



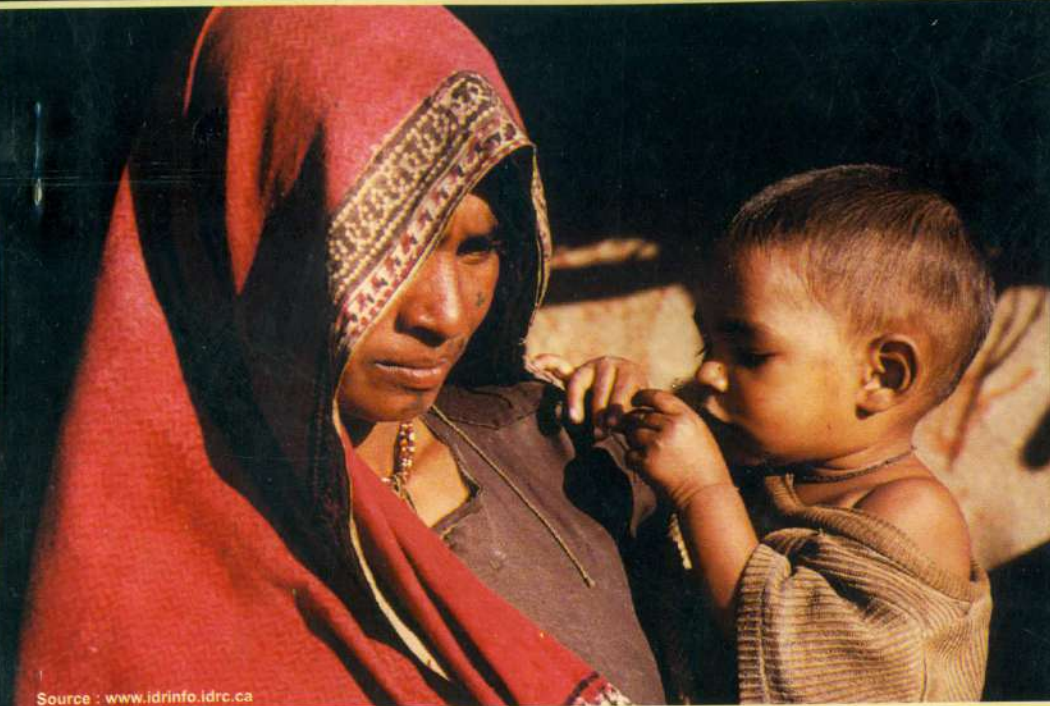
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CENTRE FOR RURAL STUDIES
LBS National Academy of Administration
 Mussoorie - 248179 (Uttarakhand)

What Women Want

- Rural Areas of
 Madhya Pradesh and Rajasthan



Source : www.idrinfo.idrc.ca

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CENTRE FOR RURAL STUDIES
LBS National Academy of Administration

WHAT WOMEN WANT: RURAL AREAS OF MADHYA PRADESH AND RAJASTHAN

MONOGRAPH

2010



LBSNAA
1959-2009

Lal Bahadur Shastri National Academy of Administration
CENTRE FOR RURAL STUDIES

**LBS NATIONAL ACADEMY OF ADMINISTRATION
MUSSOORIE- 79**

CONTENTS

List of Tables & Figures	i
Preface	iii
Glossary	v
1. Introduction	1
2. Methodology and Sample Universe	19
3. Women's Development in Madhya Pradesh: Macro vis a vis Micro Analysis	22
4. Women's Development in Rajasthan	65
5. Way Forward	108
6. References	115
8. Annexure - I	I
List of States/ Districts/ Blocks/ Villages Covered under Village Visit Programme in 82 Foundation Course, 2008	
Annexure - II	III
List of Officer Trainees visited villages in Madhya Pradesh and Rajasthan during 82 FC in 2008	
Annexure - III	VII
Literacy Rate in the Villages Surveyed	

LIST OF TABLES & FIGURES

TABLES

1.1	Literacy Rate in India	8
1.2	Sex Ratio in India	12
1.3	Women Workers in Rural India (in millions)	13
3.1	Demographic Features of Madhya Pradesh	23
3.2	Per centage of Rural Population to the Total Population	23
3.3	Caste Classification in Madhya Pradesh	24
3.4	Literacy Rate (%)	25
3.5	Birth rate in Madhya Pradesh	26
3.6	Sex Ratio in Madhya Pradesh as Compared to All India Figures	29
3.7	Population of Jhabua District	35
3.8	Population of Scheduled Castes/ Scheduled Tribes To Total	35
3.9	Female Literacy in Jhabua	36
3.10	Population of Scheduled Castes/ Scheduled Tribes to Total	51
3.11	Caste Classification in Chilla Village	53
3.12	Enrolment Ratio in Kohada	58
3.13	Occupational Structure in Kohada	60
3.14	Land Reforms Beneficiaries in Kohada	61
4.1	Population in Rajasthan as Compared to India	66
4.2	Caste Classification	66
4.3	Literacy Rate in Rajasthan as Compared to India	68

4.4	Literacy Rate (in per cent) in Rajasthan by Community	68
4.5	Total Fertility Rate as Compared to all India Figure	70
4.6	Sex Ratio in Rajasthan as Compared to India	72
4.7	Demographic Profile of Rajasthan and Alwar District	77
4.8	Female Literacy Rate in Alwar	78
4.9	Total Fertility Rate in Rajasthan as Compared to India Figures	78
4.10	Sex Ratio in India, Rajasthan, vis-a-vis Alwar	79
4.11	Educational Status and Caste in Pata	82
4.12	Caste Composition in Raghunathgarh	84
4.13	Demographic Features of Sikar	91
4.14	Literacy rate in Sikar and Rajasthan as Compared to India Figures (pop ages 7 years and above)	92
4.15	Sex Ratio in Sikar	93
4.16	Literacy Rate in Shyamgarh Village (in %)	104

FIGURES

3.1	Map of Madhya Pradesh	34
4.1	Map of Rajasthan	76

PREFACE

This monograph titled "What Women Want: Rural Areas of Madhya Pradesh and Rajasthan" is based on the village visit reports submitted by the officer trainees of 82 Foundation Course in 2008. The central theme of this monograph is to study the status of women's development in Madhya Pradesh and Rajasthan. Attempt has been made to analyse various dimensions of women's development such as education, health, employment, their political participation and decision making, etc.. Besides, social practices such as child marriage and dowry have also been studied.

This monograph contains five chapters. Chapter -1 deals with the concept of 'gender' and genesis of various government programmes introduced incorporating gender issue. The intended function of these development programmes remained to bring gender parity. Chapter -2 deals with methodology and sample universe. For state and district level, quantitative data and for the village, mainly qualitative data have been used. Chapter - 3 deals with the status of women in Madhya Pradesh and chapter -4 deals with the status of women in Rajasthan. Finally chapter - 5 deals with the recommendations for narrowing gender gap and empowering women.

We are confident that this monograph will prove useful for the administrators, policy makers, development practitioners and others interested in this area.

We acknowledge the painstaking efforts of officer trainees of 82 Foundation Course who have prepared reports on gender as a part of their group village visit assignments. We acknowledge Dr. Prem Chowdhry, a feminist scholar and Mr. LC Singhi, IAS, former professor,

CRS for their academic inputs and constant guidance. We also express sincere thanks to Shri Adesh Kumar and Shri Suresh Kumar from Centre for Rural Studies who have efficiently provided the secretarial support.

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2010

GLOSSARY

ASHA	Accredited Social Health Worker
CEDAW	Convention for Elimination of Discrimination Against Women
CMRA	Child Marriage Restraints Act
FC	Foundation Course
FR	Fertility Rate
FWPR	Female Work Participation Rate
HDI	Human Development Index
IAY	Indira Awas Yojana
ICDS	Integrated Child Development Scheme
MMR	Maternal Mortality Rate
MP	Madhya Pradesh
MR	Mortality Rate
NHP	National Health Policy
OBCs	Other Backward Classes
OTs	Officer Trainees
PRI	Panchayati Raj Institutions
RCH	Reproductive & Child Health
SCs	Scheduled Castes
SHG	Self Help Group
STs	Scheduled Tribes
TFR	Total Fertility Rate
WD	Women's Development

INTRODUCTION

In contemporary feminist literature, the word 'women' has been replaced with the term 'gender' as a new category of analysis. The term gender asserts that much of sexual differentiation is a social and political construct, related to but not determined by biological sex difference. 'Gender' is the result of two decades of intensive thought and research. In its most recent usage, gender seems to have first appeared among American feminists who wanted to reject biological determinism implicit in the use of such terms of 'sex' or 'sexual difference'. Major theories of gender, historically and anthropologically, focused explanation of gender. A person is born in a certain society and socialized into a culturally defined sex position. Women's position is defined in most societies as subordinate to men¹.

Women's location in most situation is not only different but also less privileged than or unequal to that of men. To draw attention on existing gender inequalities at international level the *First World Conference on Women* was conducted in Mexico. Subsequently, 1975-85 was declared as International Women's Decade by the United Nations. It helped to focus attention on the aspects specific to women such as declining sex ratio, increasing cases of female infanticides and declining trend of women work participation. Gender inequality is reflected in decision making, access to opportunities in education and employment and income, etc. the first International Conference was subsequently followed by the Second

¹ Mishra, Saraswati, 2002, Status of Indian Women; Gyan Publishing House, Delhi

World Conference on Women which was held in Copenhagen in 1980 followed by the next International World Conference on Women held in 2000 in Beijing and thereafter in Nairobi. All these conferences have recommended that the gender inequality is persisting in the socio-political structure hence, emphasized for empowerment of women.

In India, National Committee on the Status of Women was set up in 1974. It has reported that social customs and traditions pose restrictions on women and they were considered a weaker and exploited section of the society. Therefore, for helping women as a target group, the need of special efforts was felt, because without it, the society having values of inequality, getting benefited out of general programmes was not possible for them.

Women's socio economic and political status is still quite low. 'Status' as defined in the National Committee on the Status of Women in India (1974) refers to a position in a social system or sub-system which is distinguishable from and at the same time related to other positions through its designated rights and obligations. 'Status of women' can be perceived in various ways. It can be defined as the extent of a woman's access to social and material resources within the family community and society. Status could also be explained as her authority or power, within the family or community and the prestige commanded from those other members or her position in the social system distinguishable from, yet related to, other positions. But in simplistic terms, status of women can be explained as the extent to which they have access to knowledge, economic resources and political power as well as the degree of autonomy in decision making and making personal choices at crucial points in their life cycle.

Besides, status also connotes the notion of equality. Some of the prominent indicators like education, employment, health, demographic situation and overall development, etc. reflect the status dimensions of women.

In a specific context of India, soon after independence, Govt. of India has introduced various measures to improve the deteriorated conditions of women and narrow down the existing gender - gap. Various reformative measures in the form of development plans, policies and framing of laws/ legislation were enacted. However, the expected outcomes of most of these programmes such as education, health, employment, and political empowerments remained slow. Various customs and traditions such as purdah, dowry and child marriage were still being practiced in various parts of the country particularly in the rural areas.

For improving women's status, concerted efforts have been made at various levels. Women's development has become one of the primary objectives of various programmes. Planning Commission has mainstreamed various plans and programmes addressing specific needs of women. Special programmes such as education, health, maternity and child welfare, nutrition and participation in employment, etc have been introduced. It is evident in the *First Five Year Plan (1952-56)*, where women development was treated as a subject of 'welfare' and clubbed together with the welfare of disadvantaged groups, like destitute, disabled, aged, etc. the Central Social Welfare Board (CSWB), set up in 1953, acted as an apex body at the national level to promote voluntary action at various levels, especially at the grassroots, to take up welfare-related activities for women and children. Subsequent plan documents till the *Fifth Five Year Plan (1974-1979)* adopted

this welfarist approach giving priority to women's education, launching measures to improve maternal and child health-care services, supplementary feeding for children and pre-and post natal care.

