

Poverty and Gender in India: Issues for Concern

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Human poverty is more than income poverty; it is the denial of choices and opportunities for living a tolerable life...

—UNDP (1997)

In the past decade the number of women living in poverty has increased disproportionately to the number of men, particularly in the developing countries. While poverty affects households as a whole, because of the gender division of labor and responsibilities for household welfare, women bear a disproportionate burden, attempting to manage household consumption and production under conditions of increasing scarcity.

—*Beijing Platform for Action*, 1995

1. Introduction

More than 1 billion people in the world today, almost half of them women, live in unacceptable conditions of poverty, mostly in the developing countries. Poverty has various causes, including structural ones. Poverty is a complex, multidimensional problem, with origins in both the national and international domains. Globalization of the world's economy and the deepening interdependence among nations present challenges and opportunities for sustained economic growth and development, as well as risks and uncertainties for the future of the world economy.

In the early 1950s, nearly half of India's population was living in poverty. Since then, poverty has been declining, though slowly, and today vast disparities between and within India's 28 states persist. With a gross national product (GNP) per capita of US\$440 in 1999, India continues to have the highest concentration of poverty of any country, accounting for almost one third of those with an income of less than one dollar a day. More than 360 million people—about 36 percent of the population—live below the official poverty line; seventy-five percent of these live in the rural areas.

It is estimated that women and children account for 73 percent of those below the poverty line. At the same time, the ratio of females to males in India is 933:1,000. Increased female labor force participation, particularly among the lowest-income households, is the single

most important coping strategy of poor households. This trend makes female-headed households and poor women in general a distinct poverty group (Barrett and Beardmore, 2000).

Even while we say that 36 percent of the people are below the poverty line, it must be remembered that identification of persons on the basis of a narrow definition of poverty based only on income, in a population that works predominantly outside the formal sector, is problematic. For instance, where income fluctuates from day to day, as it does for a vast majority of the Indian population, a single static poverty line is an inappropriate indicator of vulnerability. Another important problem in identifying the poor in India using the official poverty line is that the line is defined at an absolutely low level of income, corresponding to the expenditure required to purchase a minimum of calories. It is in no way an indicator of purchasing power to provide for a minimum decent standard of living (Swaminathan, 2001).

Gender is central to how societies assign roles, responsibilities, resources, and rights between women and men. Allocation, distribution, utilization, and control of resources are thus incumbent upon gender relations embedded in both ideology and practice. Gender analyses do not merely focus on women, but also look at the ways in which men and women interact with each other and the gendered nature of their roles, relations, and control over resources. Unfortunately, even today in most parts of the world there exist gender biases that disadvantage women. Therefore, it is sometimes inevitable that gender justice becomes synonymous with the rights of women and any discussion on gender and poverty in essence becomes a discussion on women and poverty. This is because, as with all other issues, women and men experience poverty in different ways.

If we accept the definition of poverty as the denial of choices and opportunities for a better life, then feminization of poverty is less a question of whether more men than women are poor than of the severity of poverty and the greater hardship women face in lifting themselves and their children out of poverty. The wide range of biases in society—among them unequal opportunities in education, employment, and asset ownership—mean that women have fewer opportunities. Poverty accentuates gender gaps, and when adversity strikes, it is women who often are most vulnerable (UNDP, 1997: 64). This increased vulnerability is most visible in cases of disaster, conflict, or involuntary resettlement.

Despite these generalities, it is important to recognize that women are not a homogeneous group, nor is the concept of gender static. Gender varies across cultural, geographical, and historical contexts. It is contingent upon factors such as age, class, and tribe. Also, the position of women in society is not static. It shifts in response to and also affects the economic, social, political, cultural, and environmental situation of the community. This diversity is often visible in intergenerational differences: processes of globalization have increased the pace of change to such an extent that significant changes are now being felt from one generation to the next.

Starting with discrimination against the girl-child, even before she is born, the life of the

average Indian woman is one of deprivation in every sphere. The overall status of women in an Indian family is lower than that of men. The girl-child gets less nutrition, health care, and education: a lesser childhood than the boy-child. She becomes a woman while still young, often missing out on adolescence and moving into early motherhood—quickly, and often at a young age. She has no say in any of these crucial events of her life, although they adversely affect her growth and development.

Intrahousehold inequalities and discrimination therefore determine the status of women and the “extent of poverty” in which women live. In addition, the socioeconomic status of the woman’s family and community also determine her vulnerability in the larger society. For example, in tribal societies in India that have a very high incidence of income poverty, women enjoy higher social status than their counterparts in other social groups. However, because of the overall socioeconomic position of tribal groups in the larger society, they become more vulnerable to discrimination and violence perpetrated by those belonging to other groups, especially non-tribal groups. This vulnerability is examined in some detail later in the paper.

Another factor affecting the status of women in India is their region of origin, i.e., the place where they are born. Two girls born in similar low-income-poverty families in Kerala and Bihar are likely to enjoy different life opportunities in terms of access to nutrition or education.

The root of gender inequality, reflected in the higher incidence of poverty among women in India, is social and economic, not constitutional. The Constitution is firmly grounded in principles of liberty, fraternity, equality, and justice. Women’s rights to equality and freedom from discrimination are defined as justifiable fundamental rights. The Constitution explicitly clarifies that affirmative action programs for women are not incompatible with the principle of nondiscrimination on grounds of sex. “The Constitution does not merely pay lip service to an abstract notion of equality. It reflects a substantive understanding of practical dimensions of freedom and equality for women” (Menon-Sen and Kumar, 2001: 10). However, implementation of constitutional provisions that are meant to empower women are often implemented by persons from the very socioeconomic backgrounds that perpetuate the inequity.

