslims women are high on estimated unemployed persons per 1000 persons:

In the labour force (UR) according to usual status (principal & subsidiary taken together), among persons of different categories of the major religious groups during various NSSO Rounds (2009-2010, 2004-2005 and 1999–2000), it is seen that Muslims are higher in unemployment year over year with reference to their Hindu counterparts – both males and females.

All-India									
Household religion	**Rural Male**			**Rural Female**			**Rural Person**		
	2009-10	2004-05	1999-2000	2009-10	2004-05	1999-2000	2009-10	2004-05	1999-2000
Hinduism	15	14	16	14	14	9	15	15	14
Islam	**19**	**20**	**22**	**20**	**38**	**18**	**19**	**23**	**21**
Christianity	26	26	27	60	68	58	39	44	39
Sikhism	27	33	20	17	38	4	24	35	14
Others	15	18	21	6	29	3	12	11	13
Household religion	**Urban Male**			**Urban Female**			**Urban Person**		
	2009-10	2004-05	1999-2000	2009-10	2004-05	1999-2000	2009-10	2004-05	1999-2000
Hinduism	29	36	46	58	70	52	34	44	47
Islam	**25**	**37**	**46**	**68**	**55**	**67**	**32**	**41**	**50**
Christianity	22	56	69	46	141	79	29	86	73
Sikhism	56	34	34	83	90	48	61	46	36
Others	19	72	51	9	35	44	17	64	50

It is reported that Muslim women face specific issues of discrimination which is one of the major reasons related to unemployment[52].

II.4.6. Muslim women are lowest on access to money and credit:

Percentage of women who have access to money, who know of a microcredit programme and who have ever taken a loan from a microcredit programme by background characteristics, India, 2005-06

Religion	Women's access to money		Women's knowledge and use of micro credit programmes		Number of Women in survey
	Percentage who have money that they can decide how to use	Percentage who have a bank or savings account that they themselves use	Percentage who know of a microcredit programme	Percentage who have taken a loan from a micro-credit programme	
Hindu	45.2	15.4	39.2	4.4	100151
Muslim	**42.4**	**10.5**	**30.6**	**1.8**	**16936**

Source- NFHS-3

The table above indicates that comparatively, Muslim women lack in microcredit (1.8 against 4.4 as regards % women who have taken loan from a microcredit program). The NFHS-3 data indicate a great scope for improvement in many aspects including on financial inclusion. The reasons are also clear from above – the knowledge of such programs has not reached to as many Muslim women as Hindus.

Women speak: Pathan Shamim

I am a taxi driver for ladies. I can drive 700 kms/day. Driving at night is no problem for me. I have 7 brothers but I am entirely on my own. I had a love marriage but it did not last. So I said let us break. Then I brought an old car and took passengers. But I wanted a new car. Although I had a little money, no financial institution would come forward. Finally I broke that barrier. I have a son in boarding school. They ask who is the boy's father? I say "I am". He bears my name.

II.4.7. Muslim women are more in household industry: As seen in the Table below, Muslims are lowest as cultivators (20.7) and high on Household Industry (Muslims 8.2, Hindus 3.8), other work (Muslims 49.1, Hindus 35.5). This indicates a distinct characteristic of Muslim community as being in professions like weaving, skill based

cottage and traditional crafts, in unorganized sectors and as daily wage earners. This is a special situation for this community and actions to support Muslim women in skill improvement and protecting their vocations, providing assistance to products from small and cottage scale need to be provided in form of some special schemes.

Percentage distribution of workers by category (% of total workers)				
	Cultivators	**Agricultural labourers**	**Household industry**	**Other workers**
Hindus	33.1	27.6	3.8	35.5
Muslims	**20.7**	**22.0**	**8.2**	**49.1**
Christians	29.2	15.3	2.7	52.8
Sikhs	32.4	16.8	3.4	47.3
Buddhists	20.4	37.6	2.9	39.2
Jains	11.7	3.3	3.3	81.7
Others religions	49.9	32.6	3.2	14.3
India	**31.7**	**26.5**	**4.2**	**37.6**

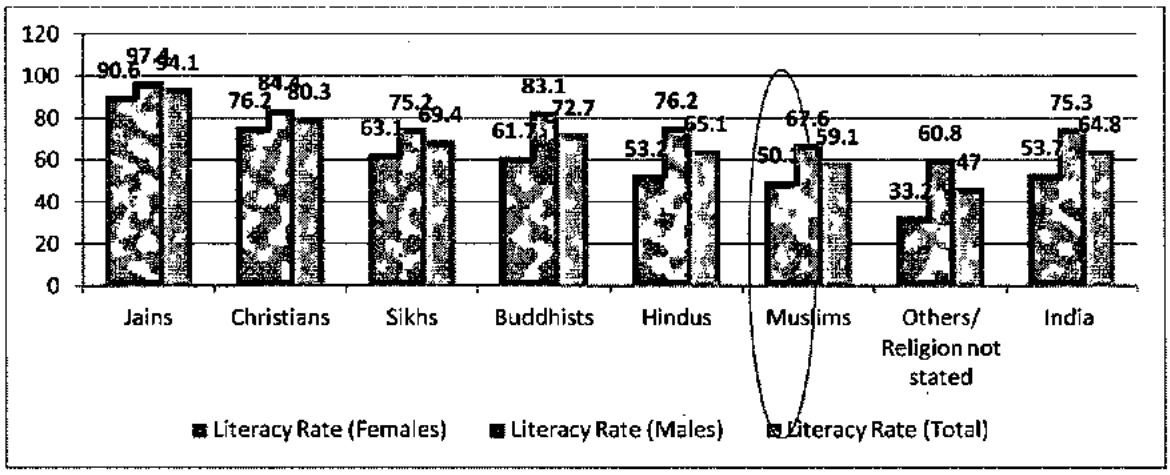
Source-Census 2001

Amongst prominent reasons identified during various discussions at ground level, educational backwardness, lack of security due to identity politics[53] and discrimination due to minority character are also perceived as some of the reasons by some researchers[54].

II.5. EDUCATIONAL STATUS OF MUSLIM WOMEN

Education has been a prime mover for socio-economic progress of any community – on this dimension, we see differential progress amongst men and women, and also amongst various religious communities. There was no measurement available for community-wide educational progress till 2001 and this was one of the reasons for lack of focus so far[55]. As regards literacy, Census 2001 has mapped the rates for the first time on religious groups for males and females, and presented a comparative picture which can be a guideline for all future actions. It is seen from the statistics related to literacy rates and education levels (including age-group wise), that Muslim women are on lowermost stage of educational progress.

II.5.1. Literacy rate of Muslim women – Lowest amongst all religious groups



The literacy rates as indicated above clearly indicate that amongst minorities and amongst the women, Muslim women are lowest (50.1%) and Jains and Christian are highest (90.6% and 76.2%). This indicates that traditionally some minorities are well ahead in education whereas minorities like Muslims are lowest in literacy and so also on lowermost step on economic ladder which indicates great need for steps to be taken to give special help to Muslim minorities and women in particular.

II.5.2. Education Levels by Household Religion (%)

Religion / Sex	Not literate	Literate below primary	Primary	Middle	Secondary	Graduate & above	Not Reported
Male							
Hindus	25.3	18.8	16.6	13.9	17.2	7.9	0.3
Muslims	**42.4**	**20.9**	**16.3**	**10.0**	**8.0**	**2.3**	**0.1**
All	27.7	19.0	16.7	13.3	13.3	7.0	0.3
Female							
Hindus	33.4	18.1	15.8	12.2	14.1	6.2	0.3
Muslims	**50.5**	**19.8**	**13.9**	**7.8**	**6.2**	**1.6**	**0.1**
All	35.5	18.3	15.7	11.6	13.2	5.5	0.3

Source-Reference Note on Minority Education, Lok Sabha Secretariat

As we investigate further, the education levels of Muslim women as regards Primary, Middle and Secondary School Education and Graduate level education, the figures are pathetic and low as compared with corresponding Hindu women. While 50.5% female households are illiterate, 19.8% are below primary level of education, and only 1.6% have reached to graduation.

The above table shows areas of grave concern such as very low reach of secondary and higher secondary education for Muslim girls. Although comparative progress over years is taking place, there are large gaps still existing especially for minorities like Muslims and women in particular. This necessitates special educational initiatives amongst all other initiatives directed for increasing participating of Muslim girls in education, retaining them till graduation and above, and provide career opportunities to them.

Research needs to be done to check effectiveness of existing schemes and to identify barriers for this and to initiate fast track actions. Social research institutes and NGOs should be included to create this action plan.

II.5.3. Percentage of Groups who completed Primary, Middle and Matric/High School (All India)

Year	Total			Male (Urban)			**Female (Urban)**			Male (Rural)			**Female (Rural)**		
	Muslim	SC/STs	All Others	**Muslim**	SCs/STs	All Others	**Muslim**	SC/STs	All Others	Muslim	SCs/STs	All Others	**Muslim**	SCs/STs	All Others
1	**2**	3	4	**5**	6	7	**8**	9	10	11	12	13	**14**	15	16
Primary															
2001	**60.9**	61.4	79.3	**71.3**	80.2	89.6	**70.9**	74.8	88.1	58.9	66.1	80.9	**47.8**	47.0	67.6
1948	**18.2**	8.8	27.8	**43.4**	33.4	66.7	**13.9**	7.5	34.1	21.8	13.1	31.6	**4.0**	1.6	7.4
Middle															
2001	**40.5**	41.3	62.7	**49.6**	59.8	76.7	**51.1**	56.3	76.7	37.3	43.7	62.0	**29.4**	29.3	49.0
1948	**8.6**	3.8	15.7	**25.5**	19.2	50.3	**5.2**	3.3	18.8	9.4	5.1	15.2	**0.9**	0.5	2.2
Matric															

2001	**23.9**	21.1	42.5	**36.1**	42.1	63.0	**32.2**	31.8	57.9	22.0	24.5	41.8	**11.2**	10.2	23.8
1953	**5.4**	2.1	**11.0**	**18.3**	12.8	41.0	**3.2**	1.8	12.4	5.0	2.6	9.3	**0.4**	0.2	1.0

Source: Sachar Committee Report, 2006

Note: Completion of Primary Level has been worked out for persons of age 12 years and above; for Middle Level, persons of age 15 years and above; for Matric level, persons at least 17 years of age; for Higher Secondary (including those with technical/Non-technical Diplomas), persons who have 19 years or more.

There have been some positive movements within respective age groups as regards education between 1948 till 2001 as seen in table below, but this is still insufficient with absolute numbers – only 11.2% of Muslim women in respective age group have reached to metric level.

The Table above indicates positive movement within the relevent age groups over the years after independence. In the case of all those who have completed middle level, it has been found that while in 1948 only about 5% Muslim urban females had completed the level, it was about 10 times more in 2001 (51.1%). In the case of rural Muslim females, the increase has been from about 1% to 30% (30-fold increase). At the High School level also there has been tremendous increase in the percentage of those who completed high school. In 1948 only about

Three Girls – Marzina Khatoon, Khairunnisa Khatoon and Rezina Khatoon (13 years) came back from school one afternoon and consumed insecticide. They were from Village Kumrai, Murshidabad district, West Bengal. They committed suicide because they were unable to convince their parents that they wanted to study and did not wish to be married off. These three were close friends, the daughters of poor beedi workers whose parents had no choice but to adhere to the customary practice of child marriage.

- *Women speak – Voice of Voiceless – page 3 –*

Aspirations of Muslim women as regards education: *Hunar, Hisab* and *Himmat*

Muslim women in India no longer would like to remain behind in attaining capabilities to contribute to national progress and they are seeking education for themselves and their daughters. As expressed by many women parents during a holistic education project at Pune by Indian Institute of Education, they seek for their daughters *"Hunar, Hisab and Himmat"* through quality education and they are coming ahead more and more in numbers to enrol in schools. It is a challenge to our education system to provide curriculum and methods of education matching to these expectations and accordingly it is needed to set up progressive task forces involving various experts and activists to create such a curriculum and Implementation framework with best use of initiatives like RTE, Mahila Samakhya and Sarva Shiksha Abhiyan.

3% of urban Muslim females had completed high school; in 2001 32.2% had high school level (10 times increase). In rural areas, the increase was less than half percentage point to more than 11% (about 22 times). However, in all these cases, the progress of Muslim women is far below all others, and indicates differential progress as regards educational parameters. Only 11.2 % of rural Muslim women in respective age groups have reached to matric level by 2001 indicating the need to do much more.

At this stage one can also notice that percentage of Muslim females who have completed this level is slightly higher than Scheduled Caste and Scheduled Tribe girls both in urban areas and rural areas.

II.5.4. Girl dropouts at early stage:

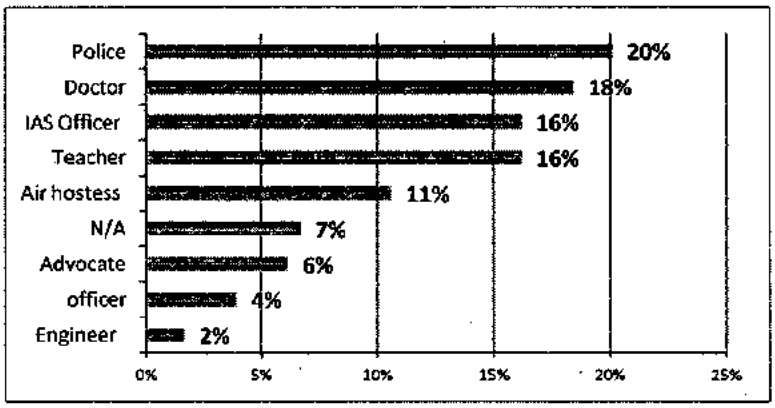
Although there is no government data available on Muslim girl dropouts, some research studies have explored the issues around Muslim girl dropouts. Data in a study at one of the Girls' Schools in Pune, as mapped in an Indian Institute of Education study shows 37% dropouts between 1st to 3rd standard. The stated reasons were quality of education, accessibility, household work for girls at home, early marriage, security etc[56], indicating the need for more comprehensive and effective policy initiatives in this regards especially for Muslim Girls.

A Case from Lucknow: Sakina Bano (name changed).– passed high school and wanted to opt for B Com after Inter. However, her early marriage destroyed all her aspirations. She gave birth to 4 children and was confined to her home. However, she came in contact with Mahila Samakhya and started earning some money. Her parents-in-law were against this and she was asked to leave the job. The husband pronounced Talaq and the in-laws insisted that she leave the home. She questioned the legitimacy of Talaq and continued her MS work, got a promotion there and is determined to educate her daughter now ....and says that she has a new confidence only because of Mahila Samakhya, to fight against injustice.

Further, schools beyond primary level are few in Muslim localities. Exclusive Girl schools are fewer and are usually at a distance from Muslim localities. This has its repercussions because after any incidence of communal violence, parents pull out their girls from schools fearing their security. Lack of Hostels is another limiting factor especially for Girls[57]. Also discrimination faced from school while trying to get admissions or availing scholarships are other factors faced by Muslim Girls[58].

II.5.5. Aspiration of Mothers

In spite of adverse situations, Muslim women seek education of their Daughters and strive hard to provide a meaningful career to them through enrolling them in schools and exploit the opportunities available. A Research study in Pune done in 2013-2014 in which parents from Urdu Schools were asked for their aspiration. They aspire for their daughters the professions like Police (20%), Doctors (18%), IAS Officer (16%), Teachers (16%) etc.[59].



Further, contrary to popular perception that religious conservatism among Muslims somehow militates against educating girls, current research indicates poverty and financial constraints are the major causes that prevent Muslim girls from accessing "modern"/"secular" education[60]. In fact the data above indicates that Muslim parents seek quality education and career to their daughters and the system needs to gear up to fulfil these aspirations effectively.

II.6. HEALTH AND NUTRITION

The issue of health and nutrition is closely associated with economic status and standard of living for the community as a whole, as well as the marginalised status of women within the community.

Percent distribution of live births in the five years preceding the survey by place of delivery, and percentage delivered in a health facility, according to background characteristics, India, 2005-06

Religion	Health Facility/Institution			Home			Others	Total	Percent-age delivered in a health facility	Number of births
	Public sector	NGO/ Trust	Private Sector	Own home	Parents home	Other home				
Hindu	18.4	0.5	20.3	50.9	9.3	0.4	0.3	100.0	39.1	44152
Muslim	15.4	0.3	17.3	56.7	9.6	0.5	0.2	100.0	33.0	9641

Source: NFHS-3

The table above indicates that Muslim women's access to public healthcare facilities is low, and that home-based deliveries are relatively high. Special programs are needed to be taken to increase their participation in all healthcare schemes and facilities. Further, "the health of Muslims, especially women, is directly linked to poverty and the absence of basic services like clean drinking water and sanitation – leading to malnutrition, anaemia, a variety of diseases and poor life expectancy[61]. In conflict-prone areas, there is alarming evidence of a host of psychological problems including stress, depression and post traumatic disorders amongst women[62].

Health services for women living in Muslim concentration areas are much worse than for women in SRCs (socio-religious categories). Even primary health facilities are available only at long distance. Unacceptable behaviour that many Muslim women encounter at public health centre discourages them from going there. They prefer local health care providers from their own community, particularly for gynaecological problems, even though they may not be as qualified. This hesitation on part of Muslim women to access public health facilities often leads to their exploitation by private doctors. The few health care centres staffed by women doctors are concentrated in urban areas, forcing rural population to survive with virtually no care. The poor

quality of drinking water and sanitation in areas of Muslim concentration is another concern expressed"[63].

As regards population control, a survey made in 6 states indicates that 64% of Muslim women have less than 3 children, and only 36% of them are having children above 4 numbers[64]. In a similar survey done in Maharashtra for a project, 72% Muslim families had not more than 6 members and percentage of families with only one child was 13.8%[65]. Justice Sachhar identified another lacuna: population control programs and knowledge of contraceptive practices do not reach Muslim women effectively as felt by many. Besides, women do not go to health centres which lack lady doctors[66].

II.7. VIOLENCE AGAINST MUSLIM WOMEN

Like all Indian women, Muslim women too are subject to violence both within house and also outside their homes, apart from general cultural, patriarchal value system related reasons, there are some specific community related reasons which are to be dealt with specific distinct actions.

II.7.1. Domestic violence:

The comparative statistics below denotes that Muslim women are comparatively more victimized and it calls for special measures to stop this.

Percentage of women in the age group of 15-49 years who have ever experienced physical violence since age 15 and percentage who have experienced physical violence during the 12 months preceding the survey, by background characteristics, India, 2005-06

Religion	Percentage who have ever experienced physical violence since age 15	Percentage who have experienced physical violence in the past 12 months			Number of Women
		Often	Sometimes	Often or sometimes	
Hindu	33.7	3.9	14.9	18.8	67426
Muslim	**34.6**	**4.9**	**16.2**	**21.1**	**11396**

Percentage of women age 15-49 who have ever experienced **sexual violence**, India 2005-06

Religion	Percentage who have ever experienced sexual violence	Number of Women
Hindu	8.3	67426
Muslim	**10.9**	**11396**

Source: NFHS-3

Spousal violence: Percentage of ever-married women age 15-49 by whether they have ever experienced emotional, physical, or sexual violence committed by their husband, according to background characteristics, India, 2005-06

Background characteristic	Emotional violence	Physical violence	Sexual violence	Physical or sexual violence	Emotional, physical, or sexual violence	Number of women
Hindu	15.9	34.9	9.8	37.1	39.7	54208
Muslim	**15.9**	**38.2**	**13.5**	**40.8**	**43.0**	**8795**

Source: NFHS-3

Thus, Muslim women suffer domestic physical violence, sexual violence and spousal violence more than Hindu women, and there is no women friendly /accessible mechanism available to provide individual speedy support/relief and to act on causes.

II.7.2. Violence against Muslim women, as victims of Identity Politics

"Women in general are the torchbearers of community identity. So when community identitity is seen to be under siege, it naturally affects women in dramatic ways. Women sometimes of their volition, sometimes because of community pressure, adopt visible markers of community identity on their person and in their behaviour. Their lives, morality and movement in public spaces are under constant scrutiny and control....."[67].

Identity politics has resulted in communal conflicts almost every decade, major and minor, across many parts of the country, and there are testimonies that women have been worst sufferers as objects of communal violence by rival groups[68]. Further, the famous Shah Bano verdict in

1986 led to the intensification of identity politics in the 1990s[69] and riots. These riots flared up across the country and in Mumbai and put up women and especially Muslim women subjected to tortures and brutalities again[70].

These riots created ghettoization which has further resulted in Muslim women in particular changing their way of life. Sameera Khan in her investigative article states that "it is now commonly acknowledged that riots, in conjunction with bomb blasts that followed in March 1993 at Mumbai, have communalized relations between Muslims and other communities to such an extent that the Mumbai Muslim is now a pariah, increasingly marginalized from the mainstream, displaced, and excluded from many of the city's heterogeneous spaces ..."[71]. During the communal riots in Gujarat in 2002 and latest riots at Muzaffarnagar in Uttar Pradesh, many Muslims ended up taking shelter in relief camps. The widows of victims of violence, mostly Muslim women, got displaced from their homes and are living a life of refugees in their own country[72].

The riots and insecurity thereafter made the entire community and women very conscious about their own protection. This has pushed the agenda of Muslim women's reforms back to the hands of Hindu-Muslim identity politics. During a nationwide survey, many Muslim women expressed that "*Jab samaj hi nahi bachega, to sudhar ko lekar kya kare?*" (While there is no existence of the community, what is the relevance of reforms?)[73]. This has pushed back entire reform agenda of the community and the issues of security and existence became issues of prime importance for the community including for the women from the community. As expressed by women during a survey from riot affected area, 'Do samajonke beech acche sambandh rahe aura man rahe – yahi hum chahte hai" ('we seek peace and harmony between the two communities')[74].

The Sachar Committee report outlines issues of Muslim women, which pertain to identity, security and equity. It reports that[75] "*many that the Committee interacted with suggested that gender issues in the community are also given a Muslim slant; to the exclusion of all other aspects of a Muslim woman's life (income, jobs, education, security or even caloric intake), the rules of marriage, right to divorce and maintenance have become the benchmarks of a gender-just existence*".

It is felt that if Muslim women's deprivation is not located in terms of the objective reality of societal discrimination and faulty development policies, it will be located only in the religious-community space, allowing the State to shift the blame to the community and absolve itself of neglect. The report notes that a gender-based fear of the 'public' experienced to some degree by all women is magnified manifold in the case of Muslim women and that for a large number of Muslim women in India today, the 'safe' space is within the boundaries of home and community. Violent communal conflicts are recorded to have left their impact on the mobility and education of Muslim girls. The increasing intensification of 'ghettoization' also resulted in a lack of various facilities from the administration. Interestingly though, as stated in Justice Sachar committee report, in many meetings, women participants emphasized that given appropriate opportunities to work and get educated, they would 'manage' all these issues[76]. This indicates the lack of opportunities available in spite of Muslim women's readiness to march ahead.

Further, as a result of communal riots, Muslims are migrating to Muslim-populated areas and in the context of increasing ghettoization, the absence of services impacts Muslim women the most because they are reluctant to venture beyond the confines of safe neighborhoods to access facilities from elsewhere[77].

Thus identity politics and communal riots play an important part in Muslim women's life today and this reality requires appropriate measures of high priority. The issue of insecurity due to identity politics and communal riots is very high on the agenda of Muslim women – they need protection and an environment of peace so as to concentrate on their other development agenda.

II.8. MUSLIM WOMEN'S ISSUES RELATED WITH PERSONAL AND CUSTOMARY LAWS:

Since independence, issues of Muslim women have always been vigorously discussed mainly from the legal point of view. Issues related to Muslim personal law dominate in the identity politics by various groups, mainly represented by Men and very rarely Muslim women's own voice has been heard effectively.

The present form of Muslim Personal Law in India has some provisions, which are not seen as in accordance with the values of gender equality and many women's organizations and groups have demanded a review of these[78]. The provisions such as oral divorce, polygamy and maintenance after divorce are found to be misused frequently by men, resulting in the violation of human rights of Muslim women. There are also some religious dictats – "*Fatwas*" – which have proved to be controversial and affecting women's human rights. Latest and prominently appearing in the media were cases of Muslim women Imrana, Gudiya and tennis sportsperson Sania Mirza against whom Fatwas were issued. There are also several cases of trial by media. New mechanisms like "Shariat Courts" have been run by Personal Law Board to resolve cases of Muslims which have no place in the constitution, as proclaimed by the Supreme Court on 8th July 2014 – the SC stated that "Shariat courts have no legal authority and their decisions are not legally binding; *fatwas* must not violate rights of individuals guaranteed by law"[79]. Government needs to act in favour of Muslim women in such cases by way of curtailing such Fatwas and unauthorized courts, along with curtailment of misuse of laws.

> HLCSW – State visit to UP: We met 17 women from nine districts in Lucknow on 14/8/2015. The women were very vocal on issues of oral divorce and the tradition of Halala. Oral divorce is the divorce by pronouncing "Talaq" three times, anytime, by the husband. There are different interpretations about the validity and method of pronouncements, but practically men in India are used to pronounce "Talaq" in one sitting, under influence of liquor or in spell of anger, or by postcard, or even by telephone, and all these forms are considered valid by local Maulavis, who are the final authority. The women thus divorced cannot remarry the husband unless she gets married with someone else at least for one night, have physical relationship with him, and get divorced again. This tradition is called Halala and is based on Shariat. The Muslim women from UP told stories about such live cases, and huge sufferings. They also talked about how men are taking advantage of sanction for polygamy in personal law and were unanimous on demanding reforms in the law to change these provisions.

In order to understand impact of these things on Muslim women, and capture her own voice, this HLC met many Muslim women at Lucknow during its State visit to Uttar Pradesh and had a focused group discussion – the above Box captures the discussion. Additionally, the hearings as recorded by National Commission for Women in 1999 are compiled in the booklet Voice of Voiceless Some sample testimonies are as put up in box below[80].

Lateefa: I live in a Qabristan (graveyard). Husband has left. My children work. I received no Mehr, no maintenance. He has married. I married at fourteen, now it is 22 years since then. I work as a domestic (worker).
Shakira Sultana: I am eighteen years. I have five children. One year ago I was given Talaq. No Mehr, no maintenance. I cook at people's houses.
(*"Women Speak: Voice of Voiceless: Status of Muslim women in India", Report by Syeda Saidain Hameed for National Commission for Women).*

Further, in a nationwide survey, Muslim women expressed their views as under[81]:

Voices of Muslim women regarding policy initiatives and politics to be heard:

- Do you wish to educate your Daughters – Yes 80%, No 2%, Not Applicable 18%
- Why No? Education is too costly, School is not near the house, No female teachers
- Do you go for Voting? Yes 92%
- What do you think about Shah Bano episode? "Rajiv Gandhi who was supposed to take us into the 21st century, has pushed us backwards instead"

NFHS-3 also has findings on comparative status of degree of freedom available to Muslim women at home which shows relatively less number of women (only 25.5%) are allowed to go to three places – market, health facility, outside community as compared with Hindus as 34%. Lack of peace and security is one of the reasons for same as expressed by women in group meetings.

Percentage of women who are allowed to go alone to specific places and percentage who are not allowed to go at all (alone or with someone else) to any of the specific places, by background characteristics, India, 2005-06

Religion	Percentage allowed to go alone to:				Percentage not allowed to go to any of the three places at all	Number of women
	The Market	The health facility	Places outside the village/ community	All three places		
Hindu	52.4	48.2.	38.2	34.0	3.3	100151
Muslim	**40.5**	**40.1**	**29.9**	**25.5**	**5.5**	**16936**

Source- NFHS-3

Thus, in summary, the provisions in Muslim Personal Law such as Oral Talaq, maintenance, Halala and polygamy are used by Muslim men for their selfish motives. Evidence on a number of cases of injustice to women is available from every corner of the country through public hearings of women's organizations, consultations and work of commissions, surveys as above etc. In addition to this, justice through courts is not easily accessible and affordable; women and families are required to go to unconstitutional arbitrations, which are mostly working in the name of religion in favour of men. Further, fatwas are socially compelling to restrict Muslim women's freedom as protected and laid down by the Constitution. Further, as seen in many cases, as a result of the above, Muslim women who are victims of such practices become homeless along with their children and are pushed into poverty.

II. 9. REPRESENTATION IN POLITICAL FORUMS

II.9.1 Political Participation of Muslim Women in Lok Sabha

The overall participation of Muslim women in Lok Sabha is almost none. The current numbers and representation bears no proportion to their population and thus there is no scope for real reflection of their aspirations. They are totally dependent on their male counterparts or on other majority community male and female members, and these members' sensitivity towards their issues and aspirations. No wonder Muslim women's issues often take a backseat or are used for other purpose by all others.

Lok Sabha	Year	Total Seats (No.)	Members (No.):		Percentage of female members to total	Muslim Members		
			Males	Females		Total Muslims	Muslim Males	Muslim Females
I	1952	499	477	22	4.41	22		
II	1957	500	473	27	5.40	19		
III	1962	503	469	34	6.76	26		
IV	1967	523	492	31	5.93	28		
V	1971	521	499	22	4.22	32	32	0
VI	1977	544	525	19	3.49	33	33	0
VII	1980	544	516	28	5.15	51	49	2
VIII	1984	544	500	44	8.09	48	47	1
IX	1989	517	490	27	5.22	31	31	0
X	1991	544	505	39	7.17	21	21	0

XI	1996	543	504	39	7.18	24	23	1
XII	1998	543	500	43	7.92	27	27	0
XIII	1999	543	494	49	9.02	30	29	1
XIV	2004	543	499	44	8.1	32	30	2
XV	2009	543	486	59	11	28	25	3
XVI	2014	543	480	63	11.60	23	19	4

Source-www.elections.in/parliamentary-constituencies/

II.9.2 Participation of Muslim women in State Legislatures

Muslim women representation in State legislatures has also been equally dismal. At present, the average percentage of elected women in State Assemblies is 6.94 per cent, the highest being 14.44 per cent in Haryana and the lowest being 1.34 per cent in Karnataka. States like Arunachal Pradesh, Manipur, Mizoram, Nagaland and Union Territory of Puducherry have no representation of women in their Assemblies. While this is the case with women representatives, the picture with regard to Muslim women is very dismal.

Name of State/UT	Total no. of seats	Women members	Percentage	Muslims Members		
				Total Muslims	Muslim Males	Females
Andhra Pradesh*	175	18	10.28	3	3	0
Arunachal Pradesh*	60	0	0.00	0	0	0
Assam*	126	13	10.32	26	25	1
Bihar#	243	36	14.81	18	17	1
Chhattisgarh	91	10	10.98	0	0	0
Delhi*	70	6	8.57	5	5	0
Goa*	40	2	5.00	0	0	0
Gujarat*	182	16	8.79	2	2	0
Haryana*	90	13	14.44	5	5	0
Himachal Pradesh*	68	5	7.35	0	0	0
Jammu & Kashmir#	87	2	2.30	2	0	2
Jharkhand<	81	5	6.17	4	4	0
Karnataka*	224	3	1.34	8	8	0
Kerala*	140	7	5.00	30	29	1
Madhya Pradesh*	230	30	13.04	1	1	0
Maharashtra*	288	12	4.17	9	9	0
Manipur*	60	1	1.60	3	3	0
Meghalaya#	60	2	3.33	1	1	0
Mizoram*	40	0	0.00	0	0	0
Nagaland#	60	0	0.00	1	1	0

Orissa*	147	11	7.48	0	0	0
Punjab*	117	7	5.98	3	2	1
Puducherry*	30	0	0.00	1	1	0
Rajasthan*	200	13	6.50	2	2	0
Sikkim#	32	3	9.38	0	0	0
Tamil Nadu#	234	22	9.40	4	4	0
Talengana	119	9	7.56	8	8	0
Tripura#	60	2	3.33	2	2	0
Uttar Pradesh*	403	25	6.20	67	64	3
Uttarakhand#	70	4	5.71	2	2	0
West Bengal#	294	37	12.59	51	55	6

*Source: * website of the respective Assemblies/State Governments # Website of Election Commission of India; < Who's Who, Jharkhand Assembly*

Muslim women are politically aware as indicated by the 92% voting, and surely seek to raise voice in democratic institutions. However, there appears to be a general apathy by political parties in choosing candidates from this community and Muslim women in particular. It is very important that the voice of Muslim women is heard in political forums and accordingly major initiatives are required to be undertaken to improve this situation.

II. 10. GOVERNMENT SCHEMES FOR MUSLIM WOMEN

Since 1986, the Government has identified marginalization of Muslim community as an issue and has launched some schemes through Ministry of Minority Affairs as described hereunder. Out of these schemes, the schemes which are specifically aimed at minority girls and women are Nai Roshni, Strengthening of Boarding and Hostel facilities for Girls, Maulana Azad National Scholarship for Meritorious Girl Students belonging to minorities and Kasturba Gandhi Balika Vidyalaya as well as other schemes are overall applicable to minorities.

Schemes Relating To Minority Women

1. "Nai Roshni": The Scheme for Leadership Development of Minority Women:

Ministry of Minority Affairs has reformulated the scheme in 2011-12 and renamed it as "Scheme for Leadership Development of Minority Women". The implementation of the Scheme started in 2012-13. The objective of the scheme is to empower and instil confidence among minority women, including their neighbours from other communities living in the same village/locality,

by providing knowledge, tools and techniques for interacting with Government systems, banks and other institutions at all levels. Empowerment of women from the minority communities and emboldening them to move out of the confines of their home and community and assume leadership roles and assert their rights, collectively or individually, in accessing services, facilities, skills, and opportunities besides claiming their due share of development benefits of the Government for improving their lives and living conditions.

2. Area Intensive Programme for Educationally Backward Minorities:

The Area intensive Programme was launched in 1993 by the Department of Education, Ministry of Human Resource Development (MHRD), to support educationally backward minorities under which a grant is given for establishment and strengthening of educational infrastructure in primary and upper primary schools and also for opening multi-stream residential higher secondary schools for girls to promote their participation in science, commerce, humanities and vocational courses.

3. Strengthening of Boarding and Hostel Facilities for Girls

The scheme was launched in 1993-94 with the basic objective to address the problem of access to secondary schools for girl students. Under the scheme financial assistance is given to eligible voluntary organisations to improve the enrolment of adolescent girls belonging to rural areas and weaker sections. Students from classes VI to XII are eligible for assistance under the scheme and a maximum of 150 boarders are assisted in a single hostel.

4. Community Development through Polytechnics (CDTP)

The new scheme is proposed to provide non-formal, short term, employment oriented skill development programs, to various sections of the community mainly the rural, unorganized and underprivileged sections, by harnessing the infrastructure available in the Polytechnics. The CDTP Scheme would be put into practice through 1000 All India Council of Technical Education (AICTE) approved polytechnics, across India.

5. **Central Sector Scheme of Free Coaching for SC and OBC Students**

The objective of the Scheme is to provide coaching of good quality for economically disadvantaged Scheduled Castes (SCs) and Other Backward Classes (OBCs) candidates to enable them to appear in Competitive examination and succeed in obtaining jobs in public or private sector organisations.

6. **Maulana Azad National Scholarship Scheme for Meritorious Girl Student Belonging to Minorities**

This scheme was set up to recognise, promote and assist meritorious girl student belonging to national minorities who cannot continue their education without financial support. Scholarships are given for school and college fees, purchase of syllabus books, stationery and equipment's required for the course and for payment of boarding and lodging charges. Only girl students belong to national minorities (Muslims, Christians, Buddhists, Sikhs and Parses) can apply. They should secure not less than 55% marks in aggregate in their secondary school certificate examination, conducted by any recognised Centre or State Boards of Secondary Education. The family income of the student from all sources should be less than Rupees 1 lac in the preceding financial year and the girl should have confirmed admission in class XI. The University, College or Institute offering admission should be recognised by the Government at the Central or State level or any other competent authority.

7. **Multi-Sectoral Development Programme (MsDP):**

The scheme is intended to fill up the 'development deficits' in Minority Concentration Districts (MCD). 90 Minority Concentration Districts have been identified as relatively backward and falling behind the national average in terms of Socio-economic and basic amenities indicators.

8. **Prime Minister's 15- Point Programme for Welfare of Minorities:**

The objectives of the programme are:

- Enhancing opportunities for education.

- Ensuring an equitable share for minorities in economic activities and employment, through existing and new schemes, enhanced credit support for self-employment and recruitment to State and Central Government jobs.
- Improving the conditions of living of minorities by ensuring an appropriate share for them in infrastructure development schemes.
- Prevention and control of communal disharmony and violence.

It is intended to benefit eligible sections among the national minorities (Muslims, Christians, Sikhs, Buddhists and Parsis).

9. Centrally Sponsored Scheme for Providing Quality Education in Madrasas (SPQEM):

The objective of the scheme is to encourage traditional institutions like Madrasas and Maktabs to introduce science, mathematics, social studies, Hindi and English in their curriculum by giving them financial assistance. However, the process of modernization of traditional Madrasas and Maktabs will be voluntary. Maktabs, Madrasas, Dar-ul-ulooms can also opt to become accredited study centres with the National Institute of Open Schooling for offering Senior Secondary level programmes. The scheme will seek to provide opportunities for vocational training, to enter the job market and to encourage entrepreneurship for children studying in Madrasas.

10. Kasturba Gandhi Balika Vidyalaya (KGBV):

Kasturba Gandhi Balika Vidyalaya is residential upper primary schools for girls from SC, ST, OBC, Muslim communities and BPL girls. KGBVs are set up in educational backward blocks where schools are at great distances and are a challenge to the security of girls. This often compels girls to discontinue their education.

KGBVs reach out to Adolescent girls who are unable to go to regular schools to out of school girls in the10+age group who are unable to complete primary school and younger girls of migratory populations in difficult areas of scattered habitations that do not qualify for primary/upper primary schools KGBVs provide for a minimum reservation of 75% seats for girls from SC/ST/OBC and minorities communities and 25% to girls from families that live below the poverty line.

However, in spite of these, the Muslim community is still lacking in development and more so in the case of Muslim women, which indicates that the schemes are possibly not addressing real issues. On this background, it is required to audit these schemes for performance since launch, and modify suitably to increase the effectivity.

For example, the *Nai Roshni* scheme, which is to improve leadership of Muslim Girls, is implemented for last 3 years. The official figures regarding outlay and number of girls covered in states and districts show that for 2012-13, the amount sanctioned was Rs 14.9 crores, out of which 10.4 crores is released and number of beneficiaries is 36950, whereas in 2013-14, the total sanctioned amount is 20.81 crores, released is 11.95 crores, and number of beneficiaries increased to 60875[82]. Two lakh women are targeted to be covered in the 12th five year plan period. While progress as per plan appears in outlays and outreach, the scheme is required to be assessed for development of leadership in the beneficiaries against some relevant parameters. To do this, a social audit is required to go beyond financial outlays as criterion for effectiveness, and accordingly the scheme needs to be assessed.

II. 11. SUMMARY OF ISSUES AND RECOMMENDATIONS

Muslims are a community largest amongst minorities, and participation of Muslims in overall country's growth is very vital for India's march towards becoming a developed nation. Looking at the presence of various religious groups, the need for secular inclusive policies is seen to be essential for overall growth of India. Muslim community cannot be left behind in any developmental effort, and must be brought at par with other communities as regards socio-economic status for building a prosperous India. Further, women who constitute half of this community play a very vital role in the same. Women in any patriarchal society get pushed to secondary position. Muslim women are no exception to this, and suffer marginalization in their community which itself is marginalized. Muslim women are thus marginalized within marginalized, minority within minority, and deserve a special affirmative action in Independent India as an equal citizen to come at par with others.

The debate on issues of Muslim women has always been revolving around issues of laws and has resulted into controversies. However, Muslim women, from various recorded accounts, are

aspiring to prosper along with other communities. As has been highlighted by Muslim women themselves, the issues they see for themselves are Shiksha (Education), Suraksha (Security), Rozgaar (Employment) and Kanoon (Law) in the same order of priority[83]. Data on various fronts clearly indicate that Muslim women are far behind other communities as regards economical, educational and social parameters and are further deprived of gender just laws. All this makes the issues complex, and it calls for community initiative as well as political will to resolve this. Based on above analysis, following issues are highlighted with recommendations -

Issue of unequal sex ratio of women:

This is a common issue cutting across women of all religions with not so significant difference in status between Hindus and Muslims. Accordingly, the following actions are recommended:

1. Strengthen legal implementation of banning female foeticide and sex determination tests at all places with voluntary organization involvement.
2. Utilize Mahila Samakhya and other programs to sensitize parents to the values of gender equality through various initiatives and ensure participation by all cross sections in all religions for lasting transformation.

Issue: Lower participation in economic activities:

3. A National Commission on Status of Muslim Women need to be appointed to investigate the factors behind these facts, and recommend actions.
4. It is recommended that new schemes for promoting skill-based, self help based women's enterprises amongst backward minorities need to be reconstituted, by combining existing schemes where possible.
5. The Equal Opportunity Commission (announced in February 2014) should be made active to identify possibilities of inclusion of Muslim women in various employment and entrepreneurial opportunities and ensure their increasing participation in same.

Issue: Muslim Women's lack of access to money and credit:

6. A special scheme needs to be initiated for credit to Muslim women under Women's Bank launched recently.
7. SHGs and local Mahila banks to be sensitized towards Muslim women's inclusion at least to the proportion of their share in population in the area.
8. Mandatory targets for nationalized and other banks for credit to women, and Muslim women in particular.

Issue: Employment opportunities affected due to Discrimination:

9. Implement Justice Sachhar Committee recommendations of Diversity Index within defined time frame and with accountability.
10. A sensitization drive by NGO/Voluntary organizations and Government for having inclusive policies in recruitment in all sectors.

Issue: Educational marginalization of Muslim Women:

11. It is recommended that effective use of RTE is to be monitored to ensure that schools are available in 2 Km radius, that there is diversity in schools, no discrimination and participation of Muslim parents in SMEs; further, mapping of results in terms of full enrolments and educational progress of minorities, especially Muslims and Muslim girls is to be monitored strictly and regularly. A time bound report of implementation of RTE to be created by a task force that conducts minority audit of RTE.
12. The Committee recommends a social audit of all existing schemes for promoting education amongst minorities and girls and a reality check on their effectiveness.
13. It is recommended to have a Review of the curriculum to include parents' expectations as most important stakeholder – such as more vocational content, and usefulness as regards life skills, for example. Committee recommends a review from minority perspective and including of special courses suitable for migratory and artisanal households.

Issue: Lack of access to healthcare services & facilities for Muslim women:

14. It is recommended to have a special communication and outreach program to ensure full participation of Muslim women in all healthcare programs – voluntary organizations and programs like Mahila Samakhya, Anganwadi etc to be utilized to ensure such an outreach.
15. It is recommended that a social audit of various schemes be done for inclusive participation, followed up by modification of schemes suitably where needed, with in-built mechanisms for regular beneficiary assessment and accountability-fixing.
16. It is recommended that a thorough mapping be done for existing healthcare centres vis-a-vis Muslim localities and gaps to be identified, to be rectified by putting in new centres as required. This task can be done in a decentralized way by respective local self-government representatives in their respective constituencies, with the help of a central agency assisting in evolving the methodology along with suitable budgetary provisions.

Issue: Domestic violence due to patriarchal value in family

17. It is recommended that it is essential to create a women-friendly and accessible grievance redressed forums and mechanisms, like family courts and Mahila Mandals which can provide an outlet for women who suffer from patriarchal value system and incidences of violence in families. It is also recommended that programs like Mahila Samakhya provide such mediums which provide empowerment to women to show courage against such violence and assert their rights.

Issue: Identity politics and violence against Muslim women

The community, post riots in various parts of country, needs special actions leading to healing touch and which will ensure speedy justice, rehabilitation of women living in rehabilitation camps and a systemic protection against such incidences in future. With this background, following recommendations are made:

18. It is recommended that the Government set up a special scheme for speedy rehabilitation of riot- affected victims and families all across country for conflict/riots-affected areas.
19. The Government should initiate Comprehensive measures for prevention of riots in sensitive

zones, and protection to minorities.

20. Special measures should be adopted for Police, Government authorities and other enforcement agencies to be sensitized for protection of human rights of minorities and all.
21. Speedy justice to riot victims and effective reprimands to culprits so as to create confidence of most vulnerable groups in law and order machinery of the country.

Issue: Provisions in present Muslim Personal Law affecting women's life

22. The Government should constitute a panel of women experts, social activists and community representatives from Muslim women who will go into details of various aspects related to Muslim Personal Law, to provide specific reform proposals in personal law within stipulated time to deter misuse of these provisions and safeguard Muslim women. Government should create a consensus of all stakeholders to put up these reforms in place and pass necessary amendments.
23. A Commission should be appointed to map the real status of Muslim women and create measures for immediate and long term relief as well as justice for them.
24. It is seen that there is systematic effort of creating parallel judiciary in the name of Shariat Courts by various agencies in the country and women are misled towards using these more and more with judicial delays in Government courts. This deprives them of the protection of Indian Constitution and enforcement authorities and Government needs to act upon making judicial processes faster, affordable and accessible to all.

Issue: Muslim women lacking in adequate political representation

25. Leadership development trainings need to be given to Muslim Girls and women in systematic manner so as to develop and nurture leadership from the community – this can be done with strengthening existing schemes like Nai Roshni in qualitative manner.
26. Sensitization of political parties for choosing more women candidates in general and Muslim women in particular, especially in Muslim populated districts and states in proportion to their population.

Issue: Inadequacy of existing schemes for development of Muslim women

27. Put up a special drive to assess the effectiveness in terms of objectives for all schemes and

recommend complete modifications. New schemes for empowerment of Muslim women based on such an assessment and relevant committee reports. The areas to be covered are development of skills, leadership, credit and provision of entrepreneurial and employment opportunities and careers to Muslim girls.