It was during *Sixth Five Year Plan (1982-1987)* there was a shift in paradigm from 'welfare' to 'development' of women. Accordingly, the Plan adopted a multi-disciplinary approach with a special thrust on the three core sectors viz education, health and employment. The Sixth Five Year Plan coincides with the declaration of International Women's Decade (1975-85). The *Seventh Five Year Plan (1987-1992)* continued with the developmental agenda with a major objective of raising the economic and social status of women and bringing them into the mainstream of national development. A significant step, in this direction, was to identify and promote the 'beneficiary-oriented schemes' in various developmental sectors, which extended direct benefits to women. Human development became the main focus of the *Eighth Five Year Plan (1992-1997)*, which played an important role in women's development in India. Under this plan, the government promised to ensure that benefits of development, from different sectors, do not bypass women. Implementation of special women related programmes were designed to complement the general development programmes, along with close monitoring of the flow of benefits to women from other development sectors. The Eighth Five Year Plan envisaged enabling women to function as equal partners and participants in the development process. The *Ninth Five Year Plan (1997-2002)* made two significant changes in the conceptual strategy of planning for women. Firstly, 'Empowerment of Women' became one of the nine primary objectives of the Ninth Five Year Plan. To this effect, the Approach of the Plan was to create an enabling environment where women

could, freely, exercise their rights both within households and outside. Secondly, the Plan attempted 'convergence of existing services' available in both women-specific and women-related sectors. During *Eleventh Five Year Plan (2007-12)* women's empowerment remained as a central issue². To translate the above goals, the *Tenth Five Year Plan and the Eleventh Five Year Plan* re-affirmed the major strategy of mainstreaming the gender perspectives, in all sectoral policies, programmes and plans of action. As much of the success of empowering women depends upon the holistic impact of various sectoral achievements. This has assisted in achieving the ultimate goals of gender equality and, thus, created an enabling environment for gender justice, which encouraged women and girls to act as catalysts, participants and recipients in the country's development process. Further, more women-specific interventions were undertaken to bridge the existing gaps. Besides, various laws have been enacted to safeguard women's interest. 33 per cent reservation for women in panchayati raj institutions was an act of positive discrimination for bringing women into politics.

India has ratified some of the international conventions, such as the United Nations Convention on the Elimination of Discrimination against Women (CEDAW) in 1993.

GOVERNMENT'S INITIATIVES

For women's studies the foray into mainstreaming gender into development policy and practice began the early 1990s the experience of analyzing issues related to

² Kaushik, P.D. 2007, Women Rights: Access to Justice: Book well in collaboration with Rajiv Gandhi Institute for Contemporary Studies, Delhi, pp69-70.

women's subordination and subjugation created a strong base for further understanding gender issue in development. However for mainstreaming gender there was a significant policy pressure to create an environment for equality and social justice at the national and state level. The National Policy for Empowerment of Women (2001) became a guideline for approaching women development in the Tenth and Eleventh Five Year Plan, which advocated a strong action plan with definite goals, targets and time frame.

Some of the government sponsored sector- specific interventions for improving the status of women in India are highlighted in the following paras:

(I.) EDUCATION & LITERACY

Education is regarded as the key factor in overcoming the barriers that women face and the basic tool for empowering and bring them with the mainstream of development. Education not only provides basic knowledge and skill to improve health and livelihoods, but it empowers women to take their rightful place in society in development process. It gives women the status and confidence to influence decisions at household and society in large.

The education of girls and women has been recognized for several decades as a fundamental human right and development necessity. However, millions of girls have been denied their right to a basic education in the country. The negative effects of not attending school are greater for girls than for boys.

In 1986 in the National Education Policy, provision for free education of the girls upto 14 years of age was made. New educational policy also emphasized women's

education. In interior rural and tribal areas network of schools are being laid down and the girls are being specifically exempted from the education expenditure³. The World Declaration on Education for All, Jomtien, 1990 in Thailand was an important milestone in the March towards Universal Elementary Education and girls' and women's access to basic education. With this, women's and girls' education was placed centre stage in the struggle of Human Development and Social Justice in the Copenhagen declaration on social development in 1995. The enrolment has increased during the 1990s in all regions. However, the regional variation remained in enrolment. Lack of gender sensitivity was also found as a stumbling block⁴. The Mahila Samakhyia Programme (1989) was launched to translate the goals of National Policy on Education into a concrete programme for education and empowerment of women in rural areas, particularly women from socially and economically marginalized groups⁵.

FEMALE LITERACY

Higher literacy levels in a state denotes rising socio economic development and universal literacy is a crucial step towards achieving overall progress. Literacy rates for females are, traditionally lower than the literacy rates for males and this indicator of development stands as the cornerstone in progress. a woman who is at least literate is in a better position than totally illiterate women to access

³ Saraswati Mishra, 2002, Educational Status in Status of Indian Women, Gyan Publishing House, Delhi.

⁴ Mishra, R.C. Women Education, APH Publishing Corporation, Delhi, 2005.

⁵ Kaushik, P.D. 2007, Women Rights: Access to Justice: Book well in collaboration with Rajiv Gandhi Institute for Contemporary Studies, Delhi

health facilities and to ensure that the children move ahead on educational attainment levels. In general, a more literate female populace shows a more progressive society with higher potential for future growth.

Female literacy has been steadily improving over the years. The proportion of women who were literate has increased by 15 per cent over the last decade from 39.29 per cent in 1991 to 54.16 per cent in 2001. Yet, even today, 193 million women are illiterate in India. Gap between male and female literacy is still very sharp.

TABLE 1.1
LITERACY RATE IN INDIA

Census	Persons	Males	Females
2001	65.38	75.85	54.16
1991	52.21	64.13	39.29
1981	43.57	60.38	29.76

Note the 1991 Census excludes J & K.

(Source: Census of India, 2001: Provisional Population Totals Registrar Gender and Census Commissioner, GoI, Delhi)

The data given in table 1.1 shows that although female literacy rate has been improved however, it was still lower compared to male literacy.

WOMEN'S HEALTH

Economic deprivation and gender discrimination lead to higher mortality for females besides reducing women's access to resources that ensure their survival and health. Ninth Five Year Plan stressed on holistic approach to health of women and the plan recognizes the special health needs of women and the girl child and the importance of enhancing easy access to primary health care.

There are many indicators to point -out the neglect of health needs of women. High rates of infant mortality

rate/child mortality rate/maternal mortality rate are some such indicators. The National Health Policy (2001) ensures increased access to women to basic healthcare facilities and commits highest priority to the funding of the identified programmes relating to women's health. Several new initiatives were taken during the Ninth Five Year Plan period as part of the Reproductive and Child Health (RCH) Programme. All the interventions of the erstwhile programme of Child Survival and Safe Motherhood (CSSM) became a part of Reproductive & Child Health (RCH). During this period, the focus shifted from individualized vertical interventions to a more holistic, integrated life-cycle approach with focused attention on reproductive healthcare. The Universal Immunization Programme was launched in 1985-86, which was later merged with the RCH programme. Under the Reproductive and Child Health (RCH) Programme, all pregnant women and lactating mothers were screened for CED; women with weight under 40 kg. were identified, and adequate ante-natal, intra-partum and neo-natal care was provided. Besides, it was also ensured that these women receive food supplementation through the Integrated Child Development Services (ICDS) Scheme. Under the ICDS Scheme, supplementary feeding is provided to bridge the nutritional gaps that exist in children below 6 years of age and expectant and nursing mothers.

TOTAL FERTILITY RATE (TFR)

The total fertility rate is a more direct measure of the level of fertility than the crude birth rate, since it refers to births per woman, and it is expected that with economic growth and development there is a decline in this rate. However, despite the decline, we find that poor states with lower incomes and development still have high rates of

fertility, which compound to the problem of inadequate wherewithal for every citizen. A fertility rate of 2.1 at an All- India level is expected to stabilize the population and very few states are close to this target. In 1970 total fertility rate in India was 5.3. It declined to 4.4 in 1980 and to 3.8 in 1990. In 1993 it further came down to 3.5. Institutional deliveries were promoted during Ninth Five Year Plan, both in urban and rural areas. The National Family Health Survey (NFHS) I and II revealed that the institutional deliveries have risen from 26 per cent in 1992-93 to 34 per cent in 1998-99. As a consequence of above initiatives, the Crude Birth Rate (CBR) fell, marginally, from 29.5 to 26.1 per cent.

BIRTH RATE

Birth rate in India was 33.9 in 1981. In 1991 it came down to 29.5. In 1999 it was 26.1⁶.

INFANT MORTALITY RATE (IMR)

The National Population Policy, 2000 aims at a reduction of infant mortality rate to less than 30 by 2010. The Millennium declaration aims to reduce infant mortality by 2/3rd from its current level⁷. In many States, the number of infant deaths among girls exceeds that of boys due to discriminatory child care practices. Infant Mortality Rate in 1978 was 131. In 1981 it came down to 108 out of which male infant mortality rate was 107 and female infant mortality rate was higher i.e. 109. In 1991 infant mortality rate in India was 71.6. Male infant mortality rate was 69.8 and female mortality was 73.5⁸. It further declined to 70 in 2001. The worst case is that of Haryana, where the gender

⁶ Sample Registration Survey

⁷ Visited website on 24 February, 2010

⁸ Registrar General of India, 1998

difference in Infant Mortality Rate was 19. This was followed by Punjab, Rajasthan and Tamil Nadu.

MATERNAL MORTALITY RATE (MMR)

The Maternal Mortality Rate (MMR) in India, which was calculated as the number of maternal deaths per 100,000 live births, is among the highest hence, it is a matter of great concern. Lack of adequate resources in the villages restrict women belonging to poorer households from availing health services for themselves. Most women from such households are extremely vulnerable to ailments and diseases, which do not get properly diagnosed and treated. Maternal mortality rate in India is the second highest in the world, estimated to be in the range of 385-487 per 100,000 live births. Maternal mortality rate was 468 in 1980 and came down to 408 in 2000⁹.

SEX RATIO

The sex ratio is an indicator of gender equality in a region. It is measured by the number of females per 1,000 males. A low sex ratio shows the preference given to males in the society as females are quite commonly denied the same access as males to food, nutrition, healthcare and medical support. So, gender disparity is a social phenomenon which needs special targeting from the government. The Census of 2001 noted an adverse trend in the sex ratio in certain states, which pointed to the possibility of growing trend of couples resorting to the illegal female foeticide- an alarming indicator of a social gender bias. Table 1.2 shows trend of sex ratio in India during the last three decades.

⁹ Kaushik, P.D. 2007, Women Rights: Access to Justice: Book well in collaboration with Rajiv Gandhi Institute for Contemporary Studies, Delhi.

TABLE 1.2
SEX RATIO IN INDIA

Census	Sex Ratio
2001	933
1991	927
1981	934

(Source: Census of India, 2001, Provisional Population Totals, Registrar General and Census Commissioner, GoI, Delhi, Census 1991 & 1981)

As the table shows in 1991, there were 927 females per 1000 males in India, when the world average sex ratio was 990. The Census 2001 reveals 933 females per 1000 males which was a slight improvement.

As far as population size is concerned, there has been a slight increase in the total female population of the country, from 407.1 million (48.1 per cent of total population) in 1991 to 495.7 million (48.3 per cent) in 2001 yet, the demographic imbalances between women and men continue to exist till now.

Child marriage was one of the reasons for increasing population growth. The ill effects of child marriages led to the enactment of law known as *Child Marriage Restrain Act, 1929* which was later on amended in 1978. As per Child Marriage Restrain Act age of marriage has been increased to 21 years for men and 18 years for women. This Act is applicable on all the communities. However, despite such enactment, even now marriage before 18 years was 20.3 per cent in rural areas and 7.4 per cent in the urban areas.

