

Gender Inequality in India: Measures & Growing Concerns

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ABSTRACT

An individual is a human first, neither man nor woman. God has gifted the humanity different sex to construct the society and to help everyone perform their roles effectively. It is the human being who differentiated sex in terms of social, biological, and physical constructs and developed a new terminology 'gender' to assign different positions and roles to each sex. This differentiation in terms of role allocation, access, availability, and control over resources gave birth to inequalities primarily affecting women. The present paper attempts to locate these inequalities and gender gaps in terms of development variables and suggest few measures to address gender inequalities.

The significant literature reflects that gender equations are mostly safeguarding men. Women secured vulnerable positions everywhere including education, healthcare, political representation, workforce participation, and decision-making. These findings are alarming because sixty-nine years of our democracy could not bring any significant change in the lives of many women. This calls for conscious and collaborative efforts from each one of us.

Keywords: Gender, Gender Inequality & Development Variables

INTRODUCTION

Gender inequality is a global phenomenon varying tremendously across the world. WHO reported many such incidences world over e.g. women earning significantly less than men for similar work in United States; in Viet Nam men are allowed more than women to smoke; Saudi Arabia allowed men to drive cars while women cannot. In Chile and Lesotho,

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women lag in the right of land ownership (WHO official website). Status of women in India is also not different. World Economic Forum ranked India at 114th position out of 142 countries. The indicators used were economic participation and opportunity, educational attainment, health and survival, and political empowerment (The Global Gender Gap Report, 2014). Similarly, ILO in a report ranked India at 120th position out of 131 countries in female labour force participation. The lower status of women has been a matter of policy concern for past so many decades (Global Employment Trends ILO, 2013). The government has already started various initiatives including fundamental rights (Article 14); free and compulsory education for all between the ages of 6-14 years; National Commission of Women, 1990; 73rd Amendment in 1993; introduction of Micro Credit Scheme in 1994; Beti Bachao & Beti Padhao drive; enactment of PNDT and Domestic Violence Acts etc. to uplift the status of women. Despite all these initiatives, the status of women is not much altered. The inequality persists and it is affecting the overall development of the nation. The present paper is therefore designed to understand gender differences across different development variables in India. The objectives are:

1. To study gender based inequality using different development variables in India.
2. To find out reasons behind gender inequality.
3. To suggest possible measures for narrowing gender gaps in India.

METHODOLOGY

The present study is descriptive in nature. It attempts to describe the nature and extent of gender-based differences in important development indicators. For this, the secondary data from various sources like books, annual reports of organisations, magazines etc. were analysed and inferences were drawn.

GENDER AND INEQUALITY CONCERNS

Gender basically signifies some characteristics associated with a particular sex. World Health Organisation defines gender as “the characteristics, roles and responsibilities of women and men, boys and girls, which are socially constructed. Gender is related to how we are perceived and expected to think and act as women and men because of the way society is organised, not because of our biological differences” (WHO, 1998).

Gender is “the range of characteristics pertaining to, and differentiating between, masculinity and femininity. Depending on the context, these characteristics may include biological sex (male, female or intersex), sex-based social structures (gender roles and other social roles), or gender identity” (Richard, 1994).

In common practice, this gender based allocation of sex is giving a secondary status to women in all spheres including education, employment, healthcare, decision making, political representation and quality of life. Many women are enjoying no individual identity except as someone’s mother, daughter, or wife. This leads to inequalities turning women into a vulnerable group.

UNESCO defined gender equality as “equality between men and women; the freedom to develop and make choices unhindered by gender stereotypes, roles and prejudices; that the different behaviours, aspirations and needs of women and men are considered, valued and favoured equally” (UNESCO official website, 2003). Giele opined that gender equality should be ensured at two levels: macro and micro. Macro represents significant representation in the leadership and management of both government and industry, whereas, micro includes equality concerns of both productive (education, job opportunities and equal pay) and reproductive work of women (support for family roles) (Giele, 1992).

Undoubtedly, with growing concern of equality and human rights, the status of women has improved, but, still, the cases of discrimination against women marked them as highly vulnerable. The present paper locates the gender gaps in India using the following measures: educational attainment, health & survival, workforce participation, and political participation.

