



## 6. Women and Children – Facets of Human Development

### Introduction

The Indian Constitution is firmly grounded in the principles of liberty, fraternity, equality and justice. It emphasises freedom for all and contains a number of provisions for the empowerment of women. Women's right to equality and non-discrimination are guaranteed under the constitution. Further, it has been explicitly clarified that affirmative action programmes for women are not incompatible with the principle of non-discrimination on grounds of sex.

India has reaffirmed its commitment to women by ratifying the UN conventions and international covenants like the CEDAW and Beijing Platform of Action.

The Constitutional provisions and affirmations at the global level have unfortunately not translated into the intended status for women in the country. Development in India and its states has not been equitable and men and women have benefited differently from development and progress, be it in the economic or on the political front. The social environment further exacerbates and reinforces this difference in development. The sex stereotypes in expected roles and responsibilities continue to perpetuate and reiterate this differential.

Punjab is no different from other states. Although the development levels by the state are exemplary, the status of women continues to be a cause of

concern. On the political, economic and social front, women have lagged behind not because they are not capable but because they have been denied opportunities even to survive. The male- female sex ratio, the educational attainment levels, the infant mortality rates, the skilled workforce, access to common properties, right to inheritance are but a few indicators that highlight the differentials.

At the same time, it is important to note that there has been a dramatic increase in the spaces available to women, many of which have been a consequence of state initiatives, through the formulation of gender-sensitive programmes, initiatives by NGOs and other civil society groups. These changes have not come about in a single day. Rather they have been the result of concerted efforts by women themselves.

However, the critical issues that require to be addressed are increased violence against women and children in newer and more terrifying forms, the growing menace of identity-politics, the growing trend in economic policies which are eroding principles of distributive justice, growing environmental destruction, the continued marginalisation of women in public spheres and more importantly, from the areas of education, employment and better health services.

This chapter seeks to examine the social, political and economic life of Punjab and compare the



The Global HDR of UNDP 1995 noted, “Human development is a process of enlarging the choices for all people, not just one part of the society. Such a process becomes unjust and discriminatory if most women are excluded from its benefits. And the continuing exclusion of women from many economic and political opportunities is a continuing indictment of modern progress.”

Experience has shown that the fruits of development, if invested in women, spread not only over a wider group of people, but also over a longer time span. Moreover, investing in women also entails a better and informed childcare, which can make a great difference

in the growing up years of the child. Apart from these there remains the classic argument of multiplier effect that a gendered development perspective brings about in the overall development of a region.

The returns to society from investing in girls education are even larger and last for generations. Educated women have fewer children, and thus slow down the rate of population growth. They also tend to ensure better health and education for the future generations. The rate of return for girls’ education is more than one percentage point higher than that for boys. The largest difference in returns comes from secondary education: 18.4 percent for girls and 13.9 percent for boys.

relative position of the sexes. It asks some simple questions: Do women in Punjab have the opportunity to live their lives with dignity? Do they have the right to choose what they want to do and the freedom to develop their lives in any way they wish to? Do they have the capability to acquire knowledge? Do they live long and healthy lives? Are they protected from major sources of violence, discrimination, want, fear and injustice? Do they enjoy the same choices and chances as the men?

To draw attention to gender issues, UNDP’s Global Human Development Report 1995 introduced the Gender Development Index (GDI) and Gender Empowerment Measure (GEM). GDI attempts to adjust the HDI for inequalities in the achievement of men and women. A comparison of a country’s/state’s ranking on the HDI and its ranking on the GDI can indicate the existence of gender discrepancy. GEM is a composite indicator that captures gender inequality in three key areas of political participation, economic participation and power over economic resources.

The GDI in itself is not a comprehensive tool to give a complete picture of gender equality and related concerns and issues but it does throw light on the situation of women. The various

components, which have a direct bearing on gender equality and women’s empowerment need to be studied in detail through demographic indicators, health, reproductive and child health, livelihoods, education. This chapter does that and brings out the inter and intra-state differentials.

### **Women’s Place in Punjabi Society**

As in other parts of India, Punjabi society consists of hierarchies based on caste, class and community. Within these hierarchies there is yet another hierarchy—of gender—women being at the lower rung.

Generalisations on the condition of Punjabi women are almost impossible as there are sharp regional differences. There are many differences in health, literacy, education, sex ratio, rate of mortality, employment, incidence of poverty, political participation and so on.

The causes of such differences are, among others, pre-existing levels of development, availability or otherwise of natural resources, policies of the state government and regional norms and beliefs.

However, notwithstanding disparities, deprivation of women cuts across regions, classes and



castes. For example, the success of the Green Revolution has pushed women, so far important contributors in the production process, back into the private domain. They lost their economic independence and their higher status within their class, because, with increased income and consequent higher social status for the families, women were the first to be withdrawn from the workforce as symbols of newly acquired status.

Certain development policies, or rather the lack of them, had severe consequences in creating newer disparities. There were marked differentials in labour force participation for poor women, both urban and rural. The state of rural women, who comprise the majority of the women's labour force, is pitiable. Most of them belong to the informal sector, with little or no bargaining power, which contributes to their marginalisation. This sector requires urgent action and intervention by the state.

### The Custom of Son Preference

Sikhism, Punjab's major religion, emphasises an egalitarian society. Sikh scriptures proclaim, "Why speak ill of those who give birth to kings?" But although in the realm of philosophy women are given equal, even elevated status, everyday realities tell a different story.

Discrimination against girls and women seems to be woven into the very socio-cultural fabric of the society.

The Punjabi society continues to place a premium on the male child. The birth of a son is an occasion to rejoice while the birth of a girl is a time for disappointment. Folk songs and dances reflect people's values and beliefs. The following two verses express clear preference for a male child:

*"Chann chariya baap de vehre, ne veer ghar putt janmiya"* (The moon shines in my father's courtyard, because a son has been born in my brother's house).

*"Jad ghar janmi dheer ve babula, sochee pai gaye jee ve babula"* (O father, it is a solemn occasion, a time for deep reflection, when a girl is born in the house).

So much so that the farewell note during the death of a girl child sometimes says, *"Gur khain, puni kattin, aap jayin bhra nu ghallee"* (Eat jaggery, spin yarn, you go, send a brother).

Is it a surprise then that female foeticide and infanticide are practised? Furthermore, those 'God-fearing' persons who cannot practise female foeticide continue to have children till the woman bears a male child—her health not being a matter of concern. A woman's status in society, among her own peers is measured not by what she is and what she does but if she has at least one male child. So strong is this need to 'belong' to the society and community that women themselves perpetuate the custom of son preference.

The preference for the male child is strongly rooted in economics, particularly scarcity of agricultural resources, such as land. Since women have been largely left out of the agricultural process, land and its use have become a typically male domain. Any woman trying to get her share of the ancestral property was accused of being vile, base and depraved.

A number of customs can be traced to efforts at keeping valued assets within the family. Widows were married off to younger brothers-in-law through a practice known as '*chadar pauna*'. Sisters were discouraged from asking for their share in property and any actions in this direction invariably led to rift in family ties. Women were thus discouraged from claiming any rights to land or assets of value.

The post-1975 period saw awareness among women about rights, particularly inheritance rights.



However, this awareness backfired as families began to fear that their property would go into the hands of the son-in-law, popularly known as *begana puut*, a possibility that could be avoided if there was already a son in the family. Thus, there emerged a heightened preference for the male child.

The custom of dowry, or the giving of gifts to a girl at the time of her marriage, gained ground. Dowry was seen as assets given in lieu of a girl's share in her parental property. It became customary to demand greater amounts of dowry and there were instances of women themselves demanding greater expenditure at weddings. These developments reinforced the existing preference for a son and rates of foeticide and infanticide began to rise.

Population control measures such as sterilisations and a tendency towards nuclear or smaller families also fuelled the desire for male children.

### Gender Development Index

During the post-Independence period, Punjab witnessed a high level of economic prosperity. The Green and the White Revolutions<sup>1</sup> ushered in economic growth as seen from high per capita incomes. High levels of economic development gave Punjab a relatively high HDI rank.<sup>2</sup> Punjab has an HDI value of 0.537. Only Kerala has a higher value of 0.638.

However, the high levels of development did not translate into progress for women. Society remained feudal and women's development abysmal resulting in a low gender development index. In the words of Dreze and Sen, "The north-western states, for instance, are notorious for

Table 6.1: HDI for Indian States, 2001

States	Human Development Index
Andhra Pradesh	0.416
Assam	0.386
Bihar	0.367
Gujarat	0.479
Haryana	0.509
Karnataka	0.478
Kerala	0.638
Madhya Pradesh	0.394
Maharashtra	0.523
Orissa	0.404
<b>Punjab</b>	<b>0.537</b>
Rajasthan	0.424
Tamil Nadu	0.531
Uttar Pradesh	0.388
West Bengal	0.472
<b>India</b>	<b>0.472</b>

Source: Government of India 2001, "National Human Development Report", Planning Commission, New Delhi.

highly unequal gender relations, some symptoms of which include the continued practice of female seclusion, very low female labour participation rates, a large gap in literacy rates, extremely restricted property rights, strong boy preference in fertility decisions, widespread neglect of female children and drastic separation of a married woman from her natal family."<sup>3</sup>

In Table 6.2, it can be seen that Punjab recorded low levels of development in crucial indicators such as life expectancy at birth, adult literacy levels and share of earned income.

The poor status of women is reflected through the gender development index (GDI), which measures the unequal achievements of men and women using the same indicators as HDI. Table 6.2 also reveals the gender equality index (GEI)<sup>4</sup> values of Indian states vis-à-vis Punjab in 1991.

<sup>1</sup> While the Green Revolution is a term given to the initiatives undertaken to promote agriculture production in the country in selected areas in late 1960s and 1970s, the White Revolution is a term referred to similar efforts to increase the production of milk in the country.

<sup>2</sup> UNDP's Human Development Index (HDI), using three indices—life expectancy, educational attainments and per capita GDP—measures a country's achievement in human capabilities.

<sup>3</sup> Jean Dreze and Amartya Sen, India: Economic Development and Social Opportunity, OUP, Delhi, 1995, p.47.

<sup>4</sup> The National Human Development Report released by the Planning Commission has made a Gender Equity Index, similar to the GDI.



Table 6.2: Gender Equality Index (GEI) for Indian States, 1991

State	HDI	GEI	Persons in the Labour Force (Per cent) 1999-2000		Life Expectancy at Birth (Years) 1992-96		Literacy Rate (Percent) 2001	
			Females	Males	Females	Males	Females	Males
Andhra Pradesh	0.377	0.801	54.2	85.1	63.0	60.8	51.17	70.85
Arunachal Pradesh	0.328	0.776	42.3	67.3	N.A.	N.A.	44.24	64.07
Assam	0.348	0.575	24.0	83.4	56.6	56.1	56.03	71.93
Bihar	0.308	0.469	26.3	85.2	58.2	60.2	33.57	60.32
Goa	0.575	0.775	24.6	77.4	N.A.	N.A.	75.51	88.88
Gujarat	0.431	0.714	44.6	84.9	62.5	60.5	55.61	76.46
Haryana	0.443	0.714	27.4	77.4	64.3	63.4	56.31	79.25
Himachal Pradesh	0.469	0.858	63.4	81.7	N.A.	N.A.	67.08	84.57
Jammu and Kashmir	0.402	0.740	38.5	81.2	N.A.	N.A.	41.82	65.75
Karnataka	0.412	0.753	45.4	85.0	64.5	61.1	57.45	76.29
Kerala	0.591	0.825	35.3	80.8	75.8	70.2	87.86	94.20
Madhya Pradesh	0.328	0.662	50.7	84.6	54.7	55.1	50.55	76.50
Maharashtra	0.452	0.793	46.3	82.1	66.2	63.8	67.51	86.27
Manipur	0.536	0.815	34.8	73.8	N.A.	N.A.	59.70	77.87
Meghalaya	0.365	0.807	62.1	85.0	N.A.	N.A.	60.41	66.14
Mizoram	0.548	0.770	48.7	78.5	N.A.	N.A.	86.13	90.69
Nagaland	0.486	0.729	60.6	74.1	N.A.	N.A.	61.92	71.77
Orissa	0.345	0.639	40.6	84.1	56.6	56.9	50.97	75.95
Punjab	0.475	0.710	33.9	82.2	68.6	66.4	63.55	75.63
Rajasthan	0.347	0.692	50.2	82.6	59.6	58.6	44.34	76.46
Sikkim	0.425	0.647	36.9	79.5	N.A.	N.A.	61.46	76.73
Tamil Nadu	0.466	0.813	47.6	83.6	64.8	62.8	64.55	82.33
Tripura	0.389	0.531	11.2	78.6	N.A.	N.A.	65.41	81.47
Uttar Pradesh	0.314	0.520	29.1	83.3	56.4	57.7	42.97	70.23
West Bengal	0.404	0.631	22.2	84.6	63.1	61.8	60.22	77.58
<b>India</b>	<b>0.381</b>	<b>0.676</b>	<b>38.5</b>	<b>83.5</b>	<b>61.4</b>	<b>60.1</b>	<b>54.03</b>	<b>75.64</b>

Source: Government of India 2001, "National Human Development Report", Planning Commission, New Delhi.

