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Disparities in Development, Status of Women and Social Opportunities: Indian Experience

Deepti Gupta, Assistant Professor, University of Jammu (India).

Abstract: *The focus of this article is the comparative analysis of the seventeen major states of India, which have an intrinsic bearing on social, economic and human development. Inter-state comparison in the areas of economic well-being, health, education, human development index, status of women and social opportunities have been done. For comparing these dimensions of development, different variables like Gross State Domestic Product (GSDP) per capita, poverty estimate (head count ratio), Infant mortality rate (IMR) and Maternal mortality rate (MMR) Adult literacy rate, the elementary education dropout rate, Human Development Index (HDI), female literacy rate, sex ratio, maternal mortality rate, percentage of anemic women, percentage of women who have ever experienced spousal violence, percentage of married women who participate in household decisions, percentage of population having electricity, using piped drinking water and have access to toilet facilities. In the end of this article, the linkages between social opportunities, status of women and development has been calculated with the help of correlation and the results show the strong relationship between the three mentioned variables.*

1. Introduction

The scope of analysis in this paper is restricted to a comparative analysis of the emerging trends in seventeen major States of India in respect of a few key parameters, which have an intrinsic bearing on social, economic and human development. There are 28 States and 7 Union Territories in the Indian Union. The variables chosen for examination include those, which have a bearing on gender and equity issues. The seventeen States together account for more than 95.5 per cent of the population of India.[i] The remaining 4.5 per cent of the population is spread out in 11 smaller States and seven Union Territories including the National Capital Territory of Delhi.[ii] Leaving out these States and UTs from detailed study is mainly due to non-availability

of all relevant data and also to keep the data sets analytically and logistically manageable. The seventeen States taken up for the detailed study are Andhra Pradesh, Gujarat, Haryana, Himachal Pradesh, Karnataka, Kerala, Maharashtra, Punjab, Tamil Nadu, Assam, Bihar, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh, West Bengal and Jammu and Kashmir.

India has been ranked 128th out of 177 nations in terms of UNDP's Human Development Index (HDI) and is classified in the group Middle Human Development with an HDI of 0.619 for the year 2005.[iii] Human Development Index (HDI) measures the overall achievement of a country in three basic dimensions --- longevity and health, education and knowledge and a decent standard of living. At this level, India's position is lower than that of several Newly Industrialized Countries (NICs) of South East Asia like Indonesia and Malaysia and also that of countries like China and Sri Lanka. It is worth mentioning here that the low per capita income of the country does not mean low level of Human Development. Even with limited funds and their proper allocation, substantial improvement in human capital can be secured. Even Sri Lanka and China with low per capita incomes have secured higher levels of human development -- their development efforts were initiated at about the same time as that of India (Joshi, 2006: 203). One of the principal reasons for this low ranking is poor achievement in social sector and less availability of social opportunities. The experience of 'miracle economies' of South East Asia provide eloquent testimony to the fact that the real wealth of a nation lies not in 'material resources' but in 'human resources' (Joshi, 2006: 203).

Inter-State Comparison:

Inter state variations in the content and quality of governance, degree of efforts towards mobilization of resources, level of effectiveness of decentralized institutions and community-based organizations have now emerged as factors strongly influencing the movement of the concerning state towards achieving higher level of human development (Dreze and Sen, 1995: 51). Within India, the disparities are

so great that one could speak of the existence of a Southeast Asian type of situation in some parts of the country and that of a sub-Saharan African situation in others, with the rest falling in between these two well-performing and ill-performing types. Basing ourselves on a number of indicators, the six best performing states are Kerala and Tamil Nadu in the South, forming one geographical block and Punjab, Himachal Pradesh and Haryana forming another block in the north-west with Maharashtra in the middle-west.

The bottom five worst performing states – Bihar, Madhya Pradesh, Rajasthan, Uttar Pradesh and Orissa – form one single large geographical block that demands a far more serious and concerted public and intellectual attention than it has received so far. One should note that it is not only the *Bimaru* states (denoting the first four) but also Bimaru plus in which Orissa occupies a prominent place. In fact, a more detailed examination reveals that Orissa is closer to Bihar in its non-performance than to Madhya Pradesh and Rajasthan, which seem to show some signs of positive change. The group of these *Bimaru states* account for nearly 40 percent of the total population of the country according to 2001 census. All the States, except Assam, Orissa and West Bengal in the backward group had a higher contribution to population growth than their share in population. Thus, Uttar Pradesh's contribution to population growth was 25.8 per cent against its population share of 16.2 per cent and Bihar's contribution was 28.4 against its share of population of 8.07 per cent.

States like Kerala and Tamil Naidu, which have already reduced their birth rates to the levels, which are comparable to those of developed countries and have achieved the replacement level of total fertility rate (TFR) of 2.1. Total fertility rate means the number of children that would be born to each woman if she were to live to the end of her

child-bearing years and bear children at each age in accordance with prevailing age-specific fertility rates (UNDP, 2004: 270). The better performing four States of the country (Haryana, Punjab, Himachal Pradesh and Maharashtra) are expected to reach the replacement level of TFR by 2025, one year in advance of the projected year of attainment of replacement level of TFR by the country. On the other hand, the seven States in the backward group are at different stages of demographic transition. Some of them like Uttar Pradesh, Bihar, Madhya Pradesh and Rajasthan continue to experience high birth rates and fairly low levels of death rates and a significantly high level of TFR. On the other hand, States like Assam, Orissa and West Bengal have somewhat moderate birth and death rates and relatively moderate TFR. These three States are expected to reduce their TFR to replacement level well before the country's TFR comes down to that level. As against this, Bihar is expedited to reduce TFR to replacement level by 2039, Rajasthan by 2048, Madhya Pradesh by 2060 and Uttar Pradesh beyond 2100.