FEMALE WORK PARTICIPATION RATE (FWPR)

The importance of women's economic independence for their overall dignity and even survival was brought -out in the fact that there was a startling correlation between

the sex ratio figures and the figures of women's work participation. The difference between the work participation of males and females shows that in 1991 total work participation was 37.64 per cent in which male participation rate was 51.52 per cent and female work participation rate was 22.69 per cent¹⁰. While the female work participation rate increased from 19.7 per cent in 1981 to 25.7 per cent in 2001, still it is much lower than the male work participation rate in both urban and rural areas. There are wide regional variations amongst the major states, ranging as high as 34 per cent in Mizoram to as low as 4 per cent in Punjab, as the 1991 census shows. Table 1.3 shows female work participation rate in rural India in 1991.

TABLE 1.3
WOMEN WORKERS IN RURAL INDIA
(IN MILLIONS)

Type of Workers	No.
Total Main Workers	55.99
Cultivators	21.79
Agriculture Labourers	27.15
Household Industry Workers	1.62
Other Workers	5.43

(Source: Registrar General of India, Census of India) Final Population Totals, Paper 2 of 1991.

RURAL DEVELOPMENT PROGRAMMES

Anti-poverty programmes have been a dominant feature of government's initiatives in rural development. The Swarnajayanti Gram Swarozgar Yojana (SGSY) was launched in 1999 with the aim to bring the beneficiary families (swarozgaris) above the poverty line by providing them income-generating assets through a mix of bank credit and government subsidy. Under this scheme, it was

¹⁰ Census, 1991

envisaged that 50 per cent of Self Help Groups (SHGs) in each block should, exclusively, comprise women, accounting for at least 40 per cent swarozgari, of which 24 per cent were women. Later on, launching of Mahatma Gandhi National Rural Employment Guarantee Act earlier known as National Rural Employment Guarantee Act -a centrally sponsored scheme proved a landmark programme in which women were also given right to work. By 2008 all the districts were covered under this scheme.

The Indira Awas Yojana (IAY) stipulates that houses, under the scheme, were to be allotted in the name of female member of the beneficiary household or in the joint names of husband and wife. Under this scheme, priority is given to widows and unmarried women. Since its inception in 1985-86, 7.9 million houses have been built and allotted to the beneficiaries¹¹.

MICRO CREDIT

Micro -credit is not merely an instrument for credit extension to the poor borrowers. It is a movement to emancipate the poor--especially women--to alleviate their poverty, improve their quality of life, and build their capacity and awareness and to integrate them economically and socially into the mainstream of the economy. The benefits of micro credit go beyond the quantifiable ones, there are other benefits, which are not seen, but are evident in the socio-economic transformation of rural society. Great debate tends to persist as whether provisions of credit for the poor women could change the social equations in which this sub-set of the population

¹¹ Kaushik, P.D. 2007, Women Rights: Access to Justice: Book well in collaboration with Rajiv Gandhi Institute for Contemporary Studies, Delhi, p. 87

live in villages. The proponents of the thesis go to argue that targeted credit can be used as a mechanism for enhancing poorer women's existing socio-economic conditions and thereby altering the relations between gender and class, to the benefit of the weaker sections. However, on the other side of the fence, critics tend to say that while a marginal increase in income and assets can enhance well-being and economic security, the increase could be too little to affect the pervasively entrenched political and economic relations. Overall, the impact of micro -credit has been very positive. The main benefits of micro -credit can be: (a) increase in family income and quality of life, and as women represent 90 per cent of the borrowers, their contribution is noteworthy; (b.) promoted saving habits among poor women borrowers; (c) raised awareness and empowered women to contribute to various socio-economic activities.

Micro credit works when other empowerment strategies are included as part of social mobilization. These strategies have included assisting women to have increased control over their incomes and resources, helping women to define their own priorities, and ensuring their participation in decision making at various levels. Household, community, region and state. SGSY is one such programme launched by the government of India to empower women financially.

AGRICULTURE, LABOUR & EMPLOYMENT

The National Agricultural Policy (2000) has a women component action plan, which promises to initiate appropriate structural, functional and institutional measures to empower women. It aims to build women farmers' capabilities and improve their access to inputs, technology and other farming resources. Under both the

Oil Seeds Production Programme, which covers 408 districts, and the National Pulses Development Project, which covers 350 districts, preference has been given to women farmers while extending the benefits under various components of these programmes. The State Departments of Agriculture, the implementing agency, has been directed to make women farmer beneficiaries of gender-friendly farm implements. The scheme for 'Women in Agriculture' was approved for implementations in one district each, in 15 states. About 415 viable groups of women farmers were constituted and 7,200 women were trained. By the end of 2001, a total of 1,603 village-based training camps and 78 link workers' camps were successfully organized¹².

LEGAL MEASURES

The unequal power relations between men and women in which women are often largely denied their right to property, to residence, and to economic support, the women have no way to escape the situation, and they continue to suffer violence with little support from society, relatives and friends.

To remove the gender inequality in the social structure under the pressure of women's movement during the last three decades, the government has amended several laws that affect women. Various legal measures have also been taken up to reduce the gender inequality. For instance, Article 42 emphasis equal pay for equal work for both men and women. Article 15 (3) fully justifies preferential treatment to women and made Child Marriage Restraints Act, 1929 was further amended as the Child

¹² Kaushik, P.D. 2007, Women Rights: Access to Justice: Book well in collaboration with Rajiv Gandhi Institute for Contemporary Studies, Delhi,

Marriage Restraints (Amendment Act, 1978) now rose the minimum age of marriage by 3 years. It is 21 for boys and 18 for girls. It has also framed laws related to dowry, rape, cruelty and maintenance.

INHERITANCE OF PROPERTY

In India, many systems of inheritance of property were in practice in pre- independence. In most of them status of women was of a dependant and their rights of ownership were negligible. Where they had some rights, they were regarding only maintenance of life not of full ownership. Hindu Succession Act, 1956 brought some basic changes most important change is equal rights of inheritance among male and female heirs of some category.

PANCHAYATI RAJ INSTITUTIONS AND WOMEN'S POLITICAL EMPOWERMENT

The 73rd & 74th constitutional amendments in 1992 have resulted in the changing governance structure in India. 33 per cent reservation in the panchayat raj institution ensures women's political rights. However, the Govt. often faces problems to enforce these laws, especially in rural areas in which traditions are inveterate. However, in practice, this law is not implemented effectively especially in rural areas where traditions and culture dominate social life even now. However, it has raised hopes for their increased participation in local decision making structure and in the implementation of rural welfare programmes. Monikyamba (1981) emphasized ¹³ that participation of women in the socio- economic and political institutions in a real and full sense is absolutely essential for a society to progress and participation in the political institutions is all the more important because, their

¹³ Ministry of Human Resource Development, Annual Report, 1992 -93, Monikyamba, 1981

institutions are the more centres of the decision making without considerable representation and in the absence of participation in these institutions, women would become only beneficiaries of development but not contributor.

CHAPTER - 2

METHODOLOGY & SAMPLE UNIVERSE

Lal Bahadur Shastri National Academy of Administration, Mussoorie conducts Foundation Course for the Officer Trainees of Indian Administrative Service and All India Civil Services. Village visit programme is one of the important training components during Foundation Course. Basic purpose of this programme is to sensitize Officer Trainees on various aspects of rural lives in a holistic manner. Mainly six issues viz -a -vis education, health, land reforms, gender and panchayati raj institutions are studied during village visit programme.

Before going for village visit, Officer Trainees are trained in various Participatory Learning and Action (PLA) techniques. With the help of these techniques, they collect information/ data on social, economic and political conditions of the people living in rural areas and also the resources available and accessible to different communities. Uses of these techniques enable Officer Trainees to establish rapport with the villagers and collect information within a short span of time. 82 Foundation Course was conducted between 1-9 November, 2008. 57 villages in six states were covered under village visit programme. States included for village visit programme were Andhra Pradesh, Gujarat, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh. Twelve districts (two from each of these states) were included.

Two States namely Madhya Pradesh and Rajasthan and two districts from each of these two states have been included to analyse and understand the status of women. Jhabua & Hoshangabad districts were visited in Madhya Pradesh and Alwar and Sikar districts were visited in

Rajasthan. List of states/ districts/ blocks and villages visited during village visit programme is shown at Annexure -I. Total 18 villages located in 14 blocks included in this monograph for analysis purpose.

This monograph titled "What Women Want: Rural Areas of Madhya Pradesh and Rajasthan" is based on the information/ data collected by Officer Trainees. It deals with the gender component as studied by Officer Trainees of 82 Foundation Course. A list of Officer Trainees of 82 Foundation Course whose village visit reports have been used for preparing this monograph is shown at Annexure 'II'.

Women represent nearly half of the total population hence, 'gender' is considered as an important component to study during village visit programme. Given the broad contours of social, economic and political empowerment, indicators included to understand the status of rural women were literacy and education, health, with special emphasis on reproductive health and nutrition, sex ratio, female work participation rate, wages, benefits of various rural development programmes such as National Rural Employment Guarantee Programme, micro finance through self help group, women's participation in decision making, social practices such as dowry, child marriage and sati.

To find- out the status of rural women, participatory learning and action techniques and focused group interview were used by the Officer Trainees. Wherever possible, women were contacted by them personally also in their homes so that they could express their views freely which was not possible while they were in a group. Wherever required secondary data was also collected from sources such as the village administration; the elected representatives; health workers of ASHA, women group,

anganwadi workers; auxiliary nurse midwife, Jana Swasthya Rakshak, Multipurpose Health Worker and the lady school teachers.

The Monograph has five chapters. Chapter - 1 deal with the concept of gender and persisting gender inequalities and the efforts initiated by the government for women's development, chapter-2 deals with the methodology and sample universe. Chapter -3 deals with the status of rural women in Madhya Pradesh. Development indicators at state and district level have been analysed and compared with village level data brought -out by Officer Trainees. Chapter -4 deals with data and information as collected and analyzed by Officer Trainees visited Rajasthan. Lastly, chapter -5 is on Way Forward. It recommends specific measure to narrow down the gender inequality.

CHAPTER - 3

WOMEN'S DEVELOPMENT IN MADHYA PRADESH MACRO VIS- A -VIS MICRO ANALYSIS

Madhya Pradesh is bounded by the states of Rajasthan to the northwest, Uttar Pradesh to the north, Chhattisgarh to the east, Maharashtra to the south and Gujarat to the west. Before the creation of Chattisgarh Madhya Pradesh was the largest State in the country. After creation of new State on 1st November, 2001, Madhya Pradesh covers an area of 308,000 sq. kms.. From the geo-cultural context, Madhya Pradesh may be divided into six regions- northern region, Vindhya region in the east, Malwa region in the west, south west region, central region and southeast region. The composition of the state economy is still heavily tilted towards primary sector. The contribution of the primary sector in the GDP in 2000-2001 was 32.65 per cent compared to 25.5 per cent at the national level. Madhya Pradesh being one of the BIMARU States inherits many backward features of development. It is the fourth poorest state in the country. In 1993- 94, in Madhya Pradesh population below poverty line was 42.52¹⁴. It has further declined to 36.2 per cent¹⁵ whereas at national level population living below poverty line is 26.10 per cent¹⁶. Like most of the resource rich regions, this state too is economically underdeveloped. It ranks 18th among states in terms of per capita income.

¹⁴ Planning Commission, GoI, p. 165

¹⁵ Madhya Pradesh Development Challenges ed B. Venkatesh, Manas Publication, Delhi, 2005.

¹⁶ Bhandari, L. & Kala, S. (ed.) States at a Glance 2006-07, Madhya Pradesh Performance: Facts and Figures.