Table 6.3 compares HDI and GEI ranks of the Indian states.

Of the 25 States, Punjab ranks sixth in HDI but in GEI rankings it comes 16<sup>th</sup>. This gives the highest negative differential when HDI rank is compared vis-à-vis the GEI ranks and indicates that Punjab's affluence does not translate into better opportunities for women, and reinforces the fact that gender inequalities cannot be linked to income levels alone.

Within Punjab, an inter-district comparison (Table 6.4) reveals a high variation, with Rup Nagar having the highest GDI value of 0.669 and Amritsar, the lowest of 0.544. It is significant that Ludhiana, which has the highest HDI amongst the districts, ranks 9<sup>th</sup> in terms of GDI, revealing the high level

of gender disparities. Likewise, in spite of its economic development, Fatehgarh Sahib ranks 3<sup>rd</sup> in HDI and 16<sup>th</sup> in GDI. Even Firozpur, Faridkot and



Gender imbalance; A serious concern for all



Table 6.3: HDI and GEI for Indian States, 1991

State	HDI	HDI Rank (out of 25 states)	GEI	GEI Rank (out of 25 states)	HDI Rank minus GEI Rank
Andhra Pradesh	0.377	17	0.801	6	11
Arunachal Pradesh	0.328	22	0.776	8	14
Assam	0.348	19	0.575	22	-3
Bihar	0.308	25	0.469	25	0
Goa	0.575	2	0.775	9	-7
Gujarat	0.431	11	0.714	14	-3
Haryana	0.443	10	0.714	15	-5
Himachal Pradesh	0.469	7	0.858	1	6
Jammu and Kashmir	0.402	15	0.740	12	3
Karnataka	0.412	13	0.753	11	2
Kerala	0.591	1	0.825	2	-1
Madhya Pradesh	0.328	23	0.662	18	5
Maharashtra	0.452	9	0.793	7	2
Manipur	0.536	4	0.815	3	1
Meghalaya	0.365	18	0.807	5	13
Mizoram	0.548	3	0.770	10	-7
Nagaland	0.486	5	0.729	13	-8
Orissa	0.345	21	0.639	20	-1
<b>Punjab</b>	<b>0.475</b>	<b>6</b>	<b>0.710</b>	<b>16</b>	<b>-10</b>
Rajasthan	0.347	20	0.692	17	3
Sikkim	0.425	12	0.647	19	-7
Tamil Nadu	0.466	8	0.813	4	4
Tripura	0.389	16	0.531	23	-7
Uttar Pradesh	0.314	24	0.520	24	0
West Bengal	0.404	14	0.631	21	-7
<b>India</b>	<b>0.381</b>		<b>0.676</b>		

Source: Government of India 2001, "National Human Development Report", Planning Commission, New Delhi.

Table 6.4: HDI and GDI for the Districts in Punjab

Districts	Education		Health		Income		Overall		Rank		HDI Rank minus GDI Rank	Difference in Index
	HDI	GDI	HDI	GDI	HDI	GDI	HDI	GDI	HDI	GDI		
Amritsar	0.681	0.665	0.784	0.784	0.635	0.182	0.700	0.544	9	17	-8	22.29
Bathinda	0.655	0.648	0.722	0.714	0.646	0.512	0.674	0.625	14	7	7	7.27
F.G.Sahib	0.734	0.719	0.744	0.744	0.742	0.205	0.740	0.556	3	16	-13	24.86
Faridkot	0.669	0.665	0.752	0.746	0.673	0.518	0.698	0.643	10	4	6	7.88
Firozpur	0.627	0.626	0.767	0.769	0.671	0.535	0.689	0.643	12	4	8	6.68
Gurdaspur	0.761	0.752	0.820	0.821	0.589	0.123	0.723	0.565	4	15	-11	21.85
Hoshiarpur	0.801	0.803	0.719	0.715	0.635	0.419	0.718	0.645	5	3	2	10.17
Jalandhar	0.765	0.760	0.685	0.708	0.674	0.427	0.708	0.632	6	6	0	10.73
Kapurthala	0.705	0.705	0.728	0.752	0.688	0.498	0.707	0.652	8	2	5	7.78
Ludhiana	0.692	0.702	0.863	0.864	0.728	0.291	0.761	0.619	1	9	-8	18.66
Mansa	0.576	0.567	0.722	0.714	0.602	0.477	0.633	0.586	17	13	4	7.42
Moga	0.647	0.649	0.753	0.749	0.648	0.423	0.683	0.607	13	10	3	11.13
Muktsar	0.618	0.612	0.753	0.749	0.582	0.458	0.651	0.606	16	11	5	6.91
Nawanshehar	0.738	0.749	0.695	0.710	0.686	0.410	0.707	0.623	7	8	-1	11.88
Patiala	0.680	0.676	0.741	0.732	0.670	0.393	0.697	0.600	11	12	-1	13.92
Rup Nagar	0.753	0.755	0.762	0.766	0.737	0.485	0.751	0.669	2	1	1	10.92
Sangrur	0.601	0.604	0.669	0.690	0.690	0.433	0.654	0.575	15	14	1	12.08
<b>Punjab</b>		<b>0.689</b>		<b>0.745</b>		<b>0.406</b>		<b>0.614</b>				

Source: Calculated by Project team, based on tables 1 and 2 in the Statistical Tables



Bathinda rank better in GDI at 4<sup>th</sup>, 4<sup>th</sup> and 7<sup>th</sup> places respectively (both Firozpur and Faridkot have the same rank), while in terms of HDI they rank at 12<sup>th</sup>, 10<sup>th</sup> and 14<sup>th</sup> places respectively. This analysis also proves that a high level of HDI does not ensure an equally high level of GDI. The difference in ranking between HDI and GDI for the districts is highest in Fatehgarh Sahib and lowest in Patiala, Ropar, Sangrur and Nawanshehar; Jalandhar is the only district in Punjab where the HDI and GDI ranking is the same.

GDI however is not a fully adequate measure of women's status. This is indicated from the fact that Ropar district, which ranks 12<sup>th</sup> in terms of sex ratio and 4<sup>th</sup> in terms of female literacy, has the highest GDI. Thus for a better and more accurate analysis, the HDI-GDI percent is taken into consideration. The highest differential in this context is prevalent in Fatehgarh Sahib (24.86%) and lowest in Firozpur (6.68%). This is especially significant considering Firozpur's low ranking in terms of HDI, while Fatehgarh Sahib is much better placed.

A noteworthy factor in this context is that there is very little variation in education and health HDI and GDI figures, while the variation in income indices for both is quite significant. It would be seen from Table 6.4 that in Ludhiana, the education GDI at 0.702 is higher than HDI at 0.692, the health HDI is 0.863 and the GDI is 0.864, while the income index variation is to the tune of 0.437 with HDI income at 0.728 and GDI 0.291. This is indicative of not only marginalisation of women's labour, but more significantly the invisibility of women.<sup>5</sup>

It is again significant that Ropar which ranked first in per capita income at constant prices in 1998-99, ranks 1<sup>st</sup> in GDI, but Ludhiana and Fatehgarh Sahib, which ranked 2<sup>nd</sup> and 3<sup>rd</sup> in respect of per capita income (1998-99 at constant prices) rank 9<sup>th</sup> and 16<sup>th</sup> in terms of GDI. Interestingly, Muktsar, which ranks last in income, is relatively better placed in respect of GDI at number 11. This is a very clear indicator of the fact that the income level is no consideration in ensuring a better quality of life or more equal treatment for women. Thus, no general conclusions can be drawn with reference to HDI and GDI.

It has been argued that the HDI, GDI and the gender empowerment measure (GEM)<sup>6</sup> as concepts are not satisfactory as "(a) they do not measure the concerns of women in the south, (b) they measure gender development at the individual level only, ignoring macro and structural aspects of gender development, and (c) they are quite narrowly defined in terms of their coverage."<sup>7</sup> The HDI, furthermore, does not capture all aspects of human development, some of which such as autonomy, choice and political freedom are non-quantifiable. The Human Development in South Asia, 2000 Report too points out, "Composite indices such as the GDI and GEM cannot be taken as complete measures of gender equality or women's empowerment, as many facets of equity and empowerment—security, mobility, dignity, access to resources, autonomy—cannot be adequately represented by proxy measures. GDI and GEM can be important, however, to draw the attention of policy-makers and analysts to the 'gendered' effects of development in South Asia."<sup>8</sup>

<sup>5</sup> In this context, it would not be out of place to mention the existence of family enterprises, including animal husbandry, in which women play a major role and contribute in significant proportion to the family income, yet their work is undercounted and under enumerated.

<sup>6</sup> The UNDP has also brought out the Gender Empowerment Measure, which attempts to measure and rank nations in terms of level of gender empowerment.

<sup>7</sup> Indira Hirway and Darshini Mahadevia, "Critique of Gender Development Index: Towards an Alternative", Economic and Political Weekly, October 26, 1996, p. ws-96

<sup>8</sup> Human Development in South Asia, Mahbub ul Haq Human Development Centre, OUP, Karachi, 2000, pp 40-41.



A gender-related balance sheet must be assessed within the complex socio-cultural situation of the state. The status of women in any society must be assessed in the context of not only the indicators taken for calculating the GDI, but in terms of other factors such as demography, health, education, work, political participation, as well as crimes against women.

## Demographic Indicators

### Sex Ratio

Sex ratio is a sensitive indicator of the status of women in society, at a given point of time. Men have outnumbered women in every census of the century. India's low sex ratio of 933 females per 1000 males in the current Census 2001 reveals a continuing imbalance in gender relations. The physiological strength of the girl child and her higher life expectancy at birth should actually keep the sex ratio above 1000, yet the perceptible decline from a sex ratio of 972 in 1901 to 933 in 2001 indicates an increasing gap between male and female children. Only Kerala and the union territory of Pondicherry have sex ratios above

unity; 17 states have sex ratios above the national average.

Sex ratios in Punjab are similarly grim at the district level. Table 6.5 reveals that only Hoshiarpur has a sex ratio which is at least comparable with the national average and only two districts, viz. Hoshiarpur and Nawanshehar, have a sex ratio above 900. All the other 15 districts have sex ratios lower than 900. Hoshiarpur ranks at the top, with a sex ratio of 935 and Ludhiana at the bottom with a sex ratio of a mere 824.

Comparing inter-district rankings between 1991 and 2001 it can be seen that although the top and bottom status of Hoshiarpur and Ludhiana remain unchanged, there are considerable shifts in district ranks. Muktsar, for instance, has improved from 11<sup>th</sup> to 4<sup>th</sup> place, while Patiala has dropped from 10<sup>th</sup> place to 15<sup>th</sup>. Only Ferozpur and Moga have shown no variation in ranks, continuing at 6<sup>th</sup> and 7<sup>th</sup> place respectively. Significantly, only five districts have shown an improvement in sex ratio, with the highest increase in Nawanshehar of 13

Table 6.5: Ranking of Districts by Sex Ratio: 1991 and 2001

Districts	Sex Ratio in 2001			Ranks in 2001			Sex Ratio in 1991			Ranks in 1991		
	T	R	U	T	R	U	T	R	U	T	R	U
<b>Punjab</b>	<b>874</b>	<b>887</b>	<b>848</b>	-	-	-	<b>882</b>	<b>888</b>	<b>868</b>	-	-	-
Amritsar	874	885	859	11	8	12	873	871	876	12	13	12
Bathinda	865	868	860	14	15	11	884	888	873	7	7	13
F.Sahib	851	859	832	16	17	16	871	870	873	14	15	13
Faridkot	881	876	892	9	11	2	883	882	884	9	9	8
Ferozpur	883	893	857	6	6	14	895	898	887	6	5	7
Gurdaspur	888	895	868	3	5	8	903	905	895	2	4	3
Hoshiarpur	935	947	888	1	1	3	924	932	890	1	1	4
Jalandhar	882	904	859	8	4	12	897	907	883	4	3	9
Kapurthala	886	907	843	4	3	15	896	910	857	5	2	16
Ludhiana	824	877	784	17	10	17	844	880	812	17	10	17
Mansa	875	875	878	10	12	5	873	871	881	12	13	10
Moga	883	885	873	6	8	6	884	883	889	7	8	5
Muktsar	886	888	883	4	7	4	880	877	888	11	11	6
Nawanshehar	913	914	911	2	2	1	900	898	914	3	5	1
Patiala	864	862	868	15	16	8	882	875	899	10	12	2
Rup Nagar	870	869	871	12	13	7	870	870	870	15	15	15
Sangrur	868	869	864	13	13	10	870	866	881	15	17	10

Source: Provisional Series, Paper I of Punjab, Census of India

Note: T = Total; R = Rural; U = Urban





points, followed by Hoshiarpur (11), Muktsar (6), Mansa (2) and Amritsar (1). All others reveal a regression, the highest being in Ludhiana and Fatehgarh Sahib (20 points each).