There are wide variations among various states of India, regarding different indicators, such as Income Poverty, Total Literacy Rate, Infant Mortality Rate, Sex Ratio, and many more. Table 1 portrays the profoundly disturbing extremes among the states. The Human Development Index of Kerala in the year 2001 is closer to that of Indonesia and Vietnam (HDI rank 111 and 112 respectively) and at least 20 countries above that of India. The HDI of Bihar is closer to the bottom eight of the total of 177 countries in 2001. In fact, there were only eight countries, all in Africa, that were closer to or less than the HDI value of Bihar. The internal disparity is sharply portrayed by the fact that Bihar's attainment is only half that of Kerala. Examining the Human Poverty Index (HPI), which is a measure of deprivation, the disparity is sharper with Kerala indicating one-fifth of its population as deprived, whereas in Bihar the proportion is more than two-and-a-half times that of Kerala.

Table 1

Disparities in Performance: The Best and The Worst Performing States in India

S. No.	Indicators	Best performer	Worst performer
1	Human development index (2001) value	Kerala (0.638)	Bihar (0.367)
2	Income poverty, 2001 (percentage of population)	Jammu and Kashmir (3.48)	Orissa (47.15)
3	Total literacy, 2001 (percentage of population)	Kerala (90.9)	Bihar (47.5)
4	Infant Mortality Rate (per 1000 births), 2001	Kerala (16)	Orissa (98)
5	Sex Ratio, 2001 (females per 1000 males)	Kerala (1058)	Haryana (861)
6	Gender disparity index (1991) value	Kerala (0.825)	Bihar (0.469)
7	Female literacy rate, 2001 (percentage of population)	Kerala (87.9)	Bihar (33.6)
8	Total fertility rate, 2005-06	Andhra Pradesh and Tamil Naidu (1.8)	Bihar (4)
9	Under weight children, 2005-06 (percentage)	Punjab (27)	Madhya Pradesh (60)

10	Households with piped drinking water, 2005-06 (percentage)	Tamil Naidu (84.2)	Bihar (4.2)
11	Kutcha housing, 2005-06 (percentage of households)	Kerala (15.9)	Assam (80.3)
12	Households with toilet facility 2005-06 (percentage)	Kerala (96)	Orissa (19.3)
13	Households with electricity, 2005-06 (percentage)	Himachal Pradesh (98.4)	Bihar (27.7)
14	Married women who participate in household decisions, 2005-06 (percentage)	Maharashtra (63.8)	West Bengal (38.1)
15	Women who have ever experienced spousal violence 2005-06 (percentage)	Himachal Pradesh (6.2)	Bihar (59)
16	Anemic women, 2005-06 (percentage)	Kerala (32.3)	Assam (69)
17	Maternal Mortality Rate, 2001	Gujarat (28)	Uttar Pradesh (707)

Sources: 1.Government of India, Ministry of Health and Family Welfare, *National Family Health Survey 3: 2005-2006*, URL: http://www.nfhsindia.org/pdf/JM.pdf.
2. Indira Gandhi Institute of Development Research, *India Development Report 2004-05* (New York: Oxford University Press, 2005).
3. International Institute for Population Sciences, *National Family Health Survey-3: State Volumes* (Mumbai: IIPS, 2006).
4. Government of India, Census of India, 2001. URL www.censusindia.net/

Out of the 16 variables selected in table 1, Kerala is the best performing state in nine of the variables while Bihar is the

worst performing state in eight of the above mentioned variables. Himachal Pradesh and Tamil Naidu are best in two variables each, while Maharashtra, Andhra Pradesh, Jammu and Kashmir, Punjab and Gujarat are best performers in one variable each. Among the worst performers, other than Bihar, Orissa's performance is worst in three variables and Assam's in two variables, while Uttar Pradesh, Haryana, Madhya Pradesh and West Bengal share one variable each.

Inter-State Comparison in Economic Status:

India is characterized by enormous variations in regional experiences and achievements. Even in terms of the standard economic indicators, these diversities are quite remarkable. For comparing the economic status of various states in India, two variables in the form of Gross State Domestic Product Per Capita (GSDP) and Poverty Estimate (head count ratio) for states has been gathered and analyzed. Some states, such as Maharashtra, Punjab, Gujarat, and Haryana, have become much richer than others based on a far better growth performance. Compared with India's Gross Domestic Product Per Capita of Rs. 11,433 in 2001, Maharashtra's figure is Rs. 16,865 and Punjab is at Rs. 16,848.[iv] The worst performer in Gross State Domestic Product Per Capita is Bihar followed by Orissa and Uttar Pradesh at Rs. 3656, Rs. 6236, and Rs. 6500 respectively (see table 2).

Indian economy has been growing at a rate of around 6.5-7 per cent in recent years as against 2.5-3 per cent earlier. Poverty has come down over the decades, but is still at an unacceptable level. While economic well-being is only one aspect of human development, its absence or denial is a disability, which obstructs access to human well-being in all its dimensions. The removal of poverty must, therefore, remain a priority for public policy, and this requires

sustained generation of national wealth and income. In theory, the faster the economy grows, the quicker should poverty be removed. But in practice, this does not automatically follow as per expectations. It needs the intervention of strategies and policies for fair and equitable distribution of economic power with a view to enlarge the freedoms and choices of the poor.