2. A Look at Indian Women Today in Statistics

Here are some glimpses of the status that women in India today. On the positive side, India has the world’s largest number of professionally qualified women. India has more working women than any other country in the world. This group includes female workers at all levels of skill, from surgeons and airline pilots to bus conductors and manual laborers. India has more women nationally certified as doctors, surgeons, scientists, and professors than the United States. Over the past decade, India has had five international beauty queens. And yet, on average, women in India are socially, politically, economically, and even demographically weaker than men. Women in India gained suffrage in 1950 and women hold 8

percent of Parliamentary seats; however, women hold less than 6 percent of Cabinet positions, less than 4 percent of positions in High Courts and the Supreme Court, and less than 3 percent of government administrator and manager positions.

Men outnumber women in India, unlike the demographic profiles of most other countries. In 1991, there were only 933 women for every 1,000 men. Nobel Laureate Amartya Sen noted that India with its population of 1 billion has to account for some 32 million “missing women.” Given the enormous progress India has made in health care and nutrition for its women and children, one would expect a steady decline in the number of these missing women. But the reverse has happened. The female-to-male ratio has become smaller in the past 100 years. In India, 18 percent more girls than boys die before their fifth birthday.

More than 60 percent of women are chronically poor, and the figure would probably be higher if intrahousehold discrepancies in poverty levels were measured. For most women, their low status and lack of education limits them to a life of housework and agricultural labor. Although women in India “work,” sometimes twice as hard and long as their male counterparts, their economic contributions often remain invisible and unrecognized. Ninety six percent of women work in the informal and unorganized sector. In spite of legal provisions, women continue to receive lower wages than men. The Government’s new Targeted Public Distribution System is pushing many more women into food insecurity because it is making the safety net of the poorest poor harder to access. Women face legal discrimination in land and property rights. Most women do not own property in their own names, and are denied inheritance of parental property. If they inherit property, most cannot exercise control over it.

Maternal and infant mortality rates in India are high: 407 out of every 100,000 women and 70 out of every 1,000 infants die during childbirth. These high numbers of deaths are due in part to the small share of births attended by a medical professional (only 42 percent). The great majority of births occur at home with the assistance of a traditional birth attendant. The high rate of maternal mortality is the result of inadequate prenatal care, delivery in unsafe conditions with inadequate facilities, and insufficient postnatal care. Severe anemia is responsible for 9.2 percent of maternal deaths in India. Eighty-eight percent of pregnant women between the ages of 15 and 48 suffer from anemia, probably among the highest incidences in any country in the world.

Sixty-one percent of girls are not enrolled in school. Of those who are enrolled, 59 percent drop out before completing grade five. Only 38 percent of women enroll in secondary school (grade 6). Only 54 percent of women can be considered literate (compared to 76 percent of men). Women are frequently subjected to violence both within and outside the family. Police records show that a woman is molested every 26 minutes somewhere in the country, a rape occurs every 34 minutes, and an incident of sexual harassment takes place every 43 minutes. On average, every 43 minutes a woman is kidnapped and every 93 minutes one is killed. A large number of rural households are now *de facto* female-headed (about 25 percent) due to widowhood, desertion, or male migration, especially in the hilly and less developed areas.

3. A Report Card on Gender Development and Empowerment in India

In the Gender Development Index (GDI) of the 2000 *Human Development Report* (UNDP, 2000), India is ranked 108th out of 174 countries. The Human Development Index (HDI) measures the average achievement of a country in terms of the extent to which people lead a long and healthy life, are educated and knowledgeable, and enjoy a decent standard of living.

The GDI *genders* the HDI through measuring the unequal achievement of women and men on the basis of [the] same indicators. Thus the greater the gender disparity in basic capabilities, the lower a country's GDI as compared to its HDI. The Gender Empowerment Measure (GEM) is concerned with the opportunities available to women vis-à-vis men in participation in the economic and political life of the country. Together these three indices show that while a country may appear to have achieved a high level of human development, women in the country may still suffer from discrimination in building their capabilities to gain access to economic and political opportunities (Mahbub ul Haq Development Centre, 2000: 41)

Clearly the HDI, GDI, and GEM ranks for various countries are not all the same, and higher scores in HDI and GDI do not necessarily mean that there is also gender empowerment. On the one hand, while Bangladesh has very low HDI and GDI scores, it has a GEM value of 0.3, which is relatively high compared to its other scores. Norway, on the other hand, has the same HDI and GDI values, yet ranks higher in GEM than in GDI. The United States improved its GDI ranking in HDR 2000, but in the previous year, its GEM ranking slipped, (from 8 to 13), as did Canada's (from 4 to 8). Australia and Sweden have overtaken the United States and Canada in gender empowerment (UNDP, 2000). While Sri Lanka has GDI and HDI values of over 0.7 (above the world average) and GEM values over 0.3, India's HDI, GDI, and GEM scores are 0.55, 0.53, and 0.24 respectively: slightly higher than the South Asian average, but much lower than the world average and the average for developing countries (over 0.6). It is important to accept that composite indices such as GDI and GEM cannot be taken as complete measures of gender equality and gender empowerment. Security, mobility, dignity, access to resources, and autonomy cannot be measured by proxy measures, but they can be important in drawing the attention of policymakers and analysts to gendered effects of development and change (Mahbub ul Haq Development Centre, 2000: 41). The Office of the Census Commissioner, Government of India (Registrar General and Census Commissioner, 1991) evaluated the status of Indian women in 1991 using the following variables: female literacy rate, percentage of female workers in secondary and tertiary sectors, sex ratio, percentage of females in urban areas, and female mean age at marriage.¹ Out of the 452 districts in India for which these data were available, only 37 districts showed that women had attained high levels of status. In another 57 districts, women's status was measured as intermediate. Over 358 districts scored poorly on the gender equity scale, indicating that the status of women in these districts is low. When one looks at GDI scores across states, one sees vast differences between Kerala and other states, with Kerala scoring much higher. Kerala's success in social development, particularly given its relatively low per capita income, is largely due to its expansion

in literacy, especially its female literacy, which is 88 percent according to the 2001 Census. This is significantly higher than the national average and comparable to many developed nations of the world. (Registrar General and Census Commissioner, 2001).