There are wide variations between rural and urban areas. The rural sex ratio is generally higher than the urban one. Among the districts, it is noteworthy that Hoshiarpur ranks at the top in its rural sex ratio, but 3<sup>rd</sup> in urban sex ratio. Nawanshehar is at the top in urban sex ratio. Paradoxically, Ludhiana is 17<sup>th</sup> in urban sex ratio, but 10<sup>th</sup> in rural sex ratio. This seems to justify the hypothesis of male in-migration as the cause of a low sex ratio. But Fatehgarh Sahib is last in rural sex ratio and 16<sup>th</sup> in urban sex ratio. It is significant to note further, that Faridkot, Mansa, Ropar and Patiala have better sex ratios in urban areas in contrast to the generally prevailing trend in Punjab, reflective, perhaps of greater 'son preference' in rural areas, particularly in districts with a lower level of urbanisation.

Punjab has shown a consistently adverse sex ratio over time (Table 6.6) It was, however, heartening to see that the low sex ratio, apart from a sharp fall in early decades of the twentieth century<sup>9</sup> was slowly inching upwards until 1991. Alarming, the 2001 Census reveals a drop to a pre-1981 status, a case of one-step forward, two steps back.

A district-wise analysis does not reveal a consistently rising or declining trend for each of the districts. Districts which show a positive trend in one census show a decline in the next and vice versa. Between 1951-61, Moga, Muktsar, Faridkot, and Bathinda witnessed a decline in sex ratios. In the next decade, it was Hoshiarpur, Nawanshehar and Ludhiana, which showed a declining trend. But, significantly, during 1971-81, all districts showed a perceptible increase in sex ratio. Post 1981, four districts—Gurdaspur, Kapurthala, Ludhiana and Muktsar—saw a negative trend, but in the current census, as many as 11 districts, for the first time since Independence, have shown a decline in sex

Table 6.6: Sex Ratio of Punjab and its Districts 1901 – 2001

District	1901	1911	1921	1931	1941	1951	1961	1971	1981	1991	2001
<b>Punjab</b>	<b>832</b>	<b>780</b>	<b>799</b>	<b>815</b>	<b>836</b>	<b>844</b>	<b>854</b>	<b>865</b>	<b>879</b>	<b>882</b>	<b>874</b>
Amritsar	829	781	796	803	841	841	854	856	871	873	874
Bathinda	N.A.	N.A.	N.A.	N.A.	N.A.	839	834	851	861	884	865
Faridkot	N.A.	N.A.	N.A.	N.A.	N.A.	856	849	866	879	883	881
Fatehgarh	N.A.	N.A.	N.A.	N.A.	N.A.	773	815	831	841	871	851
Firozpur	826	778	802	814	810	835	840	876	884	895	883
Gurdaspur	853	774	794	809	843	846	869	890	907	903	888
Hoshiarpur	878	828	856	867	879	877	902	899	919	924	935
Jalandhar	848	783	807	841	859	857	867	883	890	897	882
Kapurthala	N.A.	N.A.	N.A.	N.A.	N.A.	880	886	889	898	896	886
Ludhiana	829	765	784	791	832	852	856	848	860	844	824
Mansa	N.A.	N.A.	N.A.	N.A.	N.A.	824	830	852	869	873	875
Moga	N.A.	N.A.	N.A.	N.A.	N.A.	867	862	866	881	884	883
Muktsar	N.A.	N.A.	N.A.	N.A.	N.A.	862	846	863	885	880	886
Nawanshehar	856	796	821	848	865	876	900	887	898	900	913
Patiala	N.A.	N.A.	N.A.	N.A.	N.A.	809	831	850	870	882	864
Rup Nagar	807	756	781	789	802	812	812	854	862	870	870
Sangrur	N.A.	N.A.	N.A.	N.A.	N.A.	820	832	840	860	870	868

Source: Census of India, 2001, Series-4, Punjab (Provisional Population Totals, Paper 1 of 2001)

Note: N.A. = Not available

<sup>9</sup> One of the causes for this sudden sharp decline could have been the plague, which occurred in the early twentieth century. It is important to consider, however, that the effect should have been the same for men and women. However, its greater impact on women can only be linked to the "insignificance" of a woman's life in a strongly patriarchal state.



Table 6.7: **Sex Ratio in the 0-6 age Group for Punjab and its Districts**

State/Districts	Sex Ratio in 0-6 age group – 1991 Census			Sex Ratio in 0-6 age group – 2001 Census			Change in points		
	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban
<b>Punjab</b>	<b>875</b>	<b>878</b>	<b>866</b>	<b>793</b>	<b>795</b>	<b>789</b>	<b>-82</b>	<b>-83</b>	<b>-77</b>
Amritsar	861	864	856	783	789	772	-78	-75	-84
Bathinda	860	866	844	779	789	756	-81	-77	-88
Faridkot	865	867	861	805	805	806	-60	-62	-55
FG Sahib	874	872	881	754	747	774	-120	-125	-107
Firozpur	887	894	864	819	824	804	-68	-70	-60
Gurdaspur	878	881	868	775	789	729	-103	-92	-139
Hoshiarpur	884	887	873	810	813	800	-74	-74	-73
Jalandhar	886	891	879	797	806	786	-89	-85	-93
Kapurthala	879	875	891	775	773	779	-104	-102	-112
Ludhiana	877	886	869	814	812	816	-63	-74	-53
Mansa	873	883	814	779	780	775	-94	-103	-39
Moga	867	867	866	819	820	811	-48	-47	-55
Muktsar	858	864	839	807	810	798	-51	-54	-41
Nawanshehar	900	898	913	810	811	805	-90	-87	-108
Patiala	871	870	872	770	764	786	-101	-106	-86
Rup Nagar	884	883	886	791	787	800	-93	-96	-86
Sangrur	873	877	863	784	779	798	-89	-98	65

Source: Provisional Series, Paper 2 of Punjab, Census of India, 2001

ratio. Policy makers are continuing to grapple with these figures.

The 0-6 age group portrays future trends. Data on this group is presented in Table 6.7, and the analysis is very disturbing. Punjab has the lowest child sex ratio in the country (793). It has witnessed a decrease of 82 points, which is the highest among states, although almost all the states show some degree of regression; Sikkim, Mizoram, Tripura, Lakshadweep and Kerala have witnessed some increase.

Punjab's districts show some appalling rates of regression. None of the districts show a positive trend. As a matter of fact, the lowest decline is as high as 48 points. Fatehgarh Sahib witnessed the highest decline of 120 points, and Moga, the lowest of 48 points. The decline is above the state average, in as many as nine districts. However, its extent and area varies. In some districts, urban areas show a greater adversity in sex ratio as in

Gurdaspur, Amritsar, Kapurthala, Jalandhar, Nawanshehar, Moga, and Bathinda. In all the other districts, rural areas present a higher degree of decline. Dr. Sarala Gopalan and Dr. Mira Shiva reported that "Of the 55 districts in the country that have less than 900 girls per 1000 boys, 28 districts are in Haryana and Punjab".<sup>10</sup>

A comparison between districts on the general sex ratio and the sex ratio in the 0-6 age group reveals intriguing results. Ludhiana, which ranks at the bottom in general sex ratio, ranks 3<sup>rd</sup> in sex ratio in the 0-6 age group. In contrast, Hoshiarpur (first in general sex ratio) is at 4<sup>th</sup> place. Moga and Firozpur, ranking 7<sup>th</sup> and 6<sup>th</sup> respectively in overall sex ratio are at the top with a sex ratio of 819, while Fatehgarh Sahib continues to rank last with sex ratio at a mere 754.

The fact that of the 10 districts with the lowest child sex ratio in the whole of India seven belong to Punjab, viz. Fatehgarh Sahib, Patiala, Gurdaspur,

<sup>10</sup> S Gopalan & Mira Shiva, National Profile on Women, Health & Development, VHA1 & WHO, 2000, p.19.



Table 6.8: **Districts with the Lowest Child Sex Ratio in India, 2001**

District	State	Sex Ratio
Ambala	Haryana	784
Amritsar	Punjab	783
Bathinda	Punjab	779
Fatehgarh Sahib	Punjab	754
Gurdaspur	Punjab	775
Kapurthala	Punjab	775
Kurukshetra	Haryana	770
Mansa	Punjab	779
Patiala	Punjab	770
Sonepat	Haryana	783

Source: Presentation by Mr. Sunil Gulati, Director, Census Operations, Haryana, at Regional Data Dissemination Workshop, Chandigarh, July 10, 2001

Kapurthala, Bathinda, Mansa, Amritsar, is once again appalling. The other three belong to Haryana. In 1991, three of such districts fell in Punjab, the others belonged to Tamil Nadu (1), Madhya Pradesh (1), Rajasthan (1) and Haryana (4). It is therefore alarming that by 2001, the number of districts have increased from 3 to 7. Decline in the sex ratio at birth, from 946 in 1981 to 854 in 1991, is equally indicative of increasing foeticide.<sup>11</sup>

It is difficult to arrive at a set of reasons for these low sex ratios. Punjab has a high level of development and ranks comparatively high in the HDI. Thus poverty cannot be cited as the foremost reason for a declining sex ratio.

The causes of a poor sex ratio cannot be traced to literacy either. Notably, the district with the highest sex ratio, viz. Hoshiarpur, also has the highest overall and female literacy rates, but the districts with lowest sex ratio, Ludhiana and Fatehgarh Sahib (17<sup>th</sup> and 16<sup>th</sup> respectively) are also ranked considerably high in literacy rates. Ludhiana is ranked 5<sup>th</sup> in overall literacy and 3<sup>rd</sup> in female

<sup>11</sup> A survey conducted by the Institute for Development and Communication highlights a few features of the prevailing scenario in Punjab: (1) Thirty-three percent of respondents acknowledged having undergone sex determination tests in 2001, (2) In 2000, 45 % mentioned use of methods to ensure birth of male child. , (3) Strata and locational variance in practice of female foeticide: 53% respondents belonging to upper income group were found to be the largest users of pre-natal tests; middle income and lower income mentioned 39% and 19% respectively; urban (38 %), rural (33%), semi-urban (27%), (4) Eighty-one percent mentioned the necessity of a male child. In this females constituted 84% and males 78%.

Box 6.2: **Misuse of Diagnostic Techniques for Male Child**

"A farmer, well past 60, and his wife, 55, wanted a child of their own. Not just any child, a male child who would be heir to their 150 acres. Their eldest son (24) is physically and mentally disabled, a daughter (23) has been married off and their youngest son (23) died of brain tumour. So they chose to go in for a male child to inherit their land. Medical help was easily available to them at Ludhiana, complete with an ultrasound test confirming that the foetus was male. The couple and the doctors have given jubilant interviews even though the entire exercise was a gross violation of the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act.

*(Indian Express, 3.06.1998)*

literacy, while Fatehgarh Sahib is ranked 7<sup>th</sup> in overall literacy and 6<sup>th</sup> in female literacy. So the link with education too is difficult to sustain.

Nor can industrialisation and urbanisation be accepted as causes. Ludhiana is the industrial hub of the state and in-migration of labour is stated as one of the causes of the adverse sex ratio. However, Fatehgarh Sahib is a semi-urban, rural area and the same causes would not hold true here.

