



ISSN: 2230-9926

Available online at <http://www.journalijdr.com>

IJDR

**International Journal of
DEVELOPMENT RESEARCH**

International Journal of Development Research
Vol. 3, Issue, 12, pp.057-064, December, 2013

Full Length Research Article

STATUS OF WOMEN AND GENDER DISCRIMINATION IN INDIA: A STATEWISE ANALYSIS

***Arpita Banerjee**

M.U.C women's college, Burdwan, West Bengal

ARTICLE INFO

Article History:

Received 15th September, 2013
Received in revised form
28th October, 2013
Accepted 12th November, 2013
Published online 18th December, 2013

Key words:

Indian planning,
Independence,
Indian planners,
Policy makers and
Socioeconomic backwardness

ABSTRACT

In India the condition of women was appalling during independence. The deprivation of women in getting the similar level of opportunities relating to education, health, decision making as men due to prevalence of patriarchal society and socioeconomic backwardness in India put women at a backstage. After independence Indian planners and policy makers recognized the problem and framed variety of policies and programmes to provide women equal status as men. But since after six decades of Indian planning after making various efforts Indian women are still at a backstage than men on various aspects. Under this backdrop, this paper tries to evaluate the status and position of women in India in the light of some important gender –related indicators. It makes a comparative analysis of different states of India in the attainment of the indicators. The indicators chosen cover wide spectrum of socio-economic status of women. The analysis observes a convergence among states on some indicators like female literacy rate, IMR for females, life expectancy of females over the period. But a sharp difference across states is observed regarding the indicators like sex ratio, crime against women. A striking difference is noticed between the northern states and southern states in most of the gender related indicators. The northern states like BIMARU states are still have a long way to go on women progress in India.

Copyright © 2013 Arpita Banerjee. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

In the last two decades, the world development literature experienced a transition of ideas from economic growth to human development and later gender development. The last two decades of development research was busy in making a link between ends and means of development. The focus was shifted to provide more priority to the ends of development rather than means. The neoclassical indicators of economic progress like GNP and GDP failed to reflect the well-being and freedom actually enjoyed by population. The concept of human development has been accepted in the development economic literature as an expansion of human capabilities, a widening of choices, an enhancement of freedom and a fulfillment of human rights. It defines people's well being as the end of development and economic growth as a means. The construction of HDR by UNDP since 1990 provides a detailed and extensive analysis of achievements and limitations of living condition of people in different parts of the contemporary world. But after the publication HDRs a concern was raised for more comprehensive investigation of gender inequality in economic and social arrangement in the

contemporary world. Women and men share many aspects of living together, collaborate with each other in complex and ubiquitous ways, yet end up – often enough – with very different rewards and deprivations (Sen and Anand, 2011). According to Sen, there are two important issues which need to be addressed carefully. 1stly, gender inequality and its linkage with gender equity sensitive indicators and 2ndly, contrasts between the efforts and sacrifices made by both male and female and the rewards and benefits they respectively enjoyed. India is a country with enormous diversity. It is characterized by huge difference in economics, political, social, cultural and regional aspects. The social status ascribed to women varies from state to state and region to region. During independence the condition of women in terms of literacy, health status was very much appalling. Female literacy rate was less than 1% during independence. The deprivation of women in getting the similar level of opportunities relating to education, health, decision making as men due to prevalence of patriarchal society and socioeconomic backwardness in India put women at a backstage. During independence the condition of women in terms of literacy, health status was very much appalling. Female literacy rate was less than 1% during independence. After independence, Indian planners recognized that development of half of the population remaining the rest at a

***Corresponding author: Arpita Banerjee**
M.U.C women's college, Burdwan, West Bengal

backstage would lead to an unbalanced development in true sense. The overall development process envisages a share in the development generated by the plan equally for women and men. The constitution of India stressed the need for promoting the educational and economic interest of the weaker section of the people with special care, the welfare and development of women received particular attention from the beginning. The different policies and programmes formulated by the Indian policy makers to uplift nearly half of the population and the concerted efforts taken by different women agencies and NGOs led a significant and positive change in the gender development in India. From the sphere of education, health to decision making and work status the position of women is now much better than the pre-independence period. Under this backdrop, this paper tries to evaluate the status and position of women in India in the light of some important gender –related indicators. It makes a comparative analysis of different states of India in the attainment of the indicators. The indicators chosen cover wide spectrum of socio-economic status of women. These include educational status, health status as well social status in India.

