WOMEN’S EMPOWERMENT AND SOCIAL JUSTICE IN INDIA (WITH SPECIAL REFERENCE TO U.P.)

T.N. DHAR

In spite of different acts and schemes of government to empower the women in the country, they are discriminated and marginalised at every level of the society, whether it is social participation, political participation, economic participation, access to education and also reproductive healthcare. Women empowerment cannot be possible unless women come with and help to self-empower themselves. There is a need to formulate reducing feminised poverty, promoting education and prevention and elimination of violence against women.

THE NATIONAL SCENARIO

Women’s Empowerment: Some Key Issues

WOMEN’S EMPOWERMENT in the truest sense of the word is largely the creation of an environment where women can claim and obtain their rightful, equal and open opportunity-based status as citizens, where they can take independent decisions in their personal capacities as well as become truly equals in society. Inequalities of women have many expressions. They are less educated. In 2011, male literacy was 79.3 per cent and female literacy was 57.9 per cent. The maternal mortality rates are unacceptably high, at over 200 per lakh. So are malnutrition and anaemia rates. Only 10.9 per cent was the percentage of women in the Parliament in 2012 and 29 per cent in labour force. About 2.40 lakh incidents of crimes against women were reported in India in 2012. Those crimes have increased in last decade, though a National Policy for Women is in place since 2001. Such crimes are related to rapes, kidnapping, acid-throwing, abductions, torture, trafficking, child marriages, prostitution, dowry deaths, etc. The presence of women in employment is much below their proportion in the population. They still lack voice, suffer abuse, experience exclusion and have poor access to redressal. Half of India, or nearly so, is largely
Gender disparities abound in many arenas—population, education, health, employment, social stereotyping, domestic violence and their safety and security.

**National Policy on Women (NPW)**

The principles of gender equity are enshrined in India’s Constitution which has granted equality to women and has also empowered the state to adopt measures of ‘positive discrimination’ in favour of women. The National Commission of Women was set up through an enactment in 1990 to ensure rights and legal entitlement of women. The 73rd & 74th Constitutional Amendments provided reservations for women in ULBs/PRIs, Unfortunately, this kind of a general national law is still awaiting parliamentary approval. India has ratified several international conventions and instruments to secure equal rights for women. However, the tragic fact is that there still exist wide gaps between the goals declared in the constitution, policy, plans and programmes and the realities obtaining on the ground. The Gender Inequality Index of India in 2013 was 0.6551 and it ranked 101st out of 136 countries. Females are still under-represented in births and over-represented in births that die. Female pregnancy terminations still continue inspite of a Pre-natal Diagnostic Prohibition Law being in force since 1994.

The national policy goals are clear. These briefly include:

1. Creating a gender equity climate through positive social and economic policies and programmes,
2. Dejure and De-facto enjoyment of human rights and fundamental freedoms by women call for equal status with men in all spheres—political, economic, cultural, civil and health related facilities,
3. Bring about changes in social attitudes, and
4. Universalisation of women’s education.

Some steps have been taken over the last decade or so to address these problems. These broadly include:

1. Stress on girls’ education,
2. Strict laws against crimes against women like rapes, kidnapping and abduction, torture, domestic violence and dowry related offences,
3. Setting up of the National and State Women’s Commissions,
4. Expansion of ICDS, MDM and Aganwari Programmes. There are now 14 lakh anganwari centres in India with over 10 crore beneficiaries,
(e) Micro-credit for women,

(f) Progressive empowerment steps through education, health facilities, nutrition programmes, sanitation and potable drinking water facilities, housing, women’s homes and shelters,

(g) Skill development programmes,

(h) Encouragement to Women’s Self-Help-Groups,

(i) Women’s Study Centres,

(j) Wide-based NGO initiatives/participation, and

(k) Enlisting of International assistance.