Other General Actions Recommended:

1. Appoint a special commission to study the status of Muslim women: The status as above indicates that a differential progress of various minority communities has taken place during last 65 years –detailed reasons behind relative progress of Christians / Jains and marginalization of Muslims are required to be identified and mapped for making concrete suggestions as regards to improving the status of backward minorities and Muslim women in particular. An authentic study should be undertaken for mapping detailed status study of minority women and a commission may be appointed to identify the actions to remove marginalization of deprived sections of these communities.

2. Inclusive policies for women welfare and minority audit of all government schemes for marginalized: Indian society is characterized by traditional patriarchal values in which women are still struggling to get their rightful place in terms of priorities in education and other development opportunities. Minority communities are not an exception to this and it affects socio economic status of women in each of these communities as well. Accordingly, special attention to be provided to ensure inclusion of minority community women in all women welfare schemes and parameters should be identified for same against which schemes should be continuously evaluated.

3. Implementation of Justice Sachhar Committee recommendations: Justice Sachhar Committee (2005) which was appointed by the Prime Minister of India to assess status of Muslims, has put up its findings stating Muslims are little better than SC/STs but lower than Hindu OBCs in various social status parameters. There are some very important recommendations like Equal Opportunity Commission, Diversity Index to improve inclusion, initiating processes of evaluating content of text books, providing hostels for minority students etc. – all of these need to be implemented fast. Although Sachhar Committee has not covered Muslim women's status in detail, the progress of Muslim women is largely dependent on overall

development of Muslim community at large and in this regard, many of the Committee's recommendations need to be implemented.

4. Identification of backward caste Muslims and initiation of schemes for women: Religious Minorities in India also have a caste caste system with similar deleterious impact like in the case of the Majority community, but unfortunately this is not well identified in terms of social marginalization parameters. For example, there are OBC, NT/DNT Muslims, Dalit Christians etc., who have characteristic trends of socio educational marginalization. However, minorities are not getting due considerations for same while creating policies for them and women from these communities are further sufferers. It is essential to have schemes drawn up to include these castes in all development agenda and the women from these castes in particular.

5. Minority sensitization of enforcement agencies and state-wise focus: In line with principles of secularism enshrined in the constitution, we need to ensure the level of sensitization of government machinery, police, judiciary and allied systems and their impact on status of minority women. On this front, special sensitization programs as related with minority communities need to be undertaken with all the above agencies. Further, in the states where Muslim population is significantly higher, the socio-economic issues are more dominated by Muslim community's issues; hence, the development initiatives here need to be oriented especially to suit the special situation of these places. These states need to be mapped for special actions to include Muslims and specifically Muslim women in development initiatives. It is also important to have special care in states where the Muslim population is lower than 10% - the community needs to be mapped for participation in all schemes and it should be seen that their minority characteristic is not keeping them excluded from benefits of general development initiatives, and schemes addressing overall population. A minority audit of all schemes is therefore important in all places.

The Indian Government has ratified the UN Convention on Elimination of all Forms of Discrimination against Women (CEDAW) in 1993 with a reservation that it shall do this in conformity with its policy of non-interference in the personal affairs of any community without initiative and consent. We feel, India should march towards aligning with this principle in steady manner by initiating gender-just reforms regarding justice for all women.

III. STATUS OF ADIVASI WOMEN IN INDIA

1. Adivasi communities: Social and demographic profile, incl. sex ratio
2. Education
3. Health, Nutrition and Sanitation
4. Livelihoods
5. Displacement, Conflict, Migration, Trafficking
6. Violence Against Adivasi Women
7. Customary Practices/Laws, incl. witch-hunting
8. Adivasi women and political empowerment
9. Government interventions/schemes
10. Recommendations

III.1. BACKGROUND: ADIVASI/ST COMMUNITIES

III.1.1. Adivasis is a term used for the indigenous tribal communities of India, identified by the ethnicity of these communities. While connotating the original inhabitants of a given region, the term is also used in the context of political autonomy that existed for these communities. Other equivalent terms used are girijans (hill people), highlanders (used by some anthropologists in the past), van vasis (forest dwellers) etc. In the North East of the country, the indigenous communities refer to themselves as 'tribes' (in this report, we have used different terms interchangeably, predominantly sticking with the term Adivasi). Communities here are mostly defined by distinctive cultures and languages (many of which have not evolved a script), with specific gods and goddesses and rituals, in addition to geographical boundaries defining their existence. Several of these communities also live in isolation from others. In the official parlance, many indigenous communities are classified as Scheduled Tribes or STs, as per Article 366 (25) which defines them as 'such tribes or tribal communities or part of, or groups within such tribes or tribal communities' as deemed under Article 342, which states that these are communities defined by geographical 'isolation', 'backwardness', distinctive culture, language and religion and 'shyness of contact'[84].

III.1.2. According to the 2011 Census, the total Scheduled Tribes (ST) population in India is 10.43 crore – which constitutes 8.6% of the country's total population. Between 2001 and 2011, the ST population grew at the rate of 23.66% against the 17.69% growth of the entire population. More than half of this population is concentrated in 7 states – Madhya Pradesh (14.69%), Maharashtra (10.08%), Odisha (9.2%), Rajasthan (8.86%), Gujarat (8.55%), Jharkhand (8.29%) and Chhattisgarh (7.5%). While more than half of the ST population is concentrated in Central India, there is a large number which is spread over the North East states of Assam, Nagaland, Mizoram, Manipur, Meghalaya, Tripura, Sikkim and Arunachal Pradesh. Among all the states, Mizoram has the highest proportion of the Scheduled Tribes (94.43) and Uttar Pradesh has the lowest proportion of the Scheduled Tribes (0.57). The habitats where various *adivasi* communities live are diverse – from plains and forests to hills and inaccessible areas. It has been noted by a recent HLC on Status of Tribal Communities in India (May 2014) that there are indeed a large number of states wherein tribes form a sizeable population in entire blocks or villages – for example, in states like West Bengal, Kerala, Tamil Nadu, Karnataka, Goa etc., and that these must be brought under the ambit of Scheduled Areas.

III.1.3. The government has classified some Adivasi groups has Particularly Vulnerable Tribal Groups (PVTGs) (earlier termed as Primitive Tribal Groups, 75 in number), which according to the government are characterized by the following[85]:

a) Pre-agriculture level of technology

b) Stagnant or declining population

c) Extremely low literacy and

d) Subsistence level of economy.

III.1.4. Over 700 Scheduled Tribes are notified under Article 342 of the Constitution (number of main Scheduled Tribes went up to 705 from 664 in the last decade, between 2001 and 2011; in addition, 194 sub entries as synonyms/sub groups/sections have been notified in 9 states). Many tribes are present in more than one state. Similarly Punjab, Chandigarh, Haryana, Delhi and Pondicherry do not have Scheduled Tribes[86]. The largest numbers of Scheduled Tribes are in the

State of Odisha (i.e. 62). The synonyms of these 700 or so tribes also vary many a times and are listed in the Schedule.[87]

III.1.5. In India, laws and policies that pertain to indigenous communities or Adivasis are mainly from the colonial times, continued in Independent India as Sixth and Fifth Schedules of the Constitution. Administratively, these communities are referred to as Scheduled Tribes or STs, so that specific constitutional privileges, protection, safeguards, affirmative action and benefits can be ensured for these communities who have been historically marginalized. Laws passed by the Parliament or state legislatures need not automatically apply in these areas. The criteria followed for declaring an area as 'Scheduled Area' are preponderance of tribal population; compactness and reasonable size of the area; under-developed nature of the area; and marked disparity in economic standard of the people. These criteria are not spelt out in the Constitution of India but have become well established[88]. In Independent India, laws are applicable in Sixth Schedule Areas only if the Governor thinks it desirable; in the Fifth Schedule Areas, Governor can make laws inapplicable if s/he thinks it to be not in the interest and welfare of the tribal communities of the state. Quite apart from this unique approach to the Scheduled Areas is the other historical matter of laws and policies over the decades having had a disproportionately large and adverse impact on tribal communities (Forest Conservation Act, Wildlife Protection Act etc.).

III.1.6. Given the fact that the Adivasi communities have had a distinctly different sort of identity, habitat, societal/community social structure, gender relations, worldview and belief systems, culture (in quite a heterogeneous way amongst communities too), relationship with Nature, skill set and knowledge systems, the mainstream development paradigm - with its modernizing one-size-fits-all approach and the economic development paradigm which covets the very resources which have been nurtured, managed and conserved mostly by Adivasi communities and commodifies them – has had a significant and often deleterious impact on these communities. A real lack of political autonomy and self governance has been a major hindrance, concluded the recent High Level Committee under the Ministry of Tribal Affairs that studied the status of tribal communities in India (May 2014). This Committee recommended that the pattern of the Sixth Schedule which gave a better status to tribal communities in various spheres (socio-economic, educational, health etc.) should be extended in the form of Autonomous Councils in

the Fifth Schedule areas wherein a provision is already built into the Provisions of Panchayat (Extention to Scheduled Areas) Act 1996 (popularly called PESA Act).

III.1.7. Adivasi women, like their counterparts in other marginalized communities like SCs or Muslims, suffer from multiplicity of marginalisations, including gender, ethnicity and class. On the other hand, their rights as women and as indigenous people are also inter-related. In the case of Adivasi women, while India's commitment to CEDAW is the pertinent framework, it is also important that we abide by the UN Declaration on the Rights of Indigenous Peoples.

III.1.8. They are over-represented amongst the poor, have low health and education status and are denied decent livelihood opportunities. It is seen that they experience the highest amounts of violence, structural and everyday, from men within their communities, outside their communities and from the outside world in general. Further, justice is distant and elusive for these most marginalized women.

III.1.9. Within a development paradigm that values and provides opportunities to modern education, consumerism and modernist worldviews, these women are often ignored, invisible and further marginalized by those very development processes. It is noted that Adivasi communities themselves are going through a severe crisis of survival, loss of identity, impoverishment, dispossession, displacement and migration even as state-led efforts in education and health fronts are showing some results. It is also seen that it is only in the recent past that Adivasi women's collectives have begun making their presence felt in a pan-Indian fashion for more effective advocacy for the rights of Adivasi women. Meanwhile, the official periodic reports of India at CEDAW as well as internal planning and investments do not seem to sufficiently assess the situation of Adivasi women and give them due and equitable attention for empowerment.

III.1.10. This HLC did a separate national consultation on the status of Adivasi women in Bhubaneswar in September 2014 so that voices, perspectives and experiences of Adivasi women, their leaders and organisations working with them could be heard, along with the analysis of academicians and state government agencies, especially of eastern India. This section of the report is informed and enriched by this consultation followed by a field visit by the HLC into tribal pockets of Odisha. Further, it also draws from the recent report of the Government of

India's High Level Committee on the Status of Tribal Communities in India constituted under the Ministry of Tribal Affairs (May 2014) wherever pertinent.

III.2. SOCIAL AND DEMOGRAPHIC PROFILE

HOUSEHOLDS, CENSUS 2011

Indicator	Absolute		Percentage	
	2001	2011	2001	2011
Total	193579954	240454252	100	100
Rural	137773323	168565486	100	100
Urban	55806631	80888766	100	100
Total STs	16464357	21467179	8.5	8.6
Rural	15013498	19257983	10.9	11.4
Urban	1450859	2209196	2.6	2.7

III.2.1. While the above is for households, in terms of population also, Scheduled Tribes were 8.6% of India's population in 2011, with 11.3% of them of Rural India's and 2.8% of urban India's. What is remarkable is that between 2001 and 2011, urban India had 34.7 lakh more STs added, which is a 49.7% decadal change (compared to only 31.7% for urban India for the total population, and 41.3% for Scheduled Castes). In rural India, STs increased their numbers in the decade between 2001-2011 by 21.3%, compared to the total population decadal change at only 12.3% in rural areas. This could have implications for STs in their native locations, as discussed later in the report.

III.2.2. In terms of percentage of STs to total population in *any given state or UT*, Lakshadweep, Mizoram, Nagaland, Meghalaya and Arunachal Pradesh top the list (ranging from 68.8% to 94.8% of their population). In terms of the bottom 5, it is Uttar Pradesh (0.6%), Tamil Nadu (1.1%), Bihar (1.3%), Kerala (1.5%) and Uttarakhand (2.9%). Major states in terms of percentage to total population when it comes to STs are: Chattisgarh (30.6%), Jharkhand (26.2%), Odisha (22.8%), Madhya Pradesh (21.1%) and Gujarat (14.8%) top the list, while the bottom 5 are Uttar Pradesh (0.6%), Tamil Nadu (1.1%), Bihar (1.3%), Kerala (1.5%) and Uttarakhand (2.9%). Major states where the state's share of STs to total ST population is high include: Madhya Pradesh (14.7%), Maharashtra (10.1%), Odisha (9.2%), Rajasthan (8.9%), Gujarat (8.6%), Jharkhand (8.3%) and Chattisgarh (7.5%).

III.2.3. In 2011, the share of child population (0-6 years) amongst STs (at 16%, with 16.4% in rural and 12.8% urban) was higher than for the total population (13.6% overall, with 14.6% rural and 11.5% urban), which shows the good potential of investing on these children now in various ways.

Scheduled Tribes Population, Urban-Rural, Male-Female, Census 2011 ('000s)

State	2011 Urban, STs		2011 Rural, STs		Total: Rural & Urban, 2011, STs			%age of total ST population in India
	Male	Female	Male	Female	Male	Female	Total	
Andaman & Nicobar Islands			13837	12878	13837	12878	26715	0.03
Andhra Pradesh	348470	337474	2620892	2611237	2969362	2948711	5918073	5.67
Arunachal Pradesh	77765	84210	390625	399221	468390	483431	951821	0.91
Assam	109679	109287	1847326	1818079	1957005	1927366	3884371	3.72
Bihar	33981	31741	648535	622316	682516	654057	1336573	1.28
Chhattisgarh	296057	295763	3577134	3653948	3873191	3949711	7822902	7.50
Dadra & Nagar Haveli	13795	13825	75049	75895	88844	89720	178564	0.17
Daman & Diu	3928	3818	3843	3774	7771	7592	15363	0.01
Goa	29685	31951	43263	44376	72948	76327	149275	0.14
Gujarat	458698	436628	4042691	3979157	4501389	4415785	8917174	8.55
Himachal Pradesh	17734	9222	186896	187496	204630	196718	401348	0.38
Jammu & Kashmir	46182	40284	730075	676758	776257	717042	1493299	1.43
Jharkhand	387084	389808	3928323	3939827	4315407	4329635	8645042	8.29
Karnataka	410992	408204	1723762	1706029	2134754	2114233	4248987	4.07
Kerala	24995	26752	213208	219884	238203	246636	484839	0.46
Lakshadweep	23763	23894	6752	6711	30515	30605	61120	0.06

Madhya Pradesh	531635	508275	7187769	7089105	7719404	7597380	15316784	14.69
Maharashtra	774569	729567	4540456	4465621	5315025	5195188	10510213	10.08
Manipur	54423	57191	396464	394662	450887	451853	902740	0.87
Meghalaya	199171	219799	1070557	1066334	1269728	1286133	2555861	2.45
Mizoram	258307	270341	257987	249480	516294	519821	1036115	0.99
Nagaland	200676	203459	665351	641487	866027	844946	1710973	1.64
Odisha	299210	296579	4428522	4566445	4727732	4863024	9590756	9.20
Rajasthan	288127	257284	4454816	4238307	4742943	4495591	9238534	8.86
Sikkim	19202	20012	86059	81087	105261	101099	206360	0.20
Tamil Nadu	67890	66527	333178	327102	401068	393629	794697	0.76
Tripura	24419	24828	563908	553658	588327	578486	1166813	1.12
Uttar Pradesh	54768	48429	526315	504761	581083	553190	1134273	1.09
Uttarakhand	13978	13106	134691	130128	148669	143234	291903	0.28
West Bengal	221971	219921	2428057	2427058	2650028	2646979	5297007	5.08

Source: Compiled from Census 2011

III.2.4. The number of female headed households amongst STs is 12.16 per cent, which is slightly higher than the figure for all social groups.

III.3. SEX RATIO AND CHILD SEX RATIO

Indicator	Sex Ratio		Child Sex Ratio	
	2001	2011	2001	2011
Total Population	933	943	927	919
Rural	946	949	934	923
Urban	900	929	907	905
Scheduled Tribes, Total	978	990	973	957
ST Rural	981	991	974	959
ST Urban	944	980	951	940

Source: Primary Census Abstract for Total Population, SCs and STs, 2011

III.3.1. It is clear that sex ratio amongst STs has been better when compared to the total population. In all States except Andhra Pradesh, Tamil Nadu and Uttarakhand, the ST sex ratio as per 2011 Census was better than the general population sex ratio. However, the decline in child sex ratio both in rural and urban areas amongst STs is a matter of concern. In fact, the decline is twice the decline amongst total population (16 points, when compared to 2001) and needs immediate attention.

III.3.2. In states/UTs like Lakshwadweep, Jammu & Kashmir, Tamil Nadu, Rajasthan and Daman & Diu, the child sex ratio amongst STs is lowest, while the top 5 states, which still range between 976 and 993 in terms of their CSR are: Chattisgarh, Odisha, Arunachal Pradesh, Dadra & Nagar Haveli and Jharkhand.

State wise Sex Ratio among Scheduled Tribes: 2001 - 2011

S. No.	State/ UT	Sex Ratio 2001			Sex Ratio 2011		
		Total	Rural	Urban	Total	Rural	Urban
	INDIA	978	981	944	990	991	980
01	Jammu & Kashmir	910	916	799	924	927	872
02	Himachal Pradesh	996	1002	809	999	1003	923
03	Punjab	NST	NST	NST	NST	NST	NST
04	Chandigarh #	NST	NST	NST	NST	NST	NST
05	Uttarakhand	950	956	867	963	966	938
06	Haryana	NST	NST	NST	NST	NST	NST
07	NCT of Delhi #	NST	NST	NST	NST	NST	NST
08	Rajasthan	944	950	851	948	951	893
09	Uttar Pradesh	934	945	850	952	959	884
10	Bihar	929	934	839	958	960	934
11	Sikkim	957	950	1024	960	942	1042
12	Arunachal Pradesh	1003	1000	1020	1032	1022	1083
13	Nagaland	943	942	946	976	964	1014
14	Manipur	980	977	1040	1002	995	1051
15	Mizoram	984	959	1012	1007	967	1047
16	Tripura	970	971	921	983	982	1017
17	Meghalaya	1000	987	1072	1013	996	1104
18	Assam	972	974	929	985	984	996
19	West Bengal	982	984	950	996	1000	991
20	Jharkhand	987	989	965	1003	1003	1007
21	Odisha	1003	1006	948	1029	1031	991
22	Chhattisgarh	1013	1017	941	1020	1021	999
23	Madhya Pradesh	975	979	912	984	986	956
24	Gujarat	974	978	926	981	984	952
25	Daman & Diu #	947	952	928	977	982	972

26	D & N Haveli #	1028	1032	973	1010	1011	1002
27	Maharashtra	973	979	931	977	984	942
28	Andhra Pradesh	972	974	941	993	996	968
29	Karnataka	972	975	960	990	990	993
30	Goa	893	827	928	1046	1026	1076
31	Lakshadweep #	1003	1001	1006	1003	994	1006
32	Kerala	1021	1020	1053	1035	1031	1070
33	Tamil Nadu	980	977	997	981	982	980
34	Puducherry #	NST	NST	NST	NST	NST	NST
35	A & N Islands #	948	954	796	937	931	1030

Source: Chapter 19, Annual Report 2013-14, Ministry of Tribal Affairs, Government of India

III.4. LITERACY AND EDUCATION

III.4.1. The literacy rate for the total population in India has increased from 64.8% to 73% during the period 2001-2011 (less than 9 percentage points) whereas the literacy rate among Scheduled Tribes has increased from 47.1% to 59% (more than 11 percentage points). Here, while both urban and rural STs showed greater decadal change in effective literacy compared to the total population, in Rural India, STs posted a 11.90% increase compared to 2001. The highest *literacy rates* amongst STs are in Lakshdweep, Mizoram, Nagaland, Sikkim and Tripura, while the lowest are in Andhra Pradesh, Jammu & Kashmir, Madhya Pradesh, Bihar and Odisha. The percentage of *literacy gap* between STs and all population varies from 12.4 to 15.2 percentage point during 2011. States like Tamilnadu, Odisha, Madhya Pradesh, West Bengal, Kerala, Andhra Pradesh, Maharastra, Jammu & Kashmir, Gujarat and Dadra & Nagar Haveli are having more than 14.0 (i.e. literacy gap at all India) percentage gap of literacy rate between STs vis-a-vis total population during 2011. States like Odisha and Tamil Nadu are having more than 20 percentage point gap of literacy between STs and all population in these states. All States registered a decline in literacy gap between 2001 & 2011, however.

Literacy among STs and all Social Groups, over the decades

Year	STs			All Social Groups		
	Male	Female	Total	Male	Female	Total
1961	13.83	3.16	8.53	40.40	15.35	28.30
1971	17.63	4.85	11.30	45.96	21.97	34.45
1981	24.52	8.04	16.35	56.38	29.76	43.57
1991	40.65	18.19	29.60	64.13	39.29	52.21
2001	59.17	34.76	47.10	75.26	53.67	64.84
2011	68.50	49.40	59.00	80.90	64.60	73.00

Source:.Chapter 19, Annual Report 2013-14, Ministry of Tribal Affairs, Govt of India

Literacy rate of Total Population and ST Population/Gap in Literacy rate: 2001-2011

S. No.	State/ UT	Literacy Rate-2001		Gap in Literacy Rate	Literacy Rate-2011		Gap in Literacy Rate
		Total	ST		Total	ST	
	INDIA	64.8	47.1	17.7	73.0	59.0	14.0
01	Andhra Pradesh	60.5	37	23.4	67.0	49.2	17.8
02	Arunachal Pradesh	54.3	49.6	4.7	65.4	64.6	0.8
03	Assam	63.3	62.5	0.8	72.2	72.1	0.1
04	Bihar	47	28.2	18.8	61.8	51.1	10.7
05	Chhattisgarh	64.7	52.1	12.6	70.3	59.1	11.2
06	Goa	82	55.9	26.1	88.7	79.1	9.6
07	Gujarat	69.1	47.7	21.4	78.0	62.5	15.6
08	Haryana #	67.9	NST	-	75.6	NST	-
09	Himachal Pradesh	76.5	65.5	11	82.8	73.6	9.2
10	Jammu & Kashmir	55.5	37.5	18	67.2	50.6	16.6
11	Jharkhand	53.6	40.7	12.9	66.4	57.1	9.3
12	Karnataka	66.6	48.3	18.3	75.4	62.1	13.3
13	Kerala	90.9	64.4	26.5	94.0	75.8	18.2
14	Madhya Pradesh	63.7	41.2	22.5	69.3	50.6	18.8
15	Maharashtra	76.9	55.2	21.7	82.3	65.7	16.6
16	Manipur	70.5	65.9	4.6	79.2	77.4	1.9
17	Meghalaya	62.6	61.3	1.3	74.4	74.5	-0.1
18	Mizoram	88.8	89.3	0.5	91.3	91.5	-0.2
19	Nagaland	66.6	65.9	0.7	79.6	80.0	-0.5
20	Orissa	63.1	37.4	25.7	72.9	52.2	20.6
21	Punjab#	69.7	NST	-	75.8	NST	-
22	Rajasthan	60.4	44.7	15.7	66.1	52.8	13.3
23	Sikkim	68.8	67.1	1.7	81.4	79.7	1.7
24	Tamil Nadu	73.5	41.5	32	80.1	54.3	25.8
25	Tripura	73.2	56.5	16.7	87.2	79.1	8.2
26	Uttarakhand	71.6	63.2	8.4	78.8	73.9	4.9
27	Uttar Pradesh	56.3	35.1	21.2	67.7	55.7	12.0
28	West Bengal	68.6	43.4	25.2	76.3	57.9	18.3
29	A&N Islands	81.3	66.8	14.5	86.6	75.6	11.0
30	Chandigarh #	81.9	NST	-	86.0	NST	-
31	Dadra & Nagar Haveli	57.6	41.2	16.4	76.2	61.9	14.4
32	Daman & Diu	78.2	63.4	14.8	87.1	78.8	8.3
33	Delhi#	81.7	NST	-	86.2	NST	-
34	Lakshadweep	86.7	86.1	0.6	91.8	91.7	0.1
35	Puducherry #	81.2	NST	-	85.8	NST	-

Source: Chapter 19, Annual Report 2013-14, Ministry of Tribal Affairs, Government of India

III.4.2. Among ST males, literacy increased from 59.2% in 2001 to 68.5% in 2011 and among ST female literacy increased from 34.8% to 49.4% during the same period (more than 14 percentage points). However, the ST female literacy is lower by approximately 15.2% percentage point as compared to the overall female literacy of the general population.

Male-female gap in literacy rate increased from 22.46 percentage points in 2001 to 24.41 percentage points in 2011 for STs while it declined from 24.84 percentage points in 2001 to 21.59 percentage points in 2011 for total population. This is a matter of concern. On a longer time scale, literacy rate for STs has increased from 8.53 percent in 1961 to 59.0 percent in 2011 while the corresponding increase for total population has been from 28.30 percent in 1961 to 73.0 percent in 2011.

Gender Gap in Literacy Rate

Indicator	Literacy Rates (Males)		Literacy Rate (Females)		Gender Gap	
	2001	2011	2001	2011	2001	2011
Total	75.3	80.9	53.7	64.6	21.6	16.3
Rural	70.7	77.2	46.1	57.9	24.6	19.3
Urban	86.3	88.8	72.9	79.1	13.4	9.7
STs Total	59.2	68.5	34.8	49.4	24.4	19.1
STs Rural	57.4	66.8	32.4	46.9	25.0	19.9
STs Urban	77.8	83.2	59.9	70.3	17.9	12.9

Source: Primary Census Abstract for General Population, Scheduled Castes and Scheduled Tribes 2011

III.4.3. Coming to Education, **Gross Enrolment Ratio (GER)** for elementary stage (Classes I-VIII) of education is defined as percentage of enrolment in elementary stage to the estimated child population in the age group of 6 to 14 years. GER for children in this stage has increased from 102.4% in 2004-05 to 119.4% in 2008-09 for STs and from 93.5% in 2004-05 to 99.8% in 2008-09 for total population. However, a marginal decline is noticed in the year 2009-10 in case of ST children.

Gross Enrolment Ratios (GER) for Elementary stage (I-VIII)

Year	Scheduled Tribes			Total Population		
	Boys	Girls	Total	Boys	Girls	Total
1995-96	105.7	75.1	90.9	86.9	69.4	78.5
1999-2000	99.3	70.9	85.2	90.1	72.0	81.3
2000-01	102.5	73.5	88.0	90.3	72.4	81.6
2001-02	99.8	77.3	88.9	90.7	73.6	82.4
2002-03	86.7	73.9	80.5	85.4	79.3	82.5
2003-04	90.6	81.1	86.1	87.9	81.4	84.8
2004-05	108.5	95.8	102.4	96.9	89.9	93.5
2005-06	111.9	100.6	106.4	98.5	91.0	94.9
2006-07	114.7	104.2	109.6	100.4	93.5	97.1
2007-08	114.7	104.2	109.6	102.4	98.3	100.5
2008-09	122.0	116.6	119.4	100.4	99.1	99.8
2009-10 (Prov)	121.1	116.4	118.9	103.8	101.1	102.5

Source: Chapter 19, Annual Report 2013-14, Ministry of Tribal Affairs, Government of India

III.4.4. Gender disparity in GER at elementary stage has steadily declined. The disparity factor for ST children has declined from 12.7 percentage points in 2004-05 to 4.7 percentage points in 2009-10. For total population the decline is from 7.0 percentage points in 2004-05 to 2.7 percentage points in 2009-10.

Dropout Rates of All Categories, ST & SC Students (1990-91 to 2010-11)

Year	Sex	Classes I to V			Classes I to VIII			Classes I to X		
		All	ST	SC	All	ST	SC	All	ST	SC
1990-91	Boys	40.1	60.3	46.3	59.1	75.7	64.3	67.5	83.3	74.3
	Girls	46	66.1	54	65.1	82.2	73.2	76.9	87.7	83.4
	Total	**42.6**	**62.5**	**49.4**	**60.9**	**78.6**	**67.8**	**71.3**	**85**	77.7
1996-97	Boys	39.7	54.4	41	54.3	73	61.9	67.3	82.5	75.5
	Girls	40.9	60	45.2	59.5	78.3	68.3	73.7	86.8	81
	Total	**40.2**	**56.5**	**42.7**	**56.5**	**75.2**	**64.5**	**70**	**84.2**	**77.6**
2001-02	Boys	38.4	51	43.7	52.9	67.3	58.6	64.2	79.9	71.1
	Girls	39.9	54.1	47.1	56.9	72.7	63.6	68.6	82.9	74.9
	Total	**39**	**52.3**	**45.2**	**54.6**	**69.5**	**60.7**	**66**	**81.2**	**72.7**
2005-06	Boys	28.7	40.2	32.1	48.7	62.9	53.7	60.1	78	68.1
	Girls	21.8	39.3	33.8	49	62.9	57.1	63.6	79.2	73.8
	Total	**25.7**	**39.8**	**32.9**	**48.8**	**62.9**	**55.2**	**61.6**	**78.5**	**70.6**
2006-07	Boys	24.6	30.6	32.3	46.4	62.8	51.6	58.6	77.3	66.6
	Girls	26.8	35.8	39.9	45.2	62.2	55	61.5	79.1	72.2.
	Total	**25.6**	**33.1**	**35.9**	**45.9**	**62.5**	**53.1**	**59.9**	**78.1**	**69**

2007-08	Boys	26.2	32	33.7	44.3	63.5	53.9	56.4	75.8	67.8
	Girls	24.8	32.4	29.5	41.4	63.1	51	57.3	77.4	68.6
	Total	**25.6**	**32.2**	**31.8**	**43**	**63.4**	**52.6**	**56.8**	**76.5**	**68.1**
2009-10	Boys	30.3	32.7	35.2	40.6	50.6	55.2	53.4	58.5	74.7
	Girls	27.3	25.3	33.7	44.4	52.0	60.6	52.0	59.7	75.9
	Total	**28.9**	**29.3**	**34.5**	**42.4**	**51.3**	**57.8**	**52.8**	**59.0**	**75.2**
2010-11	Boys	28.7	37.2	29.8	40.3	54.7	46.7	50.4	70.6	57.4
	Girls	25.1	33.9	23.1	41	55.4	39	47.9	71.3	54.1
	Total	**27**	**35.6**	**26**	**40.6**	**55**	**43.3**	**49.3**	**70.9**	**56**

Source: Statistical Profile of Scheduled Tribes in India, 2013, Ministry of Tribal Affairs, Government of India, pp.179

Proportion of Adivasi youth (18–40 years) by levels of education 2011–12 in per cent

		Level of Education			
		Middle school or more	**Secondary school or more**	**Higher secondary or more**	**Graduate or more**
Rural	**Males**	43.8	23.4	12.7	3.6
	Females	25.0	12.0	6.1	1.4
Urban	**Males**	74.5	56.7	39.9	19.1
	Females	59.8	42.0	30.0	12.8
Total	**Males**	47.8	27.8	16.2	5.6
	Females	28.9	15.4	8.8	2.6

Source: Brinda Karat and Vikas Rawal (2014): Scheduled Tribe Households: A note on issues of livelihoods. Review of Agrarian Studies. Vol.4, No.1. pp152

III.4.5. It is clear from the above, that very few STs make it beyond higher secondary levels, especially in the case of rural India. This is all the more lower in the case of females, with only 1.4% from rural India reaching graduate or higher levels of education.

III.4.6. The HLC on the status of Tribal Communities of India, which submitted its report in May 2014 to the Government of India notes that 'there is a marked gender gap with respect to education in tribal society. This is reflected in the disparity in literacy levels, drop-out rates and enrolment in higher education. Hence, there is a need for greater gender focus and social mobilisation to encourage education of girls. The State must develop certain mechanisms to this effect'.

SEXUAL CRIMES IN RESIDENTIAL SCHOOLS FOR ADIVASI GIRLS

It appears that residential schools for Adivasi girls - including spaces that have been segregated along particular community lines as was witnessed by the HLC during a state visit to Odisha where the department of tribal development is running such residential schools, – while seeming to fulfil a much-needed measure to ensure education of Adivasi girl children, are also raising questions about uprooting children from their own community in pursuit of such education. Additionally, several disturbing instances of sexual abuse of Adivasi girls in the premises of these facilities are regularly reported. This is causing much concern in states like Odisha and Chattisgarh. The National Commission for Protection of Child Rights in the wake of rape and sexual abuse of resident girls in ashramshalas in Kanker in Chattisgarh in March 2013 confirmed repeated rape for almost two years by the male teacher and the watchman. While states like Tamil Nadu have prevented any such violence from occurring by having rules around employing only women staff in such facilities, others have to yet emulate this. The High Level Committee on Socio-Economic, Health and Educational Status of Tribal Communities of India (May 2014) flagged the need for security for children. It noted that "in residential schools, which are often in the news for incidents of sexual abuse of students, strong mechanisms should be put in place to protect the students from abuse, neglect, exploitation and violence". It said that in residential schools that should be set up specifically for nomadic tribes, there should be special security for the children, including girl children for whom there should be women wardens.

III.5. HEALTH, NUTRITION AND SANITATION

III.5.1. A credible body of evidence exists to show that Adivasi women are anaemic and children severely malnourished. Diseases like malaria and problems like delivery deaths are a common occurrence in tribal areas. There are various other health parameters that are of urgent concern when it comes to Adivasi women. For instance, as per NFHS 3 (2005-06), 29.4% of women amongst STs had a live birth without an antenatal care provider while it is only 15.2% for others. 17.7% ST women reported delivery in a health facility, while the number was 51% for Other communities. While the highest percentage of children in the age group of 0-71 months are

reported to have received any services from an Anganwadi Worker under ICDS amongst ST community (49.9% amongst STs as against 28.3 amongst Others), it is worth noting that 56.1% of them also said that the children did not receive any supplementary food at all. These findings of NFHS 3 give us a glimpse of how healthcare and nutrition outreach to STs is really poor and a matter of great concern. This survey also clearly shows that accessing medical advice or treatment is not easy for Adivasi women, given that a large number of them required to get permission to go for treatment (highest amongst any community), reported that they had problem getting money for treatment, had problems with the distance to the health facility and having to take transportation, that no female healthcare provider is available and that no drugs are available – all these problems were reported at the highest levels by ST women in the survey, compared to any other community.

III.5.2. An independent survey conducted in 2011 covering a total of 2,050 households in 52 villages of 6 predominantly tribal panchayats in Rayagada district, Odisha points to the high malnutrition rates among tribal communities, including the nutrition status of pregnant women. While the infant mortality rate was calculated at 131 deaths per 1000 during the 12-month period (which is far higher than the reported district level IMR of 83/1000, or state level IMR at 69/1000). The study found that this was despite 87% lactating mothers being registered within the ICDS. 75% of the children under 5 years were found to be stunted, with 55% severely stunted. It is seen that the main reasons for malnutrition were found to be low birth weight, faulty lactating and weaning practices (though 87.2% of the women practice breastfeeding, only 50% of them continue this till the recommended six month period or beyond; after initiating complementary feeding, such food is given for only 3 times a day in 79% of the cases), lack of hygiene practices and high prevalence of diseases (lack of sanitation and drinking water are reasons). In the category of mothers of children below 2 years, 53% were in the category of under-nutrition with a BMI less than 18.5[89]. The cycle of malnutrition starts with the mother and the sheer numbers indicate a serious humanitarian crisis according to WHO classifications.

III.5.3. A study of maternal deaths in two blocks of Godda district of Jharkhand over a period of one year revealed that these deaths were concentrated among young women from poor, marginalised households[90]. This study was carried out in Jharkhand, an empowered action group (EAG) state1 with an MMR of 278 per 100,000 live births (Registrar General of India 2011).

Maternal deaths were recorded over a period of one year, i e, April 2011-March 2012 in two blocks of Godda district of Jharkhand – Poreyahat (37% population ST) and Sundarpahari (79% population ST), in the tribal dominated Santhal Parganas division. A total of 23 maternal deaths were recorded in an estimated 3150 live births in the study area – 17 of the 23 belonged to Adivasi communities of Santhals and Paharias. This is on an average nearly two deaths per month in the study area. The average age of the deceased women was only 23 years. 20 of the 23 had nto been counselled by any government frontline workers for safe (institutional) deliveries. Maternal deaths were found to be as common as or sometimes much higher than deaths owing to diseases. For the families, out of pocket expenditure was on transportation to the health facility, as well as expenses at the health facility, on an average to a tune of Rs. 4917. This also involved delay in arranging for money, transport etc. The study investigators note that abusive treatment of patients and the rampant demand for informal fees undermines the public system's effort to improve the rate of institutional deliveries. JSY was found to be ineffective in light of the considerable delay in payment and informal fees to be paid at the facilities. Delays at different levels owing to improper and multiple referrals by facilities, absence of easily accessible and quality emergency obstetric care, lack of transport facilities and high out-of-pocket expenditure seem to be the main non-medical factors for the high maternal mortality rate. The study points out to the lack of local level data on maternal mortality and their causes. It also points to the criticality of developing government funded, free maternal and child health services at least at the village level with a resident ANM, provisions for free 24X7 referral transport and EMOC facilities at least at the block level.

III.5.4. Another survey on maternal health and nutrition in Godda district of Jharkhand in 2014 found that health services do not reach communities located deep in the forests[91]. It observed tribal villages where women have never received antenatal care, have no information on JSY or JSSK, and have all had home births with some near misses and maternal deaths; in PVTG villages, the ANM had never come and none of the children were immunised. There is a need for identification, recognition and capacity building of community based Trained Birth Attendants, so that they can conduct safe childbirth at home if needed. This fact finding mission also found no blood transfusion services – a critical life-saving component – are available in the entire district. It is recommended that referral protocols must be flexible to make needed services

available within timely reach at the appropriate facility. Special effort is required to engage PVTG nurses and health personnel who speak the local languages by providing them scholarship and affirmative action. The lack of information needs to be addressed on urgent basis as the tribal community living in remote areas often has no knowledge about health schemes, role of ANM, ASHA, etc., and therefore cannot effectively claim entitlements. This fact finding mission also emphasised on integration of the traditional systems of healthcare with modern allopathic system at all levels. Further, integration of healthcare with nutrition services is very important, in addition to effectively implementing schemes like Sabla since it is seen that early marriages and early pregnancies are high amongst Adivasi communities.

III.5.5. Tribal activists point out that tribal medicine is not only acceptable, available, approachable and affordable, but is also very effective as the tribal community has rich indigenous knowledge of medicinal plants and herbs. Though the eastern part of the country is rich in terms of dense forests and medicinal plants, there is no laboratory to test medicinal plants in this area in order to carry out ethno pharmacology of ethno medicine.

III.5.6. It is also important to understand the importance of promoting local nutritious food. The locals grow millets, pulses, and other crops and increased cultivation can be encouraged by offering a minimum support price and procurement through SHGs which can supply to the PDS. Further, there is an urgent need to assess the criticality and importance of uncultivated forest foods in the diets of Adivasi women. The AWW or Village Health, Sanitation and Nutrition Committee (VHSNC) members can be encouraged to grow locally available nutritionally rich vegetables and tubers for self-consumption and for Midday meals or SABLA scheme rather than depend on packaged food transported from outside.

III.5.7. The role of uncultivated, especially forest foods cannot be overstated in ensuring Adivasi food and nutrition security. This food is free, organic and nutritious and abundantly available in terms of diversity of foods all year round. However, modern food systems imposed on the communities, including in the form of state subsidised food schemes have completely marginalised these ethnic food systems. In fact, there is a win-win situation for both Adivasi communities and their forests if forests are popularised and conserved as food producing habitats. This is something that has to be happen through convergence between various related

departments like tribal development, environment and forests, agriculture, public distribution etc. While food and nutrition security approaches and frameworks adopted in the case of Adivasi communities are inadequate and questionable, healthcare approaches have been of a one-size-fits-all paradigm too. Within this, it is seen that the coverage of Adivasi households under any health insurance scheme or health scheme is absolutely minuscule. While women-specific data is missing here, it can only be assumed that the situation is worse when it comes to Adivasi women, compared to Adivasi men. Given below are tables that show the state of malnutrition amongst Adivasi women.

Prevalence of anaemia in women: Percentage of women age 15-49 with anaemia, and percentage of ever-married women age 15-49 with anaemia

Background characteristic	Anaemia status by haemoglobin level			Any anaemia (<12.0 g/dl)2	Number of Women
	Mild (10.0 - 11.9g/dl)1	Moderate (7.0-9.9 g/dl)	Severe (<7.0 g/dl)		
Caste /Tribe					
Scheduled caste	39.3	16.8	2.2	58.3	21921
Scheduled tribe	44.8	21.3	2.4	68.5	9568
Other Backward Class	38.2	14.5	1.7	54.4	46182
Other	37	12.9	1.4	51.3	38216
Don't know	34.5	19.7	1.7	55.9	589
Total	38.6	15	1.8	55.3	116855

Note: T is based on women who stayed in the household the night before the interview.
Prevalence is adjusted for altitude and for smoking status if known, using formulae in CDC (1998). Totals include women with missing information on education, religion, caste/ tribe and smoking status, who are not shown separately, Haemoglobin in g/dl= grams per decilitre.NFHS-3 estimates of anaemia exclude Nagaland.
1 For pregnant women, the value is 10.0-10.9 g/dl.
2 For pregnant women, the value is <11.0 g/dl.
Source: NFHS 3, 2005-06, Ministry of Health and Family Welfare, Govt of India

III.5.8. It can be seen clearly that amongst all social groups in India, women amongst STs suffer from highest prevalence of anaemia.

Nutritional status of women: Percentage of women age 15-49 below 145 cm, mean body mass index (BMI), and percentage with specific BMI levels

Background characteristic	Height		Body mass Index (BMI)1 in kg/m2								
					Thin			Overweight / Obese			
	% below 145 CM	Number of Women	Mean BMI	18.5-24.9 (normal)	<18.5 (total thin)	17.0 - 18.4 (mildly thin)	<17.0 (moderately/ severely thin)	>25.0 (over-weight or obese	25.0 – 29..9 (over-weight	>30.0 (obese)	Number of women
Scheduled Caste	15.0	22264	19.9	50.0	41.1	22.6	18.5	8.9	7.3	1.6	20728
Scheduled Tribe	12.7	9810	19.1	49.9	46.6	25.3	21.2	3.5	3.0	0.5	9067
Other Backward Class	11.4	46968	20.4	52.6	35.7	20.0	15.7	11.6	9.1	2.5	43916
Other	8.9	39177	21.3	52.3	29.4	16.3	13.1	18.3	13.8	4.5	37131
Don't know	10.1	613	20.1	51.1	39.1	21.4	17.7	9.7	7.7	2.0	583
Total	11.4	119219	20.5	51.8	35.6	19.7	15.8	12.6	9.8	2.8	111781

Note: Total includes women with missing information on education religion and caste/ tribe who are not shown separately
Excludes pregnant women and women with a birth in the preceding 2 months.
Source: NFHS 3, 2005-06, Ministry of Health and Family Welfare, Govt of India

III.5.9. When it comes to BMI, ST women are only next to dalit women in height below 145 cms. In terms of being moderately or severely thin, Adivasi women form the highest proportion amongst all social groups. Since this is an area of major concern, which governs the state of not only the current population but also the future generations in Adivasi communities, we present below more extensive findings, from the NNMB report on Scheduled Tribe population, where all figures and data relate to the population in Integrated Tribal Development Project Areas.

- It was observed that, in general, the overall intake of various foods were less than Recommended Daily Allowance (RDA). Similarly, the average intakes of all the nutrients, except for thiamine and vitamin C were less than RDA.

- Cereals and millets formed the bulk of the diets in all the States. The intake of protective / income-elastic foods such as green leafy vegetables, milk and milk products, fats and oils were well below the recommended levels. The inadequacy was greater among younger age groups.
- The extent of dietary energy and proteins inadequacy was more pronounced, reiterating the fact that, it is essentially a 'food gap'. The intakes of various micronutrients, specifically that of iron, vitamin A, riboflavin and folic acid were found to be grossly inadequate, which is in consonance with inadequate intake of protective foods.
- The average intake of all nutrients, barring thiamine, niacin and vitamin C declined over the period 1998-99 to 2007-08. The intake of most of the nutrients declined in Tamil Nadu, Karnataka, Andhra Pradesh and Maharashtra, Orissa and West Bengal during the same period.
- The proportion of urban tribal population of different age groups consuming less than 70 percent of protein and energy was observed to be higher compared to their rural counterparts. About 29-32 percent of children of different age groups and 63-74 percent among adult men and women were consuming diets that were adequate in both protein and energy. The proportion of individuals with protein-calorie adequacy decreased among all the age groups, during the same period.
- The prevalence of clinical forms of protein-energy malnutrition, vitamin deficiency, signs like Bitot spots and angular stomatitis declined over the period 1998-99 to 2008-09. The distance charts revealed that there was marginal improvement in the weight and height of individuals of different age groups and both the genders over the period, but continued to be lower than the median NCHS values.
- Though, the overall prevalence of underweight, stunting and wasting (WHO standards) among 1-5 year tribal children was higher (52 percent, 55 percent and 22 percent versus 43 percent, 49 percent and 19 percent respectively), compared to their rural counterparts, but was slightly lower than the previous survey carried out in 1998-99 (57 percent, 58 percent and 23 percent respectively).
- Similarly the overall prevalence of severe underweight (weight for age <Median-3SD) also declined from 23 percent in 1998-99 to 20 percent in 2007-08, severe stunting decreased from 31 percent to 26 percent, while the prevalence of severe wasting, has declined

marginally from seven percent to six percent (NNMB 1998-99). Thus, it was concluded that the improvement in the nutritional status of preschool children was only marginal. The prevalence of under-nutrition was higher among 1-3 year children as compared to 3-5 year children as was observed in other studies.