Data sources and methodology

All the data sources are secondary. The data sources are

- i) India Human Development Report 2011
- ii) NFHS-II and NFHS-III
- iii) Different NSS Rounds
- iv) Various issues of Census
- v) NCRB Report,2011
- vi) Lok Sabha Secretariat, Reference Note,2013

Gender development follows a complex path. No uniform result can be obtained in this context by taking uniform action to all regions. Different actions give different result to different regions. Thus examination of individual indicators is needed for better and accurate policy formation. Any type of Index formation by assigning weight to particular variable may lead to false proposition in state wise comparison. In this study all the indicators have been examined separately for a majority of states to provide a detail picture of status of women and gender discrimination prevailing across states of India during the recent period. Here the status of women has been discussed from three important aspects encompassing educational status, health status and social status in India. For making a detailed and extensive analysis, a number of important gender related indicators has been chosen. These are Female Literacy Rate, Infant Mortality Rate for females, Maternal Mortality Rate, Life Expectancy for females, Crimes against women and Sex Ratio. Analysis of these indicators for major states is expected to provide important information regarding status of women and gender inequality and disparity existing in different states of India.

Educational Status of Women in India

In order to work towards development that benefits women too, the need to focus on women came to be recognized in the matter of policies and various development programmes. This perspective moved away from the earlier ‘welfare’ approach wherein women were relegated to being mere recipients of various beneficiary projects, often under the assumption that

some benefits would trickle down to them (Rustogi 2004; Feldman 1998; Mazumder et al., 2001). The history of female education in India is not much old. The recognition of female education as a social issue is quiet recent in India. In fact, at the beginning of the 20th century, the female literacy rate was below 1% in every province of British India. India and every ‘native state’ with a few exception such as Coorg, the Andaman and Nikobor Island and the native states of Travancore and Cochin, the female literacy was as low as 3% in 1901. Against this background the recent picture of female education is far more satisfactory. According to Census 2011, the female literacy rate is 65.5% against the male literacy rate of 82.1%. Although there has been a considerable improvement in literacy rate of female but still it is much lower compared to male. Male-female gap is predominant and nearly 20% gap is remaining between male-female literacy rate (see Table 1).

**Table 1. Male-Female Literacy in India
Number of literates per thousand population**

year	male	female
1901	98	7
1911	106	11
1921	122	18
1931	156	29
1941	249	73
1951	250	79
1961	344	130
1971	395	187
1981	469	248
1991	641	393
2001	753	537

Source: various issues of census

The problem of literacy is acute in rural India where nearly 43% female are illiterate. Again the educational advancement is not even across the states. From the table it is cleared that some states improved significantly during the last six decades in respect of female education whereas some are at a backstage. The state of Kerala achieved highest literacy for female with 92.1% rate among the non-special category state. Among the special category states Mizoram and Tripura achieved nearly 90% female literacy rate during the period 2001-11. In contrast states like Rajasthan (52.7%), Bihar (53.3%), Jharkhand (56.2%) lagged far behind in achieving female literacy. The surprising fact is that the same states achieved higher literacy rate for male. Another important phenomenon which is observed is that the states like Uttar Pradesh, Madhya Pradesh and Orissa that are famous for backwardness in gender development made much improvement in the female literacy during the period 2001-11. This is no doubt a positive improvement for women development in India. Further, the analysis of female literacy among SCs and STs shows that there has been a much improvement in the literacy level for women among SCs and STs. The state of Kerala remains far ahead of other states in case of literacy among women among SCs and STs respectively. In conformity with the general result the state of Rajasthan and Bihar show worst performance in case of female literacy among SCs and STs with 34.5% and 31.8% literacy for SC women and 29.6% and 33.5% literacy for ST women respectively according to census2011. On the other hand the fortunate fact is that the states like Orissa, Madhya Pradesh, Uttar Pradesh and Jharkhand show much better performance in attaining literacy among SC and ST women during the same period.

Table 2. State wise Literacy Rate in India 2011

states	Male	Female	male-female gap	rank
Andhra Pradesh	75.6	59.7	15.9	13
Arunachal Pradesh	73.7	59.6	14.1	15
Assam	78.8	67.3	11.5	16
Bihar	73.5	53.3	20.2	7
Chhatisgarh	81.5	60.6	20.9	4
Delhi	91	80.9	10.1	18
Goa	92.8	81.8	11	15
Gujarat	87.2	70.7	16.5	10
Haryana	85.4	66.8	18.6	7
Himachal Pradesh	90.8	76.6	14.2	10
Jammu and Kashmir	78.3	58	20.3	5
Jharkhand	78.5	56.2	22.3	3
Karnataka	96	68.1	27.9	1
Kerala	96.1	92	4.1	13
Madhya Pradesh	80.5	60	20.5	2
Maharashtra	89.8	75.5	14.3	5
Manipur	86.5	73.2	13.3	5
Meghalaya	77.2	73.8	3.4	10
Mizoram	93.7	89.4	4.3	9
Orissa	82.4	64.4	18	4
Punjab	92.1	81.2	10.9	7
Rajasthan	80.5	52.7	27.8	4
Tamil Nadu	87.3	76.4	10.9	8
Tripura	92.2	83.1	9.1	9
Uttar Pradesh	79.2	59.3	19.9	7
Uttarakhand	88.3	70.7	17.6	8
West Bengal	82.7	71.2	11.5	9