Table 22.1. Comparing Indicators of Human Development, 1999

| Country | GDI Rank | Value | GEM Rank | Value | HDI Rank | Value |
|--------------|----------|-------|----------|-------|----------|-------|
| Canada | 1 | 0.928 | 4 | 0.742 | 1 | 0.932 |
| Norway | 2 | 0.927 | 1 | 0.810 | 2 | 0.927 |
| United State | 3 | 0.926 | 8 | 0.708 | 3 | 0.927 |
| Sri Lanka | 76 | 0.712 | 80 | 0.321 | 90 | 0.721 |
| India | 112 | 0.525 | 95 | 0.240 | 132 | 0.545 |
| Pakistan | 116 | 0.472 | 101 | 0.176 | 138 | 0.508 |
| Bangladesh | 123 | 0.428 | 83 | 0.304 | 150 | 0.440 |
| South Asia | | 0.511 | | 0.241 | | 0.53 |
| World | | 0.700 | | | | 0.706 |

Notes: GDI = gender development index; GEM = gender empowerment measure; HDI = human development index. Blank cells = not available.

Source: UNDP 1999, quoting figures of 1997. UNDP's HDR for 2000 did not have the GEM figures for India and Pakistan.

a. The sex ratio: India's "missing" women and girls

In India there are 927 girls and women for every 1,000 men and boys, while in the United Kingdom, the total is 1,170 to 1,000. Worldwide, there are 43 million more men and boys than women and girls. According to Amartya Sen, there are 32 million missing females in India. (Menon-Sen and Shiva Kumar, 2001:11). Since the turn of the 19th century, the ratio of males to females in India has risen. This trend is in contrast to the situation in most countries, where the survival chances of females have improved with increasing economic growth and declining overall mortality. In India, excess female mortality persists up to the age of 30, which has an impact on the female ratio and is a symptom of bias against females.

"Since women typically have a survival advantage in the older age groups, even in India, this relationship suggests that the decline of the female-male ratio in the 30-plus age group is partly attributable to the mortality decline effect... This does not mean that the decline in the female-male ratio in India is some kind of "natural" phenomenon, reflecting little more than the decline of mortality. Indeed, in other regions of the world, the decline of mortality in the twentieth century has usually gone hand in hand with an *increase* in [the] female-male ratio, reflecting sustained improvement in the survival chances of females relative to males" (Dreze and Sen, 1995: 152–153).

There are wide disparities in rates of female fertility and mortality across states, across districts, within states, and between rural and urban areas. Substantially higher levels of female infant and adult mortality and higher ratios of men to women are reported in the northern states of Bihar, Madhya Pradesh, Rajasthan, and Uttar Pradesh compared with

¹ Figures on the mean age at marriage used data from 1981.

southern states. Orissa, one of the poorest states in terms of income, has 971 women for every 1,000 men. These figures reflect the marked social and demographic contrasts between the “Hindi belt” and the rest of India. In the most developed states of Punjab and Haryana, there are more women than men (the ratio is 882 men per 1,000 women in Punjab State, and 865/1,000 in Haryana). Of the 62 districts having the lowest ratio of men to women, 10 are in Punjab. The southern state of Kerala has achieved female fertility and mortality levels approaching those of industrialized countries and comparable to those of Europe.

The regional pattern of female-male ratios is consistent with what is known of gender relations in different parts of the country. The northwestern parts of the country, for instance, are notorious for highly unequal gender relations. Symptoms of this inequality include the continued practice of female seclusion, very low female labor force participation rates, a large gender gap in literacy rates, extremely restricted female property rights, a strong preference for boys in fertility decisions, neglect of female children, and a drastic separation of married women from the natal family (Dreze and Sen, 1995: 142).

The main reason for the disparity in the number of men and women is the preference for sons. Daughters are generally considered a net economic liability: they often require a dowry, they leave their natal homes after marriage, and their labor is undervalued. The result is a strong preference for sons. In its most extreme form, this preference leads to female infanticide, and more recently, to sex-selective abortion. The preference for sons is readily apparent in the relative neglect of female children, who are weaned earlier than males, receive smaller quantities of less nutritious food and less medical care, and are more likely to be removed from school at a young age. Female infanticide contributes to India's anomalous sex ratio. However, Dreze and Sen (1995) argue that it is not female infanticide but the practice of preferential treatment of boys and neglect of female children in intra-household allocation of health care, nutrition, and related needs that causes the higher incidence of female infant and juvenile mortality.

Female infant mortality rates (IMRs) are also higher. According to 1998 estimates, 70 of every 1,000 Indian children born die in their first year; the rate for females is 72, however, and that for males is 70. Rates vary systematically across rural and urban areas. In rural India, the overall infant mortality rates are higher at 79 per 1,000 live births, and the rate for females is 77, while the rate for males is 76. In urban India, infant mortality rates are lower, averaging 49 deaths per 1,000 live births. Here, too, female IMRs are higher, at 45 deaths per 1,000 births compared to 42 for males.

Since 1995, there have been some changes in the IMRs for the country. That year, the average incidence was 74 per 1,000 live births. In 1995, the female IMR was 76 and the male IMR was 73. In rural India in 1995, the overall IMR was 80, with 82 for females and 80 for males. However, in the urban areas, the female IMR (47) was a little lower than the male IMR (49) that year. By 1998, the position was reversed, as outlined above (NIPCCD, 1998: 77). Obviously, increasing urbanization has had its own effects.

In spite of progress in lowering mortality rates of young children over the past two decades, over 30 percent of all deaths in India occur among children under five. Despite their innate biological advantages, more girls than boys die. During the past decade, the gap between the mortality rates of young girls and boys widened.