The declining sex ratio therefore must be considered along with factors of improved life expectancy, greater availability of health services and declining female mortality. A lower female death rate and higher life expectancy, seen along with a declining sex ratio can only indicate the increasing incidence of female foeticide as well as negligence of the girl child. Perhaps this was due to the large number of Sex determination Clinics which continued to proliferate all over the state in clear violation of the

Prenatal Diagnostic Techniques ACT. A technology developed to eliminate birth defects was being used to deny the girl child the Right to be born. The Govt. has been alarmed on this situation and the enforcement of the Act has been made strict.

That the five head priests of the Akal Takht<sup>12</sup> have declared the practice of killing the girl child as "*bajjar kurahit*" (unpardonable sin) is encouraging. Since this is a stern directive and not a request with excommunication as punishment, it reveals how concerned community leaders are.

To understand the paradox of a declining sex ratio in the face of improvement of economic indicators, there is a need to examine the gamut of socio-economic and cultural variables, which make the Punjab women equal yet unequal, marginalised yet valorised. Not only must the issues be correctly identified but the state must undertake wide ranging measures by which cultural and social attitudes are changed and legal strictures put in place.

### **Mortality Rates**

Declining sex ratios generally mean a high death rate of women. Yet, here again Punjab presents contrasts. Overall death rates in Punjab are lower than the national level, but female mortality is higher than the national average for the year 1997. The difference between male and female mortality is also higher in Punjab (1.2 percent) as compared to the national level (0.6 percent).

Overall death rates may be in favour of females, but a look at age-specific death rates reveals a different picture. Table 6.9 reveals that in the 0-4 age group females have a much higher mortality rate than males, in spite of the fact that females at this

age are biologically stronger. In this context, Barbara D. Miller makes a spine chilling report, "Not all groups practised female infanticide, but there are grim reports that a few entire villages in the north-western plains had never raised one daughter."<sup>13</sup>

Although mortality rates in the age group of 0-4 years for both males and females are much higher in rural areas as compared to urban areas, it is significant to note that the differentials in male-female mortality are much higher in urban areas as compared to rural areas. Higher female mortality is seen up to the age of 19, after which there is a reversal in the trend with a higher percentage of male mortality. Significantly in the 5-9 age group, not only does the difference between male and female mortality diminish, but the rural-urban divide in case of male mortality vanishes. The rural-urban divide continues in case of females, with females recording a higher incidence of mortality in rural areas as compared to urban areas. Interestingly, in the 25-29 and 70+ age group, female mortality is higher in urban areas as compared to rural areas. Considering the fact of higher female life expectancy at birth and lower female mortality rates overall, the implications of the declining sex ratio appear even more horrific.

A significant factor affecting mortality differentials is the birth order. A study in Punjab recorded a female to male mortality ratio of 0.75 among 0-4 years of age in the case of the first child. The ratio rose to 1.23 for the second child and doubled to 1.53 for the fourth or later children.<sup>14</sup> It was found that mortality rates were even higher amongst second-born girls if the first surviving child was a girl. These variations reveal that the benefits of medical advances and

<sup>12</sup> The supreme seat of Sikh religious authority.

<sup>13</sup> Barbara D. Miller, "Female Infanticide and Child Neglect in Rural North India" in Caroline B. Bretall and Carolyn F. Sargent (eds.) Gender in Cross-Cultural Perspective, Prentice-Hall, New Jersey, 1993)

<sup>14</sup> Monica Dasgupta, "Selective Discrimination against Female Children in Rural Punjab, India," Population and Development Review, 13 (1), March 1987.



Table 6.9: Age-specific Mortality Rate by Sex and Residence, 1997 (Punjab)

Age-group	Total			Male			Female		
	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban
0-4	14.9	16.2	10.7	12.6	14.7	6.3	17.6	18.1	16.1
5-9	0.7	0.8	0.5	0.2	0.2	0.3	1.3	1.5	0.8
10-14	0.8	0.8	0.6	0.5	0.4	0.7	1.0	1.3	0.4
15-19	1.4	1.5	1.0	1.2	1.3	0.8	1.5	1.6	1.3
20-24	2.0	2.3	1.3	2.2	2.4	1.6	1.8	2.2	0.9
25-29	2.8	3.0	2.3	3.6	4.2	2.1	1.9	1.8	2.4
30-34	2.2	2.9	0.5	3.2	4.0	1.0	1.3	1.8	0.0
35-39	3.3	3.5	3.0	4.8	4.9	4.6	1.7	2.0	1.2
40-44	6.1	7.4	2.7	8.2	10.3	3.2	3.8	4.5	2.1
45-49	4.5	4.8	3.7	6.2	6.9	4.6	2.6	2.6	2.7
50-54	12.9	12.6	13.8	14.0	13.5	15.5	11.5	11.5	11.8
55-59	11.9	10.5	15.6	13.3	12.6	15.0	10.4	8.3	16.3
60-64	20.1	18.9	24.7	23.3	21.9	28.5	17.1	16.1	20.7
65-69	29.1	27.9	33.2	32.8	29.3	46.0	25.1	26.3	21.1
70+	70.2	68.4	77.7	77.7	76.0	85.5	62.1	59.9	70.4
All ages	7.4	7.8	6.1	8.0	8.5	6.3	6.8	7.0	6.0

Source: Compendium of India's Fertility and Mortality Indicators, 1971-97 based on SRS.

improved health care delivery system reach greater number of male than female children. In her analysis of Khanna in Ludhiana District, Monica Dasgupta, further shows that girl children are selectively eliminated as part of a woman's family building strategy that aims to have more sons than daughters. If not

infanticide, then death is caused by neglect. She reaches the startling conclusion that education has not altered these results.

### Infant and Child Mortality

The implications of the declining sex ratio also need to be analysed keeping in mind the decline in infant

Table 6.10: District-wise Total Infant Mortality Rate, Male Infant Mortality Rate and Female Infant Mortality Rate for 1981 and 1991

Districts	Infant Mortality					
	Total		Male		Female	
	1981	1991	1981	1991	1981	1991
Amritsar	74	49	@	48	78	50
Bathinda	80	72	@	69	83	74
Faridkot	78	53	77	54	78	51
Ferozpur	75	61	74	58	76	63
Gurdaspur	78	75	75	75	82	74
Hoshiarpur	81	76	76	68	@	85
Jalandhar	75	53	70	56	80	51
Kapurthala	92	86	77	73	@	94
Ludhiana	66	45	66	42	69	47
Patiala	78	64	76	69	@	59
Rup Nagar	73	60	71	59	75	60
Sangrur	87	53	89	54	@	51
<b>Punjab</b>	<b>77</b>	<b>56</b>	<b>74</b>	<b>62</b>	<b>79</b>	<b>53</b>

Source: 1. Occasional Paper No. 10 of 1998, Fertility & Child Mortality Estimates of Punjab. Table 2.1 q (1), Page 41-44, Census of India, 1981, 2. Punjab State District Profile-1991, Table no.14, (q1), page 26, Census of India, 1991. Note: @ Not Available



Table 6.11: **Mortality Rate of Children Under 5 Years**

Districts	Infant Mortality					
	Total		Male		Female	
	1981	1991	1981	1991	1981	1991
Amritsar	103	61	73	65	115	60
Bathinda	114	87	107	84	121	91
Faridkot	112	67	109	68	117	65
Firozpur	108	77	103	76	114	79
Gurdaspur	116	99	107	96	126	101
Hoshiarpur	118	100	110	101	127	99
Jalandhar	109	69	101	70	118	69
Kapurthala	106	112	107	101	105	121
Ludhiana	94	60	88	59	100	61
Patiala	114	80	109	81	119	73
Rup Nagar	103	76	98	77	109	74
Sangrur	129	79	123	78	135	80
<b>Punjab</b>	<b>111</b>	<b>92</b>	<b>104</b>	<b>97</b>	<b>118</b>	<b>82</b>

Source: 1. Occasional Paper No.10 of 1998, Fertility & Child Mortality Estimates of Punjab, Table 2.1 q (5), Page 41-44, Census of India, 1981. 2. Punjab State District Profile-1991, Table no.14,(q5), page 26, Census of India, 1991.

mortality in general and female infant mortality in particular.

Table 6.10 provides interesting figures. Female infant mortality is lower in every district as compared to male infant mortality. Female infant mortality has decreased at a faster rate vis-à-vis male infant mortality from 79 to 53 per 1000 live births, a decline of 26 as compared to 12 in the case of male infant mortality over the decade 1981-91.

Considering the mortality rate of children less than 5 years of age, Table 6.11 shows that over the ten-year period from 1981 to 1991, female mortality rate in this age group declined at a much faster rate by 36 points as compared to only 7 points for males. Amongst the districts, Kapurthala has the highest female child mortality rate, while Amritsar has the lowest. This shows that it is not infant and child mortality that are leading to a low sex ratio in Punjab.

### Fertility Rate

The decline in death rates is accompanied by a corresponding decline in birth rates, indicative of

Punjab's demographic transition. Table 6.12 reveals that the birth rate in Punjab has declined from 34.2 in 1971 to 23.4 in 1997, i.e., a decline of 1.8 percent. The decline is much greater in urban areas as compared to rural areas.

Frequent childbirth is one of the major causes for the low health status of women. Corresponding to the decline in birth rates, fertility rates too have declined from 5.2 in 1971 to 2.7 in 1997. The decline is slightly greater in rural areas at 2.9 as compared to urban areas (2.2), although the fertility rate in urban areas continues to be lower than that in rural areas.

Table 6.12: **Birth Rate and Total fertility Rate in Punjab (1971-1997) by place of residence**

Year	Birth rate			Total Fertility Rate		
	Total	Rural	Urban	Total	Rural	Urban
1971	34.2	35.0	31.4	5.2	5.5	4.4
1981	30.3	30.8	28.5	4.0	4.1	3.4
1991	27.7	28.5	25.6	3.1	3.2	2.8
1997	23.4	24.9	19.0	2.7	2.9	2.2

Source: Compendium of India's Fertility and Mortality Indicators, 1971-1997, based on SRS.



Decline in fertility rates can have significant ramifications for women's health, leading to its overall improvement. The NFHS-II estimate of the TFR for the state is 2.2 children per woman, which is the average number of children that would be born to a woman if, hypothetically, she experienced current age-specific fertility rates as she lived through her reproductive years, that is, age 15-49.

During 1989-91 and the next five years, TFR in Punjab declined from 2.9 to 2.2, a decline of 24 percent.<sup>15</sup> NFHS II however reveals a faster decline in fertility in urban areas as compared to rural areas. It also reports that fertility in urban areas is about 15 percent above the replacement level. The peak of fertility, again revealed by NFHS II is in the age group of 20 to 24 years with a sharp decline after the age of 30 years.

### Maternal and Child Health Issues

The biological processes of conception and childbearing are among the most significant facts influencing a woman's health. In fact, most studies on women's health focus on reproductive health matters to the exclusion of others. Millions of women face challenges to their health during this very natural process of childbirth. In fact, the problem starts from the adolescent years, i.e., between puberty and young adulthood, as reproductive health care is not given adequate importance in our society.

The issue of sexual health assumes primacy in the case of girls. Sex is a taboo subject in most homes and most young girls are unaware of its implications.

There is a prevalence of anaemia among a number of adolescent girls. Most girls suffer from anaemia primarily due to widespread discrimination in the quality and quantity of food that is available to them. Anaemia naturally has unfavourable

consequences for the reproductive years and tackling it at the adolescent stage is likely to yield better results than trying to deal with it during the limited period of contact between a pregnant woman and a health worker.

Crucial inputs are needed to raise girls' awareness. Girls at this stage need to be made more aware of AIDS, safe sexual practices, contraception, sexually transmitted diseases, etc. Teenagers should also be made to understand the positive consequences of physical sanitation. A number of infections occur due to poor hygiene during the menstrual cycle.

The state needs to promote certain programmes. Perhaps a woman worker from the community can be attached to the *anganwadi* to help adolescent girls in their transition to womanhood. The worker should be able to work at all levels, at the level of the girls, with her parents and the community. At a wider level, the state ought to protect the right of girl adolescents so they may lead a healthy and safe life.

Maternal health indicators provide figures on the social and economic inequalities between women and men.

Table 6.13 reveals that Punjab ranks very low on maternal health indicators compared to other states. It ranks 9<sup>th</sup> in respect of number of registered pregnant women, 10<sup>th</sup> in terms of women receiving iron and folic acid tablets (IFA), 8<sup>th</sup> in terms of institutional delivery and 10<sup>th</sup> in terms of post-natal care. The only positive point may be seen in the number of women receiving two doses of tetanus toxoid, in which case Punjab is ranked 3<sup>rd</sup>. In respect of IFA tablets, even Orissa is ranked better than Punjab. Considering the high level of availability of health services, the high level of development, per capita income and literacy levels,

<sup>15</sup> NFHS-II, Punjab Preliminary Report.