While taking into consideration, Poverty Estimate (head count ratio) for the year 2001, it was observed that the average poverty estimate was 26.10 for whole of India and Orissa, Bihar and Madhya Pradesh were the three states with maximum amount of poverty. In Jammu and Kashmir, Punjab, Haryana and Himachal Pradesh, it was below 10 per cent with J&K at the top with just 3.48 per cent (see table 2).

Table 2
Per Capita Gross State Domestic Product at constant prices (2001) and Poverty Estimate (head count ratio), 2001 :Inter-State Comparison

S. No	States	Per Capita Gross State Domestic Product at constant prices (2001)	Poverty Estimate (head count ratio), 2001
1	Maharashtra	16,865	25.02
2	Punjab	16,842	6.16
3	Gujarat	15,779	14.07
4	Haryana	15,716	8.74
5	Tamil Naidu	13,859	21.12
6	Karnataka	12,619	20.04
7	Himachal Pradesh	12,027	7.63
8	Kerala	11,340	12.72
9	Andhra Pradesh	10,665	33.47
10	West Bengal	10,236	27.02

11	Rajasthan	9569	15.28
12	Madhya Pradesh	8495	37.43
13	Jammu and Kashmir	7399	3.48
14	Assam	6762	36.09
15	Uttar Pradesh	6500	31.15
16	Orissa	6236	47.15
17	Bihar	3656	42.60

Source: Indira Gandhi Institute of Development Research, *India Development Report 2004-05* (New York: Oxford University Press, 2005).

Inter-State Comparison in Health Status:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Everyone have the right to the enjoyment of the highest attainable standard of physical and mental health. The enjoyment of this right is vital to their life and well-being and their ability to participate in all areas of public and private life (World Health Organization, 2000). Improvement in the health status of a population is recognized as instrumental for increasing productivity and economic growth, as well as it is an end in itself.

For the comparative analysis of health status in Indian states, two variables representing the health condition were taken into account. They were Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR).

The Infant Mortality Rate (IMR) has been declining steadily in India and it had achieved reductions from 146 per 1000

live births in 1951 to 71 per 1000 live births in 2001. Over these years, the real cause of concern was that the rate of decline in IMR slowed considerably after 1993. Prior to 1993, the average decrease in IMR was around 3 points per year, but from 1993 onwards, the decline in IMR recorded has been of the order of only 1.5 points per year. More recently, between 1998-2001, the average rate of decline has picked up and is closer to 2.25 points per year. Among other interventions, there is need to quickly improve health system response and quality, starting from pregnancy to after delivery, which include increase in skilled birth attendance at childbirth with adequate supplies, equipment and access to referral facilities and simultaneously improve access to essential new born care and management of new born complications.

The average IMR of India is 71 and there are five Indian states that have IMR at more than this level. They are Orissa (98), Madhya Pradesh (97), Uttar Pradesh (85), Rajasthan (83) and Assam (78). The lowest IMR is in Kerala at 16. The diversity in the states regarding this variable is visible from the fact that, on the one hand, there is state like Kerala and on the other there is Orissa and Madhya Pradesh.

India has an unacceptably high Maternal Mortality Ratio (MMR) of 407 per 1,00,000 live births (Government of India, 2002: 26). Maternal mortality is not merely a health disadvantage, but also a reflection of social and gender injustice. The low social and economic status of girls and women limits their access to education, appropriate nutrition, as well as health and family planning services. All these directly impacts pregnancy outcomes. The overriding causes of the high Maternal Mortality Ratio across India are the absence of a skilled birth attendant at delivery, poor access to emergency obstetric care in case of a complication and no reliable referral system (with easy mobility), to ensure that women who experience complications can reach life-saving emergency obstetric care in time. Any skilled birth attendant, however proficient she may be, also needs the back up of a functioning health system and cannot succeed without drugs, equipment and infrastructure. Minimal infrastructure for appropriate pregnancy outcomes like access to safe blood, functioning operation theatres (with

electricity and running water), anesthetists, and skilled birth attendants is simply not available on the scale required causing high maternal mortality.

While analyzing the Maternal Mortality Ratio (per 1 lakh live births) of seventeen Indian states it was observed that the data for the two states in the year 2001 was not available. Out of the remaining fifteen states, Uttar Pradesh was on the top with maximum amount of maternal deaths (707), while Gujarat was at the bottom with MMR at 28. Gujarat (28) and Tamil Nadu (79) are the two Indian states with MMR below 100. Six states with MMR above 300 were Orissa (367), Assam (409), Bihar (452), Madhya Pradesh (498), Rajasthan (670), and Uttar Pradesh (707). Other states with MMR between 100 and 300 were Haryana (103), Maharashtra (135), Andhra Pradesh (159), Karnataka (195), Kerala (198), Punjab (199) and West Bengal (266). In table 3, data related to IMR and MMR concerning various selected states of India has been presented.

Table 3

Infant Mortality Rate (2001) and Maternal Mortality Rate (2001): Inter-State Comparison

S. No	States	Infant Mortality Rate (per 1000 live births), 2001 *	Maternal Mortality Rate (per I lakh live births), 2001 #
1	Maharashtra	49	135
2	Punjab	54	199
3	Gujarat	64	28
4	Haryana	69	103
5	Tamil Naidu	53	79

6	Karnataka	58	195
7	Himachal Pradesh	64	NA
8	Kerala	16	198
9	Andhra Pradesh	44	159
10	West Bengal	53	266
11	Rajasthan	83	670
12	Madhya Pradesh	97	498
13	Jammu and Kashmir	45	NA
14	Assam	78	409
15	Uttar Pradesh	85	707
16	Orissa	98	367
17	Bihar	67	452

Sources: * Indira Gandhi Institute of Development Research, *India Development Report 2004-05* (New York: Oxford University Press, 2005).
Government of India, *Women and Men in India 2002* (New Delhi, Ministry of Statistics and Programme Implementation, Central Statistical Organization, 2002).