This inequitable treatment, which causes higher rates of female child mortality, continues into women's adult lives. Women eat after men. Even during pregnancy, the diet of many Indian women is inadequate. A high proportion of women receive no medical treatment for illness and many use home remedies or traditional healers. Men are more likely to receive modern medical and institutional care.

b. Educational status

Education opens the doors to empowerment and opportunity. No poverty alleviation measure can be sustainable without this input. Lack of information and knowledge perpetuates poverty. The female disadvantage in India is evident in education. Female literacy rates are connected with population stabilization, declining infant mortality, increased enrollment of children in school, and better access to health care. Although significant gains have been made in female literacy since independence and the benefits of educating females are widely recognized, population growth has meant that there are more illiterate females today than a decade ago. According to the 1991 census, only 39 percent of Indian females above age seven are literate, compared with 64 percent of males. In some northern states, the percentage of literate females is as low as 21 percent to 26 percent. It is estimated that 44.7 percent of children in the 6–14 age group are out of school. Of all children enrolled, 54 percent drop out of school before completing elementary education. While the dropout rate is 51 percent for boys, it is 59 percent for girls.

A variety of socioeconomic factors is responsible for women's lower educational attainment: direct cost, the need for female labor, the low expected return, and social restrictions. For the majority of girls from poor rural families, going to school is an impossible dream. In poor families, both girls and boys begin to help with household chores from a very early age, but as they grow older the burden shifts more and more onto the girls.

When resources are limited, families prefer to “invest” in educating boys, not girls, as girls will be married and sent off to another family. Investing in girls is “like watering the neighbor's plant,” as an old saying goes.

Moving out of the depths of poverty becomes harder without the education and skills necessary for accessing better opportunities. Thus, women in India find themselves pushed more and more into the unorganized and informal sectors of work, which have lower wages and less secure working conditions.

Because women's educational levels and improvements in their health status are closely linked, increasing females' access to education is the key to improving their health.

c. Health status

Poverty underlies the poor health status of most of the Indian population, and women represent a disproportionate share of the poor. Women's relatively low status (particularly in the north) and the risks associated with reproduction exacerbate what is already an unfavorable overall health situation.

Reliable and disaggregated statistics on health are difficult to come by, and this difficulty is acute regarding women's health. Official health records are not comprehensive or up-to-date, and so-called "female health conditions" are not considered health problems, either by health care professionals or by women themselves. Reproductive health problems fall into the realm of "private and unspoken diseases," leading to a culture of silence. Consequently, most diseases go unreported. The fact that a majority of health care professionals in rural areas are men adds to the hesitation to seek medical help. The social distance between women and the health care service center or provider because of gender, caste, or class is even greater than the geographic distance, which itself is a deterrent.

Millions of women simply lack the freedom to go out and seek medical help. According to the second National Family Health Survey, (International Institute for Population Sciences, 1998–1999), only 52 percent of women in India are ever consulted on decisions about their own health.

When children fall sick, the likelihood that medical help will be sought for boys is greater than for girls. This difference is often as great as 10 percent. The health status of the girl-child is evident in higher malnutrition levels. Poverty is a major contributing factor to the ill health and malnutrition of women because of traditional values. Whatever food is available tends to be distributed disproportionately between females and males. Even in households that have enough, women are disadvantaged in terms of food consumption because of traditional notions of what food girls must not eat or that women must eat last. Early marriages and repeated pregnancies further disadvantage them. In rural Punjab, 21 percent of girls in poor families suffer severe malnutrition compared to 3 percent of boys in the same families. Indeed, poor boys are better fed than rich girls (UNDP, 1995). A study in the Delhi slums revealed that 40 percent to 50 percent of the female infants below the age of one year were malnourished. And in female children in the age group 5–9, the rate of malnutrition increased to 70 percent (Mahbub ul Haq Development Centre, 2000: 127). Child malnutrition depends not so much on income or food availability as on the health care available to children and women. Income poverty explains only about 10 percent of the variation in child malnutrition (Mahbub ul Haq Development Centre, 2000).

Life expectancy is often used as an indicator of a country's levels of health. Given the complexity of underlying factors, it is not just a quantitative measure of health, but also an indicator of quality of life: ability to access food, services, and a decent standard of living. At the same time, lifespan clearly does not depend on income levels alone, because countries with lower per capita income than India, such as Mongolia, Tajikistan, and Viet Nam, can

expect their women to live longer. For a majority of Indian states (with the exception of Kerala or Punjab, where life expectancy approaches age 71), life for the average woman ends at about age 60 (life expectancy to age 60.3). While in Kerala a woman can expect to live to be 75 years old, in Madhya Pradesh her life expectancy is 57 years, and in Orissa it is 58 years (Menon-Sen and Shiva Kumar, 2001: 21).

The average Indian woman is 100 times more likely to die of maternity-related causes than is a woman in the industrialized world. About 15 percent of pregnant women in India develop life-threatening complications (Mahbub ul Haq Development Centre, 2000: 127). Maternal mortality in India, estimated at 407 maternal deaths per 100,000 live births, results primarily from infection, hemorrhage, eclampsia, obstructed labor, abortion, and anemia. Lack of appropriate care during pregnancy and childbirth, especially the inadequacy of services for detecting and managing complications, explains most maternal deaths.

Efforts to deliver antenatal services to women are hindered by the prevailing attitudes toward pregnancy: pregnancy is not generally considered a condition that requires special treatment. Pregnant women receive little (if any) additional food and often no medical attention, even when complications arise. In rural areas, over 80 percent of deliveries occur at home, assisted by older household women and traditional

“Pregnancy is not generally considered a condition requiring that requires special treatment.”

birth attendants (*dais*). The unhygienic conditions in which rural deliveries usually occur often lead to infection in mothers and newborns. Infection and excessive bleeding are the largest causes of maternal deaths.