Some more very Recent Initiatives

Women and children constitute nearly 70 per cent of India’s population and are admittedly still lagging in terms of many economic and social parameters. Obviously, there still is an urgent need for focused planning with affirmative action for their inclusion in the growth and development with a greater share for them in decisions-making processes. So gender budgeting has been adopted nationally and in states as an essential tool for gender mainstreaming. Nationally, the level of gender budgeting has gone up to Rs 97,133 crore in 2013-14. Many states have commenced gender budgeting, but it has yet to become effective in real and positive terms. Apart from NPW, a new National Policy for Children (NPC) has been adopted in 2013 for the realisation of the rights of children. Besides, a special law, Protection of Children from Sexual Offences, 2012 (POSCO) came into force on December 9, 2013, that covers all women against sexual harassment at the workplace. Also, to prevent violence against women many comprehensive amendments have been made in the IPC through the Criminal Law Amendment Act (2013) that makes provisions more stringent. A high level committee on the status of women was set up on May 13, 2013, which is mandated to present its report by May 2015. It has been realised that many crimes of horrendous rapes occur in rural areas, where toilet facilities are not available and women/girls have to go out to fields for relieving themselves. This creates great hazards of rapes and other such crimes. The Government of India has now announced that a toilet-for-all in the country should become a time-bound prioritised national programme.

The Road Ahead: Some Pointers

India has made a great deal of progress in economic and social terms. However, it is also true that there are many areas and walks of life where women’s empowerment is largely lacking. To appreciate what such true
empowerment implies, what is needed is to bring about a seachange in the mindset of people (all people not women only), of law makers, intellectuals, professionals, bureaucrats, corporates, educationists, the security establishment and the judicial system. As Ban Ki Moon, Secretary-General, UNO, has rightly opined, “Break the silence. Where you witness violence against women and girls. Do not sit back. ACT”.

SITUATION IN U.P. AND SOME WAYS OUT

Introduction

Women constitute little less than half of state’s population (9.50 crore, 2011 Census). They manage homes, provide care and support to infants and children and are steadily but gradually present now in both: jobs and business world. Women in the country, as well as in U.P., have been suffering traditionally in social and economic terms. They have been discriminated against in several ways. They often reflect lower literacy rates, economic dependence, poor nutritional status. Many a time they are victims of violence, sexual abuses, etc. Political leaders, social thinkers and policy makers have been emphasising protection of women and their rights and gender equity. It is well-known that gender bias is still ingrained in our social psyche. Gender equity is not only desirable but imperative and that is why, it has become a policy and programme priority of governments. Women need to be empowered socially and economically so that they become full partners in development processes

State Policy and Programmes for Women in Uttar Pradesh

The U.P. Government announced its policy for women in the year 2006, which lays clear emphasis on their development and empowerment in all spheres of life. The main objectives of the state policy are:

1. To ensure women’s participation in all decision making processes and strengthening their capacities to negotiate,
2. To ensure identity and safety of women,
3. To change the attitude of society towards women,
4. Enhancing women’s self-esteem and dignity,
5. Building women’s capacity to access social and development resources through training,
6. To take steps for women’s active participation in economic activities, and
7. Implementation of various laws for protecting women/children’s rights and provide a platform of equality in society.
The state government has set up a separate Department of Women and Child Welfare to address the needs of women and children. To ensure that women get due importance in development processes, women specific schemes and programmes are implemented by different departments through Women Component Plans. In order to meet the policy objectives some of the key steps taken are:

(a) Establishment of a State Commission for Women  
(b) Gender Budgeting  
(c) Thirty three per cent reservation in 3-tier PRIs/ULBs  
(d) Fifty per cent reservation in Shiksha Mitra appointments  
(e) Forty per cent reservation in SGSY programmes  
(f) Fifty per cent reservation of women in BTC courses  
(g) Deploying only women workers for running Mid-Day Meals programme  
(h) Appointment of ASHAs to help para-medical workers  
(i) Two per cent reduction in stamp duty  
(j) Twenty per cent reservation in state services  
(k) Derogatory terms like (vidhwa) not to be used for women who have lost their spouses  
(l) Women given priority in allotment of houses under Indira Awas Yojna.

