

Module: Gender Issues

Chapter 1 : Gender Issues

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Chapter 1

Gender Issues

You can tell the condition of a nation by looking at the status of its women. - Jawaharlal Nehru

A. Status of Women in India

India is one of the few countries where males significantly outnumber females, and this imbalance has increased over time.

Although India was the first country to announce an official family planning program in 1952, its population grew from 361 million in 1951 to 1027 million in 2001. India's total fertility rate of 3.8 births per woman can be considered moderate by world standards, but the sheer magnitude of population increase has become a cause of concern for the country and hence, the containment of population growth is considered one of the most important objectives of the Government in its planning process.

The Indian Constitution grants women equal rights with men, but strong patriarchal traditions persist, with women's lives shaped by customs that are centuries old. In most Indian families, a daughter is viewed as a liability, and she is conditioned to believe that she is inferior and subordinate to men. Sons are idolized and celebrated. *May you be the mother of a hundred sons* is a common Hindu wedding blessing.

The origin of the Indian idea of appropriate female behavior can be traced to the rules laid down by Manu in 200 B.C.: "by a young girl, by a young woman, or even by an aged one, nothing must be done independently, even in her own house". "In childhood a female must be subject to her father, in youth to her husband, when her lord is dead to her sons; a woman must never be independent."

When a boy is born in India, friends and relatives exclaim congratulations. A son means insurance. He will inherit his father's property and get a job to help support the family. When a girl is born, the reaction is very different. Some women weep when they find out their baby is a girl because, to them, a daughter is just another expense. Her place is in the home, not in the world

of men. In some parts of India, it's traditional to greet a family with a newborn girl by saying, "The servant of your household has been born."

A girl can't help but feel inferior when everything around her tells her that she is worth less than a boy. Her identity is forged as soon as her family and society limit her opportunities and declare her to be second-rate.

A combination of extreme poverty and deep biases against women creates a remorseless cycle of discrimination that keeps girls from living up to their full potential. It also leaves them vulnerable to severe physical and emotional abuse. These "servants of the household" come to accept that life will never be any different.

Discrimination against girls and women in India is a devastating reality. It results in millions of individual tragedies, which add up to lost potential for entire country. Studies show there is a direct link between a country's attitude toward women and its progress socially and economically. The status of women is central to the health of a society. If one part suffers, so does the whole.

Tragically, female children are most defenseless against the trauma of gender discrimination. The following obstacles are stark examples of what girls face.

B. Women and men in the Indian economy

Overall, women, as well as men, are concentrated in rural areas and the agricultural sector. Within agricultural employment, however, there are wide variations, both between regions and forms of employment. Women may be landless labourers or part of cultivating households; they may be working on family land or confined to work in the compound; they may also be engaged in non-agricultural work.

Overall, formal sector employment (which is mainly urban based) constitutes only 9.6 percent of employment and 5.6 percent of female employment (1991 data).

By contrast, 94.4 percent of women are in informal sector occupations, including home-based workers, piece rate workers, casual labourers and petty traders. The informal sector is the dominant form of employment in most sectors. In general, there is a high level of insecurity in informal sector

employment. Pay and employment conditions in the informal sector are poor relative to the formal sector and pay differentials by gender are greater. Moreover, women in this sector are also vulnerable to discrimination, harassment, sexual exploitation and violence; they also lack access to productive resources for self-employment.

Employment status and wages by gender

Overall employment rates are much higher for men than for women and for women in rural than urban areas, when domestic work is not considered. When domestic work is included, the female employment rate overtakes that of males. Women also have much higher rates of subsidiary employment than men. Overall, women form a low proportion of those in regular salaried or waged employment compared to men in both rural and urban areas, but the gender gap in this regard is particularly pronounced in urban areas, where most regular waged work is located.

Gender discrimination in wages and differentials in earnings are widespread in India and particularly in the informal sector where equal pay legislation is not applied. Moreover, a large proportion of women and children working in the informal sector are doing so as unpaid family labour. In agriculture, wage rates vary widely across regions and by season; but rates for women, children and bonded labourers are particularly low. Female wages as a proportion of male wages range from around half to over three quarters depending on the state. There is no consistent trend in and there is little recent data on gender differentials in agricultural wages. In most industrial categories, women's earnings in the informal sector were around half those of men. Even in the formal sector inequalities in **earnings** are marked because women are concentrated at lower occupational levels.