Reliable data on mortality and morbidity in pregnancy are scarce, and for female morbidity in general, they are almost nonexistent. The limited studies available report high morbidity and malnutrition among girls and women. Emerging evidence indicates that the prevalence of reproductive tract infections is considerably higher than previous figures suggested, and that the spread of HIV/AIDS is a concern. Iron-deficiency anemia is widespread among Indian girls and women and affects 50 percent to 90 percent of pregnant women.

Female mortality and morbidity rates are linked to overall fertility levels in India: 3.4 children per woman. Childbirth closely follows marriage, which tends to occur at a young age: 30 percent of Indian females between the ages of 15 and 19 are married. Childbearing during adolescence poses significantly greater health risks than it does during the peak reproductive years and contributes to high rates of population growth. Indian women also tend to have closely spaced pregnancies. Some 37 percent of births occur within two years of the previous birth, endangering both the health of the mother and the survival of the infant and older siblings.

The work that women perform influences their health status. Women in India, especially in agricultural areas, are expected to perform a variety of strenuous tasks within the house-

hold, on family lands, and, in some regions, for wages. These occupations often have serious consequences for undernourished females, including adolescents, whose bone structure is not yet fully developed and who may be required to carry heavy loads or to adopt unnatural postures for prolonged periods. Another problem is exposure to heavy smoke from kitchen fires, which causes a variety of respiratory difficulties. Women are also susceptible to unusually high rates of physical assault such as rape, burning, and beating.

A complex array of medical systems is practiced throughout India, including several traditional text-based medical systems and modern allopathic medicine. *Ayurveda*, the classical Hindu system, is concerned with an individual's total health. Today, ayurvedic practitioners often utilize not only natural remedies but also allopathic treatments. Other medical systems in use include *Unani*, favored by Muslims, and homeopathy. Women find these medical treatments much more accessible, affordable, and socially acceptable than Western style medicine.

Women frequently turn to traditional practitioners and quacks for abortions; the procedures used are usually unsafe and may lead to infections and other complications. Women may also consult these practitioners for help in dealing with infertility, which is almost always deemed the woman's problem. Since Indian women's main role—over which they have no control or choice—is deemed to be reproductive, infertility is considered a disaster in Indian society.

Under the new economic policies of the Government and the impact of globalization, privatization of the health care sector is being encouraged. Health care services that were formerly free are now being to charged for. Needless to say, women, who in any case are the last to get the benefits of health care, are going to be further marginalized.

The poor health of Indian women is a concern, both for the individual woman and family and for the nation. A mother's poor health affects children, who will be India's next generation of productive citizens. It reduces productivity, not only at the household level, but also in the informal and formal economic sectors. Improving women's health is integral to social and economic development. In addition, it is economically efficient, since interventions to improve women's reproductive health are among the most cost-effective in the long run.

d. Women and work

Financial independence, leading to economic empowerment, is one important step toward women's empowerment. Unfortunately, because of the invisibility and nonrecognition of women's work and its contribution to the economy, women continue to be unempowered. The vast majority of women work from dawn to dusk; ironically, women work long hours, but their work is not recognized as work at all. They are the primary caregivers in the home; often they are major contributors to the market as well. Even though they may be working longer hours than men, their work is seen as falling into the realm of caring, nurturing, and household duties, not into the realm of "economic" activity.

Statistics on work force participation rates continue to show low figures for women workers. For instance, in 1997, 22 percent of women in rural India were recorded as nonworkers. National data collection agencies recognize that there is a serious underestimation of women's contributions. The National Sample Survey calculates that as many as 17 percent of rural women and 6 percent of urban women are incorrectly recorded as "nonworkers" (Menon-Sen and Shiva Kumar, 2001: 51).

In India, women reported as nonworkers in the census are found to be spending up to four hours per day picking, sowing, grazing cattle, or threshing; or working as domestic servants for as many as 8–10 hours per day (Jain and Chand, 2000).

The *Shramshakti* report refers to several studies that show that women work for longer hours... The Report observes that unpaid work done by married women outside the home varies from 6.13 hours to 7.53 hours per day, in some cases increasing to 10 hours per day. Apart from domestic duties, women engaged in agricultural operations work an average 12 hours per day doing farm work and caring for cattle (Mahbub ul Haq Development Centre, 2000: 54).

Such is their socialization that women themselves fail to recognize their own contribution, as does the rest of society. So deep-rooted is this perception that, in a survey, even the enumerators assumed that women did not work (Human Development in South Asia, 2000: 56).

Events which force women into the labor market often come as shocks to the family system. Such "shocks" include ritual celebrations, the most expensive of which are marriages, which require dowries. The most calamitous event is the loss of a major income earner. Greater still are the impacts created by illness of a major earner. Coping with the costs associated with the illness often requires women to join the labor force or take on a second job. Where this is impossible, the most common nonlabor response is through disposal of household assets or credit, the latter creating a household debt which further strains the resources of the family. A negative circular pattern of ill health leading to indebtedness leading to the loss of assets and further impoverishment can have a devastating impact on households (Barrett and Beardmore, 2000).

Impelled by poverty, increasing male unemployment, and increased job opportunities as a result of globalization, more women are entering the paid work force. According to the World Bank (1999), women constitute 32 percent of the labor force.

Because of their lack of access to education and skill training opportunities, many women are forced into either the daily wage market or the informal sector. Only 15 percent of women are in the formal sector. Outside the agricultural sector, women are concentrated within a limited number of sectors, mostly service and poorly paid manufacturing jobs. In India, only 15.4 percent of formal sector manufacturing employees are women, although the actual number would be much higher if home-based subcontracting, for which there are no numbers, were taken into account (Mahbub ul Haq Development Centre, 2000).

