



# Women

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**The last few decades have seen remarkable progress in the status of women and girls, yet the cultural roots of gender inequality are still strong and affect a range of outcomes.** The high salaries and independent lifestyles of women in urban India have captured public imagination. Women's visibility in the political space has improved with 33 percent reservation in gram panchayats (local governments). Declines in fertility have freed up women from the cycle of child bearing and child rearing and some Indian states resemble high income countries. Young women today are healthier and more educated than their mothers were and there are indications that the infamous sex ratio at birth may be correcting itself (John et al, 2008; Dasgupta, Chung and Shuzhuo, 2009).

**Yet progress has been very uneven and slower than would have been expected based on India's levels of per capita income.** Females still have an overall survival deficit in childhood and during their reproductive years and are severely disadvantaged in the labor market. The educational attainment of girls lags behind that of boys. But as in other areas, in gender inequality too, India is highly heterogeneous. Outcomes for instance, tend to be much poorer among Adivasi (Scheduled Tribe), Dalit (Scheduled Caste), and Muslim women than among others. There are also large regional variations. The World Bank's report on *Poverty and Social Exclusion in India* captures some key areas of female exclusion.

**Marriage remains the key institution around which Indian women's lives revolve and it has significant cultural and welfare implications.** About 60 percent of Indian girls are married by the time they are 18,

and many are married by age 15 (Desai et al 2010). Cohabitation occurs fairly soon, and almost one-fourth of Indian women even in the 20–24 year age cohort have had their first child by the time they are 18. Globally, this puts India on par with Guyana and Senegal and at a level well below Vietnam, where only 4 percent of girls in the same age group have had a child by age 18 (PRB 2008). Early marriage has many negative effects on the lives of women and their children. A system of village exogamy that distances married women socially and geographically from their natal families prevents young women from being able to voice their needs during periods of strain. Combined with a system of patrilocality, which means that married women live in the family homes of their husbands, young brides, especially in rural areas, are often isolated in the families of their husbands. While a number of programs have targeted women in independent India, the focus on adolescent girls is a development of the last decade or so. The 11th Five-Year Plan for the first time placed policy emphasis on adolescent girls as a discrete group in need of special attention. A new program, the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls, has been launched to provide resources to strengthen life skills among adolescent girls who are at risk of early marriage and early childbearing (see Government of India 2008, 2010).

**Large numbers of women dying unnecessarily in childbirth points to deep seated problems.** Indian women face a 1 in 70 risk of dying in childbirth, which falls at the high end of the global spectrum—Chinese women face a 1 in 1400 risk of maternal death, while risk among Vietnamese women is 1 in 280 (PRB, 2008). The poorer Indian states account for a majority of maternal deaths. More worryingly, these states also show a very slow decline in maternal mortality over time. Less than half of Indian women receive complete antenatal care and 60 percent of all childbirths take place at home. The outcomes are significantly worse for Adivasi women of whom nearly 80 percent give birth at home. Medical practitioners often cite ignorance as the reason for poor outcomes among

<sup>1</sup> This brief is based on a chapter in the forthcoming volume, *Poverty and Social Exclusion in India*. It is not a formal publication of the World Bank. It is circulated to encourage thought and discussion, and its use and citation should take this into account. Maitreyi Bordia Das is Lead Specialist in the Social Development Department of the Sustainable Development Network in Washington DC. Soumya Kapoor Mehta is an independent consultant in New Delhi.

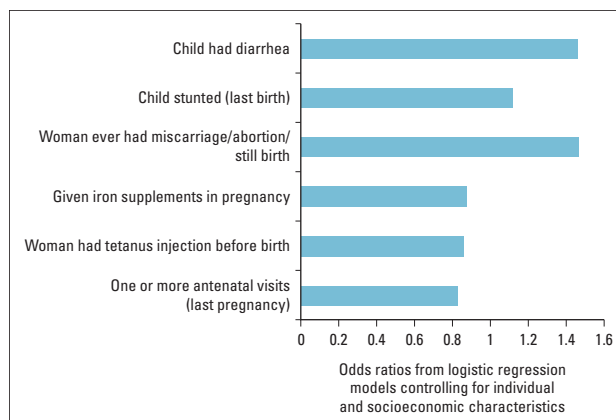
women. It is true that among women interviewed for the National Family Health Survey (NFHS) in 2005–06 and who gave birth at home, 72 percent felt that to give birth in a medical facility was not necessary. However, the low demand for health care may also be triggered by gaps in supply, the inability to reach a health centre in the moment of need, and the lack of information on whether the health centre would be open.

**Spousal violence against women is pervasive and the India Poverty and Social Exclusion Report finds that it has strong association with women’s access to maternal health and the health of their children.**

According to the NFHS 2005/6, nearly one-third of Indian women have experienced spousal violence at some point in their lives. Nearly 81 percent of women who have never experienced violence reported receiving ante-natal care in the NFHS 2005/6, in contrast to only 67 percent among women who had experienced violence. The multivariate analysis shows poorer outcomes for women facing violence even after controlling for a number of household and individual characteristics, including ability to reach a health centre and whether distance to a health center is a problem. Women who have experienced such violence are also one and a half times more likely to have had a terminated pregnancy or still birth. Their children were 1.14 times more likely to be stunted than the children of mothers who had not been abused (figure 1).