EDUCATIONAL ATTAINMENT

Across the world, gender disparities become more prevalent at higher levels of education, with greater variances among developing regions (MDG Report, 2014). In India, educational disparity was assessed at primary, secondary and tertiary levels. Avinash studied the gender inequality at primary level in India by using gender parity index and drop-out rate. Analysis of national and state level data between 1991 and 2011 reflects that gender parity at primary level was already achieved in year 2007-08. However, national level gender parity index for secondary (0.88) and senior secondary level (0.86) indicates a bias against girls enrolment.

Similar is the condition of drop-out rates. In contrast, in a significant number of states (13) & union territories, the gender parity ratios and drop-out percentages are found skewing against the boys, showing importance of checking educational parity for both girls and boys (Avinash, 2014).

Similarly, S. Choudhary & D. Sarkar while discussing gender inequality in Coochbehar District of Bihar, reported differences in male and female literacy rate in 1991 and 2001. They found a significant reduction in gender inequality (5%), but still the female literacy rate was the lowest compared with State average. Further analysis suggests that caste and place of stay are some other factors which contributes in attainment of education for girls as in urban areas, about equal proportions of boys and girls were attending school at each age, whereas, in rural areas gender inequality in attendance is evident in every age group and found increasing with age. Similarly, caste-wise literacy rate reveals female literacy rate as lowest amongst the STs (29%) followed by SCs (33%) and general (71%) (Choudhary & Sarkar, 2012).

Table 1: Gender Inequality in Literacy and Gross Enrolment Ratio in Primary and Secondary Level of education

Year	Literacy (%)		Gross Enrolment Ratio					
			Primary (6-10 Yrs.)			Upper Primary(11-13 Yrs)		
	M	F	Boys	Girls	Total	Boys	Girls	Total
1951	27.16	8.86	60.6	24.8	42.6	20.6	4.6	12.7
1961	40.40	15.35	82.6	41.4	62.4	33.2	11.3	22.5
1971	45.96	21.97	95.5	60.5	78.6	46.3	19.9	33.4
1981	56.38	29.76	95.8	64.1	80.5	54.3	28.6	41.9
1991	64.13	39.29	113.9	85.5	100.1	76.6	47.0	62.1
2001	75.26	53.67	104.9	85.9	95.7	66.7	49.9	58.6
2011	82.14	65.46	114.9	116.3	115.5	87.5	82.9	85.2

Source: Census Data, 1951-2011, Office of the Registrar General of India & Educational statistics of school education, MHRD & Economic survey, 2013-14

The gender gaps in literacy and school enrolment are also evident in the census and other reports of Ministry of Human Resource Development. Tables 1 and 2 clearly reflect that although the overall literacy rate in India has improved during the last sixty nine years but is still favouring males. In addition to disparity at national level, some regional disparities were also observed e.g. Kerala, H.P., and Tamil Nadu were found to be the

best performing states in female and overall literacy, whereas, Bihar and Rajasthan were the worst performers. Similar is the trend for primary, secondary and tertiary level of education. Table 2 indicates women's lowest participation in gaining the highest degrees of education like Ph.D and M.Phil. They are also not interested to study professional & Science-related courses.

Table 2: Gender Inequality in Gross Enrolment Ratio in Higher Education in India

<i>All India Enrolment</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Ph.D	49970	34088	84058
M.Phil	15981	19142	35123
P.G.	1743745	1630566	3374311
U.G.	12722882	10814790	23537672
P.G. Diploma	163646	50675	214321
Diploma	1500429	624180	2124609

Source: AISHE Survey; 2012-13, Ministry of HRD, GoI

The AISHE survey also outlined gender differences in Gross Enrolment Ratio (GER) in higher education (21.1) i.e. 22.3 for males and 19.8 for females. The caste-wise variations are also projecting with scheduled castes having 15.1% and scheduled tribes (11.0%) share respectively.

DFID reported the following reasons behind these gender gaps in educational attainment in India: First is school availability. Although under *Sarva Shiksha Abhiyan*, in last few decades the school availability has raised (i.e. 14.19% in primary education, 51% in secondary) but is still not sufficient to cater every child's need. Second is the value of education. Rural people generally do not value girl's education; 23% of rural households & 15% of urban households were not sending the females under 5-14 yrs. of age following similar reasons. Dropout is another important factor (DFID, 2008). According to a survey published by 'Save The Children', only 14 in every 100 girls in our cities reach Class XII, whereas rural figure is 1 out of 100. Safety of girls in schools is found to be a neglected area of study despite its impacts on girls' dropout rate (WINGS Survey, 2014).