Although urban-educated, affluent women are keen to avail themselves of the opportunities that have come with globalization, current trends in the economy and the problem of

women's illiteracy have pushed more women into the informal sector. Downsizing as part of liberalization policies has increased the amount of low-paying, home-based, subcontracted work, most of it being done by women. In India, 96 percent of economically active women work in the informal sector. Because of their lack of mobility (and therefore lack of information about the market), the pressures of domestic work, or cultural norms, women find themselves in the informal sector. The conditions of work in the informal sector and the terms of labor are usually exploitative. Although some women may earn a good living in the informal sector, the majority face long working hours with low returns. Because there is little legislation concerning working conditions, safety, or enforcement of existing legislation, there is no protection against exploitation.

Even though India has laws mandating equal wages for equal work, women continue to be paid less. In fact, gender-specific inequalities in appointment, pay, and job security are as widespread as harassment at the work place. In rural India, women get paid 60 percent or less than men for the same work, while women's pay in urban areas may approach 80 percent of men's. However, equal pay for equal work remains an illusion. Maternity and other benefits are denied to women in the unorganized sector, which is where they are largely concentrated.

While some enter the informal market to earn additional income, many enter it in desperation. The most vulnerable are those who are the sole or primary income earners; they enter the informal market in the absence of any other option. These women lack capital, access to institu-

“ For women, there is a gap between legal rights, ownership, and control.”

tional credit on easy terms, skills, and outlets for technology and marketing. Their minimal incomes reinforce their poverty and make them even easier victims for exploitation. A woman's labor is the main

input, but other household labor (including child labor) is often used. Women carry a double burden: they work at home and work for a living, yet seldom have control over the money they earn. Thus, working does not bring financial independence.

Beginning in childhood, most rural women fulfill multiple productive functions in addition to bearing children and performing household labor. Ironically, recent agricultural innovations have not benefited rural women, who still perform primarily manual labor. The strenuous physical tasks allocated to Indian women, combined with limited food intake, exacerbate malnutrition. Productive responsibilities are hardest on childbearing women, who typically work until late in their pregnancies without needed rest or additional food. New mothers resume work before they have fully recovered from childbirth and have their children in relatively close succession, resulting in a cycle of maternal depletion that saps their physical strength and undermines their ability to function effectively.

While poverty tends to exacerbate a woman's lot, it may result in better treatment of female infants and children at the lowest socioeconomic levels, where females are valued as productive workers. The gap between male and female children in feeding and care is often less in very poor families than in wealthier households. However, these girls are under pressure to begin earning at very young ages. They may be taken to work in the fields alongside

laboring parents or may participate in home-based enterprises, with adverse consequences for their health and physical growth.

e. Resourcelessness

The land is not ours, the forest is not ours, the water is not ours—what then is ours? They either belong to the government or to men. What do we get when all these are taken away?

—Basanti Bai, a displaced woman from the Bargi Dam area of Madhya Pradesh

India is not resource poor, but its women are. Effective rights to property, especially land, are of critical importance to women's economic and social empowerment in India. "The path to achieving those rights, however, is strewn with obstacles: legal, social, administrative and ideological" (Agarwal, 1997: 44). Even when laws give property rights to women, they are seldom exercised due to social and ideological pressures.

Although women are dependent on land, forest, water, and other natural resources for themselves and their families, and may therefore have users' rights or informal rights over these resources, they seldom have legal rights or control over them. There are also vast gaps between women's legal rights to property and their actual ownership of it, and between ownership and control.

Legal rights to land, property, and housing broadly mean security of tenure: the right to own, lease, rent, mortgage, or dwell on property and in housing; and the right not to be forcibly evicted. Access to land, property, and housing means that a person can use land, property, or housing (i.e., they have usufruct rights), but may not have the legal right to do so. Usufruct rights may be informal concessions granted to the users by the community or family. Control over land, property, and housing can have multiple meanings, such as the ability to decide on how these resources are to be used and disposed of. Legal ownership may not necessarily bestow control. Gender inequality in access to and control over economic and natural resources is widespread across the globe. In patriarchal and patrilineal societies, land and property are passed from male family head to male heir. In most parts of India, as in other parts of Africa and Asia, women may have use rights over the land and forest, but are rarely allowed to inherit the land they use.

Although there is strong male resistance within the family to women's right to property, women themselves often assume that they have no rights, or they relinquish their inheritance to their brothers. If women do not relinquish their claims, male relatives may file court cases, forge wills, and even resort to violence. Emphasis on female seclusion, or *parda*, and women's everyday lack of mobility reduces their access to judicial, administrative, and economic institutions. Moreover, government functionaries, themselves products of the same social milieu, obstruct the implementation of any laws that would favor women. Prevailing biases affect the recording of women's shares, court judgements, and the government's land distribution under land reform or resettlement schemes.

The gender gap between legal right and actual ownership is matched by the gap between ownership and effective managerial control. Even in traditionally matrilineal societies, such as the Nayars in Kerala or the Khasis and Garos tribes in Meghalaya, actual control over land and property is vested with the males, because they make decisions regarding use, transfer, and sale. Patrilocal marriages in distant villages make supervision and control difficult.

Women do see themselves as having rights over their marital property, but here too is a gap between legal rights, ownership, and control. Property is assumed to pass on through the male lineage. Widows assume ownership only until such time as their sons who are minors can inherit; widows are unable to assume control. In other words, widows see themselves and are seen by society as mere custodians of their sons' property and not owners of what is their own by marriage. The male members too resist transfer of ownership to the widows.

Ecological degradation, change in land use patterns due to pressures from the market economy, and large-scale acquisition of land for development and industrialization, leading to displacement, are fast taking a toll on women's already fragile status with respect to land and property.

With the increasing momentum toward the market economy, farmers are pushed into cash crop production, in which unregulated use of pesticides and water, leading to salinization and overexploitation of ground water reserves, slowly reduces soil productivity, as is happening in Punjab today. Also, farmers are shifting away from food crop production for subsistence consumption to production for export.

