

## Gender Inequality

10.32. 'Gender bias' is a term commonly used to describe how far behind women have remained in seizing opportunities for improving their level of living. The Law treats women and men as enjoying equal rights. Focussing on gender issues in the context of the social sector development means empowering women as agents of socio-economic change. The Ninth Plan (1997-2002) specifically stipulated identifying 'Women Component Plans' for which at least 30 per cent of funds should flow to women development schemes. There are women specific welfare schemes/ programmes that receive funds under the annual Budgetary allocations such as Mahila Samridhi Yojana, Balika Samridhi Yojana, Working Womens Hostels, Swashakti Project, and other schemes – 29 identifiable women specific schemes that received Rs. 856.64 crores allocation in 2000-01 Central Government Budget as against Rs. 605.46 crore in 1999-2000 (RE).

10.33 The Department of Women and Child Development sponsored study undertaken by National Institute of Public Finance and Policy in its interim report: 'India – Gender Budgeting' in December 2000, has assembled very useful information that should help in focussing greater attention on women specific issues and facilitate greater inflow of developmental funds for women/child welfare schemes. Some interesting features of this study are highlighted below:

1. Apart from promoting equality among citizens, gender equality can benefit the economy through efficiency gains. For

example, the likelihood of children being enrolled in school goes up with their mother's educational level. Women's extra income also has a greater positive impact on household investments in nutrition, health and education of children, relative to extra income accruing to fathers. From the efficiency point of view, what is important is the social rate of return of investment in women, and in many cases, this can be greater than the corresponding rate for men.

2. While many public goods and services like defence are not amenable to gender partitioning, many others have a differential impact on the two sexes. For example, outlays for augmenting the supply of safe drinking water can benefit women more than men by cutting down on the time spent in fetching water from the river or ponds. The existing practice of budgeting does not pay any special attention to the impact of budgets on women.

## Status of women

3. **Health profile:** In India, the life expectancy at birth for females has increased from 44.7 years in 1971 to 60.9 years in 1994. The increase has been faster than that of men (Table 10.8). The life expectancy at birth for women in India, however, was lower than that for men until 1981. In 1991, life expectancy at birth of women surpassed that of men.

- 3.1. India's performance in women's health is a little better and slightly superior to

**Table 10.8**  
**India: Health Profile by Gender**

<b>Life Expectancy at Birth (years)</b>	1971	1981	1994
Male	46.4	50.9	59.7
Female	44.7	50.0	60.9
Total	45.6	50.4	60.3
<b>Infant Mortality Rate (per 1000 live births)</b>	1978	1988	1997
Male	123	96	70.3
Female	131	93	72.2
Total	127	94	71.2
<b>Child Mortality Rate (per 1000 live births under 5 years age)</b>	1970	1985	1997
Male	51.7	36.6	23.2
Female	55.1	40.4	25.3
<b>Maternal Mortality Rate (per 100,000 live births)</b>	1980	1993	1997
	468	437	408
<b>Source:</b> Sample Registration System (SRS) estimates, Office of Registrar General and Census Commissioner, New Delhi, Planning Commission and Economic Survey, 1999-2000.			

the average of the developing world (except in life expectancy) (Table 10.9) but is worse indicative to the average all medium human development countries (of which India is a member) as classified by UNDP. The performance is much worse than that of China and Sri Lanka in terms of life expectancy, infant mortality rate (IMR), child mortality rate (CMR) and maternal mortality rate (MMR).

3.2 Furthermore, there are large differences in female health attainment across states in India (Table 10.10). Life expectancy at birth varied widely between 53.8 years in Madhya Pradesh and 74.7 years in Kerala during 1989-93. Similarly, female infant mortality rate was a low of 12.9 in Kerala and a high of 98.1 in Orissa in 1997, while in the same year, the maternal mortality rate per 100,000 live births varied between 29 in Gujarat and 707 in Uttar Pradesh.