Table 6.13: **Some Maternal Health Indicators of 15 Major States, 1995-96**

States	Pre-natal care		Natal Care	Post-Natal Care	
	No. Registered per 1000 Pregnant Women	No. Received per 1000 Pregnant Women 2 doses of Tetanus Toxide      Iron and Folic Acid Tablets	Delivery in Health Institutions per 1000 Deliveries	No. Registered per 1000 Mothers	
Andhra Pradesh	772 (3)	546 (5)	670 (3)	365 (5)	416 (5)
Assam	650 (6)	377 (11)	615 (7)	135 (12)	366 (6)
Bihar	99 (15)	231 (15)	125 (15)	95 (15)	74 (15)
Gujarat	644 (7)	474 (8)	629 (6)	332 (6)	419 (4)
Haryana	421 (11)	441 (10)	416 (11)	202 (9)	251 (11)
Karnataka	721 (5)	531 (6)	646 (5)	458 (4)	364 (7)
Kerala	874 (1)	644 (1)	783 (1)	924 (1)	495 (3)
Madhya Pradesh	417 (12)	270 (12)	399 (12)	164 (10)	304 (8)
Maharashtra	734 (4)	490 (7)	665 (4)	462 (3)	518 (2)
Orissa	489 (10)	453 (9)	520 (9)	131 (13)	277 (9)
Punjab	585 (9)	586 (3)	502 (10)	242 (8)	268 (10)
Rajasthan	270 (13)	234 (14)	289 (13)	147 (11)	120 (14)
Tamil Nadu	828 (2)	600 (2)	743 (2)	718 (2)	554 (1)
Uttar Pradesh	192 (14)	246 (13)	177 (14)	106 (14)	141 (13)
West Bengal	637 (8)	580 (4)	573 (8)	312 (7)	246 (12)
<b>All India</b>	<b>455</b>	<b>381</b>	<b>424</b>	<b>254</b>	<b>271</b>

Source: Sarvekshana, Vol. XXIII, No. 3, Jan-March, 2000, Issue No. 82, NSS 52<sup>nd</sup> Round, July 1995-June 1996

Note: Numbers in parentheses indicate ranking

these figures indicate the high inequalities between the sexes in the household.

The condition of children in the state is also not heartening. The causes of poor survival rates are generally premature deliveries, respiratory diseases, poor nutrition and infections such as diarrhoea, measles, mumps, jaundice, etc. Also absent, especially in the rural and underdeveloped parts of the state is effective ante-natal and post-natal care. Babies born to mothers who are very young or very old and those where the inter-pregnancy interval is very little, are at high risk.

There is also the incidence of diseases arising from unsanitary living/ working conditions. Water-borne diseases, which constitute 70 percent of all diseases, affect the health status of children. Among them diarrhoea has received considerable attention primarily because the incidence is highest in the 6-11 months bracket and is a major killer disease for children under 5 years. The government has initiated an Oral Rehydration Therapy

Programme, mainly to improve child survival figures. The drive includes trying to raise the awareness of women and the community on this problem. Acute respiratory diseases are also a major threat for children, which has been the subject of research by the Central Bureau of Health Intelligence (1991). Acute respiratory-tract infection, primarily pneumonia was a common cause of death among infants and children in the age group of 6-11 months.

There are diseases that create physical and mental handicaps in children. As children are already a vulnerable group and largely dependent on others, those children who are challenged, either mentally or physically, are doubly disadvantaged and need greater support. Legislative as well as rehabilitative support mechanisms are required here.

Vaccination and immunisation occupy a central position in child health. Immunisation of children against six serious but preventable diseases (TB, diphtheria, measles, tetanus, polio and pertussis)





has been a cornerstone of the health care system. It has been given priority in the National Health Policy. In Punjab, 72 percent of the children in the age group of 12-23 months had been immunised against all six diseases (NFHS-II).

## Nutrition

Levinson's study of Punjab shows that gender is the most significant determinant of nutritional status.<sup>16</sup> Another study of Punjab compared 'privileged' and 'under-privileged' sections and found that even in the privileged group 24 percent of females were malnourished. In the under-privileged group this percentage increased to 74 percent. The percentages for males were lower in both cases i.e. 14 percent among the privileged and 67 percent in the under-privileged group. This illustrates that not only is the girl child more likely to suffer from malnutrition, but that when they do the severity of their malnutrition is greater.<sup>17</sup>

While poverty is a major contributing factor to nutritional deficiencies, Punjab, with its legendary rivers of milk and abundance of food grains presents a paradoxical picture, where abundance combines with a high level of undernutrition in children as reported by NFHS-II (Punjab, 1998-99). It further reports that there is some evidence to indicate that female children are nutritionally disadvantaged, although differences are relatively small.

During pregnancy and lactation, women fail to get the requisite special diet and prevailing gender inequalities in the household make it difficult for them to access this diet. This is substantiated by a World Bank Study conducted in Punjab.<sup>18</sup>

However, Punjabi women are relatively better off compared to those in other states with respect to nutritional deficiencies, one indication of which is low levels of anaemia amongst women. NFHS II (India) survey results show that 41.4% of women suffer from anaemia, 28.4% are mildly anaemic, 12.3% have moderate anaemia and 0.7% are severely anaemic. Only Kerala (22.7%), and Himachal Pradesh (40.5%) amongst the peer states are better placed in this regard. However, 80% of children were found to be anaemic. This is significantly higher than the all India average of 74.3 percent and is lower than only Haryana and Bihar even Uttar Pradesh and Orissa are better off in terms of anaemia in children.<sup>19</sup>

The most vulnerable group, which faces malnutrition, is the age group between 6 months to 2 years (NFHS-II). This period has been described as one of 'perpetual hunger', characterised by dependence on others for food.

## Age at Marriage

Age at marriage is relatively high in Punjab. NFHS II (Punjab) reports that a majority of women in Punjab get married only after attaining the legal minimum age of marriage. The Singulate Mean Age at Marriage (SMAM) for females age 25-49 years estimated by the National Family Health Survey (1998-99 - Punjab) is 21 years in urban areas, 20 in rural areas and 21 years overall. Marriage ages have been rising over time. The SMAM for females has risen by three and a half years during the two decades from 17.5 years in 1961 to 21.1 years in 1981. Age at marriage had remained unchanged between 1981 and 1998.<sup>20</sup>

<sup>16</sup> F.J. Levinson, *Morinda: An Economic Analysis of Malnutrition Among Young Children in Rural India*, Cornell-MIT, International Nutrition Policy Series, Cambridge, Mass., 1974.

<sup>17</sup> D. Das, J. Dhanoa and B. Cowan, "Letting them Live" in Meera Chatterjee, *A Report on Indian Women from Birth to Twenty*, NIPCCD, New Delhi, 1990, p.12.

<sup>18</sup> *Human Development in South Asia*, Mahbub ul Haq Human Development Centre, Karachi, 2000, p.125.

<sup>19</sup> NFHS 2, (1998-99), International Institute of Population Sciences, Oct. 2000

<sup>20</sup> National Family Health Survey, Punjab, 1998-99.



## Family Planning

Knowledge and correct usage of contraception have a positive impact on the lives of women and often women have very little say in decisions concerning family planning. It is the husband who decides whether and what form of contraception to use. Amongst the methods of contraception used in Punjab, female sterilisation (tubectomy) is the most popular contraceptive method (29%) followed by condoms (14%), rhythm/ safe period and withdrawal (6%), pill (3%) and male sterilisation (vasectomy, 2%).<sup>21</sup> The much higher prevalence of tubectomies against vasectomies is again indicative of a gender bias in decision-making regarding family planning and contraception. The Statistical Abstract, 2000, also reveals that in 1999-2000, there were 1,24,261 tubectomies as compared to merely 1800 vasectomies.

## Access to Medical Aid

Compared to other states, the availability of medical aid in Punjab is fairly good. The delivery of health services is governed mainly by the National Health Policy, which places a major emphasis on ensuring primary health care to all by the Year 2000. Some of the major goals under this were reduction of infant mortality rate to less than 40 per thousand live births; reduction of 1-4 years mortality rate to less than 10 by 2000 AD; reduction in vaccine-preventable diseases; enhancement of the use of ORT; reduction of mortality rates due to acute respiratory infection among children under 5 years by 40% from the present level; to reduce by 50 % the pre natal and neo-natal mortality from the 1990 level.

Better availability of health facilities is reflected in the fall in birth rate, death rate, infant mortality rate and increase in life expectancy. The Statistical Abstract of Punjab 2000 reveals that in 1999 out of a total of 4,63,679 indoor patients, 2,28,985 were men and 2,34,694 were women and out of

115,64,164 outdoor patients, again a majority (60,31,473) were women as compared to 55,32,691 men.

## Education

Although significant progress has been made in education, yet vast gender gaps persist. Punjab ranks 16<sup>th</sup> in terms of literacy compared to other states and union territories. It is better placed in terms of female literacy (14<sup>th</sup>) as compared to male literacy (25<sup>th</sup>). This could be indicative of the increased efforts to promote female education. In comparison, in a number of states female literacy rate is almost half of that of male literacy rate, as in Jharkhand and Bihar.

Table 6.14 reveals that overall literacy rates for Punjab have more than doubled in the last 30 years. Female literacy has increased at a much rapid pace than male literacy, and as a result the gap, which was 17.58% in 1971, declined to 12.08% in 2001, indicative of increasing access to educational facilities. A district wise analysis reveals Hoshiarpur as the most literate district with almost four out of every five persons possessing some amount of education. Mansa stands at the bottom rung of the ladder with only 52.50 percent literates. In respect to female literacy too, Hoshiarpur tops the list (75.56%) while Mansa is at the bottom (45.07%). It is however noteworthy that Mansa shows the highest increase in overall as well as female literacy over 1991 (15.27 & 16.53).

Table 6.14: Literacy Rate in Punjab

Year	Persons	(in percent)	
		Males	Females
1971	34.12	42.23	24.65
1981	43.37	51.23	34.35
1991	58.51	65.66	50.41
2001	69.95	75.63	63.55

Source: Census of India, 2001, Series 4, Punjab (Provisional Population Totals, Paper 1 of 2001)



It is generally believed that greater urbanisation would create more educational opportunities for women. This is true only to a very limited extent in Punjab. Ludhiana, notwithstanding its high level of industrialisation and urbanisation, ranks at fifth place in literacy levels, while Hoshiarpur, where industrialisation is relatively a new phenomenon, ranks at the top. Rural-urban differentials are considerable for overall literacy as well as male and female literacy. However, the rural-urban gap in female literacy is much higher as compared to male literacy. The same is true at the district level. The rural-urban gap in female education is the most glaring in Mansa district (24.11%) and is the lowest in Hoshiarpur.

District-wise, Ludhiana shows the minimum gender literacy gap of 8.08 percent in 2001, while Firozpur has the highest percentage gap of 17.22 percent. This gender gap in education has declined for other districts as well. The highest decline of 5.47 percent

was in Hoshiarpur district, while the lowest was in Bathinda, a mere 1.41 percent.