Inter-State Comparison in Educational Status:

Literacy is prerequisite for development. Literacy as a qualitative attribute of the population is one of the most important indicators of the social, economic, political and human development of a society. It is a major component of human resource development and is thus basic to any programme of social and economic progress.

Post-independent India inherited a system of education which was characterized by large scale inter and intra-regional imbalances. The system educated a select few, leaving a wide gap between the educated and the illiterate.

Educational inequality was aggravated by economic inequality, gender disparity and rigid social stratifications. Since independence, there has been a growing realization that development would never become self-sustaining unless it is accompanied by corresponding changes in the attitudes, values, knowledge and skills of the people as a whole and the only way this change can be accomplished is through education.

According to 2001 census, the literacy rate for the country is 65.4 per cent. Nine States, comprising of Gujarat, Haryana, Himachal Pradesh, Karnataka, Kerala, Maharashtra, Punjab, Tamil Nadu, and West Bengal, have literacy rates above the national average. Their rates vary from 90.9 per cent in Kerala to 67.0 per cent in Karnataka. On the other hand, eight states out of selected seventeen states have literacy rates below the national average. They vary from 64.3 per cent in Assam to as low as 47.5 in Bihar.

Elementary Education Dropout Rate:

Elementary education includes schooling in primary and middle school levels, that is, grade 1 through 8 in some states and 1 through 7 in others. The dropout rate measures the percentage of students leaving school before completion. About 40 percent of student's dropout before completing the primary level and this figure increases with higher classes.

The female dropout rate is higher than males. Poor economic status of families also increases the probability of children to help out in economic and household activities; other factors include lack of interest, low economic returns to education,

etc. Dropping out of school, therefore, is a combination of a household's requirements, accessibility of educational institutions, and the quality of education.

The quality of school education, pupil to teacher ratios, teaching curricula, etc. have to be in line with the requirements of the beneficiaries (i.e., children and their parents). School infrastructure is also a determining factor of dropout rate. The Indian state aims to make elementary education universal but the high dropout rate points to an overall lack of preparedness, of the schooling system. Schools in India, especially government schools, are marked by widespread neglect and inadequate infrastructure with respect to number of teachers, teaching aids, dilapidated buildings, and lack of essential facilities such as drinking water, working toilets, etc.

Dropout Rate in Indian States:

An analysis of the drop-out rate indicates an average drop-out of 10.64 per cent among primary grades. This shows that as many as 10.64 per cent children enrolled in Grades I to V dropped out from the system before completion of a primary grade. In many states, drop-out rate in Grade I is noticed to be alarmingly high which suggests need for careful examination and appropriate strategies to check drop-out rate. In a few states, drop-out rate even comes out negative which is largely because of the inconsistent enrolment data. Among major states, Rajasthan has a very high (24.97 percent) drop-out rate in Grade I. Bihar (14.44 per cent), Haryana (15.08 per cent), Orissa (15.21 per cent), and West Bengal (18.24 per cent) also have very high drop-out rate in Grade I. Unlike Grade I, Grade II, III and IV have lower drop-out rate and the same varies between 6 to 7 per cent. However, a few states, such as, Andhra Pradesh (Grades II, III and IV), Rajasthan (Grade II and III), Uttar Pradesh (Grade III), Maharashtra (Grade IV) and West Bengal (Grade IV) reported high drop-out rates even more than that of the primary grades (Mehta, 2005).

Tamil Nadu, Kerala and Gujarat, falls in the group, which has below 5 per cent drop-out rate. Assam, Karnataka, Maharashtra, Himachal Pradesh, Bihar, and Punjab have average drop-out rate between 5 to 10 per cent. In rest of the states, Orissa, Haryana, West Bengal and Madhya Pradesh have drop-out rate in primary classes between 10-15 per cent. Out of 17 states covered, only three states have an average drop-out rate of above 15 percent in primary classes. The states are Uttar Pradesh, Rajasthan and Andhra Pradesh.

Inter-State Comparison of Human Development Index (HDI):

The first ever National Human Development Report (NHDR) brought out by the Planning Commission of India has estimated the value of Human Development Index (HDI) of the States and the Union Territories for the years 1981, 1991 and 2001. The HDI is a composite of variables capturing attainments in three dimensions of human development, viz., economic, educational and health care. The HDI for the country as a whole improved from 0.302 in 1981 to 0.472 in 2001. Kerala remains at the top of the NHDR table with an HDI of 0.638 in 2001 while Orissa is almost at the bottom of the list, with an index of 0.267 in 1981, 0.345 in 1991 and 0.404 in 2001. Bihar has the lowest HDI value with 0.367 for 2001. Indian states, which have done well in terms of HDI in 2001, are Punjab (0.537), Tamil Nadu (0.531) and Maharashtra (0.523).

Table 4
Human Development Index (Values) for 1981and 2001: Inter-State Comparison

S.No	States	HDI value, 1981	HDI value, 2001

1	Kerala	0.500	0.638
2	Punjab	0.411	0.537
3	Himachal Pradesh	0.398	NA
4	Tamil Nadu	0.343	0.531
5	Maharashtra	0.363	0.523
6	Haryana	0.360	0.509
7	Gujarat	0.360	0.479
8	Karnataka	0.346	0.478
9	West Bengal	0.305	0.472
10	Jammu and Kashmir	0.337	NA
11	Andhra Pradesh	0.298	0.416
12	Assam	0.272	0.386
13	Rajasthan	0.256	0.424
14	Orissa	0.267	0.404
15	Madhya Pradesh	0.245	0.394
16	Uttar Pradesh	0.255	0.388
17	Bihar	0.273	0.367
18	All India	0.302	0.472

Note: No estimate was made for Himachal Pradesh and Jammu and Kashmir in 2001.