Source: Census 2011

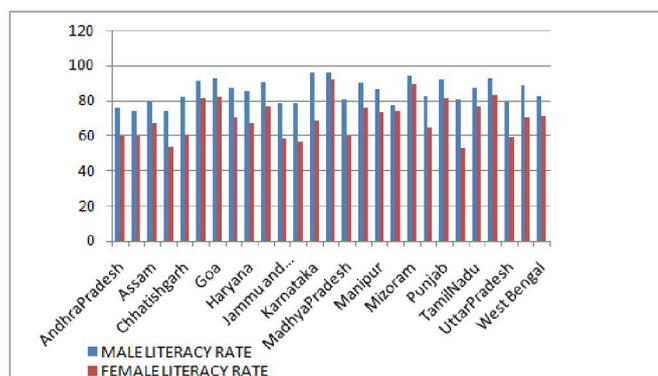


Figure 1. Male-Female Literacy in India 2011

Women Health in India

Health is generally regarded as a vital component of growth and development of a nation. However, in India the field of health and health care in general and women health in particular is the most neglected aspects of development. Women are viewed mainly as the means of production often at the cost of own personal, individual identity (Rustogi 2004). Even today the issue of family welfare and reproductive health is much more important to policy makers than the issue of providing basic level of nutrition, better health, better control over women's body etc. In this context to assess the women health in the country the following indicators are chosen.

- i) IMR for females
- ii) Anaemia among women
- iii) Maternal Mortality Ratio and
- iv) Life expectancy of female at birth

Infant Mortality Rate for females

IMR for females refers to the number of female death in the first year of life per 1000 live birth. It reflects the probability

of female child dying before attaining age 1 year due to poor health of either the child or mother. The data for IMR overall witnessed a remarkable decline over the years from 67.8 in 2001 to 50 in 2009 in India. The same trend has been observed for the IMR for females – it decreased from 68.9 in 2001 to 52 in 2009 for overall India according to the data of India Human Development Report 2011. The largest decline in IMR for females has been observed in the states of Chattishgarh, Jharkhand, Madhya Pradesh, Rajasthan, Uttar Pradesh, Orissa and Tamil Nadu. At both points of time (2001 as well as 2009) the highest IMR was observed in MP and the lowest in Kerala (see Table 3). It is also the fact that IMR for female is always greater than IMR for male at both points of time.

Only exception is Tripura where male IMR surpasses the female IMR. The gender gap to the extent of five has been observed in the states of Assam, Chattishgarh, Goa and J&K. One important phenomenon that has been noticed from the above result is that a tendency of convergence across states in respect of declining IMR for females has been started across states in India. A study by Murti, Guio and Drez (1995) about the variation of under five mortality rates between different districts of India shows that female labour force participation and female literacy are strongly associated with female disadvantage and child survival whereas the issue of modernization and urbanization appears to provide a weak link with that of female disadvantage and child survival. It implies that economic freedom and knowledge has a greater role to play in removing female disadvantage and child survival. It is worth mentioning that discrimination in access to healthcare services to females and the lower status ascribed to females in our society is at the base of excess female mortality in the inference stage (Basu 1989).

Table 3. Infant Mortality Rate 2009

states	male	female	male-female gap
Andhra Pradesh	48	50	-2
Arunachal Pradesh	31	34	-3
Assam	58	64	-6
Bihar	52	52	0
Chhatisgarh	50	57	-7
Delhi	31	34	-3
Goa	7	14	-7
Gujarat	47	48	-1
Haryana	48	53	-5
Himachal Pradesh	44	45	-1
Jammu and Kashmir	41	51	-10
Jharkhand	42	46	-4
Karnataka	41	42	-1
Kerala	10	13	-3
Madhya Pradesh	66	68	-2
Maharashtra	28	33	-5
Manipur	14	18	-4
Meghalaya	59	59	0
Mizoram	33	38	-5
Orissa	65	66	-1
Punjab	37	39	-2
Rajasthan	58	61	-3
Tamil Nadu	27	29	-2
Tripura	33	30	3
Uttar Pradesh	62	65	-3
Uttarakhand	41	42	-1
West Bengal	33	33	0
All India	49	52	-3