In contrast, the NSS 61st round of survey reported dropout rates of male students in few states under 10-14 years of age to be more as compared to females because of their full time participation in labour force. Hence, dropout is an important factor which needs control.

The review committee on status of education in India recommended access and retention in education along with traditional patriarchal mindset, gender discrimination, undervaluing of female labour, sexual harassment, and violence against girls in schools as the primary reasons for restricting females in getting quality education (The GoI Review Committee Report, 2011).

Chaudhary and Jha (2011) while studying gender bias in 0-6 yrs. of age group related education with the reduction of gender bias opined that educating age group of 15-49 yrs. and higher prosperity of women lead to the reduction of gender bias.

Hence, from above findings it can be concluded that gender inequality persists in educational attainment and there is a need to look for mechanisms which ensures equality to all.

INEQUALITY IN HEALTH AND SURVIVAL

The health and survival was studied with the help of malnutrition, sex ratio, IMR, MMR, teenage pregnancy, and preference for sons. The WINGS survey outlined that proportion of male children who are fully immunised is 4% higher than female children. The same trend continues in case of health & nutrition. As time passes, nutritional outcomes for both boys and girls in 1-4 years age group seem to decline. However, they decline much faster for girls. By the time girls are 4 years old, they are much more likely than their brothers to be stunted, underweight, and have low mid upper arm circumference (WINGS Survey, Save the children; 2014). Furthermore, analysis of Tables 3 to 6 and Figs. 1 and 2 also reflects man's superiority over woman.

Table 3: Gender Inequality in Sex-Ratio in India as per Census Data, 1951-2011.

<i>S.NO</i>	<i>Year</i>	<i>Sex Ratio(per1000)</i>	
		<i>Male</i>	<i>Female</i>
1.	1910	1000	964
2.	1930	1000	950
3.	1950	1000	945
4.	1970	1000	930
5.	1990	1000	927
6.	2001	1000	933
7.	2011	1000	940

Source: Census Data, Registrar General of India, GoI, 1951-2011.

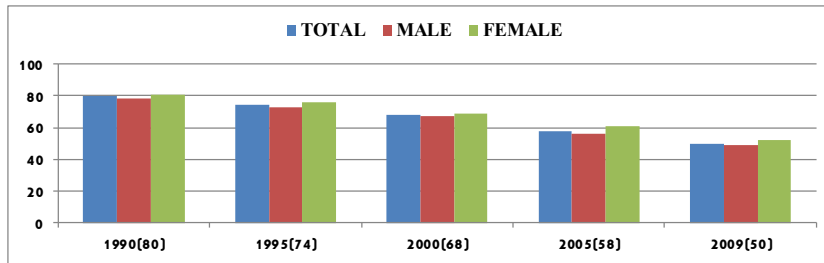


Fig. 1: Gender Differences in IMR in India

(IMR is Number of infant deaths per 1000 of live births)

Source: Sample Registration Survey 2011, Office of Registrar General, GoI

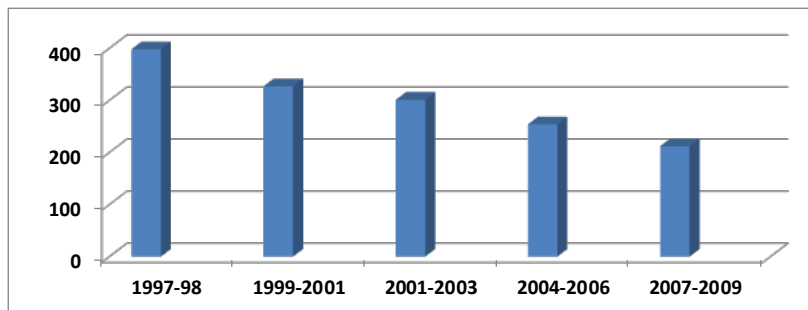


Fig. 2: MMR in India in Various Years (1997-2009)

(MMR is the number of women aged 15-49 years dying due to maternal causes per one lakh live birth)