There are many programmes being implemented under Women Component Plans in some specific sectors. These, by way of examples, are:

1. Rural Development  
   (i) Swarn Jayanti Gram Swarozgar Yojna (SGSY)  
   (ii) Women’s Self-Help-Groups (SHGs) formation

2. Dairy Development  
   Mahila Dairy Yojna

3. Animal Husbandry  
   Training and Extension Support

4. Khadi and Village Industries  
   Entrepreneurial Development Programme

5. Primary Education  
   Kasturaba Balika Vidhyalaya Yojna  
   (i) Kanya Vidya Dhan Yojna  
   (ii) Assistance for opening girl schools in unserved blocks  
   (iii) Special facilities for girls education

6. Secondary Education  
   Establishment of new Girl Polytechnics  
   (i) Assistance for opening girl schools in unserved blocks

7. Technical Education  
   Swajal Dhara Yojna

8. Water Supply and Sanitation  
   Janani Surksha Yojna

9. Medical and Health
To protect rights of women and children Government of India as also U.P. Government have enacted different laws and started various dedicated schemes. These are:

1. Pensions for destitute widows,
2. Mahila Utpidan and Nirvan Prakoshta set up,
3. Mahila Nidhi to provide microcredit to poor women,
4. Vraddha Mahila Ashrams,
5. Integrated Child Protection Schemes (ICPS),
6. Homes for Women,
7. Appointment of District Dowry Prohibition Officers in all districts,
8. Shelter Homes for elderly women and destitutes, and
9. Inclusion of mother’s name is mandatory in school admissions.

Anganwari workers (AWW) provide health and nutrition services to children, pregnant and lactating mothers. At present there are 1,87,217 Anganwari Centres (AWCs) and 22,186 Mini Anganwari Centres in U.P. sanctioned by Government of India through 897 projects.

Some Statistical Trends

Tables 1-4

<table>
<thead>
<tr>
<th>Indicators</th>
<th>U.P.</th>
<th>India</th>
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<tbody>
<tr>
<td>1. Population as per 2011 census (in crore)</td>
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<td></td>
</tr>
<tr>
<td>(i) Total</td>
<td>1996</td>
<td>121.02</td>
</tr>
<tr>
<td>(ii) Male</td>
<td>1046</td>
<td>62.37</td>
</tr>
<tr>
<td>(iii) Female</td>
<td>9.50</td>
<td>58.65</td>
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<tr>
<td>2. Sex Ratio</td>
<td>908</td>
<td>940</td>
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<tr>
<td>3. Density (per sq. km.)</td>
<td>828</td>
<td>382</td>
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<td>4. Literacy Rate (%)</td>
<td></td>
<td></td>
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<tr>
<td>Total</td>
<td>69.72</td>
<td>74.0</td>
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<tr>
<td>(i) Male</td>
<td>79.24</td>
<td>82.1</td>
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<tr>
<td>(ii) Female</td>
<td>59.26</td>
<td>65.5</td>
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Observations and Suggestions for Improving Women and Child Welfare in U.P.

(i) Maternal Mortality Rate (MMR) at 359 per lakh of population and Infant Mortality Rate (IMR) at 63 per thousand live births (SRS 2009), respectively, in U.P. are still quite high. These can be attributed to subsisting deficiencies in health services, specially in rural areas.
Vigorous efforts are required to reduce both MMR and IMR in the state. The National Rural Health Mission has been in operation for many years and now the National Urban Health Mission has been initiated. If their operational efficiencies are improved, both IMR as also MMR can be very substantially reduced. Timely funding, physical infrastructure and adequate technical support with efficient and localised service delivery arrangements are needed to improve health indicators. Monitoring, feedback and quick corrective interventions are clear needs in these contexts.