Source: India Human Development Report 2011

Maternal Mortality Ratio

Maternal Mortality Rate (MMR) is calculated as the number of maternal death per 1,00,000 live birth. This information

collected on account of death of women due to pregnancy, child birth or within 42 days of child birth. A steady decline in MMR has been observed in India from 301 during 2001-03 to 212 during the period 2007-09. Although all the states registered a decline in the MMR over the year, the range of variation across states is high. It ranges from 81 in Kerala to 391 in Bihar. It has been observed that again BIMARU states along with Chattishgarh recorded highest MMRs (see table 4). There are various reasons explained for high MMR in the country. These are early marriage of girls without any mental and physical preparation a girl has to take the responsibility of bearing and rearing of a child), low immunity level, lack of balanced food intake, proper nutrition and health care for women and institutional bottleneck at delivery time particularly in the rural areas. According to Gopalon and Shiva (2000), Krishnaji and James (2002), the high rates of maternal mortality are not due to reproduction but are a result of poor health condition that are the outcome of gender discrimination melted out over the years from childhood.

Table 4: Maternal Mortality Rate in India, 2001-3, 2004-6, 2007-9

states	2001-3	2003-6	2007-9
AndhraPradesh	195	154	134
Assam	490	480	390
Bihar	371	312	261
Chhatishgarh	379	335	269
Gujarat	172	160	148
Haryana	162	186	153
Jharkhand	371	312	261
Karnataka	228	213	178
Kerala	110	95	81
MadhyaPradesh	379	335	269
Maharashtra	149	130	104
Orissa	358	303	258
Punjab	178	192	172
Rajasthan	445	388	318
TamilNadu	134	111	97
UttarPradesh	517	440	359
Uttarakhand	517	440	359
West Bengal	194	141	145
All India	301	254	212

Source: India Human Development Report 2011

Anaemia among women

Gender discrimination results in very high incidence of anaemia among women and adolescent girls in India (IHDR 2011). In India, anaemia is rampant among women in the reproductive age group, children and low socio-economic strata of the population. IDA reduces the capacity to learn and work resulting in low productivity and loss of wages, thereby limiting economic and social development. Anaemia in pregnant women leads to adverse pregnancy outcomes such as high maternal and neonatal mortality, low birth weight, increased risk of obstetric complications, increased morbidity that seriously impairs the physical and mental development of the child. Anaemia remains a major indirect cause of maternal mortality in India (planning Commission 2008). The 11th five year plan targeted reducing anaemia among women and girls by 50% by 2012. According to IHDR 2011 data Percentage of women suffered from anaemia increased to 55.3% of women aged 15-49 years. The incidence of anaemia among women is more than 60% for low income states. The highest incidence of anaemia among women is found in the states of Bihar and Jharkhand during 2005-06 respectively (see table 5). The states of Andhra Pradesh, Chattishgarh, Orissa and West Bengal also recorded a higher than 60% women suffering from

anaemia. The lowest incidence has been observed in the state of Kerala (33) followed by Punjab (38) and Goa (38). Punjab experienced a steep decline in the incidence of anaemia among women during the period 1998-99 to 2005-06. Interestingly, the state of Kerala experienced an increase in incidence from 22.7% in 1998-99 to 33% in 2005-06. Moreover, more prevalence of anaemia is observed in rural areas than urban area. In fact, it is noticeable that unlike other indicators which experienced an improvement over the years anaemia among women significantly increased in majority of the states for nearly last 10 years.

Table 5. Percentage of Women with Anaemia, 2005-06

states	women with anaemia
Andhra Pradesh	62.9
Arunachal Pradesh	50.6
Assam	69.5
Bihar	67.4
Chhatishgarh	57.5
Delhi	44.3
Goa	38
Gujarat	55.3
Haryana	56.1
Himachal Pradesh	43.3
Jammu and Kashmir	52.1
Jharkhand	69.5
Karnataka	51.5
Kerala	32.8
Madhya Pradesh	56
Maharashtra	48.4
Manipur	61.2
Meghalaya	47.2
Mizoram	38.6
Orissa	61.2
Punjab	38
Rajasthan	53.1
Tamil Nadu	53.2
Tripura	65.1
Uttar Pradesh	49.9
Uttarakhand	55.2
West Bengal	63.2
All India	55.3