Source: Indira Gandhi Institute of Development Research, *India Development Report 2004-05* (New York: Oxford University Press, 2005).

While carefully analyzing table 4, it was observed, that during the last twenty years from 1981 to 2001, the maximum amount of increase in HDI value was in Tamil Nadu, as it ranked at 8th position in 1981 and in 2001 its rank shifted to 3rd position. Moreover, its HDI value shifted from 0.343 in 1981 to 0.531 in 2001, with almost 188 points increase in HDI value. During the last twenty years, Bihar

witnessed the slowest growth as its HDI value rose to only 94 points and remained at the bottom position.

Inter-State Comparison of Status of Women:

Inequality between men and women is one of the most crucial disparities in many societies, and this is particularly so in India. Differences in female and male literacy rates are one aspect of this broader phenomenon of gender-based inequality in India. In much of the country, women tend in general to fare quite badly in relative terms compared with men, even within the same families. This is reflected not only in such matters as education and opportunity to develop talents, but also in the more elementary fields of nutrition, health, and survival. Indeed, the mortality rates of females tend to exceed those of males until the late twenties, and even the late thirties in some states, and this-- as known from the experiences of other countries-- is very much in contrast with what tends to happen when men and women receive similar nutritional and health care (Sen, 1992). One result is a remarkably low ratio of females to males in the Indian population compared with the corresponding ratio not only in Europe and North America, but also in sub-Saharan Africa. The problem is not, of course, unique to India, but it is particularly serious in this country, and certainly deserves public attention as a matter of major priority (Dreze and Sen, 1995: 140).

Thus, for comparing status of women in various states of India, different variables such as female literacy, sex ratio, maternal mortality rate, percentage of anemic women, married women who participated in household decisions, women who have ever experienced spousal violence and gender disparity index for various states have been taken into account.

Female Literacy

The problem of illiteracy is further aggravated by social constraints, which inhibit female literacy and educational development of women. Inequality between genders is one of the most crucial and yet one of the most persistent disparities in India, where differences in female and male literacy rates are glaring, more so in the rural areas and among the disadvantaged sections of society.

Since independence, girl's education has been a prime agenda for national development. However, when India attained independence 60 years ago, it was a formidable challenge that the new government had to face. The national Female Literacy Rate was alarmingly low at 8.9 per cent; Gross Enrolment Ratio (GER) for girls was 24.8 per cent at primary level and 4.6 per cent at the upper primary level (in the 11 – 14 years age group). Social and cultural barriers to education of women and lack of access to organized schooling were the issues to be addressed immediately after independence.

Significant progress has been made in the field of female literacy, which has been increasing at a faster rate as compared to male literacy from 1981 onwards. Consequently, the male-female literacy differential at 26.62 percentage points in 1981 was reduced to 24.84 percentage points in 1991, which has further been reduced to 21.6 in 2001, when growth in female literacy was higher at 14.41 percentage points as compared to corresponding figure for males at 11.17. All states have registered an increase in literacy rates and 60 per cent male literacy has been achieved without exception (Census of India, 2001).

Census of India 2001 indicates that the gender gap in literacy has come down for the country from 24.8 percentage points in 1991 to 21.7 percentage points in 2001. Now the male literacy is 76.0 per cent and female literacy is 54.3. The gender gap in literacy is as low as 6.3 percentage points in Kerala and as high as 32.1 percentage points in Rajasthan. There appears to exist a strong inverse relationship between the gender gap in literacy and the status of women in society. Also, there is a fairly well established inverse

empirical relationship between the female literacy and TFR. The national as well as international experience is that with higher female literacy rate, birth rate comes down irrespective of the social backgrounds, religious beliefs and income levels.

Table 5

Male-Female Literacy Rate (2001): Inter-State Comparison

States	**Persons**	**Male**	**Female**	**Male-Female Gap**
Andhra Pradesh	61.1	70.9	51.2	19.7
Gujarat	70.0	80.5	58.6	21.9
Haryana	68.6	79.3	56.3	23
Himachal Pradesh	77.1	86.0	68.1	17.9
Karnataka	67.0	76.3	57.5	18.8
Kerala	90.9	94.2	87.9	6.3
Maharashtra	77.3	86.3	67.5	18.8
Punjab	70.0	75.6	63.6	12
Tamil Nadu	73.5	82.3	64.6	17.7

Assam	64.3	71.9	56.0	15.9
Bihar	47.5	60.3	33.6	26.7
Madhya Pradesh	64.1	76.8	50.3	26.5
Orissa	63.6	76.0	51.0	25
Rajasthan	61.0	76.5	44.3	32.2
Uttar Pradesh	57.4	70.2	43.0	27.2
West Bengal	69.2	77.6	60.2	17.4
All India	65.4	75.9	54.2	21.7

Source: Government of India, Census of India 2001, URL www.censusindia.net/

Sex Ratio:

India has an exceptionally low female-male ratio or Sex Ratio. This problem is not, of course, equally acute in every region of India. There are large variations in sex ratio between different states. It is particularly low in large parts of north India, especially the north-western states (e.g. 861 in Haryana, 874 in Punjab, 898 in Uttar Pradesh and 900 in Jammu and Kashmir), and comparatively high in the south (e.g. 986 in Tamil Nadu, 978 in Andhra Pradesh and 964 in Karnataka), according to 2001 census of India (see table 6). In Kerala, the female-male ratio is well above unity; in fact, it is as high as 1058, a figure comparable to that of Europe and North America.[v]