The population of Madhya Pradesh in 2001 Census was reported to be 60.3 million of which 31.4 million were men and 28.9 million women. Its population is 5.9 per cent of the country. Table 3.1 exhibits demographic features of Madhya Pradesh.

TABLE -3.1
DEMOGRAPHIC FEATURES OF MADHYA PRADESH

India/ State	Population (in millions & per centage)		
	Male	Female	Total
India Census, 2001	532,156,772 (51.74)	496453556 (48.26)	1,028,610,328 (100.00)
Madhya Pradesh (in million) (2001)	31.443652 (52.10)	28.904371 (47.90)	60.348023 (100.00)

(Census: 2001)

During 1991-01 about 73.54 per cent of the population in the State lives in rural areas (Table 3.2).

TABLE 3.2
**PER CENTAGE OF RURAL POPULATION TO THE TOTAL
POPULATION**

Period	1971-81	1981-91	1991-01
% of Rural Population	77.66	74.73	73.54

SCHEDULED CASTES AND SCHEDULED TRIBES IN MADHYA PRADESH

One of the specific characterisation of Madhya Pradesh is that it has a very large tribal population. At the 2001 population census, the tribal population in this State was enumerated to be 12.23 millions which amounts to more than 20.30 per cent of the total population of this State (Govt. of India, 2001). Within the State, most of the tribal population is almost entirely concentrated in its southern part, the region south of the rivers Narmada. The largest chunk is formed by the Gonds, who once ruled a

major part of the state and after whom Gondwana, the central portion of the state is known. Western Madhya Pradesh is inhabited by the Bhills. Eastern Madhya Pradesh is dominated by the Oraons, most of whom have now turned Christians. Out of total population of the State 15.20 per cent population was constituted by Scheduled Castes. Table 3.3 shows per cent age of Scheduled Castes/ Scheduled Tribes in the total population of Madhya Pradesh.

TABLE 3.3
CASTE CLASSIFICATION IN MADHYA PRADESH

State/ India	Scheduled Castes	Scheduled Tribes
Madhya Pradesh	15.20	20.30
India	16.20	8.20

(Source: Census of India, 2001)

Traditionally, Scheduled Castes/ Scheduled Tribes have been marginalised and remained backward and in many cases untouched by growth and development. A higher proportion of such underprivileged population would indicate that the State has to contend with issues of equality at large along with gender equality in the course of its developmental efforts.

Following paras describe the status of women in the given socio- cultural, geographical and economic milieu of Madhya Pradesh. It is analysed on various development indicators.

WOMEN'S LITERACY RATE IN MADHYA PRADESH

Data on gender and literacy in Madhya Pradesh shows that there was difference not only at state and district level but also at All India level. Male literacy was higher than female literacy.

TABLE - 3.4
LITERACY RATE (%)

India / State	Persons	Males	Females
Madhya Pradesh	63.74	76.10	50.30
INDIA	64.80	75.30	53.70

(Census of India, 2001)

As per 2001 Census, 63.74 per cent population in Madhya Pradesh was literate. It was little lower than the national literacy rate which was 64.80 per cent. 75.30 per cent males were literate which was higher than the national literacy rate. Female literacy rate in Madhya Pradesh was 50.30 per cent. It was lower than the national female literacy rate which was 53.70 per cent (Table 3.4). Although there was an increase in the literacy rate however, it was still quite lower when compared with the national level data. At national level, female literacy in rural area was 40.1 per cent. It was lower (27.1 per cent) in the case of Madhya Pradesh State. In 1991, male literacy in Madhya Pradesh was 26.3 per cent and female literacy was 11.5 per cent. Scheduled Castes literacy was 23.6 per cent Scheduled Tribes literacy was 10.9 per cent.

Madhya Pradesh Government has taken several initiatives to improve the literacy level of the population. 'Saaksharta Mission', 'Padhna Badhna Andolan', 'Mahila Padhna Badhna Andolan' and Universal Reach to Primary Education through Education Guarantee Scheme (EGS) were some of the programmes in this direction.

WOMEN'S HEALTH STATUS IN MADHYA PRADESH

Good health is the basic objective of any development effort. Along with Uttar Pradesh and Bihar, Rajasthan. Madhya Pradesh accounts for largest portion of mortality and morbidity in India. If it is looked at most

health indicators women's health in the state of Madhya Pradesh can not be said very satisfactory as is revealed in the following paras:

BIRTH RATE IN MADHYA PRADESH

Birth rate measures the number of live births during a particular year per 1,000 populations at mid year. Madhya Pradesh is one of those states of India which are known for persistent high birth rate. Although, information available from the Sample Registration System suggests that the birth rate in the state is declining since last thirty years, yet the State has always ranked amongst the poorest five states of the country in terms of the level of birth rate.

During 1971-81 birth rate was 38.6. As per 1991 population census, birth rate in Madhya Pradesh came down to 35.8 whereas at all India level it was 29.5. The latest estimates based on the Sample Registration System released by the Registrar General of India suggests a birth rate of 30.3 live births per 1000 population for the year 2002 (Govt. of India, 2003). In the rural areas of the State, the birth rate, in the year 2002 was estimated to be 32.2 live births per 1000 population which was the second highest in the country. Birth rate in 2003 was 30.2. There was a slight improvement in 2004 when it came down to 29.8 but it remained higher as compared to All India level where it was 24.1 in the same year (Table 3.5).

TABLE 3.5
BIRTH RATE IN MADHYA PRADESH

Year	2002	2003	2004
Birth Rate	30.3	30.2	29.8

FERTILITY RATE IN MADHYA PRADESH

A fertility rate of 2.1 at an All India level is expected to stabilize the population and very few states are close to this target. Total Fertility Rate in Madhya Pradesh in 1991 was 4.6 whereas at all India level it was 3.6. Total fertility rate in 2001 was 4.14 which has reduced to 3.1 in 2007. However, it still remained higher in comparison to All India Figure which was 2.7 in the same year¹⁷.

INFANT MORTALITY RATE IN MADHYA PRADESH

Health improvements have lagged behind All India averages and in 1995 the state had the highest crude birth rate and the second highest infant mortality rates in the country.

Infant Mortality Rate is widely seen as a consequence of poverty and lack of access to medical and health facility for mothers as well as for infants. According to the Millennium Development Goals adopted by all countries in 2000, India requires to reduce the infant mortality rate to 27 deaths per 1000 live births by 2015. Though there has been a decline in this rate over the past decades but it was still higher as compared to national infant mortality rate. Infant Mortality Rate was 133 in the state during 1991 in which for girl child it was 136 and for male child it was 131 in the same year¹⁸. In 1999 the infant mortality rate in Madhya Pradesh was 90¹⁹. It reduced to 86.4 and further reduced to 79 per 1000 births in 2004²⁰ but remained highest in the country²¹. In 2007,

¹⁷ RHS Bulletin, March 2007, M/O Health & F.W., GoI

¹⁸ Occasional paper no. 1 of 1997, Table 3 pg 112-113, Census of India

¹⁹ Sample Registration System, Office of Registrar General of India, Delhi

²⁰ Vital Statistics, Madhya Pradesh 2006, Economic and Statistical Department, Madhya Pradesh, p2

there was an improvement and it declined to 72 but remained higher compared to All India infant mortality rate which was 55²².

MATERNAL MORTALITY RATE IN MADHYA PRADESH

In 1998 maternal mortality rate in Madhya Pradesh was 498 per 100,000 life births showing no sign of improvement in this important indicator of health services. This was much above the national average of 407 in the same year²³. But later on it came down to 379 as per SRS 2001-03 but remained higher (301) as compared to the All India level as a whole²⁴. As per Sample Registration Survey (2004-06) maternal mortality rate in the state came down to 335. It was higher than the national level figure which was 254.

Information about health and nutritional status of tribal populations are usually available through nationally representative surveys like National Family Health Survey. There has been ample evidence to suggest that the social and cultural value system including values and status accorded to females has been very significantly different in tribal communities than in the non-tribal communities, especially communities which have a very rigid caste system.

SEX- RATIO IN MADHYA PRADESH

The *gender/ sex ratio* is the number of females in a given population per 1000 males. It is affected by sex selective death rates and migration patterns. In Madhya

²¹ States at a Glance, 2006-07 p. 14

²² SRS, 2007

²³ Compendium of India, Fertility and Mortality indicators 1971 -1997, RGI, 1999

²⁴ RHS Bulletin, March 2007, M/O Health & F.W., GoI

Pradesh in the absence of known sex selective patterns of migration it can be assumed that the sex ratio is affected by sex selective loss due to death. In 1991, Madhya Pradesh had a sex ratio of 931 females to 1000 males, it was better than the national figures being 927 females per thousand males²⁵. In 2001, sex ratio in Madhya Pradesh went down to 919 and it was lower than the national level which was 933 (Table 3.6). The rural sex -ratio in Madhya Pradesh was 943 in 1991, higher than the urban gender ratio of 893. Over the past century the ratio of women to every 1000 men has fallen from 990 to 919. Low sex ratios in the state were found in districts that have a social character of discrimination against women and a high degree of male domination, while better ratios were seen in districts with a high population of tribals²⁶.

A sex ratio in the state in 1991 amongst tribals was 985, amongst the Scheduled Castes it was 915, and amongst non-Scheduled Castes and non-Scheduled Tribes it was 916. Although in all districts rural sex ratios were higher than urban gender ratios, except for the Gwalior and Chambal districts.

TABLE 3.6
SEX RATIO IN MADHYA PRADESH AS COMPARED TO ALL INDIA
FIGURES

State/ India	1981	1991	2001
India	934	927	933
Madhya Pradesh	921	931*	919

(Source: Census of India 1981, 1991 & 2001)

Note: Asterisk denotes data for undivided State.

²⁵ The Madhya Pradesh Human Development Report, 1995, Gender Issues and Empowerment of Women, p. 96

²⁶ Gender Issues and Empowerment of Women p. 96 in The Madhya Pradesh Human Development Report, 1995

FEMALE WORK PARTICIPATION RATE (FWPR) IN MADHYA PRADESH

The total of women's participation in the workforce is influenced by many factors. In poor states, women may show a higher participation rate especially in rural areas as they work in the fields and as income levels rise, many women prefer to stay home. While there are social and cultural reasons to explain a low participation rate for women higher educational levels in women could lead to more women seeking employment. The female work participation rate (FWPR) according to the Census of 1991 was 32.7 per cent, which was higher than the all India average of 22.3 per cent whereas male work participation rate was 52.3²⁷. Similarly, female worker participation ratio among Scheduled Castes female was 35.3 whereas it was 26 in India. Similarly worker participation of Scheduled Tribes females was 48.3 whereas it was 43.7 at all India level. In Madhya Pradesh of the rural population 48.53 per cent were women and almost all of them were involved in agriculture or allied activities. Out of the total population, about 42 per cent of the population was within the category of main workers; out of which 42 per cent were cultivators, 28 per cent were agricultural labour and 28 per cent were other workers.

The female workforce participation rate was considerably lower to the north part of the states. The highest rates were recorded in the rice- growing regions of Chhattisgarh (which is now in Chattisgarh State) and other tribal districts. These were also districts with a relatively high proportion of Scheduled Tribes in the population. Scheduled Tribes women form, 86 per cent in Jhabua. In general, the gender ratios, and female workforce participation rate were lowest in the northern districts, and

²⁷ Registrar General, India Census, 1991

higher in the tribal dominated southern and south-eastern districts. Within agriculture, there was a sex-specific stereotyping of jobs, with women's roles being concentrated in harvest and post- harvest operation; although in certain tribal areas women were known to plough operation that has been taboo to women in many other places²⁸

Migrant women form a large proportion of the total number of workers who migrate, yet their specific needs concerns and resource were largely neglected. Despite the fact that female workforce participation rate was quite high in Madhya Pradesh but as elsewhere in the country in Madhya Pradesh also, the most important factor affecting women's situation in agriculture was the gender- gap in command over property. Few women own land and fewer still control it. For instance, data of women owning agricultural land in Khargone District shows that out of total 2,03,208 persons having khatas, 18,314 women were having khatas in their name²⁹.