**What can help protect women from violence?** In our analysis of women who had experienced violence in the 12 months prior to NFHS 2005/6, we find that women who were educated beyond secondary level and came from higher wealth quintiles, were least

**Figure 1: The Experience of Violence Is Associated with Worse Outcomes among Women and Their Children**



Source: NFHS 2005–06; figure 1.7 in report

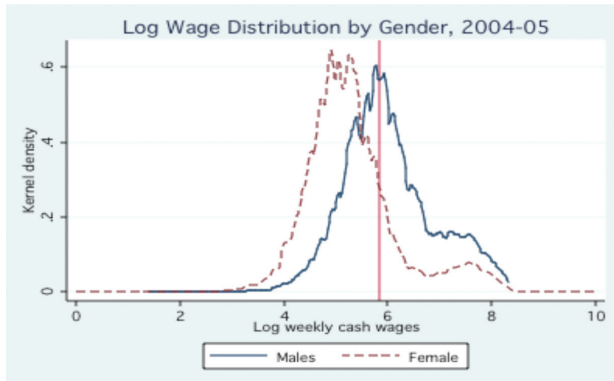
likely to have experienced violence. Their husband’s alcohol consumption on the other hand had the largest effects on their experience of violence, but their own attitudes matter as well. Finally, studies (Panda and Agarwal, 2005) show that women’s land ownership can protect them from violence in addition to having several positive spillover effects.

**The labor market is one of the most important sites of gender inequality.** Women’s new visibility in India’s high-end urban labor market is far from being representative of the country as a whole. NSS data suggest that the labor force participation of women aged 15–59 has virtually stagnated, from about 36 percent in 1983 and 33 percent in 1993 to 35 percent in 2005. The stagnation is driven mainly by rural areas. There is also considerable diversity by state and by caste and tribal status. In the more rapidly growing regions where the norms of female mobility are also more liberal, such as the south and states like Gujarat and Maharashtra, women are much more likely to be employed than are women in the central Hindi-speaking states. Similarly, Dalit and Adivasi women participate more in the labor force out of necessity; the latter mostly take up self-employment in agriculture, while former women undertake casual labor.

**Education lowers the likelihood of women’s participation in the labor force.** Two arguments have been articulated to explain this conundrum. The first is a supply-side argument according to which the supply of secure well-paid jobs for educated women is low. Hence, educated women, who also belong to the higher socioeconomic strata, prefer to opt out of the labor force rather than accept low-status (manual) jobs. The second is a demand-side argument that rests on the cultural mores and values of status and seclusion in the region; this may prevent higher-status households from allowing women to work or demand jobs (Chen 1995; Das and Desai, 2003). Eventually the relation between women’s education and labor force participation takes the form of a “U”, with high labor force participation by uneducated women, the lowest labor force participation among women who have completed primary education, and rising participation among women with post-primary education (Das 2006).

**Inequalities in wages are a disincentive for women to work, but they clearly want work!** While wages have risen in the aggregate for all over the last 10 years or so, lower wages among women compared with

**Figure 2. Women Are Paid Less Than Men across the Wage Distribution**



Source: Staff calculations based on NSS 2004–05; figure 4.7 in report

men are probably discouraging women from working outside the home. Women’s nominal weekly wages are, on average, 71 percent of men’s wages in regular salaried work and 56 percent of men’s wages in casual work (Das, 2006 based on NSS 2004–05; figure 2). While low and unequal wages and their concentration in agricultural labor and in “female” occupations are added deterrents for women, they clearly want market work. In the National Sample Survey 2004–05 (NSS), over 89 percent of the women doing only household chores said they were obliged to do so and one-third said they would accept paid work, in addition to their household duties. Among the latter, a majority wanted part-time but regular jobs in sectors such as dairying or tailoring. For most, lack of credit was the most important constraint.

**The Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) is an example of a program that explicitly seeks to provide paid work to poor women.** The scheme mandates that at least one-third of workers should be women and makes several provisions to enhance the participation of women (for example, the provision of crèches at worksites for working mothers and a guarantee of equal wages among men and women). The numbers on participation, however, are uneven across Indian states. Based on fieldwork in six northern states, Khera and Nayak (2009) find barriers that still constrain women’s participation. These include, but are not limited to social norms concerning working women, the lack of adequate childcare facilities, and exacting productivity norms in some states that require harsh labor practices if women are to earn the minimum daily wage.

**Voice and visibility can change outcomes among women.** Data from NFHS 2005/6 indicate that women do not have much voice in major household decisions. For instance, they are least likely to participate in decisions about major household purchases and more likely to participate in decisions regarding their own health care or visits to their own families. Self-Help Groups of women have been among the most successful programs geared at empowering women. Similarly, mandatory legal provisions reserving seats in legislatures for women have enabled women’s participation in public spaces. However, the evidence on whether this has helped improve outcomes among a majority of women is mixed. One of the factors that hinder women’s visibility and voice is the threat of physical harm and lack of security outside the home. Threats to women’s security also influence the ability of women to access markets and services and claim spaces for themselves. This is an area in which policy can have a huge effect. Making public spaces safe for women is a major step forward in enhancing women’s access to these spaces.

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