Women work longer hours and their work is more arduous than men's.

Women's contribution to agriculture - whether it be subsistence farming or commercial agriculture - when measured in terms of the number of tasks performed and time spent, is greater than men. "The extent of women's contribution is aptly highlighted by a micro study conducted in the Indian Himalayas which found that on a one-hectare farm, a pair of bullocks works 1,064 hours, a man 1,212 hours and a woman 3,485 hours in a year."

Labour

For the young girls who escape these pitfalls and grow up relatively safely, daily life is still incredibly hard. School might be an option for a few years, but most girls are pulled out at age 9 or 10 when they're useful enough to work all day at home. Nine million more girls than boys miss out on school every year, according to UNICEF. While their brothers continue to go to classes or pursue their hobbies and play, they join the women to do the bulk of the housework.

Housework in developing countries consists of continuous, difficult physical labor. A girl is likely to work from before daybreak until the light drains away. She walks barefoot long distances several times a day carrying heavy buckets of water, most likely polluted, just to keep her family alive. She cleans, grinds corn, gathers fuel, tends to the fields, bathes her younger siblings, and prepares meals until she sits down to her own after all the men in the family have eaten. Most families can't afford modern appliances, so her tasks must be done by hand—crushing corn into meal with heavy rocks, scrubbing laundry against rough stones, kneading bread and cooking gruel over a blistering open fire. There is no time left in the day to learn to read and write or to play with friends. She collapses exhausted each night, ready to wake up the next morning to start another long workday.

Most of this labor is performed without recognition or reward. UN statistics show that although women produce half the world's food, they own only 1 percent of its farmland.

Women's work is rarely recognized.

Women's employment in family farms or businesses is rarely recognized as economically productive, either by men or women. And, any income generated from this work is generally controlled by the men. Such work is unlikely to increase women's participation in allocating family finances.

The impact of technology on women

The shift from subsistence to a market economy has a dramatic negative impact on women.

Where technology has been introduced in areas where women worked, women labourers have often been displaced by men. For example, threshing

of grain was almost exclusively a female task, and with the introduction of automatic grain threshers - which are only operated by men - women have lost an important source of income.

Women have unequal access to resources.

Extension services tend to reach only men, which perpetuates the existing division of labour in the agricultural sector, with women continuing to perform unskilled tasks. A World Bank study in 1991 reveals that the assumption made by extension workers is that information within a family will be transmitted to the women by the men, which in actual practice seldom happens. "The male dominated extension system tends to overlook women's role in agriculture and proves ineffective in providing technical information to women farmers."

A number of factors perpetuate women's limited job skills. For example, training women for economic activities requires them to leave their village and this is usually a problem for them. Unequal access to education restricts women's abilities to learn skills that require even functional levels of literacy. Hence, in terms of skill development, women are impeded by their lack of mobility, low literacy levels and prejudiced attitudes toward women. When women negotiate with banks and government officials, they are often ostracized by other men and women in their community for being 'too forward.' Government and bank officials have preconceived ideas of what women are capable of, and stereotypes of what is considered women's work.

C. Gender and poverty

India contains one of the largest concentrations of poor people in the world and thus poverty has been an area of extensive debate, measurement and policy intervention. There remains considerable controversy over what measures of poverty and/ or methods of poverty assessment are most appropriate and this is reflected in differing data and assessments. In spite of all the attention to poverty, differential experiences of poverty according to caste and community, and the interactions of these with gender, are relatively under-analyzed.

Overall, poverty has been declining in India since the late 1970s but more rapidly in rural than in urban areas. Whilst the absolute numbers of the rural

poor are the largest, they are declining; by contrast, the absolute number of the urban poor has increased in recent years.

Women and girl children suffer from gender discrimination in the allocation of resources within the household, in spite of their considerable labour and often cash contributions. This discrimination is particularly marked in the allocation of food and health care resources, resulting in imbalances in the sex ratio for most states. The relationship between household wealth and income and gender discrimination is not straightforward; there is some evidence that in the Indian context, gender discrimination within the household may be less in poor than well-off households. In general, where women's productive work is not visible, or where gender differentials in earnings are high, women may be particularly prone to discrimination in the household.