Source: India Human Development Report 2011

Thus from the above analysis of women health status in India it can be argued that Indian states still have far way to go to reach the optimum goal of provision of equal health status as male and better public health delivery system. Specifically speaking, the northern states like Bihar, Jharkhand, Uttar Pradesh, Madhya Pradesh) are lagging in many respects of women health. In all health indicators discussed here these states scored low in comparison to southern and north eastern states. The improvement whatever is taking place is at a very low pace. Government of these states as well as Central Government has to come forward on a targeted basis for improvement and development of women health status of these regions. The southern states on the other hand are showing much better performance on a continuous basis. The experience of the state of Kerala is an obvious outcome of the continuous effort of the state government in providing basic education and health facility to common people. Kerala is a centre of attraction for many South-Asian countries. However, the other southern states like Tamil Nadu, Karnataka, Andhra Pradesh have also improved substantially in this field. Analysis reveals a kind of polarization regarding the status of women health between northern and southern states in India.

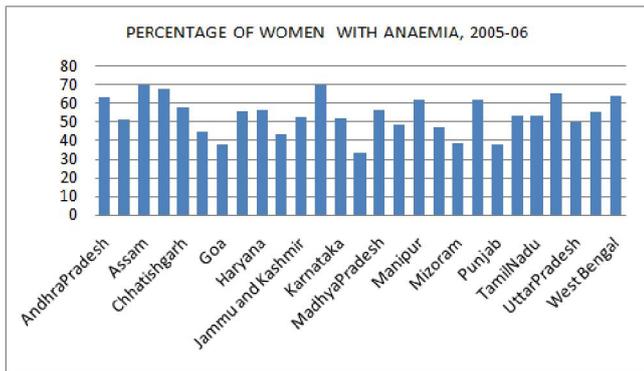


Figure 2

Social status of women

There are many studies that show that after many efforts taken to spread education and awareness for upliftment of women, still there has been a lacuna in improving social status of women in India. The declining sex ratio, early marriage of women, different types of crimes against women and spousal violence are the glaring example of the lower status ascribed to women. Females being dependent on their father, brother and husband are considered as the burden of the family and so they often have to face the burnt of violence. The equal rights of women to live life with dignity are often being ignored in Indian society. They have to die often before and after their birth, have to struggle to live a smooth life through all their life. In this section the social status of women has been analysed looking at the indicators like sex ratio, crimes against women in which spousal violence takes a major part.

Crimes against women

Crimes against women is a day to day phenomenon in recent days. Women are often viewed as the property of the men in their lives, whose responsibility is to protect them, conflict between men and women over any issue provokes violence against women (Centre for women development studies 2002). The fear of violence against women often put a hindrance over women's educational mobility, employment, skill enhancement or income earning capacity and political participation. This, in turn affects women's capacity building and exploration of their potential.

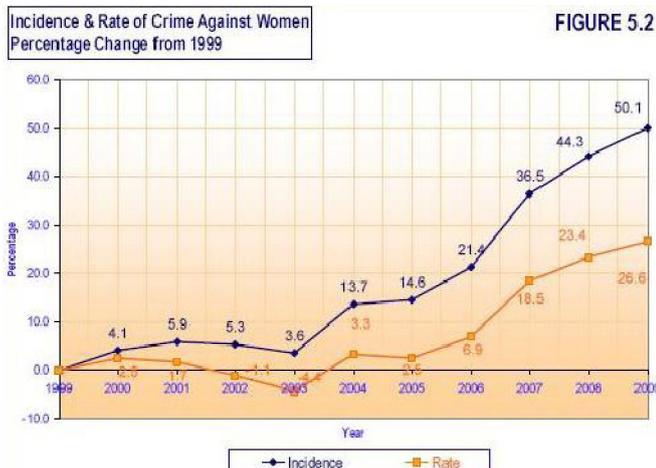
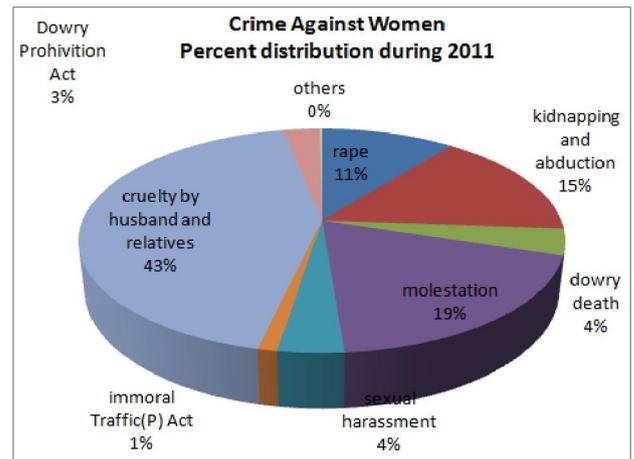