(ii) The marriage of girls at an early age (before 18 year) is prohibited by law, but this practice is still continuing to a considerable extent, particularly amongst traditional, poverty ridden, poorly educated communities. This leads to women suffering from
<table>
<thead>
<tr>
<th>Particulars</th>
<th>Level of 2006-07</th>
<th>XIth Plan Achievement</th>
<th>XIIth Plan Target</th>
<th>Annual Plan 2012-13 Target</th>
<th>Annual Plan (Anti) A Target</th>
<th>Annual Plan 2013-14 Target</th>
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<tr>
<td><strong>A- Women’s Welfare</strong></td>
<td></td>
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<tr>
<td>Hostels for Working Women</td>
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<td></td>
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<tr>
<td>i.  Units (Nos)</td>
<td>2</td>
<td>11</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<td>ii. Beneficiaries</td>
<td>200</td>
<td>1000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<td><strong>B- Child Welfare</strong></td>
<td></td>
<td></td>
<td></td>
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<td>1- ICDSProjects</td>
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<tr>
<td>i.  Sanctioned (Nos)</td>
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<td>ii. Beneficiaries (000)</td>
<td>14731</td>
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<td>24034</td>
<td>23645</td>
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<td>2.  Anganwari Centres (Nos)</td>
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<td>188259</td>
<td>188259</td>
<td>188217</td>
<td>188259</td>
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<td>3.  Beneficiaries of National Programme for Adolescent Girls (NPAG) Nos.</td>
<td>63000</td>
<td>130000</td>
<td>130000</td>
<td>130000</td>
<td>130000</td>
<td>130000</td>
</tr>
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Sources of Tables 1-4
(a) Census of India 2011
(b) Twelfth Five Year Plan of U.P.
(c) SRS 2012: Registrar General of India
(d) National Family Health Survey-NFHS-3
various health problems. Law enforcement as also public awareness and education in this area are weak. A wide based awareness campaign should be launched to educate people against this undesirable as also unlawful practice of early marriages.

(iii) Determination of the sex of an unborn child is prohibited by law. The Pre-natal Diagnostic Techniques (PNDT) Act of 2003 forbids determination and disclosure of the sex of the foetus, which is a cognizable offence. Despite that, this illegal practice is continuing with the connivance of some doctors and many parents. This is a social problem. People prefer male child and that leads to this illegal practice. It needs to be put a stop to firmly, both, through strict enforcement of law and public education.

(iv) The 73rd and 74th Constitutional Amendments have empowered women politically as 33 per cent seats of elected members of PRIs/ULBs have been reserved for them in these 3-tier local bodies. The ground reality is that the women candidates elected to various positions, in many cases, are not able to function as effective people’s representatives. Many a time their functions are discharged by male members of their families. With spread of education amongst women this practice is expected to decrease.

(v) Peoples’ preference of a male child as against the girl child is still prevalent. A disturbing indicator of the 2011 Census in this context is still subsisting imbalance between sexes in 0-6 year age group. A girl child is generally not preferred and, therefore, may not be allowed to be born (Yojna 2011). The child sex ratio (CSR) in many states is adverse. It declined from 976 in 1961 to 927 in 2001 and went further down to 914 in 2011 nationally. The situation in U.P. is no better. The PNDT Act was amended and made more stringent in 2003. But, this illegal practice has not stopped. The law must be enforced strictly.

(vi) Education for All is an important goal of national/state policy. Its objectives are yet to be fully realised. A large number of girls are still out of school and their dropout rates are also higher. Many schools do not have separate toilets for girls. This is also a reason for higher dropout rates of girls as also their lower enrolment rates. It is important that separate toilets are provided for girls in schools. Funds under the Total Sanitation Campaign (TSC) can also be utilised for this purpose.
(vii) The incidence of crimes against women such as chain snatching, eve-teasing, molestation, kidnapping, rapes, physical assaults and dowry deaths is still high. In many such cases even FIRs are not registered. Even child abuse is prevalent. This is indeed a sorry state of affairs. First, there is need to control and minimise incidence of such crimes. Simultaneously, crimes against women and children should be registered and fast-tracked in courts and offenders punished deterently. Mahila Thanas should be strengthened and adequately staffed.