Source: SRS Data, 2011, Office of Registrar General of India, GoI

Table 4: Teen-age Pregnancy of Women in India (2005-2006)

Country Total	Had a live birth (%)	First pregnancy (%)	Child bearing (%)
India (42.0 %)	12.1	3.9	16.0

Source: NFHS-3 Data, GoI

Table 5: Preference for Male Child in India (2005-2006)

Sex	Mean Ideal Number of preferences for			Percentage Who Wants	
	Son	Daughter	Either sex	More sons	More daughters
Male	1.0	0.7	0.6	20.0	2.0
Female	1.1	0.8	0.4	22.4	2.6

Source: NFHS-3 Data, GoI

**Table 6: Ever Use of Permanent Contraceptives by Sex in India
(2005-2006)**

<i>Age</i>	<i>Male Sterilisation (%)</i>			<i>Female Sterilisation (%)</i>		
	<i>Urban</i>	<i>Rural</i>	<i>Total</i>	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
15-19	0	0	0	1.5	1.0	1.1
20-24	0	0.3	0.2	12.1	14.0	13.5
25-29	0.1	0.9	0.6	30.2	35.0	33.5
30-34	0.6	1.1	1.0	43.4	49.3	47.3
35-39	1.3	1.0	1.2	51.4	54.2	53.2
40-44	2.0	2.2	2.2	52.4	54.2	53.6
45-49	4.2	3.7	3.9	53.5	53.8	53.7

Source: NFHS-3 Data, GoI

Sex-ratio in census data continuously shows a decline from year 1951 to 2001. However, in 2001 a slight increase was noticed due to government's awareness towards the importance of girl child, access to safe delivery and the strong punishments for sex determination. Gender gaps in IMR and Under Five Mortality Rates (U5MR) are also evident. State-wise and regional disparities were also visualised e.g. for states like Kerala and Tamil Nadu IMR is 12 and 28 and both achieved the MDG of 28, whereas, M.P. still lagged behind with IMR of 67. Similarly, U5MR shows a decline in last few decades but is lesser in urban areas (41) as compared to rural (71) and is high in States like M.P. (89) as compared to Kerala (14) for year 2009.

Health inequalities were also estimated by understanding the pattern of MMR, female vs. male sterilisation, preference for male child, and teenage pregnancies. While assessing these, it was found that there is a decline of 17 percent in case of national MMR from 2004-2006 (254) to 2008-2009 (212), showing improvement in access to healthcare. However, some regional imbalances were noticed, for instance, states like Kerala, Tamil Nadu, and Maharashtra reported MMR of 81, 97, and 104 respectively, whereas, Assam, U.P., Rajasthan, Bihar, and M.P. reported 390, 359, 318, 261, and 269 respectively.

Bhan (2001) highlighted the reasons behind the rise in MMR as infection, hemorrhage, obstructed labour, abortion, anemia, and lack of spacing. MMR is also related to the choice of son's preference and the incidence of teenage pregnancy. Tables 4 and 5 suggest that in year 2005-06, 42 percent of women accounts to teenage pregnancy indicating the violation of their basic Right to Health in terms of age of first pregnancy and their marriage.

Dipankar (2010) studied the reasons of giving preference to male child. The findings suggest that the belief that sons promises better returns than daughters as they stay back with their parents and take care of them in old age is the basic reason behind female feticides. Azad India Foundation supported the fact by reporting that India accounts for 19% of all live births and 27% of all maternal deaths across the globe and every 6th infant death is due to gender discrimination. If born, girls are breastfed less as compared to boys leading to nutritional deprivation. In addition, weaning period for girls was smaller as compared to males just to prepare women early in want of another male child. These inequalities resulted in 9% of excessive female infant deaths (NGO Azad India Foundation).

Chaudhuri (2012) uses NFHS (2005-06) data to highlight discrimination by stating that woman with more sons were less likely than those with more daughters to continue child bearing. She reported that at any given parity, the last born child of women who had stopped childbearing was more likely to be a son. This clearly indicates a more inclination towards the male child.

Pandey and Bhattacharya (2002) studied the gender differences in healthcare seeking behaviour during common illnesses of 530 children under 0-5 yrs. of age in a rural community of West Bengal from June 1998 to June 1999. The logistic regression analysis revealed that the chance of spending more money on boys' health was 4.2 times higher than that of girls and the boys were 4.9 times more likely to be seen by qualified doctors.