In most households, women's relationship to and uses of income are quite different from those of men. Although women frequently manage household budgets and consumption, they may have little direct control over income and often do not even know what husbands earn. When women do earn cash, their income is often entirely absorbed in family expenditure; men, on the other hand, will tend to retain personal income for spending on luxuries (tea, alcohol, bidis), irrespective of poverty, consumption of which helps them maintain some sense of manhood in the face of inability to support their families; to be good husbands and fathers. In this respect, poor men are increasingly seen as irresponsible and shiftless, particularly from a middle class perspective.

D. Caste and gender

The connection between caste and gender is most evident in the differential control men exercise over women's identity, labour and sexuality. Whilst upper caste women have gained access to privileged employment and other resources through their caste status, lower caste women are generally confined to work in the non-formal sector. In as much as reservations have promoted lower caste employment, this has tended to favour men.

Lower caste women are also highly vulnerable to sexual harassment and attack, particularly from upper caste men. Dalit women have arguably suffered most from physical and sexual violence against women in India,

with little protest or protection offered either by the state or other sections of society.

In a situation of increasingly public inter-caste tension and conflict, women are being singled out for attack as the bearers of their respective caste identities. Lower caste women, and Dalit women, in particular, are attacked and abused with impunity. Upper caste women may also be the objects of threats, intimidation and attack, but mere suspicion of attack on upper caste women by lower caste men can lead to brutal reprisals

E. Gender and communalism

As with caste issues, women tend to be the bearers of communal identities. Communalism has posed particular problems for the women's movement in India, where, in the name of progressive, particularly legal, reforms, there is often an implicit (and unconscious) communal agenda of Hindu cultural superiority being promoted in the name of women's interests. The women's movement itself, partly in reaction to Western feminism, has become imbued with Hindu symbolism. There is a tendency among middle-class (and/ or upper caste) Hindu women, who have some economic and social room for manoeuvre, to perceive the patriarchal systems governing Muslim women as more oppressive than those of Hindu society and, thus, to promote legal reforms on the basis of Hindu strictures. Whilst patriarchal practices in the Muslim community have been the subject of much protest and of legal reform by the state, Hindu practices associated with Hindutva (such as the re-emergence of sati in Rajasthan) have proved less easy for women's organisations and others to combat.

Events of the mid-late 1980s saw communal issues affecting women coming to the fore. The Shah Bano controversy highlighted the way in which both state and religious groups could manipulate gender issues to serve other agendas.

F. Gender Biases In Social Services: Health and family planning, water and sanitation and housing

Social sector policy, funding and biases

Social sector policies, institutions and delivery systems are influenced by historical legacies as well as by the interests of the various interest groups

who influence state resource allocation. Current ideology about the nature and causes of poverty, about the role of the state in basic needs provision as well as prevailing views of gender roles and relations, also shape social services provision.

Unless carefully conceived, social services provision can act to reinforce and reproduce gender biases. Moreover, not all women are equally served by social sector provision; biases also prevail according to region, location, class, caste and community.

To date, social sector spending has been characterised by certain biases. Firstly, government subsidies have been concentrated in economic rather than social services, tending to benefit private entrepreneurs and better-off farmers. Secondly, the share of state allocations to health in Plan outlays has been declining steadily. In education there has been some reversal since 1985. Thirdly, social sector spending has been biased towards urban areas and towards higher level services. As a result of cumulative biases, social sector subsidies are mainly captured by relatively high income groups. For example, only 20 percent of health subsidies and about 35 percent of water, sanitation and housing subsidies reach the rural sector, where two thirds or more of the Indian population lives.

Gender and health

India's adverse sex ratio is well known and shows no signs of improvement, having declined from 972 females per 1000 males in 1981 to 933 in 2001. This imbalance in the sex ratio is widely associated with gender-based discrimination in the allocation of food and in access to health care within the household.

However, a more careful analysis reveals considerable variations in the sex ratio according to state, age, caste, communal group, and expenditure class. Kerala is the only state with a positive sex ratio at 1058, compared to states like Haryana (861) and Punjab (874) with highly unfavourable sex ratios. Excess female mortality is concentrated among young women and girls; death rates among both boys and girls in the 0-4 age group are at their highest but are higher among girls in spite of boys' biological disadvantage at infancy; maternal deaths also account for 13 percent of female deaths before the age of 24.