These regional patters of sex ratios are consistent with what is known of the character of gender relations in different

parts of the country. The north-western states, for instance, are notorious for highly unequal gender relations, some symptoms of which include the continued practice of female seclusion, very low female labour-force participation rates, a large gender gap in literacy rates, extremely restricted female property rights, strong boy preference in fertility decisions, widespread neglect of female children, and drastic separation of a married women from her natal family. In all these respects, the social standing of women is somewhat better in south India. And Kerala, of course, has a distinguished history of a more liberated position of women in society (Dreze and Sen, 1995: 142-3). Important aspects of this history include a major success in the expansion of female literacy, considerable prominence of women in influential social and political activities, and a tradition of matrilineal inheritance for an important section of the population.[vi]

Table 6
Sex Ratio (2001), Maternal Mortality Rate (2001) and Percentage of Anemic Women (2005): Inter-State Comparison

S.No	**States**	Sex Ratio (2001) @	Maternal Mortality Rate (2001) #	Percentage of Anemic women (2005) *
1	Kerala	1058	198	32.3
2	Punjab	874	199	38.4
3	Himachal Pradesh	970	NA	40.9
4	Tamil Nadu	986	79	55.3
5	Maharashtra	922	135	49
6	Haryana	861	103	56.5
7	Gujarat	921	28	55.5

8	Karnataka	964	195	50.3
9	West Bengal	934	266	63.8
10	Jammu and Kashmir	900	NA	53.1
11	Andhra Pradesh	978	159	62
12	Assam	932	409	69
13	Rajasthan	922	670	53.1
14	Orissa	972	367	62.8
15	Madhya Pradesh	920	498	57.6
16	Uttar Pradesh	898	707	50.8
17	Bihar	921	452	68.3
18	All India	933	407	56.2

Note: No estimate of MMR was made for Himachal Pradesh and Jammu and Kashmir in 2001.

Sources: @ Indira Gandhi Institute of Development Research, *India Development Report 2004-05* (New York: Oxford University Press, 2005).

Government of India, *Women and Men in India 2002* (New Delhi, Ministry of Statistics and Programme Implementation, Central Statistical Organization, 2002), p.20.

* International Institute for Population Sciences, *National Family Health Survey-3:State Volumes* (Mumbai: IIPS, 2006).

Maternal Mortality Ratio:

Maternal Mortality ratio has already been discussed and analyzed earlier in this paper in the section concerning inter-state comparison of health status (refer to page number 9-11).

Table 6, presents sex ratio of different states along with maternal mortality ratio and percentage of anemic women in every state. These three indicators together point toward the plight of health status of women in different Indian states.

Percentage of Anemic Women:

As mentioned earlier, the percentage of anemic women in each state depicts the low health status of women. Health, which have both intrinsic and instrumental importance, influence the overall development and welfare of women. In India 56.2 per cent women are anemic and the worst situation is in the states of Assam (69 per cent), Bihar (68.3 per cent), West Bengal (63.8 per cent), Orissa (62.8 per cent) and Andhra Pradesh (62 per cent), where more than 60 per cent women are anemic. Kerala (32.3 per cent) has the least number of anemic women in India but its number is still very high as compared to other countries. All other states except four states (Kerala, Punjab, Himachal Pradesh and Maharashtra) have more than 50 per cent of their women, anemic (see table 6).

Women who have ever experienced spousal violence:

In Indian society the extent of crime against women is raising and the most common and most severe forms of crime against women is domestic violence perpetrated by husband. Violence against women is not only a manifestation of sex inequality, but also serves to maintain the unequal balance of power. In some cases, perpetrators consciously use violence as a mechanism for subordination. For example, violence by intimate partners is often used to demonstrate and enforce a man's position as head of the household or relationship.

Thus, one of the most common forms of violence against women is that perpetrated by a husband or other intimate male partner —often termed domestic violence—takes various forms, including physical violence ranging from slaps, punches, and kicks to assaults with a weapon and homicide; and sexual violence takes forms such as forced sex, or forced participation in degrading sexual acts. These

are frequently accompanied by emotionally abusive behaviors such as prohibiting a woman from seeing her family and friends, ongoing belittlement or humiliation, or intimidation; economic restrictions such as preventing a woman from working, or confiscating her earnings; and other controlling behaviors (Watts and Zimmerman 2005: 1229-38).

National Family Health Survey (NFHS)-3 gathered information related to the women who have ever experienced spousal violence in different states of India. After analyzing the information provided by NFHS-3, it was observed that, out of the seventeen states identified for research, Himachal Pradesh and Jammu and Kashmir were ranked at top with least number of women who have ever experienced spousal violence. In Himachal Pradesh only 6.2 per cent and in Jammu and Kashmir 12.6 per cent women said that they have experienced spousal violence in some form. While in Kerala (16.4 per cent) and Karnataka (20 per cent) were the other two states where it was below 25 per cent. Maximum amount of spousal violence was experienced by women in the state of Bihar, where it was 59 per cent. States, which had more than 40 per cent women who experienced spousal violence, are Rajasthan, Madhya Pradesh, Uttar Pradesh, Tamil Nadu and West Bengal (see table 7).