- The prevalence of chronic energy deficiency (BMI<18.5) had decreased by about nine percent in adult men and by about six percent in adult women during 1998-99 to 2007-08, while the prevalence of overweight/obesity (BMI≥23) had increased from 3.6 percent to seven percent among men and four percent to eight percent among women during the same period. It was observed that the prevalence was 17 percent among men and 20 percent among women for the rural counterparts.

III.5.10. The marginal improvement in the nutritional status of the individuals, despite a decline in the food and nutrient intake, could be attributed to non-nutritional factors, such as improvement in access to safe drinking water, better out-reach of health care services and improvement in socio-economic conditions. *Under-nutrition is therefore a very important public health problem among tribal children (specific data on ST girl children is not available)*[92].

Health insurance coverage: Percentage of households in which at least one usual member is covered by a health scheme or health insurance, and percentage of households in which at least one usual member is covered by a health scheme or health insurance, by type of health insurance coverage, according to background characteristics, India, 2005-06

Background Characteristic	% of households covered by a health scheme or health	Number of households	Employee state insurance (ESIS)	Central Government Health Scheme	Community health insurance	Other health insurance through	Medical reimburse-ment from	Other privately purchased	Other	Missing	Number of sample households
Scheduled caste	3.3	20982	38.5	23.3	4.7	4.6	12.7	15.5	3.3	1.3	703
Scheduled tribe	2.6	9189	23.1	25.9	4.7	6.5	12.2	23.5	3.6	1	242
Other Backward Class	3.8	43216	27.8	17.1	8.3	7	8.9	25.8	5.7	1.8	1638
Other	7.8	3482	22.3	20.9	3.5	5.7	13.1	31.9	3.7	1.5	2702

		1									
Don't know	10.9	492	(14.9)	(6.5)	(21.9)	(2.2)	(0)	(32.9)	(21.7)	(0)	54
Total	31.9	69751	9.4	26.7	63.7	0.2	100.0	22251	29.4	29.4	29.4

Note: Total includes households with missing information on education, religion and caste tribe, who are not shown separately. 1 At least one usual household member is covered by a health scheme or health insurance.

III.5.11. As can be seen from the above Table, health insurance coverage amongst ST households was the lowest, but within the ones that have coverage, CGHS coverage and private insurance are the largest sources. While the health problems seen above are related to nutritious food intake and health care services reaching Adivasi households and women in particular, these are also related to basic amenities and services like water and sanitation not reaching these communities.

ADIVASI PRESERVATION Vs. SEXUAL & REPRODUCTIVE RIGHTS

There are certain Adivasi communities in India, which due to their socio-economic vulnerability and low population levels have been regarded as 'endangered' and 'on the verge of extinction'. Rather than empowering them, granting them their autonomy and redressing historical injustices, some policies have been evolved for their 'preservation' instead. Tribes such as Paharias, Baigas, Kamars and Pahari Korvas are denied permanent methods of contraception in an attempt by the State to encourage population growth in the face of of their apparently dwindling numbers. Members of these PVTGs are disallowed from availing of sterilisation schemes in government hospitals. This policy is supposed to have emerged in 1979 in Madhya Pradesh to exclude vulnerable tribal communities from the wave of sterilisation drives happening at that time. However, even decades later, this order continues to be followed. This obviously is a denial of free and informed reproductive choices and in particular denies any agency and bodily autonomy to women of these communities. Moreover, it sidesteps addressal of real factors contributing to high mortality rates (chronic malnutrition, starvation, lack of access to healthcare etc.). With yet other communities, it has been found that they are coerced or intimidated into undergoing sterilisation in order for health workers to meet necessary sterilisation targets.

Excerpted from: Report of HLC on Status of Tribal Communities, GoI, May 2014

III.6. BASIC AMENITIES AND ADIVASI WOMEN

III.6.1. In 2011, only 1 per cent of rural Adivasi households had treated tap water, electricity, and latrines in their houses. The overall situation in rural India in this regard is itself very poor, with only 5 per cent of households having access to these three basic amenities. Data from the 2011 Census show that only 3 per cent of rural Adivasi households had treated tap water in their homes, less than 5 per cent used electricity as the main source of lighting, about 16 per cent had any kind of latrine in their homes, 1.7 per cent had a bathroom, and 1.7 per cent had closed drainage in their homes. Only 2.6 per cent of rural Adivasi households had an indoor kitchen and access to smokeless fuel (kerosene, LPG, biogas, etc.).

Proportion of households with treated tap water within premises, and access to electricity and a toilet, by caste, rural and urban, India, 2011 in per cent

	Scheduled Tribes	Scheduled Castes	Others	All
Rural	1.2	3.5	6.0	4.9
Urban	33.1	33.5	48.0	45.3
Total	5.6	11.2	21.1	17.8

Source: Brinda Karat and Vikas Rawal (2014): Scheduled Tribe Households: A note on issues of livelihoods. Journal of Agrarian Studies. Vol.4, No.1. pp153

III.6.2. Houses with Toilets

At the All-India level, only 46.9% of all households have latrine facility within the premises, and 22.6% of ST households have the facility. 0.3% of total households and 0.1% of ST households continue to use the method of night soil removed by workers, while 49.8% of total households go for open defecation and 74.7% of ST households are still going for open defecation. At the state level Lakshadweep scores highest as it has 98.3% households with latrine facilities within the premises. Some of the other states with ST households which have this facility and are high in the order are Mizoram (91.9%), Andaman & Nicobar Islands (88.2%), Sikkim (85.9%), Manipur (82.3%), Nagaland (74.8%) and Kerala (71.4%).

III.6.2.1. Odisha is seen to be lowest with only 7.1% ST households against 22% total Households in having latrine facilities within the premises. In Jammu & Kashmir 5.2% ST

households against 8.9% All Households use Human beings in removing the night soil. This practice is seen to be followed in many other states like Meghalaya, Arunachal Pradesh, Uttar Pradesh, West Bengal, Odisha, Manipur and Dadra Nagar Haveli. The practice of open defecation is prevalent in the country with Rajasthan topping the list with 91.7% ST Households against 60.4% of *All* Households. In this category the status of ST Households using this practice is, Odisha 91.6%, Madhya Pradesh 90.9%, Jharkhand 90.8%, Bihar and Chhattisgarh 85% and Dadra Nagar Haveli about 81%. In most of the states the ST households score above *All* Households opting for open defecation. The lowest in this category is the state Lakshadweep (1.5%) followed by Mizoram (6.6%), Andaman & Nicobar Islands (11.5%) and the North eastern States of Sikkim, Manipur, Nagaland with 12.8%, 16.4% and 17.8% respectively.

III.6.3. Drinking water

It is seen that while almost 47 percent of all households in the country have drinking water facilities within their premises, less than 20% of the ST households enjoy this convenience. More than one third of the ST households have to spend time and energy fetching drinking water from far away sources as against only about 18% of all households at all India level. Needless to say, in a setting where gendered roles are assigned to women to take care of household chores like fetching water, this has a direct implication on the time use of Adivasi women.

Availability of Drinking Water (All Categories and STs)

	Within the premises		Near the Premises		Away from the premises	
Area	**All Categories**	**ST**	**All Categories**	**ST**	**All Categories**	**ST**
Rural	35.01	14.13	42.93	49.48	22.06	36.39
Urban	71.22	55.07	20.74	29.06	8.05	15.88
Total	46.58	19.72	35.84	46.69	17.58	33.59

Source: Statistical Profile of Scheduled Tribes in India 2013, Ministry of Tribal Affairs, GoI. P73

III.7. ON THE ECONOMIC EMPOWERMENT FRONT

III.7.1. Adivasis are predominantly dependent on their natural resources for their livelihoods, be it land or forests. However, their alienation from such resources and dispossession of the same is well noted, in the modern development paradigm. It is these very lands (including for the mines

underneath), forests and water that industry covets in a trickle-down poverty alleviation approach that is favoured by the State. The High Level Committee on Status of Tribal Communities in its report in May 2014 has recommended that prevention of all kinds of tribal land alienation is warranted. Further, poverty reduction through natural resource management with people-centred participatory approaches is a good method forward.

It is also seen that decline in the WPRs of SC and ST communities in rural India are sharper than for others. Here, we present data that gives a picture of the economic status of Adivasis in general, and Adivasi women in particular.

III.7.2. POVERTY

The proportion of STs below the poverty line is substantially higher than the national average even going by the much-debated and controversial Tendulkar methodology. As per the statement provided by the Planning Commission, it is observed that STs living below the poverty line in 2009-10 were 47.4% in the rural areas and 30.4% in the urban areas respectively.

State-wise %age of persons below poverty line for ALL & STs, 2009-10

S. No.	State	Rural		Urban	
		All	ST	All	ST
1	Andhra Pradesh	22.8	40.2	17.7	21.2
2	Assam	39.9	32.0	26.1	29.2
3	Bihar	55.3	64.4	39.4	16.5
4	Chhattisgarh	56.1	66.8	23.8	28.6
5	Gujarat	26.7	48.6	17.9	32.2
6	Himachal Pradesh	9.1	22.0	12.6	19.6
7	Jammu & Kashmir	8.1	3.1	12.8	15.0
8	Jharkhand	41.6	51.5	31.1	49.5
9	Karnataka	26.1	21.3	19.6	35.6
10	Kerala	12.0	24.4	12.1	5.0
11	Madhya Pradesh	42.0	61.9	22.9	41.6
12	Maharashtra	29.5	51.7	18.3	32.4
13	Orissa	39.2	66.0	25.9	34.1
14	Punjab	-	16.1	-	15.0
15	Rajasthan	26.4	35.9	19.9	28.9

16	Tamil Nadu	21.2	11.5	12.8	17.6
17	Uttar Pradesh	39.4	49.8	31.7	20.2
18	Uttarakhand	14.9	20.0	25.2	0.0
19	West Bengal	28.8	32.9	22.0	20.6
	All India	**33.8**	**47.4**	**20.9**	**30.4**

Source: Statistical Profile of Tribal Communities in India 2013, Ministry of Tribal Affairs. Pp291

III.7.2.1. It can be seen that even in this methodology which generally underplayed the level and conditions of poverty in the country, Adivasis were faring significantly worse off than others whether in rural India or urban India. While this data is not available in a gender-specific manner, it can be presumed that the condition of women within the community is worse off than their male counterparts. Except in rural Tamil Nadu, Assam and Karnataka, more ST households are under poverty than total households in the population, and more severely so in already poor states like Chattisgarh, Odisha, Bihar, Madhya Pradesh etc.

III.7.2.2. Scholars who analysed the secondary data on rural Adivasi households, which includes various survey rounds of the National Sample Survey Organisation (NSSO) including the 66th Round (2009–10), 68th Round (2011–12), the Censuses of India, and other sources of official data, point out that[93]:

1. Landlessness among rural Adivasi households is growing; correspondingly, the number of Adivasi households that used to cultivate some land has decreased. "This indicates increasing proletarianisation among significant sections of Adivasi communities".

2. Among rural Adivasi households, the proportion of households whose primary occupation is wage labour is higher than the proportion of households whose primary occupation is cultivation.

3. The work participation rate among Adivasi women is higher than the work participation rate among other social groups although the wages of Adivasi women are lower which could be a reflection of the higher need for even meagre earnings.

4. A relatively high proportion of Adivasi workers are short-term migrants.

5. There is acute deprivation with respect to living conditions in Adivasi habitations and high levels of poverty among Adivasi populations relative to other social groups (By the estimates of

poverty of the Planning Commission, 47 per cent of Adivasi households are below the poverty line, the highest proportion among all social groups).

6. There is an increase in the number and proportion of Adivasi people living in urban areas.

7. Accumulation, in the main, is taking place through the exploitation of Adivasi land and labour by non-Adivasis; this process is driven by policies of the state.

III.7.3. EMPLOYMENT AND WORK PARTICIPATION OF ADIVASI WOMEN

Work Participation Rate, as per Census 2011

Indicator	Work Participation Rate	
	2001	**2011**
Total Population	39.1	39.8
Rural	41.7	41.8
Urban	32.3	35.3
Total Population, MALES	51.7	53.3
Rural Males	52.1	53.0
Urban Males	50.6	53.8
Total Population, FEMALES	25.6	25.5
Rural Females	30.8	30.0
Urban Females	11.9	15.4
Scheduled Tribes, Total	49.1	48.7
ST Rural	50.4	50.0
ST Urban	34.6	37.2
ST MALES	53.2	53.9
ST Males, Rural	53.8	54.3
ST Males, Urban	46.8	49.8
ST FEMALES	44.8	43.5
ST Females, Rural	46.9	45.6
ST Females, Urban	21.6	24.3

Source: Primary Census Abstract for Total Population, Scheduled Castes and Scheduled Tribes, 2011

III.7.3.1. High WPR rates amongst STs (ranging from 50.6% to 54.5%) were found to be in Tamil nadu, Andhra Pradesh, Himachal Pradesh, Chattisgarh and Maharashtra, whereas the 'bottom 5' states (26.8% to 40.3%) were Lakshadweep, Jammu & Kashmir, Uttar Pradesh,

Meghalaya and Arunachal Pradesh. ST males' urban WPR is lower than SC males', as well as the total population's.

III.7.3.2. When it comes to Adivasi women, it can be seen that compared to Adivasi men, their 'work participation rates' are significantly lower. But compared to total population females, they are significantly higher. While in rural India, it is seen that between 2001 and 2011 there has been a decline in WPR amongst ST women, in urban India, it increased (similar to women in general in India) whereas for ST men, it increased in both rural and urban India. In Chattisgarh, Uttarakhand and Rajasthan, Adivasi women's WPR increased over the decade, whereas in Jammu & Kashmir, Himachal Pradesh, Gujarat, West Bengal, Assam, Meghalaya, Mizoram and Chattisgarh, this declined, compared to the figures of 2001.

III.7.3.3. The following picture, given for all STs and not for ST females alone gives us an idea of the occupational categories in which STs are concentrated.

Indicator	%age Cultivators to total workers		%age Agri Labourers to total workers		%age Household Industry Workers to total workers		%age of 'Other Workers' to total workers	
	2001	2011	2001	2011	2001	2011	2001	2011
Total Population	31.7	24.6	26.5	30.0	4.2	3.8	37.6	41.6
Rural	40.2	33.0	33.1	39.3	3.9	3.4	22.8	24.3
Urban	3.0	2.8	4.7	5.5	5.2	4.8	87.1	86.9
STs Total	44.7	34.5	36.9	44.5	2.1	1.8	16.3	19.2
STs Rural	47.1	36.9	38.4	47.1	2.1	1.7	12.5	14.3
STs Urban	6.5	5.8	12.4	13.3	2.9	2.5	78.2	78.3

Source: Compiled from Census 2001 and 2011 data

III.7.3.4. According to the 2011 Census figures, 34.5% of the ST population were cultivators, 44.5% agricultural labourers, 1.8% household industry workers and 19.2% were other occupation workers.

III.7.3.5. Proportion of Cultivators amongst STs declined in several states including Tamil Nadu, Andhra Pradesh, Karnataka, Odisha, Maharashtra, Gujarat, Madhya Pradesh, Chattisgarh, Jharkhand, Bihar, Uttar Pradesh and Jammu & Kashmir, and the rapid decline by 10.2 percentage

points amongst STs between 2001 and 2011 is a matter of concern (this is a bigger decline than in the total population). Meanwhile, a significant increase in agricultural labour is also seen amongst STs in an almost corresponding fashion. This is reflected in Andhra Pradesh, Tamil Nadu, Odisha, Chattisgarh, Mahdya Pradesh, Gujarat, Rajasthan and Uttar Pradesh. Household Industry for STs as well as the total population has shown a decline (this is a category where the difference in terms of numbers of male and female workers is the least)[94]. The 'Other Workers' category had an increase both in total population as well as STs. This is reflected across states like Tamil Nadu, Karnataka, Andhra Pradesh, Odisha, Uttar Pradesh, Uttarakhand, Himachal Pradesh, West Bengal, Jharkhand, Assam, Meghalaya etc.

Proportion of different categories of workers among total (main and marginal) workers, by caste, Male and Female, rural India, 2001 and 2011 per cent

Social Group	Cultivators		Agricultural Labourers		Workers in household enterprises		Other workers	
	2001	2011	2001	2011	2001	2011	2001	2011
Rural Male								
Scheduled Tribes	51.1	41.6	32.0	40.3	1.4	1.2	15.5	16.9
Scheduled Castes	25.6	19.7	46.5	50.8	3.0	2.3	25.0	27.2
Others	44.7	38.3	22.1	29.1	3.3	2.9	29.9	29.8
Rural Female								
Scheduled Tribes	42.6	31.3	45.9	55.3	2.8	2.3	8.7	11.2
Scheduled Castes	19.9	15.5	61.8	63.0	5.1	4.4	13.1	17.1
Others	40.8	32.2	36.7	42.2	6.4	5.9	16.2	19.7

Source: Brinda Karat and Vikas Rawal (2014): Scheduled Tribe Households: A note on issues of livelihoods. Journal of Agrarian Studies. Vol.4, No.1. pp141

III.7.3.6. In 2011, 65 per cent of rural Adivasi men and 54 per cent of rural Adivasi women were workers; whereas among social groups other than Dalits and Adivasis, rural work participation rates were 62 per cent for men and 32 per cent for women. The proportion of cultivators among Adivasi male workers declined by about 9.5 percentage points between 2001 and 2011. Among Adivasi women workers, the proportion of cultivators declined by 11.3 percentage points. The decline in the proportion of Adivasi cultivators was much sharper than the decline for other social groups. Correspondingly, in the same period, the proportion of agricultural workers increased by

8.3 percentage points among Adivasi male workers and 9.4 percentage points among Adivasi women workers. This rate of increase was also much higher among Adivasis than among other social groups.

Worker Population Ratio, ST Households – Usual Status (PS+SS)

	1993-94		1999-00		2004-05		2009-10		2011-12	
	STs	All	STs	All	STs	All	STs	All	STs	All
Rural Male	591	553	558	531	562	546	559	547	557	543
Rural Female	482	328	539	297	464	327	359	261	364	248
Urban Male	520	521	480	518	523	549	510	543	520	546
Urban Female	234	155	204	139	245	166	203	138	192	147

Source: Compiled from various rounds of NSSO findings

III.7.3.7. Apart from the Census data, the NSSO data above shows a decline in WPR for rural Adivasi women in recent years, with declines in WPR for urban Adivasi women. A different trend from that of the WPR of ST women is seen amongst Adivasi men, however, as well as women as a whole.

Rural India & Distribution of ST households by Type of Work

	1993-94		1999-00		2004-05		2009-10		2011-12	
	STs	All	STs	All	STs	All	STs	All	STs	All
SELF EMPLOYED	440	505	413	461	457	517	440	474	**495**	***498***
Self Employed in Agri	380	378	362	327	393	359	370	319	414	343
Self Employed,Non-Agri	59	127	52	134	64	158	70	155	81	155
CASUAL LABOUR	479	383	485	402	453	367	465	404	**383**	***345***
Agri Labour	378	303	397	322	340	258	334	256	245	210
Other Labour	101	80	89	80	113	109	131	148	139	135
OTHERS	82	112	101	137	89	116	95	122	**59**	***61***
Regular Wage/Salaried									**63**	***96***
ALL	*1000*	*1000*	*1000*	*1000*	*1000*	*1000*	1000	1000	1000	1000

Source: Compiled from various rounds of NSSO findings

III.7.3.8. Casual Labour amongst STs over the years has been on the higher side, compared to the total population. However, this has been on a decline, especially in agriculture, as per NSSO, while other casual labour is on the increase.

III.7.3.9. The National Rural Employment Guarantee Act (NREGA) could have been an important policy instrument to address the issue of vulnerability of the Adivasi work force as far as earnings and work conditions are concerned. In a worrying trend, the person days of employment in crores, for STs, is showing a declining picture. In 2006-07, it was 32.98 [36%], in 2007-08 it was 42.07 [29%], in 2008-09 55.02 [25%], in 2009-10, it was 58.74 [21%], in 2010-11 53.62 [21%], in 2011-12 it was 40.92 [19%], in 2012-13, the provisional figures stood at 40.75 [18%] and upto December 2013 in 2013-14, it was 21.09 [16%]. After an initial increase, this decline in absolute and percentage terms raises concerns about the reasons for the same.

III.7.3.10. Further, the average number of days of employment in 2013, however, was only 29. Intervention against unemployment and joblessness among Adivasi communities in rural areas has been weak and highly inadequate. It appears that NREGA has also been unable to help Adivasi workers escape the migration trap. There are numerous studies which show the existence of a system of bonded labour among Adivasi communities. Moreover, labour contractors provide advance payments to Adivasi workers under extremely exploitative conditions.

III.7.3.11. The following findings related to MGNREGS and STs from NSSO 68th Round present the picture with regard to male and female STs which shows that despite high registrations, Adivasi women are being denied full benefits of this scheme:

Parameter studied	**STs**	**All**
No. of households having MGNREGS job card per 1000 households	572	384
No. of job cards per 1000 HHs which have MGNREGS cards	1185	1196
No. of HHs with Bank/ Post Office accounts, per 1000 HHs with MGNREGS card	880	861
No. of **Males** of age 18 and above registered in MGNREGS per 1000 persons of age 18 years and above	483	281
No. who got work, from the above (Males)	518	505
No. who sought work but did not get, from the above (Males)	194	202
No. of **Females** of age 18 and above registered in MGNREGS per 1000	371	194

persons of age 18 years and above		
No. who got work, from the above (Females)	489	505
No. who sought work but did not get, from the above (Females)	186	168

III.7.3.12. It is also important to pay attention to gender wage gaps between Adivasi men and women, as well as wage gaps between Adivasi women and other women.

Daily earnings in agricultural and non-agricultural occupations, male and female workers aged 15 years and above, rural labour households, in rupees, at current prices

	Agricultural occupations			Non-agricultural occupations		
	1999-2000	2004-05	2009-10	1999-2000	2004-05	2009-10
Men						
Scheduled Tribes	33	42	73	54	55	111
Scheduled Castes	42	49	88	61	72	120
Other Backward Classes	41	50	89	67	81	136
All	41	48	87	65	75	129
Women						
Scheduled Tribes	26	32	60	34	43	81
Scheduled Castes	30	35	66	37	44	85
Other Backward Classes	28	34	65	87	41	86
All	29	34	65	56	43	85

Brinda Karat and Vikas Rawal (2014): Scheduled Tribe Households: A note on issues of livelihoods. Journal of Agrarian Studies. Vol.4, No.1. pp146

III.7.3.13. From the table above, it is apparent that Adivasi women earn lesser than their male counterparts (around 82% of what ST men earn) as well as lesser than women from other social groups. The wage gap is higher in non-agricultural occupations (73%) than in agricultural occupations. But what is also worth noting is that the gap between ST men and women is lesser than what it is for other women with their male counterparts.

III.7.4. ADIVASI WOMEN AND LANDHOLDING

III.7.4.1. Adivasi women are considered to have greater freedom than their counterparts in the general population and other social groups in terms of marriage, re-marriage and divorce. It is often construed that their greater work participation rates, as well as greater mobility is an indicator of autonomy. However, one of the biggest indicators of the unequal status of Adivasi women within their communities is with regard to property rights (in addition to no representation in traditional tribal councils and therefore, no say and voice in governance).

III.7.4.2. Any discussion on land rights for Adivasi women however has to be contextualized in the larger picture of large scale alienation and rapid dispossession of land from Adivasi communities to begin with. There is an increasing landlessness amongst tribal households as analysts have shown, even as data in terms of operational holdings and area operated is showing an increasing trend within an overall situation of number of holdings increasing in India. The larger trends require immediate, serious and effective steps to counter land alienation, displacement, restoration of tribal land etc., for any efforts at securing Adivasi women their land rights to have a long term impact.

Santhali Women

The Santhals perceive women as 'objects' or 'property', *'jinis kana ko'* to be transferred from the father to the husband. Hence, women do not have any claim over the property of either the father or the husband, whether movable or immovable. This custom, codified by the British has been interpreted mechanically by the Santhal Pargana Tenancy Act formulated after independence in 1949. The way out in the absence of a male heir is for a man to get one of his daughters married with a 'ghar jamai' – a son-in-law formally adopted at the time of marriage as a son by the girl's father. If this does not happen, the man's property will go to this other male agnates rather than his daughters. Even the widow gets no share and is virtually homeless on her husband's death unless she has a son. Women tend to lose from all sides. They can inherit neither from their father nor from husband. This is perhaps an injustice that has been perpetrated by the Santhal Pargana Tenancy Act, as it appears that originally Santhal law did provide maintenance for widowed women, unmarried girls, divorced daughters and wives. Without going into the customs in depth, the Act has summarily dismissed women's right to inherit. It is seen that the worst sufferers of elderly widows. Making the plight of women worse is the practice amongst Santhals of marrying more than one woman, named as 'badki', 'majhli' and 'chutki' as per the order of their marriage. While this is the plight in their own society, it is aggravated by the harassment, both physical and

mental, by non-tribals. Increasing number of rape cases by government officials, police and forest personnel, contractors and businessmen are coming to light.....The powerlessness and suppression of the Santhals in the context of the larger society has led their men to give vent to their own feelings of power on their women. While the men were on the whole supportive of women having rights to land, the only condition was that she should not marry a non-Santhali. If she did so, she would forgo her rights. This attitude has really developed from experience and form a history of exploitation by better educated and more widely exposed non-tribal men. Santhali men are unable to oppose the non-tribals directly, so try to do so by increasing the controls on their women.

Extracts from: Land Rights and Women: Case of Santhals, by Nitya Rao and Kumar Rana, Economic & Political Weekly, June 7, 1997

III.7.4.3. Customary laws and state level enactments like the Chotanagpur Tenancy Act were challenged in the Supreme Court of India, by women's activists including tribal women. The case filed by Madhu Kishwar and two Ho petitioners in 1982 praying for parity between female and male tribal members in the matter of intestate succession was found by the court not to be violative of right to equality under the Constitution. The section of this Law (76) which upheld that custom, usage and customary rights that are not inconsistent with the Act shall not be affected by the legislation. This was because the state level Tribal Advisory Board made a case arguing that female members in Adivasi communities were not neglected, and that the female member has the irhgt of usufruct in the property owned by her father till she is married and in the property of her husband after marriage. However, she does not have any right to transfer her share to anybody. It was argued by the Board that inheritance rights given to Adivasi women would increase the alienation of tribal land to non-tribals, in addition to giving rise to undesirable practices like dowry. While the Court did not ask for Section 76 to be removed, in a majority judgement, it declared that female relatives of the last male tenant could hold the land as long as they remain dependent on it for their livelihood[95]. The Supreme Court case resulted in protests where Adivasi communities countered the individual claims (whether it is men or women) saying that this went against their ethos of community rights, and that women's rights could not be examined separate from the overall social context. The argument that resources are not considered by adivasis as wealth but as a means of livelihoods has been used against the argument that women should be entitled to her own inheritance rights in the property. A willingness towards joint titles emerged, but not individual titles to women as successors.

III.7.4.4. While equal rights in succession were made possible as entitlements for a majority of Indian women through the Hindu Succession Amendment Act, such rights are however denied to women in areas where customary tribal laws prevail. The women's rights activists who have demanded for equal rights for Adivasi women and men have more often than not shunned the approach of a uniform civil code, realizing that Adivasi customary laws need to be upheld too, especially in the context of secularism as well as prevention of alienation of tribal land (non-tribals using this as a way to alienate tribal land by duping tribal women).

III.7.4.5. Earlier debates on the subject by Adivasi women themselves including at the grassroots also highlighted the tedium of resorting to regular courts of justice as one of the main reasons why the Hindu law should not be made applicable to Adivasi women[96].

III.7.4.6. The other customary practices that further complicate the matter are related to polygamy (allowing a man to have more than one wife at a time), divorce (which a woman can also get, provided she returns the bride price in most cases but which also might mean that the custody of the children would go to the father) and re-marriage (widow has right to cultivate and subsist on a man's land until her death but if she marries again or lives with another man, this right is taken away).

III.7.4.7. A relevant practice in today's conflict-ridden situation that Adivasi women live in is what Madhu Kishwar describes as the genesis of the 1982 court case arguing for equal inheritance rights for Adivasi women: '*I came to learn that Ho women who are identified by the community as victims of rape by someone outside the tribe, automatically lose their economic, social and ritual rights. They are considered ritually impure – even water is not accepted from their hands or offered to them. If married, their husbands have the right to divorce them without providing for them. If unmarried, they lose their usufructory right over their parental property. They are usually forced to leave their home as well as their village. Often, the only means of survival most of them have left are begging, prostitution and migration to the cities where they end up as bonded labour in severely exploitative employment such as in the brick kilns*'[97]. This situation of sexual abuse of and crimes against Adivasi women, including due to their immiserasition and influx of non-tribals continues to this day. Kishwar also bares open the usufruct rights aspect and presents anecdotal evidence to show that Adivasi women are dragged

into litigation to deny them of even this right and there have been instances of murders so that the male land owner's legal heirs can lay their hands on the property immediately. All the above will also have a specific implication for Adivasi women in the context of 'development-induced displacement' if they are not land owners to begin with.

III.7.4.8. However, it is also increasingly seen that Adivasi women are 'gifted' plots of land that the parents have acquired, even if not the clan land. In some communities, if a man dies without a son, his daughter can inherit the property. In practice, it has been witnessed that in some cases, equal division of property between sons and daughters has also happened in communities like Dimasa[98].

III.7.4.9. It should also be noted that while male inheritance is limited to immovable property, girls are allowed to inherit movable property. In certain tribes, this is limited to her mother's property.

III.7.4.10. In the North East, land ownership and control is of a different system traditionally. There is community land, individual land and clan land with each community having well defined boundaries and administration systems. Land cultivation decisions – when, what, how much etc. – are taken in the village council, populated with men only. However, there are changes happeneing here too. Amongst the Paites, customary practice did not allow a daughter to inherit parental property even if she was the only child, or in the absence of sons. In 2004, the Paite Tribal Council amended this, by introducing provisions in favour of daughters, widows, illegitimate or adopted and other disinherited sons. Now, a father can appoint one of his daughters to inherit property in the absence of sons; a woman's in-laws cannot force a widow to go back to her parents if she wants to stay unmarried in her late husband's house[99]. A debate is also underway on whether women should enter the traditional decision-making bodies, in this community. While it is noted that these changes do not accord full equality to women, they are a small movement forward.

III.7.4.11. There are matrilineal communities like the Khasis and Garos in Meghalaya amongst the tribes. However, it is seen that the individual as well as patriarchal orientation of the State managed to influenced communities that were were operating on the basis of commons, with

headship being with women, into individual, male dominated ones. Here, it is seen that women continue to inherit land, but men wield more political power and social power than in the past.

III.7.4.12. While this is the state of affairs with the customary laws as they still stand, on the ground there have been some positive experiences with regard to getting Adivasi women some property rights in their name. For instance, the Adivasi Hakk Suraksha Sanstha's effort in Raigad district of Maharashtra in 2000, following a state government notification (under the tenancy law, Article 17 B (2) which sought to grant homestead land rights to its residents) wherein applications were put in in the name of the women, after intense dialogues with men and women in the community convinced them to opt for a historical decision of making the homestead plots in the name of women[100].

All India Number and Area of Operational Holdings by All Classes for ST women

	No. of Operational Holdings			Area Operated		
	Individual	Joint	Total	Individual	Joint	Total
ST Women	1223 (11.32%)	135 (11.16%)	1359 (12.76%)	1564 (10.0%)	262 (9.84%)	1826 (10.0%)
ST Men	9571 (88.66%)	1075 (88.84%)	10646 (88.68%)	13997 (90.0%)	2398 (90.16%)	16395 (90.0%)
Total STs	10795 (100%)	1210 (100%)	12005 (100%)	15561 (100%)	2660 (100%)	18221 (100%)
All Women	15981 (100%)	1702 (100%)	17683 (100%)	14313 (100%)	2197 (100%)	16510 (100%)
ST Women	1223 (7.65%)	135 (7.93%)	1359 (7.68%)	1564 (10.93%)	262 (11.92%)	1826 (11.05%)

Source: Compiled from Agricultural Census 2010-11

III.7.4.13. It can be seen that women operate only 12.76% of all the ST operational landholdings and a lesser area of just 10% of all ST operated area. When compared to the landholdings that get operated by women at the all-India level, ST women operate 7.68% of total women's holdings, and 11.05% of the area operated by women. Further, this is not data on ownership but operational landholdings.

All India Number and Area of Operational Holdings by Size Classes, Agricultural Census 2010-11 (Number in '000), (Area in '000 ha.)

Size Class (in ha.)	Group	No. of Operational Holdings			Area Operated		
		Individual	Joint	Total	Individual	Joint	Total
Marginal	ST Women	714	58	772	330	28	358
	% marginal amongst total ST women	58.38%	42.65%	56.81 %	21.11%	10.65 %	19.61 %
	ST Men	5258	440	5698	2583	203	2786
	% marginal amongst total ST men	54.94%	40.93%	53.52 %	18.46%	8.47%	17.00 %
	Total ST	5972	498	6470	2914	231	3144
	% marginal amongst all STs, male & female	55%	41%	54%	19%	9%	17%
	All Women	11554	1102	12656	4118	431	4549
	% marginal amongst all women	72%	65%	72%	29%	20%	28%
Small	ST Women	290	35	325	407	50	457
	% Small amongst total ST women	23.71%	25.74%	23.91 %	26.04%	19.01 %	25%
	ST Men	2301	251	2552	3301	361	3662
	% Small amongst total ST men	24.04%	23.35%	23.97 %	23.59%	15.06 %	22%
	Total ST	2591	286	2877	3708	411	4119
	% Small amongst all STs, male & female	24%	24%	24%	24%	15%	23%
	All Women	2714	296	3010	3800	419	4218
	% Small amongst all women	17%	17%	17%	27%	19%	26%
Semi Medium	ST Women	159	27	186	422	75	496
	% Semi Medium among total ST women	13.00%	19.85%	13.69 %	27.00%	28.52 %	27.22 %
	ST Men	1377	224	1601	3708	626	4335
	% Semi Medium amongst total ST	14.39%	20.84%	15.04 %	26.49%	26.12 %	26.44 %

	men						
	Total ST	1536	251	1787	4130	701	4831
	% Semi Medium amongst all STs, male & female	14%	21%	15%	27%	26%	27%
	All Women	1256	195	1451	3323	541	3864
	% Semi Medium amongst all women	8%	11%	8%	23%	25%	23%
Medium	ST Women	53	14	67	299	81	380
	% Medium amongst total ST women	4.33%	10.29%	4.93%	19.13%	30.80 %	20.81 %
	ST Men	559	134	693	3200	783	3984
	% Medium amongst total ST men	5.84%	12.47%	6.51%	22.86%	32.67 %	24.30 %
	Total STs	612	148	760	3500	864	4363
	% Medium amongst all STs, male & female	6%	12%	6%	22%	32%	24%
	All Women	406	93	499	2292	541	2834
	% Medium amongst all women	3%	5%	3%	16%	25%	17%
Large	ST Women	7	2	8	105	29	135
	% Large amongst total ST women	0.57%	1.47%	0.66%	7%	11.0%	7.34%
	ST Men	76	26	102	1204	424	1628
	% Large amongst total ST men	0.79%	2.42%	0.96%	9%	17.7%	9.93%
	Total	83	27	111	1309	454	1763
	% Large amongst all STs, male & female	1%	2%	1%	8%	17%	10%
	All Women	50	16	66	780	265	1045
	% Large amongst all women	0%	1%	0%	5%	12%	6%

Total may not tally due to rounding off.

Source: Compiled from Agriculture Census 2010-11

III.7.4.14. In terms of operational landholding classes, it can be seen that Adivasi women are worse off than their male counterparts in terms of concentration in the lower size classes, but significantly better off than all women in the population in all categories except Small landholdings.

Operational Holdings (Quinquennial) All-India Level, as per Agricultural Census, Ministry of Agriculture

Sl	Item	1980-81	85-86	90-91	95-96	2000-01	05-06	10-11
(i)	**No. and Area of Operational Holdings**							
Scheduled Tribes								
1	Holdings ('000)	6854	7648	8670	9523	9404	10343	11993
2	Operated Area ('000 ha)	16704	17234	17909	17524	16525	16929	18294
3	Average Area operated (ha)	2.44	2.25	2.07	1.84	1.76	1.64	1.53
All Social Groups								
1	Holdings ('000)	88883	97155	106637	115580	119931	129222	137757
2	Operated Area ('000 ha)	163797	164562	165507	163355	159436	158323	159180
3	Average Area operated (ha)	1.84	1.69	1.55	1.41	1.33	1.23	1.16
(ii)	**Percent Shares of No. and Area of Operational Holdings**							
Scheduled Tribes								
1	Holdings (percent)	7.71	7.87	8.13	8.24	7.84	8.00	8.71
2	Operated Area (percent)	10.20	10.47	10.82	10.73	10.36	10.69	11.49
All Social Groups								
1	Holdings (percent)	100.00	100.00	100.00	100.00	100.00	100.00	100.00
2	Operated Area (percent)	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Source: Quinquennial Surveys of Agricultural Censuses in India, 1980-81 to 2010-11

III.7.4.15. As the table above indicates, while the average area operated is declining for STs as well as all social groups, the percentage share of ST holdings as well as area operated in the total landholdings in India and the operated area is on the rise. This picture of operational holdings could very well be related to pattas being given under FRA and through other efforts at regularizing land titles and supporting cultivation of land by STs. It has to be noted that this is a picture where holdings are on the rise overall in India with greater fragmentation, while operated area is coming down. However, the picture from NSSO with regard to land ownership, possession and cultivation within Adivasi households is a matter of concern. This then also has its implications for Adivasi women.

Proportion of Adivasi households that did not own, possess and cultivate any land, rural India, in per cent

Year	ST Households that did not own any land (%)	ST Households that did not possess any land (%)	ST Households that did not cultivate any land
1987-1988	16	13	28
1993-1994	19	13	30
1999-2000	10	7	32
2004-2005	24	23	34
2009-2010	24	31	39
2011-2012	24	25	39

Source: Brinda Karat and Vikas Rawal (2014): Scheduled Tribe Households: A note on Issues of Livelihood. Review of Agrarian Studies. Page 136

III.7.5. ADIVASI WOMEN & FOREST RESOURCES

The major livelihood source for Adivasi women, like for all other Indian women, is agriculture. Additionally, many forest-dependent Adivasi communities/women are also dependent on minor forest produce.

III.7.5.1. MINOR FOREST PRODUCE: There are records that show that Adivasi women's earning capacities, both in terms of access to natural resources like forest produce as well as less discriminatory wage rates, are more comparable than that of their male counterparts within the village than those of women of other communities. However, it is also true that this slightly

better status of Adivasi women is getting changed in the recent past as natural resources and access to the same shrink.

III.7.5.2. Minor Forest Produce plays an important role in the livelihood support of tribal and forest dwellers in terms of subsistence and income generation. When agriculture is gradually ceasing to be reliable, MFP sustains millions of tribals by providing an alternate source for food and income. The dependence is most on kendu leaf, mahua, char, tamarind, sal seed, mango and amla. Most of these products are wasted for lack of post-harvesting technology in cleaning, packing, storage and processing. Adivasis, men and women alike though more so in the case of women, are engaged in collecting leaves, barks, gums, roots, flowers, fruits and plants from forest areas for livelihood out of which many species are nutritionally, medicinally and industrially important. Approximately 50% of the tribal population in Jharkhand is dependent on forests and out of these 70% are BPL families. The importance of forest thus cannot be overemphasised.

III.7.5.3. The MSP schemes for MFP do not have any space for providing initial working capital which is required by the primary procurement agencies during the procurement of produce from primary gatherers. Many eligible collective groups are excluded during selection of PPA at the gram panchayat level. There is no sensitization at village level regarding the scheme and selection of PPA. Estimates have been made by various official committees of the number of Adivasi households that depend on collecting MFP (minor forest produce) as part of their livelihoods. The sub-group of the Planning Commission for the Twelfth Plan looking into issues connected with MFP recorded that half of all Adivasi households were involved in this activity (Planning Commission, 2011).

III.7.5.4. The Haque Committee set up by the Ministry of Panchayat Raj (2011) estimated that between 20 per cent to 40 per cent of the income of forest dwellers came from the sale of MFP, while other estimates placed it on a range between 35 per cent to 80 per cent in certain regions (Planning Commission, 2011). At the same time, both committees noted that deforestation, a decrease in trees on which some types of MFP grow, climate change and the absence of a national policy on minimum procurement prices for MFP have caused a decline in incomes earned through collecting minor forest produce, a task done mainly by women. While systems of

barter of MFP for consumer goods have more or less ceased to exist, marketing of MFP has not succeeded because of a lack of infrastructural support. Exploitation of the Adivasi people by middlemen and traders in this sphere is rampant. Minimum support prices for minor forest produce should be introduced, but no financial allocations have been made in this respect.

III.7.5.5. Even as Adivasis have to pay higher prices for the commodities they buy from the market, the prices of commodities they collect or cultivate are not increasing. In the absence of strong and sustained government support for a minimum support price for MFP, traders and middlemen exploit the Adivasis by giving them low prices. To take an example from Araku in Andhra Pradesh, in 2013, for 50 kg of tamarind, an Adivasi collector was paid only Rs 15 a kg, when the market price was around Rs 80 a kg. On average, earnings were just a little over Rs 90 per person for two days' work. A new scheme that has been initiated in 2014 is too early to be judged for its impact – however, it appears to have no support system for grassroots collectives other than a guaranteed price-based procurement system which is expected to cover the cost of MFP-gathering.

III.7.5.6. Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Act, 2006: The rights of Adivasi communities to non-timber forest produce and free access to forests was one of the issues addressed by the Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Act, 2006 (referred to as the Forest Rights Act or FRA). The Act specifically mandates registration of common community resources of Adivasi communities, and asks for Rights to be conferred in a heritable manner through registration jointly in the name of both the spouses in case of married persons and in the name of single head in the case of a household headed by a single person. Further, Adivasi women have been empowered in FRA by various sections of the statute putting down clauses on full and unrestricted participation of women in the Gram Sabhas, laying down a quorum of participation of women members in the Gram Sabha (at least one third of the members present shall be women), that not less than one third of the members of the FRC (Forest Rights Committee) shall be women, that at least one of the three PRI members nominated to the SDLC (Sub Divisional Level Committee) shall be a woman etc. The law provides for individual claims for land ownership under FRA to be settled in the name of Adivasi women.

III.7.5.7. A committee that studied the implementation of FRA in 2010, jointly set up by Ministry of Tribal Affairs and Ministry of Environment & Forests found that the implementation of FRA has been poor, thereby affecting its potential to achieve livelihood security, bring about changes in forest governance or strengthen forest conservation. Forest Rights Committee have been constituted in a flawed manner, and it is seen that women have not always been given space in these committees. In fact, it has been noted that forest dwellers were evicted from their lands even as process of recognition and verification of lands was underway with regard to claims filed. Most states have concentrated almost entirely on implementing the provisions for individual forest rights. Further, claims have been rejected without assigning reasons or based on wrong interpretations, and not being communicated to the claimants. It was found that Section 3 (1) (m) regarding the rights of persons illegally displaced or evicted by development projects without proper compensation has not been implemented at all. It has also been seen that while claims accepted are as per the application, titles issued are for lesser areas. There is also very poor implementation of community forest rights or CFRs. It is also seen that exercise of rights over MFP, which is a community right under the FRA, is neglected, with no institutional and financial mechanisms in place for its implementation. All of these have direct implications for Adivasi women and the unfortunate situation of a progressive legislation not being implemented to empower them.

III.7.5.8. A study from Rajasthan with Bhil women concludes that the new identity-based forest tenure reform is mere tokenism and hinders rather than promotes tribal women's political empowerment and access to forest-based resources[101]. Here, women reported significantly lesser access to forest resources post-FRA. Further, Bhil tribal men's access to various resources was significantly higher than the women's, even though women were represented in committees and were caretakers of the forest.

III.7.5.9. The HLC on Status of Tribal Communities notes that women's participation in processes under the FRA remains low. It is seen that no significant efforts have been put in to create awareness amongst women about FRA, the process of claim making, verification etc.

III.8. DISPLACEMENT, CONFLICT, MIGRATION & TRAFFICKING OF ADIVASI WOMEN

III.8.1. DISPLACEMENT

III.8.1.1. One of the major issues confronting Adivasi communities in general, and Adivasi women too, is that of "development-induced" displacement and dispossession. Further, in some pockets of the country, internal displacement due to conflict including armed conflict is a reality for men and women of these communities.

III.8.1.2. The government has no data maintained on district-wise or state-wise displacement or on the status of their resettlement and rehabilitation. Estimates by non official sources indicate that about 21 to 25 million people would have been displaced due to dams, mines, wildlife sanctuaries, national parks and industries during the first 4 decades after independent and at least 75% have not been rehabilitated. An updated figure on this, including by extrapolation from whatever studies and documentation exists is that there could be around 60 million Displaced Persons or Project Affected Persons (PAPs) in India till 2000. What is worth noting is that 47% of the total displaced due to development projects are estimated to be Adivasis (The Expert Group on Prevention of Alienation of Tribal Land and its Restoration, Govt of India, 2004). A compilation put together by the HLC on Status of Tribal Communities (May 2014) estimates that around 30.7% of DPs from 13 states for which some information has been compiled based on government records, belong to Scheduled Tribes. Very often, these official records do not count DPs/PAPs dependent on commons. It is estimated that people were displaced from 25 million hectares including 7 million hectares of forests and 6 million hectares of other CPRs. It is also estimated that at least 25% of India's tribals get displaced at least once because it is their regions that the 'development projects' mostly target. Most 'development projects', whether of public authorities or private corporations have acquired resources from marginalized communities at very meager compensation, on unequal terms of negotiation. The frequent invoking of the eminent domain in the name of public purpose, without adequate compensation, prior informed consent, replacement of livelihoods, provision of resettlement and a recognition of the loss of community heritage is indeed highly unjust and has led to the abject and chronic impoverishment of the displaced. Only 25% of ST DPs are estimated to have been resettled so far.