FIGURE 5.2

Source: Lok Sabha Secretariat, Reference Note, 2013

Figure 3



Source: Lok Sabha Secretariat, Reference Note, 2013

Figure 4

In India, crimes against women have been rising at a steep rate. A total of 2,28,650 incidents of crime against women (both under IPC and SLL) were reported in the country during the year 2011 as compared to 2,13,585 incidences in the year 2010 recording an increase of 7.1% during the year 2011 (see table 6 and 7). West Bengal with 7.5% share of country's population has accounted for nearly 12.7% of total crime against women by reporting 29,133 cases followed by Andhra Pradesh, accounting for nearly 7.0% of the country's population, has accounted for 12.4% of total crimes against women in the country by reporting 28,246 cases in the year 201120 (NCRB Report, 2011). Madhya Pradesh and West Bengal are the states with high rate of rape, molestation whereas torture, killing and burning of women are prominent among the northern states of Haryana, Uttar Pradesh, Punjab and Rajasthan. Besides this the states like Madhya Pradesh, Orissa, Uttar Pradesh and Kerala also recorded high rate of molestation against women. Majority of the violence that a woman faces comes from her home. Among crimes against women cruelty by her husband and his relatives (as defined by the section 498A of the Indian Penal Code) constitutes 43% of the total crimes against women and consistently tops the list. Molestation of women comes at second. Moreover, though statistical data shows a decline in the dowry death rate but the incidence of female death classified as suicides or accidental death by burns is very important in this context. The data shows women's death by fire comprises an exceptionally high share. Moreover, it has been stated by many that the crimes against women is much high than that are recorded in the data. Reportage of crime has been low because of the social taboos associated with them.

Sex Ratio

The sex ratio is indicative of the composition of population. It is defined as the number of females per thousand males. One of the glaring examples of gender inequality is declining sex ratio and falling sex ratio at birth. Given a preference for boys over girls that exists in many male dominated society, gender inequality can manifest itself in the form of the parents' wanting the new born to be a boy rather than a girl (Sen and Drez 2005). This problem is not only prevalent in India, the east Asian countries are also suffering from this disease of female deficit. In spite of having higher level of female education, greater economic participation of women, these countries are facing sharp decline and below average sex ratio.

Table 6. Crime head wise incidence of crimes against women during 2007-11 and percentage variation in 2011 over 2010

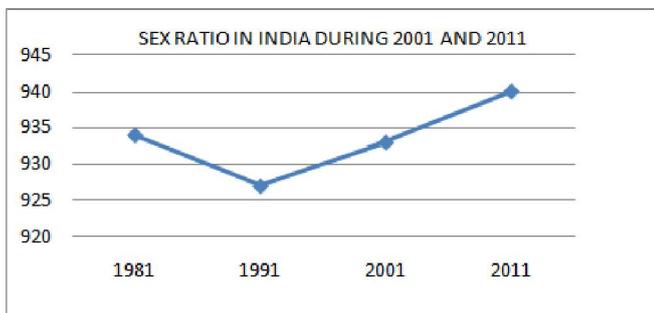
	2007	2008	2009	2010	2011	% variation in 2011 over 2010
rape	20737	21467	21397	22172	24202	9.2
kidnapping and abduction	20416	22939	25741	29795	35565	19.4
dowry daeth	8093	8172	8383	8391	8616	2.7
cruelty by husband and relatives	75930	81344	89546	94041	99135	5.4
molestation	38734	40413	38711	40613	42968	5.8
sexual harassment	10950	12214	11009	9961	8570	-14
importation of girls	61	67	48	36	80	122.2
sati prevention act	0	1	0	0	1	100
immoral Traffic(P) Act	3568	2659	2474	2499	2435	-2.6
indecent representation of women	1200	1025	845	895	453	-49.4
Dowry Prohibition Act	5623	5555	5650	5182	6619	27.7
total	1,85,312	1,95,856	2,03,804	2,13,585	2,28,650	7.1

Source: Lok Sabha Secretariat, Reference Note, 2013

Table 7. Incidence and rate of crime committed against women in states, uts and cities during 2011