MICRO FINANCE

Formation of self help groups where people come together for micro finance activities has seen a major revival in the state between 1998 and now. These self help groups are also created in other programme like Wasteland Management Mission, Joint Forest Management Programme and the Pathna Badhna Andolan³⁰.

²⁸ The Madhya Pradesh Human Development Report, 1995, p. 206

²⁹ Collectorate, Khargone, 2003, "Women's Ownership of Land in Madhya Pradesh": M. Rajivlochan and Meetalochan in Gender Discrimination in Land Ownership (ed.) Prem Chowdhry Sage Publications, Delhi in 2009.

³⁰ 3rd Human Development Report MP, 2002

WOMEN AND PANCHAYATI RAJ INSTITUTION

Madhya Pradesh has been one of the pioneering states to conduct and complete elections to all the three tiers between 1994-95, several other states including Rajasthan conducted elections, under the new Act. Bringing these women into politics was an act of positive discrimination, It was the pressure of law, combined with the political imperative of winning elections that changed political parties; perception of women's limited capacity for public office in implementing the 73rd and 74th amendments to the constitution and conducted elections to the three- tier panchayati raj institutions and municipalities. Though there were many teething problems such as lack of acceptance by men, male relatives (usually husbands who have been then called panch/ sarpanch pati, or sons) playing the de- facto role of the panchayat member rather than the elected women, women feeling diffident dealing with government officials and so on, there were indications of a growing consciousness amongst women of their role as panchayat members, and as representatives of women.

GENDER POLICY OF MADHYA PRADESH

In Gender Development Index, Madhya Pradesh ranks 13th. Only Rajasthan, Bihar, and Uttar Pradesh rank below Madhya Pradesh³¹.

To make a gender just society, Madhya Pradesh has following issues in the policy: i.) increased women's control over land and other common property resources; ii.) amend laws to extend co-parcenary rights to women and enter

³¹ The Madhya Pradesh Human Development Report 2002: Using the Power of Democracy for Development, Government of Madhya Pradesh, 2002

their names in future mutations as bhoomi swamis in land records; iii.) visibility of women in data collection and statistical record keeping. Training programmes for women members of Panchayati Raj Institutions, preferential access to soft credit, etc³².

With the re-organisation of Chhattisgarh state the number of districts in the new Madhya Pradesh reduced to 45. However, in the year 2003, the government announced creation of 3 more districts so with that the number of districts in the state increased to 48³³. Thus, administratively, Madhya Pradesh has now 48 districts. Two districts namely Jhabua and Hoshangabad were visited by the Officer Trainees of 82 Foundation Course under village visit programme. Fig. 3.1 indicates location of Jhabua and Hoshangabad districts in the state

³² The Madhya Pradesh Human Development Report, 1995, p. 110

³³ Studies in Population of Madhya Pradesh, Alok Ranjan, 2004, Shyam Institute

Fig 3.1

JHABUA AND HOSHANGABAD DISTRICTS IN MADHYA PRADESH



Status of women in the villages of these two districts was studied by officer trainees of 82 Foundation Course during village visit programme in 2008. Following paras describe women's status in Jhabua and Hoshangabad:

WOMEN IN JHABUA DISTRICT

Highest concentration of tribal population in Madhya Pradesh was found in Jhabua district. According to 2001 Census, more than 86 per cent of the population of this district was classified as tribal. The Jhabua - a tribal district has three distinct sub-zones namely Petlawad (Malwa), Jhabua (low rainfall) and Katthiwada (High rainfall) zones. Jhabua district was known for its drought proneness. It is located in the western part of Madhya Pradesh and surrounded by Panchmahal and

Baroda districts of Gujarat, Banswara district of Rajasthan and Dhar and Ratlam districts of Madhya Pradesh. River Narmada forms the southern boundary of the district. The terrain is hilly, undulating typically known as "Jhabua hills topography". Jhabua is sparsely populated area with the total population of 13.94 lakhs according to 2001 Census. Male population was 50.34 per cent and female population was 49.66 per cent (Table 3.7). 47 per cent of the people live below the poverty line. Mass migrations on adjoining districts and states were commonplace here. In 1991 Census, Jhabua population was 1.71 per cent of the Madhya Pradesh total population.

TABLE -3.7
POPULATION OF JHABUA DISTRICT

State/ District	Male	Female	Total
Madhya Pradesh (in millions & %)	3,14,56,873 (52.10)	2,89,28,245 (47.90)	60,38,51,18 (100.00)
Jhabua (in thousands & %)	31444 (50.34)	28904 (49.66)	60348 (100.00)

(Source - Census, 2001)

In addition to district Jhabua, there are four other districts in Madhya Pradesh namely Barwani, Dindori, Mandla and Dhar where more than half of the population enumerated at the 2001 population census was classified as tribal. 3.1 per cent population belongs to Scheduled Castes (Table 3.8).

TABLE 3.8
POPULATION OF SCHEDULED CASTES/ SCHEDULED TRIBES TO TOTAL

State/ District	Scheduled Castes			Scheduled Tribes		
	All	Rural	Urban	All	Rural	Urban
Madhya Pradesh	14.5	14.8	13.7	23.3	28.8	4.9
Jhabua	3.1	2.8	5.9	85.7	91.1	28.0

(Source: Census, 2001)

FEMALE LITERACY IN JHABUA

In 1991, literacy rate in Jhabua was 19.0 per cent. Male literacy rate was 26.3 per cent and female literacy rate was 11.5 per cent. It has been the lowest literacy in the country. According to 2001 Census, the literacy rate in Jhabua district improved and went to 36.90 per cent. Male literacy rate was 48.0 per cent and female literacy rate was 25.70 per cent. However, it was lower than the State as well as All India literacy rate (Table 3.9). Literacy rate in the rural areas of Jhabua district was 32.3 per cent and in urban areas was 80.5 per cent.

TABLE - 3.9
FEMALE LITERACY IN JHABUA

India / State/ District	Persons	Males	Females
INDIA	64.80	75.30	53.70
Madhya Pradesh	63.74	76.10	50.30
Jhabua	36.90	48.00	25.70

(Census of India, 2001)

Literacy rate among Scheduled Castes in 2001 was 43.4 per cent in which male literacy was 54.4 and female literacy was 32.2 per cent. Similarly literacy among Scheduled Castes in rural areas was 37.0 per cent and in urban areas it was 69.5 per cent³⁴. Among Scheduled Tribes literacy rate in Jhabua was 30.6 per cent out of which male literacy rate among Scheduled Tribes was 41.7 per cent and female literacy rate was 19.4 per cent. Literacy rate among Scheduled Tribes in rural areas was 29.4 per cent and urban Scheduled Tribes were 65.9 per cent. Although, female enrolment rate (age 6- 14) in Jhabua was 78.5.

³⁴ Census, 2001.

WOMEN'S HEALTH STATUS IN JHABUA DISTRICT

Birth Rate in Jhabua district was 32.27³⁵. Birth rate in Madhya Pradesh in 2003 was 30.2. Thus, birth rate in Jhabua was higher in comparison to state level birth rate.

In 1981 *Fertility Rate* in Jhabua district was 6.3 whereas in the same year, it was 4.6 in Madhya Pradesh and 3.6 at All India level. During 1984-90 fertility rate was 7.0³⁶. But in 2003-4 fertility rate improved and came down to 4.49.

Infant Mortality Rate in Jhabua district was 133 in 1981 and in 1991 it came down to 130³⁷. *Infant mortality rate of male* was 115 and among female it was 145. In 2001, *infant mortality rate* came down to 81³⁸. However, infant mortality rate in Jhabua remained higher than the state and the national level. At the state level, infant mortality rate in 2007 was 72 in Madhya Pradesh and 55 at All India level.

In 1981 *gender ratio* in Jhabua District were 985 which were better than sex ratio of the state where it was 921. In 2001 sex ratio both in the district Jhabua and in the state of Madhya Pradesh came down. In Jhabua, in 2001, it was 986 and in Madhya Pradesh it was 919. However, sex ratio in Jhabua remained higher than the state level. Sex ratio in rural areas of Jhabua district was 992 and in urban areas it was 927. In 2001, sex ratio among Scheduled Castes was 968 and Scheduled Tribes was 993. It was better in Scheduled Tribes. In 2001, sex

³⁵ Centre for Population Studies, Administration Academy, Bhopal.

³⁶ Mari Bhai, P.M., 1995, Contours of Fertility Decline in India.

³⁷ District Fact Sheet: 3rd Human Development Report MP, 2002

³⁸ Centre for Population Studies, Administration Academy, Bhopal

ratio among Scheduled Castes in rural areas in Jhabua district was 976 and urban areas were 936³⁹.

FEMALE WORK PARTICIPATION IN JHABUA DISTRICT

There was a minimal difference between male female work participation rates in Jhabua district. As per 2001 Census, female work participation rate in Jhabua was 50.70 per cent. Male work participation rate was 54.30 per cent. Rural work participation rate was 56.0 per cent and urban work participation was 33.0 per cent.

In Madhya Pradesh, female work participation rate in 1991 was 32.7 per cent which was higher than the All India average of 22.3 per cent. Female work participation rate was better in Jhabua in comparison to Madhya Pradesh and the national level. One of the prominent reasons for high female work participation rate in Jhabua was because of the fact that the district is tribal dominated.

WOMEN IN VILAGES OF JHABUA

Five villages were visited by Officer Trainees of 82 Foundation Course in Jhabua district. These villages were Dhekal Bari, Jhayada, Sajeli Surji Mogji Sath, Undari and Kanjavani. Status of rural women in these villages as found by the officer trainees is described in the following paras:

WOMEN IN DHEKAL BARI VILLAGE

Total population of Dhekal Bari village was 1811 out of which 876 were males and 935 were females. Caste analysis shows that majority of them (96.08 per cent) were Scheduled Tribes. Only 3.53 per cent were Scheduled

Castes and 0.39 per cent was from Other Castes. Out of total, 96.08 per cent families of Bhils- Scheduled Tribes were settled in various scattered settlements, 0.39 per cent families of Other Backward Class were found in one lane and Scheduled Castes locality was found half km. away from the main gram panchayat campus and there were total 3.53 per cent families. This explains the isolation of Scheduled Castes families from main stream to some extent. There were total: 583 families in the village out of which 70.32 per cent of village population was Below Poverty Line.

Women in Dhekal Bari village were simple and hard working. Women in Dhekal Bari were comparatively in better position when it comes to the issue of health, in the selection of partner, and accessibility to welfare programmes, etc., but the situation remains the same, when it came to the matters of purdah, decision-making at home, higher education, child marriage, household chores and work outside, etc. These women were not subjected to any physical harassment.

Early marriage was the cause for low education level of girls in the village. As is evident by following statement of Sarangi -a village woman:

"Our parents have discontinued our schooling to get us married, although we wanted to continue study".

However, new generations of women seems to attain education. Radha one of the village girl said that

"I will finish my studies till Xth here and then, will go to Indore for higher studies, get a job and will work for development of my village".

³⁹ District Fact Sheet, p. 221 MP, Human Development Report, 2007, Oxford University Press

Women of Dhekal Bari were having accessibility of govt. organizations like Ayurvedic hospital, Anganwadi, Health centres as Auxiliary Nurse Midwife and ASHA worker, etc. Women were the beneficiaries of Mother and Child Welfare Programmes like Godh bharayi, Nutrition programme, Child Health Care through Anganwadi. Unlike other parts of India, Dhekal Bari finds its place, among very few villagers where female foeticide or female infanticide was nil. Women in Dhekal Bari were also subjected to family planning methods and no women as was observed benefited had more than three children. And, the sex ratio was 1067:1000.