In context of practicing health rights, women's vulnerability is clearly visible as Table 6 indicates that women undergo permanent sterilisation more as compared to males across the nation not because they want it but their husband forced them to do. Bhardwaj (2014) reported that tubectomy contributes 38 % of India's family planning efforts while vasectomy just 1%. This is associated with a strong social myth that men loses their fertility due to sterilisation and may become weaker. State-wise analysis also shows disparity e.g. in Pondicherry 4 men were sterilised against 973 women; in Mizoram, 1713 women against no men; and in Lakshadweep, 47 women against no men. However, Delhi with a ratio of 6.5 is found to be the best state.

Rajeshwari (1996) related the health inequality in gender with the access to healthcare facilities (HCF) and educational status. Two villages, namely, Bhiwani having better healthcare facilities and Kurukshetra having poor healthcare services in Haryana were studied with a sample

size of 389 households. The findings reflect that women residing in HCF equipped regions e.g. Bhiwani were healthier as compared to Kurukshetra. Furthermore, the educational status of head of household was also making a positive impact on women's healthcare during pregnancy in both the regions. In many cases, sex-disparity vanished after getting education. Thus, education plays a significant role in reducing gender disparities on health promotion.

INEQUALITY IN WORKFORCE PARTICIPATION

Since ages, woman is given a lower status than man in terms of employment opportunities and wage distribution. As per UN estimates, the women does two-third of the world's work, but received 10% of world's income and own merely 1% means of production. In India, status of women is not much different.

Table 7: Gender Inequality in Labour Force Participation (Unorganised sector) in India, 2011

<i>Industry Division</i>	<i>Male (%)</i>	<i>Female (%)</i>	<i>Total (%)</i>
Cultivators	12.38	8.44	16.05
Agriculture Labours	10.38	9.96	10.77
Household Industry	1.65	1.65	1.64
Other Works	14.70	5.57	23.21
Total Working Population			
A. Main Working	30.43	14.68	45.13
B. Marginal Working	8.67	10.95	6.55
Total Non-working	60.90	74.37	48.32
Total Population	100	100	100

Source: Indian Labour Statistics, 2011, Ministry of Labour and Employment, GoI

Table 8: Female Participation in Organised Sector in India, 2011

<i>Year</i>	<i>Public sector participation</i>	<i>Private sector participation</i>	<i>Total (in Thousands)</i>
1992	2428.70	1479.30	3908.00
1996	2634.50	1791.90	4426.40
2001	2859.20	2090.10	4949.30

<i>Year</i>	<i>Public sector participation</i>	<i>Private sector participation</i>	<i>Total (in Thousands)</i>
2006	3002.80	2113.70	5120.50
2011	3170.64	2784.47	5954.11

Source: Directorate General of Employment & Training, GoI

Tables 7 and 8 clearly indicate that women participated mostly in agriculture and cultivator kind of jobs which brought fewer earnings to them. Comparing to public and private sector jobs, the representation of women is although more in public sector but the increase in engagement was still not high. Moreover, regional disparities exist in job selection.

Bhan (2001) documented agriculture as the largest sector in Indian economy involving women. Moreover, *dalit* and tribal women accounts for half of the female agricultural labourers but most of them are landless. In case of employment in formal sector, women's share was 4% against 10% of men.

The status of women in employment and the trends have not yet changed. For instance, Ahmad (1979) studied the trends in the employment of women in white-collar occupations and found only few occupations like teaching (74.7%), nursing (7.10%), clerical (1.7%), physicians (1%) and others (2.45%) where women get engaged. Further within these clusters most of them were in lower cadre jobs, whereas, very few were in Universities or in administrative positions. The findings also suggest that with equal education women used to get lower salaries and the proportion of highly trained and highly educated women was also substantial. The similar trend is noticed in present scenario.

Another issue associated with women's work is the low recognition, more involvement and lesser earnings. Indian woman gets involved in household work which is never counted and recorded anywhere. In villages, woman has to perform agricultural work along with household. When counted using time line method, woman's involvement in work (53hrs/ week) was found eight hours more than their male counterparts (45 hrs/ week) (Bhatia, 2002).