III.8.1.3. "Displacement, land alienation, deforestation, detribalization, fissure in the local culture, alcoholism, declining status of tribal women, exploitation by middle men, ill health, imbalanced demography, tribal - non tribal tension, problems related to rehabilitation of those displaced and those which are an outcome of development programmes are only a few of the costs incurred in the name of state-tribal development in Jharkhand. Even though most of these problems have existed prior to state formation, yet with the rapid pace at which development is taking place some of these problems have accelerated. In fact, many of the developmental programmes have adversely affected the tribal community".[102]

III.8.1.4. In some Adivasi pockets of India, **the resettlement of external refugees** has been a cause for displacement and creation of internal refugees. This is the case in Mizoram, Tripura etc.

III.8.1.5. The impact of 'development' has been more felt by women than men - since tribal and forest economy is essentially 'women-centered' economy. Women are responsible for subsistence and survival. It is women who are primarily involved in collection, management and distribution of food, fuel, fodder and water resources within the family as also within their community. Women now walk longer distances in order to search for forest products, fire- wood, fodder and water (Fernandes and Menon, 1987). With so-called 'state development' these natural resources are becoming unavailable and inaccessible, forcing tribal women to seek alternative sources of income to supplement the family income. This ultimately leads to migration of tribal women in search of livelihood.

III.8.2. Alienation of tribal land by non-tribals and private corporations is a major issue which also affects Adivasi women. A study from three states (Kamal K Mishra, 2002, 'Study on Alienation of Tribal lands in Schedule V Areas) found that 21.95% of tribal households lost land constituting 24.69% of tribal lands in the study sample. 85.95% of this was to non-tribals, with prolonged indebtedness being one of the main reasons for such land alienation, despite several legislative safeguards. Amongst the eight different methods adopted for this illegal land transfer to non-tribals, apart from mortgage, benami transfer, forcible occupation, oral transfer and sale are methods like marital alliance and in the name of concubines. In many tribal areas, non tribal men entered into marital relationships with the tribal women and purchased land in the names of tribal wives. The tribals of north coastal Andhra Pradesh, for instance, have inherited a sacred

social institution called 'nestam', ie, the bond of friendship. Non-tribals entered into these bonds of friendship and purchased land in the name of tribal friends[103]. While efforts have been underway to restore such lands, it is seen that nearly 4.11 lakh acres of tribal land alienation could not be restored despite legal proceedings. It is noted by a Government of India Committee on 'State Agrarian Relations and the Unfinished Task of Land Reforms' that the process of restoration of alienated land is worse than alienation. It is also well-documented that various corporations have been instrumental in land alienation from tribals in states like Chattisgarh through outright fraudulent means.

III.8.3. Impact of Displacement on Women: Scholars have studied the impact of displacement on women in particular and found that women get marginalized in the labour force due to loss of access to traditional sources of livelihood (land, forest, river, pasture, livestock etc.). It is seen that women partially regain their economic status if land and other resources are replaced. It is also seen that in R&R policies, there is marked gender disparity as women members of the family such as adult unmarried daughters, widows, deserted women, divorcees etc., are not considered as a separate family. Further, the jobs offered in the entities that come up in mining and other industrial projects are such that they provide more opportunities for men than women given the existing skill sets and the labour laws of the country.

III.8.3.1. Women are also seen to be traumatized due to loss of resources and break up of family and social networks. It is also seen that there is a decline in sex ratio amongst adivasis in areas around development projects and areas facing degradation of CPR forests in Jharkhand[104].

III.8.3.2. Needless to say, women are also excessively burdened in a displacement context in fulfilling their gendered roles around family care work and livestock rearing etc., where they continue to exist. This applies to fetching of uncultivated foods, fodder and fuel wood collection etc.. Further, in a situation of immiseration, their food and nutrition needs might get deprioritized and their economic independence and autonomy inside the household severely compromised.

III.8.3.3. In the above bleak context, the HLC on Status of Tribal Communities unequivocally calls for the minimizing of displacement, given the large scale displacement of tribal people and the fallouts of the same. It points out that displacement is marginalization and not merely

economic deprival. It is clearly consequent to the customary rights of adivasis over their livelihood resources and their ethos coming in conflict with modernizing development processes in which they were not participants. The modernizing process does not also recognize the fact that tribal way of life centres on their community, and often, their coping mechanisms after displacement get affected due to disruption in this community life and habitat. This HLC endorses the views and asks for the strengthening of PESA and FRA in their true spirit, which involves real decentralization of powers to the Gram Sabhas of these Adivasi communities.

III.8.4. MILITARISATION & CONFLICT ZONES

III.8.4.1. Connected with discussions on displacement due to 'development' projects is displacement and disruption of peaceful existence due to militarization and conflict which is located in Adivasi/tribal belts of the country. Some of the pockets of resistance against the current development model that India has adopted happen to be forested patches with high proportion of Adivasi population, given that the struggle is essentially between natural resource use for industrial purposes in a modern development paradigm, and natural resource use for survival and livelihood security in addition to preservation of traditional cultures and worldviews as far as the local communities are concerned. While there are people's struggles in this fight over control over natural resources led by Adivasi men and women in many places against big corporations (and on occasion, their militia too) as well as against non-Adivasi outsiders including traders etc., there are several pockets which are also seats of left wing extremism. The State has tried to counter this by bringing in armed forces and it is reported that Adivasi communities are caught in the middle. In these conflict zones of India, there is a large scale internal displacement of entire communities. In Chattisgarh, one of the reasons for displacement of tribal people is the conflict between the Maoists and the Governments (state as well as Centre) and 'Salwa Judum', an armed campaign that was launched to combat Maoists (some argue with evidence that it is state sponsored). Here, it is estimated that at least one lakh people are still missing by some, while around 20000 tribal people have fled to the forests of Andhra Pradesh. In the North Eastern states too, armed conflict and violence has led to massive internal displacement. The situation is complicated with several tribes striving for ethnic homeland on overlapping areas, in addition to external refugees from elsewhere also seeking recognition and rights.

III.8.4.2. Women have reported that their access to their immediate surrounds has been affected with the presence of armed forces on the one hand and extremists on the other. There are reports of women's mobility being affected, and their usual routes of forest produce gathering being restricted. It is seen that while their safety is getting affected, there are more domestic tensions arising due to allegations of extra-marital affairs on tribal women by their spouses in this scenario. During a consultation organized by this HLC, on Adivasi women, these were the issues that were shared by participants from more than seven states. Another related issue is that of impact on education. The High Level Committee of the Ministry of Tribal Affairs said, "there is a need to recognize the adverse impact of violence on children's education. No schools or areas in the immediate vicinity of schools should be occupied by security forces or the police as has been the case in conflict zones in tribal areas. De-militarisation of schools is vital in order to restore schools as a place of safety, security and scholarship for students".

III.8.5. MIGRATION

III:8.5.1. Migration is reported to be a significant factor in urban growth in India. The official sources of data on migration in India (Census and NSSO) have been critiqued for their inability to capture the real nature of migration of various kinds underway in India. In the recent past, short term migration is getting covered in NSSO. It is seen that micro-studies bring out a more nuanced understanding of the kind of migration that Adivasi women undertake, for instance.

III.8.5.2. In 2001, census data reported that 25.4% of STs to be migrants within the same state based on the place of last residence. Out of the total migrant population within the state, 83.5% of ST migrants were reported to be involved in intra-district migration. The discourse on migration often tries to classify migration based on the cause for migration. While some migration is in terms of pull of better opportunities, much migration is due to lack of adequate, year-long livelihood opportunities back in their native villages, displacement due to development projects, deforestation and increasing riskiness in rainfed agriculture, natural calamities like drought etc.

III.8.5.3. In the case of tribal migrants, it is seen that work conditions are poor and exploitative, in addition to the fact that there is lack of citizenship identity and related public services for them in the place of destination. Housing, children's education, work conditions etc., are all issues of

concern. On the other hand, there are also the positive aspects to such migration including acquiring of new skills, repayment of loans, financing of working capital in the migrants' family farming, investments in acquisition of assets etc.

III.8.5.4. A study conducted by Centre for Women's Development Studies (CWDS), between 2009 and 2011 across 20 states, shows that Adivasi women comprised more than 26 per cent of migrant women workers in rural destinations and 21 per cent in urban destinations. It shows that the most distinctive feature of Adivasi women's labour migration is their concentration in short-term and circulatory migration – that is, migrating from and returning to their villages every year, and sometimes more than once a year[105]. However, official policies do not recognise this large and vulnerable migratory work force. There is also an increase in the flow of young Adivasi women to urban areas to work as live-in domestic workers. The absence of a legal framework in India to protect the rights of domestic workers has a direct impact on them. The work conditions are exploitative and it is seen that the trafficking routes are increasing given the lack of regulation on hundreds of 'placement agencies'. What comes out clearly in the study conducted on women domestic workers in Delhi in relation to migration and social networking is the centrality of women in the migration process and in the endurance of the family in migrant destinations[106]. This points to the need to re-examine the validity of some of the widely accepted male-centric explanations in migration literature. "Migration of women domestics needs to be understood as collective endeavour that represents the experience within a set of family relationships, as opposed to the commonly perceived notion of male migration, which is autonomous and individualistic".[107]

III.8.5.5. Recent trends in migration have been a witness to increased incidence of autonomous migration of tribal women to the metros. Yet another noticeable trend in migration is the exodus of semi-literate or even matriculate girls and women. Most of these women who migrate are single and unmarried. They desperately try to help their parents, save for dowries or contribute towards the education of their brothers and sisters back home. At times, it is sheer economic need (like freeing of mortgaged land) that is responsible for migration. In the consultation organized by this HLC, participants described the elaborate networks that operate where a young woman who has migrated out to a city is one of the prime reasons for others opting to do so too, when she comes home to visit.

Distribution of Women Migrant Workers by type of Migration (%)

Type of Migrant	General	OBC	MBC	SC	ST
Long term migrant	44.51	41.56	21.51	25.98	20.81
Medium term migrant	30.02	22.98	30.11	17.36	10.48
Short term migrant	3.93	11.91	10.75	14.54	25.16
Irregular short term migrant	6.42	1.13	1.08	1.08	1.45
Circulatory migrant of longer duration	2.90	9.93	5.38	19.52	22.10
Circulatory migrant of shorter duration	4.55	6.95	4.30	6.06	10.00
Daily/ weekly commuters	4.97	3.69	25.81	14.67	8.71
Migrant for family care	2.69	1.84	1.08	0.81	1.29
All	100	100	100	100	100
Short term and Circulatory combined	17.81	29.93	21.51	41.18	58.71

Source: Gender and Migration – Negotiating Rights. A Women's Movement Perspective. Key Findings, 2012. CWDS

III.8.5.6. Service occupations (white collared, intermediate combinations of mental and manual work, as well as menial services such as paid domestic work) and manufacturing (factory based or home-based) are more linked with long term and medium term migration. On the other hand, heavy manual labour based seasonal occupations in the primary or secondary sector that are generally attached to the most degraded conditions of work and where the figure of the labour contractor/recruiter/agent looms large, are more closely correlated with short term and circular migration. At an overall level, the CWDS study shows that *labour migration by women* had led to limited occupational diversification and in fact had propelled their concentration in a relatively narrow band of occupations.

III.8.5.7. Within this overall picture, tribal women were further concentrated in three sectors/industries, namely agriculture, brick kilns (in rural areas) and construction (in both rural and urban areas). These are the principal sectors/industries driving the short term and circulatory types of migration by women in contemporary times and for which recruitment, particularly in rural destinations is often of male-female pairs or family units rather than individuals of any one sex (which partially explains why migrant households are more among STs).

III.8.5.8. On the other hand, tribal women were found to be virtually absent in textile/garment factories, which have otherwise drawn in women workers from all other social

groups/communities. The CWDS surveys show that among tribal women migrants in urban India, it is not manufacturing, but, construction that featured as the most prominent employment, while in the feminized occupation of paid domestic work, adivasi women migrants were prominent among the 'live-ins', i.e., those who resided in their employers' homes, but relatively insignificant in the larger sea of 'liveout' domestic workers who generally live with their own families in destination areas.[108]

III.8.5.9. The HLC on Status of Tribal Communities notes the existence of empirical evidence in the form of case studies on how women domestic workers from tribal areas in Central India are viewed with distrust upon their return even as they are exploited and harassed where they migrate. Comparison between migrating and non-migrating families amongst adivasis show that non-migrating families are better off on several fronts than migrants. Studies have shown that income from seasonal migration keeps them just at the optimum level, necessitating their migration year after year, lest they slump down to abysmal poverty. A large number of Adivasi families including women migrate to work in brick kilns in highly exploitative conditions for instance. Further, young girls who migrate out to work as domestic helpers are treated as outcasts, and very few of them have marriage offers within their own tribesmen[109].

III.8.5.10. While the numbers of Adivasi girls migrating to become domestic help may not be high in the overall picture (some estimates put the number at around 5 lakhs in Delhi alone) brought out by studies such as the above, there is a growing demand for a national legislation for domestic workers, as well as a mechanism to stop trafficking of tribal girls and women.

III.8.6. TRAFFICKING AND EXPLOITATION OF ADIVASI WOMEN

III.8.6.1. India is a source, a transit point as well as a destination for trafficking in women and children. It is not uncommon that the traffickers go scot-free here, while the victims are criminalised. Sources of initial 'procurement' are those locations where economic deprivation as well as social discrimination are high with lack of livelihood options. The overlaps between labour trafficking and sex trafficking, in the human trafficking networks of India are yet to be fully unravelled. Meanwhile, of around 14000 persons arrested every year under trafficking prevention statute, 90% are women while the traffickers and clients are mostly men. NCRB data

shows a decline in the number of cases under the Immoral Traffic (Prevention) Act in the recent past whereas the number of cases under IPC Sections 366A (procuration of minor girl) and 372 (selling of girl for prostitution) are on the rise.

III.8.6.2. The Criminal Law (Amendment) Act of 2013 included a new Section 370 which defines the offence of trafficking (the earlier Section 370 dealth with the buying or disposing of any person as a slave). Section 370 now criminalises anyone who recruits, transports, harbours, transfers or receives a person using certain means including threats, force, coercion, fraud, deception, abduction, abuse of power or inducement) for purposes of exploitation. Exploitation is said to include any act of physical exploitation or any form of sexual exploitation, slavery or practices similar to slavery, servitude or the forced removal of organs. Punishment ranges from 7 to 10 years' rigorous imprisonment with fine. This is further enhanced depending on whether the victim is a minor, if more than one person is trafficked, if the trafficker is a repeat offender and whether the trafficker is a public servant or police officer. Further, to curb demand for trafficked labour, Section 370A criminalises anyone who enages a trafficked person for sexual exploitation.

III.8.6.3. It is clear that not all migration of Adivasi girls and women out of their villages can be equated with trafficking, and that not all trafficking is to be conflated with sex work. However, there appears to be a very thin line that distinguishes certain kinds of migration and trafficking, given that this migration is induced by dispossession and impoverishment, obviously making a person more vulnerable to trafficking. Human trafficking in the guise of labour migration is not unexpected, and exploitative work conditions are not distant consequences. The current crisis of survival for many Adivasis makes them prime targets for being pushed into migration as well as trafficking networks. Studies at the source end show that when children/young boys and girls migrate out, not all return home, and around 8-10% of the children go "missing" (in this instance, from tea gardens of north Bengal). A greater number of girls were found to have gone 'missing' compared to 'boys' in proportion to the numbers migrated, especially to cities like Delhi. Prime targets for trafficking are Adivasi children from Oraon, Munda and Santhal tribes. It is seen that local agents make up different stories to convince the worried parents when the girl goes missing[110]. Meanwhile, there are also several studies that exist about the living conditions of migrant Adivasi domestic workers in a city like Delhi and it is apparent that their living and work conditions are unacceptable. Low wages, long working hours, no holidays, unpaid salary dues,

verbal/physical/sexual/psychological abuse, lack of freedom of mobility, inadequate food, loneliness, lack of sanitation and hygienic living conditions are all the reality for many. It is reported that more than one thousand placement agencies run in Delhi alone, unregulated. In a study in Delhi on Adivasi women migrant workers, it is seen that Oraon, Munda, Kharia and Santhal women hold the largest percentage of women domestic workers in terms of their ethnic affiliations. A large majority were in the age group of 15 to 25 years, and were high school drop-outs. 72% were unmarried. An estimated 50 million domestic workers are present in India, out of whom 90% are women with a majority coming from Adivasi, dalit and other marginalised communities. There is a need to have a protective statute enacted at the national level to ensure that their rights are upheld.

III.8.6.4. Media reports in origin locations and destination locations indicate that trafficking could have increased upto 3-fold in the past decade. In the economic liberalisation era, with certain pockets of India becoming more economically active than others, the trafficking routes in India are undergoing a change, as reported to the HLC during our field visit to Gujarat and Odisha.

Tourism and Jarawa women

Members of the Jarawa community in Andaman & Nicobar Islands being made a spectacle for tourists on the Andaman Trunk Road has drawn the ire of the Supreme Court in 2002 when it ordered the closure of the road, which runs alongside and through the Jarawa Reserve. However, this was not done. An international media report in 2012 caught an instance of how naked Jarawa women were made to dance for the tourists, at the behest of a policeman accompanying them. In January 2013, the Supreme Court once again proscribed any commercial activity within a five kilometre radius of the Reserve. However, it appears that the situation has only deteriorated. In January 2014, eight Jarawa women were abducted allegedly by local poachers who are reported to have lured the Jarawa girls with food and drink, and exploit them sexually.

Ref.: Report of the HLC on Status of Tribal Communities in India, Ministry of Tribal Affairs, May 2014

III.9. VIOLENCE AND CRIMES AGAINST ADIVASI WOMEN

III.9.1. The excessive experience of Adivasi women of various kinds of violence perpetrated against them is a matter of urgent concern. The following tables, drawn from a Ministry of Tribal Affairs report draw our attention to the fact that a high number of Adivasi women have reported

the frequent experience of physical as well as sexual violence (lesser than dalit women on some aspects but higher than others).

Experience of physical violence: (%age of women aged 15-49 years who have ever experienced physical violence since age 15 and %age who have experienced physical violence during the 12 months preceding the survey, India, 2005-06)

Background Characteristic	Percentage who have ever experienced physical violence since age 15	Percentage who have experienced violence in the past 12 months			Number of women
		Often	Sometimes	Often or sometimes	
Caste /Tribe					
Scheduled caste	41.7	4.9	19	23.9	15609
Scheduled tribe	39.3	5.5	19	24.5	6866
Other Backward Class	34.1	4	15.1	19	32938
Other	26.8	3.1	11.4	14.5	27582
Don't know	28.5	1.6	15.5	17.2	466
Total	33.5	4	15	18.9	83703

Extracted from Statistical Profile of Scheduled Tribes in India 2013, Ministry of Tribal Affairs. Pp297

Experience of sexual violence: Percentage of women age 15-49 who have ever experienced sexual violence, India, 2005-06

Background characteristic	Percentage who have ever experienced physical violence	Number of women
Caste /Tribe		
Scheduled caste	11	15609
Scheduled tribe	10.2	6866
Other Backward Class	7.4	32938
Other	7.8	27582
Don't know	8.7	466
Total	8.5	83703

Extracted from Statistical Profile of Scheduled Tribes in India 2013, Ministry of Tribal Affairs. Pp298

Different forms of Spousal violence (Percentage of ever-married women age 15-49 by whether they have ever experienced emotional, physical, or sexual violence committed by their husband, 2005-06

Background characteristic	Emotional violence	Physical Violence	Sexual Violence	Physical or sexual violence	Emotional, Physical, or sexual violence	Number of Women
Caste /Tribe						
Scheduled caste	19	43.3	12.8	45.6	47.9	12701
Scheduled tribe	20.9	41.8	11.4	43.7	47.0	5562
Other Backward Class	15.7	36	8.7	37.6	40.4	26438
Other	12.7	27.3	9.6	30	32.3	21393
Don't know	14.3	28.9	10.8	29.9	31.7	375
Total	15.8	35.1	10	37.2	39.7	66658

Extracted from Statistical Profile of Scheduled Tribes in India 2013, Ministry of Tribal Affairs. Pp298

III.9.2. The above table shows the subordinate position of Adivasi women within their own communities, experiencing violence of various kinds from their own spouses.

Help seeking to stop violence (Percentage distribution of women age 15-49 who have ever experienced physical or sexual violence by whether they have told anyone about the violence and whether they have ever sought help from any source to end the violence according to type of violence) 2005-06

Background characteristic	Never sought help		Have sought help from any source	Don't know/ missing	Total	Number of women
	Never told anyone	Percentage who told someone				
Caste /Tribe						
Scheduled Caste	64.8	7	26.1	2	100	6822
Scheduled Tribe	65.4	9.5	23.2	1.9	100	2834
Other Backward Class	65	7.8	24.6	2.5	100	11722
Other	69.2	7.3	20.9	2.6	100	7972
Don't know	61.2	8.7	25.9	4.2	100	137
Total	66.1	7.7	23.8	2.4	100	29595

Extracted from Statistical Profile of Scheduled Tribes in India 2013, Ministry of Tribal Affairs. Pp299

III.9.3. While the above findings are from a survey, as per the National Crime Records Bureau, specific crimes against Scheduled Tribes are on the increase over the years, including rapes of Adivasi women.

Incidence of crime against Scheduled Tribes

Crime-Head	Year					% Variation in 2013 over 2012
	2009	2010	2011	2012	2013	
Rape	583	654	772	729	847	16.2
Kidnapping & Abduction	82	84	137	103	130	26.2
SC ST Prevention of Atrocities Act	944	1169	1154	1311	1390	6.0
TOTAL	5425	5885	5756	5922	6793	14.7

Source: Table 7(B) of National Crime Records Bureau

III.9.4. The average conviction rate for crimes against STs stood at 22.5% as compared to overall conviction rate of 38.5% relating to IPC cases and 88.6% relating to SLL cases in 2012. In 2013, it came down to 16.4%.

III.9.5. Apart from crimes committed by Adivasi men against Adivasi women, and non-tribal men against tribal women, there are also instances of custodial violence that Adivasi women are subjected to, raising serious concerns for their human rights protection.

III.9.6. One of the most sensational cases that had spurred a whole generation of women's rights activists and others to come together for justice in the 1970s is the infamous Mathura rape case. On March 26th 1972, Mathura, a 16 year old tribal girl was raped by two policemen in Desai Ganj police station in Chandrapur district of Maharashtra even as her relatives who had come along with her to register a complaint waited patiently outside without being aware of the heinous act being perpetrated in the police station. Reluctantly, under pressure from the public, a panchnama was filed by the guilty policemen; however, when the case came up for hearing in the Sessions Court in 1974, Mathura was accused of being a 'liar', and it was stated that since she was 'habituated to sexual intercourse', no rape could be proven! Later, the Nagpur Bench of the Bombay High Court set aside the sessions court judgement on the basis that passive submission due to fear induced by serious threats could not be construed as willing sexual intercourse. However, in another twist, the Supreme Court again acquitted the policemen. This judgement

again did not distinguish between consent and forcible submission, saying that Mathura had not raised an alarm and that there were no visible marks of injury on her body. Following protests and a loud debate and through formation of new women's organisations, the Mathura case forced legislative changes with regard to rape in India. The Criminal Law (Second Amendment) Act 1983 included a provision that stated that if the victim says she did not consent to the sexual intercourse, the Court shall presume that she did not consent as a rebuttable presumption. Section 376 of Indian Penal Code also underwent changes which made custodial rape punishable. Besides defining custodial rape, the amendment shifted the burden of proof from the accuser to the accused, in addition to in-camera trials, the prohibition on the victim identity disclosure and tougher sentences.

Soni Sori Case

Soni Sori was picked up from a marketplace in Dantewada district, Chhattisgarh on 4thOctober, 2011. She, along with Lingaram Kodopi, was accused of acting as a conduit between the naxalites and Essar for payment of money from Essar. D.V.C.S Verma, the Essar general manager and B.K. Lala, the company's chief contractor, were also arrested in connection with this charge in September, 2011. Two others, accused of being naxal commanders, have been absconding. The Dantewada district court granted bail to D.V.C.S. Verma in January, 2012, and to B.K. Lala in February, 2012. More than two years later, in an appeal against an order of the Chhattisgarh High Court, on 7th February, 2014, the Supreme Court directed that Soni Sori and Lingaram Kodopi be released on bail.

Soni Sori complained of severe torture and of being sexually assaulted when she was held in police custody. On 19th October, 2011, the Supreme Court directed that Soni Sori be examined by doctors in a Kolkata hospital in connection with the injuries she sustained in police custody. The medical report from the hospital found two stones in her private parts and rectum, confirming her complaint of rape. In a series of letters addressed to the Supreme Court, Soni Sori had charged Ankit Garg, Superintendent of Police of Dantewada police station, of verbally abusing her and directing police personnel to strip her naked and administer electric shocks. Ankit Garg was given the Presidents Gallantry Award soon after. There are serious questions about each of these issues: Soni Sori's father was shot in his leg by the naxalites: why would anyone say that Soni would support the naxalites, he asked, when the committee met him. Why was no FIR filed and investigation done either when Soni Sori complained of torture or when the Kolkata hospital found evidence of the torture, including sexual torture? Why was Ankit Garg given the Gallantry Award, when there were serious charges that had been made against him which had not yet been investigated. The DGP (Home Guards) reportedly said, in explanation:

"The Police Medal for Gallantry is for a specific instance... it is not like the award for Meritorious Service ... Ankit Garg led one of the teams in the Mahasamund [encounter]."

Source: Report of the High Level Committee on Socio-Economic, Health and Educational Status of Tribal Communities of India, Ministry of Tribal Affairs, Government of India. May 2014

III.10. CUSTOMARY LAWS/PRACTICES THAT GO AGAINST ADIVASI WOMEN

III.10.1. While there are a few customary practices and laws that have been recorded to give an equal status to Adivasi women or at least a status that is higher than non-Adivasi women's in Indian society, there are also several practices and laws that discriminate against Adivasi women by virtue of being women. A consultation organized by this HLC specifically on Adivasi women, drawing academics, activists and others from various states of India, revealed that customary laws are different for different Adivasi communities in India – many such laws, in a codified form, have not been put into the public domain in a comprehensive fashion, for a complete analysis of which customary laws and practices are going against the constitutional rights guaranteed to women in India. For instance, property cannot be inherited as an equal right by women/girls in several communities. The practice of polygamy further complicates the lack of property rights in many customary laws to women. While Adivasi women can get a divorce more easily than caste Hindu women, she has to pay back the bride price which it is reported is difficult for several women. Further, the custody of the children usually goes to the father. Even if the child stays with the woman, there is no provision that obliges the father to pay any child support money. Participation in local governance is also not always allowed for Adivasi women.

Matrilineal Tribal Communities

The Garos, Jaintis and the Khasis of Meghalaya are matrilineal. Daughter preference has been noted in these communities[111].

Amongst the Khasis, the youngest daughter is the heiress (*Ka Blei Ing* or the goddess of the house). The titles however suggest that moral attributes of virtue, purity and goodness are ascribed to women. Other sisters leave the house after marriage. Most family rituals are convened by the youngest daughter as the guardian of the family property and custodian of its religion. However, even here, women are not equal to men. In practice, her maternal uncles and brothers control her property. It is the same with Jaintias. While the lineage, habitat and property passes

on along the female line giving the women a higher status than in other societies, decision-making is with men. "Women manage the entire wealth, but men control it". Similarly, the governance is through village councils with men leading, with some analysts describing the situation as the tradition being matrilineal and the society as patriarchal. The village council's main functions are to issue pattas to the villagers, settle disputes on extra and pre marital relationships and impose penalties. Women are denied membership here. It is seen that class formation processes were initiated through rubber plantations. The administration strengthens the man's role by recognizing him as the head in its outreach work.

Source: "Customary Laws in North East India: Impact on Women", commissioned by the National Commission for Women

III.10.2. Meanwhile, it is also seen that detailed and comprehensive codification of the practices itself is pending (though anthropological accounts and the work of Tribal Research Institute in Bhubaneswar certainly exist) and should be placed in the public domain for triangulation by the communities on the veracity of the documentation. In this context, it is felt by Adivasi women activists that the assessment of these practices and laws using a gender lens should be left to Adivasi women themselves, with only facilitation from outsiders. The HLC believes that while this is an appropriate approach, given that the agency of these women is best suited to bring forth such an analysis as well as changes that should ensue after such an analysis, it is also important to note that struggles of identity and survival of the communities should not subsume the interests of women in the communities. Further, socialization processes imbibed by the women in the communities may not readily allow them to wear a gender lens to look at their customary laws and practices, although there have certainly been spontaneous movements of Adivasi women seeking their due rights. This may require an approach which has a role for sensitive gender experts even if they are non-adivasi, to work along with Adivasi women, through financial investments to be made by the government, to evolve community level dialogues and debates, and through deliberative democratic processes, bring about changes that bring women on par with men in all aspects of Adivasi life.

III.10.3. Harmful practices, including witch hunting

It is seen that in the case of denotified tribes, there is constant attribution of criminality on these community members, along with police harassment. Women bear the brunt of this persecution of these communities especially through laws like the Habitual Offenders Act. The HLC on Status of Tribal Communities connects this to the fact that whole communities of women find themselves in prostitution without a choice. In communities like the Bedias, Bachadas, Kanjars, Nuts and Sanshis, girls are inducted into sex work by the community and the men are known to live off the women who earn through sex work.

III.10.3.1. Social Ostracisation: Traditionally, young boys and girls in many Adivasi communities had the choice to select their own partners/spouses. Anthropologists like Elwin have written extensively, tribe by tribe, about the practices of separate dormitories for adolescent girls and boys in each village, the customs around selection of a partner, eloping or running away with the chosen one, marriage rituals, divorse and re-marriage customs, strict guidelines that govern marriage possibilities etc. These accounts do give an indication that Adivasi women have more freedom than their counterparts in the other communities in this personal domain of theirs related to marriage, including widow remarriage. Adivasi women stepping out of the social regulation boundaries laid down for endogamy, exogamy and relationships with non-tribals is however not tolerated usually. Further, influences of the "mainstream world" on Adivasi communities have created morphed norms. It was seen that if an Adivasi girl elopes with a man of her choice but with someone outside the community, and in case she later gets abandoned by the man, the community puts her up for auction, in certain parts of Gujarat. She then becomes the property of the highest bidder. It is also seen that the practice of dowry has entered these communities too in many parts and this is one of the reasons why girl children are not being preferred.

III.10.3.2. Witch hunting is a continuing practice in most tribal communities, where certain women (mostly women rather than men, and almost entirely women in Santhals, Hos and Mundas) are ruthlessly targeted, fined, ostracised and even killed by entire communities or groups of families within a community. The extent and prevalence is not very accurately known other than localized documentation, some academic studies and some media reports. NCRB collects some information under motives of murder through which some sense of the prevalence can be gleaned. However, this data is not given separately for men and women. This captures a

little information in the case of murders whereas persecution under witch-hunting covers a whole gamut of aspects in a given situation (beating, rape, torture, imprisonment, ostracisation, property confiscation, exiled from the village etc.). It is seen that the period from 2001 to 2012 on an average had 168 witchcraft deaths nation-wise each year, with a range from 114 deaths in 2004 to 242 deaths in 2011. The deaths were concentrated in Andhra Pradesh, Chattisgarh, Jharkhand, Madhya Pradesh, Odisha and West Bengal in addition to Bihar, Gujarat and Haryana[112]. Others have put the figure at around 2500 over a fifteen year time span. It also appears that the practice is on the rise[113]. An NGO called ASHA in Jharkhand who made a presentation in the national consultation organized by this HLC in Bhubaneswar in September 2014 estimates that about 100,000 women have been charged as being witches in Jharkhand alone. They also have a record of 371 witch killings in Jharkhand from 2001 to 2008.

III.10.3.3. It is not surprising that Adivasi communities live in great reverence and awe of natural resources and phenomenon, given their intricate dependence on survival and well-being on such resources. In case of a drought or a famine or a disease, the dependence of the traditional priest to interpret the adverse situation is high. It has been noted that in many instances, the explanation is sought in black magic, where some woman would be usually identified as the "fuskin" or "daayan". In almost all cases of witch-killing, the aged and the weak were identified as witches. Denying responsibility ends in tragedy and the *mahan*'s word is always final. Many a time the poverty-stricken family of the "witch" can only succumb to his decision. Summoning the denounced woman to the village meeting and assaulting her is a common practice. Even sons are known to have killed their mothers. The murder of a witch is always preceded by deaths or instances of prolonged illness in the village or a family which are ascribed to the black magic of the woman identified as the witch. Often sickness and land disputes coincide so perfectly that it is difficult to discern which is the real reason for a woman having been declared a fuskin. The distrust in women has been accentuated by a belief that they are superior to men in matters of mantras or incantations. The argument is that should they be allowed to worship the Bongas (the supreme deities), they would win favour quickly and their nature being destructive, they would invariably indulge in destructive activities to the detriment of society. While this is the version of witch hunting given by believers, there is also much literature that clearly establishes another correlation in witch-hunting cases - that to property. While gendered conflict, based on myths and

folklore, are seen by scholars as the dominant reason for witchcraft accusation within property disputes, epidemics and local politics, it is seen that withhunts are often mainly targeted at widows. Accused women are mostly childless widows who have lifetime usufruct rights over land, which then passes on to the nearest male relative of her deceased husband – by accusing these women of witchcraft and holding them responsible for any ill befallen anyone in the family or community, those male relatives inherit land sooner. The struggle over land inheritance has been one of the primary causes for witchcraft accusation in cases documented. Apart from widows, women with absentee husbands are also found to be targeted. The vulnerability of a woman to be accused as a witch could increase if there is any increase in economic status. Fines and other sanctions are imposed on the woman and her family. In the cases of implications by Ojhas of particular women as witches in epidemic outbreaks, and subsequent witch hunting, it is seen that long standing feuds are also settled within village level politics.

III.10.3.4. Authors have posited this as a gender conflict essentially because the witchcraft that fuels the hunts can be seen as a rebellion by a woman against an established order of society, and the witch hunts then as an attempt by men to denounce the ritual knowledge of women (dismissing women from higher positions in society, or by demeaning their knowledge and labeling it as malicious; at times, it could also be a way of getting rid of 'unwanted females' including ones who have become pregnant outside of marriage and therefore, posing the need to eliminate potential sources of social scandals). By doing this, women are forced into a proper subordinate role and patriarchal order re-established, as scholars who have studied the subject point out. Some have explicated this as not a suppression of a rebellion by women, but a rebellion by men themselves in the process of establishing their authority, tracing this back to cults where there was female domination at one point of time. Recent scholarship on the subject (especially with no evidence of such witchhunt fitting into any pattern of gender, age, dependency or kinship) situates the practice in a social crisis caused by economic liberalism which has transformed, uprooted and plundered communities, forcing them to compete for limited resources; some authors point towards a class struggle more than a gendered struggle. Scholarship also revolves around how witchhunting is a periodic reaction of the Adivasi worker community against their oppression by the plantation management in tea plantations, where when typical avenues of social protest are unavailable, the *dain* or the witch becomes a scapegoat for

the malice of the plantation economy – petty conflicts are allowed to escalate to a witch hunt here[114].

III.10.3.5. With the spread of "development", tribal people in general seem to be moving in the direction of emulating the cultural and socio-economic patterns of caste-Hindu groups and losing the singular features of their own society. Tripuri women have the right to demand a share of their parents' property or they can derive a share as per the desire of their parents. Communal ownership and control of land have given way to legal ownership of land by men, and 'witch-hunting' has become popular as an extra-legal method to deprive tribal women of control over land.[115]

III.10.3.6. When cases have been booked, that too rarely, it is under IPC provisions that are invoked. There are no national laws that prevent and penalize witch-hunting. There have been some moves in the recent past in some states to enact legislations to prohibit witch-hunting. These include laws in Bihar (The Prevention of Witch (Daain) Practices Act, Bihar Act No. 9 of 1999), in Jharkhand (Prevention of Witch (Daain) Practices Act 2001 and Chattisgarh and Rajasthan laws. Analysts point out that these statues have been framed very weakly and have no deterrent ability. In fact, the punishments in these laws are far weaker than what are meted out under IPC. Further, the implementation has been extremely weak since the prosecution often fails to make a case against the perpetrators and it is an uphill task to get a complaint registered in the first instance. Indian Courts, including the Supreme Court, have often turned down defedants' plea in witch hunting cases and upheld convictions. However, there have also been instances when the Court had put the onus on the victim of the witch hunt to prove that the defendants have indeed accused her of being a witch. Or have quashed cases based on lack of eye witnesses[116].

III.11. POLITICAL EMPOWERMENT OF ADIVASI WOMEN

III.11.1. The provision of relative autonomous governance to sixth and fifth schedule areas, conceived for tribal self rule, was embodied within the Constitution of India by the framers. This was meant to tackle the problems unique to these areas, and also to safeguard the democratic traditions and cultural diversity of the peoples here. When the 73rd Amendment was brought in in 1992 (The Constitution (73rd Amendment) Act 19920, for the establishment of a three-tier local

governance institutional structure, establishment of empowered Gram Sabhas as the basic unit of governance with regular elections mandated every five years, in addition to provisions for proportionate seat reservation for SCs, STs and one third reservation at least for women and finally, constitution of State Finance Commissions to recommend measures to improve the finances of Panchayats, an option was given to the tribal dominated states under 5th and 6th Schedules to either introduce these PRIs or to continue with their traditional self government institutions. All the states of India including Fifth and Sixth Schedule states except Jammu & Kashmir, Nagaland, Meghalaya and Mizoram amended their Panchayat Raj Act to accommodate the provisions of the 73rd Amendment (Pachayats were empowered to prepare plans for economic development and social justice in relation to 29 subjects and execute the same).

III.11.2. PESA or Panchayats (Extension to the Scheduled Areas) Act 1996 extended the 73rd Amendment to the Fifth Schedule areas, whereas Mizoram, Nagaland and Meghalaya are exempted from the purview of this Act. PESA applies to Andhra Pradesh, Chattisgarh, Gujarat, Himachal Pradesh, Jharkhand, Maharashtra, Madhya Pradesh Odisha, and Rajasthan. PESA conferred on the gram sabha the power to prevent alienation of land in the Scheduled Areas, to take appropriate action to restore any illegal alienation of land of an ST, the ownership of MFP, the power to exercise control over money lending to the STs, the power to enforce prohibition or to regulate/restrict the sale and consumption of any intoxicant, the power to control local plans and resources for such plans including tribal sub-plans, the right to be consulted on matters of land acquisition, the power to exercise control over institutions and functionaries in all social sectors and so on. As some authors describe it, "PESA is a Constitution within the Constitution, which attempts to bring together in a single frame two totally different worlds – the simple system of tribal communities governed by their respective customs and traditions and the formal system of the State governed exclusively by laws"[117]. However, the experience of PESA has been 'tragically stilted.... Legal and administrative subterfuge has kept provisions of PESA as a set of aspirations and the agenda of self governance remains postponed' (ibid). Enabling rules have not been put into place in most states related to control and management of MFP, for instance, or dissent to land acquisition. For Adivasi rights' activists, implementation of PESA in its letter and spirit is the foremost demand. If self governance is denied to the entire community in implementation of PESA, women's participation in it is seen as a moot point.

III.11.3. Very little information is available on the number of Adivasi women in governance roles. When it comes to participation by elected women representatives (EWRs), it is seen that SC/ST women fare significantly worse on some counts compared to all EWRs. For instance, only 34.2% of SC/ST EWRs reported that officials took prompt action on women requests and complaints, whereas the corresponding figure for all EWRs was 40.8%; while only 34.3% of the SC/ST EWRs surveyed reported that they are able to speak up in their households and Gram Sabha more freely, the corresponding figure for all EWRs was at 67.9%. Increased leadership skills were reported by only 31% (as against 69.8% for all EWRs). Only 31.9% reported chairing a panchayat meeting amongst SC/ST EWRs, while it was 93.6% of all EWRs[118].

III.11.4. The Sixth Schedule (for administration of tribal areas in the state of Assam, Meghalaya, Tripura and Mizoram) on the other hand has Autonomous District Councils (ADCs) which have legislative, administrative and judicial powers which have to give prior approval before any law passed by the Centre or the States become applicable. These ADCs can constitute Village Councils and also Village Courts. However, ADCs do not have a provision for reservation for women. ADCs comprise of 30 members for a term of five years, with the Governor nominating not more than 4 members and the rest elected on the basis of adult suffrage. Voting eligibility is not just age in some locations but access to traditional lands and length of stay etc.

III.11.5. The case of Nagaland is entirely different. The 73rd Amendment Act does not apply here but Article 371A which gives primacy to customary laws and procedures of the Nagas (including administration of civil and criminal justice). In both ADCs and the traditional institutions of governance, there is no provision of reservation of seats for women. This then leads to the neglect of the voices and concerns of women being addressed. It is reported that in many areas active women's SHGs that are involved in community development works as well as livelihood enhancement as well as women's unions exist[119].

III.11.5.1. It is recommended that the approach adopted in respect of the Fifth Schedule areas, where there is a good balance between tribal customs and practices as well as democratic elections based on universal adult franchise, and reservation for women in elected seats and leadership positions be extended everywhere. It has also been noted that on occasion, no written laws exist about some of the local governance institutions (like the Dorbars of the Khasis). The

procedures adopted are only based on conventions which had grown out of past practices and usages.

III.11.6. Given that several centrally sponsored schemes implemented by Panchayats have a direct bearing on a woman's life, whether it is MGNREGS or IAY or NRHM or ARWSP (Accelerated Rural Water Supply Programme) or TSC (Total Sanitation Campaign), SGSY or SGRY, MDMS, SSA and so on, it is important that women have an equal space in political governance starting from the grassroots level upwards for planning and implementing these aspects of their lives and livelihoods. As another HLC on Tribal Communities noted, *the protection of tribal culture cannot come at the cost of equality and fairness, especially when it comes to women. This HLC is of the same view that customary laws can be protected in so much as they are not violative of some basic human rights and steps towards equality and removal of discrimination. Any silence related to gender justice has to be addressed squarely with proactive and affirmative measures.*

III.12. LOOMING THREATS

III.12.1. LOSS OF TRIBAL IDENTITY

III.12.1.1. Large scale displacement and outflux from tribal areas by adivasis, in addition to influx of outsiders that 'development' projects have brought in meant an increasing urbanisation of tribal areas, and a decline in the proportion of tribal population in many tribal areas. This has been seen in Dhanbad, Santhal Pargana, Ranchi etc. In this new setting, tribal people find themselves subordinate to outsiders in their own homeland and coming from a communitarian and egalitarian ethos, are having to deal with a hierarchical and individualistic society.

III.12.1.2. There is a rapidly emerging concern around such displacement and migration disempowering Adivasi communities further than they already are – while it makes them vulnerable to trafficking and exploitation, the protection available at the native locations might be withdrawn if their numbers dwindle rapidly. For instance, there is much concern about the weak implementation of PESA and active efforts at diluting its empowering provisions. These provisions include consultation with panchayat prior to land acquisition, resettlement and rehabilitation activities in the scheduled areas, for example; to have power to prevent alienation

of land in scheduled areas and to take appropriate action to restore any unlawfully alienated land of STs; or endowing ownership of minor forest produce to panchayats; or safeguarding and preserving community resources, for instance. It is a well known fact that the implementation of PESA is already hampered by the reluctance of states to make rules that conform to the spirit of PESA. There is clever bureaucratic interpretation in some cases denying adivasis their rights to ownership and self-governance.

III.12.1.3. It is already seen that applicability of PESA is being affected by certain areas being declared as urban centres[120]. Weakening the PESA and the FRA are two ways by which resource grabbing can be facilitated better and tribal communities all over India are concerned about reported changes around the same, as expressed repeatedly through various materials put out by tribal activists as well as in the 2-day national consultation organized by this HLC in Bhubaneshwar.

III.12.2. ADIVASIS OUTSIDE SCHEDULED AREAS[121]

III.12.2.1. A substantial number of Adivasi people live outside the Scheduled areas, and have little constitutional or legal protection. The share of Adivasi people living in States not covered by either the Fifth or Sixth Schedule increased from 17.5 per cent in 2001 to 18.8 per cent in 2011. There was also a substantial Adivasi population living outside Scheduled areas in States with Fifth and Sixth Scheduled areas. In Andhra Pradesh, for example, the number of people of the Scheduled Tribes living outside Scheduled areas (referred to as "plains tribals") as a proportion of all Adivasis in the State was around 52 per cent. Substantial sections of Adivasis thus have no constitutional or legal protection. Further, there are other anomalies in the process of 'scheduling' (hill tribals losing their status if they come to the plains and plains tribal losing their scheduled status if they go to the hills, in the case of Assam or some PVTGs not yet being notified as Scheduled Tribes, criteria for inclusion such as isolated existence or primitivism etc.) that need to be rectified urgently.

III.12.2.2. In the two decades between the Censuses of 1991 and 2011, the proportion of Adivasi households living in urban areas increased from around 3 per cent to 11 per cent. Urban Adivasis include those sections that have been able to secure jobs through constitutionally mandated

quotas (although the numbers of those employed in reserved jobs are less than the legal entitlement). People employed in Class III jobs or in the educational sector as teachers form part of the growing, though still small, Adivasi middle class. Their main employers are the Central or State governments, or the public sector. With increasing privatisation, however, job opportunities for Adivasi youth in reserved jobs are shrinking. The increasing displament and migration out of designated ST areas is indeed a threat to the political autonomy that has been constitutionally promised to the adivasis of this country and could pose a severe threat to their very identity and survival.