The Human Development in South Asia Report (2000), of Mahbub ul Haq Development Centre, succinctly points to the causes of the prevailing gender gap in education: "Low female participation in the education system is primarily the outcome of two factors: low parental demand for girls' schooling; and the public and private sectors' supply of educational services that do not respond to the communities' needs." The report also alludes to the "opportunity costs" of sending girls to school as they perform more chores at home as compared to boys.<sup>22</sup>

### Sex Ratio and Literacy Levels: A Comparison

The relationship between education and health has been established by a number of studies. However, a comparison of literacy ranking with ranking in sex

Table 6.15: District-wise Literacy Rate in Punjab: 2001

(in percent)

State / Districts	Literacy rate*								
	Total			Rural			Urban		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
<b>Punjab</b>	<b>69.95</b>	<b>75.63</b>	<b>63.55</b>	<b>65.16</b>	<b>71.70</b>	<b>57.91</b>	<b>79.13</b>	<b>82.97</b>	<b>74.63</b>
Amritsar	67.85	73.58	61.41	60.65	67.83	52.69	78.37	81.84	74.39
Bathinda	61.51	68.31	53.76	55.30	62.46	47.16	75.96	81.88	69.19
Fatehgarh Sahib	74.10	78.85	68.60	71.71	76.86	65.83	80.22	83.87	75.87
Faridkot	63.34	68.92	57.09	58.58	64.18	52.27	72.71	78.35	66.49
Firozpur	61.42	69.55	52.33	55.75	64.78	45.78	77.22	2.58	71.03
Gurdaspur	74.19	80.44	67.31	70.96	77.70	63.58	83.43	88.16	78.11
Hoshiarpur	81.40	86.97	75.56	80.09	86.11	73.87	86.66	90.30	82.62
Jalandhar	77.91	82.37	72.93	74.41	80.14	68.17	81.74	84.73	78.29
Kapurthala	73.56	78.66	67.90	70.57	76.27	64.41	79.63	83.30	75.33
Ludhiana	76.54	80.19	72.11	72.88	78.32	66.73	79.42	81.58	76.66
Mansa	52.50	59.12	45.07	47.56	54.27	40.03	71.23	77.56	64.14
Moga	63.94	68.40	58.96	61.18	65.93	55.87	74.84	78.05	71.20
Muktsar	58.67	65.94	50.59	54.10	61.84	45.49	71.93	77.78	65.40
Nawanshehar	76.86	83.67	69.52	75.99	83.15	68.27	82.26	86.84	77.30
Patiala	69.96	76.13	62.94	63.34	70.40	55.29	81.99	86.52	76.84
Rup Nagar	78.49	84.43	71.74	74.51	81.39	66.71	86.60	90.63	82.01
Sangrur	60.04	65.97	53.29	55.86	61.93	48.98	70.12	75.67	63.76

Source: Census of India, 2001, Series-4, Punjab (Provisional Population Totals, Paper 1 of 2001)

Note: \*Literacy Rate is the percentage of literates to population aged 7 years and above.

<sup>22</sup> Human Development in South Asia, Mahbub ul Haq Human Development Centre, Karachi, 2000, p.116



ratio presents an intriguing picture. Hoshiarpur is the only district which shows some correlation between higher literacy and sex ratio. Data for the other districts does not permit any general correlation. Muktsar, which ranks 16<sup>th</sup> in terms of literacy, is at 4<sup>th</sup> place in sex ratio. Paradoxically, Ropar, which is ranked second in literacy levels, is 12<sup>th</sup> in sex ratio and Ludhiana, which has the lowest sex ratio in Punjab, is ranked 5<sup>th</sup> in literacy. The implications of these figures to some extent negate the assumption that improved literacy levels positively influences sex ratios.

## Women and Work

In Punjab as in India, women are relatively invisible in workforce statistics. Restrictive definitions of 'work', mostly based on economic concepts of productivity, have reduced women to economic non-entities. This is because women's labour, in most cases does not directly produce marketable goods or services. This gendered notion of work has hugely undermined women's contribution to the economy, resulting in the non-recognition of women as important economic entities.

This fact was emphatically recognised in Shramshakti, which declared, "Although women work for longer hours and contribute substantially to the family income, they are not perceived as workers by either the women themselves or the data collecting agencies and the government, as all of them do not recognise the multidimensional functions of women, which include their productive and reproductive labour. Women quite often are the major earners for their families. This also goes unrecognised." <sup>23</sup>

### Box 6.3: Engendered Education

"A truly engendered education does not end at basic literacy: that is where it begins. Women must also learn about their rights and choices and acquire the skill necessary to exercise them." (Human Development in South Asia, Mahbub ul Haq Human Development Centre, OUP, Karachi, 2000, p.116)

Table 6.16: Ranking of Districts by Sex Ratio and Literacy Levels 2001

District	Ranking by sex ratio	Ranking by literacy		
		Total	Male	Female
Amritsar	11	10	10	10
Bathinda	14	13	14	13
Fatehgarh Sahib	16	7	7	6
Faridkot	9	12	12	12
Ferozpur	6	14	11	15
Gurdaspur	3	6	5	8
Hoshiarpur	1	1	1	1
Jalandhar	8	3	4	2
Kapurthala	4	8	8	7
Ludhiana	17	5	6	3
Mansa	10	17	17	17
Moga	6	11	13	11
Muktsar	4	16	16	16
Nawanshehar	2	4	3	5
Patiala	15	9	9	9
Rup Nagar	12	2	2	4
Sangrur	13	15	15	14

Source: Census of India, Series 4, Punjab, Provisional Population Totals, 2001

<sup>23</sup> Shramshakti, p.7

The causes of the low participation rate of women have been outlined by the Human Development in South Asia Report, 2000: "The invisibility of women's work, domestic chores and other tasks, are part of a cultural/traditional attitude which views man as the primary bread-winner. Indeed, women report themselves as non-workers because they tend to regard their labour as 'domestic responsibilities' and are therefore, outside market related or remunerated work."<sup>24</sup>

This holds particularly true for Punjab. Notwithstanding the high level of development and education, Punjab has the lowest female workforce participation rate in the country. The majority of women are included in the category of non-workers, conclusive evidence of the invisibility of women's work.

Table 6.17 reveals that even general workforce participation rates (WPR) for Punjab are lower than the national level though these have increased since 1991. This has been accompanied by an increase in female work participation rates. The female work participation rates have increased for both main and marginal workers and that too substantially.

The overall female work participation rates have increased, but this is much more significant for rural Punjab compared to urban Punjab. In spite of this increase, female WPRs remain very low in Punjab. Why is women's work invisible? Can the causes be traced to migration of female labour, to the Green Revolution and technological use, which ignores female unskilled labourers, or should it be attributed to a decline in sex ratios?

**Table 6.17: Total Workers, Main Workers, Marginal Workers and Non-Workers as Percentage of Total Population, 1991 & 2001**

	Total/Rural/Urban	Persons/Males/Females	Total Workers		Main Workers		Marginal Workers		Non-Workers	
			1991	2001	1991	2001	1991	2001	1991	2001
<b>India</b>	Total	Persons	37.50	39.26	34.18	30.55	3.32	8.71	62.50	60.74
		Males	51.61	51.93	51.00	45.35	0.61	6.59	48.39	48.07
		Females	22.27	25.68	16.03	14.68	6.24	10.99	77.73	74.32
	Rural	Persons	40.09	41.97	35.84	31.03	4.25	10.94	59.91	58.03
		Males	52.58	52.36	51.88	44.51	0.70	7.85	47.42	47.64
		Females	26.79	30.98	18.75	16.77	8.04	14.21	73.21	69.02
	Urban	Persons	30.16	32.23	29.48	29.30	0.68	2.93	69.84	67.77
		Males	48.92	50.85	48.57	47.46	0.35	3.38	51.08	49.15
		Females	9.19	11.55	8.15	9.12	1.04	2.43	90.81	88.45
<b>Punjab</b>	Total	Persons	30.88	37.58	30.07	32.23	0.81	5.36	69.12	62.42
		Males	54.22	54.10	54.12	49.97	0.10	4.13	45.78	45.90
		Females	4.40	18.68	2.79	11.92	1.61	6.76	95.60	81.32
	Rural	Persons	31.21	39.73	30.11	32.70	1.10	7.03	68.79	60.27
		Males	55.04	54.45	54.92	49.35	0.12	5.10	44.96	45.55
		Females	4.37	23.15	2.16	13.95	2.21	9.21	95.63	76.85
	Urban	Persons	30.06	33.40	29.96	31.31	0.10	2.09	69.94	66.60
		Males	52.26	53.42	52.22	51.14	0.04	2.28	47.74	46.58
		Females	4.48	9.74	4.31	7.87	0.17	1.87	95.52	90.26

Source: Census of India, 2001

<sup>24</sup> Human Development in South Asia, Mahbub ul Haq Human Development Centre, Karachi, 2000, p.55



Table 6.18 (a): **Percentage of Main, Marginal and Non-Workers in Punjab by Sex**

Districts	Main Workers		Marginal Workers		Non-Workers	
	Male	Female	Male	Female	Male	Female
Amritsar	85.7	14.3	42.4	57.6	39.0	61.0
Bathinda	80.2	19.8	25.8	74.2	41.4	58.6
Faridkot	80.4	19.6	46.5	53.5	37.4	62.6
Fatehgarh Sahib	82.3	17.7	45.3	54.7	39.2	60.8
Firozpur	85.8	14.2	33.4	66.6	39.2	60.8
Gurdaspur	88.9	11.1	53.1	46.9	38.3	61.7
Hoshiarpur	82.8	17.2	46.9	53.1	38.8	61.2
Jalandhar	87.1	12.9	53.3	46.7	37.2	62.8
Kapurthala	84.8	15.2	52.9	47.1	38.0	62.0
Ludhiana	84.6	15.4	50.1	49.9	38.9	61.1
Mansa	82.2	17.8	24.5	75.5	41.0	59.0
Moga	77.8	22.2	38.8	61.2	40.5	59.5
Muktsar	81.2	18.8	28.8	71.2	39.4	60.6
Nawanshehar	67.4	32.6	41.1	58.9	42.0	58.0
Patiala	84.2	15.8	38.9	61.1	39.2	60.8
Rup Nagar	74.9	25.1	44.1	55.9	41.6	58.4
Sangrur	78.2	21.8	30.8	69.2	40.6	59.4
<b>Punjab</b>	<b>82.8</b>	<b>17.2</b>	<b>41.2</b>	<b>58.8</b>	<b>39.3</b>	<b>60.7</b>

The all-India WPR has slightly increased for rural and urban areas. Total female work participation rates are significantly higher at the national level in rural and urban areas, as compared to Punjab.

Table 6.18 further reveals that of the total main workers, women account for a mere 17 percent. In contrast, 59 percent marginal workers are females. Even amongst the non-workers, women

Table 6.18 (b): **Ranking of Districts by Female Workforce Participation Rate and Sex Ratio**

District	Male WPR	Female WPR	Sex Ratio	Rank in FWPR	Rank in Sex Ratio
Gurdaspur	51.85%	12.72%	888	16	3
Amritsar	53.23%	16.27%	874	13	11
Kapurthala	53.42%	14.11%	886	15	4
Jalandhar	54.13%	12.30%	882	17	8
Hoshiarpur	50.98%	17.34%	935	12	1
Nawanshehar	55.64%	33.05%	913	1	2
Rup Nagar	52.84%	23.78%	870	6	12
Fatehgarh Sahib	55.13%	18.29%	851	10	16
Ludhiana	55.94%	15.66%	824	14	17
Moga	54.26%	24.20%	883	4	6
Firozpur	53.56%	18.49%	883	9	6
Muktsar	55.15%	22.34%	886	8	4
Faridkot	59.52%	23.04%	881	7	9
Bathinda	55.37%	26.97%	865	2	14
Mansa	54.40%	25.13%	875	3	10
Sangrur	54.93%	24.05%	868	5	13
Patiala	54.12%	17.57%	864	11	15

Source: Census of India, 2001



constitute a majority of 60.7 percent. Among districts, it is notable that Nawanshehar has the highest percentage of female main workers, while Gurdaspur has the lowest. In the category of marginal workers, Mansa ranks at the top with 75.5 percent female marginal workers, while Gurdaspur has the lowest percentage of female marginal workers.

It is interesting to examine the linkages between work participation rates and sex ratio. Nawanshehar, which has the second highest sex ratio, has the highest female WPR, and Ludhiana, with one of the lowest female WPR, also has the lowest sex ratio. Mansa, on the other hand, which is one of the most underdeveloped districts of the state and ranks 10<sup>th</sup> in terms of sex ratio, has a good female work participation rate. The picture becomes more complex when it is seen that Hoshiarpur, which is at the top in terms of sex ratio, lies somewhere in the middle of the scale in terms of female work participation rate. Thus it becomes difficult to draw any general conclusions on whether sex ratios determine work participation rates or vice versa.

## Political Participation

When women participate in politics they are able to advance their own empowerment. In Punjab, women are more or less invisible in decision-making bodies and consequently many issues are left unattended. An analysis of the political participation of women, whether as legislators or as voters, highlights women's subordination. Consequently, a demand has arisen for 33% reservation for women in Parliament and State Legislative Assemblies. This, it is argued, will push women into the public sphere to ensure better representation of their views and needs.