(viii) ICDS, a flagship national programme, is being implemented since 1975. It caters to needs of women and children. Under this programme, children of 21-6 years age group are imparted pre-primary education. Supplementary nutrition is also provided to children and pregnant women and lactating mothers. For children above six years, there is the Mid-Day Meal (MDM) Programme. Both ICDS and MDM programmes are massive in size and cover crores of children, but both suffer from many shortcomings. The staffing and operations of Anganwadi centres need to be streamlined and both the quantity as also quality of nutrition provided ensured. The new National Food Security Act (2013) in its Schedule-II provides nutritional standards to be followed for infants, small children, school going children (upto upper primary level) and pregnant/lactating mothers in terms of kilo calories and protein contest in ICDS/MDM programmes.

(ix) A bill for 30 per cent reservation of seats for women in the Parliament and State Legislative Assemblies is pending for want of approval due to lack of consensus amongst political parties. This bill needs to be made a law speedily. It will be one more big step towards women’s empowerment.

(x) The Self Help Groups scheme for women has considerable potential of providing gainful employment and income to them. It was expected that by forming SHGs, the economic and social conditions of women would improve. But, these expectations have not materialised in the required measure. Many such groups have even become dysfunctional after they have been formed. SHGs should be revived and dynamised through better programming and liason with banks, block personnel and related government agencies. Successful functioning of SHGs can yield good results and improve women’s economic and social state and also status in the society.
Due to spread of education, more and more girls are entering job markets. Many such girls for getting jobs have to leave their home and work in towns, cities and distant locations. For such girls there is a growing need for more and more Working Women’s Hostels and for married women, Day-care Centres. The number and capacities of these hostels at present are very limited and these facilities should be expanded.

Gender budgeting in government and public funded institutions should not be given only a lip service. All departments and agencies of government (and not only Women Welfare Department) should assign priority and funding to programmes that are meant for women and child welfare.

Shortage of trained human resources in hospitals and health facility centres, practically at all levels, is a main cause of problems and shortfalls related to women and child welfare. These human resource deficits need to be addressed urgently. More doctors and specialists, more nurses, social health workers, technicians and paramedics need to be trained and deployed to improve healthcare delivery qualitatively, as also quantitatively.

The IMR and MMR have declined in U.P. in the last few decades but not in the needed measure. The rates are still unacceptably high. The limited improvements recorded are the result of increased availability of preventive as also curative health care, immunisation of mothers and children, clean water, sanitation and increased field buses coverage of social health workers. These efforts have to the enhanced in terms of removing trained personnel shortages, of capacity building, of technology upgradation and ensuring adequate availability of medicines, equipment, etc.

The private sector has to play a progressive and socially motivated role in the delivery of educational and health services to women and children. Private sector should be incentivised to play its role working together in partnership with government agencies. But, appropriate regulation is needed to protect people from exploitation by it.

In women’s welfare contexts, it is essential and important to reduce MMR and provide quality reproductive health care that is accessible. The focus of health provisioning for women has to be on planning a women’s survival and health throughout the life-cycle.
Women and Child Welfare Programmes are handled by many government departments and agencies in U.P. These need to be co-ordinated. That objective can, in all likelihood, be achieved through a high level empowered State Women and Child Welfare Council that should be headed by the Chief Minister of the State. The cultural heritage in respect of women is also very clear: “Yatra Naryastu Pujyante Ramante tatra devta”.

As women, we must stand up for ourselves. As women, we must stand up for each other. As women, we must stand up for justice for all—Michelle Obama