Gender disparities in nutrition are evident from infancy to adulthood. In fact, gender has been the most statistically significant determinant of malnutrition among young children and malnutrition is a frequent direct or underlying cause of death among girls below age 5. Girls are breast-fed less frequently and for shorter durations in infancy; in childhood and adulthood, males are fed first and better. Adult women consume approximately 1,000 fewer calories per day than men according to one estimate from Punjab.

A primary way that parents discriminate against their girl children is through neglect during illness. When sick, little girls are not taken to the doctor as frequently as are their brothers. A study in Punjab shows that medical expenditures for boys are 2.3 times higher than for girls.

As adults, women get less health care than men. They tend to be less likely to admit that they are sick and they'll wait until their sickness has progressed before they seek help or help is sought for them. Studies on attendance at rural primary health centers reveal that more males than females are treated in almost all parts of the country, with differences greater in northern hospitals than southern ones, pointing to regional differences in the value placed on women. Women's socialization to tolerate suffering and their reluctance to be examined by male personnel are additional constraints in their getting adequate health care.

Women share in many of the diseases to which men are prone and are also especially or uniquely affected by others, such as anemia, gynecological infections, back pain and depression.

Also, women may be more susceptible than men to diseases which cause death. Comparisons of the morbidity of men and women in the same households usually show female morbidity to be higher, possibly due to lack of health care. Differential morbidity by gender is partly due to the different health hazards to which men and women are exposed. There may also be differences in the duration and intensity of illness by gender, these being correlated with poor nutritional status and inadequate health care. Because of undernourishment, girls are likely to take longer to recover from illnesses. Nutritional status and growth are also affected by illnesses and their severity and duration, and the health care received during and after illness.

Women's health is also affected by their work. The relationship between work and health is quite complex. The assumption that economic

participation improves women's status and thus health is too simplistic; it may do so but only under specific circumstances where they have control over increased earnings and feel the right to greater consumption, for example. Whilst work can increase incomes and thus spending on food and health care, this will not necessarily benefit women themselves. At the same time, longer working hours and occupational hazards can impact negatively on women's health. Women's consumption is inadequate, particularly among poor women, but they work extremely long hours. Adolescent girls are often working 10 hours or more a day by the age of 15. Boys are more likely to be compensated for their work with additional food.

Ill-health, poverty and poor working conditions form a vicious cycle with relatively greater impact on women, who carry the burden of sickness in the family and are thus often constrained to work in the unregulated sector. Women are exposed to a range of occupational health hazards, from their domestic work as well as paid work and may be especially prone to occupational hazards because of their concentration in unregulated sectors. Specific occupational health hazards suffered by women include: bad posture; damage to eyesight; respiratory problems and exposure to dust and toxic chemicals; and forms of mental stress, anxiety and depression.

Gender bias in access to health care

At least four sets of factors condition gendered access to health care, i.e. need; permission; ability (including affordability); and availability. The extent of women's relative health **needs** is higher than men, but the probability of girls' illnesses being reported is much lower than boys; women are socialised into accepting pain and suffering. In terms of **permission**, i.e. social factors affecting access to health care by gender, women's constrained mobility and literacy are a disadvantage. **Ability** to access health care is limited by direct and opportunity costs and the lack of fit between the timings of clinics and hospitals compared to women's schedules. Poor women cannot afford to wait for long periods at government facilities so they tend to use private health care for all but severe or chronic illnesses. The **availability** of health care is restricted in terms of coverage and quality especially in rural areas. Other issues here are the relevance of the care provided to women's needs; and the culture and attitudes prevailing in health sector institutions. Many women, especially those from rural areas, find the health system quite alien. The scolding attitude of medical staff also dissuades women from using health sector institutions. Finally, medical

staff often adopts communal or other biases, for example, purveying the idea that Muslim women have too many children. This can lead to poor communication between medical personnel and client, resulting in unnecessary health risks.

For a combination of these reasons, most women in rural areas continue to use home remedies or local health systems. There has been some success in integrating allopathic and non-allopathic medicine at local levels, but not on a broad institutional scale. Meanwhile, modernisation and environmental degradation may represent threats to indigenous knowledge bases on health and health resources.