There are many factors responsible for creating bias against women. Caste is one such factor e.g. SC and ST women secured marginally lower GERs and secured high labour force participation as casual labourers. Similarly, by quoting Muslim Shariat Law and Hindu Rights belief he quoted religion as important factor as they encourages women to be primarily wives and mothers before all else (Bhan, 2001).

ILO related inequality in getting employment and wages with late educational involvement of women. The findings suggest that most of

the working women are still in education, doing secondary schools and by the time they reach higher education, they either become overaged or are less experienced to handle the higher tasks as performed by males (ILO's Global Employment Trends, 2013). Perry *et al.* (2012) also quoted women's lower education than man as a reason behind unequal wages for women.

Hence, from above findings, it is evident that a woman's space is lesser than man in employability.

GENDER INEQUALITY IN POLITICAL PARTICIPATION

The fourth variable used to assess the gender gaps was based on women's autonomy in decision-making, participation in political processes, and freedom to perform tasks. Table 9 shows the participation of women in the actual politics wherein a wide gap was noticed in women's participation showing politics as a man's primary domain.

Table 9: Participation in House of Parliament in India as on 1/10/2014

<i>S. No</i>	<i>House of Parliament</i>	<i>Total Seats</i>	<i>Elected Male</i>	<i>Elected Female</i>
1	Lok Sabha	543	481(88.58%)	62 (11.42%)
2	Rajya Sabha	243	214(88.07%)	29 (11.93%)
Total Participation in both Houses		786	88.32 %	11.67 %

Source: Indian Statistics in World classification of percentage of women in Parliament by Inter Parliamentary Union

Fainsod (1978) analysed causes and consequences of the political prominence of women in India and reported women's representation in parliament is not only less but also less prestigious. Since independence, women have been given ministries like tourism, education, information and broadcasting, health and family planning, railways rather than central ministries like finance, defence, agriculture and planning, urban and rural development etc. Similar is the status today indicating a bias against women in judging her capabilities on the grounds of being a man or woman.

Unlike participation in politics, the political empowerment of women depends on her autonomy at household. NFHS-2 data examined the

women's autonomy by using household autonomy index and mobility index. The results indicate that 43% of women had high autonomy followed by 34.9% moderate and 31.9% low respectively (NFHS, 2006).

POLICY RECOMMENDATIONS

Based on the state and region-wise gender disparities the following measures are suggested:

For Educational Attainment

- Community participation in school management committees needs to be enhanced.
- Access, retention, completion, and inclusion should be the primary concern for all policies and programmes related to education.
- Infrastructural and managerial support needs to be ensured at all levels of education.
- Gender mainstreaming and budgeting must be done in every institute.
- To deal with caste based disparity and the traditional beliefs of segregating genders in youthful years, the creation of more women-only schools and universities will help.

For Health and Survival

- Gender sensitivity in the governance & administration of health services need to be ensured.
- Social marketing of family planning methods needs more coverage.
- Policies must take into account socio-cultural and regional disparities.
- Accessibility, advancement, and monitoring of health services should be ensured.
- Use of media to spread positive messages must be promoted.
- People's concerns by giving tax benefits or other relaxations to families supporting single girl child or adopting girl child must be promoted.

For Workforce Participation

- Government must open career counseling centres and employment exchange centres in every village.

- Opening of different vocational courses and institutes of skill-based learning is required.
- Development of women as entrepreneurs must be ensured.
- Gender audits should be introduced in all institutions.
- Organisations must provide crèche and childcare facilities to women.

For Political Participation

- Formation of networks and associations of women from global to local level is required.
- Use of ICT to educate women about her civil and political rights must be promoted.
- NGOs must come up to secure women's rights and privileges.
- Women need to be sensitised at *Gram Panchayat* level to participate actively in politics.

CONCLUSION

Gender equations based on socio-economic and political variables are mostly safeguarding men. A woman, even though educated and provided with all kinds of welfare and legislative safeguards, is leading a miserable and dependent life. Majority of women do not retain their self-identity. These findings are not new but alarming as even after the passage of sixty-nine years of our independence, we have not brought independence to the lives of our women.

To combat this challenge, India needs sincere efforts from the side of policy makers, planners and administrators. Women must be incorporated in every development agenda. Essential need is to breed the root of equality right from our childhood so that a gender sensitive change is noticed in the minds of every Indian.

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