states	incidence	rate of total		rank as per % share
		% contribution to all India total	cognizable crimes	
Andhra Pradesh	28246	12.4	33.4	2
Arunachal Pradesh	171	0.1	12.4	25
Assam	11503	5	36.9	7
Bihar	10231	4.5	9.9	9
Chhatisgarh	4219	1.8	16.5	16
Delhi	5234	2.3	31.2	15
Goa	127	0.1	8.7	28
Gujarat	8815	3.9	14.6	12
Haryana	5491	2.4	21.7	14
Himachal Pradesh	997	0.4	14.5	21
Jammu and Kashmir	3146	1.4	25.1	17
Jharkhand	3132	1.4	9.5	18
Karnataka	9594	4.2	15.7	10
Kerala	11288	4.9	33.8	8
Madhya Pradesh	16599	7.3	22.9	5
Maharashtra	15728	6.9	14	6
Manipur	247	0.1	9.1	24
Meghalaya	269	0.1	9.1	23
Mizoram	167	0.1	15.3	26
Orissa	9433	4.1	22.5	11
Punjab	2641	1.2	9.5	19
Rajasthan	19888	8.7	29	4
Tamil Nadu	6940	3	9.6	13
Tripura	1538	0.6	37	20
Uttar Pradesh	22639	9.9	11.3	3
Uttarakhand	996	0.4	9.8	22
West Bengal	29133	12.7	31.9	1
All India	223091	97.6	18.7	

Source: Lok Sabha Secretariat, Reference Note, 2013

**Figure 5**

In India the use of sex determination technique for foetuses has been banned for several years, but enforcement of this law is comprehensively neglected due to reluctance of mothers to give evidence of the use of such techniques. Surprisingly in India, the declining sex ratio across states did not follow a well defined rule. Both developed and underdeveloped states suffer from this stigma of excessive son preference at birth. The worst sex ratios were found in the well developed states like Gujarat, Delhi, Haryana, Punjab and Chandigarh as well as the

less developed states like Bihar, Rajasthan and Uttar Pradesh. There exist a complete geographical divide of states having worst and better performance in this respect. The states in the north and the west consistently faced low female-male ratio whereas on the other sphere, the states in the east and south tend to have better sex ratio (see table 8). The states of Kerala, Tamil Nadu, Andhra Pradesh, Orissa, West Bengal, Chattishgarh, Jharkhand, Assam, Karnataka and the north-eastern states had better performance in this respect. The state Kerala deserves special attention as it has a sex ratio of greater than one that is 1,084 females per 1000 males during 2011. One of the possible explanations of this anti- female bias in both developed and poor states of north and west may be that developed states take the help of modern technique to determine the gender of the foetus and take recourse of sex selective abortion whereas the poor states suffer from the problem of gross gender discrimination. Kerala's result is exception here with relevant reflection of the ideas that high level of female literacy, greater autonomy to females owing to greater participation in the labour force and state government's commitment to provide better health facility leading to better

performance in terms of health indicators can sweep away the societal beliefs, culture and practices of viewing female as burden, cost and danger to family honours and dignity- the extreme form of gender discrimination. However, India fares very badly in terms of the indicator, child sex ratio in the age group of 0-6 years. It is now only 914 in 2011 compared to 927 in 2001. Even in Kerala having overall sex ratio over 1000 has a declining child sex ratio in 2011. Lowest child sex ratio has been observed in the states of Haryana (830) followed by Punjab. The highest decline observed for the states Jammu & Kashmir followed by Maharashtra. It has been suggested by many that females have higher mortality tendency than male during the embryonic or foetal stages of the child's growth based on the evidences indicating a possibility of their far more males than female by the two months of development. But this evidence is not adequate in explaining the continuing declining sex ratio in India. According to many researchers, excessive son preference, gender bias against girls in health care, nutrition, food allocation and so on lead to declining sex ratio in India (Clark 1987, Kanti Kar 1991; Miller 1981; among others). In fact, there are so many factors responsible for this adverse sex ratio in India and outside India. The existence of patriarchal social structure, patrilinear property transfer, religious and ritualistic practice, lower status ascribed to women, prejudice against girl children as they have to be married, girls are financial liability and vulnerable to sexual assault and kidnapping are the factors behind strong son preference and discrimination against girl children. Along with the above reasons the emergence of advanced technologies of determining sex and elimination of female foetus are also held responsible for declining sex ratio in advanced states in India. However, one of the interesting observations is that in case of both SC and ST household, sex ratio at birth is higher than national average.