III.13. GOVERNMENT INTERVENTIONS/SCHEMES[122]

III.13.1. One of the major interventions from the State with regard to STs has been an affirmative policy or a reservations system which sought to secure space in educational and employment opportunities in additional to political reservations in the PRI system. Scholars who have studied the reservations system have found that it has not brought a tribal middle class into existence; rather it has been captured by a preexisting tribal elite, the existence of which the framers of the Constitution chose not to acknowledge. This elite is building its stock of cultural (or social) capital in and through its efforts to access (funded) places in state educational institutions. A tribal elite is also using its success in the educational arena to access positions of (relative) economic and political power in Jharkhand[123]. There is no ready picture within this about Adivasi women.

III.13.2. When it comes to women specifically, the Ministry of Tribal Affairs recently constituted a Gender Budgeting Cell in 2013-14 to oversee the implementation of various Gender Responsive Budgeting initiatives vis-à-vis Ministry's policies, programmes in a way that could tackle gender imbalances, promote gender equality and development and ensure that public resources through the Ministry budget are allocated and managed accordingly.

III.13.3. The Ministry provides grants to the States/ Union Territories under Special Central Assistance to the Tribal Sub-Plan and under Article 275 (1) of the Constitution of India, Central Sector and Centrally sponsored schemes for the development of the Schedule Tribes and for

creation of infrastructure in tribal areas. However, there is no separate fixed allocation for women.

III.13.4. The Ministry implements schemes like "Strengthening Education among ST Girls in Low Literacy Districts" (from 2008) in 54 identified low literacy districts where the female literacy levels is below 35% and ST population is 25% or more. Select blocks with similar criteria are also covered under the scheme. PVTG areas and naxalite affected areas are prioritized. The scheme provides ohostel facilities wherever schools are not available within 5 kms radius. Similarly, different scholarship schemes are also implemented – it is reported that in 2013-14, 269.42 crores for 720917 ST girl beneficiaries have been released as grants for post-matric studies, in addition to pre-matric scholarships in Classes IX and X to the tune of 50.47 crore rupees for 478187 ST girls. In the Eklavya Model Residential Schools, 50% of the seats are meant for ST girls. Under the Rajiv Gandhi National Fellowship scheme for MPhil and PhD, 50% of the fellowships are sought to be given to women. Ministry of Tribal Affairs also provides for 100% central share for construction of all girls hostels.

III.13.5. On the economic empowerment front, the National Scheduled Tribes Finance and Development Corporation provides exclusive support for economic development of Adivasi women called Adivasi Mahila Sashaktikaran Yojana (AMSY). Here, financial assistance of upto 90% is given with the unit cost of upto Rs. 50,000/-, at a concessional interest of 4% per annum. In 2013-14, the Corporation sanctioned assistance of Rs. 36.27 crores for 16821 women beneficiaries. Under SCA to TSP meant for community based income generating activities for BPL families, 30% of the funds are to be kept apart for women. In 2013-14, SCA to TSP was 1050 crore rupees. Rs. 112.49 crores have been spent on the new scheme on Mechanism for Marketing of Minor Forest Produce through Minimum Support Price and Development of Value Chain for MFP. To start with, this scheme is being implemented in eight states: Andhra Pradesh, Maharashtra, Odisha, Chattisgarh, Madhya Pradesh, Jharkhand, Rajasthan and Gujarat for 12 MFP (tendu, bamboo, mahua seed, sal leaf, sal seed, lac, chironjee, wild honey, myrobalan, tamarind, gums (gum karaya) and karanj. However, this comes with a caveat that those products which are not nationalized by the state government concerned will be included in the scheme. In terms of institutional mechanisms, TRIFED (Tribal Cooperative Marketing Development Federation of India) functions as a service provider (capacity building to ST artisans and MFP

gatherers) in addition to market developer for tribal products. TRIFED is supported through a scheme called Market Development of Tribal Products" and has empanelled 1200 individuals/ SHGs/ Cooperatives/ NGOs/ State government organisations as suppliers, which are in turn associated with around 59180 adivasi families. This cooperative society entity purchased tribal products worth Rs. 1049.62 lakhs – however, no ready data exists on how many Adivasi women benefited directly from these initiatives.

III.13.6. Additionally, there is a special focus on ST households in the MGNREGS, not only in terms of employment but type of works taken up. However, in this programme, there is a declining trend in the benefits accruing to adivasis.

III.14. TO SUM UP:

- While sex ratio amongst adivasis is better than that of the general population, and child sex ratio is also better in these communities, an area of concern is declining trends amongst adivasis too. Son preference is a phenomenon getting stronger in Adivasis too.
- Adivasi girls' education is an area that requires sustained efforts given the continuing highly unequal status vis-à-vis Adivasi boys as well as other girls. While there have been impressive achievements on some fronts, in the area of higher education in particular, the picture is quite dismal.
- The population growth of STs in urban areas is reflective of the large migration into cities and towns from rural India. This could have implications for the protective regime under the Scheduled Areas approach that many adivasis have been covered under hitherto, however effectively or ineffectively.
- The incidence of poverty amongst Adivasi communities is quite high. There is increasing dispossession and sharp declines in employment trends.
- Health and nutrition status of Adivasi women is an important area of urgent concern. Here, lack of outreach from the government of various services and schemes is a matter of utmost concern.
- Adivasi women also suffer great levels of violence of all kinds, in all spheres. They also become the unwitting conduits for resource alienation by non-tribals.

- Large displacement in the name of development and due to conflict situations has been borne disproportionately by adivasis in India. Women in the communities suffer more acutely.
- Migration to work in exploitative conditions and trafficking is seen to be high amongst Adivasi women and girls.
- While Adivasi women had experienced more social freedom than women from other communities in terms of personal choice, relationships and sexuality, in terms of mobility, income parity with their men and more equal wage rates than the situation with other communities, several customary laws, upheld by Indian constitution, ensure that they are not on par with their men, when it comes to political and economic empowerment.
- Many laws that could have protected Adivasi political autonomy, resource conservation, atrocities perpetrated against them, ensured control over resources in their hands etc., are circumvented in implementation in numerous ways and diluted in letter and spirit.

III.15. RECOMMENDATIONS

III.15.1. The HLC believes that some recommendations pertaining to the very **identity and survival of these tribes** are in order, before specific recommendations for Adivasi women are brought up. Though the Indian state is supposed to work towards integration of *Adivasis* and not their *assimiliation*, in reality, it is seen that active marginalisation of Adivasis is the effect of the current development processes, led by modernisation and assimilation of the communities on the one hand, and disregarding their survival and identity questions on the other. The HLC on Status of Tribal Communities points to the fact that issues of tribal development need to go beyond concerns of inadequate resource allocation, ineffective implementation of interventions or the ('backward') tribal traditions but to interrogate why states like Jharkhand and Odisha, which have considerable natural resources, large scale mining, industrial and infrastructure projects also have highest percentages of tribal people below poverty line, or poor development indicators. The solution to these issues should enable tribals to protect their own interests, this HLC says. In a context of threat to survival because of a dominant development paradigm, Adivasi communities are raising questions about the effective implementation of laws and provisions that are supposed to safeguard and protect their identity, culture, livelihoods, ethos and heritage. Attention has to focus now on effective implementation of Fifth and Sixth schedule provisions, laws to prevent alieanation of tribal land and restoration of alienated lands, PESA and FRA 2006, to ensure that

deprivation, poverty, poor health and educational status, exploitation by outsiders, degradation of livelihood resources and so on can be squarely addressed by Adivasi communities themselves. Within this approach is also a belief in Adivasi women's own agency to seek and secure gender and social justice within the community and the outside world, provided opportunities are proactively created for the same, and invested upon. There is a need for prevention and where absolutely needed, minimisation of resource alienation from the adivasis, that too with prior informed consent of the gram sabhas. There should not be any executive or legislative dilution of laws that protect them from resource-grabbing by the powerful external world players. This includes prevention of any de-notification of scheduled areas by declaring them into urban centres etc. Tribal land alienation into the hands of non-tribals should be prevented with strict enforcement of laws. Education should be such that it integrates the communities, but not alienates.

III.15.2. On the economic front, there should be a focus on sustainable natural resource management to improve the livelihood base of the communities. This includes forest conservation, ecological agriculture, efforts towards restoration of water bodies etc. There should be prevention of land alienation, investing on MFP-based collective enterprises including processing and value addition, ensuring MSP for forest produce, taking up organic farming collectively and supporting marketing initiatives of the same, and conservation of forests with full involvement of the community with women partaking equally in the governance of the forests. NREGS outlays should be enhanced in Adivasi areas, with greater focus on works that empower women in direct and indirect ways, and this cannot be allowed to be diluted. These works should have an eco-restoration focus for further enhancement of NRM-based livelihoods.

III.15.3. Implementation of FRA in letter and spirit is very important to set up sustainable NRM-based livelihoods for most adivasis, including Adivasi women. It is seen that women, particularly single women, are not getting benefited under the Act, and as a first step, gender disaggregated data is to be maintained. There is also a need to get into effective implementation of FRA by the tribal development departments without allowing the Forest Department to become a hindrance in any way. Better convergence is called for between these departments for speedy disposal of claims. All the sections that specifically empower women in the FRA should

be enforced and if needed, empowered Monitoring Committees specifically for this purpose should be set up at all levels.

III.15.4. On the nutrition and health front, it is very important that immediate steps are taken to ensure that Adivasi women have access to basic amenities including equitable maternal healthcare services so that their adverse position with regard to morbidity and mortality can be tackled urgently. This includes emergency healthcare services, better coverage of ICDS programme including with flexibility in norms for mothers, children as well as adolescent girls and a specific focus on recasting the public distribution system efforts to include millets, pulses and oils also. There should also be an increased focus on the role of uncultivated forest foods in the nutrition security of women and children. This then should also recognise and respect the traditional knowledge systems of Adivasi women as a key element to secure their right to health and well being. There is a need to cover all Adivasi households for potable drinking water and toilets. Further, effective implementation of child marriage and dowry prohibition laws is called for given the mainstream influence on the communities, in connection to better health outcomes for Adivasi women, and to address declining sex ratio in these communities. No policies that violate the sexual and reproductive rights of Adivasi women including for 'preservation' of certain tribes may be adopted. There should be systematic data maintained on Adivasi girl children's nutritional status, child-wise, for interventions to be focused. There is also a need to maintain more localised data on maternal and infant mortality for proper interventions. Schemes across departments should find greater convergence on the ground, preceded by large scale awareness creation on these schemes and entitlements. There is a need for more trained local birth attendants to be included in the maternal healthcare system, for the referral systems to be more equipped as well as less cumbersome for the patients, for completely free treatment including transportation services and for all schemes to be implemented better for better outcomes. Further, including hodopathy (ethno-medical practices) into the healthcare system is important.

III.15.5. Violence against Adivasi Women is a matter of utmost and serious concern. This is in their villages from their own men and communities as well as outsiders who have come into their areas including armed forces personnel, in custody, in conflict zones, in their sites of migration, at workplaces and so on. It is seen that SC/ST Prevention of Atrocities Act is rarely invoked in

their case, and that the criminal justice system failed to bring justice to these women. A distinct Action Plan Against Violence & Crimes Against Adivasi Women has to be put in place by the Ministry of Women and Child Development along with other related Ministries including Ministry of Tribal Affairs and Home Ministry to ensure that there is greater awareness about various laws with Adivasi women, that various departments are sensitised and oriented properly in the discharge of their duties towards these women, that the official records across departments are maintained in a gender-disaggregated data for more focused interventions, that there are helplines and one stop protection and restorative justice centres set up in an accessible fashion and in adequate numbers with appropriate medical, legal and counselling services attached, that rehabilitation component is strongly embedded etc.

III.15.6. To ensure safe migration and prevention of human trafficking of girls and women from the Adivasi belts, it is important to implement the inter-state migration act effectively. Registration and tracking mechanisms of migrants from the tribal areas is a must; there should be clearly publicised designated officials for help and grievance redressal processes to be initiated, in the labour department, at all stages. Further, placement agencies should be effectively regulated in the destination sites. A separate law should be enacted in cities like Delhi for the same, in addition to statutory protection of the rights of domestic workers. The Criminal Law Amendment Act of 2013 should be implemented effectively. There should be accountability on police forces with regard to inability to check trafficking. In all these aspects, more participation from the communities themselves can be ensured including women's SHGs by incentivising such groups which take up community level monitoring for the sake of their sisters. There is a need to enact a legislation to uphold the rights of domestic workers which is long due. MUST To work on this !!

III.15.7. For ensuring political autonomy with equal participation of women, there should be effective implementation of PESA and Fifth and Sixth Schedule provisions. In this, special effort should be made to build capacities of Adivasi women to participate effectively. At least 50% reservation in the governance bodies should be for women. Further, in the sixth schedule areas, reservation should be made for women in the local councils, without allowing the male-dominated customary governance structures to keep out women. There should be no family planning norms made conditional for political participation at any time.

III.15.8. Customary laws and practices that discriminate against women have to be changed to ensure that women in Adivasi communities are treated on par with men – this applies to inheritance laws as well as other practices, including space in governance councils. Securing land rights for Adivasi women through any new legal measures to be adopted is important. An approach to secure minimum constitutional guarantees for Adivasi women is an imperative. As a first step, all such practices which are denying women their fundamental rights should be codified and brought into one place, followed by facilitated debates with the communities for revising the customary practices and norms.

III.15.9. It is important to **protect the Adivasi communities from negative influences** from the mainstream culture including practices like dowry, foeticide, infanticide and so on. This would require large scale awareness and appreciation campaigns to highlight the negative aspects of discrimination against women, and to highlight the good practices that facilitate gender justice amongst adivasis.

III.15.10. Practices like witch-hunting require effective legislations at the national and state level to be framed and implemented, in addition to creation of good livelihood options at the ground level, given that evidence suggests that part of the reason for this practice is heightened gendered conflict in a situation of greater economic stress.

III.15.11. De-militarisation and restoration of normalcy in conflict zones is very important to bring back a sense of safety and security amongst women. This is linked to their economic opportunities as well as everyday lives. AFSPA's sweeping powers should be curbed, by repealing it, in a context where the most affected are tribes in a law that allows security forces to act with impunity and runs counter to the human rights of the citizens in areas where AFSPA is in force.

III.15.12. Educational facilities and curriculum meant for Adivasi girls should be of high quality and of relevance to the Adivasi way of life (content of the curriculum, life skills etc.). The staff members should be only women in these schools and hostels. There should be strict guidelines formed and implemented about the access that women warden's family members have to the girl's hostels. A mechanism of school counsellors as has been seen in non-tribal settings

elsewhere has to be established for Adivasi girl children to express their needs and problems, and to be guided professionally and sensitively. All schools should have separate toilets for girls, with running water facility and a special fund for maintenance of the same. Scholarships should be increased to make sure that not only costs of running residential facilities are covered but families actually supported for sending their girl children to educational facilities (today, scholarships are used up for running the educational facilities and for providing some materials like uniforms etc., to the children without anything actually reaching the family).

III.15.13. Lack of data disaggregation is a problem that afflicts assessment and analysis of the situation of Adivasi women on various fronts. Starting from FRA implementation to many other aspects, this is something that needs to be addressed on a priority basis.

III.15.14. The Tribal Sub Plan should have a specific gender component with at least 50% allocations meant for Adivasi women. Further, across all schemes, women should be entitled to their own share of schemes as individual citizens; or otherwise, for schemes which consider the household as a unit the headship of the household should be given to the woman.

III.15.15. There is an **urgent need to trace and locate all the 'missing girls and women' displaced due to internal conflict**, to bring them back to their villages (from the places they have taken shelter in in neighboring states) and to ensure a safe atmosphere and proper rehabilitation for them, in places like Chattisgarh. Further, special mechanisms should be put into place that women in custody in these conflict zones are not tortured in any way and to prevent any violence perpetrated against them. This could include Special Ombudswomen appointed for the purpose.

III.15.16. A greater **need for convergence across different agencies and machinery for protection of Adivasi women's rights** is something that has been flagged repeatedly by report after report. Whether is for livelihood enhancement or for better health outcomes or for prevention of violence against Adivasi women, different departments have to plan, coordinate and implement together their interventions and schemes.

IV. SINGLE WOMEN IN INDIA: TABOOED, UNSUPPORTED AND VULNERABLE

IV.1. BACKGROUND

IV.1.1. 'Singleness' is a matter of serious concern for women in India. At the all-India level, in 2011, 10.1% females were widowed or separated or divorced. Not only is the incidence of singleness much higher for women than men[124], there are several social, psychological and economic factors that enhance their vulnerabilities in the absence of a comprehensive legal and social protection framework for single women. Available evidence shows that single women are economically vulnerable, i.e., they are poor, have low levels of literacy, lack employable skills and most lack any form of economic security like assets[125]. This is true for women both in urban and rural areas.

IV.1.2. There are many different ways through which a woman may acquire the status of singleness, both involuntarily or voluntarily. The drivers and the processes through which she becomes 'single', make her uniquely vulnerable. For example, the vulnerabilities of widows are likely to be different from those who are separated or divorced. Similarly, deserted and abandoned women and women whose husbands have gone missing may face different kinds of vulnerabilities than divorced women or widows. Then there are women who remain unmarried or decide never to marry. In a country where marriage is universal and where a woman's primary role is seen within the framework of the marriage institution, 'never married' status for a woman is not easily accepted and therefore highly 'questioned' and stigmatized. In fact, there is very little research and evidence on the vulnerabilities of 'never married' women who deserve to be studied and issues addressed.

IV.1.3. Census provides information for three types of single women -- widowed, divorced and separated. It is significant to note that at every age there are more number of widows, divorced and separated women than men and that more women than men are acquiring singleness over time (Table below).

Table: Percent Distribution of Female and Male Population by Marital Status in broad age groups (2001 and 2011 Census)

Age Group (yrs.)	% Never Married				% Widowed				% Separated/Divorced			
	2001		2011		2001		2011		2001		2011	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<10	100.0	100.0	100.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10-14	99.0	97.4	98.4	97.1	0.0	0.1	0.1	0.1	0.0	0.0	0.1	0.1
15-19	94.7	75.1	95.1	80.1	0.1	0.2	0.1	0.2	0.1	0.2	0.1	0.2
20-24	65.2	23.0	69.1	30.4	0.2	0.7	0.2	0.6	0.2	0.6	0.2	0.5
25-29	27.8	5.7	32.2	8.8	0.5	1.4	0.4	1.3	0.3	0.8	0.4	0.8
30-34	8.7	2.2	11.3	3.3	0.9	2.6	0.8	2.5	0.4	1.0	0.5	1.1
35-39	3.3	1.3	4.6	1.8	1.2	4.5	1.1	4.4	0.4	1.0	0.6	1.2
40-44	2.1	1.2	2.8	1.4	1.9	7.7	1.7	7.4	0.4	1.1	0.6	1.2
45-49	1.6	0.9	2.0	1.2	2.6	11.3	2.5	10.8	0.3	0.9	0.5	1.1
50-54	1.6	0.9	1.8	1.2	4.3	20.2	3.9	17.1	0.3	0.8	0.5	1.1
55-59	1.5	0.7	1.6	1.1	5.9	21.9	5.3	20.3	0.3	0.6	0.4	0.8
60-64	1.9	1.1	2.1	1.6	9.8	40.0	8.7	34.7	0.3	0.6	0.4	0.7
65-69	2.1	1.2	2.8	2.0	12.5	44.9	11.9	43.0	0.3	0.5	0.4	0.6
70-74	2.5	1.5	2.2	1.6	17.5	63.3	17.6	60.2	0.3	0.4	0.4	0.5
75-79	3.3	1.7	2.3	1.6	21.2	60.6	22.4	62.0	0.3	0.4	0.4	0.4
80+	5.4	3.5	7.5	4.5	28.9	71.0	30.1	69.0	0.4	0.4	0.4	0.4
Age not stated	67.3	57.5	60.8	44.7	1.6	4.9	2.0	6.8	0.2	0.3	0.3	0.4
All ages	54.6	45.0	51.8	42.2	1.8	6.9	2.0	7.4	0.2	0.5	0.3	0.6

Table : State-wise Percentage Distribution of population age 10+ by Marital Status & Sex, 2011

India/States	Never Married			Married			W/D/S		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
India	35.6	41.1	29.9	58	56	60	6.4	2.8	10.1
Andhra Pradesh	28.9	34.8	23.1	62.7	62.1	63.4	8.3	3.1	13.6
Assam	41	46.6	35	52.9	51.2	54.7	6.1	2.2	10.2
Bihar	38.6	43.7	33.2	56.8	53.2	60.6	4.6	3.1	6.2
Chhattisgarh	32.3	36.7	28	60.6	60.1	61	7.1	3.3	10.9
Delhi	38.1	41.7	34	57.5	56	59.2	4.4	2.3	6.9
Gujarat	32.4	37	27.6	61.1	59.7	62.6	6.5	3.4	9.8
Haryana	35.2	40.9	28.9	59.4	56.4	62.7	5.4	2.7	8.4
Himachal Pradesh	34.7	40.9	28.9	58.2	56.1	60.3	7	3	10.9

J&K	45	48.9	40.9	50.1	48.2	52	4.9	2.9	7.1
Jharkhand	39.1	43.8	34.2	55.8	53.8	57.8	5.1	2.4	8
Karnataka	33.9	41.1	26.7	57.8	57	58.6	8.4	2	14.7
Kerala	31.3	38.8	24.6	60.2	59.4	60.9	8.5	1.8	14.5
Madhya Pradesh	35.3	40.1	30.2	58.7	56.6	61.1	5.9	3.3	8.7
Maharashtra	31.5	37.4	25.4	61.6	60.1	63.1	6.9	2.5	11.5
Odisha	34.3	39.3	29.4	58.3	57.6	59.1	7.3	3.1	11.5
Punjab	36.2	41.8	30	58.1	54.9	61.5	5.7	3.2	8.5
Rajasthan	34.9	39.8	29.7	59.8	57.6	62.1	5.3	2.6	8.3
Tamil Nadu	31.4	37.7	25.3	59.6	59.3	59.9	9	3	14.8
Uttar Pradesh	41.9	47.1	36.3	52.8	49.4	56.5	5.3	3.5	7.1
West Bengal	32.8	38.8	26.5	60.6	59.3	62	6.6	1.9	11.4

IV.1.4. Given the magnitude of widowhood and gravity of their situation many studies have focused on the situations of widows and have especially advocated for their rights for property/land and legal protection. In her study in Himachal Pradesh, Berry[126] notes that after a lot of struggle, women who do manage to own a piece of land, still have to work as laborers to meet their ends meet.

IV.1.5. Similar is the situation with divorced women where many studies and programs have focused on ensuring their legal entitlement. Unfortunately the other categories of single women and the issues they face are not captured as much as they should be in a discourse on single women.

IV.1.6. In the following pages, we present patterns and nature of problems that various women face due to the different reasons of singleness. We will discuss issues separately for different categories of single women as much as is provided in the literature, available data and program reviews. We draw heavily from the studies and recommendations by Dreze and Chen, and Dr Mohini Giri's note shared with this Committee, and especially draw on the observations from a recent ICRW/UNDP study. This ICRW/UNDP study is the only one in recent times that provides a comparative picture between different groups of single women, drawing from a representative sample and using a standardized set of questions. The findings from this study are especially important as they, for the first time, highlight the presence of various forms of violence –

physical, sexual and emotional in the lives of single women and the sources of such violence. Sources include family, community as well as service providers.

IV.2. WIDOWS

IV.2.1. Widows are the single largest category constituting about 86% of all single women and they deserve as much attention as possible given huge deprivations that they suffer from. Research, policy initiatives and programmatic responses have also largely focused on the situations of widows. Although widows are the largest group of all single women followed by separated (5%), divorced (3%) and unmarried aged 35+ (4%) women[127], a time trend analysis of proportion of widows over all women would suggest that the incidence of widowhood has been slowly declining in the last few decades. More recent comparison of 2001 and 2011 census data presented in the Table above also shows that incidence of widowhood has a tendency to decline in all ages. Chen and Dreze[128] attributed this decline to the increasing life expectancies for both women and men and also widow remarriages are not very uncommon in certain communities[129]. Widow remarriages however do not imply that the situation of the women improves after the marriage.

IV.2.2. Despite declining incidence overall, what is important to note is that the incidence of widowhood rises sharply with age. Table demonstrates this phenomenon clearly. This means as age advances a woman is more likely to become a widow. This situation contrasts with men completely. For example, in 2011, only 2 per cent of all Indian men were widowers compared to over 7.4 per cent widow women. The difference between men and women is huge at higher ages. For example in age group 70-74 60% women compared to only 17% men are widowed. In 80 plus 69 percent women are widows compared to only 30% men. Much lower incidence of widowhood among men is primarily because there is a much higher rate of remarriages among widowed men, compared with widowed women. According to Chen and Dreze[130]; "this is also one reason why not much attention has been paid to widowhood. *The consequences of losing one's spouse are very different for men and women (in India). A widower not only has greater freedom to remarry than is female counterpart, he also has more extensive property rights, wider opportunities for remunerative employment, and a more authoritative claim on economic support*

from his children. Had the living conditions of widowers been as precarious as those of widows, it is likely that widowed persons would have attracted far more attention (p 2437)".

IV.2.3. Situations of widows are best captured in the words of Padma Bhushan Dr. Mohini Giri[131]: "*It is a paradox that in this nation which has a glorious history with incidents glorifying women, widows are shunned from society. A widow regardless of her age has to don a drab garment and give up other adornments and confine herself to a corner of the house. A widow even has to tonsure her head in certain communities. She is not allowed to attend weddings or other celebrations as her presence is considered a bad omen. They are expected to accept the agony and suffer silently without an iota of resistance; they are destined to be so because in the opinion of the society, it is their fate*".

Vrindavan: A City of Widows: In the holy Hindu City of Vrindavan, a place that draws devotees from around the globe, thousands of widows live in shame and poverty. Hindus around the world know Vrindavan for its temples but in India it is known as a city for widows. They flock to the ashrams of Vrindavan, where they are provided with the daily rations of a cup of rice and 7 cents. The majority of the widows are ignorant of their basic rights because they come from rural areas where little has changed for centuries. *(Extracted from Desire in Bangles of Dr.Mohini Giri)*

Usha Rai in a study titled "Spirituality, Poverty, Charity Brings Widows to Vrindavan" done by the Guild of Service with support from UNIFEM, says there are no proper estimates of the number of widows in Brajdham that includes Vrindavan and the adjoining areas of Radha Kund, Goverdhan, Barsana, Nandgaon and Mathura[132]. But their numbers seem to be on the increase. The Vrindavan Municipal Corporation survey of 2006 put the number of Bengali widows in Vrindavan at 3105. If the adjoining areas – UP, Madhya Pradesh, Orissa and North eastern states are included, it could be double that number. There are several reasons why widows come to Vrindavan. The most prominent reason is to avoid humiliation and violence because they have no resources and assets back home. Most widows have lost control over their property and assets to their children or family members and are left with no choice but to migrate to Vrindavan and similar places. In the UNIFEM study, when asked if Vrindavan was better, 68 per cent widows said it was a religious place and they found it peaceful; 28 per cent said they were independent and free in the holy city; 14 per cent said there were more opportunities/facilities for widows and seven per cent said there was camaraderie/fellow feeling among the widows.

IV.2.4. High levels of deprivations among widows have been attributed to limited freedom to remarry, insecure property rights, social restrictions on living arrangements, restricted

employment opportunities and lack of social support[133]. Studies have pointed out several forms of violence that widows experience[134]. Social isolation and associated myths and perceptions about widows are the worst forms of emotional violence that they experience. The deprivations therefore go far beyond economic boundaries and manifest in the forms of high levels of humiliation, blaming and discrimination. Study by Dreze and Chen point out several of these forms as follows: "widows are often accused of being 'responsible' for their husbands' deaths, regarded as sexually threatening, and generally considered as inauspicious. Some of the traditional restrictions (shaving of head, for example) have become quite rare, even among the upper castes, but others (not wearing 'bindi' or kumkum, for example) remain widespread. A widow is often excluded from the religious and social life of the community, due to her perceived inauspiciousness. Violence against widows primarily takes the form of sexual harassment (young widows being considered as sexually vulnerable and/or promiscuous) or property-related violence (because widows are seen as unwanted claimants on ancestral property)"[135].

IV.2.5. Evidence also shows that all widows are not equally deprived. Those who live with their sons and have been integrated with daughter's family are much better off. Those widows who have managed to secure land and property on their names experience less violence and stigma. In a UNDP/ICRW study widowed women emerged as one category of single women whose status was comparatively better than other categories – divorced/separated and abandoned - in more ways than one. They fared better in many domains beginning with entitlement in terms of property and land, which is a direct consequence of the inheritance laws. Nearly half of the currently widow women had self or jointly owned agricultural land and almost half of it was profit-making. The study showed that as the women grew old, they are likely to acquire assets, as widow women have acquired their current house and agriculture land through inheritance from marital family and husband.

IV.2.6. The UNDP/ICRW study also revealed that while there was an increase in violence post singleness, in their overall experience of violence, widow women reported least amount of physical, emotional or sexual violence compared to the other categories of single women. And importantly, they were the ones taking highest action against community violence compared to any other category of single women. They fared best on many other fronts too: almost seventy

percent had own house, and about 40 percent were part of SHGs. Though widows were among the least educated they were among the highest proportion of women attending panchayat meetings (40 percent) and also having bank account (85 percent had it as many of them above 40 years of age are also covered by widow pension). It must be added that a relatively better situation of widowed women than other categories of single women is a function of their age and duration they spend in marriage.

IV.2.7. However, while widowed women might be relatively better off than other single women, their status and conditions need interventions, including their rights to be upheld pro-actively. For instance, related to the fear of assertion of property rights from the widow, many such women, especially if they are newly married with little children, are expelled from their marital home. This has been seen in the case of farm suicide widows for instance, in Vidarbha. The fact that widows end up moving to poorer locations when the pressure starts mounting on them to move has been documented[136]. All of this increases their insecurity, and also puts a higher economic burden, in addition to denial of rights to the property. Widows are particularly constrained from pursuing education, job training or employment. Their mobility is affected, and mourning rites imposed on them usually mean that they end up staying at home for up to one year or more in an unwritten behavior code.

IV.2.8. Economists have noted that poverty indices for different household types are quite sensitive to the level of economies of scale – even relatively small economies of scale imply that the incidence of poverty among single widows and widows living with unmarried children is higher than in the population as a whole[137].

IV.2.9. Even after the Hindu Succession Act 2005 amendments, the law discriminates against a woman as a widow, even as it ensures the rights of a woman as a daughter. There is a call for doing away with the entire co-parcenary system in property rights, given the complex ways in which inequality is built into this framework. Coming to dwellings also, it is seen that on the death of a man, the heirs immediately clamour for partition of the property including the dwelling house. In such a situation, the widow is often left homeless or dependent on a son. In the case of Christians, the Christian widow's right is not an exclusive right and gets curtailed when other heirs step in. In the case of tribal women, other practices kick in. In fact, witch-

hunting has often been correlated to widowhood and property matters. It is clear that various property rights are discriminatory and arbitrary notwithstanding the Constitutional guarantee. There is an obvious need for uniform and equal property rights for women, irrespective of religion or region or ethnicity[138].

IV.2.10. The lack of data systems that present disaggregated information by marital status, whether it be of economic conditions or income, or asset ownership, or in other spheres of life (violence faced) prevents a nuanced understanding of the situation as well as focused interventions.

IV.3. DIVORCED AND SEPARATED

IV.3.1. While overall percentages of divorced and separated women are much lower than that of widows, like in case of widows, their numbers compared to divorced/separated men are increasing and they are increasing at almost every age (Table)! Currently 0.6 per cent of all women in India are either divorced or separated compared to less than 0.3 percent men.

IV.3.2. Among single women, divorced, separated and abandoned women probably face the worst challenges as they battle to get their lawful rights while fighting stigma and blame from others for their singleness. A study by Ekal Nari Shakti Sanghatan (ENSS) found that natal family members made abandoned, divorced and separated women feel that they were a burden on the family.

IV.3.3. UNDP/ICRW study among divorced and separated women from the rural areas showed that a very high proportion of women are divorced or separated legally at a young age. Over 65% of the divorced women in the study became single even before they reached 25 years of age. This implies that a majority of divorced and separated women would suffer from abuse and violence for a very long time, given their unique vulnerabilities after getting divorced and separately, particularly if they were poor, illiterate and had no asset on their name. Not even 10 percent divorced and separated women in this study from three Indian states had self-owned agricultural land -- lowest among all single women showing that the legal battle for divorce did not include property rights etc. This left them highly vulnerable given that they had very low level of education and had no other skills. About a quarter of the divorced women owned house and 60

percent had own bank accounts; about 2 in every 10 women were member of SHGs or attended panchayat meetings and the others kept themselves in isolation.

IV.3.4. A study titled 'Separated and Divorced Women in India: Economic Rights and Entitlements', conducted on 405 divorced and separated women in the country, found that 47.4% (almost half) did not ask for maintenance after divorce[139]. The reasons range from lack of awareness about their entitlements to costly court procedures. At present, India follows the separate property regime, where each person leaves the marriage with the property to which they hold a legal title. In most divorce cases, women bear the brunt as they are less likely to receive inheritance than men, and are compelled to give up their jobs after marriage for childrearing and other household duties. Unfortunately while dividing property, the law as it stands today, does not recognize the unpaid work undertaken by women to sustain the marriage and her capacity to earn an income after the marriage[140]. When the government proposed amendments to the marriage laws in 2010, activists welcomed the notion of division of matrimonial property at the time of divorce, arguing that maintenance alone is not enough, given that many women are 'non-working home makers' in long term marriages[141]. Hence, the Marriage Law Amendment Bill once enforced will ensure women's financial security in the case of divorce and will encourage women who experience domestic violence and abuse to file for divorce.

IV.3.5. The above study also found that divorced and separated women in urban areas were mostly young--in the age group 23-32 years -- and that approximately 80 percent of them were living below the poverty line, with a monthly income of less than Rs.4,000[142], similar to what was found in the rural study.

IV.3.6. The highest incidence of violence post-singleness for the divorced and separated women was of emotional form from community and family. There was also considerable amount of physical violence from family and sexual violence from community[143]. Many narrate the stories of continued harassment and violence from the marital family even after the divorce and separation. One of the reasons for the continued violence from the marital family was the dispute over maintenance. Many divorced and separated women sought police help to counter violence from the community and family which was not the case by other categories of single women.

IV.4. WOMEN WHOSE HUSBANDS ARE MISSING

IV.4.1. There are no estimates on the number of women whose husbands have reportedly disappeared or have gone missing for very long without any information on their whereabouts. This category is common in conflict areas due to insurgency or militancy and men disappear for a variety of reasons. Popularly known as "half-widows", this category of single women face several unique challenges[144].

IV.4.2. UNDP/ICRW study for the first time enquired in to the lives of women whose husband is missing. Young women whose husbands are missing face more violence and the study showed that emotional violence faced by such women in Jharkhand is highest as they are labeled as a 'witch', that causes emotional trauma and also makes them vulnerable to life-threatening physical violence. They faced highest amount of control from family. Though none of them reported facing physical violence from community, the fact that 16% of them took legal recourse against community violence could be in context of sexual violence (faced by 9%) or emotional violence (39% and highest emotional violence from community, among all single women).

IV.5. UNMARRIED SINGLE WOMEN

IV.5.1. As mentioned earlier, given the universality of marriage in India, 'never married' status for a woman is not easily acceptable and therefore, highly stigmatized. There is very little by way of research on the challenges that the single women who remain unmarried face. This group of women, particularly after age 35 when hopes of marriage are lost, emerged as one of the most vulnerable because they were seen as burden by the natal family and didn't receive much support for changing their material situation in terms of education, mobility or other resources[145]. Qualitative interviewing reveals that the burden of remaining unmarried weighed heavily upon them and they internalized the blame for remaining single. They constantly lived in fear of insecurity with advancing age. This, coupled with low level of literacy and skills, enhanced their vulnerability to violence faced within the family and also from community. Among the single women, unmarried single women bore the highest brunt of physical violence (from family), emotional violence (from family and community) and sexual violence (from family and community). While they are the only ones to have had approached formal institutions more

frequently - such as panchayat and police - seeking help against violence emanating more from community than family, they have not taken legal recourse in any case. Those who were less educated, poor and had less exposure to media and communication technology faced more sexual violence from community.

IV.5.2. Unmarried single women are the most isolated and cut off given their stigmatized status. Very few of them attended panchayat meetings or were part of SHGs or womens' collectives[146]. Though half of them had bank accounts, it was the lowest among all other categories of single women. Similarly, the lowest proportion to have own house among all single women was among unmarried women as they were living with their natal family. However, almost 14 percent had own land, which was better than the divorced women.

IV.6. SINGLE WOMEN AND HEALTH: MOST NEGLECTED AREA AND A MATTER OF SERIOUS CONCERN

IV.6.1. Health remains one of the most neglected areas for single women - neglected both by single women themselves, and also by the health system. In UNDP/ICRW study 62 percent of all single women wanted additional support to address their health problems. They clearly did not have as much support on health as they needed. In fact the percentage wanting support for the health issues was much higher than those wanting additional support for legal help, shelter or even education.

IV.6.2. Not much is known about the health status or experiences of health seeking of single women in the available literature. A study by Ekal Nari Shakti Sanghatan (ENSS) sheds some light in this area[147]. Poor economic conditions of single women across all types have a bearing on their health. The ENSS study notes that single women have health conditions like anemia that are indicative of their poor nutritional status. Most women do not prioritize health-seeking, given the lack of economic resources and stigma that they face within the health institutions. The study shows that single women who do access health spend out of their own pockets and prefer seeking medical treatment from private doctors. Research so far has not looked at experiences of health-seeking, attitudes of health providers towards single women and the reach and utilization of health insurance cards aimed at provision of better health care to all. Since single women are

generally viewed as 'celibate', 'asexual' women, how do health providers deal with sexual and reproductive issues of single women needs to be probed in research.

IV.6.3. Parents are the major sources of support across all types of singleness. In the UNDP/ICRW sample, about one-third widows and women with missing husbands reported to be indebted and their loans ranged from Rs 500 to 70000 (median 15000). Major reasons for borrowing money for 25% of the women was to meet the health expenditure followed by children's wedding/education (19%) living expenses (15%) across all categories of single women. The study clearly brings out the need to especially address health issues and prepare the health system to respond to their health needs with sensitivity and respect.

IV.6.4. Single women from any category are subjected to sexual violence from within their communities where they are seen as 'promiscuous', 'available' and are subjected to malicious gossip, sexual comments and advances and this extends to the health settings too inhibiting them to use the services.

IV.7. GOVERNMENT SCHEMES AND PROGRAMMES

IV.7.1. The existing schemes and programs do not adequately address the needs of single women. The lack of data and comprehensive situational analysis pose an impediment to formulation of policies, programs and laws that can respond to the unique needs of single women. In the UNDP/ICRW study 79 per cent of the single women across all categories were aware of one or the other government schemes -- not necessarily the ones meant for the single women --- but only 38 percent ever availed of schemes. Among various schemes that single women in this study sample availed of were widow pension scheme or IGNWPS (21%); Indira Awaas Yojana (12%); Sanjay Gandhi Niradhar Yojana (8%); Anganwadi Sevika (5%), Mid-day meal cook (4%) and Housing construction support (4%).

IV.7.2. A number of schemes at the central and state levels have been introduced for ameliorating the situation of women and children. Nonetheless, schemes specifically meant for single women are non-existent. There is no central scheme that comprehensively covers all single women - divorced, separated, abandoned and never married women. Unfortunately, single women are not recognized as a separate entity due to lack of adequate information and data.

Hence, symbolic mention of single women, widows in particular, can be found in some centrally sponsored and state schemes covering housing, pensions, health benefits and support for their children.

IV.7.3. Pension amount[148] for widows under IGNWPS is very low and does not provide much security to young widows below the age of 40. In 2012, the rate of pension under the ongoing Indira Gandhi National Widow Pension Scheme (IGNWPS) was revised from Rs. 200/- to Rs.300/- per month per beneficiary and the eligibility criteria increased from 40-59 years to 40-79 years. A Task Force set up by the Ministry of Rural Development chaired by Dr Mihir Shah had recommended inclusion of widows from 18 years onwards, and also extending pension benefits to unmarried and abandoned women. In the section that analyses the issues confronting Elderly Women, some more information related to IGNWPS is presented.

IV.7.4. The Indira Awaas Yojana scheme provides housing support to the rural poor, but the information does not widely reach the poor widows, because of lack of publicity in rural areas.

IV.7.5. The Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) also known as the National Rural Employment Guarantee Act (NREGA) was enacted in 2005 and had positive impact on the social and economic well-being of rural laborers and their families. The Act "aimed to provide enhanced livelihood security, giving at least 100 days of guaranteed wage employment in every financial year to every household whose adult members seek unskilled manual work"[149]. It holds a powerful prospect of bringing about major changes in the lives of women. According to a gendered analysis conducted by Sony Pellissery and Sumit Kumar Jalan, women's participation at NREGA worksites is higher than it is on private farms because the Act provided equal wages to both women and men. In addition to the value added to wages, Pellissery and Jalan note that the value added to property through NREGA programs are often the benefit of men because property titles are largely denied to women in India[150]. In Sudha Narayanan's study on women's participation in the NREGA, most of the women interviewed belonged to scheduled castes, and close to half of the respondents were illiterate[151]. Because of their relatively low socio-economic status, the MGNREGA was often the lifeline of the women. The wages they earned from their work helped them pay their debts, pay for their children's health and education, save in chit funds, and meet day-to-day household expenses[152]. To what

extent single women make use of the schemes like MNREGA is not clear. There are studies that indicate that given the nature of works taken up in MGNREGS which require "jodis" to work together (couples), single women do find it tougher to participate in such works (mostly earth works)[153]. It is also seen that female headed households nested within natal or marital homes (widows, separated/abandoned women) where denied their rightful status as independent households under the MGNREGA in several cases. This was attributable to lack of awareness in the officials or sheer inertia. Some single women also reported lack of implements required for earth works. However if one goes by UNDP/ICRW study findings, close to one-thirds of single women across all categories had MGNREGA card. This ranged from 10 percent among unmarried single women to 37 percent of the widows. One-fifth of the divorced and one-fourth of the separated women had MGNREGA card on their names. It is evident that such schemes are helpful to these women who are in dire need of independent resources.

IV.7.6. Most frequently reported barriers to access schemes/programs by single women included inadequate information (54%); 'did not know whom to approach' (29%); 'Did not get cooperation from officials' (27%); and 'Did not have required documents' (14%). Berry (2011) notes, "Even government programs for subsidized food, aid for housing, financial support for marriage of daughters, or subsidized education may exist on paper, but in order to access these benefits, single women must make numerous visits to government offices to hunt down forms, provide documentation, and fill out paperwork".

IV.8. CONCLUSIONS AND RECOMMENDATIONS

IV.8.1. Comparison across different categories of single women has been done to bring out specificities and multiplicities of vulnerability faced by a woman, which may be enhanced further when she is faced with any one type of singleness. Much more research is needed to understand the situation of single women according to typologies and how they cope with hardship of life as well as what could be done to ameliorate their situations. Data is needed on regular basis to assess rapidly changing situation due to increasing divorces and separations. What is more important is that studies should address needs of single women coming from various social and economic groups, how can laws and programs be made accessible to them and how to create a violence- and stigma-free enabling environment.

IV.8.2. Ensuring the realization of property rights of different kinds of single women should be a priority in terms of interventions; here, any customary laws that deny equal rights to women should be changed and brought on par with the constitutional guarantees to all women in India. Data seems to suggest that ensuring entitlement from the natal side is difficult and sometimes, even more difficult than from the marital side. Laws and policies must examine this carefully. Cost of accessing the legal system, and delays need to be addressed with all seriousness. Empowerment programs for women to help them address issue of violence from all sources including their own families, through their collectivization would be a way forward. Any schemes formulated for single women, like the widow pension scheme for instance, should be designed in a way that a dignified living is ensured for the women – right now, the monthly pension per person in the pension schemes is too low and the procedures quite tedious. This needs to be addressed. Further, such schemes have to be extended to all single women and universalized.

IV.8.3. Commendable work done by activists like Ginny Shrivastava to mobilize single women must be recognized and Government must support through funds and resources social groups like Ekal Nari Shakti Sangathan (ENSS)[154]. This way, the state can reach out to single women and girls who have been abandoned, deserted, separated, divorced and widowed, living a life full of stigma, injustice, discrimination and violence. There is no way to reach out to these women without strong collectives and support networks, and organizations like ENSS can provide invaluable support.

IV.8.4. Kirti Singh's study makes it abundantly clear that there is a need to come down heavily on dowry, as women seldom recover their dowry and *sthree dhan* through the law. It is apparent that there is a need to further strengthen laws against dowry than diluting it. In this context of women acquiring singleness, most probably after giving up other opportunities to look after the family (in addition to other basic reasons), there is an urgent need to change conventional understanding of productive work and there is a need to recognize the productive nature of women's household work.

IV.8.5. Regarding **widows**, we reproduce below some of the recommendations made by Dr. Mohini Giri which we think deserve serious attention:

IV.8.5.1. Since India has a large widow population of more than 45 million, it is vital to have a policy on widows that acts as a guideline for all projects and programs mandated to empower widows. The policy should ensure, and attend to the needs of the economically and socially weaker sections of widows, including from the minority communities. It should also address the issue of children and members of family who are physically and mentally challenged or are patients of incurable diseases. Such a policy should have a component of encouraging widow remarriage. Various government entitlements (particularly in the case of war widows) must not be discontinued on remarriage. Social taboos, cultural practices and personal laws should not be barriers in the rights of these women to inheritance and decision-making. The Policy should ensure that widows have direct control of all benefits provided by the Government.

IV.8.5.2. Enact a legislation similar to the 'SC/ST Prevention of Atrocities Act' to safeguard the rights of widows. Also, come out with an action plan to end cruel, dehumanizing, repugnant and discriminatory cultural and religious practices which demean widows.