Punjab is divided into 13 constituencies for Lok Sabha elections or elections to the lower house of Parliament. The figures on women's representation (Table 6.19) in the Lok Sabha from Punjab are disturbing. First, the number of women contestants has remained very low, not exceeding 8 until 1996. After 1996 there was an increase when 17 women contested elections which again decreased to 14 in 1999. Secondly, the number of women winners is insignificant. Only two women contestants in year 1996 (11.8 percent)

Table 6.19: Representation of Women in Lok Sabha from Punjab 1952-1998

(Election wise)

Year	Total MP seats	Total No. of contestants	No. of Women Contestants	No. of seats won	Percentage of women
1952	14	101	2	Nil	-
1957	17	78	1	1	5.88
1962	22	112	Nil	Nil	-
1967	13	75	3	2	15.38
1971	13	83	1	Nil	-
1977	13	79	1	Nil	-
1980	13	146	3	2	15.38
1985	13	74	5	1	7.69
1989	13	227	8	3	23.07
1992	13	81	4	2	15.38
1996	13	259	17	2	15.38
1998	13	102	9	1	7.69
1999	13	120	14	2	15.38

Source: State Election Commission Records, Punjab, Chandigarh



Table 6.20: **Representation of Women in State Legislative Assembly, 1952-1997**

(Election wise)

Year	Total No. of seats	Total No. of contestants	No. of Women Contestants	No. of seats won	% of women M.L.A.'s
1952	154	830	13	5	3.24
1957	154	606	17	9	7.43
1962	154	749	13	7	4.54
1967	104	602	6	2	1.92
1969	104	470	6	Nil	-
1972	104	469	11	7	6.73
1977	117	681	16	3	2.56
1980	117	720	15	6	5.12
1985	117	862	22	4	3.43
1992	117	569	22	6	5.12
1997	117	693	52	7	5.98
2002	117	923	70	8	6.83

Source: State Election Commission Records, Punjab, Chandigarh

and also in 1999 (14.3 percent) were successful. There have been four general elections in Punjab in which not a single woman has been elected to the Lok Sabha.

A study conducted by the Centre for Women's Studies and Development, Punjab University, Chandigarh, revealed that in Punjab, most political parties, sidelined women in granting election tickets. In 1996, notwithstanding political promises, only the Congress (I) granted 33 percent tickets to women. The other parties including the major regional party Shiromani Akali Dal, ignored women in the granting of tickets. Ten out of the 17 women candidates contested as independents in 1996.

Similarly, Punjab has drawn a blank as far as female representation in the upper house is concerned. The state has had only one woman representative in the Rajya Sabha, Bibi Nirlep Kaur.

These dismal figures are replicated in the Legislative Assembly of Punjab (Table 6.20). In the State Legislative Assembly, the representation of women has never exceeded the 7.43 percent achieved as long ago as 1957. The 1969 Punjab State Assembly consisted only of men.

The low participation of women in corporate bodies is highlighted in Table 6.21. The percentage of women elected to these bodies was almost half as that of men.

Table 6.21: **Corporators in Punjab as on 1.11.97**

Area	Total	Male	Female
Ludhiana	70	47	23
Jalandhar	55	38	17
Amritsar	60	43	17
Total	185	128	57
Percentage	100	69.2	30.8

Source: State Election Commission Records, Punjab, Chandigarh

In the Council of Ministers (2001), out of 40 ministers, only three are women. Even where women do get elected, they are allotted relatively unimportant portfolios. Rarely are women given portfolios in finance, industrial development, agriculture, transport and communication.

Apart from women's representation in Parliament and Legislative Assemblies, voting behaviour is an important indicator of political participation. The right to vote is rarely exercised independently by women and choices are usually determined by male members of the family, be it the father, brother, husband or even son. Females remain





Table 6.22: **Number and Percentage of Electors and Voters in Punjab in 1999**

	1996			1999		
	Male	Female	Total	Male	Female	Total
Total Electorate	76,34,482 (52.69%)	68,5,344 (47.31%)	1,44,89,825 (100.00%)	82,93,908 (52.77%)	74,23,396 (47.23%)	1,57,17,304 (100.00%)
Total Votes Polled	48,29,957	41,89,345	90,19,302	47,72,250	40,46,950	88,19,200
Percentage (Male & Female votes polled to total votes polled)	53.55	46.45	100.00	54.11	45.89	100.00

Source: Statistical Abstract, 2003

sidelined during casting of votes. Polling percentages in 1996 and 1999 as seen in Table 6.22 were quite low, but were even lower for females.

Punjab was the first state to co-opt women members in local bodies. The Punjab Municipal Act, 1911, provided for co-opting of two women members if there were no elected women present. The 73<sup>rd</sup> and 74<sup>th</sup> Constitutional Amendments provided the basis for empowering women at the grass roots, essentially by providing 33 percent reservation for women. One-third seats of sarpanches or heads of village local bodies, were to be reserved for women by rotation. This ensured the entry of thousands of women into politics at the grass roots. This trend needs to be replicated at the state level as well.

### Crimes against Women

“Any act ... that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life” is how the Beijing Platform for Action defines violence against women.

The state of Punjab has been witness to two violent episodes since Independence. The Partition of the country saw massive bloodshed in Punjab and crimes against women were horrifying. Raped, killed, mutilated, kidnapped or

simply left to die, women became victims not only of the enemy, but sometimes of their own families. They became symbols, as well as targets of family (read male) honour and the easiest targets of violence.

Similarly, during the period of militancy, women became easy prey both for militants, as well as for the state administration. Where they were not subject to direct assault, they often faced indirect consequences. At this time, hundreds of women became destitute as a result of losing their husbands or sons.

Aside from hardships during war and militancy, women are subject to violence in the everyday course of their lives. Box 6.4 gives an overview of the violence women face in their life cycle.

A comparison of the incidence and rate of crimes committed against women with other states shows Punjab to be a low-risk state. For instance, in 1996, Punjab’s percentage contribution to the all-India total was 0.8. It was ranked 28<sup>th</sup> in the extent of violence perpetrated against women, with Delhi at the top and Lakshadweep at the bottom. This position, however, must be taken with a pinch of salt because, first, cases registered with the police are not a true index of the crimes against women as many cases go unreported. Secondly, many of the crimes and atrocities may not be overt acts. For instance,





Box 6.4: **Violence Women Face over the Life Cycle**

*Foetal stage*

- Sex selection
- Female infanticide

*Infancy*

- Infanticide
- Malnutrition

*Childhood*

- Neglect due to absence of medical care and education
- Sexual abuse
- Physical violence

*Adolescence and adulthood*

- Early marriage
- Early pregnancy
- Sexual violence
- Domestic violence
- Dowry harassment
- Harassment due to infertility/failure to produce sons
- Desertion
- Witch hunt

*Older women and widows*

- Desertion
- Neglect—emotional, financial, social

Source: National Profile on Women, Health and Development-India, VHAI & WHO, April 2000, p.222.

intimidation of a wife, resorting to pressure tactics or even depriving women the use of health, education, employment and other opportunities are acts of violence if one goes by the definition stated in the Beijing Platform for Action. In the above cases, there is clearly a deprivation of liberty and is most likely to cause psychological harm.

The most severe criminal offence perpetrated against women is the barbaric practice of female foeticide and infanticide. The denial of the basic right to life is one of the grossest forms of human rights abuse. Additionally, pregnant women are subject to a massive amount of mental pressure to deliver a male child. In fact, Punjab, with its many sex diagnostic clinics and abortion centres, can be described as a state that is largely insensitive to its female population.

Table 6.23 reveals the total number of reported crimes against women during the period 1996-99. It may be seen that the number of murders has increased substantially over this period. Dowry deaths on the other hand show a decline. This begs the question: Is this the real picture, or is this low incidence of dowry deaths a pointer to the under-reporting of such cases?

Suicides have registered a fall between 1996 and 1999. The number of reported cases of rape and kidnapping declined during 1998-1999, but dowry cases, as distinct from dowry deaths, increased. Among the districts, Amritsar ranked at the top in murder cases, while Ludhiana ranked highest in rape and kidnapping. Ludhiana was significantly higher than all other districts in dowry death cases.

Eighty-five dowry deaths were reported in the first six months of the year 2000 and 337 dowry cases were registered in the first half of 2000. Other crimes against women too have shown an upward trend. There have been 248 kidnappings in 2000 and 136 rape cases.<sup>25</sup> Crimes against women seem to stand in inverse proportion with sex ratio. Increase in the former results in decline in the latter. `Eve teasing' remains the under reported crime in the state.

<sup>25</sup> *The Times of India*, July 5, 2000



Table 6.23: District-Wise Number of Crime Cases Against Women

Districts	Murder				Dowry Death				Suicide				Dowry cases			
	1996	1997	1998	1999	1996	1997	1998	1999	1996	1997	1998	1999	1996	1997	1998	1999
Gurdaspur	3	9	18	11	13	22	16	15	22	11	3	2	3	6	6	9
Amritsar	15	25	22	37	26	36	49	12	30	15	29	23	5	11	19	10
Kapurthala	1	0	7	14	16	14	8	7	8	4	3	4	1	4	6	3
Jalandhar	13	18	12	14	15	35	24	24	21	7	10	9	5	4	9	4
Nawanshehar	0	2	7	2	2	5	8	2	3	3	1	2	3	0	3	4
Hoshiarpur	0	2	9	30	14	26	11	13	12	11	2	3	11	9	9	6
Rup Nagar	2	6	9	6	7	18	11	12	5	7	6	1	4	4	6	3
Ludhiana	8	16	26	37	53	103	125	24	23	17	9	11	4	6	12	6
Firozpur	7	6	10	12	13	26	17	11	17	7	15	11	1	5	11	4
Faridkot	3	1	4	0	7	6	6	4	5	1	0	2	3	3	1	2
Muktsar	0	3	2	4	0	11	12	6	7	2	2	2	1	0	2	2
Moga	0	2	1	0	8	5	1	7	6	5	3	3	0	1	5	3
Bathinda	5	4	6	7	9	16	13	6	10	6	6	8	2	2	9	9
Mansa	0	1	3	0	1	9	1	4	6	1	3	3	0	3	0	2
Sangrur	3	7	12	6	24	22	17	19	13	8	8	4	4	4	5	8
Patiala	4	4	11	11	9	23	66	16	17	15	9	3	5	7	14	8
Fatehgarh																
Sahib	2	2	3	10	3	7	6	2	5	5	1	0	3	4	3	3
GRP Patiala	0	1	2	0	0	0	0	1	2	2	0	0	2	0	0	0
<b>Punjab</b>	<b>66</b>	<b>109</b>	<b>164</b>	<b>201</b>	<b>220</b>	<b>384</b>	<b>391</b>	<b>182</b>	<b>212</b>	<b>127</b>	<b>110</b>	<b>91</b>	<b>57</b>	<b>68</b>	<b>120</b>	<b>86</b>

Districts	Rape				Kidnapping				Molestation				Eve-teasing			
	1996	1997	1998	1999	1996	1997	1998	1999	1996	1997	1998	1999	1996	1997	1998	1999
Gurdaspur	12	23	21	0	0	2	0	15	17	18	9	5	10	12	9	7
Amritsar	17	19	26	1	2	6	2	23	25	22	35	27	13	14	26	29
Kapurthala	11	9	10	0	0	0	0	5	14	4	9	11	7	12	7	4
Jalandhar	12	13	17	0	0	0	0	5	25	23	37	11	4	13	0	0
Nawanshehar	4	4	0	1	0	0	0	7	4	6	6	2	1	0	2	3
Hoshiarpur	20	13	13	2	0	0	0	6	19	12	12	7	18	9	8	6
Rup Nagar	5	6	6	0	0	0	1	8	4	6	8	5	1	9	3	5
Ludhiana	26	16	24	0	0	0	0	28	26	39	31	39	3	12	6	2
Firozpur	9	13	16	0	0	0	0	21	5	13	18	8	9	4	14	14
Faridkot	1	10	1	0	0	0	0	2	1	1	0	2	5	5	2	0
Muktsar	1	2	1	0	0	0	0	1	0	0	1	0	0	0	1	0
Moga	5	1	4	0	0	0	0	1	2	8	8	6	1	1	3	1
Bathinda	8	8	8	0	0	0	0	6	0	2	5	4	6	12	8	6
Mansa	0	3	6	0	0	0	0	7	0	1	2	0	0	4	3	5
Sangrur	8	11	13	0	1	2	2	7	9	9	16	15	5	11	7	11
Patiala	6	10	14	0	0	0	0	22	12	12	23	19	8	9	3	24
Fatehgarh																
Sahib	3	0	3	0	0	0	0	4	0	0	6	2	0	0	3	2
GRP Patiala	0	0	3	0	2	0	0	0	1	0	0	0	1	1	3	2
<b>Punjab</b>	<b>148</b>	<b>161</b>	<b>186</b>	<b>4</b>	<b>5</b>	<b>10</b>	<b>5</b>	<b>168</b>	<b>164</b>	<b>176</b>	<b>226</b>	<b>163</b>	<b>92</b>	<b>128</b>	<b>108</b>	<b>121</b>

Source: Director General of Police, Government of Punjab



## Child Labour

Across India, child labour is accepted as the single largest source of child abuse and exploitation. Thus it is necessary to give it a certain amount of importance in the present chapter.