Another feature of this kind of unregulated export production is that institutional credit has been curtailed under the structural adjustment programs, and increasingly farmers are borrowing from private creditors. This increased reliance on private creditors has created a situation in which a substantial number of poor farmers are pauperized and forced to sell their lands and assets. This trend becomes evident when one examines the situation of farmers in Punjab and the suicides of cotton farmers in Andhra Pradesh. These problems are too well publicized to be ignored (Patnaik, 2001).

Loss of land and other assets forces the family, especially women and children, into wage labor. There is also the danger of their being trafficked into prostitution; by now the link between poverty, loss of assets, and trafficking is fairly well established.

The situation becomes particularly difficult under circumstances of acquisition and transfer, as is happening on a large scale today. Because women do not hold titles to land and property, they are not seen as persons who have rights to compensation or alternative land. The policies reinforce these gender biases, as do the people implementing the projects.

Persons who are resource-poor are voiceless and can be oppressed, which is what happens with women. Even in the face of extreme violence and torture, they are unable to leave and seek other options. So the cycle of poverty and violence continues.

f. Food insecurity

Today, India has a food surplus. Last year, wheat production was nearly 75 million tons (the second largest wheat crop in the world) and rice production reached 90 million tons. This agricultural yield is more than what India needs to feed a whole nation of people and keep them healthy. However, more than 500 million people continue to be undernourished, because with structural adjustment programs, there is a much greater thrust toward exports and cash returns. The government has decided to export its stocks at subsidized rates and cut back on the Public Distribution System (PDS). In 1997, the government introduced the Targeted PDS Policy, whereby households were demarcated on the basis of income criteria into Below Poverty Line and Above Poverty Line. The two categories are treated differently in terms of quantities and prices. This demarcation of categories has led to the exclusion of millions of people from their former food security net, placing them at risk for becoming undernourished.

If 70 percent of a population is food-insecure, then a policy that targets 36 percent of the population is one that abandons any attempt to provide food security to the general population (Swaminathan, 2001). Of course, there is also the issue of distribution of this limited food supply. In a society in which women eat last and least, the lack of a policy that focuses on food security for the general population, a lack of natural resources, and women's insecure status in the labor market has only exacerbated women's food insecurity.

g. Poverty and violence

Violence traps women in a condition of poverty, of fear of poverty, and/or of fear of violent situations. Violence against women knows no geographical, cultural, or linguistic boundaries, and affects all women without regard to their level of income. However, for many women, poverty adds another dimension to the pain and suffering they experience as a result of violence. Poverty limits choices and access to the means of protecting and freeing oneself from violence. It also means more barriers to using services and programs that can help. The discrimination faced by women in society limits their opportunities and options, creating additional barriers that prevent low-income women from leaving an abusive situation. They simply do not have the options that women with more money have. Women are almost always less well off financially after they leave a marriage. Those who already live on a low income can expect to live in even more dire poverty.

Between 1980 and 1990 there was an increase of nearly 74 percent in crimes against women, with rape, molestation, and torture by husbands and in-laws showing the highest rate of growth. The National Crime Records Bureau reported in 1998 that the growth rate of crimes against women would be higher than the population growth rate by 2010. This increase means that progressively greater numbers of women are becoming victims. Although the larger numbers are interpreted by some as a sign that more women are coming forward to report cases and break the silence, the picture is nonetheless disturbing. The rate of crimes against women (number of crimes per 100,000 population) was 13.5 in 1998. If this rate is calculated per 100,000 female population, it doubles to 28.1. "This rate does

not appear alarming[;] at first sight [it] may be viewed with caution[,] as [a] sizeable number of crimes against women go unreported due to [the] social stigma attached to them” (NCRB, 1998). The percentage distribution of various crimes against women during 1998 was: torture (31.5%), molestation (23.6%), rape (11.4%), trafficking (6.6%), sexual harassment (6.2%), dowry deaths (2.7%), and kidnapping and abduction (2.5%).

With globalization and increasing privatization, there has been a great deal of “downsizing” in labor and a movement toward less labor-intensive, more skilled, and more cost-efficient methods of production. Rising unemployment among men and the resultant loss in self-esteem and income has resulted in their venting frustration and anger onto women and children, making women more vulnerable to abuse and violence.

The Indian social system, with its caste barriers, has pushed certain sectors down to abysmal depths of poverty, making them victims of oppression and violence. Recognizing this problem, the Government has passed laws for the protection of Scheduled Castes and Scheduled Tribes against atrocities by other groups. Of the total population in the country, 16.48 percent is Scheduled Castes and 8.08 percent is Scheduled Tribes. While the trend in crimes against the Scheduled Castes and Tribes shows a decline between 1996 and 1998 from 1.2 percent to 1.0 percent, it is well documented that women belonging to marginalized sectors of society are the worst victims of caste/class conflicts. Of all the crimes committed against Scheduled Castes and Tribes, the most frequent is rape. It constitutes 15 percent of offences in the case of Scheduled Castes and 28 percent in the case of Scheduled Tribes.

The attitude towards Scheduled Caste women was exemplified by a statement of the Madhya Pradesh state home minister in response to the repeated rape of an 18-year-old Scheduled Caste girl by the same person. When the legislative assembly reacted strongly to the incident, the minister replied that the girl would be twice compensated according to the law that compensates an member of a Scheduled Caste or Tribe when raped by a non-Scheduled Caste or Tribe person!

There are other forms of violence that “contribute” to the feminization of poverty. But there are no absolute statistics available for these.

i Witch-hunting

No statistics are available, but the incidence of witch-hunting is common. Women are branded as witches for any untoward incident affecting the rich and the powerful. There seem to be no logical reasons why and how women are declared witches. Poor single women living by themselves or those unable to bear children have been victims. There is also a connection between property and land rights and women. Women who own land and property, especially if they are single or widowed, are declared witches, burned, beaten, stoned, and sometimes brutally killed so that men can take over their property.

ii. Trafficking

Estimates suggest that more than 2 million women participate in commercial sex work, and that 25 percent of the women are less than 18 years old. At least 25,000 children are engaged in prostitution in the major metropolitan cities: Bangalore, Delhi, Hyderabad, Madras, and Mumbai (Government of India, 1991). According to some sources, 500,000 girl children younger than 18 years old are victims of trafficking in India. (UNIFEM, 1998).