IV.8.5.3. Within 50% reservation that has to be created in all legislative bodies for women, there should be a reservation of at least 8% for widows, in order to ensure that their concerns are raised effectively.

IV.8.5.4. In the context of conflict areas and the situation of widows and half-widows there, there is a need to review any human-rights-violating laws like the Armed Forces Special Powers Act and Public Safety Act and repeal such Acts and clauses that give excessive powers to the state that lead to human rights violations. There is a vital need to institute checks and counter checks to ensure that a law meant for safeguarding the territorial and national integrity does not deteriorate into a draconian measure violating the rights of those very citizens that the law is mandated to safeguard. Indian and international civil society must recognize the issues faced by half widows in Kashmir. The Government of India must also ratify the International Convention for the Protection of All Persons from Enforced Disappearances and a special legislation on enforced disappearances must be drafted and passed.

IV.8.5.5. In all livelihood interventions, including ones which are into skill-building, there is a need to amend the upper age limit, and reduce the minimum educational qualification, so that

many uneducated widows can obtain training and skill upgradation. Instead of household as a unit, an individual has to be made into a unit in various schemes and programmes so that women can avail of such schemes.

IV.8.5.6. There has to be a uniform, equal right to property ensured, irrespective of religion, ethinity etc., in line with constitutional guarantees. Towards this, a review and proposal be made, towards such an alignment. Registration of property including land jointly in the name of wife and husband at the time of marriage itself should be made mandatory (as in the Goan law). There should be counselling and legal literacy centres run, to advise and support widows on matters of inheritance. There should be accountability fixed on revenue department officials for proper implementation of inheritance rights related laws, whether it is with regard to daughters or widows. The Marriage Laws Amendment Bill 2013 which needs to be brought to the Lok Sabha should be used for providing for division of matrimonial property which rightfully recognizes the home-maker role of an overwhelmingly large number of women in India, in cases of divorce.

IV.8.5.7. The power of the media must be harnessed in order to change the perception and situation of single women. Emerging areas of concern should be debated in the media to create awareness.

V. SITUATION OF ELDERLY WOMEN IN INDIA

V.1. BACKGROUND

V.1.1. Women who have attained and crossed the age of 60 years are counted as Elderly Women. Given the unique vulnerabilities and isolation that elderly women face in India, policy-making as well as schematic interventions need to focus specifically on this group of women. The issues of elderly citizens, especially elderly women need a special emphasis also given that India has to gear itself up for 20% of its total population becoming elderly by 2050. The population of elderly in India had crossed the 100 million mark by 2011, is expected to touch 173 million by 2026, and increase to 323 million by 2050. While overall population increase is estimated to be 60% between 2000 and 2050, the population of elders will shoot up by 360 per cent[155].

V.1.2. The appearance and rapid spread of the nuclear family system along with increase in life span of women in particular, coupled with the erosion of certain traditional social values and observances means that there are now newer issues emerging for Elderly Women in India, in terms of lack of support systems that used to exist hitherto, however meagre they were. While elderly men receive care and affection from their spouses in old age, this is not the case for elderly women. We count them into the category of women in difficult circumstances and include an analysis of their situation and some recommendations into this Chapter.

V.1.3. It is observed that a woman who reaches the age of 60 in India now can expect to live for 15 more years at least. However, economic, emotional and social support is not always available. While for the entire Indian population the sex ratio is in favour of men (940 females per 1000 males), in the case of elderly beyond 60 years of age, it is in favour of women (1022 females per 1000 males). Analysis shows that in the upper age groups, the population of older women increases remarkably. At the age of 80, for instance, there are 1980 elderly women per 1000 elderly men. There is therefore a "*feminization of ageing*".

V.1.4. There is a heterogeneity in the situation of elderly women in India depending on socio-demographic factors like age, place of residence, marital status, level of education, living arrangement, access to economic resources etc. Depending on these, the vulnerability and deprivation of a given elderly woman might vary compared to others[156]. Elderly women are more

likely to be widowed, illiterate and without active economic participation, when compared with elderly men. This then could mean greater dependence on children, without any status in the family[157] with poor access to/ownership over assets and poor nutrition making them more vulnerable.

V.1.5. It is also noted that many elderly women, before outliving their male counterparts, are most likely to have taken care of their spouses and this burden of care-giving also leads to deterioration in health, including mental stress, amongst older women. Widowhood also implies a loss of social status in India and once again adds to the increased vulnerability of the woman. Widowhood is also shown to leave an adverse effect on health – both directly as well as by more constraints on economic opportunities[158].

V.2. MAIN ISSUES CONFRONTING ELDERLY WOMEN IN INDIA

V.2.1. Neglect/Destitution/Isolation/Alienation: Neglect and isolation in old age is amongst the most common issues that affect older women. It is seen that older women who are still living with their children and grandchildren also suffer from emotional alienation. Due to fast changing socio-economic scenario, life styles and cultural values, the gap between new generation and older generation might increase and interaction might come down, leaving the elderly feeling isolated and alienated. A study on social exclusion of older people in rural Puducherry found that proper care and familial support with regard to emotional, financial and physical support was not provided – it was seen that social exclusion takes several forms like lack of participation and integration in families, spatial segregation at home and lack of inclusive care and support[159]. This study showed the tendency of elderly to go for 'free treatment' and not wanting to seek economic help from anybody; further, 35% of elderly women were staying alone, compared to 5% elderly men.

V.2.2. Abuse: There is much evidence of mistreatment, abuse, harassment and discrimination of elderly women. Poverty often compounds the problem. A study taken up by Help Age India in 24 cities of India showed that the elderly report disrespect, neglect and verbal abuse as three major forms of abuse. As high as 39% reported beating and slapping as part of the abuse that they face. About 35% of the elderly reported to be facing abuse daily. More than a fifth of the

elderly experienced one or the other form of abuse. The extent of reporting of abuse is low (70% did not report) and this is because it is believed in the Indian society that confidentiality of family matters should be maintained, in addition to fear of retaliation[160]. It is also documented that many women who suffer at the hands of their partners when they are young continue to be abused in their old age. Also, the proportion of older women reporting abuse was highest amongst poor, followed by middle income group and well-to-do group respectively. In a study from Mumbai, a whopping ninety per cent of older women reported ever facing abuse, and a majority reported multiple forms of abuse with the prime perpetrators being sons and husbands in most cases. Half of the respondents who experienced abuse reported that they faced health problems as a consequence[161].

V.2.3. Health/Medical Problems: Due to neglect, lack of financial support as well as lack of awareness, as well as abuse as discussed above, elderly women confront several health problems. Their health problems go unnoticed, and the public healthcare system is also not geared towards good outreach to such women. It was seen from a study in Mumbai that older women from upper strata are more likely to suffer from lifestyle diseases and chronic diseases while older women from poorer strata are more likely to suffer from severe stress mainly due to financial insecurities and work pressure. Once again, age, marital status, educational status, living arrangement, experience of abuse, involvement in decision making, income, acute and chronic morbidity, satisfaction with general health and level of stress were all seen to influence the physical health, and in the case of psychological state, significant class differentials were observed[162]. Another recent study found that morbidity prevalence was 13% greater among older widows as compared to older widowers. Adjusted prevalence of communicable and non-communicable diseases was at 74 and 192 per 1000 older widows respectively. However, likelihood of seeking healthcare services was substantially lower among older widows[163]. Significant rural-urban differences exist in morbidity prevalence with rural areas reporting greater prevalence of communicable diseases compared to urban areas, and vice versa in case of non-communicable diseases. Further, prevalence of communicable diseases was greater among older widows living alone. It is also noted that medical insurance schemes for the elderly do not exist that can help meet the health expenditure of these women. Due to financial constraints, many ailments go untreated, as seen in a study from Chennai[164].

V.2.3.1. As per another large study on the status of elderly in India, it is seen that women have higher prevalence rates of chronic conditions than men on an average, and are much more likely to suffer from arthritis, hypertension and osteoporosis. Gender differentials in hospitalization rates are visible in urban areas, with a higher proportion of elderly men hospitalized for treatment. Women were also more likely to use unpaid or free health services[165].

V.2.4. Other issues of discrimination and disparity: Destitute elderly women are found to lack adequate and proper food intake. A recent paper that studied gender disparities in health and food expenditure in India among elderly found that there is indeed wide gender disparity in food and healthcare expenditure, with that of males being higher than that of their female counterparts; the gap is however narrowing with time[166]. Out of the total health expenditure on the elderly, 91.2% was spent on males and 8.8% on females in 1999-2000; in 2007-08, the health expenditure on elderly females was 6 per cent higher than in the first survey period but the differences between males and females at the two time points are significant. As regards the expenditure on food by the elderly, the gender gap is marginally in favour of males, regardless of time (to begin with, out of the total household food expenditure, less than one tenth is spent on the elderly and is decreasing over time). In the Puducherry study cited above, 4.2% face a situation of where no food is given to them. Non-availability of potable drinking water is also an issue. Around 48 per cent of the households in a study on elderly in India did not have toilet facilities in rural India, whereas the figure was 12 per cent for urban India[167]. Elderly in India do face greater deprivation and poverty, and this then has several public policy implications. This is all the more acute in the case of elderly women.

V.2.5. It is seen that re-marriage rate among elderly people is far higher in rural areas than in urban areas, and is also higher among elderly men than elderly women. Overall, it was seen that 1.8% elderly women reported remarriage while the corresponding figure was 4.1 for elderly men.

V.2.6. In a study taken up by UNFPA and others, work participation rate among elderly males was 39% as against 11 per cent for women. It is seen that although work participation is low among women, they would certainly be contributing to the family chores, enabling other adult members to go to work. Women living alone have a higher incidence of work participation compared to those living with spouse or others. Though a number of years are spent in the labour

force, pension or retirement benefits are not available to a majority. The significant level of workforce participation by senior citizens is an indication of economic compulsion, as per this report[168].

V.2.7. The above mentioned study also recorded a wide gender gap in asset ownership. Further, very low educational attainment is seen amongst elderly women. In a recent study, 66% of elderly women reported not having any formal education, with illiteracy levels among women twice as those amongst elderly men.

V.2.8. Active ageing not facilitated or supported: There are no proactive efforts from the state to promote active ageing by enhancing the health of the elderly, by increasing community participation opportunities and economic opportunities, and by providing security. On the other hand, there is evidence that ageing members continue to be contributing members to the household economy, and improving the health of ageing women could improve the economic situation too. It is seen in micro-studies that the elderly in urban India have a leisure time of at least 4 hours in a day – while the majority of men used this time in activities like reading and socializing, women reported household work, religious and spiritual activities. Watching television to kill boredom is reported by a vast majority[169]. There is very little by way of community-based public services adding further to the isolation and lack of independence for elderly women. Accessibility in infrastructure is also an issue.

V.2.9. Institutional Care: While looking at issues confronting elderly citizens in India, and elderly women in particular, it is not out of place to also look at the state of Old Age Homes that are run in the country. A study from Gujarat came up with the following findings: a majority of old age homes are not government aided, and require compulsory full payment for all inmates. Intake capacity is seen to be quite low. Age and economic consideration are the criteria for admission. Destitute are taken in by some. Some insist that the person should be able to take care of herself and should be free from any diseases! The study found that in many old age homes, there is not enough staff to even look after inmates who might need hospitalization. Religious affiliation is also used in some homes. Provision of some form of entertainment does exist. Financial problems were expressed by half of the managers interviewed[170].

V.3. STATE INTERVENTIONS

V.3.1. Government of India had announced a National Policy on Older Persons (NPOP) in 1999 much before the Madrid International Plan of Action on Ageing (MIPAA), 2002. This policy's articulated action strategies covered financial security, health, shelter, education, welfare and protection of life and property. The NPOP implementation is coordinated by the Ministry of Social Justice and Empowerment. The policy underwent a review and revision recently with the National Policy for Senior Citizens drafted (yet to be adopted as a policy however; available at: http://socialjustice.nic.in/pdf/dnpsc.pdf). Here, eight areas of intervention are articulated: income security in old age, healthcare, safety and security, housing, productive ageing, welfare, multi-generational bonding, and enhancing involvement and participation of media on ageing issues. It is noted that the 2011 policy has not been finalized and adopted despite an assurance in July 2014 in the Parliament on the subject (Ref.: July 22, 2014 reply by Minister of State for Social Justice and Empowerment in the Lok Sabha). Despite progressive articulation on the various interventions needed to deal with the issues of the elderly, including elderly women, comprehensive implementation including with adequate financial outlays is missing to this day. Further, it is also seen that policy planning does not comprehensively take into account the special issues faced by elderly women. Their contributions are not recognized and specific support systems are not designed through public investments for them.

Some Salient Features of the National Policy on Older Persons 1999

The Policy visualizes that the State will extend support for financial security, health care, shelter, welfare and other needs of older persons, provide protection against abuse and exploitation, make available opportunities for development of the potential of older persons, seek their participation, and provide services so that they can improve the quality of their lives. The Policy is based on some broad principles.

Special attention will be necessary to older females so that they do not become victims of triple neglect and discrimination on account of gender, widowhood and age.

An important thrust is on active and productive involvement of older persons and not just their care.

It will endeavour to strengthen integration between generations, facilitate two way flows and interactions, and strengthen bonds between the young and the old. It believes in the development

of a social support system, informal as well as formal, so that the capacity of families to take care of older persons is strengthened and they can continue to live in their family.

The Policy recognizes that older persons, too, are a resource. They render useful services in the family and outside. They are not just consumers of goods and services but also their producers. Opportunities and facilities need to be provided so that they can continue to contribute more effectively to the family, the community and society.

The Policy emphasizes the need for expansion of social and community services for older persons, particularly women, and enhance their accessibility and use by removing socio-cultural, economic and physical barriers and making the services client oriented and user friendly. Special efforts will be made to ensure that rural areas, where more than three-fourths of the older population lives, are adequately covered.

The policy recognizes the important of Financial Security and the need for some level of income security in old age. Old Age Pension expansion in coverage and periodic revision is proposed. Long term savings products are also proposed.

Health care needs of older persons will be given high priority. The goal should be good affordable health services, very heavily subsidised for the poor and a graded system of user charges for others. It will be necessary to have a judicious mix of public health services, health insurance, health services provided by not for profit organizations including trusts and charities, and private medical care. While the first of these will require greater State participation, the second category will need to be promoted by the State, the third category given some assistance, concessions and relief, and the fourth encouraged by subjected to some degree of regulation, preferably by an association of providers of private care.

The policy will consider institutional care as the last resort when personal circumstances are such that stay in old age homes becomes absolutely necessary.

Trusts, charitable societies and voluntary agencies will be promoted, encouraged and assisted by way of grants, tax relief and land at subsidized rates to provide free beds, medicines and treatment to the very poor elder citizens and reasonable user charges for the rest of the population.

Group housing of older persons comprising flatlets with common service facilities for meals, laundry, common room and rest rooms will be encouraged. These would have easy access to community services, medicare, parks, recreation and cultural centres.

Police will be directed to keep a friendly vigil on older couples or old single persons living alone and promote mechanisms of interaction with neighbourhood associations.

The policy also lays adequate thrust on research requirements, training and capacity building of various stakeholders and media's role in empowering the elderly.
Source: National Policy for Older Persons, 1999 (http://socialjustice.nic.in/npopcomplete.php?pageid=1)

V.3.2. Apart from policy articulations, in terms of statutes, Personal Laws in India recognize the duty of children to maintain their aged parents and the rights of parents to maintenance. Section 125 of Criminal Procedure Code 1973 also provides for maintenance from children if parents are unable to maintain themselves. However, cases are rarely filed out of love and affection, stigma, time and money requirements and lack of awareness.

V.3.3. The Indian Parliament also enacted the **Maintenance and Welfare of Parents and Senior Citizens Act 2007.** This is an "*Act to provide for more effective provisions for the maintenance and welfare of parents and senior citizens guaranteed and recognized under the Constitution*". Its provisions guarantee and recognize the maintenance and welfare of parents and senior citizens. Similarly, other matters such as provision of old age homes, medical care of senior citizens and protection of life and property of senior citizens also figure there. Incidentally, the law defines a Senior Citizen as any citizen of India of 60 years and above, whether living in India or not. Parent is the father or mother even if not of 60 years yet, and children include adult son, daughter, grandson and granddaughter. The entitlement to maintenance in this Act accrues to those parents and grandparents who are unable to maintain themselves from their own income, and maintenance includes provision for food, clothing, residence, medical attendance and treatment. A Tribunal under the Act receives applications for maintenance, and maintenance proceedings may then be initiated against any child or children from whom the maintenance demand has been made in the application. The maximum amount which may be ordered for maintenance of a senior citizen by the Tribunal shall be such as prescribed by the state government which shall not exceed Rs. 10,000 per month. If the children fail to pay the ordered maintenance, the Tribunal may impose a fine or order imprisonment of the child/relative upto a month or until payment is made, whichever is earlier.

V.3.3.1. The Act also prescribes that state governments should establish sufficient senior citizen homes and maintain the same, with at least one Old Age Home to begin with, in each district, to

accommodate a minimum of 150 elderly. State government in turn can prescribe schemes for management of old age homes, set standards and prescribe minimum services for medical care and entertainment of the elderly in Old Age Homes. If anybody who has the responsibility for the care or protection of a senior citizen leaves him or her in any place with the intention of wholly abandoning him/her, such person shall be punishable with imprisonment of either 3 months or fine upto Rs. 5000 or both. Further, any transfer of property to children or relatives can be cancelled upon subsequent neglect or refusal of maintenance. Any earlier transfer after the commencement of the Act can be treated as a fraudulent or coercive acquisition and seek return of their property so transferred. State governments are to designate District Social Welfare Officer or an equivalent officer as Maintenance Officer under this Act. State governments are also expected to establish specific medical facilities, allocate doctors/hospital beds, expand treatment for chronic, terminal and degenerative diseases and conduct research on ailments of the elderly and ageing. Similarly, the state government is to take all measures to sensitise and orient the police and judiciary regarding protection of life and property of the elderly and provisions of this Act[171]. By 2012, 14 states and 5 Union Territories have taken necessary steps to implement the Act, while 18 States and 5 UTs had framed the rules. 19 states and 6 UTs had appointed Maintenance Officers and also constituted Maintenance Tribunals[172]. In a study by HelpAge India in 2012, it was seen that only 11% of the respondents knew about this Act, however.

V.3.4. The International Day of Older Persons (IDOP) is observed on 1st October every year. Each year, 13 awards (*Vayoshreshtha Sanmans*) are given by the President, in celebration of IDOP. Additionally, June 15th each year is marked as the World Awareness Day of Abuse of Older Persons.

V.3.5. There are also some schemes run by the government to support elderly persons. Article 41 of the Constitution of India directs the State to provide public assistance to its citizens in case of unemployment, old age, sickness, disablement and in other cases of underserved, within the limit of its economic capacity and development. National Social Assistance Programme or NSAP is a Centrally Sponsored Scheme introduced in 1995 under which 100 per cent central assistance is extended to states and union territories for different kinds of pensions. NSAP was transferred to State Plan from the year 2002-2003, and made into a Centrally Sponsored Scheme w.e.f.1st April

2014. The total outlay for the 12th Plan period is 48642 crore rupees. Financial progress is around 95%.

V.3.5.1. Scheme of Integrated Programme for Older Persons (IPOP), Ministry of Social Justice and Empowerment: The Scheme is being implemented since 1992 and revised w.e.f 1.4.2008. Under this, financial assistance is provided to State Governments/Panchayati Raj Institutions/Urban Local Bodies and Non-Governmental Organisations for running and maintenance of projects like: Old Age Home; Day Care Centre; Mobile Medicare Unit; Day Care Centre for Alzheimer's Disease/ Dementia Patients; Physiotherapy Clinic for Older Persons; Help-lines and Counseling Centres for Older Persons; Sensitizing Programmes for Children particularly in Schools and Colleges; Regional Resource and Training Centres; etc.

V.3.5.2. Indira Gandhi National Old Age Pension Scheme (IGNOAPS), Ministry of Rural Development, under the National Social Assistance Programme: Here, central assistance is given towards pension @ Rs. 200/- per month to persons above 60 years and @ Rs. 500/- per month to persons above 80 years, and belonging to a household below poverty line, which is meant to be supplemented by at least an equal contribution by the States. There is widespread criticism about the meagre quantum of support extended in this scheme. However, since it is an individual entitlement, and if there are two people above 60 years of age in one household, they are both individually entitled, provided other eligibility criteria are met. Meanwhile, most of the states provide monthly State pension which varies from Rs. 50 to Rs. 1800 per month under IGNOAPS[173]. A few states do not have their own pension schemes (Andhra Pradesh, Bihar, Arunachal Pradesh and Manipur).

Pension provisions differ across states in terms of monthly pension amounts, minimum eligibility age, maximum income limit for eligibility etc. While Goa (Rs.2000), Tamil Nadu (Rs.800), Andaman & Nicobar (Rs.2000), Puducherry (Rs.1000) and NCT Delhi (Rs.1000) are models for monthly pension amount. Jammu & Kashmir (55F), Rajasthan (55F, 58M), Maharashtra (55F) and Puducherry (56) could be models for the criterion based on minimum eligibility age. Goa (no income criterion), Haryana (annual income of couples less than Rs.2 lakhs), Daman and Diu (Annual income less than 1 lakh rupees) and NCT Delhi (Annual income less than Rs.60,000) have more liberal maximum income criteria for old age pension eligibility.

http://counterview.org/2014/02/26/poor-performer-in-social-sector-gujarat-government-fails-to-take-care-of-senior-citizens-report-submitted-to-pension-parishad/

V.3.5.3. It is seen that NSAP has more allocations than utilization over the years. There were 227 lakh beneficiaries covered by IGNOAPS in 2012-13 and 218 lakh in 2013-14. The percentage of pensioners of 80 years and above is 11.49%. In terms of outreach, it is seen that the percentage of beneficiaries among scheduled castes, scheduled tribes, women and disabled has increased over the years[174]. However, it is noted that selection of beneficiaries happens through a faulty process with state governments preparing their BPL lists within the numbers that are allocated by the central agencies.

V.3.5.4. In a field study covering 10 states (PEEP Survey), it was seen that 75% of the respondents confirmed receiving their entire pension amount, while 20% reported that they were receiving less than their full entitlement[175]. It was also found that a pension often helps an elderly person earn some respect and bargaining power in the family.

V.3.5.5. A study taken up in 4 districts of Tamil Nadu on IGNOAPS showed that a majority of beneficiaries were women, and that 60% of them are widows. Majority of them utilized the pension amount for medicines. In this study, most respondents said that they received the full amount, that they receive it as cash at home by the beneficiaries themselves directly and that they receive the pension regularly. Only 10% of the beneficiaries had income from other sources[176].

V.3.5.6. "Among the beneficiaries who have paid consideration for the approval of application, 72.22 percent are female. It is found that without the external support, a woman who is more than 65 years old, who also may be a widow or destitute is very difficult to collect these documents from different offices and submit to the Govt. It is better to simplify the formalities for getting pension under IGNOAPSI. The gender sensitivity analysis gives an impression that women needs support structure or agency support in the submission of the application and its process"[177].

V.3.5.7. The Ministry of Rural Development has initiated comprehensive digitization and Direct Benefit Transfer under the scheme. Further, a social audit system is being conceived as a grievance redressal mechanism[178]. However, even though the fact that women outlive men and that there are more elderly women than men is well known, no separate proportionate allocations have been set aside for women.

Vifai is an 80-year old dalit widow from Getara village of Surguja district, Chattisgarh. She receives a monthly pension of Rs. 300 under the Indira Gandhi National Old Age Pension Scheme (IGNOAPS). She lives alone as her sons have abandoned her. She is very frail and unable to work. To collect her pension, she has to walk all the way to the bank, 12 km from her house. As she describes it, "rengat rangat jaati hun, ab kya karun" (I crawl to the bank, what to do?). The bank employees allow her to jump the queue, but even then it takes her a whole day to collect her pension and come back. She survives exclusively on pension money and food from the public distribution system.....Vifai symbolizes the plight of many elderly women in rural India.

Extracted from: "Social Security Pensions in India: An Assessment", by Saloni Chopra and Jessica Pudussery, Economic and Political Weekly. Vol. XLIX, No. 19. May 10th 2014

V.3.5.8. There is also **Indira Gandhi National Widow Pension Scheme** (IGNWPS) under which central assistance at the rate of Rs. 300 per month is provided to widows in the age group of 40-79 years and belonging to family living below poverty line.

V.3.5.9. In 2011-12, under IGNOAPS 2.16 crore elderly persons were covered, and under IGNWPS, 36.28 lakh women were covered. In 2012-13, the numbers increased to 2.27 crore elderly persons under IGNOAPS and 49.65 lakh widows in IGNWPS. In 2013-14, 2.22 crore elderly persons and 61.88 lakh widows were covered under the two schemes respectively[179]. Year after year, it is seen that utilization/expenditure in NSAP is lower than the allocation and releases made. In terms of physical progress, in 2012-13, it was 67.11%, in 2013-14 it was 82.47% and in 2014-15, it was 77.1% under IGNWPS[180].

V.3.5.10. In a large study across many states of India, it is seen that the utilization of the NSAP schemes is abysmally low among the target group belonging to BPL households. Only a quarter of elderly widowed women utilize the IGNWPS, for example. It is also seen that there is substantial wrong targeting of the scheme[181]. Universalisation is the answer to ensure that implementation level discretions and malpractices do not keep out the needy. Further, given that bank account payments were the most common mode of payment to beneficiaries, it is important that a banking correspondent system is put into place for all such payments. In states like Odisha, the payment of social security pensions is through the gram panchayats, paid diligently on a fixed day of the month. It is very important to make the payment hassle free, corruption free and regular[182].

V.3.5.11. National Programme for the Health Care for the Elderly (NPHCE), Ministry of Health and Family Welfare: Major components of this programme, launched in 2010-11, are: Community based Primary Healthcare approach; Strengthening of health services for senior citizens at District Hospitals/ CHC/ PHC/ Sub-Centres; Dedicated facilities at 100 District Hospitals with 10 bedded wards for the elderly; Strengthening of 8 Regional Medical Institutions to provide dedicated tertiary level Medical Care for the elderly, with 30 bedded wards, at New Delhi (AIIMS), Chennai, Mumbai, Srinagar, Vanarasi, Jodhpur, Thiruvananthapuram and Guwahati; and Introduction of PG courses in Geriatric Medicines in the above 8 Institutions and In-Service training of health personnel at all levels.

V.3.5.12. Other Concessions and Preferences: In addition to the above specific programmes and schemes across different ministries, elderly in India are also eligible for concessions in train and bus ticket fares; preferences for phone connections; higher interest rates on small savings in banks and post office; income tax benefits and also have priority slots in MGNREGS. The Ministry of Science & Technology has launched a programme called Technology Interventions for the Elderly (TIE) under which action research grants are provided to undertake technology integration in services and products available for the older persons.

V.3.5.13. Even as this HLC report was being finalized, a revised scheme (central sector scheme) called "**Integrated Programme for Older Persons**", effective from 1st of April, 2015 has been announced recently to improve the quality of life of older persons[183]. The main objective of the Scheme is to improve the quality of life of the Older Persons by providing basic amenities like shelter, food, medical care and entertainment opportunities and by encouraging productive and active ageing through providing support for capacity building of Government / Non-Governmental Organizations / Panchayati Raj Institutions / local bodies and the Community at large. Assistance under the scheme will be given to PRI bodies, local bodies and eligible NGOs for programmes catering to basic needs of the elderly like food, shelter and healthcare for destitute elderly, for building and strengthening inter-generational relationships, for encouraging active and productive ageing, for providing institutional and non-institutional care services, for research/advocacy/awareness building programmes etc. 90% of the cost of the project will be provided by GoI with the rest to be borne by the organization/institution concerned. This scheme covers maintenance of old age homes, maintenance of Respite Care Homes, running of Multi

Service Centres for Older Persons, Mobile Medicare Units; Day Care Centres for care of old persons with dementia, Multi Facility Care Centre for Older Widows, physiotherapy clinics, regional resource and training centres, helplines and counselling services for older persons, programme for sensitization of school/college students, awareness projects for older persons, running of Volunteer Bureaus for Older Persons, formation of Vridha Sanghas/Senior Citizen Associations/Self Help Groups etc.

V.4. RECOMMENDATIONS

V.4.1. Finalise and adopt the National Policy for Senior Citizens:

WCD to review the policy

Adopting the National Policy for Senior Citizens, setting aside adequate financial resources for the same, along with building appropriate institutional mechanisms will go a long way in ensuring that India's elderly women have an active and dignified life. This has to be done immediately given that the draft policy has been ready since 2011. This policy should be based on the fact that there is feminization of ageing.

V.4.2. Change in the conceptual approach:

There is a need to adopt a *rights based approach* to ensure that the elderly get various entitlements. This then needs an empowerment approach rather than welfare or charity. The various welfare schemes available for elderly women need monitoring in their implementation, to be made more easily accessible to the women. They should also be put through social audits by the women beneficiaries.

To make the emerging concepts a reality, there is a need to promote changes in social attitudes, including in the attitudes and expectations of older persons themselves, as well as others.

V.4.3. Promoting the concept of "Ageing in Place" and"Active Ageing":

In this approach of 'ageing in place', institutional care is seen as the last resort. It recognises that care of senior citizens has to remain vested in the family which would partner the community,

government and the private sector. States have to be supported actively by the Centre to implement the Maintenance and Welfare of Parents and Senior Citizens Act 2007. This law needs to be reviewed to ensure that maintenance rights of elderly women are fulfilled without hassles. Gender sensitization of implementing/enforcing agencies is also necessary. There have to be innovative tax benefits provided to families taking care of their elderly.

Further, active ageing needs to be encouraged – this is defined as the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. This requires providing elderly women (and men) with all opportunities for contributing productively to the family, community and society, including through skill-building where possible and needed. On the other hand, it should also be recognized that elderly women are repositories of much knowledge and skills in several areas of life, including in agriculture, food processing, traditional healthcare etc. Barrier free (geriatric friendly) physical infrastructure and assistive technologies are important to be put in place to facilitate mobility and access.

V.4.4. Rights to Social Security:

As per Article 41 of Indian Constitution, a directive principle of state policy has laid down that the state shall, within the limit of its economic capacity and development, make effort for securing right of public assistance to old age people. There is an urgent need to strengthen the mechanisms to mainstream the ability of the elderly women to access all existing central and state government social security schemes. The current pension schemes are very low in their quantum of support and the same has to be enhanced immediately to accord a life of dignity, with all basic needs met in a decent fashion, for all elderly. To ensure that there are no errors of exclusion in targeted schemes, universalization of such social security is an imperative. Access to such schemes has to be hassle free, and there has to be a pro-active approach from the State to cover all eligible. Food security schemes should apply uniformly to all elderly women. Reserved quota for the elderly in housing projects will provide a roof over the destitute – such property can revert back to the housing society after the demise of the occupant, to be given to another elderly woman. Such housing schemes should be designed as assisted living complexes where the elderly can live in comfort and security without compromising on their personal independence[184]. There is a need to ensure easy availability and accessibility of medical

insurance for older women, on reasonable premiums and a mechanism for subsidising the premium in needy cases.

V.4.5. Economic Opportunities for Elderly Women:

V.4.5.1. The single most pressing challenge to the welfare of older persons is poverty, which increases the risk of abuse. Without a secure minimum income, many of the older people and their families fall into poverty. Hence, there needs to be a mechanism to assist elderly in finding suitable employment opportunities in a new approach that encourages active ageing. This will help in harnessing their experience and talent productively thereby contributing to the growth of society. Also, the employment of elderly women in corporate sector should be encouraged. Food processing is another avenue possible. Given that MGNREGS articulates the commitment to support elderly women, the same should be planned for diligently in all Panchayats and executed. There should be subsidies and tax incentives furnished to companies that employ a certain minimum percentage of older women. In the organised sector, retirement age can be extended especially for widows.

V.4.5.2. Loans and micro-finance alternatives for elderly women should be strengthened to provide them with socio-economic security. Self-help-groups of elderly women who wish to work should be sponsored and supported by the government. Older women are having a variety of skills and knowledge in various fields but many of them lead an idle life due to not having any capital. Hence, micro-finance can make a difference in the lives of numerous older women through harnessing their capacities and talents, by use of innovative economic, social and legal methods of rehabilitation and empowerment thereby making them self-reliant.

V.4.6. Healthcare System for elderly women

There is a need to strengthen health research to understand the needs and problems of elderly women. Existing healthcare system should be made elderly-friendly, by establishing new infrastructure wherever required. The healthcare system should be made affordable, easily accessible and sensitive to the elderly, especially elderly women. There needs to be proper and well equipped training centres for primary care givers in order to improve their quality of services. For healthcare of elderly, geriatric trainings needs to supplemented with training on

nursing and psychology in order to address the issue of elderly women holistically. Right to Health includes a number of services that include preventive geriatric care, home health service, group healthcare insurance products, long term care and palliative care. *One Stop Centres* can be created for elderly women to cater to all their health needs (consultation/counseling/pathological examinations etc in addition to addressing any abuse/violence issues) under one roof. The state has to support adequately the promotion and establishment of senior citizens' associations, especially amongst women.

V.4.7. Convergence:

Convergence with various ministries/departments, other government agencies, local authorities, civil society and collectives of the elderly and others is an important component to be addressed through new institutional platforms created. The effectiveness of welfare schemes will depend on this.

Panchayats, Municipal bodies, Resident Welfare Associations, Mohalla Committees along with the local police can ensure that the elderly have a safe, and abuse free environment in which to live.

Intergenerational bonding should be actively strengthened through school curriculum, civil society programmes, community centre activities etc.

VI. TRANSGENDER PERSONS

"The genesis of the problems of Transgender persons in India lies in the stigma and discrimination they face in the society, resulting in their exclusion from socio- economic-political spectrum. They are one among the marginalized sections of the society. The solution of their problems will, therefore, require concerted efforts to mainstream them and adoption of an inclusive approach in all spheres of life. The transgender community is one of the disadvantaged groups and without their inclusion in development efforts, the objective of inclusive growth cannot be fully realised[185]"

VI.1. BACKGROUND

VI.1.1. The term "transgender" came into use in the mid-1990s from the grassroots community of gender-different people. In contemporary usage, transgender has become an "umbrella" term that is used to describe a wide range of identities and experiences, including but not limited to transsexual people; male and female cross-dressers (sometimes referred to as "transvestites," "drag queens" or "drag kings"); intersexed individuals; and men and women, regardless of sexual orientation, whose appearance or characteristics are perceived to be gender atypical. This also includes people who do not self-identify as transgender, but who are perceived as such by others and thus are subject to the same social oppressions and physical violence as those who actually identify with any of these categories. Other current synonyms for transgender include "gender variant," "gender different," and "gender non-conforming[186]".

VI.1.2. In India, transgender people face numerous forms of discrimination and injustice, exclusion from effective participation in social and cultural life, economic sphere, political and decision-making processes. Examples include barriers to marriage with a person of their desired gender, child adoption, inheritance, association as a trust, employment, access to health services etc[187]. A primary reason as well as consequence of the exclusion is the ambiguity around the legal recognition of their gender status in an establishment that mainly runs on a binary gender framework (Male or Female). Given that there is a persistent and deep-seated discrimination and exclusion around the transgender community which compels them to live in abject conditions with their constitutional rights denied, we choose to include an analysis of their situation in this

Chapter. A large number of citizens who are excluded from all spheres of our society and discriminated against, on the basis of gender discrimination, is unacceptable.

VI.1.3. The first ever official count of transgender persons in the country happened in the 2011 Census, well before the SC gave legal recognition to the third gender in April 2014: the Census put the number at 4.9 lakh persons. However, transgender activists estimate the numbers to be six to seven times higher than this official count[188]. Of the total number of transgender people identified by the Census, almost 55,000 are in the 0-6 population. This has come as a big surprise to the community as they did not expect so many parents to identify their children as belonging to the third gender[189].

VI.1.4. The data also revealed that 66% of this population lives in rural areas; the community has a low literacy level, just 46%, compared to 74% literacy in the general population and only 38% is working compared to 48% of general population[190]. Uttar Pradesh was ahead with the highest proportion of the third gender population - about 28%, followed by Andhra Pradesh at 9%, then Maharashtra and Bihar (each at 8%), Madhya Pradesh and West Bengal close behind (over 6%), Odisha, Tamil Nadu & Karnataka (over 4%), while Rajasthan accounted for over 3% and Punjab for 2%[191].

Some Terms Traditionally Used in India in the Context of Transgender Persons

Transgender, in a very broad sense, encompasses anyone whose identity or behaviour falls outside of stereotypical gender norms and someone who does not identify with the gender assigned to them at birth. Their appearance, behaviour or personal characteristics/traits differ from stereotypes about how *men* and *women* are "supposed" to be. They were very much part of every culture, race, and class since time immemorial. Asian countries have centuries-old histories of existence of gender-variant males; India is no exception. Kama Sutra provides vivid description of sexual life of people with 'third nature' (Tritiya Prakriti). In India, people with a wide range of transgender-related identities, cultures, or experiences exist including *Hijras, Kinnars, Aravanis, Kothis, Jogtas/Jogappas, and Shiv-Shakthis.*

Hijras: Hijras are biological males who reject their 'masculine' identity in due course of time to identify either as women, or "not-men", or "in-between man and woman", or "neither man nor woman". Hijras can be considered as the western equivalent of transgender/transsexual (male-to-female) persons but Hijras have a long tradition/culture and have strong social ties formalized through a ritual called "reet" (becoming a member of Hijra community). Traditionally, their

livelihood was earned through Badhai (clapping their hands and asking for alms), blessing new born babies or dancing in ceremonies. Some proportion of Hijras are into sex work.

Kothis: Kothis are a heterogeneous group. 'Kothis' can be described as biological males who show varying degrees of 'femininity' which may be situational. Some proportion of Kothis have bisexual behavior and get married to a woman. Kothis are generally of lower socioeconomic status and some engage in sex work for survival. Some proportion of Hijra-identified people may also identify themselves as 'Kothis'. But not all Kothi identified people identify themselves as transgender or Hijras.

Shiv-Shakthis: Shiv-Shakthis are considered as males who are possessed by or particularly close to a goddess and who have feminine gender expression. Usually, Shiv-Shakthis are inducted into the Shiv-Shakti community by senior gurus, who teach them the norms, customs, and rituals to be observed by them. In a ceremony, Shiv-Shakthis are married to a sword that represents male power or Shiva (deity). Shiv-Shaktis thus become the bride of the sword. Occasionally, Shiv-Shakthis cross-dress and use accessories and ornaments that are generally/socially meant for women. Most people in this community belong to lower socio-economic status and earn for their living as astrologers, soothsayers, and spiritual healers; some also seek alms.

Jogti Hijras: 'Jogti Hijras' is used to denote those male-to-female transgender persons who are devotees/servants of Goddess Renukha Devi (whose temples are present in Maharashtra and Karnatak) and who are also in the Hijra communities. 'Jogti Hijras' may refer to themselves as 'Jogti' (female pronoun) or Hijras, and even sometimes as 'Jogtas'.

Extracted from: Hijras/Transgender Women in India: HIV, Human Rights and Social Exclusion. Issue Brief. UNDP India, December 2010

VI.2. IDENTITY AND RECOGNITION

VI.2.1. A landmark judgment by the Supreme Court in April 2014 created an official "third gender" status for transgender persons in India. The apex court expressed concern over transgender people being harassed and discriminated in the society and passed an array of directions for their social welfare. Earlier, they were forced to write male or female against their gender. The apex court said that transgender people will be allowed admission in educational institutions and given employment on the basis that they belong to the 'third gender' category[192]. Absence of law recognizing transgender community as 'third gender' could not be continued as a ground to discriminate against them in availing equal opportunities in education and employment, the Court ruled[193]. The SC asked the Centre to treat transgender as socially and

economically backward (as OBCs) and give educational and employment reservation as per their status of being treated as OBCs[194]. The Court also directed the Centre and state governments to devise social welfare schemes for third gender community and run a public awareness campaign to erase social stigma[195]. The ruling also called for construction of special public toilets and departments to look into the special medical problems pertaining to this community. The SC further added that if a person surgically changes one's sex, then that person is entitled to her changed sex and cannot be discriminated. It said that section 377 of IPC is being misused by police and other authorities against transgender persons. The bench specified that its verdict pertains only to transgender community and not to the other sections of society like gay, lesbian and bisexuals who are also considered under the umbrella term 'transgender'. The apex court passed the order on a PIL filed by National Legal Services Authority (NALSA) urging the court to give separate identity to transgender people by recognising them as third category of gender.

VI.2.2. Following the landmark judgement by the Supreme Court, in order to understand and study the problems of Transgender community in India, the Government constituted an Expert Committee on 22nd October 2014 and the Committee submitted its report to the Ministry of Social Justice and Empowerment, GoI on 27 January 2015. The Expert Committee defined transgender persons as *all persons whose own sense of gender does not match with the gender assigned to them at birth. They will include trans-men & trans-women (whether or not they have undergone sex reassignment surgery or hormonal treatment or laser therapy etc.), genderqueers and a number of socio cultural identities, such as kinnars, hijras, aravanis, jogtas etc*[196].

VI.2.3. A crucial issue pertaining to transgender persons is whether a transgender person should be categorized as male or female depending on his/her choice or a separate category of third gender, namely, 'transgender' should be created[197]. On this question, the Expert Committee recommended that the transgender person will have the choice to declare oneself as man, woman or transgender[198]. It said that *"a transgender person should have the option to identify as 'man', 'woman' or 'transgender' as well as have the right to choose any of the options independent of surgery/ hormones. Only the nomenclature 'transgender' should be used and nomenclatures like 'other' or 'others' should not be used"*[199].

VI.3. SOCIO-CULTURAL, ECONOMIC & POLITICAL ISSUES OF TRANSGENDER CITIZENS

In 1871, the British enacted the Criminal Tribes Act, 1871, under which certain tribes and communities were considered to be 'addicted to the systematic commission of non-bailable offences'. These communities and tribes were perceived to be criminals by birth, with criminality being passed on from generation to generation. In 1897, the Criminal Tribes Act of 1871 was amended and under the provisions of this statute, "a eunuch [was] deemed to include all members of the male sex who admit themselves or on medical inspection clearly appear, to be impotent". The local government was required to keep a register of the names and residences of all the eunuchs who are "reasonably suspected of kidnapping or castrating children or of committing offences under Section 377 of the Indian Penal Code.... *"any eunuch so registered who appear dressed or ornamented like a woman in a public street... or who dances or plays music or takes part in any public exhibition, in a public street... [could] be arrested without warrant"*.

This sub-section draws from the recent report of the Expert Committee of Ministry of Social Justice and Empowerment, in its analysis of the issues facing transgender persons.

VI.3.1. The basic premise of equality before the law and equal protection of the law is based on a Constitutional mandate that the sex of a person is irrelevant, except where the constitution itself requires special provisions or interventions to be made. The GoI Expert Committee notes that 'the Registration of Births and Deaths Act, 1969 doesn't mention anything about 'sex'/ 'gender' of a person to be registered in case of birth or death. The Act is gender neutral'[200].

VI.3.2. Transgender communities face a variety of insecurities and social security issues. Most families do not accept gender-non-conforming behaviour in their children. For many parents, the news that their child is transgender or gender-non-conforming can bring an array of emotions along with it: some feel sad, fearful and disappointed while others feel shocked, angry and upset. Very few are willing to support their loved ones without trying to make them change[201]. Invariably, most of them run away or are evicted from home, and they do not expect support from their biological family in the long run. These people never get any opportunity for education and consequently find it difficult to get jobs. The society is also, in general, wary of transgender people. They seem to face physical and verbal abuse even from police who put them

through forced sex, extortion of money and materials. They also arrest them sometimes on false allegations. Human rights violations against sexual minorities including the transgender communities in India have been widely documented. Some of the legal provisions (e.g., Indian Trust Act, Societies Registration Act) that enable a group of individuals to form a legal association pose challenges for transgender people. For example, the need of address proof and identity proof of all members of the group is the basic requirement to register an association. However, most transgender persons do not have identity and/or address proof. Similarly, opening a joint bank account to carry out financial transactions of their association proves to be difficult. In fact, given the stigma associated with their transgender status and lack of other opportunities, many end up in sex work, living in poverty and facing violence of different kinds. There is also an increased risk of HIV noted[202]. The Expert Committee is of the view that existing schemes (MGNREGA, AJEEVIKA, RSBY etc...) could be effectively utilized for providing benefits to eligible transgender persons and discusses an inclusive approach and convergence for dealing with various issues confronted by transgender persons[203].

VI.3.3. Lack of livelihood options is a major problem faced by Transgender people. Most employers deny employment for even qualified and skilled transgender people. Sporadic success stories of self-employed transgender people who run food shops or organise cultural programs are reported in some states. However, these are exceptions. Lack of livelihood options is a key reason for a significant proportion of transgender people choosing or continuing to be in sex work - with its associated HIV and other health-related risks. Recently, there have been isolated initiatives that offer mainstream jobs to qualified transgender women such as becoming agents for Life Insurance Corporation of India.

VI.3.4. Lack of specific social welfare schemes and barriers to use of existing schemes are keeping the community perpetually marginalised. No specific schemes are available for transgender people, except in the case of Tamil Nadu where the state government has taken some commendable initiatives to support the lives and livelihoods of transgender persons. Recently, the state government of Andhra Pradesh also has ordered the Minority Welfare Department to consider Transgender as a minority and develop welfare schemes for them. Stringent and cumbersome procedures coupled with need for address proof, identity proof and income certificate all hinder even deserving transgender people from making use of available schemes.

In addition, most of the transgender people do not have much awareness about social welfare schemes available for them.

VI.3.5. Issues related to Political Empowerment: In 2009, the Election Commission of India had issued a directive allowing a third gender choice – "other" – on voter registration forms[204]. The Election Commission had issued voters' cards for the first time to transgender persons in 2013. The Supreme Court judgement of 2014 also asked the government to make sure that transgender people get facilities including a voter card (passport and driving licence)[205].