Family planning

There has been a great deal of controversy over family planning programmes in India. In some sections of the bureaucracy, among the elite and in some international agencies, the rate of growth of the Indian population is perceived to be responsible for increasing poverty, overcrowding, unemployment and so on. Others perceive poverty to be a cause rather than a consequence of population growth, since poor families may have additional children for security or as an economic resource.

Family planning investments are seen by some as a substitute for development and structural change; vertical family planning programmes are relatively easy to implement, compared to long term improvements in the economy, in health and so on. Due to their primacy in funding and organisational terms, family planning programmes have been diverting resources from other health care uses; for example, Auxiliary Nurse Midwives, who are burdened with a wide range of health tasks at sub-centre level, are liable to focus mainly on meeting family planning targets and neglect their wider primary health care role.

A number of limitations of family planning programmes exist, in relation to information, attitudes, the methods promoted and the lack of a gender perspective. **Information** tends to be limited to single methods, usually sterilization, rather than a range of methods being presented, together with their relative advantages and disadvantages. As regards methods, breastfeeding requires more concerted promotion and support, for its contraceptive effects and also nutritional benefits. This would require interventions in the workplace to assist breastfeeding. Terminal methods have a controversial

history. Since the mass sterilization of men in camps in the 1970s, terminal methods have subsequently focused almost exclusively on women; the proportion of tubectomies in total sterilizations may be as high as 93 percent. Given that vasectomy is a comparatively straightforward procedure, awareness raising and promotion to counter the negative image of vasectomy is required. Similarly, barrier methods are rarely supplied to women on the grounds that they are ignorant of how to use them; in reality the need for ongoing supplies and monitoring (and therefore ongoing resources) may be the major constraint to their promotion. Injectables have attracted a lot of criticism from women's organisations. They are considered to be under-tested, difficult to reverse and to have a range of potentially dangerous side effects. The context of lack of care, in which these, as well as other contraceptive methods, are supplied, is a major problem in monitoring problems with contraceptive use.

In spite of the current emphasis on women's right to choose, there is a lack of recognition of the constraints on women's rights to choose over questions of their fertility and sexuality. Women working in the formal sector are to be penalised under new government legislation which will deny them maternity leave after the second child. There is little recognition of the fact that women are rarely independent decision-makers. It is just as important to educate men regarding responsible family planning and reproductive decision making.

HIV/AIDS

Gender stereotypes mean that bad women tend to be blamed for the spread of the disease; whilst good women are not even recognized as potential sufferers. Social as well as physiological factors mean that women are at greater risk of exposure to HIV infection than men and their position often makes it difficult to take preventive measures.

Water

Water collection and management is now widely recognised as being predominantly women's work under prevailing gender divisions of labour. Poor water supply facilities and increasingly scarce water resources thus create a considerable labour burden for women and also contribute to poor health conditions within households and communities. Access to water in

India is critically mediated through caste relations, such that Dalit women may not have direct access to village water supplies.

G. Marriage:

Women are subordinate in most marriages.

Child Marriages

Child marriages keep women subjugated.

A 1976 amendment to the Child Marriage Restraint Act raised the minimum legal age for marriage from 15 to 18 for young women and from 18 to 21 for young men. However, in many rural communities, illegal child marriages are still common. In some rural areas, nearly half the girls between 10 and 14 are married. Because there is pressure on women to prove their fertility by conceiving as soon as possible after marriage, adolescent marriage is synonymous with adolescent childbearing: roughly 10-15 percent of all births take place to women in their teens.

Inheritance

Women's rights to inheritance are limited and frequently violated.

In the mid-1950s the Hindu personal laws, which apply to all Hindus, Buddhists, Sikhs and Jains, were overhauled, banning polygamy and giving women rights to inheritance, adoption and divorce. The Muslim personal laws differ considerably from that of the Hindus, and permit polygamy. Despite various laws protecting women's rights, traditional patriarchal attitudes still prevail and are strengthened and perpetuated in the home.

Under Hindu law, sons have an independent share in the ancestral property. However, daughters' shares are based on the share received by their father. Hence, a father can effectively disinherit a daughter by renouncing his share of the ancestral property, but the son will continue to have a share in his own right. Additionally, married daughters, even those facing marital harassment, have no residential rights in the ancestral home.

Even the weak laws protecting women have not been adequately enforced. As a result, in practice, women continue to have little access to land and property, a major source of income and long-term economic security. Under

the pretext of preventing fragmentation of agricultural holdings, several states have successfully excluded widows and daughters from inheriting agricultural land.