It is noteworthy that 61 percent of commercial sex workers in India belong to Scheduled Castes, underprivileged classes, and Scheduled Tribes (UNIFEM, 1998).

Those who are trafficked are poor women and children. Key target groups are poor women who migrate to urban areas in search of jobs; women and girls who are unmarried, divorced, separated, or widowed; ethnic minorities; persons who have low levels of education or are illiterate; girls and women from communities where commercial sex work is legitimized; women from disrupted families; persons who lack awareness of their rights; and women and children of varying ages ranging from babies to women in their 70s (UNIFEM, 1998).

g. Urbanization and poverty

Over 27 percent of the Indian population lives in urban areas. The rate of urban poverty was lower than the rate of rural poverty by at least six percentage points in the 1970s and early 1980s. At present, it is on a par with or marginally below rural poverty (Kundu, 2001). The rate of unemployment in urban areas is higher than that in rural areas, for both males and females. It has been asserted that gender differences in the incidence of poverty in urban areas are more intense than those in the rural areas (Barrett and Beardmore, 2000).

Economic differentials between the urban and rural poor have thus narrowed down, which does not necessarily imply that the rural “record” has improved. It may also mean that the indicators for well-being in urban regions are an area of concern. Urban centers are fast expanding, taking over more farmlands and making them part of the cities and towns in India. This fast pace of urbanization is affecting women, too, in two ways: landlessness and informal sector employment.

Push factors in the villages—landlessness, ecological degradation, crop failure, loss of livelihood, food insecurity, and other factors—are causing people to migrate to the cities. Women, too, are coming in and settling down as informal dwellers in the city slums. They are referred to as illegal squatters and encroachers, and they have few or no rights. They live in precarious conditions, sometimes in hazardous locations near the railway lines or on the banks of sewage drains that carry the city’s waste. These conditions are common in Calcutta and used to be widespread in Delhi, until the recent eviction of such dwellers.

As the cities become more overcrowded, expand into the surrounding rural areas, and take up all the neighboring lands, they displace the locals from their lands and livelihood. These displaced people often continue to live in the very same place, becoming part of the urban center and being pushed into new “urban lives” for which they are unprepared. Examples from the “urban villages” of Delhi show that there is very little change in the economic status of the women. Although when evicted, they may receive a sudden inflow of cash as compensation, the men, especially the younger ones, stop working and fall into bad habits such as alcoholism, drug abuse, and irresponsible spending on consumer goods. There is also an increase in domestic violence. Many women, their money all spent, are back in the cycle of poverty and the rural social support system they once had is no longer available.

A life for women in these slums is a double-edged sword. Many of these women treasure the “freedom” and mobility that they may not have traditionally enjoyed in rural villages, yet they no longer have access to the natural resource base that they had before. Slum life also means insecurity of tenure and an absence of sanitation and water. A lack of toilets is a major problem. In the villages, women could use the open fields. In the cities, with no alternatives available, they are forced to squat wherever they can. Women and girls have been found to be most vulnerable to abuse during this activity. The lack of sanitation and water and the living in hazardous conditions, with the added pressures of earning a livelihood, definitely affects the health of the women. However, social attitudes toward women’s health in urban areas remain largely unchanged. Women are still held back by the culture of silence. Conversely, for those who have been able to break the barriers, access to education and health care may become physically easier, although not always affordable.

While in the villages, women may have not have had ownership rights, but many had usufruct rights. In the urban squatter settlements, where no one has rights or security of tenure, women are the worst off. If evicted, women are least likely to be entitled to any compensation.

Box 22.1. All Issues are Women’s Issues and Women’s Issues are Everyone’s Issues...

Addressing gender and poverty in India would mean

- Linkage of economic growth to an expansion of opportunities for women;
- Stronger gender focus in planning and implementation;
- Amelioration of intrahousehold imbalances;
- Amelioration of regional gender imbalances;
- Availability of inputs for the health care, education, and empowerment of all women;
- Recognition and documentation of the contributions of women to the economy;
- The right of women to own, access, and control land and property;
- True participation of women by empowering them to do so, thereby moving beyond “tokenism”; and
- Gender equality as a people’s issue, not the exclusive concern of women.

Source: Author.

The lack of security of tenure also means that women are forced to work with none of the earlier social support mechanisms available to them for child care and community networks. With no skills, they are forced into the informal and unorganized sector, once again making them more susceptible to violence and abuse.

Urbanization also brings with it the pressures of consumerism, placing greater stress on financial resources while compromising the basic needs of health care and education for children.

4. Conclusion

Globally, women are impoverished; feminization of poverty is not peculiar to India. India has made strides toward bridging the gender gap, but still has a long way to go before women can take control of their own lives. A large section of India's population lives in poverty, and women are the poorest of the poor. As some women walk the ramp and win beauty titles, one wonders if the beauty queen's face really is the face of the Indian woman today. In fact, beauty contests exemplify the commodification of women in India today, as well as the entry of market forces that push more women into greater poverty and distress. It is crucial that all policies and "poverty alleviation" measures have a strong gender focus so that the feminization of poverty is not institutionalized (Box 22.1).

A note of caution is warranted at this point. Gender as a jargon is being incorporated loosely into all development language, with little attention to the detailing of measures that would ensure gender sensitivity in planning and implementation. As some feminists would say, gender sensitivity cannot be the salt and pepper that gets sprinkled onto food as an add-on. Indeed, it must not be merely the *achar* or pickle that is added to the menu for taste. Gender sensitivity, indeed women's concerns given the current status of women in India, must be integral to all planning and implementation processes. It is therefore crucial that intra-household imbalances are addressed.

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