> "It is not true that hijras have had no rights to contest elections or vote....., states Gee Imaan Semmalar[206].....Shabnam Mausi, a trans-sister, was elected member of Madhya Pradesh state legislative assembly from 1998 to 2003. She contested as a woman from Shahdol. In 2000, she became first Hijra Member of Parliament. The issue that is mentioned in the NALSA petition also is around women's reservation being extended to transgender candidates. This concern came to the public domain after Kamala Jaan was made to step down from her post as mayor of Katni in 2000 on an order of the Madhya Pradesh High Court that stated that she belonged to the category of "male" and hence is not eligible for a seat reserved for women. The conferring of third gender status does not address this issue".

VI.3.6. Health Needs and Access to Healthcare Services: Transgender people face discrimination even in healthcare settings. Healthcare providers rarely understand sexual diversities and they do not have adequate knowledge about the health needs and problems of sexual minorities. Thus, transgender people face unique barriers when accessing public or private health care services. Their barriers in accessing HIV testing, antiretroviral treatment and sexual health services have been well documented[207 208].

VI.3.6.1. Types of discrimination reported by transgender people in the healthcare settings include: deliberate use of male pronouns in addressing them, registering them as 'males' and admitting them in male wards, humiliation faced in having to stand in the male queue, verbal harassment by the hospital staff and lack of healthcare providers who are sensitive to and trained in providing treatment/care to transgender people and even denial of medical services[209]. Discrimination could be due to transgender status, sex work status or HIV status or a combination of these.

VI.3.6.2. Transgender communities face several sexual health issues including STI and HIV. Both personal and contextual level factors influence their sexual health condition and access to, and use of sexual health services. Majority of these people are from lower socioeconomic strata with low levels of literacy and these factors pose barriers to understand and seek health care.

VI.3.6.3. The National AIDS Control Programme-III (2007-2012) has included "MSM and transgender" people among the 'core groups' for whom intensified HIV prevention and care programs are implemented[210]. Interventions for transgender women used to be subsumed under 'MSM interventions'. Nevertheless, in some states (e.g., Tamil Nadu and Maharashtra) separate interventions for Transgender people were implemented for few years. In India, separate HIV sentinel sites for MSM were introduced in 2000 and for Transgender communities in 2005. As of 2008, there were 66 sites for MSM and one site for Transgender. While preventing HIV and mitigating the impact of HIV epidemic is the primary focus of NACP-III, other health-related components which would have significant effects on HIV such as mental health counselling and counselling on sex change operation were not part of the existing MSM/TG interventions[211].

VI.3.6.4. Mental health needs of transgender communities are barely addressed. Some of the mental health issues reported in different community forums include depression and suicidal tendencies; possibly secondary to societal stigma, lack of social support, HIV status, and violence-related stress. Most transgender people, especially youth, face great challenges in coming to terms with one's own gender identity and/or gender expression which are opposite to that of the gender identity and gender role imposed on them on the basis of their biological sex. They face several issues such as shame, fear and internalized transphobia; disclosure and coming out; adjusting, adapting or not adapting to social pressure to conform; fear of relationships or loss of relationships; and self-imposed limitations on expression or aspirations.

VI.3.6.5. Most of the transgender people are not covered under any life or health insurance schemes because of lack of knowledge, difficulty in getting enrolled in the schemes or inability to pay the premium. Thus, most rely on the government hospitals in spite of the reality of stark discrimination.

VI.4. THE CASE OF TAMIL NADU TRANSGENDER WELFARE BOARD

VI.4.1. It is worthwhile discussing the laudable steps initiated by Tamil Nadu government when it comes to protection of the rights of transgender citizens. Tamil Nadu government set up a Transgender Welfare Board (TNTGWB) in 2008 and has become a model for other states to emulate. West Bengal followed suit, and states like Andhra Pradesh are now keen on taking up such initiatives too.

This HLC, during the state visit to Tamil Nadu visited the Board and interacted with beneficiaries of various schemes.

VI.4.2. The TNTGWB functions under the leadership of the Minister of Social Welfare (as the President). Special Commissioner and Secretary of Social Welfare and Nutritious Meal Programme Department is the Vice President; Director of Social Welfare is the Member Secretary. Representatives of numerous related departments and government bodies are official members of the Board. What is noteworthy is that out of eight non-official members, 7 are TG community leaders and 1 person is drawn from an NGO. Such a structure allows for inter-departmental coordination, and direct voices of transgender community to be heard during formulation and implementation of various social protection measures. The Board designs and implements schemes exclusively for transgender people, focusing on collectivisation, economic empowerment, removal of stigma, adequate healthcare etc.

VI.4.3. In terms of specific activities, the following are reported from Tamil Nadu so far:

- Out of 4669 transgender persons enumerated by the Census, 4094 have been identified. District level screening committees have been set up for the purpose. Out of this, 3846 have received Identity Cards. Members of the community met by this HLC shared instances of how such ID cards help them access government offices and their services/schemes.
- Exclusive SHGs for transgender persons have been created despite the challenges of geographical spread in some cases. For economic empowerment, subsidy has been given to 51 SHGs and activities include collective IGA like running brick kilns, or individual units of backyard livestock rearing or small enterprises, sewing machines supplied for tailoring etc. Skill training is also provided wherever required.

- Identifying that housing is a major issue for transgender persons (given that they are usually rendered homeless sooner or later from their natal homes, and given that others are not willing to rent out their houses to them), group housing has been initiated in several locations. While Pattas have been given to 1084 TG persons, 133 group houses have been initiated. "Green Houses" (eco-friendly) to be provided for all patta holders with an outlay of Rs. 2.10 lakh per house.
- Pension is provided to 933 selected transgender persons at Rs. 1000/month (this is being given to destitute transgender persons above 40 years of age).
- 1541 ration cards for food security have been issued to transgender persons by the Board.
- The Board also has been instrumental in ensuring that 659 persons receive health insurance cards.
- Some eligible persons have also received support for their higher education.
- A short stay home was set up in Chennai as a temporary shelter for TG persons in crisis, which is also used by transgender persons for medical care and sex reassignment surgeries undertaken in Chennai.
- Registration in state government's employment exchange is also facilitated, based on TGWB ID Card.

VI.4.4. It is seen that in Tamil Nadu, through the above measures, the government is ensuring that the basic needs of identity/recognition, food, shelter, education, healthcare and employment are being met, pertaining to TG persons. For empowerment at the personal and collective level, and for regaining self-worth and dignity, the SHG approach is being used, and our interactions with transgender persons shows that TN state government's initiatives have indeed made a positive change in their lives. Tamil Nadu also boasts of a tamil television channel employing a transgender newsreader; removal of stigma and discrimination in the minds of the public against members of this community is indeed possible with such measures adopted on a wide scale.

VI.5. LATEST DEVELOPMENTS

VI.5.1. A Private Member's Bill protecting and providing rights for transgender people was passed by the Rajya Sabha on 24 April 2015. The Bill guarantees reservation in education and jobs, financial aid and social inclusion[212]. This is the first time in 45 years that a private

members' Bill has been passed by the House and it is noteworthy that this happened in the context of transgender rights. The Rights of Transgender Persons Bill 2014 paves the way for a law on the matter in the near future. The government assured the House that it would bring an updated Bill in the Lok Sabha (Lower House). Tiruchi Siva, the Parliamentarian who tabled the Bill, urged for setting up a National Commission for Transgender persons with statutory powers on the lines of other such national commissions[213]. The Bill provides for creation of welfare boards at the Centre and State level for the community, Transgender Rights Courts, two per cent reservation in government jobs and prohibits discrimination in employment[214]. It also makes provisions for pensions and unemployment allowances for members of the community[215].

VI.5.2. Meanwhile, on April 23rd 2015, in an important development, the Reserve Bank of India issued a notification, referring to the SC judgement dated April 15th 2014, to all scheduled commercial banks directing them to include "third gender" in all forms and applications of the banks[216].

VI.6. RECOMMENDATIONS

VI.6.1. Following Argentina's lead, India can choose to adopt the Yogyakarta Principles – that is, adopt a model of gender recognition that does not rely on a diagnosis of gender dysphoria by medical professionals, but a self-determination model. The law can be aimed to allow individuals to self-identify their own gender. India can also lay down that there is no requirement for gender reassignment surgery, divorce, or sterilisation in order to change one's information on ID documents. Following precedents established by Argentina, Brazil, and Iran, sexual reassignment surgery and hormone therapy should be defined as a public health right that is made freely available at hospitals across India. As part of this mandate, resources must be provided to equip medical service providers with adequate technology and skills to undertake these highly complex surgeries. Tamil Nadu already provides free surgery facilities.

VI.6.2. Discrimination against, and social exclusion of transgender people in India is a fact of life - this is certainly not going to disappear in the near future unless large scale sensitisation campaigns are taken up. Using the examples of transgender persons who have managed to step out of the stigma trap, it would be useful to motivate other transgender persons to try out newer

avenues and opportunities in life, even as such role models can be used to sensitise the general public. More emphasis is needed on a visibility campaign to increase realistic portrayals of role models within the transgender community and important issues confronted by them thus initiating self-advocacy and media relations. It entails more focused work at the community level in cultivating these relationships and in fostering a citizenry more open about all forms of sexuality and gender identities. Here, Social Welfare/Defence departments can develop working relationships with religious and community leaders to de-stigmatize and support transgender people.

VI.6.3. The government should empanel and develop a network of health (incl. mental health) providers/ organisations who are competent in dealing with all aspects of TG community's problems, including identifying and educating the service providers in the community, and developing linkages and referrals to resources. There is a need to develop programs that will increase knowledge and use of services on high-need or stigmatized issues by transgender people, including mental health, sexual health, gynaecology, HIV testing and treatment, safe sex education, and intimate or family abuse. This will then ensure that transgender citizens have the requisite knowledge and access to various services.

VI.6.4. There is also a need to develop programs to support and work with families, friends and allies of transgender individuals, including social support, workshops on addressing issues of changing times and norms.

VI.6.5. Replicate the model adopted by Tamil Nadu to ensure social protection for transgender persons in terms of identity, housing, food security, employment/economic empowerment, healthcare services, insurance etc., in addition to collectivisation of transgender people.

VII. DIFFERENTLY ABLED WOMEN

VII.1. Background[217]

VII.1.1. Quite apart from discrimination and stigma that flows from caste, religion, ethnicity, marital status and age group is discrimination, invisibility and injustice that arises from being a "differently abled" woman in India. Apart from the gender based injustice, women who are differently abled also face invisibility, social exclusion, vulnerability and injustice due to their disability. Pity, segregation and stigmatization usually accompany the disabled in India. However, disability and people with disability or differently abled people and understanding of these terms and concepts have rightfully moved from a merely 'Medical' to a 'Human Rights' domain and the framework has heralded a paradigm shift from 'charity' to 'rights based' approach[218].

VII.1.2. The first Census of India (1872) had collected information on disability and it was referred to as infirmity till 1931[219]. The National Sample Survey Organisation (NSSO) made the first attempt to collect data on the number of persons with disabilities in the 15th round during July 1959 and June, 1960[220]. It was not a regular feature, though, with NSSO. It is in its 58th round during July-Dec, 2002 that NSSO collected detailed & comprehensive information with respect to persons with visual, hearing, speech, locomotor as well as mental disabilities[221]. According to this, during 2002, India had an estimated number of 1.85 crore persons with disabilities, i.e. 1.85 percent of the population[222]. In 2001, the Census had estimated the number to be 2.19 crores, i.e. 2.13% of the population. Out of the 21,906,769 people with disabilities, 12,605,635 are males and 9,301,134 females - this includes persons with visual, hearing, speech, locomotor and mental disabilities[223]. The 93.01 lakh women with disabilities constitute 42.46 per cent of total disabled population[224]. 75% of the persons with disabilities live in the rural areas, 49% of the disabled are literates and only 34% are employed[225].

VII.1.3. Definition: The most commonly cited definition is that of the World Health Organization in 1976, which draws a three-fold distinction between ***impairment, disability*** and ***handicap***[226]. While Impairment is understood as any loss or abnormality of psychological, physiological or anatomical structure or function, a Disability is any restriction of lack of ability

(resulting from an impairment) to perform an activity in the manner or within the range considered normal for a human being; a handicap is a disadvantage for a given individual, resulting from an impairment or a disability, that prevents the fulfilment of a role that is considered normal (depending on age, sex and social and cultural factors) for that individual.

VII.1.4. According to the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act 1995 of the Government of India, a person with disability is a person suffering from not less than 40% of any disability as certified by a medical authority[227]. The conditions included as disability are blindness, low-vision, hearing impairment, locomotor disability, mental retardation, leprosy and mental illness. Autism, cerebral palsy and multiple disabilities (eg mental retardation with blindness) have been listed as disabilities in the National Trust Act of 1999.

VII.1.5. It is not difficult to imagine that disability limits access to education and employment and leads to economic and social exclusion. It has been noted that there are clear connections between disability and poverty. Disability is seen both as a cause and a consequence of poverty.

VII.1.6. In the social context, in India, a differently abled person is seen as an object of pity, sympathy, isolated or rejected in the family as well as by other social institutions. People maintain a social distance and treat disabled as 'others' or 'outsiders', show many studies[228, 229]. Research in India has consistently found substantial social marginalization of people with disabilities. Interestingly, Hindu mythology and Bollywood movies have contributed towards this, points out a World Bank study[230]. While there is a marginalization of differently abled persons in general, the situation with regard to differently abled women is a matter of greater concern.

VII.2. Disabled Women's Multiple Marginalisations

VII.2.i. The widespread belief is that disabled people are second-class citizens within their own society; in case of women it further goes down. "The consequences are particularly severe for women with disabilities who are also subject to social, cultural and economic disadvantages due to gender discrimination. This is accentuated when disability occurs. Girls and women with

disabilities are left marginalised, neglected and are often considered a burden", notes a DFID report[231].

VII.2.ii. Studies show that *"there exists a gender bias vis-á-vis the provision of rehabilitation services. It is more likely that men will receive and benefit from such services than women. Also, the severity or degree of impairment needs to be greater for a woman than a man, for it to be socially agreeable for that individual to be excused from making a financial contribution within the domestic household"*[232].

VII.2.iii. "Women with disabilities are multiply disadvantaged through their status as women, as persons with disabilities, and majority numbers as persons living in poverty" notes a paper of National Commission for Women[233]. Women with disabilities do not form a homogeneous group and intersectionalities do come into play here. As per this Paper, some of the key areas of concern to disabled women include[234]:

- ***Awareness:*** *to highlight the plight of women with disabilities, especially in rural areas.*
- ***Education:*** *Disabled girls are less likely to attend school than disabled boys.*
- ***Training:*** *Professional and Vocational - limited access into training programmes.*
- ***Employment:*** *Disabled women are less likely to be granted loan facilities or be employed.*
- ***Violence:*** *Women and girls with disabilities are particularly vulnerable to violence, especially within the home situation. Sexual abuse is quite common, especially among women with mental and/or hearing disabilities. Abuse by physicians and caregivers, e.g. forced sterilization, is common.*
- ***Health services:*** *Refusal of health workers to advise disabled women and girls on appropriate family planning services and methods.*
- ***Empowerment:*** *This approach is often missing.*

VII.2.iv. Given the multiple marginalization of most disabled women, the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) mandates that any new scheme or new programme or any such new initiatives should lay focus on covering women with disabilities[235].

VII.2.v. According to some, the Disability Rights Act ignores the gendered realities of everyday lives of disabled, situated in families and communities, while State policies treat the individual as a unit of analysis[236].

VII.2.1. Research

VII.2.1.1. Lack of adequate, specified and focused research on disability in India has led to a gap in policy formulation, strategic designing and planning for advocacy and also in planning intervention programmes or services for people with disabilities in India in a focused manner. Even though India has ratified UNCRPD, the country is yet to take responsible actions to fulfil the agreement.

VII.2.2. Access to Education

VII.2.2.1. Children with disability are five times more likely to be out of school than children belonging to scheduled castes or scheduled tribes. Moreover, when children with disability do attend such schools, they rarely progress beyond primary levels leading to lower employment chances and long term income poverty[237]. The report categorically states that "it is very clear that both educational attainment of all People With Disability (PWD) and current attendance of Children with Disability (CWD) are very poor and far below national averages". Illiteracy levels are high across all categories of disability and this increases as the severity of disability is higher; however, it is found higher in case of children with visual, multiple and mental disabilities[238]. Even in states with good educational indicators and high overall enrolments a significant share of out of school children are those with disabilities: in Kerala figures stand at 27 per cent and in Tamil Nadu it is over 33 per cent[239].

VII.2.2.2. The official website of the UN Secretariat for the Convention for the Rights of Persons with Disability, United Nations indicates that global literacy rate is a low 1% for women with disability[240]. Studies acknowledge that girls with disabilities are far more likely to be out of school, even within the heterogeneous group of CWD. They are more vulnerable to neglect, abuse and exploitation. A study conducted in 2011 in India, found that 50.6% of boys with disabilities completed primary school while only 41.7% of girls with disabilities did[241].

VII.2.3. Employment

VII.2.3.1. Even though disabled people constitute a significant 5 to 6 percentage of the population of India, their needs for meaningful employment largely remain unmet, in spite of the implementation of the 'The Persons with Disability' Act 1995[242].

VII.2.3.1. "Out of approximately 70 million persons with disability in India, only about 0.1 million have succeeded in getting employment in the industries till now. In a survey conducted by National Centre for Promotion of Employment for Disabled People (NCPEDP) on top 100 companies in 1999, the rate of employment of disabled in private sector was a dismal 0.28% and in multinational companies, it was 0.05%. The Annual report of the Ministry of Labour and employment (2007-8) indicates there are 6,87,632 disabled people on the live register of the 81 Employment exchanges and special cells of the country, waiting to get government jobs. While many others have enrolled in private employment agencies, information on their enrolment and placement is largely unavailable"[243].

VII.2.3.2. It is seen that across different kinds of disabilities, 267 disabled persons per 1000 are employed, with a large majority unemployed. Within this, mentally retarded are employed the least (60 per 1000) and hearing the highest (343 per thousand) (as per ESA/STAT/AC219/26, Deputy Director General, CSO, Government of India).

VII.2.3.3. Some initiatives do exist in the non-profit sector, in some PPP projects and corporate-led initiatives to mainstream PWDs into livelihoods efforts. Centre for Persons with Disability Livelihoods (CPDL) in Andhra Pradesh is an example of a PPP project, where Youth 4 Jobs Foundation tied up with the Rural Development Department's Society for Elimination of Rural Poverty, where 2500 disabled youth have been trained with 70% placement success.

VII.2.3.4. For Skill Development, National Action Plan for Skill Training of Persons with Disabilities (NAPSTPD) was launched by the Government of India in March 2015. The National Action Plan is a partnership between the Ministry of Skill Development and Entrepreneurship (MSDE) and Department of Empowerment of Persons with Disability. It promises to train 25 Lakh Persons with disabilities on various skills[244]. Though the document mentions about non-

homogeneity of curriculum, it doesn't mention anything about inclusion, or on gender aspects in specific.

VII.2.4. Disability and Health

VII.2.4.1. People with disabilities encounter a range of barriers when they attempt to access health care. Uneven access to buildings (hospitals, health centres), inaccessible medical equipment, poor signage, narrow doorways, internal steps, inadequate bathroom facilities, and inaccessible parking areas create barriers to health care facilities. Healthcare professionals lack awareness about disabilities and attribute the specific health condition/problem to the disability. There is an urgent need for care givers, counsellors, family members and health care professionals to be sensitive towards the needs of persons with disabilities[245].

VII.2.4.2. A big hurdle to accessing adequate health care, aids, and corrective surgeries for persons with disabilities is the financial barrier. The National Policy on Disability interestingly refers to several programs for financial assistance for persons with disabilities in the field of employment but none for access to health care[246]. As private health insurance is getting prominence in health care financing, it seems all the more difficult to ensure that people with disabilities are covered or are benefitted equally from public health care programmes. More focused research is required on the needs, barriers, and health outcomes for people with disabilities. Better results can be expected if people with disabilities are included in health care surveillance.

VII.2.4.3. The condition of women with disability is all the more grave, as they are located at the bottom of the narrow pyramid. With regard to special services for women with disabilities, especially reproductive health, the availability of health care has been almost non-existent and the following is noted by a HRLN report[247]: "*Women with disabilities responded that they did not get information or assistance about their health issues especially about fertility and reproductive health concerns. Indeed, the Cochin Zone consultation found an overall lack of attention in disabilities policies for issues such as gender, age, and urban/rural environments. The lack of informed consent is especially an issue of concern for women with disabilities. Firstly, the doctors and healthcare professionals do not provide them with adequate information. Secondly,*

the woman is usually not allowed to make the decision. Often women with disabilities are considered to be asexual and the concept of a family seems alien. The decision to undergo a particular treatment is taken either by the husband, the father or other caregivers and members of the family. Abortion is imposed on women often without their consent, notwithstanding the decision of the Supreme Court in Suchita Srivastava v. Chandigarh Administration. The Cochin Zone Report cites mass hysterectomies, which have been performed on women in mental health institutions".

VII.2.5. Social Aspects of a differently abled woman's life

VII.2.5.1. For many disabled women within India, the prospect of marriage is beyond the realms of possibility. In a study among Disabled women, most of the women expressed the opinion that they were in fact apprehensive of getting married, fearing that they would be unable to cope with the pressures and responsibilities of marriage, particularly regarding childbirth[248].

VII.2.5.2. Disabled men interviewed for this research, however, considered the prospect of marriage in a totally different manner. While acknowledging that the prospect of getting married was going to be more problematical than for their able-bodied peers, the majority of them were open to the idea of going for it[249].

VII.2.5.3. Analysts also point out that media has played a role here. In her paper, *Embodied Experiences: Being Female and Disabled,* Nandini Ghosh points out that *"media images of desirable, perfect and marriageable women relegate disabled women to the realms of women not fit for consideration for marriage, as is illustrated by the matrimonial advertisements in the newspapers"*[250]. She adds that family, community and the girls themselves accept that the nature of their impairments make it impossible for them to assume responsibility for an entire family and perform all the tasks expected of a married woman[251].

VII.2.6. Differently abled women and Political participation

VII.2.6.1. Though PWD Act was passed in 1995, neither the election processes nor the mechanisms are disabled friendly in India. Polling places are not physically accessible; voting

materials are not in accessible format for disabled and right to physical assistance in voting (required by many to exercise their right to vote) is not ensured or guaranteed in our country.

VII.2.6.2. Participatory Governance in Disability (PGD) became a popular concept within the realm of district-level administration of the state of Karnataka, and the Office of the State Commissioner for Disabilities was the key driving force behind the success of this model of administration[252]. PGD in Karnataka became synonymous with good governance and led to decentralization of governance in favor of people with disabilities[253].

VII.2.7. Sexuality and Differently Abled Women

VII.2.7.1. It is seen that the sexual and reproductive rights of persons with disabilities have not been adequately addressed unlike their other rights to social integration, education or employment (that are at least mentioned, if not implemented in full)[254]. Historically, persons with disabilities have been regarded by society in two contradictory ways – either as asexual or as sexually threatening. By and large, their sexual desires are assumed to be non-existent, notes a report on Sexuality and Disability[255].

VII.2.7.2. As a recent WHO and UNFPA document called 'Promoting Sexual and Reproductive Health for People with Disabilities' says[256], *"Like everyone else, persons with disabilities have SRH needs throughout their lives, and these needs change over a lifetime. Different age groups face different challenges. For example, adolescents go through puberty and require information about the changes in their bodies and emotions, and about the choices they face concerning sexual and reproductive health related behaviour. Adolescents with disabilities need to know all this information, but they also may need special preparation concerning sexual abuse and violence and the right to protection from it. It is important to assure that SRH services are friendly to youth with disabilities".*

VII.2.7.3. Research studies reflect that people with disabilities, especially women with disabilities are at high risk of sexual abuse, especially from their care providers[257]. A small 2004 survey in Odisha found that virtually all of the women and girls with disabilities were beaten at home, 25% of women with mental disabilities had been raped and six per cent of women with disabilities had been forcibly sterilised[258]. Unfortunately, parents and care providers sometimes

see hysterectomy as a way of protecting girls and women with disabilities from unwanted pregnancy[259]. The Tarshi Report points out that the focus tends to be on the unwanted consequences of abuse (such as pregnancy) rather than on the abuse itself or finding ways preventing it.

VII.2.7.4. The general (mis)perception is that people with disabilities are incapable of bearing children or rearing them well and cannot be good parents. Contraceptive choices are also limited for women with disabilities for a number of reasons. There exists a possibility that women with disabilities are on medication which may interfere with contraceptive pills and other hormonal contraceptives. Differently abled people are often discouraged to adopt children, even by their families and adoption agencies; this is more in case of women.

VII.2.7.5. When it comes to HIV and AIDS, once again, sadly, the disabled, especially women, are found to be the last persons to whom care and services percolate.

VII.2.8. Violence and Abuse

VII.2.8.1. Women and girls with disabilities are often found dumped in institutions by their family members or police because the government is failing to provide appropriate support and services. And once they're locked up, their lives are often rife with isolation, fear, and abuse, with no hope of escape[260].

VII.2.8.2. In a qualitative study conducted with a group of 15 women with different disabilities, many respondents shared that they experience neglect, mis/ill treatment, abuse and even violence within their family and from immediate family members[261]. This included physical, emotional and sexual abuse. Importantly, in the context of childhood, sexual violence was constructed not only as the act itself, but also in terms of the unwillingness of parents to acknowledge it. They also shared that many of the experiences in childhood continued into adulthood. Physical challenges and perceptions of women with disability as defenseless make them easy targets in Public Spaces. Verbal and physical sexual harassment by strangers occur in public spaces, trains, and buses. Structural forms of violence includes inequalities in access to work opportunities in private or public institutions, and some respondents had been denied jobs and social support.

VII.3. State Interventions: Schemes and Programmes in India

VII.3.1. There are various schemes available for the advancement of differently abled persons including women in the country, initiated by the Government of India. This encompasses aspects such as education including special education & vocational training, socio-economic aspects, creation of barrier free environment, providing assistive devices and early intervention programmes, in addition to psychological rehabilitation of people with disabilities. Deendayal Disabled Rehabilitation Scheme (DDRS); Scheme of Inclusive Education for Disabled at Secondary Stage (IEDSS); Rajiv Gandhi National Fellowship scheme for Students with Disabilities (RGNF); Scheme of National Overseas Scholarship for Students with Disabilities; Scheme of Pre-Matric Scholarship and Post-Matric Scholarship for Students with Disabilities; Gyan Prabha Scheme of National Trust; Scholarship Scheme from Trust Fund and Scholarship Scheme from National Fund are for the upliftment of all persons with disabilities including women[262].

VII.3.2. Scheme for Implementation of Persons with Disabilities Act, 1995 (SIPDA) came into effect in 1995. Some special provisions for physically challenged women include: National Overseas Scholarship for Students with Disabilities, where six out of total twenty scholarships are reserved for women candidates, Pre-Matric Scholarship and Post-Matric Scholarship for Students with Disabilities, where 50% of the scholarships are reserved for girls and Scholarship Scheme from Trust Fund, where 30% scholarships are reserved for female students with disabilities[263].

VII.3.3. The Ministry of Rural Development's National Social Assistance Programme (NSAP) has a pension scheme for differently abled called Indira Gandhi National Disability Pension Scheme (IGNDPS). Started in 2009 for BPL persons with severe or multiple disabilities between 18 to 79 years, with a monthly pension amount of Rs. 300 per beneficiary. 7.43 lakh beneficiaries were covered in 2012-13, while in 2011-12, the number was slightly higher at 7.94 lakhs[264].

VII.3.4. In addition to the above schemes, and the Disability Act of 1995, there are other important legislations relevant to differently abled people – National Trust Act 1999, The

Rehabilitation Council of India Act 1992 and The Mental Health Act 1987. Bihar, Chattisgarh, Goa, Gujarat, Karnataka, Madhya Pradesh, Orissa and Tamil Nadu have developed specific state level legislations for the protection and advancement of people with disability[265].

VII.3.5. The Central government has also introduced various provisions for the protection, advancement and empowerment of differently abled people such as[266]:

1. Disability Certificate and Identity Card
2. Education Programmes for Children with Special Needs
    a. Scheme of Integrated Education for the Disabled Children (IEDC)
    b. Inclusive Education for Disabled (IED) under Sarva Shiksha Abhiyaan (SSA)
    c. Inclusive Education for the Disabled at Secondary Stage (IEDSS)
    d. Special Schools and National Open School (NOS)
3. Children's Education Allowance and Scholarships
    a. Educational Allowance
    b. Scheme Of National Scholarship for Students with Disabilities
4. Assistance to Disabled Persons for Purchase and Fitting of Aids and Appliances (ADIP Scheme)
5. Preference in Allotment of STD/PCO to Handicapped Persons
6. Custom Concessions
7. Employment of the Handicapped
8. National Awards for People with Disabilities
9. Incentives to Private Sector Employers for Providing Employment to Persons with Disabilities
10. Reservation of Jobs and other Facilities for Disabled Persons
11. Economic Assistance
12. Grant-in-aid Schemes of the Ministry of Social Justice & Empowerment
13. Other Concession and Schemes
14. Special Schemes for Specific Disability

VII.3.6. Access to Schemes and Disabled-friendly Infrastructure and Environment:

VII.3.6.1. The Government of India has earmarked 3 per cent budget under Rural Development schemes for ensuring that rural infrastructure becomes disabled friendly[267]. But the fact remains that most of the States have failed to extract any benefit out of the allocated budget for this purpose.

VII.3.6.2. Ministry of Urban Affairs and Employment, Government of India, has developed a set of Model Building Bye-Laws, which are disabled-friendly. These bye-laws have been circulated to State Governments for adoption. However, barring the States of Rajasthan, Gujarat and Delhi, others are yet to adopt Model Building Bye Laws.

VII.3.6.3. Ministry of Human Resource Development has incorporated a budget head in its scheme of Integrated Education of the disabled children, for creation of accessible school environment. The results of this scheme are quite satisfactory, as over 100,000 children with disabilities have been able to study in the mainstream schools.

VII.3.6.4. The University Grants Commission (UGC) provides limited grants to Universities for making their infrastructure barrier free and for setting up accessible resource centers, at least one in each of the University. Central Universities such as JNU have utilized these funds to modify their environment suitable for differently-abled students[268].

VI.4. Recommendations and Way Forward:

- Proper implementation of the PWD Act requires better and proactive identification and assessment of differently abled women, with the help of community participation (PRI institutions/local bodies, women's SHGs etc.). All benefits, concessions and support services that a differently abled citizen is entitled to, must be reached to them. Pension amounts have to be increased in a manner that differently abled women are not seen as a burden by their family and can have a decent living assured. All outlays for the differently abled should have specific allocations for women put aside. Pro-active planning for interventions should include organisations and collectives of the disabled and such interventions can also have mandatory social audits put in.

- There is an urgent need for large scale sensitisation of the general public and families to the issues of differently abled women, even as approaches of collectivisation to the largest extent possible should be adopted with the women themselves.
- More intense and expansive work is needed towards creating awareness for prevention of disabilities and early detection.
- Special efforts, including special schemes are needed to improve the educational and employment prospects of disabled women. This also calls for a barrier-free environment to be ensured as a priority. Special provisions in schemes like NGNREGS have to be activated to make sure that employment opportunities are available for differently abled women.
- More systematic research, gender-disaggregated as well as detailed in terms of types of disabilities, regions, social groups etc., has to be taken up by concerned departments and agencies (multi-disciplinary teams are obviously required for this), for planning focused interventions to empower disabled women. Data gathering should be disaggregated in terms of gender, age, social group, economic status, region and type of disability.
- Healthcare systems have to be geared towards pro-actively reaching out to differently abled women, including for upholding their sexual and reproductive rights.
- Institutional abuse and violence of any kind against differently abled women should be dealt with extremely strictly, with zero tolerance. This requires a pro-active vigilant attitude from different agencies including the police. An action plan for ending violence against women should have a specific plan for ensuring that differently abled women are safe from violence.
- Rights of political participation should be ensured in a de-facto fashion, and good practices related to active participation of the disabled in governance should be replicated on a large scale.

VIII. WOMEN IN SEX WORK

VIII.1. BACKGROUND

VIII.1.1. In India, although it is difficult to know the exact figure, it is estimated that 8.68 lakh to 12.63 lakh women practice sex work[269]. Stigma associated with their occupation coupled with other socio-economic marginalisations like gender, caste, class etc. lead to further discrimination and violation of their rights[270]. Sex work *per se* is not illegal in India, but the criminalization of many of its outward manifestations, primarily under the Immoral Traffic (Prevention) Act 1956, renders this occupation and those who practice it *de facto* criminal. This results in grave violations of human rights and sexual rights for sex workers creating obstacles for the realisation of labour rights, rights to health, livelihood and protection from violence.

VIII.1.2. General Recommendation 19 of the CEDAW calls on States to recognise that their unlawful status makes sex workers vulnerable to violence and hence needing equal protection of laws against rape and other forms of violence. The CEDAW Committee has recommended the need for measures to prevent "discrimination against sex workers and ensure that legislation on their right to safe working conditions is guaranteed".[271]

VIII.2. Legal Framework

VIII.2.1. Article 23 of the Constitution which provides for prohibition of trafficking in human beings and forced labour clearly mandates that traffic in human beings, beggary and other similar forms of forced labour are prohibited and any contravention of this provision shall be an offence punishable in accordance with law. The Immoral Traffic (Prevention) Act, 1956 (ITPA) initially enacted as the 'Suppression of Immoral Traffic in Women and Girls Act, 1956, was enacted to bring into effect the "UN Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others, 1950"[272].

VIII.2.2. The Immoral Traffic (Prevention) Act, 1956 (ITPA) which was amended in 1986 is the central legislation that criminalises several aspects of sex work in India, though it does not make sex work or prostitution itself illegal. It is a legal approach which seeks to criminalise 'organised prostitution' while allowing individual prostitution out of consent from one's own home etc. In

significant changes to SITA 1956, the 1986 amendments changed the definition of prostitution to criminalise abuse and exploitation and targeted the commercial and organized intent of prostitution. The 1986 reform in the law defined prostitution in section 2(f) of the Act which read: - "prostitution means the sexual exploitation or abuse of persons for commercial purposes and the expression prostitute shall be construed accordingly." Previously, under the SITA, prostitution was defined as "the act of a female offering her body for promiscuous sexual intercourse for hire, whether in money or in kind".

VIII.2.3. Although the present law aims to prevent trafficking by prosecuting traffickers, most of the arrests and convictions are in reality against sex workers. Section 8 of ITPA criminalises 'seducing and soliciting'. Studies reveal that over 60% of cases registered under ITPA are against female sex workers under Section 8. Over 90% of such cases result in conviction and more than 80% of the complainants are men[273]. This in itself points to how a possible victim is victimized further by this Act. There exist several advisories from the Home Ministry as well as DIGs of several states to the police not to invoke Section 8 of the ITPA but this continues in practice.

VIII.2.4. At another level, it is seen that ITPA restricts penalties to trafficking of persons for prostitution only. This leaves other sectors in which trafficking takes place unregulated[274]. The Special Rapporteur on Violence against Women (SR – VAW) has observed that "measures to address trafficking in persons should not overshadow the need for effective measures to protect the human rights of sex workers"[275].

VIII.2.5. In 2006 (Bill No. 47 of 2006), the Ministry of Women and Child Development proposed an amendment to ITPA, which is yet to be passed. In this Amendment Bill, the government expressly sought to scrap Section 8 of ITPA to decriminalize the act of 'seducing and soliciting', even while it criminalized prostitution in public places and notified areas; this Amendment Bill also sought to introduce a new clause of criminalizing the client. The Amendment Bill further tried to strengthen the criminalization clauses on traffickers by putting the onus of proof on the traffickers to prove the contrary. Another attempt at drafting amendments was made again in 2012.

VIII.2.6. According to the NCRB 2013 data, cases under the Immoral Traffic (Prevention) Act, 1956 have registered an increase of 0.6% during the year 2013 as compared to the previous year (2,563). The highest incidence of 21.3% (549 cases out of 2,579 cases) of such cases were reported from Tamil Nadu followed by Andhra Pradesh 19.0% (489 cases). Daman & Diu UT has reported the crime rate of 6.0 as compared to the national average of 0.4.[276]

VIII.2.7. ITPA criminalises brothel keeping, living on earnings of sex work, procuring, inducing or detaining for prostitution with or without consent and soliciting. Police have special powers to arrest and search without a warrant. In the name of prevention of trafficking, they also have powers to remove, detain and evict sex workers, through raid and rescue. Magistrates are authorised to close down brothels and expel persons from premises where sex work is carried out, including residence of sex workers.[277]

VIII.2.8. The Supreme Court of India in the case of *Budhadev Karmaskar v. State of West Bengal*[278] observed that sex workers are entitled to a right to life and must be accorded the protection guaranteed to every citizen. It has instructed the State to provide recommendations on the *"rehabilitation of sex workers who wish to leave sex work of their own volition and to provide conducive conditions for sex workers who wish to continue working as sex workers"* in accordance with Article 21 of the Constitution. The SR-VAW has called for a review of the Immoral Traffic Prevention Act, 1956 in India that criminalizes sex work[279].

VIII.3. PROTECTION FROM VIOLENCE

VIII.3.1. Sex workers in India are at a higher risk of violence due to the criminalisation surrounding their work. This pushes the occupation underground and in the absence of any effective human rights safeguards, makes it difficult for them to seek protection from violence. Stigma attached to sex work exposes them to violence in personal spaces from family members as well as from intimate partners. This also intensifies violence and exploitation from the whole nexus of brokers, agents, police, clients and mafia.

VIII.3.2. For sex workers, the State is generally an instrument of violence - feared, rather than seen as protector of rights. 70% of sex workers interviewed in a survey reported being beaten by the police and 80% reported that they had been arrested without evidence. The police also often

refuse to register complaints by sex workers which leave them with no effective legal or administrative remedies to ensure accountability and redress in cases of police violence[280].

VIII.3.3. Sexual assault of sex workers is also high with little social or legal recognition. Myths surrounding the violence of rape against sex workers include "A sex worker cannot be raped". Stigmatisation, which has its roots in standards set by patriarchal morality, is a major factor preventing such women from accessing their rights. This structural violence further aggravates discrimination in the lives of women in sex work.

VIII.4. Access to Healthcare Services

VIII.4.1. Criminalisation-induced stigma and marginalisation creates barriers for sex workers to access and enjoy their right to health. They are forced to carry out their occupation in clandestine and secretive ways due to fear of criminisalisation by the police. This increases the risk of violence, HIV/ AIDS and STIs, and creates obstacles for public health interventions to reach them[281].

VIII.4.2. HIV/ AIDS and other public health interventions label sex workers as 'high risk' groups and treat them as diseased bodies that need to be kept under surveillance and quarantined to protect the health of the public at large. However, one needs to keep in mind that sex workers are actually the most helpless and vulnerable victims of the fatal disease. Empirical studies have shown that a minimum amount of education about HIV/AIDS imparted to sex workers is required to make them strongly motivated to use condoms as a means of preventing infection[282]. It is also seen that many sex workers are too poor and powerless to turn down the clients reluctant to use condoms.

VIII.4.3. Further, almost all public health interventions for sex workers only focus on HIV/ AIDS. As a result their sexual health needs (access to safe abortion, for instance), reproductive health needs (access to pre and post-natal care) and mental health needs (counselling to deal with violence and stigma) are neglected.[283]

VIII.5. Right to livelihood

VIII.5.1. One of the reasons why sex work or prostitution is looked at essentially as violence is the conflation of sex work with trafficking. Women are trafficked into prostitution, and therefore prostitution is violence – this is an understanding shared by people across the political divide. However, sex work is not equivalent to sex trafficking[284]. Article 6 of the International Covenant on Economic, Social and Cultural Rights protects "the right to freely chosen, gainful work" and directs State parties to take steps to safeguard this right. Article 6 of the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) also calls for the protection of sex workers from exploitation from violence. Trafficking has to be looked at as an issue distinct and larger than sex work or prostitution as well as migration.

VIII.5.2. Much of the debates around sex work revolves around whether prostitution can really be considered as work or whether it is best dealt with as a form of violence against women. This entire debate regarding trafficking and voluntary vs coerced sex work is an important focus of most sex workers.

VIII.5.3. Sex work happens in informal settings and is an occasional form of income or a long term occupation. A safe working environment through standard labour protection measures continue to be denied to sex workers. This includes access to benefits, legal redress, adequate health and safety regulations. The uncertain legal status attached to their work and identity further "invisibilises" them as citizens with associate rights and entitlements[285]. Another issue is the stigma which comes from a "moral" standpoint. The most powerful weapon to deny sex work the status of work is that of stigma and stigmatising sex work has ensured keeping sex workers out of the legitimate political space.

VIII.6. Rescue and rehabilitation

VIII.6.1. Perhaps the most widespread human rights abuse emerges from the rescue and rehabilitation provisions of ITPA. These interventions involve brothel raids by special police officers and NGO workers, where women are "rescued" and placed in "protective homes", and "corrective institutions" for disciplining and correcting a woman who is found to prostitute within notified areas/'public places' or is seducing or soliciting. Such a legal approach which has

widely-interpretable terms like "loiters or acts in such manner as to cause obstruction or annoyance to persons residing nearby or passing by such public place or to offend against 'public decency' is based on a moralistic approach to sex work.

VIII.6.2. Police raids, frequent in red light areas and under the pretext of rescuing minors, do not distinguish between minors and consenting adults. Consent of the adult women in sex work who are "rescued" is immaterial, and they are remanded to correction homes despite testifying that they were in sex work willingly[286].

VIII.6.3. The final step in the rescue intervention is the (often) involuntary rehabilitation of women in sex work. Sex workers are taken to rehabilitation programmes where they are kept in protective homes[287]. Sex worker organisations have drawn attention to the health and safety concerns of women involuntarily removed from brothels.

VIII.7. Recommendations:

VIII.7.1. Avoid conflation of sex work with trafficking - Trafficking is a criminal offense and should not be conflated with sex work. This applies to all stakeholders, including policy makers and law makers as well as law and order machinery.

VIII.7.2. Decriminalise sex workers – Whether it is a woman who has been illegally trafficked and forced into sex work in which case she is a victim of such trafficking, or whether it is a woman opting for sex work willingly, it is apparent that the woman in sex work cannot be criminalised. Section 8 of ITPA should be deleted immediately. Further, all clauses that take an archaic and moralistic view on reforming and disciplining a woman in sex worker should be deleted. This includes forcible detention in corrective institutions as well as protective homes. The advisories put out by the Home Ministry and several state DIGs to the police not to invoke Section 8 should be implemented in all its spirit with immediate effect even as a deletion amendment is taken up. It should be ensured that IPC sections 268 (public nuisance) and 294 (obscene acts) are also not used to criminalise these women. Similarly, Section 20 that empowers a magistrate to remove a prostitute from any place should be repealed. Violence, especially by and in state institutions, should be dealt with strictly. To protect the woman in question, it is seen

that the existing rape laws in India are sufficient, if the enforcement agencies have the correct spirit and will of application of this provision.

VIII.7.3. Ensure participation of sex workers in policy making - Ensure participation of sex work organisations in drafting/amending laws, policies and programs relevant to them and in its eventual implementation process.

VIII.7.4. Strengthen sex workers' access to justice - Strengthen National Human Rights Instruments (NHRIs) and increase their accountability to respond to complaints or initiate *suo moto* action reports of violence and rights violations by state and non–state actors against sex workers.

VIII.7.5. Comprehensive Shelter and Rehabilitation services – Where the woman so wishes, it is the responsibility of the government to ensure that comprehensive shelter, rehabilitation and restorative justice services are put into place. Schemes like Ujjwala should be expanded and strengthened in their implementation to prevent trafficking and to provide such services to women trafficked into prostitution wherever they seek such support. Special provision should be made for children to have access to education, nutrition and healthcare.

VIII.7.6. Create numerous support services – In the current scenario where sex work is underground and criminalises the women in question, it is important to have numerous support services expressly for women in sex work, especially through accredited organisations that will facilitate access to food security schemes, healthcare facilities and services, access to good education and employment opportunities, skill-building and credit facilities etc.

1 Nidhi S Sabharwal (2014): Looking at Dalit Women, in Devaki Jain and C P Sujaya (eds) "Indian Women Revisited", Publications Division, Government of India

2 Sharmila Rege (1998): Dalit Women Talk Differently-A critique of 'difference' and towards a dalit feminist standpoint position. Economic & Political Weekly. October 31, 1998.