Women were participating in the workforce and were paid equal wages in Government schemes except for when they were working outside construction works. However, whenever it came to the decision related to the use of income, it was dominated by male members of family. Though women were found observing purdah and has got low decision making power, they regarded it as respect to elders.

The bride for the marriage was selected in a mass Svayamara Festival called 'Bhagoriya Haat', held on the eve of Holi, where young unmarried boys and girls assemble and the boy who likes a particular girl applies holi on her face and if she reciprocates, denotes that she has agreed to the proposal. After holi, the boy with family goes to the selected girl's home for marriage proposal and was accepted, when the boy agreed to give particular amount of bride price, which girls' family demands. The bride price was given in the range of Rs. one lakh and lots of silver jewellery. Thus boys and girls are free in taking decision related to certain matters. This was the only occasion, where woman is placed/felt privileged more than man in

the Dhekal society and this was the reason why parents feel having a girl child was no problem or few even feel having girl child was good for later financial gains.

Two self help groups, one successfully doing agricultural marketing and also part of Mid-Day-Meal contract programme under Swarna Jayanti Gram Swarozgar Yojana (SGSY). The other group was running in losses when they took up the work of raising seedling in the nursery for National Rural Employment Guarantee Scheme, afforestation works. Payment is pending from their own Gram Panchayat.

Dhekal Bari village was headed by a women sarpanch and a woman gram panchayat secretary. But the reality was that, women in this panchayat, including six panch members and women president, due to their illiteracy were unable to exercise their powers and contribute for the development of their panchayat. This has led to the emergence of sarpanch pati and panch pati in which husbands of them participates in gram panchayat activities on behalf of their wives, thus restricting women political empowerment. However, the woman panchayat secretary was fighting all the difficulties, controlling panchayat and also doing a bit of satisfactory execution of government schemes.

WOMEN IN JHAYADA VILLAGE

The total population of village Jhayada was 1202, out of which 564 were women, which constituted almost 48%. Caste classification shows that majority of them (886) were Adivasi (Scheduled Tribe) and remaining 310 were from Backward Classes.

Educational and health facilities were although accessible in the village but skewed and subject to social

conditions. The village has got one government run primary and secondary school. Besides there was a private education institution also. Most of the Other Backward Class (OBC) families were sending their children (including girl children) to private school which had better educational infrastructure compared to the government school. The awareness regarding education was also higher among the Other Backward Class women rather than the Scheduled Tribes, and it was apparent that social and economic well-being has got direct correlation with priority to education by the people. As per Census information, literacy rate in Jhayada village was 36.80 per cent male literacy rate was 47.97 per cent and female literacy was 25.70 per cent.

There were four Aganwadi Centers in the village. However, awareness about health services was higher among the Other Backward Class women compared to the women of Scheduled Tribes. Generally, women were aware about the facilities for institutional delivery system.

Women in the village were engaged in agricultural and cattle rearing. They were getting wages @ Rs. 70/- per day and generally working in the field of the Nayak community. There seems to be no gender differential in wage rates. During lean season in agriculture, women used to migrate cities like Rajkot or Kota in search of wage labour.

As far as the poverty alleviation programmes were concerned, the Scheduled Tribes women were engaged in manual labour and also the beneficiaries of National Rural Employment Guarantee Programme (NREGP) in large number. They were availing National Rural Employment Guarantee Programme when the migration used to be lean. Some of them were beneficiaries of old age pension scheme.

Although they were facing the irregularities in receiving pensions.

There were two women Self Help Groups (SHGs) but both were defunct due to mismanagement and lack of support and awareness. Some of the households were headed by women of old age. Although women in Other Backward Class community were more participative in family decision making. However, when it used to come to take decision related to the reproductive issues, men used to have greater role. As far as ownership of productive resources and decision making were concerned, Other Backward Class women were having better position compared to Scheduled Tribes. Six Other Backward Class women were found enjoying ownership right on land. Very minimal number of women has their own bank accounts.

The village was Scheduled Tribe (women) reserve constituency but the powers were confined to the husband of the sarpanch.

WOMEN IN VILLAGE SAJELI SURJI MAGJI SATH

As per 2001 Census, the village population was 7759, out of which 55.49 per cent were tribals, 9.49 per cent were Scheduled Castes and 35.01 per cent were Other Backward Class. Out of total population of village 46.8 per cent were female population. The village population was predominantly tribal. Bhilala was the major tribe. Their language was known as Bhila. The tribals were living in joint family with average household size of 10 members with 3 generations living under one roof. The family size of tribals was larger than the Naiks and Lavanis tribes. The village sarpanch has 18 members in his family. The Naiks and Lavani were although few in number but were progressive communities. They were having higher living

standard compared to the tribals. Tribals were poor and working as share croppers, farmers, and migrant labourers.

Sajeli Surji Magji Sath village has a literacy rate of 54 per cent out of which male literacy was 56 per cent and female literacy was 42 per cent. The girls' enrolment from Class I to X was 100 per cent. In fact, in the Education Guarantee Scheme (EGS), number of girl students was higher.

The village did not have a health centre. Local and ante-natal care were managed at Community Health Centres. The village was provided with ambulance services. The Auxiliary Nurse Midwife visited expectant mothers. Infant Mortality Rate and Maternal Mortality Rate for the last two years were 0. Average age of marriage was 16-18 years. The sex ratio as per 2001 Census was 924:1000. The sex-ratio in tribal community was slightly higher than the non-tribals.

Out of total female population 48 per cent were in workforce. The female participation in workforce be it agriculture, manual labour (under NREGA), migrant labour was higher. There was no gender discrimination in access to the sphere of poverty alleviation programmes. There were two women headed households (widows). They were from the Lavani communities. The Indira Awas Yojana (IAY) has benefited equally the women as it did to men. It was found that the maximum numbers of job cards (60 per cent) were held by women under the National Rural Employment Guarantee Programme. There was no gender based differential in the wage rates under NREGA. A substantial portion of women's income was spent in food. Other expenditures include health, education of children, clothes and festivals, etc. Six women in the village were engaged in Govt. service.

There were about 16 Self Help Groups but all except one has become defunct.

Inheritance was strictly patrilineal. Women's participation in decision making was higher among tribals. They did not practice dowry system. Contrarily, decision making by women among non-tribals families was lower. They were practising dowry system also.

In panchayat, the sarpanch was a tribal woman. She was actively taking part in the decision making process during panchayat meeting.

WOMEN IN UNDARI VILLAGE

Undari village has a predominant Bhil tribe. As per 2001 Census, the population of the village was 2839, out of which 1603 were males and 1236 were females. Undari village was inhabited by tribal (80 per cent Bhils & 20 per cent Bhilalas). The tribals in the village were living in joint family system having patriarchal structure.

There were high incidences of illiteracy in Undari village. In Undari village literacy rate was 9 per cent out of which 11 per cent males were literate and 7 per cent females were literate. The initial enrolment was more or less the same for both boys and girls. However, high incidence of school drop-out was seen from standard 3 onwards which reach its high point at standard 5. Many girl students discontinued their studies due to household obligations and the practice of early marriage. Illiteracy among parents was another reason for the prevailing situation. Education was not a high priority for girls. There was no high school in the village which was a hindrance for higher education among girls. Very few girls from Belala tribes were going to neighbouring village to attend the

school. This was one of the important reasons for illiteracy and failure of Sarve Shiksha Abhiyan (SSA) Scheme.

Malnutrition was a common problem in Undari village. Most of the women were anemic. Poverty, early marriage, poor dietary pattern, high fertility rate and also poor maternal health were some of the reasons. In some families, women have an average of 12 children. The total fertility rate was 6 i.e. the total no. of children born to a woman over her lifetime.

There was a village health sub centre manned by a trained nurse. However, there was a non-availability of required medicines and villagers have to go to the block headquarters for consulting their health problems. Transportation was another grave problem for the village community. Institutional delivery was a success in Undari. This was so because of the incentive given by the government for each institutional delivery.

Availability of drinking water was the problem which has its implication on health. Water was not only contaminated but also available far-off and women have to fetch it daily. Women in Undari village were inhibitive to interact with probationers during their village visit hence, probationers interacted with them in the sub centre during monthly health check-up on expecting mothers. There was no incidence of female infanticide although there was a preference for a male child. The stated reason was consideration for old age security.

The women of Undari were hard working. Both men and women were working in their agricultural field. The National Rural Employment Guarantee Scheme was implemented in the village. Wage rate under this scheme was equal. Even than out-migration both among men and

women was very high. They were migrating during lean season to Gujarat and Rajasthan as wage labourers.

Lack of electricity and irrigation facility was some of the problems by the villagers. The dug wells dry up during summer and lack of electricity and irrigation lead to low productivity which results in malnutrition and poverty.

Self Help Groups were there but did not make much impact on women. Women did not have any right to property. However, widow as an exceptional category was found owning land. Bride price practiced among tribals did not benefit women, per se. Early child marriage was the norms. Girls used to get marry at the average age of 12. A system of bride-price locally termed as 'Dapa' was practiced. This amounted to Rs. 1.5 lakhs on an average. A woman has no say in spending bride price given to her family. Polygamy (the practice of keeping two or more wives) was widely seen among the Bhil tribes. The village sarpanch has two wives.

Women were politically empowered, on paper. They were taking active part in the panchayat election but were unaware of the panchayat functioning. Choice of candidate was usually dictated by the sarpanch male heads of their families. Women did not have discretionary power in political decisions making. One of woman member admitted that she did not know much about the agenda of the panchayat. She was elected as she had been hand picked by the sarpanch.

WOMEN IN KANJAVANI

The population of Kanjavani was 2702 as per Census, 2001 of which 1340 were males and 1362 were females. Kanjavani was primarily a tribal village. They preferred to have big family as this provided them large number of workers in the family. There were two tribal

communities. The Patlias tribal community constituted approximately 47 per cent and Bhils constituted approximately 45 per cent of the population. Remaining population was constituted by Harijans (5 per cent) and other communities (3 per cent). 45 per cent of village population was above poverty line (APL). The majority population of the village (55 per cent) was living below poverty line.

As per Census, literacy rate in Khanjavani Khas was 30 per cent. Male literacy was 45 per cent and female literacy was 12 per cent. There was a primary and high school in the village. Girls' enrolment was 100 per cent at primary level. Due to child marriage, there were drop-out cases at junior high school.

The village has one primary health centre and an Anganwadi Centre. The average age of marriage of girls was 16-18 years. Sometime they were getting married even at the age of 14 years. The early marriages lead to big family-size and anemia among women and mal-nourishment of children.

The rate of institutional delivery was considerably increased after introduction of the Janani Suraksha Yojana. Under this scheme women were given payments by bank cheque after the delivery of a child in the hospital. The women have adequate knowledge about the contraceptive measures but were not able to implement it because of their limited role in reproductive decision making. Family planning programme was not a success. The supplementary nutrition programme under the Integrated Child Development Scheme did not seem to have much impact on nourishment of children.

The social evils like female infanticide and foeticide did not exist in the village. The sex ratio was very positive.

It was found that a custom of elopement marriage was high among the girls and hence, an early marriage was prevalent. The system of 'Bride Price' was found among the Bhil community. The bride price was normally taken by the girl's family.

The women were working as cultivators as well as on others field as wage labourers. Their role in the agriculture increases during the harvest season. Women were involved as wage labourers under the National Rural Employment Guarantee Scheme but in reality no work was being carried out under this scheme. During the non-agricultural season, women were working as labourers in the neighboring Dahod district of Gujarat. The village has a large scale migration of the working population to adjoining districts in Gujarat where they were able to earn around Rs. 150 per day. 60 per cent of working population out-migrated. The migration varies from 3 months to even full year. 70 per cent of Patlias and 60 per cent of Bhils out-migrate. Even after implementation of NREGS which provide for minimum wages of Rs. 85 (in Madhya Pradesh) the trend of migration continue unabated. The wages they were getting after migration in Gujarat were Rs. 120/- and above per day. They were working as agricultural labourers in Gujarat.