**Table 10.9**  
**Global Comparison of Selected Health Indicators for Females**

	Life expectancy at birth <sup>1</sup>	Infant mortality rate [IMR] <sup>2</sup>	Child mortality rate [CMR] <sup>3</sup>	Maternal mortality rate [MMR] <sup>4</sup>
<b>High Human Development</b>	<b>80.3</b>	-	-	-
Australia	81.2	5	-	-
<b>Medium Human Development</b>	<b>68.9</b>	-	-	<b>24.5</b>
Sri Lanka	75.6	16	20	-
China	72.3	48	11	65
Indonesia	67.5	43	20	450
<b>India<sup>a</sup></b>	<b>60.9</b>	<b>72.2</b>	<b>25.3</b>	<b>408</b>
Pakistan	65.6	73	104	-
<b>Low Human Development</b>	<b>51.9</b>	-	-	-
Bangladesh	58.7	79	116	440
Ethiopia	44.4	109	-	-
<b>All Developing Countries</b>	<b>66.4</b>	-	-	-
<b>South Asian Countries</b>	<b>63.6</b>	-	99	-
<sup>1</sup> Relates to 1998. Source UNDP Report, 2000. <sup>2</sup> Per 1,000 live births. Relates to 1995-2000. Source: United Nations Statistical Division, The World's Women 2000:Trends and Statistics. <sup>3</sup> Per 1000 under 5 years. Relates to 1990-97. Source: For China and Indonesia, World Development Indicators, 2000, World Bank, and for South Asian countries except India, Human Development Report in South Asia, 2000. <sup>4</sup> Per 100,000 live births. Relates to 1990-98. Source: Human Development Report, 2000. <sup>a</sup> Same source as Table 10.7.				

**Table 10.10**  
**India : Selected Health Indicators across States**

States	Life Expectancy at birth		Infant Mortality Rate		Maternal Mortality Rate
	1989-93		1997		1997
	Female	Male	Female	Male	
Andhra Pradesh	61.5	59.5	62.0	64.2	154
Assam	55.3	54.6	77.8	74.4	401
Bihar	57.2	59.7	71.1	71.6	451
Gujarat	61.1	59.0	62.5	62.2	29
Haryana	63.7	62.5	68.1	68.3	105
Karnataka	63.5	60.2	54.2	50.8	195
Kerala	74.7	68.8	12.9	11.5	195
Madhya Pradesh	53.8	54.1	90.0	98.3	498
Maharashtra	65.4	63.0	44.7	49.7	135
Orissa	55.3	55.7	98.1	94.5	361
Punjab	67.6	65.2	54.2	48.3	196
Rajasthan	58.5	57.4	96.2	74.7	677
Tamil Nadu	63.4	61.4	57.3	48.0	76
Uttar Pradesh	55.1	56.5	90.3	81.3	707
West Bengal	62.3	60.8	51.0	59.2	264

**Source:**

(i) Life Expectancy data is from Sample Registration System (SRS). Office of the Registrar General, India, New Delhi.

Department of Women and Child Development, Ministry of HRD.

(ii) IMR and MMR data are from SRS Bulletin (Volume 33) Registrar General, India.

3.3 The infant mortality rate (IMR) and child mortality rate (CMR) declined during the 1980s and 1990s, but are still very high in comparison with many other developing countries. In 1997, both the IMR and CMR for girls were higher than for boys by about 2 per 1000. MMR of 408, which translates to one maternal death in every 200 pregnancies, paints a disturbing picture of maternal healthcare.

3.4 There is a worrying problem of 'missing women' in India, and in fact the whole

of South Asia, where the ratio of women to men is abnormally low compared to the rest of the world. Excluding South Asia, the ratio of females to males is 106 to 100 in the rest of the world. In India, in 1991, the ratio was a little less than 93 to 100 (Table 10.11), which suggests that millions of women are "missing" from the population. They were either never

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5. **'Work' participation rate for women:** Women constitute 31 per cent of the adult labour force in India (Table 10.13). The share of women in the adult labour force is lower than their share in the population because, in most countries of the world, 'work' and labour force are defined to exclude all activities outside the purview of the System of National Accounts (SNA). Thus, the female share of the adult labour force even in Sweden is less than a half at 47 per cent.

5.1 Female Economic Activity Rate [FEAR] is defined as the proportion of the female population aged 15 years or more who furnish, or are available to furnish, the supply of labour for production of goods and services in accordance with the Systems of National Accounts [SNA]. Worldwide, FEAR is lower than that of males. In many countries, women are engaged predominantly in 'care sector' activities, such as home-based work, that are difficult to measure. These non-SNA activities are not accounted in FEAR. As a result, women's participation is significantly underestimated.

6. **Care sector:** A significant part of the contribution of a large section of society, especially women, towards the economy

**Table 10.13**  
**Women's Share in Labour Force and Participation: An International Comparison**

*(In per cent)*

Country	Share of women in the adult labour force	Female Economic Activity Rate (FEAR)
Sweden	47	65
Australia	43	53
China	45	74
India	31	41
Pakistan	13	13
Sri Lanka	36	41
South Africa	37	46
Gambia	44	70

**Note :** Data shown are for the latest year between 1990 and 1997.

**Source:** compiled and calculated from United Nations Statistics Division, *The World's Women 2000: Trends and Statistics*.

remains unrecognised in quantitative terms, or at best undervalued, because of the restricted definition of economic activity in national income accounting. Only market-oriented activities are considered 'economic'. Thus, for the purposes of economic valuation, much of the household and community work that is not marketed and hence has no market value attached remains outside the national income.