3 http://www.censusindia.gov.in/2011census/PCA/PCA_Highlights/pca_highlights_file/India/Chapter-1.pdf

4 http://www.censusindia.gov.in/2011census/PCA/PCA_Highlights/pca_highlights_file/India/Chapter-2.pdf

5 http://www.censusindia.gov.in/2011census/PCA/PCA_Highlights/pca_highlights_file/India/Chapter-2.pdf

6 Primary Census Abstract for Total Population, Scheduled Castes and Scheduled Tribes, 2011. Office of the Registrar General & Census Commissioner, Government of India

7 http://planningcommission.nic.in/news/press_pov1903.pdf

8 http://ncsc.nic.in/files/ncsc/new3/202.pdf

9 Arvind Panagariya and Vishal More (2013): Poverty by social, religious and economic groups in India and its largest states 1993-94 to 2011-12. School of International and Public Affairs and Institute for Social and Economic Research and Policy. Columbia University. Working Paper No. 2013-02

10 Ira N Gang, Kunal Sen and Myeong-Su Yun (2008): Poverty in Rural India: Caste and Tribe. Review of Income and Wealth. Series 54, No. 1, March 2008

11 Vikas Rawal and Madhura Swaminathan (2011): Income inequality and caste in Village India. Review of Agrarian Studies. Vol. 1, No.2. July-December 2011

12 Sukhadeo Thorat and Mahamallik M (2007): Chronic poverty and socially disadvantaged groups: Analysis of causes and remedies. Working Paper 33, Chronic Poverty Research Centre, Indian Institute of Public Administration

13 Sukhadeo Thorat, Nidhi Sadana Sabharwal and Amit Thorat (2014): The role of social exclusion in explaining poverty in income-poor states of India, in V K Ramachandran and Madhura Swaminathan (eds) Dalit Households in Village Economies, Agrarian Studies 3, Tulika Books, New Delhi

14 Vani K Borooah (2005): Caste, Inequality and Poverty in India. Review of Development Economics, Vol. 9 (3). Pp399-414

15 Varsha Aiyyar (2013). Caste and Gender in a Mumbai Resettlement Site. Economic & Political Weekly. Vol.XLVIII. No. 18. May 4, 2013. Pp 44-55

16 S Madheswaran and Paul Attewell (2007): Caste discrimination in the Indian urban labour market: Evidence from the National Sample Survey. Economic & Political Weekly, October 13th 2007. Pp4146-53

17 Dalit Women Rights and Citizenship in India, Final Report, May 2010 , Indian Institute of Dalit Studies, Delhi

18 Shah G, Mander H, Thorat S, Deshpande S, Baviskar A (2006): Untouchability in Rural India, Sage Publications

19 Mukesh Eswaran, Bharat Ramaswami and Wilima Wadhwa (2011): Status, Caste and the Time Allocation of Women in Rural India. Discussion Paper 11-12, Discussion Paper in Economics. Indian Statistical Institute, Delhi

20 Dalit Women Rights and Citizenship in India (2010). Indian Institute of Dalit Studies, pp 96-97

21 Vani K Borooah, Nidhi Sadana Sabharwal and Sukhadeo Thorat (2012): Gender and Caste-Based Inequality in Health Outcomes in India. Working Paper Series Vol. VI, No. 3. Indian Institute of Dalit Studies

22 Nidhi Sadana (2009): Dalit Children in Rural India: Issues related to Exclusion and Deprivation. Working Paper Series. Vol. III No. 5. Indian Institute of Dalit Studies. http://www.dalitstudies.org.in/wp/0905.pdf

23 Vani K Borooah, Nidhi Sadana Sabharwal, Sukhadeo Thorat (2012): Gender and Caste Based Inequality in Health Outcomes in India. Indian Institute of Dalit Studies. Working Paper Series. Vol. VI. No.03

24 Dalit Women Rights and Citizenship in India, Final Report, May 2010 , Indian Institute of Dalit Studies, Delhi (http://idl-bnc.idrc.ca/dspace/bitstream/10625/44146/1/130560.pdf)

25 ibid

26 http://dalitstudies.org.in/download/India2014BRSBY.pdf

27 Dalit Women Rights and Citizenship in India, Final Report, May 2010 , Indian Institute of Dalit Studies, Delhi (http://idl-bnc.idrc.ca/dspace/bitstream/10625/44146/1/130560.pdf)

28 B S Baviskar and George Mathew (eds) (2009): Inclusion and Exclusion in Local Governance: Field studies from rural India. SAGE Publications

29 http://allindiadalitmahilaadhikarmanch.blogspot.in/2010/06/what-is-panchayati-raj-panchayati-raj.html

30 Anand Inbanathan and N Sivanna (2010). Scheduled Castes, Legitimacy and Local Governance: Continuing Social Exclusion in Panchayats. Working Paper 257. The Institute For Social & Economic Change (ISEC), Bangalore. http://www.isec.ac.in/WP%20257%20-%20Anand%20Inbanathan%20and%20N%20Sivanna.pdf Accessed on 31/3/2015

31 Shefali Jha (2014): Empowerment of dalit women in panchayats: a case study of Kalahandi district in Orissa. PhD Thesis, School of Social Sciences, Jawaharlal Nehru University

32 Somashekharappa CA (2013): Dalit women in panchayat raj system: a sociological study. Thesis. Department of Sociology, Karnatak University

33 Dinesha P T (2014): Dalit women panchayat representatives and social exclusion: Myth or reality? KILA Journal of Local Governance. Vol. 1, Issue 1. July-December 2014

34 National Campaign on Dalit Human Rights (2006): S.J. Jayshree, P. Mangubhai, Joel G. Lee, "Dalit Women Speak Out: Violence against Dalit Women in India", Overview Report of Study in Andhra Pradesh, Bihar, Tamil Nadu/Pondicherry and Uttar Pradesh. Aloysius Irudayam, New Delhi, March 2006. P. 3.

35http://idsn.org/wp-content/uploads/user_folder/pdf/New_files/Key_Issues/Dalit_Women/DALIT_WOMEN__IDSN_briefing_paper.pdf, further citing Dalit Women Speak Out: Violence against Dalit Women in India by Irudayam, A., Mangubhai, J.P. and Lee, J., 2006. Chennai: National Campaign on Dalit Human Rights, National Federation of Dalit Women, and Institute of Development Education, Action and Studies.

36 Nidhi S Sabharwal (2014): Looking at Dalit Women, in Devaki Jain and C P Sujaya (eds) "Indian Women Revisited", Publications Division, Government of India

37 http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=13282&LangID=E#

38 http://ncw.nic.in/pdfReports/Violence_against_Dalit_Women_in_Rajasthan.pdf

39 Dalit Freedom: Report by National Human Rights Commission http://www.dalitnetwork.org/go?/dfn/news/2013/11/

40 Anandhi S (2013): The Mathammas – Gender, Caste and the Politics of Intersectionality in Rural Tamil Nadu. Vol XLVIII. No. 18. May 4th 2013. Pp 64-71

41 Devadasi rehab package misses mark. The Hindu, Aug.6th 2011. http://www.thehindu.com/todays-paper/devadasi-rehab-package-misses-mark/article2329441.ece

42 Rakesh K Singh (2011). Witch-Hunting: Alive and Kicking. Women's Link, Vol. 17, No.1, January-March 2011

43 Rekha Raj (2013). Dalit Women as Political Agents – A Kerala Experience. Economic & Political Weekly. Vol.XLVIII No. 18, May 4th 2013

44 The Constitution of India: version available on website http://www.archive.india.gov.in/govt/constitutions_india.php accessed on 8/5/2015

45 A Report by Prime Minister's High Level Committee (Nov 2006): Social, Economic and Educational Status of Muslims in India, Published by Cabinet Secretariat, Government of India, available on website http://www.minorityaffairs.gov.in/ accessed on 8/5/2015

46 National policy on Education (1986): http://mhrd.gov.in/sites/upload_files/mhrd/files/upload_document/npe.pdf accessed on 10/5/15

47 Ibid

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49 Website http://www.minorityaffairs.gov.in/ncm assessed on 10/5/2015

50 Census 2001

51 A Report by Prime Minister's High Level Committee (Nov 2006): Social, Economic and Educational Status of Muslims in India, Published by Cabinet Secretariat, Government of India, available on website http://www.minorityaffairs.gov.in/ accessed on 8/5/2015

52 Patel Razia (2004) : "Correlation of education and employment with special reference to Muslims in Maharashtra" PhD Thesis submitted at Pune University

53 A Report by Prime Minister's High Level Committee (Nov 2006): Social, Economic and Educational Status of Muslims in India, Published by Cabinet Secretariat, Government of India, available on website http://www.minorityaffairs.gov.in/ accessed on 8/5/2015
54 Patel Razia (2004): "Correlation of education and employment with special reference to Muslims in Maharashtra" PhD Thesis submitted at Pune University
55 Ibid
56 Patel Razia (2014): 'Inclusive education for educationally backward minorities' – a pilot project at selected schools in Pune - A 3 year project by Indian Indian Of Education, Pune and Tech Mahindra Pune
57 A Report by Prime Minister's High Level Committee (Nov 2006): Social, Economic and Educational Status of Muslims in India, Published by Cabinet Secretariat, Government of India, available on website http://www.minorityaffairs.gov.in/ accessed on 8/5/2015. 4.1 page 16
58 Ibid, 4.1 , page 20
59 Patel Razia (2014): 'Inclusive education for educationally backward minorities' – a pilot project at selected schools in Pune - A 3 year project by Indian Indian Of Education , Pune and Tech Mahindra Pune
60 A Report by Prime Minister's High Level Committee (Nov 2006): Social, Economic and Educational Status of Muslims in India, Published by Cabinet Secretariat, Government of India, available on website http://www.minorityaffairs.gov.in/ accessed on 8/5/2015. 4.1, page 20
61 Ibid, 4.4
62 Ibid, 4.4., page 23
63 Ibid
64 Patel Razia (1994): "Indian Muslim women – struggle for living with Dignity" – The Times Foundation Research thesis submitted on Aug 1994
65 Patel Razia (2005): Research Thesis on Project on Politics of Education of Muslims a critical study of Muslims in Maharashtra, Pune University
66 A Report by Prime Minister's High Level Committee (Nov 2006): Social, Economic and Educational Status of Muslims in India, Published by Cabinet Secretariat, Government of India, available on website http://www.minorityaffairs.gov.in/ accessed on 8/5/2015. Sec. 4.4, page 24
67 Ibid, Sec 2.3, page 13
68 Hasan Zoya (2009): Gender, Religion and Democratic Politics in India, Final research report for the project Religion, Politics and Gender Equity, UNRISD, Geneva
69 ibid
70 Wagale Nikhil (1998): Akshar Prakashan, Pandurang Building, Mahim, Mumbai
71 Sameera Khan (2007): Negotiating the Mohalla: Exclusion, Identity and Muslim women in Mumbai, EPW April 28, 2007 Vol XLII No 17.
72 "Living in fear in Gujarat" report by Rajeev Khanna dated 4th March 2003
http://news.bbc.co.uk/2/hi/south_asia/2819171.stm accessed on 16/5/2015
73 Patel Razia (1994) : "Indian Muslim women – struggle for living with Dignity" – The Times Foundation Research thesis submitted on Aug1994
74 Ibid
75 A Report by Prime Minister's High Level Committee (Nov 2006): Social, Economic and Educational Status of Muslims in India, Published by Cabinet Secretariat, Government of India, available on website http://www.minorityaffairs.gov.in/ accessed on 8/5/2015. Sec. 2.3, page 12
76 ibid
77 Ibid Sec. 3.2
78 Awaz – e – Niswan (1999): Muslim Personal Law and Women – A Report of the National Conference : (Bombay : Awaaz – e – Niswan)
79 Shariat court news in Hindustan Times, 8TH July 2014
80 Hameed Syeda (2000): "Women Speak: Voice of Voiceless - Status of Muslim Women in India". National Commission for Women, Delhi
81 Patel Razia (1994) : "Indian Muslim women – struggle for living with Dignity" – The Times Foundation Research thesis submitted on Aug1994
82 Website for Ministry of Minority Affairs. http://www.minorityaffairs.gov.in/ accessed on 8/5/2015
83 Patel Razia (1994) : "Indian Muslim women – struggle for living with Dignity" – The Times Foundation Research thesis submitted on Aug1994
84 http://tribal.nic.in/Content/DefinitionpRrofiles.aspx as accessed on April 28th 2015

85 Annual Report 2013-14, Ministry of Tribal Affairs, Government of India, Chapter 6
86 Primary Census Abstract for Total Population, Scheduled Castes and Scheduled Tribes, 2011, Office of the Registrar General and Census Commissioner, Government of India
87 List of all Scheduled Tribes across all the states is in Annexure I
88 http://tribal.nic.in/Content/DefinitionofScheduledAreasProfiles.aspx accessed on April 1st 2015
89 Malnutrition tells on Rayagada blocks. Indian Express. Bhubaneswar, 15th October 2012, based on the study undertaken by Institute of Applied Statistics and Development Studies, commissioned by Living Farms and Welthungerhilfe
90 Soumik Banerjee, Priya John and Sanjeev Singh (2013): Stairway to Death – Maternal Mortality beyond Numbers. Economic and Political Weekly. Vol. XLVIII No. 31. Aug.3, 2013
91 Maternal Health and Nutrition in Tribal Areas: Report of the Fact Finding Mission to Godda, Jharkhand. National Alliance for Maternal Health and Human Rights and Torang Trust. April 2014
92 The writeup here has been taken from report of the HLC on Tribal Communities, May 2014, pp 206 to 208
93 Brinda Karat and Vikas Rawal (2014): "Scheduled Tribe Households: A Note on Issues of Livelihood." Review of Agrarian Studies. Journal 4, no. 1 (2014), pp135-158
94 Household industry was defined as an industry conducted by the head of the household himself/herself and/or by the members of the household at home or within the village in rural areas, and only within the precincts of the house where the household lived in urban areas. The larger proportion of workers in a household industry should consist of members of the household including the head. The industry should not be run on the scale of a registered factory. A household industry is one that is engaged in production, processing, servicing, repairing or making and selling (but not merely selling) of goods. It does not include professions such as those practised by a pleader or doctor or barber, musician, dancer, dhobi, astrologer etc. or merely trade or business, even if such professions, trade or services are run at home by members of the household.
95 Excerpted from Rakesh Shukla (2005): Succession, gender equality and customary tribal laws. http://infochangeindia.org/women/analysis/succession-gender-equality-and-customary-tribal-laws.html
96 Gail Omvedt (1983): Adivasi Women and Personal Law – a report from Dhule, Maharashtra. Manushi. Number Seventeen. Aug-Sep. 1983.
97 Madhu Kishwar, in a letter to Justice Bhagwati. (undated): Challenging the Denial of Land Rights to Women. Manushi. http://www.manushi.in/articles.php?articleId=1549&ptype=campaigns#.VR1El_mUeSo
98 Walter Fernandes, Melville Pereira and Vizalenu Khatso (2008): Tribal Customary Laws in Northeast India – Gender and Class Implications. Legal Awareness Series 4, North Eastern Social Research Centre, Guwahati. http://onlineministries.creighton.edu/CollaborativeMinistry/NESRC/Monographs/Customary-Laws.pdf
99 Walter Fernandes, Melville Pereira and Vizalenu Khatso (nd): Customary Laws in North East India: Impact on Women. National Commission for Women. http://ncw.nic.in/pdfreports/Customary%20Law.pdf
100 Seema Kulkarni, Surabhi Tiwari and Sneha Bhatt (2008): Women and Land Rights in Maharashtra – Exploring the facilitating and constraining factors in achieving resource rights. Desk Study. SOPPECOM, Pune. http://www.soppecom.org/pdf/women-land%20rights.pdf
101 Purabi Bose (2011): Forest tenure reform: Exclusion of tribal women's rights in semi-arid Rajasthan, India. International Forestry Review. Vol. 13 (2). Pp220-232
102 Singh, Vinita and Jha, Kali Nath, "Migration of Tribal Women from Jharkhand: The Price of Development", Indian Anthropologist, Vol. 34, No. 2 (December 2004), p71
103 S Laxman Rao, Priya Deshingkar and John Farrington (2006): Tribal Land Alienation in Andhra Pradesh-Processes, Impacts and Policy Concerns. Economic & Political Weekly, December 30th, 1996
104 High Level Committee on the Status of Tribal Communities in India, Ministry of Tribal Affairs, Government of India. May 2014. Citing work of S Parasuraman 1996 and 1999, KB Saxena 2009 and Samar Bosu Mullick 2013
105 Indrani Mazumdar (2014): Unfree Mobility – Adivasi Women's Migration. Occasional Paper No. 60, April 2014, CWDS. Pp.17
106 Neetha N (2004): Making of Female Breadwinners: Migration and Social Networking of Women Domestics in Delhi. Economic & Political Weekly. Vol. XXXIX No. 17. April 24, 2004. Pp.24-30
107 Vinita Singh and Kali Nath Jha (2004): "Migration of Tribal Women from Jharkhand: The Price of Development", Indian Anthropologist, Vol. 34, No. 2 (December 2004), p75
108 Indrani Mazumdar (2014): "Unfree Mobility: Adivasi Women's Migration", CWDS Occasional Paper No. 60, pp 18-20
109 Ranjit P Toppo and Sudeep Kumar (2012): Development and Migration of Adivasis. Social Action. Vol.62, No.2, Apr-Jun 2012

110 Biswajit Ghosh (2014): Vulnerability, Forced Migration and Trafficking in Children and Women – a field view from the plantation industry in West Bengal. Economic & Political Weekly. Vol. XLIX Nos 26 & 27. June 28 2014

111 Pralip Kumar Narzary and Shilpi Mishra Sharma (2013): Daughter preference and contraceptive use in Matrilineal tribal societies in Meghalaya, India. Journal of Health, Population and Nutrition. 31 (2): 278-289

112 Dev Nathan, Govind Kelkar and Shivani Satija (2013): Witches: Through Changing Contexts, Women Remain the Target. Working Paper No. WP 004/2013. Institute for Human Development, New Delhi. http://www.ihdindia.org/Working%20Ppaers/2013/WP%20004%202013_devnathan.pdf

113 Arpita Sutradhar (2006): Rural India targets women in witch hunts. ORATO (India); Swati Saxena (2009): Recourse rare for witch hunt victims in India. Women's E-News. Sept. 17 2009

114 Soma Choudhuri (2013): Witches, Tea Plantations and Lives of Migrant Laborers in India – Tempest in a Teapot. Lexington Books. The Chapter on Theory and Literature on Witchcraft Accusations and Witch Hunts of this book cites many other scholars like Nathan, Kelkar, Xiaogang, Mishra, Sundar, Barman, Baruya, Bailey etc.

115 Rajalakshmi, T.K., "In the name of the Witch", Frontline Volume 17 - Issue 23, Nov. 11 - 24, 2000

116 http://www.lawschool.cornell.edu/Clinical-Programs/international-human-rights/upload/-1-Witch-Hunt-Brief-2.pdf accessed on April 3, 2015

117 Ajay Dandekar and Chitrangada Choudhury (2010): PESA, Left Wing Extremism and Governance: concerns and Challenges in India's Tribal Districts. Institute of Rural Management, Anand. Accessed from http://www.downtoearth.org.in/dte/userfiles/images/PESAchapter.pdf

118 Nupur Tiwari (2012): Women and Panchayati Raj. Yojana, June 2012. Pp 36-40

119 Planning for the Sixth Schedule Areas: Report of the Expert Committee, Ministry of Panchayati Raj, Government of India. September 2006. http://www.nird.org.in/brgf/doc/expertreportsixthschedule.pdf

120 'If villages won't go to town, town will come to villagers". Aman Sethi. The Hindu, January 17th 2011. http://www.thehindu.com/news/national/other-states/if-villagers-wont-go-to-town-town-will-come-to-villagers/article1095681.ece

121 Brinda Karat and Vikas Rawal (2014): Scheduled Tribe Households: A note on issues of livelihood. Review of Agrarian Studies. Vol.4, Issue 1 (135-59): 138-9

122 Annual Report 2013-14, Ministry of Tribal Affairs, Government of India.

123 Stuart Corbridge (2000): Competing Inequalities: The Scheduled Tribes and the Reservations System in India's Jharkhand. The Journal of Asian Studies. Vol. 59, Issue 1. Feb.2000. p62-85

124 Analysis of successive census data by various researchers presented in this chapter shows incidence of singleness has always been much higher for women than men

125 ICRW/UNDP (2014): Situation Analysis of Single Women in India: International Center for Research on Women (ICRW), New Delhi. In order to understand the life situations of single women, UNDP and ICRW carried out a seminal study recently covering over 1219 single women from the states of Maharashtra, Himachal Pradesh and Jharkhand. Of these 1219 single women, 673 were widows, 170 were divorced women, 224 were separated, 44 women had their husbands missing and 98 women were beyond age 35 and never married

126 Berry, K. (2008). Good Women, Bad Women and the Dynamics of Oppression and Resistance in Kangra, India. Humboldt Journal of Social Relations 31 (1&2): 4-38.

127 Office of the Registrar General, 2001. Social Cultural Tables, Census of India. New Delhi: Office of the Registrar General, India.

128 Marty Chen and Jean Dreze (1995): "Recent Research on Widows in India: Workshop and Conference Report"; Economic and Political Weekly, Vol. 30, No. 39 (Sep. 30, 1995), pp. 2435-2450

129 Chen and Dreze cited above mention that; "Two stereotypes persist about widow remarriage in India. The first is that widow remarriage is "prohibited" in Hindu society. The second is that widow remarriage is widely practised. Reality lies somewhere between these two extreme views: only the upper castes prohibit remarriage; most other castes (except those emulating the upper castes) allow widow remarriage; some castes (in certain regions) practice leviratic unions (remarriage to the deceased husband's brother); but actual remarriage, outside of levirate, only takes place in special circumstances. The basic pattern in most communities is that most childless widows remarry, while most widowed mothers do not remarry (p 2439).

130 Marty Chen and Jean Dreze; op cit

131 Padma Bhushan Dr. V. Mohini Giri : "A Desire in the Bangles" A Speech shared with the HLC

132 Usha Rai (2007): Spirituality, Poverty, Charity Brings Widows to Vrindavan. New Delhi: Guild of Service. United Nations Development Fund for Women - UNIFEM.

133 Jean Dreze (1990): 'Widows in Rural India'. Discussion Paper No 26. Development Economics Research Programme. London School of Economics.

134 Marty Chen and Jean Dreze; op cit; and ICRW/UNDP (2014) op cit

135 Marty Chen and Jean Dreze. op cit

136 Leela Gulati (1998): The poor widows of Kootam: A study of widows in a squatter settlement, in Martha A Chen (ed.) Widows in India: Social Neglect and Public Action, 347-60. Sage, New Delhi.

137 Jean Dreze and P V Srinivasan (1995): Widowhood and Poverty in Rural India: Some inferences from household survey data. Journal of Development Economics. Vol. 54 (1997), 217-234.

[138] From a submission made by Guild of Service to this HLC called "Aging and Widowhood"

139 Kirti Singh (2013). Separated and Divorced Women in India: Economic Rights and Entitlements. SAGE Publications: New Delhi

140 The Marriage Law Amendment Bill (2013) has been passed by the Rajya Sabha in August 2013. Under section 13 (F) (1) the court can order the husband to provide for such compensation at the time of passing of the decree under section 13C on a petition moved by the wife order that a husband shall give for her and her children (which include unmarried and widowed daughters as defined in Section 13 E of the Bill) such compensation which shall include a share in his share of the immovable property (other than inherited or inheritable immovable property) and such amount by way of share in movable property, if any, towards the settlement of her claim, as the court may deem just and equitable, and while determining such compensation the court shall take into account the value of inherited or inheritable property of the husband.

141 Flavia Agnes (2012): His and Hers. Economic and Political Weekly. Vol.XLVII No.17, April 28, 2012

142 Kirti Singh (2013). Op cit.

143 UNDP/ICRW (2014). op cit

144 Masood B and Shah R. 'The Other Half: For many Kashmir 'half-widows', remarriage ruling means little. The Indian Express, March 2nd 2014. http://indianexpress.com/article/india/india-others/the-other-half/ extracted on May 11 2015

145 ICRW/UNDP (2014). Op cit

146 ICRW/UNDP (2014). Op cit

147 National Forum of Single Women's Rights (2011): Are We Forgotten Women? A study on the status of low-income single women in India. Self Published in Udaipur, Rajasthan. Retrieved on May 17th 2015 from http://www.strongwomenalone.org/pamphlet/images/Are-We-Forgotten-Women-eng.pdf

148 National Social Assistance Programme (NSAP) by the Ministry of Rural Development, comprises of five schemes namely Indira Gandhi National Old Age Pension Scheme (IGNOAPS), Indira Gandhi National Widow Pension Scheme (IGNWPS), Indira Gandhi National Disability Pension Scheme (IGNDPS), National Family Benefit Scheme (NFBS) and Annapurna Scheme. Since 2002-03, NSAP has been transferred to state plan, Identification of beneficiaries and sanction of benefit under the schemes of NSAP has to be done by the concerned State Governments. IGNWPS and IGNDPS were introduced under NSAP in February 2009. Fund releases for NSAP are allocated by the Planning Commission.

149 Sony Pellissery and Sumit Kumar Jalan (2011): "Towards transformative social protection: a gendered analysis of the Employment Guarantee Act of India (MGNREGA)", Gender & Development 19 (2): 283.

150 ibid

151 Sudha Narayanan (2008): "Employment Guarantee, Women's Work and Childcare", Economic and Political Weekly 43, 9 (2008).

152 ibid

153 Indian School of Women's Studies Development (2008): Impact of National Rural Employment Guarantee Scheme on the living and working conditions of women in rural India. Indian School of Women's Studies Development, New Delhi. May 2008

154 ENSS or Ekal Nari Shakti Sanghatan, launched in the year 2000 in Rajasthan is an association of single women that fights to secure the rights of single women to live with dignity and justice. Currently over 80,000 fee-paying members have registered in Rajasthan, Himachal Pradesh. Retrieved on May 17th 2015 from http://www.strongwomenalone.org/ ; Ekal Nari Shakti Sangathan, Single Women's Group Annual Report - April 2012-March 2013 retrieved on May 16 from http://nishtha-hp.org/pdf/Single_womens_report_2012-13.pdf

155 "Elderly to constitute 20 per cent of India's population by 2050: Report". Economic Times, New Delhi, October 1st 2012. http://articles.economictimes.indiatimes.com/2012-10-01/news/34198051_1_centenarians-elder-persons-india-and-china accessed on May 4, 2015

156 Nidhi Gupta (2013): Older Women in India: Issues and Concerns. In S. Siva Raju, U V Somayajulu and C P Prakasam (Eds) "Ageing, Health and Development", B R Publishing Corporation, Delhi. Pp203-222

157 K L Sharma (2009): Dimensions of Ageing: Indian Studies. Rawat Publications.

158 M K Pandey and A K Jha (2011): Widowhood and health of older in India: Examining the role of economic factors using structural equation modeling. International Review of Applied Economics. Vol. 26. Pp111-24
159 J Balamurugan (2014): Social Exclusion of Older People: A Case Study of Rural South India. Journal of Exclusion Studies. Vol.4, No.2. pp130-145
160 Elder Abuse in India (2013), HelpAge India
161 Nidhi Gupta (2014): Abuse and neglect experienced by older women in India: Extent, impact on their quality of life and its policy implications. Population Association of American 2015 Annual Meeting. International Institute for Population Sciences, Mumbai
162 Nidhi Gupta (2015): Physical and Psychological Health of Older Women in Urban India. Indian Journal of Gerontology. Vol. 29. No.1. pp23-45
163 Gopal Agrawal and Kunal Keshri (2014): Morbidity patterns and health care seeking behavior among older widows in India. PLoS One. Vol. 9(4).
164 G Balagopal (2009): Access to healthcare among poor older women in India: How far do policies respond to women's realities? Gender and Development. Vol. 17. Pp481-91.
165 Report on the Status of Elderly in Select States of India, 2011. United Nations Population Fund India 2012.
166 Barsharani Maharana and Lalshram Ladusingh (2014): Gender disparity in health and food expenditure in India among elderly. International Journal of Population Research. Vol. 2014. Article ID 150105
167 Report on the Status of Elderly in Select States of India, 2011. United Nations Population Fund India 2012.
168 Report on the Status of Elderly in Select States of India, 2011. United Nations Population Fund India 2012.
169 Needs Assessment Study Among Urban Elderly: A Rapid Assessment, Help Age India, May 2008
170 N P Das and Urvi Shah (2004): A study of old age homes in the care of the elderly in Gujarat. Population Research Centre. MS University of Baroda. http://pres-mohfw.nic.in/writereaddata/research/416.htm
171 http://socialjustice.nic.in/oldageact.php
172 Elder Abuse in India (2013), HelpAge India
173 "National Social Assistance Programme", Committee on Estimates (2013-14), Fifteenth Lok Sabha, 34th Report, Lok Sabha Secretariat, January 2014
174 S Irudaya Rajan, Myrtle Perera and Sharifa Begum (2003): Economics of pensions and social security in South Asia: Special focus on India, Srilanka and Bangladesh. South Asia Network of Economic Research Institutes.
175 Saloni Chopra and Jessica Pudussery (2014): Social Security Pensions in India: An Assessment. Economic and Political Weekly. Vol. XLIX, No. 19. May 10th 2014
176 Jos Chathukulam, C V Balamurali and Rekha V (2012): Evaluation of Indira Gandhi National Old Age Pension Scheme in Tamil Nadu. Submitted to Ministry of Rural Development, GoI. Centre for Rural Management, Kottayam. http://crmindia.org/files/InIGNOAPS%20T.pdf
177 ibid
178 "National Social Assistance Programme", Committee on Estimates (2013-14), Fifteenth Lok Sabha, 34th Report, Lok Sabha Secretariat, January 2014
179 Lok Sabha Starred Question No. 106, replied on 03/03/2015. http://164.100.47.132/Annexture_New/lsq16/4/as106.htm
180 Demand For Grants 2015-16, Ministry of Rural Development (Department of Rural Development), 16th Lok Sabha, Standing Committee on Rural Development's Sixth Report, 23rd April 2015. http://164.100.47.134/lsscommittee/Rural%20Development/16_Rural_Development_6.pdf
181 Report on the Status of Elderly in Select States of India, 2011. United Nations Population Fund India 2012.
182 Saloni Chopra and Jessica Pudussery (2014): Social Security Pensions in India: An Assessment. Economic and Political Weekly. Vol. XLIX, No. 19. May 10th 2014
183 http://socialjustice.nic.in/ipop2015.php?pageid=1
184 Submission made by Guild of Service to this HLC
185 MoSJE; Report of the Expert Committee on the Issues relating to Transgender Persons; Chapter Five Inclusive Approach, January 2014, p 35
186 MoSJE; Report of the Expert Committee on the Issues relating to Transgender Persons; Introduction, Transgender People and their Problems, p 1, January 2014
187 Venkatesan Chakrapani and Arvind Narrain (2012): Legal recognition of gender identity of transgender people in India: Current situation and potential options. Policy Brief. UNDP India.
188 Rema Nagarajan, Times of India, an official count of the third gender in the country — 4.9 lakh. While transgender activists estimate the numbers to be six to seven times higher, 30 May 2014, ToI, as available on http://timesofindia.indiatimes.com/india/First-count-of-third-gender-in-census-4-9-lakh/articleshow/35741613.cms

189 Ibid
190 Andrew Potts, Indian Census counts transgender people for the first time, finds half a million, Gay Star News, 2 June 2014; as available on http://www.gaystarnews.com/article/indian-census-counts-transgender-people-first-time-finds-half-million020614#sthash.KjvYFih0.dpuf
191 Rema Nagaraajan (2014); op cite
192 Ibid
193 BBC News, India Court Recognises Transgender People as Third Gender, 15 April 2014, as available on http://www.bbc.com/news/world-asia-india-27031180
194 Dhananjay Mahapatra, The Times of India, Supreme Court recognizes transgenders as 'third gender', 15 April 2014, as available on http://timesofindia.indiatimes.com/india/Supreme-Court-recognizes-transgenders-as-third-gender/articleshow/33767900.cms
195 Ibid
196 MoSJE; Report of the Expert Committee on the Issues relating to Transgender Persons; Chapter One Definition of Transgender, January 2014, P 9
197 Ibid, p 31
198 Ibid, p 32-33
199 Ibid, p 34
200 Ibid, p 13
201 V. Chakrapani and P. Dhall (2011): Family Acceptance Among self - identified men who have sex with men (MSM) and Transgender people in India, Family Planning Association of India, Mumbai, 2011
202 Venkatesan Chakrapani and Arvind Narrain (2012): Legal recognition of gender identity of transgender people in India: Current situation and potential options. Policy Brief. UNDP India.
203 MoSJE; Report of the Expert Committee on the Issues relating to Transgender Persons, January 2014
204 UNDP India, India Election Diary 2014: Voting Rights for Transgenders; as available on http://www.in.undp.org/content/india/en/home/ourwork/democraticgovernance/videos/india-election-diary-2014--voting.html
205 Deepashikha Ghosh, NDTV, Transgenders are the 'third gender', rules Supreme Court, 15 April 2014; as available on http://www.ndtv.com/india-news/transgenders-are-the-third-gender-rules-supreme-court-557439
206 Gee Imaan Semmalar , Round Table India, Gender Outlawed: The Supreme Court judgment on third gender and its implications, 19 April 2014, as available on http://roundtableindia.co.in/index.php?option=com_content&view=article&id=7377:because-we-have-a-voice-too-the-supreme-court-judgment-on-third-gender-and-its-implications&catid=120&Itemid=133
207 V. Chakrapani Etal; Hijras in sex work face discrimination in the Indian health-care system. Research for Sex Work. p12-14, 2004; as available on http://www.nswp.org/resource/research
208 V. Chakrapani Et al; HIV testing Barriers and Facilitators among Populations at Risk in Chennai, India. Indian Network for People Living with HIVAIDS: Chennai. http://www.inpplus.net/images/DL_APCASO%20Research%20Report - Jun2008.pdf
209 Elezabeth Soumya, Aljazeera, Indian transgender healthcare challenges, 18 June 2014, as available on http://www.aljazeera.com/indepth/features/2014/06/healthcare-distant-india-transgenders-201461882414495902.html
210 NACO, Targeted Intervention under NACP III, Operational Guidelines, Volume I, Core High Risk Groups, MoHFW, GoI, October 2007, as available on http://www.iapsmgc.org/userfiles/3TARGETED_INTERVENTION_FOR_HIGH_RISK_GROUP.pdf
211 Ibid
212 The Hindu, RS Passes Bill on Transgender Rights, New Delhi, 24 April 2015, available on http://www.thehindu.com/news/national/rajya-sabha-passes-private-bill-on-transgenders/article7138056.ece
213 Ibid
214India Today In; Rajya Sabha Passes Transgenders Bill, First Private Member Proposal in 46 Years, New Delhi, April 24, 2015; available on http://indiatoday.intoday.in/story/rajya-sabha-private-member-bill-transgenders-rights/1/432019.html
215 Ibid
216 https://www.rbi.org.in/Scripts/NotificationUser.aspx?Id=9687&Mode=0 accessed on May 4th 2015
217 We use both terms "Differently Abled" as well as "Disabled" interchangeably in this section.

218 Sight Savers (2012): Policies and Schemes of Central and State Governments for people with Disabilities; As available on http://sightsaversindia.in/wp-content/uploads/2014/06/17581_Policies-and-Schemes-of-Central-and-State-Governments-for-People-with-Disabilities.pdf

219 "Disability In India", Office of The Chief Commissioner for Persons with Disabilities, MoSJ&E, Government of India, as available on http://www.ccdisabilities.nic.in/page.php?s=reg&t=def&p=disab_ind (date unknown)

220 Ibid

221 Ibid

222 Ibid

223 Gagandeep Kaur Walia (2010): Disability in India. South Asia Network for Chronic Disease, Gurgaon, Haryana; As available on http://sancd.org/uploads/pdf/disability.pdf

224 Sight Savers (2012): Policies and Schemes of Central and State Governments for people with Disabilities; As available on http://sightsaversindia.in/wp-content/uploads/2014/06/17581_Policies-and-Schemes-of-Central-and-State-Governments-for-People-with-Disabilities.pdf

225 Office of The Chief Commissioner for Persons with Disabilities (nd): op cite

226 WHO (1976); As given in Gagandeep Kaur Walia; Disability in India; South Asia Network for Chronic Disease; As available on http://sancd.org/uploads/pdf/disability.pdf

227 Rubina Lal (2015): Disabilities: Background and Perspective. Inchange India; 19 May 2015; As available on http://infochangeindia.org/disabilities/backgrounder/disabilities-background-a-perspective.html

228 U J Sofi and M Cherian (2011): Social Exclusion of Disabled Persons in India and their Attitude towards Society: A study of locomotor disabled of Pondicherry. Society, Pedagogy and Social Work, Research Paper, 2011, 77 Pages; As Available on http://www.grin.com/en/e-book/273030/social-exclusion-of-disabled-persons-in-india-and-their-attitude-towards

229 Raimond Lang (2001): Understanding Disability from A South Indian Perspective. School of Development Studies, University of East Anglia, United Kingdom. http://www.ucl.ac.uk/lc-ccr/lccstaff/raymond-lang/understanding_disability_in_india.pdf.

230 World Bank (2009): Attitude towards Disability and People with Disabilities. Chapter 2 of "People with Disabilities in India: From Commitments to Outcomes"; As available on http://siteresources.worldbank.org/INDIAEXTN/Resources/295583-1171456325808/Chapter02.pdf

231 DFID (2000): Disability, Poverty and Development. As available on http://www.make-development-inclusive.org/docsen/DFIDdisabilityPovertyDev.pdf

232 Raimond Lang (2001); op cite

233 Indumati Rao (2003): Equity to Women with Disability in India; strategy paper prepared on Disabled Women of India, National Commission on Women, India; As Available on http://www.disabilityrightsfund.org/resource/equity-women-disabilities-india.html

234 Ibid

235 United Nations (2006): Convention on the Rights of Persons with Disabilities; UN Enable: Development and Human Rights for All; As Available on http://www.un.org/disabilities/default.asp?id=150

236 Nilika Mehrotra (2004): Women Disability and Social Support in Rural Haryana; Economic and Political Weekly December 25, 2004. Pp.5640-5644

237 People with Disabilities in India: From Commitments to Outcomes. World Bank Human Development Unit, South Asia Region, November 2007

238 Nidhi Singhal (2010): Education for Children with Disabilities in India. A background paper for GMR 2010, Reaching the marginalized, Background paper prepared for the Education for All Global Monitoring Report, 20102010/ED/EFA/MRT/PI/21; As Available on http://unesdoc.unesco.org/images/0018/001866/186611e.pdf

239 ibid

240 Meera Shenoi (2011): Persons with Disability and Indian Labour Market: Challenges and Opportunities; ILO DWT for South Asia Country Office for India; December 2011; As Available on http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---sro-new_delhi/documents/publication/wcms_229259.pdf

241 Anant Misra (2014): Equitable Access to Education for Children with Disabilities. EdTech Review, 14 August 2014. As Available on http://edtechreview.in/trends-insights/insights/1438-equitable-access-to-education-for-children-with-disabilities.

242 Meera Shenoi (2011): Persons with Disability and Indian Labour Market: Challenges and Opportunities; ILO DWT for South Asia Country Office for India; December 2011; As Available on

http://www.ilo.org/wcmsp5/groups/public/—asia/—ro-bangkok/---sro-new_delhi/documents/publication/wcms_229259.pdf
243 ibid
244 Government of India (2015): "Swavalamban": Empowering Persons with Disabilities; National Action Plan for Skill Training of Persons with Disabilities March 2015; As Available on http://www.skilldevelopment.gov.in/assets/images/PWD_National_Action_Plan_booklet%20A5.pdf
245 Jayna Kothari; The Right to Health of Persons with Disabilities in India: Access and Non-discrimination in Health Carefor Persons with Disabilities; Prepared for HRLN, IAMD, NAAJMI; July 2014; As Available on http://clpr.org.in/wp-content/uploads/2014/02/The-Right-to-Health-of-Persons-with-Disabilities-in-India_Report_100720141.pdf
246 Ministry Of Statistics and Programme Implementation (2011): Government Initiatives for Redressal of Disability in India; As Available on http://mospi.nic.in/Mospi_New/upload/disablity_india_statistical_data_11mar2011/Chapter%208%20-National%20redressal.pdf; As Given in Kothari (2014)
247 J Kothari (2014); op cite
248 Raimond Lang (2001): op cite
249 Ibid
250 Nandini Ghosh (2010): Embodied Experiences: Being Female and Disabled. Economic & Political Weekly. Vol XLV No 17. April 24, 2010
251 Ibid
252 Office of the Commissioner for Disabilities. Karnataka (2004): Reports of the District Grievance Meetings, 2004. Government of Karnataka; in Pradeep Kumar; Usage of Quotas in the State Budget: A case study of Karnataka in India; As Available on http://dsq-sds.org/article/view/169/169
253 Office of the State Commissioner for Disabilities; Annual Reports of the State Commissioner for Disabilities, 2002, 2003, 2004. Government of Karnataka; in Pradeep Kumar; Usage of quotas in the state budget: A case study of Karnataka in India; As Available on http://dsq-sds.org/article/view/169/169
254 Nisha (2006): Regulation of Disabled Women's Sexuality; InfoChange India. Available at http://infochangeindia.org/agenda/claiming-sexual-rights-in-india/regulation-of-disabled-womens-sexuality.html
255 Tarshi (2010): Sexuality and Disability In the Indian Context; Working Paper 2010; As available on http://tarshi.net/downloads/Sexuality_and_Disability_in_the_Indian_Context.pdf
256 WHO and UNFPA; Promoting Sexual and Reproductive Health for People with Disabilities; 2009
257 Tarshi (2010); op.cite
258 UN ENABLE; Factsheet on Persons with Disabilities. Available at http://www.un.org/disabilities/default.asp?id=18
259 Tarshi (2010); opo.cite
260 Human Rights Watch (2014): India: Women with Disabilities Locked Away and Abused; End Forced Institutionalization, Sexual and Physical Violence, Involuntary Treatment. As Available on http://www.hrw.org/news/2014/12/03/india-women-disabilities-locked-away-and-abused
261 N. Daruwala et al (2013): Violence Against Women with Disability in Mumbai: A Qualitative Study. Sage Journals; DOI: 10.1177/2158244013499144. As Available on http://sgo.sagepub.com/content/3/3/2158244013499144
262 MoSJ&E, Schemes for Differently Abled Women, Press Information Bureau, Government of India, 24 Februray 2015; as available on http://pib.nic.in/newsite/PrintRelease.aspx?relid=115784
263 Ibid
264 "National Social Assistance Programme", Committee on Estimates (2013-14), Fifteenth Lok Sabha, 34th Report, Lok Sabha Secretariat, January 2014
265 Pls see the details in Sight Savers (2012); op cite
266 Pls see the details in Sight Savers (2012); op cite
267 Anuradha Mohit (2001): A Report on Promotion of Non Handicapping Barrier Free Environment for Persons with Disabilities in India; Disability World; Issue no. 9 July-August 2001; As Available on http://www.disabilityworld.org/07-08_01/access/india.shtml
268 UGC Guidelines for Persons with Disabilities Scheme in Universities XII Plan (2012-2017); New Delhi; As Available on http://www.gtu.ac.in/ImpCircular/UGC_Guideline2014.pdf
269 Annual Report 2010-11, National AIDS Control Organisation, Ministry of Health and Family Welfare, Government of India. http://www.naco.gov.in/upload/REPORTS/NACO%20Annual%20Report%202010-11.pdf

270 UPR Submission on harmful effects of criminalisation of sex work on sex workers' human rights in India 13th Session of the Universal Periodic Review – India – 2012, CREA. Accessed from: http://sexualrightsinitiative.com/wp-content/uploads/India-UPR-13-CREA.pdf

271 Status of Sex Workers in India, India NGO Report to CEDAW, 2014, citing CEDAW General Recommendations No. 19, Article 6 and CEDAW Committee Concluding Observations on the combined 7th and 8th periodic reports, Hyngary, March 2013. http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/Ind/INT_CEDAW_NGO_Ind_17395_E.pdf

272 Annie George, U Vindhya and Sawmya Ray (2010): Sex Trafficking and Sex Work: Definitions, Debates and Dynamics – A Review of Literature. VolXLV No 17 Economic and Political Weekly at page 65

273 Lawyers Collective's Submissions on suggested amendments to the Immoral Traffic (Prevention) Act, 1956, dated 12th November 2012, addressed to the Additional Secretary of MWCD, Govt of India

274 UPR Submission on harmful effects of criminalisation of sex work on sex workers' human rights in India 13th Session of the Universal Periodic Review – India - 2012

275 Report of the Special Rapporteur on violence against women, its causes and consequences, Rashida Manjoo, Mission to India, April 2014 at page 19

276 Crime against Women, National Crime Records Bureau Report 2013 at page 84.

277 UPR Submission on harmful effects of criminalisation of sex work on sex workers' human rights in India 13th Session of the Universal Periodic Review – India – 2012. available at http://sexualrightsinitiative.com/wp-content/uploads/India-UPR-13-CREA.pdf as on 17th May 2015

278 (2011) 11 SCC 538.

279 Report of the Special Rapporteur on violence against women, its causes and consequences, Rashida Manjoo, Mission to India, April 2014 at page 19.

280 Sangram, Point of View and VAMP (2002). "Turning a Blind Eye", in Of Veshyas, Vamps, Whores and Women: Challenging pre-conceived notions of prostitution and sex work. available at http://www.who.int/gender/documents/sexworkers.pdf

281 UPR Submission on harmful effects of criminalisation of sex work on sex workers' human rights in India 13th Session of the Universal Periodic Review – India – 2012, available at http://sexualrightsinitiative.com/wp-content/uploads/India-UPR-13-CREA.pdf as on 17th May 2015

282 Moni Nag (2003): Preventing AIDS among Sex Workers. Economic and Political Weekly October 4, 2003. Pp 2409 Legalise Sex Work, But How? December 13, 2014 Vol XliX 4 No 50 Economic & Political Weekly

283 UPR Submission on harmful effects of criminalisation of sex work on sex workers' human rights in India, 13th Session of the Universal Periodic Review – India – 2012 at page 7 available at http://sexualrightsinitiative.com/wp-content/uploads/India-UPR-13-CREA.pdf as on 17th May 2015

284 Sujata Gothoskar, Apoorva Kaiwar (2014): Who Says We Do Not Work?, Vol XliX 54 No 46. Economic and Political Weekly, November 15, 2014

285 Status of Sex Workers in India, India NGO Report, CEDAW 2014

286 Case Study of Dombarwada raid, Kolhapur, Maharashtra, 2013- 2014 as cited in 4th And 5th NGO Alternative Report on CEDAW, National Alliance Of Women India, July 2014 at page 43.

287 Mankhurd State Shelter: Forced Detention of women sex workers, 2012 as cited in Status of Sex Workers in India, India NGO Report, CEDAW 2014.