There were two self help group in the village. These groups have played an important role in brining about economic independence among women. Earlier some of the local people used to make alcohol locally termed as "toddy" which used to be commonly drunk by the villagers. The drinking habit leads to social evils in the village. The women members organized themselves and cut down all the toddy trees in the village. This move has brought down the alcohol consumption in this village and subsequently

decreased the domestic violence and has instilled a lot of confidence among women. The women proclaimed this fact with lot of pride and were definitely a sign of empowerment.

The village panchayat has total twenty members. During discussion with the panchayat members it was found that it has always been the husband of woman panchayat member who attended the panchayat meetings. The same was the case with other woman members. The women had no idea about the panchayat proceedings. Hence, their role in decision making was almost nil. The women however expressed anguish over this fact and wanted to participate actively in the gram sabha meetings. One positive feature was that there was no resistance among the men allowing women members to participate.

WOMEN'S STATUS IN HOSHANGABAD DISTRICT

Hoshangabad district lies in the central Narmada Valley and on the northern fringe of the Satpura Plateau. As of 2001, India census, Hoshangabad had a population of 97,357. Males constitute 53 per cent of the population and females 47 per cent. Kesla block in the district was completely a tribal block. 17.4 per cent population of Hoshangabad district was constituted by Scheduled Tribes. Concentration of Scheduled Tribes was higher in rural areas as compared to the urban areas. 16.3 per cent population was constituted by the Scheduled Castes which was higher than the State population of Scheduled Castes (Table 3.10).

TABLE 3.10
POPULATION OF SCHEDULED CASTES/ SCHEDULED TRIBES TO TOTAL

State/ District	Scheduled Castes			Scheduled Tribes		
	All	Rural	Urban	All	Rural	Urban
Madhya Pradesh	14.5	14.8	13.7	23.3	28.8	4.9
Hoshangabad	16.3	16.8	14.8	17.4	22.2	4.5

(Source: Census, 2001)

FEMALE LITERACY RATE IN HOSHANGABAD

In 1991, literacy rate in Hoshangabad was 54.1 per cent. Male literacy rate was 67.2 per cent and female literacy was 39.3 per cent⁴⁰. As per 2001 Census, Hoshangabad has an average literacy rate of 70.4 per cent. It was higher than the national average of 59.5 per cent. Male literacy was 81.4 per cent, and female literacy was 58.0 per cent. The literacy rate was higher in Hoshangabad than the literacy rate of Madhya Pradesh. In 2001 in Madhya Pradesh literacy rate increased to 63.74 per cent. Male literacy was 76.10 per cent and female literacy was 50.30 per cent. Further classification of literacy rate among Scheduled Caste in Hoshangabad shows that in 2001 literacy rate was 65.3 per cent out of which male literacy was 77.7 per cent and female literacy was 51.3 per cent. Similarly rural urban data on literacy shows that in the rural areas of Hoshangabad, literacy rate was 59.5 per cent and urban literacy was 77.9 per cent. Female enrolment rate (age 6-14) was 96.4 per cent.

⁴⁰ 3rd Human Development Report, Madhya Pradesh, 2002, District Fact sheet.

WOMEN'S HEALTH STATUS IN HOSHANGABAD

Birth Rate in Hoshangabad District in 2002 was 24.88 per cent⁴¹. It was better than the state level birth rate. Birth rate in Madhya Pradesh was 30.3 in 2002. In 2004, it came down to 29.8 which was higher in comparison to All India level where it was 24.1 in 2004.

Fertility Rate in Hoshangabad District in 1981 was 6.0⁴². During 1984-90 fertility rate declined to 5.4⁴³. Fertility rate in Hoshangabad district was higher in comparison to state and national level of fertility rate. Total fertility rate in Madhya Pradesh in 1991 was 4.6 whereas at All India level it was 3.6.

Infant Mortality Rate in Hoshangabad was 164 in 1981 which came down to 109 in 1991⁴⁴. Female infant mortality rate was higher in comparison to male infant mortality rate. In 1991 infant mortality rate in male was 103 and among female it was 116. In 2002, infant mortality rate in Hoshangabad district came down to 87. Infant mortality rate in Madhya Pradesh was 86.4 which reduced to 72 in 2007. But it was still higher compared to All India infant mortality rate.

In 1981 sex ratio in Hoshangabad district was 908. In 1991 it came down to 892. In 2001, there was a slight improvement and it has come up to 898. In 2001, rural sex ratio was 897 and urban sex ratio was 895. Sex ratio in Hoshangabad was lower than the sex ratio in state where it was 919 in 2001. Sex ratio in Scheduled Castes was 896 and in Scheduled Tribes it was better i.e. 932.

⁴¹ Centre for Population Studies, Administration Academy, Bhopal..

⁴² Fertility and Child Mortality Estimates of Madhya Pradesh, Occasional Paper No 7, 1987, RGI, New Delhi

⁴³ Contours of Fertility Decline in India, PM Mari Bhat, 1995.

⁴⁴ District Fact Sheet in 3rd Human Development Report, MP, 2002

As per 2001 Census, 49.30 per cent male and 20.50 per cent female were participating in workforce in Hoshangabad ⁴⁵. In Madhya Pradesh, female work participation rate in 1991 was 32.7 per cent. Female work participation rate in Hoshangabad was lower than the state level female work participation rate.

STATUS OF WOMEN IN HOSHANGABAD DISTRICT

Villages visited by officer trainees in Hoshangabad district were: Chillai, Dandiwada, Kohada and Gujarwada. Status of women in these villages is described in the following paragraphs:

WOMEN IN CHILLAI VILLAGE

The total households in village Chillai was 92 which were socially segregated on the basis of caste. There were three Scheduled Tribes families comprising 21 persons. There was no population from the General Caste Category. Caste-wise composition of the village population was as follow:

TABLE -3.11
CASTE CLASSIFICATION IN CHILLA VILLAGE

Caste (Sub Caste)	Male	Female	Total
Scheduled Caste (Mirdha and Mehra)	34	24	58
Scheduled Tribe (Korku)	12	9	21
Other Backward Class Kurmi, Jhadava, Deshbadi, Kahar and Nai	307	263	570
Total	353	296	649

(Field Survey by Officer Trainees of 82 FC, 2008)

⁴⁵ Census of India, 2001

As per Census data, literacy rate in village Chillai was 83 per cent. Male literacy was 91 per cent and female literacy was 68 per cent. As far as health status was concerned, women were found prone to diarrhea, dysentery and malaria particularly during monsoon season. Anemia was quite common among the pregnant and lactating women.

Female participation in agriculture was very high i.e. almost 75 per cent. In allied activities, it was around 50 per cent. Women were the equal beneficiaries of the poverty alleviation programmes such as National Rural Employment Grameen Programme/ Swarnajayanti Grameen Swarojgar Yojana (NFWP/NREGP/SGSY). They were involved in activities such as tank repair, house construction, irrigation work and animal husbandry, etc.. There was little discrimination in the wage rates. Most of the women's earnings were used for daily household expenditure. Only elderly women were found participating in the decision making process whereas participation by the younger women was very rare.

There were four women Self Help Groups (SHGs) in the village having small savings. They were contributing and pooling Rs. 20/- per month. The money accumulated was being taken up as credit by the group members at nominal interest rate.

Out of 14, four women were panchayat members. Their participation in the gram sabha meetings and in decision making process of the Panchayat was very low.

WOMEN IN DANDIWADA VILLAGE

Dandiwada was a tribal village spread over 4 sq. km. area with Tawa River on one side and forest area on the other. According to 2001 Census, the population of the

village was 1761 of which a majority (60 per cent) was Scheduled Tribes. The second largest population belonged to Backward Community including Yadavs, Kahars and Lohar Castes. Kathias and Chamars were Scheduled Castes while Gonds and Korkees were prominent tribal groups. The General Castes included mainly Brahmins though they were less in number but had large land holding and assets. Caste segregation was found in inhabitation. Yadavs, Harijan has completely separate mohallas. Houses of adivasis were found mixed with some General Castes like Brahmins. During village visit in 2008 male population as found by officer trainees of 82 foundation course was found 949 and female was 812.

The village Dandiwada has a promising picture in women's education. Dandiwada village literacy rate was 55 per cent. Male literacy rate was 65 per cent and female literacy rate was 43 per cent. Many girls were found attending colleges at Bohra and Sakhtawa which was 6 and 10 kms. away respectively. Few girls have completed their graduation. To encourage girls' education, government launched a scheme in which the girls were provided- (i.) free bicycles for going to secondary school if situated far away from the village; (ii.) free uniforms and books and (iii.) mid-day-meal (with boys as well). However, few girls have left education after 7th class either because they got failed, greater distance of high-school and college, excessive household work or poverty. Only 2- 3 women including the school teacher knew about competitive exams and degrees like Chartered Accountant. Hardly anybody has acquired graduate degree.

Two Anganwadi Centres were running in the village. Sometime, sending the children to Anganwadi was influenced by caste equation for example few families were

not sending their children to Anganwadi as the Anganwadi worker was from a lower caste. This defeated the very purpose of running Anganwadi.

The village has an Accredited Social Health Activist (ASHA), an ANM – a Jana Swasthya Rakshak and a multi purpose health worker (MPW) who were vaccinating the pregnant women and infants, supplying iron and other supplements like vitamin A to them, taking the pregnant women to hospitals for delivery under the Janani Suraksha Yojana thus institutionalizing deliveries to minimize maternal and child mortality, taking women to hospitals for family planning operations and also promoting adoption of temporary family planning devices, organizing eye and other health check- up camps in the village. A regular follow up of the spread of anemia amongst the village women was not done. Sex ratio in the village was 856.

However, it was also observed that there was a general tendency for preferring a male child. The incidence of child marriage that was high in the past has significantly declined probably due to increasing incidences of experiencing divorce among those married in childhood and education and awareness amongst parents. Dowry was not practiced because of predominance of the tribal population.

Most of the land was owned by twelve high caste communities of the village such as Jaiswals, Pandeys, Vajpayees and Yadavs. Women from the Scheduled Castes, Scheduled Tribes and Other Backward Class communities were engaged in agricultural activities. During lean season in agriculture, they were working as wage labourers. There was gender discrimination in wage rates. In the last 8 to 10 years, women have started venturing for diversified occupations such as mushroom cultivation and poultry.

They have been trained in these activities. Contrarily, women of upper-caste were not engaged in any economic activity.

Approximately 75 per cent of the village population was migrating for 20-30 days in a year. They were working as wage laborers besides being in subsistence farming. Patrota, Hoshangabad and Itarsi were the major destinations for migration. They were migrating during May, June, September, December and January. Married women were migrating quite large in number. Women in Patel community have some freedom in spending money but they did not have a major role in the decision-making in important matters.

Women's self help group was efficiently running the Mid-Day-Meal Scheme in the school.

- Being a tribal dominated area; alcoholism was widely prevalent. However, the young generation of the village wanted drinking to be banned because of the ill consequences like wife beating, wastage of money and bad effect on health, etc.. The Yadav/ Patel community in the village was very proud of its tradition of 'no drinking, no non-vegetable and no dowry'

Women were found participating in the Panchayati Raj Institution. Seven out of 20 members of gram panchayat were women. These woman panchayat members were attending meeting of the Gram Panchayat subject to the availability of time. Resultantly, their husband used to attend the meeting and the women just provide the signature wherever required. The village has no women sarpanch so far.