Table 8. Sex ratio in India during 2001 and 2011

states	rural	urban	combined
	2001	2001	2011
AndhraPradesh	983	965	992
Arunachal Pradesh	915	850	920
Assam	940	878	954
Bihar	927	869	916
Chhatisgarh	1,005	932	991
Delhi	806	822	866
Goa	988	933	968
Gujarat	946	880	918
Haryana	867	847	877
Himachal Pradesh	991	797	974
Jammu and Kashmir	927	822	883
Jharkhand	963	870	
Karnataka	976	940	968
Kerala	1,059	####	1,084
MadhyaPradesh	927	899	930
Maharashtra	959	899	930
Manipur	969	####	987
Meghalaya	972	985	986
Orissa	986	895	978
Punjab	887	848	893
Rajasthan	932	890	926
TamilNadu	992	980	995
Tripura	948	962	961
UttarPradesh	904	879	908
West Bengal	950	893	947
All India	946	901	940

Source: India Human Development Report 2011

Thus it has been observed from the study of social status of women is that the objective of equal rights for women in all aspects has totally been neglected. The social status of women

is still now at a dark stage. The early marriage of women, declining sex ratio and violence against women are the burning example of explaining the extent of lower status that is ascribed to women. Not only the poor states or backward states, the developed states also suffer from this problem of negligence. In order to enlarge human capability the prime need of the hour is to make women free to work with men hand in hand. Then only the development process would uplift the whole society on a new and higher development path.

Conclusion

This paper has tried to evaluate the status of women and its position in the light of several important gender related development indicators. The indicator covers a wide spectrum of the area of women's education, health and its social status in India and states during the recent period. Analysis of each indicator separately has helped to identify the state's progress and backwardness in respect of each particular indicator. This actually helps policy makers to frame policies and programmes on a targeted basis in removing the problem in which a particular state is lagging. The performance of the country and states in respect of female education is praiseworthy though it is still lagging behind in comparison with the developed countries in international arena. Various programmes and policies implemented to improve the public health system in India have now been started providing output. In the health related indicators like IMR for females, MMR, anaemia among women, some improvement has been observed for the states during this period compared to the previous period. A convergence of states is observed in the attainment of these (Literacy rate, IMR, MMR) indicators overtime in the country. But still it is to mention that there exists strong interstate disparity in the attainment of health related indicators of women.

The BIMARU states (Bihar, Uttar Pradesh, Madhya Pradesh and Rajasthan) are though experiencing some kind of improvement over the years but are still lagging far behind the attainment level of some of developed states. Moreover, the indicators chosen for representing social status of women show a strong degree of gender discrimination. The declining sex ratio in both developed and under developed states, increasing crimes and spousal violence against women put the women at a lower status in the country. The several laws and policies fail to provide equal status to women as men still after six decades of Indian planning. It has revealed from the study that BIMARU states can be characterized as the states with persistence of strong gender discrimination. Male-female gap is predominant in achievement of each and every indicator in these states. Whereas in issue like declining sex ratio, the developed states are performing very badly owing to the factors like excessive son preference, patriarchal social structure, patrilinear property transfer, religious and ritualistic practice, lower status ascribed to women, prejudice against girl children through the use of modern techniques of sex selective abortion. So in conclusion it can be said that government of these states should frame policies and enforce it through the proper use of machinery so that these extreme form of gender discrimination can be reduced immediately.

REFERENCES

- Basu, A. 1989. 'Is Discrimination in Food Really Necessary for Explaining Sex Differentials in Childhood Mortality?'. *Population Studies*, 43(2): 193.210.

- Census of India, various issues
- Clark, Alice. 1987. 'Social Demography of Excess Female Mortality in India: New Directions', *Economic and Political Weekly*, 22(17): WS12.21.
- Felman, Shelley 1998. 'Conceptualising Change and equality in the "Third World" Conpendia of Contemporary Issues. Pp. 24-36. New York: Garland Publishing.
- India Human Development Report 2011
- Kanitkar, I. 1991. 'The Sex Ratio in India: A Topic for Speculation and Research', *Journal of Family Welfare*, 37(3): 18.22.
- Krishnaji, N. and K.S. James. 2002. 'Gender Differentials in Adult Mortality with Notes and Rural-Urban Contrasts', *Economic and Political Weekly*, 37(46):4633.37.
- Mazum, et al. 2001. Gender and Governance-A Country Paper-India. Study Commissioned by UNDP. New Delhi: Centre for Women's Development Studies.
- Miller, Barbara D. 1981. *The Endangered Sex: Neglect of Female Children in Rural North India*. Ithaca and London: Cornell University Press.
- Murthi, M., Anne Catherine Guio and Jean Drèze. 1995. Mortality, Fertility and Gender Bias in India: A District Level Analysis, DEP No. 61, June. London: London School of Economics
- National Crime Record Bureau Report 2011
- Rustogi P 2004. 'Significance of Gender-related Development Indicators: An Analysis of Indian States', *Indian Journal of Gender Studies*, 11:3
- Sen and Anand 2011. 'Gender Inequality in Human Development: theories and measurement' ed by Parr and Shiva Kumar in *Handbook of Human Development-Concepts, Measures and Policies*, Oxford University Press.
- Sen, A. and J. Dreze 2005. "India Development and Participation". Oxford University Press.