Table 7
Percentage of women who have ever experienced Spousal Violence and percentage of married women who participate in Household Decisions (2005-06): Inter-State Comparison

S. No	States	Percentage of women who have ever experienced spousal violence, 2005-06	Percentage of married women who participate in household decisions 2005-06
1	Kerala	16.4	62.5

2	Punjab	25.4	52.3
3	Himachal Pradesh	6.2	52.1
4	Tamil Nadu	41.9	69.2
5	Maharashtra	30.7	63.8
6	Haryana	27.3	56.3
7	Gujarat	27.6	56.7
8	Karnataka	20	47.4
9	West Bengal	40.3	38.1
10	Jammu and Kashmir	12.6	38.9
11	Andhra Pradesh	35.2	55.7
12	Assam	39.6	70.1
13	Rajasthan	46.3	40.2
14	Orissa	38.5	55.3
15	Madhya Pradesh	45.8	46.7
16	Uttar Pradesh	42.4	48.2
17	Bihar	59	46.3
18	All India	37.2	52.5

Source: International Institute for Population Sciences, *National Family Health Survey-3: State Volumes* (Mumbai: IIPS, 2006).

Married women who participate in Household Decisions:

The extent of female involvement in decision making at household level is another indicator of female autonomy and

empowerment with in the household and in community. Many a times women are not even consulted in household matters and this further delimits her status in the house (Siddiqui, Hamid and Akhtar 2003: 178). National Family Health Survey-3 in its findings, mentioned about the percentage of married women who participate in household decisions in each state. Assam tops the list of selected seventeen states, as 70.1 per cent of married women participated in household decisions. Six states namely, West Bengal, Rajasthan, Bihar, Madhya Pradesh, Uttar Pradesh and Karnataka have less than 50 percent of their married women who participate in household decisions (see table 7).

Inter-State Comparison in provision of Social Opportunities:

Social opportunities, which include provision of basic public services such as healthcare, child immunization, primary education, social security, environmental protection and rural infrastructure, are essential aspects of development. For the purpose of research, three variables i.e. percentage of population having electricity, using piped drinking water and having access to toilet facilities, have been taken into account. Data related to these variables was gathered from National Family Health Survey-3 (2005-06).

In table 8, it was observed, that on the one hand, there are five states in India, which have more than 90 per cent of their households having access to electricity facility while on the other hand, there is Bihar with just 27.7 per cent of its households with this facility. Five states with more than 90 per cent electricity facility to households are Himachal Pradesh (98.4 per cent), Punjab (96.3 per cent), Jammu and Kashmir (93.2 per cent), Haryana (91.5 per cent) and Kerala (91 per cent).

Availability of portable water has a direct relationship with health-related indicators. If water sources are equitably distributed, easily accessible and per capita consumption is high, it could alter the lifestyle, result in better health, higher productivity and income, and lead to improvement in school enrolments as well. Villages with piped water supply have higher levels of household and per capita income and relatively higher wage rates and even they had high level of literacy, immunization and contraceptive prevalence rate. According to Human Development Report (1999), villages in which hand pumps are the dominant source of water supply do not show a positive association between levels of income and poverty as appears to be the case in the relatively backward villages (Rizvi, 2006: 365).

The existence of source of drinking water in rural areas is one of the most important indicators of development that reflects the economic prosperity of a village. While analyzing percentage of households using piped drinking water in different states of India, it was observed that Tamil Nadu tops the list with 84.6 per cent, while Bihar was at the bottom with just 4.2 per cent of households using piped drinking water (see table 8). It was surprisingly observed that Kerala, which otherwise is amongst the best performers in almost all variables, lags behind in providing this facility to its population. Only 24,6 percent of households in Kerala were using piped drinking water, which is below all other states except Bihar (4.2 per cent), Orissa (10.2 per cent) and Uttar Pradesh (10.3 per cent).

Safe drinking water and basic sanitation were vital human needs for health and efficiency, as death and disease, particularly of children and the drudgery of women are directly attributable to the lack of these essentials. Poor people who had no toilet facilities defecate in the open air and that causes environmental degradation as well as

contamination of water sources that became a primary cause for water-borne diseases. It was also true that maximum numbers of poor households do not have access to toilets both in the rural and urban areas. The percentage of households having toilet facilities in India was estimates to be just 9 per cent in rural areas (Economic Survey, 2000-01).

According to National Family Health Survey-3, the percentage of households having toilet facilities in India improved in 2005-06 and was estimated to be 44.5 per cent. Kerala tops the list of this variable with covering 96 per cent households with this facility and Assam is on the second place with 76.4 per cent of households. Orissa is the worst performer in the provision of this facility with covering only 19.3 per cent, seconded by Bihar at 25.2 per cent (see table 8).

Table 8
Percentage of households having electricity facility, using piped drinking water and having access to toilet facility (2005-06): Inter-State Comparison

S. No	States	Have electricity (2005-06)	Use piped drinking water (2005-06)	Have access to toilet facility (2005-06)
1	Kerala	91	24.6	96
2	Punjab	96.3	54.6	70.8
3	Himachal Pradesh	98.4	65.1	45.6
4	Tamil Nadu	88.6	84.2	42.9
5	Maharashtra	83.5	78.6	53
6	Haryana	91.5	61.1	52.3
7	Gujarat	89.3	72.7	54.6
8	Karnataka	89.3	57.4	46.5
9	West Bengal	52.5	27.9	59.5

10	Jammu and Kashmir	93.2	56.1	61.7
11	Andhra Pradesh	88.4	67.8	42.4
12	Assam	38.1	11.6	76.4
13	Rajasthan	66.1	45.4	30.8
14	Orissa	45.4	10.2	19.3
15	Madhya Pradesh	71.4	25	27
16	Uttar Pradesh	42.8	10.3	33.1
17	Bihar	27.7	4.2	25.2
18	All India	67.9	42	44.5

Source: International Institute for Population Sciences, *National Family Health Survey-3:State Volumes* (Mumbai: IIPS, 2006).