Child labour is defined as 'participation in gainful activity by children who are 5–14 years of age'. India has the dubious distinction of being the largest possessor of a child labour force. According to ILO estimates, one-fourth of the working children in the world are Indians. An NSS estimate puts the figure at 17.31 million (1983); Balai Data Bank, Manila, estimates the figure at 111 million. The unofficial estimates could be still higher.

According to the 1981 Census, there were 13.6 million working children in India, which decreased to 11.28 million in 1991. Child labour exists and thrives in all parts of the country mainly due to interplay between factors constituting the demand and supply of this kind of labour. The innumerable legislations drawn up to combat this inhuman, unjust and even criminal practice have failed. Poverty till date has been identified as the single largest reason for child labour.



Courtesy: IDC

Child labour

Although the magnitude of absolute poverty in Punjab is relatively less compared to many states' but within Punjab there are many pockets of relative poverty. Even in Punjab, poverty contributes to the existence of a sizeable child labour force and in most cases children are used to augment the family income. Child labour thrives in situations where adults are unemployed, families are large, there is a lack of land and other resources, and there is overall backwardness in terms of literacy and skills. Children of migrant workers from Bihar, Uttar Pradesh and Orissa, as well as those belonging to the backward castes of Punjab are more likely to be found engaged as child labourers. Moreover, since a child needs to be paid only half the wages of an adult, many employers prefer to employ child labour. The stipulation that children are supposed to work for only half the time as an adult is invariably not followed. As a result, the child labourer ends up displacing an adult from the work force.

For the girl child, the burden is even greater. Here patriarchal norms limits them to domestic chores. There is very little premium placed on the lives of the girl child in Punjab (as evident from the poor sex ratio and high incidence of female infanticide and foeticide), even less on her education. Hence child labour follows as a natural corollary.

Gerry Rodgers and Guy Standings of the ILO have classified child labour into four areas: domestic work, non-domestic and non-monetary work, wage labour and bonded labour. There is a huge lacuna in data in the first two categories, mainly due to definitions of work which do not take into consideration any work that does not result in the production of goods and services. The wage labourer is usually found in the urban unorganised sector. They are subject to work at low rates in poor working conditions.

However, it is the state of bonded child labourers that needs urgent intervention. Bonded labourers



are mostly pledged by parents in lieu of a reduction or omission of debts incurred by them. This is especially true of children of migrants whose parents run up huge debts and are unable to pay them back. Migrant workers in the brick industry, sugar industry, textile and agro-based industries, as also those in the agricultural sector have huge debts and their children often become bonded for long periods, sometimes even for their entire lives. (Manjit Singh, Sindhu and Rangji, et al, 1998).

### Efforts to Eradicate Child Labour

Various schools of thought ranging from the classical, to the neo-classical, to modern liberal thought have offered explanations for the massive presence of children in the labour force. The strategies they advocate to eradicate it are varied. Some see the phenomenon as a consequence of the inability of the state to provide the fundamental right of education to children. It places the responsibility of eradication on the state and maintains that ensuring accessibility to primary and elementary education can reduce the incidence of child labour.

In contrast, there are those who see the problem as arising out of a failure of civil society in ensuring that children are provided with a friendly environment. There is thus a need for every responsible individual in society to ensure that children are not sucked into the workforce.

The state government has initiated certain efforts to deal with the problem of child labour. The basis of the government policy and programmes is the National Policy on Child Labour (1987) and the National Child Labour Project (NCLP 1994). The government takes the view that since the figures hide a number of truths and unscrupulous employers sometimes don't reveal the facts, it is best to concentrate on those areas where child labour is known to exist in large numbers.

Here the state works to release and rehabilitate children working in hazardous conditions. The guidelines adopted were:

- a) Imparting non-formal education to enable the children released from work to receive functional literacy and acquire a level of equivalence with the corresponding grade and level in the formal system.
- b) Provide supplementary nutrition through midday meals.
- c) Provide income and employment generation opportunities to adult family members primarily by imparting skills.
- d) Stepping up enforcement of child labour laws.

In a survey conducted by V.V. Giri of National Labour Institute, Noida, in the year 1998, it was estimated that there were around 10,000 children working in the sports goods industry in Jalandhar district. This study placed all children in the following three categories:

- a) Only Working (OW): The children in this category did not go to school at all. Thus this is a category similar to main workers listed in the census.
- b) Working and school going (WSG): The children falling under this category combined education with work, but work usually got greater weightage than education. This category is similar to that of marginal workers listed in the census.
- c) Only school going (OSG): This category includes children whose main and only activity is school education and who may or may not participate in household chores.

The study estimated that there were approximately 1350 children in Jalandhar falling in the OW category, out of which 755 were boys and 595 were girls, and around 8650 children in the WSG category. These children were involved in the manufacture of various sports goods such as footballs, shuttle cocks, badminton racquets, rubber goods, etc.



Based on the findings of the National Labour Institute, the state government took the necessary steps towards rehabilitating the working children in Jalandhar. Twenty-seven schools were started in the year 2000 and the functioning of these schools has been given to a number of NGOs/ trade unions/ clubs, etc. The Assistant Labour Commissioner of Jalandhar has been appointed as the Director of the project and a project level society has been established under the name of 'Child Labour cum Welfare Society' to supervise its day-to-day functioning. Various NGOs in consultation with the Project Director have recruited staff for these schools. The curriculum of these schools is similar to that of other regular schools and the children in these schools are expected to achieve the level of Class 5 in a period of three years. After the completion of primary education each child is expected to make a choice between the formal stream of education i.e., 6<sup>th</sup> standard onwards, or a vocational training of his/her choice. Every child attending these schools gets a stipend of Rs. 100 per month and Rs. 2.50 is spent every day on each child for refreshments. The total cost of this project is approximately Rs. 2.5 crore and the responsibility for monitoring the project from time to time lies with Secretary, Labour and Employment.

After the initial success of the NCLP in Jalandhar, a survey was also conducted in other industrial cities of Punjab. It was found that there were 2051 and 2316 children working in Ludhiana and Amritsar respectively. Based on these estimates the state government has proposed to start two NCLP projects worth Rs. 5.1 crore. Under these projects, 40 schools of 50 children each will be started in Ludhiana as well as Amritsar.

Punjab has been allocated three projects in Amritsar, Ludhiana and Jalandhar. To review the functioning of this project, the state has constituted a state level monitoring body on the

pattern of the Central Monitoring Committee under the chairmanship of the Secretary, Labour and Employment, Punjab. The first meeting was held on November 20<sup>th</sup>, 2001, where it was decided that a convergence of different poverty alleviation schemes of the district would be explored.

### **Governmental Programmes and Policies**

The Beijing Platform for Action urged countries to draw up national plans of action and formulate specific strategies to eliminate gender disparities in all the fields of women's subordination. Yet the goal of gender equality remains elusive. Clearly, there is a need for policies which can incorporate the awareness of the "implications of gender into all areas of policy-making and planning so that women's needs can be met, their capabilities enhanced and their opportunities enlarged."<sup>26</sup>

The Punjab government has taken a number of initiatives in this context, some in keeping with the centre's policies and programmes, some on its own. A State Policy for Women was formulated in 1996, focusing on various critical areas of concern and ranging from gender justice, access to education, skill and resource development, to promoting entrepreneurship and empowering women not only as individuals but also collectively through women's groups.

The Punjab State Commission for Women was constituted on the pattern of the National Commission for Women on 7<sup>th</sup> January, 1994. The guidelines of the Commission require it to work for the redressal of women's grievances and protection of their legal and constitutional rights. Most cases which come to the commission are related to harassment for dowry, extra-marital affairs, property cases, sexual harassment, etc.

Various programmes and schemes aiming at the upliftment of women are also being run under

<sup>26</sup> Human Development in South Asia, Mahbub ul Haq Human Development Centre, OUP, Karachi, 2000, p.168



central assistance by the state government. These schemes basically provide financial assistance and aim at employment and income generation.

As early as 1969, the state government introduced a scheme of financial assistance and social security to widows and destitute women. Certain schemes such as the National Maternity Benefit Scheme, which provides for specific sums to pregnant women who are below the poverty line; Vocational Rehabilitation Centre; homes for widows and destitute women, in Jalandhar, Kapurthala and a women's *ashram* in Hoshiarpur, observation homes in 7 districts for delinquent girls are also being run by the Department of Women and Child Development. Other schemes aiming specifically at the girl child include Kanya Jagriti Jyoti Scheme, Girl Child Development Scheme, Indira Mahila Yojana and free transport facilities.

The Punjab State Social Welfare Advisory Board is equally active. The Board focuses on welfare, extension, and demonstration of projects that are linked to the woman, the girl child as well as the family. The Board has started a scheme of condensed courses which provide women with education and relevant skills.

It also provides assistance to organisations who have the requisite capability, experience and infrastructure to provide vocational training to needy women in the age groups of 15 years and above. Grants are also provided by the Board to organise and conduct Awareness Generation Camps, setting up of crèche units for children of working and ailing mothers belonging to lower income groups and setting up Family Counselling Centres (FCCs). FCCs provide counselling, referral and if possible, rehabilitative services to women who may be victims of atrocities inflicted by family and society. Broad-based women's organisations can avail of grants from the Board to assist women beneficiaries to set up agro-based units.

Development of Women and Children in Rural Areas (DWCRA) is a programme specifically designed to provide support for poor women in rural areas by the Government of India. It is a sub-component of the Integrated Rural Development Programme (IRDP). In Punjab, since the inception of the DWCRA programme up to 1997-98, approximately 7000 groups have been formed in all the districts.

Another programme focusing on women and girl children is the Composite Programme for Women and Pre-school Children, which was started in Punjab from the year 1974-75. The main objective of this scheme is to impart training to rural women and girls in tailoring, embroidery, etc., through crafts centres. On the occasion of Republic Day i.e. 26<sup>th</sup> January, 1999, two welfare insurance policies for women, named Raj Rajeshwari Mahila Kalyan Yojna and Shri Bal Bhalai Policy, were launched in Punjab. Under the former, females in the age group of 10 to 75 would have to pay an annual premium of Rs. 23 per head and every woman under the scheme would be entitled to Rs. 2500 as compensation in case of becoming blind or handicapped. In case of loss of an eye, she would be allowed compensation amounting to Rs. 12,500/-.



*Training to rural women in tailoring and embroidery*

Courtesy IDC



A critical review of the strategies adopted to uplift the status of women indicates two trends. First, there has been a definite shift from a welfare approach to an approach which aims to include women in developmental efforts, which is a healthy trend.

There has been a perceptible shift from simply providing basic minimum needs like health, education, etc., to initiating efforts to improve the entire quality of life of women. However, there is considerable progress that still needs to be made and much depends on the manner in which these programmes are actually able to deliver benefits. Women, specific development schemes still reveal biases because patriarchal tendencies are difficult to remove.

The importance of women has been recognised but it is an importance which has been relegated to the domestic and traditional domain. Women's concerns and issues are seldom integrated into mainstream policies and they continue to remain invisible in the planning process.

## Conclusion

From the above discussion, we can conclude that the state needs to take rigorous steps to deal with the concerns of its women and children.

The declining sex ratio, rising rates of female infanticide and foeticide, the poor workforce participation of women, restriction of women in the informal sector where there is a high incidence of exploitation, both sexual and otherwise, the high rates of crimes against women and continued exclusion of women from the public sphere,

indicates that the economic prosperity in the state has not been able to ensure a better quality of life for Punjab's women.

Although current development efforts and government policies provide centrality to women and aim to improve their status, yet these still suffer from too many biases. Political will is important here. Ultimately it is the vision of elected representatives which can bring long-term change.

A similar picture emerges from an analysis on development work for children. State efforts should not stop at merely setting up schools. Rather, vulnerable and marginalised children should be identified and their needs attended to. Street children, victims of child abuse, victims of sexual abuse and physically and mentally challenged children, are either counted as numbers or worse, they are completely invisible.

While the state has done substantial work for children in the arena of immunisation and literacy to some extent, state initiatives are required in many more areas, specially with respect to generating awareness of child's rights, quality education for children, problems of special groups, and security and safety of children, both within the households and outside.

Finally, public attitudes are often the greatest obstacles to change. There must be a public effort to demonstrate that the prosperity of Punjab is built on the shoulders of men, as well as women. Development will not be carried into the future unless it bases itself on the health and welfare of children.