Dowry

In India, the birth of a girl causes great upheaval for poor families. When there is barely enough food to survive, any child puts a strain on a family's resources. But the monetary drain of a daughter feels even more severe, especially in regions where dowry is practiced.

Dowry is goods and money a bride's family pays to the husband's family. Originally intended to help with marriage expenses, dowry came to be seen as payment to the groom's family for taking on the burden of another woman. In some countries, dowries are extravagant, costing years' worth of wages, and often throwing a woman's family into debt. The dowry practice makes the prospect of having a girl even more distasteful to poor families. It also puts young women in danger: A new bride is at the mercy of her in-laws should they decide her dowry is too small. Thousands of Indian women are killed in dowry-related incidents each year.

H. Neglect

In many communities, it's a regular practice to breastfeed girls for a shorter time than boys so that women can try to get pregnant again with a boy as soon as possible. As a result, girls miss out on life-giving nutrition during a crucial window of their development, which stunts their growth and weakens their resistance to disease.

Statistics show that the neglect continues as they grow up. Young girls receive less food, healthcare and fewer vaccinations overall than boys. Not much changes as they become women. Tradition calls for women to eat last, often reduced to picking over the leftovers from the men and boys.

Infanticide and Sex-Selective Abortion

In extreme cases, parents make the horrific choice to end their baby girl's life. Sex-selective abortions are even more common than infanticides in India. They are growing ever more frequent as technology makes it simple and cheap to determine a fetus' gender. As per 2001 Census, the gender ratio

across India has dropped to an unnatural low of 933 females to 1,000 males due to infanticide and sex-based abortions.

Abuse

Even after infancy, the threat of physical harm follows girls throughout their lives. Women in every society are vulnerable to abuse. But the threat is more severe for girls and women who live in societies where women's rights mean practically nothing. Mothers who lack their own rights have little protection to offer their daughters, much less themselves, from male relatives and other authority figures. The frequency of rape and violent attacks against women in the developing world is alarming.

In some cultures, the physical and psychological trauma of rape is compounded by an additional stigma. In cultures that maintain strict sexual codes for women, if a woman steps out of bounds—by choosing her own husband, flirting in public, or seeking divorce from an abusive partner—she has brought dishonor to her family and must be disciplined. Often, discipline means execution. Families commit "honor killings" to salvage their reputation tainted by disobedient women.

Sex Trafficking

Some families decide it's more lucrative to send their daughters to a nearby town or city to get jobs that usually involve hard labor and little pay. That desperate need for income leaves girls easy prey to sex traffickers.

I. Gender bias in education

Gender bias in education dates back to the colonial period, when only a minority of upper caste and middle-class women had access to formal education, and even then, they took separate curricula, often focused on domestic skills and moral and religious education. Language formed the central divide in educational policy; the elite were educated in English, whilst the masses were instructed in the vernacular. Education for women was also largely in the vernacular of the particular state.

Although growing numbers of children from all backgrounds are attending school in India, there are significant numbers who never enroll and even more who drop out soon after enrolment. Aggregate data conceal considerable regional, rural-urban and other biases in enrolment, retention

and literacy. There are a number of biases in provision and access, towards urban areas, towards upper caste groups, towards Hindus rather than Muslims, towards boys rather than girls, which are mutually reinforcing. Those least well served by the education system are thus tribal girls from remote rural communities in educationally backward states.

The percentage of girls in overall enrolments at each level of education has been growing over time. However, a gender gap in enrolment remains at all levels and although girls are enrolling in increasing numbers, a much smaller percentage is retained in the system.

Data show that Muslim women are constrained in their access to education, but little is known of the precise factors behind this, since it tends to be attributed to culture or tradition rather than to problems in provision. Educational provision in Muslim areas is differentiated along both class and gender lines; elite families will tend to send their children to secular schools as a route to upward mobility, whilst the poor mainly use religious schools or madrasas. More women than men also attend religious schools. The growing communalization of Indian society may also be leading to increasing reluctance in the Muslim community to send women to non-Muslim schools. Other factors connected with marriage and purdah restrict educational opportunity for Muslim women, but not necessarily more than for other social groups.

Girls' Education: Breaking the Pattern of Gender Discrimination

Education is the tool that can help break the pattern of gender discrimination and bring lasting change for women in developing countries.