Linkages between Social Opportunities, Status of Women and Development:

The linkage between investment in education, health and skills; more equitable distribution of income; government social spending; and empowerment of people, especially women have been proved many a times through empirical evidences. Per capita spending on education and health has relatively stronger impact on human development than growth in per capita income per se (Chakraborty, 2003). A major point here would be to emphasis that if governments fail to invest adequately in the health and education of their people, economic growth will eventually

peter out because of an insufficient number of healthy, skilled workers. Empirical work looking into these relationships has provided abundant evidence that education, especially in females, tends to improve infant survival and child nutrition, as dose female control over household income (Thomas, 1990). It may be interesting to note that while important casual connections certainly do exist between the economic resource base and HD achievements of a state, these connections are 'not automatic'. The strength of the links varies according to a large range of factors, including the structure of the economy, the distribution of assets, and the policy choices made. The institutional heritage of the society affects these choices and the strength of links at each stage; when people act together to promote their well being, when public morality is high, when the community monitors malfeasance, and when it participates extensively in public life, ceteris paribus, we would expect all the links to be stronger, i.e., HD achievement is likely to be positively associated with the strength of social capital. And, this is what has exactly happened in case of Kerala (Singh and Nauriyal, 2006: 308-9).

Kerela is often mentioned as an example of a state that has been able to achieve spectacular improvements in terms of basic needs and standards of living. The differences in success rates between Kerala and other states seem to lie more in the quality of education and health facilities and the efficiency with which they are used than in a substantially higher allocation of resources (Dev Mooij, 2005: 105).

Some people have attributed Kerala's success to historical reasons. There is some truth in this argument, but it may also be noted that at the time that the State of Kerala was formed, the Malabar region was very much behind Tarvancore and Cochin on terms of its social development. Nevertheless, by the 1980's, the Malabar region had caught up with the other regions. It was primarily well-directed state action that was responsible for this improvement. Apart from this, public participation and local leadership have also played an important role. Social movements like caste-based reform movements, missionary activities, and

left movements have helped in rising human development and social security for the poor. Women have also played an active role in raising the levels of social development in the state.

Another positive example is Tamil Nadu, which has been a pioneer in the implementation of nutrition schemes and protective social security measures. There are two important state-sponsored special nutrition programmes in Tamil Nadu, namely, the Chief Minister's Nutrition Meal Programme (CMNMP) and the Tamil Nadu Integrated Nutrition Project (TNIP). The first programme, which is considered the largest feeding programme in the world, has increased the nutritional intake of many school-going children. The TNIP experience has showed that a limited package of health-linked nutrition interventions can be successful and that it does not need to be very costly (Dev Mooij, 2005: 105).

Apart from Kerala and Tamil Nadu, some other states have also taken important initiatives. One can refer to the Employment Guarantee Scheme in Maharashtra, primary education in Himachal Pradesh and Madhya Pradesh, public distribution in Andhra Pradesh, and land reforms in West Bengal. By contrast, the less developed states like Bihar and Uttar Pradesh seem to be characterized by apathy, rather than concerted public action. This may well be related to rather extreme forms of social inequality (Dreze and Gazdar, 1997: 128-33).

Thus provision of social opportunities has direct link with the overall development of the place, which is further enhanced by improvement in the status of women. This relationship can be proved through statistical calculations with the help if Statistical Programme For Social Sciences (SPSS).

In order to verify the relationships or linkages between the three variables under study, i.e., social opportunities, status of women and development, correlation analysis was done. Human Development Index (HDI) was selected as variable representing development and it was correlated with various variables representing status of women. After the statistical calculations, it was observed that HDI was correlated to female literacy, percentage of anemic women, percentage of women who have ever experienced spousal violence and maternal mortality ratio. The correlation was significant at 0.01 level of significance (2-tailed).

Correlation analysis was also done between HDI (variable for development) and percentage of population having access to electricity, drinking water facility and toilet facility (variables selected for social opportunities). The results showed that they were correlated at 0.01 level of significance (2-tailed).

After establishing the linkage of development with status of women and social opportunities, correlation analysis was done, in order to establish the linkage between social opportunities and status of women. Variables of social opportunities (percentage of population having access to electricity, drinking water facility and toilet facility) were correlated with female literacy rate and maternal mortality rate and the results showed that female literacy rate was correlated to the percentage of population having access to toilet facility and maternal mortality ratio was correlated to percentage of population having access to electricity facility and drinking water facility and they were correlated at 0.01 level of significance (2-tailed).

Endnotes:

[i] With the recent reorganization of the States, there are a total of 28 States, besides 7 Union Territories in the Indian Union now. In the absence of the relevant data and for the purpose of the present study, we consider the undivided States of Bihar, Madhya Pradesh and Uttar Pradesh.

[ii] See for detail: Provisional Population Totals – Paper One of Census of India 2001, Registrar General and Census Commissioner of India, New Delhi.

[iii] HDI rank and value taken from United Nations Development Programme (UNDP) 2007-08, *Human Development Report* (New York: Oxford University Press, 2007-08).

[iv] Data related to Gross State Domestic Product per capita has been gathered from India Development Report, 2004-05.

[v] Kerala's high female-male ratio is partly due to high levels of male out migration, but even the migration-adjusted female-male ratio is well above unity.

[vi] Property has traditionally been inherited through the female line for a powerful community in Kerala--- the Nairs. While the Nairs constitute about 20 per cent of the total population, and the practice has changed a good deal in recent years, nevertheless the social and political importance of a long tradition of this kind, which goes against the conventional Indian norms, must not be underestimated.

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