Educated women are essential to ending gender bias, starting by reducing the poverty that makes discrimination even worse in the developing world. The most basic skills in literacy and arithmetic open up opportunities for better-paying jobs for women. The longer a girl is able to stay in school, the greater her chances to pursue worthwhile employment, higher education, and a life without the hazards of extreme poverty.

Women who have had some schooling are more likely to get married later, survive childbirth, have fewer and healthier children, and make sure their own children complete school. They also understand hygiene and nutrition better and are more likely to prevent disease by visiting health care facilities.

The UN estimates that for every year a woman spends in primary school, the risk of her child dying prematurely is reduced by 8 percent.

Girls' education also means comprehensive change for a society. As women get the opportunity to go to school and obtain higher-level jobs, they gain status in their communities. Status translates into the power to influence their families and societies.

Even bigger changes become possible as girls' education becomes the cultural norm. Women can't defend themselves against physical and sexual abuse until they have the authority to speak against it without fear. Knowledge gives that authority. The Global Campaign for Education also states that a primary education defends women against HIV/AIDS infection—disproportionately high for women in developing countries—by giving "the most marginalized groups in society—notably young women—the status and confidence needed to act on information and refuse unsafe sex."

J. Women's participation in Panchayati Raj

The system of Panchayati Raj, or local self-government at the village level, was introduced prior to Independence and incorporated into the Independence constitution. However, for forty years, the system had been fairly ineffectual, due to stalling of elections and lack of resources. In 1989, attempts to revive and reform the system began and a number of proposals were made to Parliament which, for various reasons were not carried through. At this time, the issue of reservations for women within panchayati raj was also widely debated in a number of nationwide conventions. There was considerable controversy about the need for reservations for women; however, existing women members of panchayati raj – both elected and nominated within the prevailing system - emphasized the need for an improved reservation policy.

In 1993, after a long process, the Constitution 73rd Amendment Act was passed at both central and state levels, coming into force in April of that year. The basic features of the Act include: the constitution of local government (Panchayat) bodies in a three tier system in most states; extension of the existing reservations system to include one third minimum representation of women, including among chairpersons; direct election of

Panchayat members; and increased resources and powers for local government councils.

The 73rd and 74th Constitutional Amendment Acts have spearheaded an unprecedented social experiment which is playing itself out in more than 500,000 villages that are home to more than 600 million people. Since the creation of the quota system, local women—the vast majority of them illiterate and poor—have come to occupy as much as 43% of the seats, spurring the election of increasing numbers of women at the district, provincial and national levels. Since the onset of PRI, the percentages of women in various levels of political activity have risen from 4-5% to 25-40%.

Looking through the lens of hunger and poverty, there are seven major areas of discrimination against women in India:

- **Malnutrition:** India has exceptionally high rates of child malnutrition, because tradition in India requires that women eat last and least throughout their lives, even when pregnant and lactating. Malnourished women give birth to malnourished children, perpetuating the cycle.
- **Poor Health:** Females receive less health care than males. Many women die in childbirth of easily prevented complications. Working conditions and environmental pollution further impairs women's health.
- **Lack of education:** Families are far less likely to educate girls than boys, and far more likely to pull them out of school, either to help out at home or from fear of violence.
- **Overwork:** Women work longer hours and their work is more arduous than men's, yet their work is unrecognized. Men report that "women, like children, eat and do nothing." Technological progress in agriculture has had a negative impact on women.
- **Unskilled:** In women's primary employment sector - agriculture - extension services overlook women.
- **Mistreatment:** In recent years, there has been an alarming rise in atrocities against women in India, in terms of rapes, assaults and dowry-related murders. Fear of violence suppresses the aspirations of all women. Female infanticide and sex-selective abortions are additional forms of violence that reflect the devaluing of females in Indian society.

- ***Powerlessness:*** While women are guaranteed equality under the constitution, legal protection has little effect in the face of prevailing patriarchal traditions. Women lack power to decide who they will marry, and are often married off as children. Legal loopholes are used to deny women inheritance rights.

India has a long history of activism for women's welfare and rights, which has increasingly focused on women's economic rights. A range of government programs have been launched to increase economic opportunity for women, although there appear to be no existing programs to address the cultural and traditional discrimination against women that leads to her abject conditions.