WOMEN IN KOHADA VILLAGE

Kohada was a small village having population of 607 out of which 317 were males and 290 were females. Out of total population 388 were Scheduled Tribes, 158 were OBCs and 61 were Scheduled Castes. Politically Yadavs Gonds were equally influential and Harijans were at the lowest in the hierarchy. There was a segregation of localities based on caste.

According to 2001 Census, literacy rate in Kohada village was 39 per cent. Male literacy rate was 52 per cent and female literacy rate was 25 per cent. From the school records, it was found that all girls in the village were enrolled. Table 3.12 shows enrolment in Shaskiya Prathmik, Madhyamik and High School.

TABLE -3.12
ENROLMENT RATIO IN KOHADA

Class	Boys	Girls	Total
I	9	2	11
II	6	10	16
III	8	3	11
IV	4	11	15
V	9	5	14
VI	17	21	38
VII	30	25	55
VIII	17	16	33
IX	28	22	50
X	18	19	37

(Source: Field survey by Officer Trainees of 82 FC, 2008)

There was a mixed picture as far as educational status was concerned. On the one hand, there was 100% enrolment of girls' students. It could be observed that the number of girls enrolled in some classes was higher than the boys. The government has been providing several incentives like higher scholarships for girls and free cycles, etc. During the transect walk of the village by the officer trainees of 82

Foundation Course, girls could be seen using cycles. But one important problem was that the village did not have a higher secondary school and parents were reluctant to send their daughters outside to pursue higher education. This could even be a leading factor to another problem girls in Kohada (especially Scheduled Tribes) generally married of at the age of 15-17.

There was a low level of awareness among the villagers particularly the women for nutritional health. There was no health sub-centre or PHC in and around the village. The nearest hospital (a Community Health Centre) was at 17 km. away and its accessibility was also very difficult. *Since the adjoining villages were under ammunition testing range (operational from 10 am to 5 pm on all week days), causing danger to the lives of passersby. Hence, the villagers were forced to take a round about route covering almost 50 km.* This has hindered health workers (ASHA BLW) from visiting the village regularly. With the result, in 2008, 2 out of 7 deliveries took place at home. Even the Janani Suraksha Yojana beneficiaries had to move to the Community Health Centre at Sukhthawa or even farther places like Bawra for institutional deliveries. Inadequate post birth care and medical attention has also resulted in the death of girl child in 2008. In Kohada village 44 women had undergone tubectomy operation whereas 4 men had undergone NSVT (no scalpel vasectomy). Out of these 48 couples, only 6 opted for it after second child. Most others had done that after the delivery of fourth child. 9 couples were in mid or late forties indicating that these surgeries were conducted to achieve numerical target rather than to serve the intended purpose. Sex ratio was 914 females over 1000 males. Although, there were no cases of female infanticide or

foeticide reported but there was preference for male over female children.

Women did form an active part of the workforce. There was no differentiation between wages paid to men and women. But agricultural/ farm labour constituted much of the work that women were doing. Very few were self cultivators or self employed. Women also participated actively in work related to National Rural Employment Guarantee Scheme. Gender -wise occupational structure of Kohada village is shown below in table 3.13:

TABLE -3.13

OCCUPATIONAL STRUCTURE IN KOHADA

Sex	Self cultivators	Agricultural labourers	Self employed	Household industries
Male	156	180	5	2
Female	17	130	-	-
Total	173	310	5	2

(Field Survey by Officer Trainees of 82 FC, 2008)

Women told that they did participate in decision making in households but important decisions (mainly financial) were mostly taken by the men unilaterally. Women have very little say in decision making in the use of their income earned. A local brew was prepared by boiling mahua flowers and fermenting the filtrate and it was used as an intoxicant. The men indulge in wife-beating and other forms of domestic violence to squander away the money earned in order to buy the drink. This was one of the major causes of indebtedness in many families. Women did not generally come out to participate freely in public activities. It was also said that it was unsafe for women to go outside their homes after twilight. There were 7 women Self Help Groups (SHGs) in the village. The custom of dowry was also widely prevalent.

Ownership of productive assets, mostly land was held by men and a rigid patriarchal system was followed. Even land reforms beneficiaries have mostly been men. Table 3.14 shows that there were 173 land reforms beneficiaries out of which 17 were women.

TABLE -3.14

LAND REFORMS BENEFICIARIES IN KOHADA

Caste Category	Male	Female	Area Alloted (in Ha.)
Scheduled Castes	4	NIL	4
Scheduled Tribes	80	15	95
Other Backward Classes	72	2	74
Total	156	17	173

(Field Survey by Officer Trainees of 82 FC, 2008)

There was a large participation rate in economic activities.

The Panchayt President was reserved for Scheduled Tribe woman. But she never participated in public activities. It has been her husband who was functioning as de facts sarpanch. This was the case with the other three women members of the panchayat too. When enquired, the women revealed that they did not attend the gram sabha meetings regularly. They attended only when they had claimed to make from the panchayat. Women felt that the men know better and so voted for their husband's choice. Men too thought that they 'have to' tell the women whom to vote for since they would not be able to decide otherwise. Thus the level of political empowerment of women in the real sense was still low.

On the other hand, incidences of domestic violence, poor access to health facilities and a rigid patriarchal system were also prevalent.

WOMEN IN GUJARWADA VILLAGE

Gujarwada, one of the prominent villages in Babai block at Hoshangabad district was located 6 kilometers away from the block office and 25 km. away from the district headquarter. Gujarwada was the second largest populated village in Babai Taluk of Hoshangabad district. The people have access to motorable roads, buses, railway station and have access of electricity, schools, health facilities and post office, etc.

While the total population of the village, according to 2001 Census, was 3837, out of which 1959 were male and 1878 were female. The total population of village during the village visit in 2008 was around 5000. The total male population was estimated as 2700 and the female population was around 2300. The village was an admixture of various castes. The caste-wise present population (as estimated by patwari) was 5000. Details on caste classification are as follows: Scheduled Castes (Harijan, Basod) 400; Scheduled Tribes (Adivasi, Goswami): 60; OBCs (Yadav, Kahar, Kheer, Dhobi, Nai, Soni, Lohar, Bedai (Carpenter, Pal, Kuch Bandir, Kalar, Ahir, Kurmi) and General Castes (Brahmin, Thakur, Muslim, Bania, Mehera) 4500; Others 40. The dominant caste in the village was of Yadavs. It has nearly two hundred and fifty households. Kheerpura hamlet, a part of Gujarwada village was dominated by a caste called Kheers. It was found that Kheerpura was lesser developed than Gujarwada. There was only one Muslim family in the village. According to the revenue records, 510 families were below poverty line (BPL) in the village. 450 families were having ration cards and 60

families were having Antyodaya cards. But all the families who were above poverty line (APL) did not have ration cards.

As per Census data, in village Gujarawada village literacy rate was 47 per cent male literacy rate was 67 per cent and female literacy was 27 per cent. The attendance register of the school showed high absenteeism as well as high drop -out rate of girl students. Girls stayed back at home to attend household chores, look after their siblings, old parents, especially when their parents out- migrate. There was no high school. Although schemes such as "Ladki Yojana" in which scholarship, free education, mid-day meal, free stationary and free dresses programmes, were provided. However, these programmes were unable to attract the high drop -out rate among girl child. Girls just wait to attain the marriagable age and get married. In some cases, women were found educated but they were restricted to go -out for work.

Government Progrmmes such as "Janani Suraksha Yojana" was running effectively in the village. During emergency any pregnant woman from the village can call to district hospital and ask for vehicle at the time of delivery. Women were given Rs. 1400/- and getting proper maternal and post-natal care. So, this scheme encouraged women to have institutional deliveries. There were also three Anganwadi Centers which provide meals and education to children of less than five years.

Although women had access to schemes like Indira Awas Yojana (IAY), Ladki Lakshmi Yojana but these schemes were not implemented effectively. Delay in delivery the benefits of these programmes was one of the reason which ceased the interest of the people.

The village was rich with water resources due to the Narmada River and Tawa Dam. The soil was very fertile and therefore, agriculture was quite productive. The income level of the farmers was better as they were able to take multiple crops in a year.

Wives work as manual labour to make living for their children. There was no gender discrimination in wage rates. Both men and women were getting Rs. 60/- per day. Every man takes alcohol. Wife beating was quite common.

There were 12 self help groups. Out of these 9 were functional and four have closed their operations, as they failed to repay the loans taken by them.

There was a woman sarpanch in the village. Out of total 20 members, there were seven women gram pancayat members. But their male counter-parts were doing all their work. Out of 20 seats 17 seats belonged to General and OBC category 2 for Scheduled Castes and one for Scheduled Tribes and one-third i.e. seven seats were reserved for women. But they did not have any stake in decision making.

CHAPTER -4

WOMEN'S DEVELOPMENT IN RAJASTHAN

Rajasthan is not only the second largest state area-wise but also among one of the poorest state in the country. More than 82 per cent of its population resides in rural areas. More than 61 per cent area of the state falls under harsh desert and semi- desert region which is known as the Great Indian Desert 'The Thar'. Approximately 12 per cent of India's geographical areas consist of desert and arid zones. In fact, India's desert area occupies 0.32 million sq. km. located in parts of Rajasthan, Gujarat, Punjab, Haryana, Andhra Pradesh and Karnataka. Rajasthan alone consists of 61 per cent of total dessert areas of the country. Locationally, three -fifths of Rajasthan lying north- west of the Aravalli falls within the arid zone of Rajasthan and consists of the western districts of the state⁴⁶. In 1993-94 population below poverty line in Rajasthan was 27.41 per cent⁴⁷. In 2002 it came down to 26 per cent⁴⁸. The state is physically divided into two major geographical units. The area to the west of Aravali ranges comprising nearly 2/3rds of the total area of the state is almost arid and undulating, whereas the eastern part is relatively fertile.

The population of Rajasthan was over 56 million (Census, 2001). Out of which male population was 52.06 per cent and female population was 47.94 per cent. Female population was lesser in Rajasthan compared to the All India level (Table 4.1).

⁴⁶ Rahman, S.S., Chief Editor, The Beautiful India- Rajasthan, Reference Press, 2006, p. 23.

⁴⁷ Planning Commission, GoI, p. 165

⁴⁸ Bhandari, L. & Kale, S., 2007, Indian States at a Glance 2006 -07 Rajasthan, Performance, Facts and Figures

TABLE -4.1
POPULATION IN RAJASTHAN AS COMPARED TO INDIA

State/ Districts	Population 2001 (in millions & %)		
	Male	Female	Total
India	5,32,223.09 (51.74)	496,514,346 (48.26)	1,028,737,43 (100.00)
Rajasthan (2001)	29420011 (52.06)	27087177 (47.94)	56507188 (100.00)

(Source - Census, 2001)

Although in 1991 the population was 44 millions, with the higher proportion of Scheduled Caste population (averaging over 17.20 per cent) and a high proportion of Scheduled Tribe population (12.60 per cent) (Table 4.2). The average number of Scheduled Castes/ Scheduled Tribes in Rajasthan was higher than the All India figure.

While some gender related development indices have improved in the last decade i.e. adult sex ratio and literacy, other indicators are not so encouraging.

TABLE 4.2
CASTE CLASSIFICATION

State/ India	Scheduled Castes	Scheduled Tribes
India	16.20	8.20
Rajasthan	17.20	12.60

(Source: Census of India, 1991)

FEMALE LITERACY RATE IN RAJASTHAN

There are marked gender disparities in literacy and education. The gender gap in literacy within the country is highest for Rajasthan. The main challenge confronting education strategies in Rajasthan is the education of the girl child, especially among Scheduled Tribes and Scheduled Castes. Even in cases where education is free,

direct costs related to books, uniform, etc and the opportunity costs incurred because the girl child is not available for domestic chores discourage parents from sending girls to school. Cultural norms also stand in the way of girls' education.

The broad stratum of literate in Rajasthan forms 24.38 per cent of the total population of the State, as ascertained by the 1981 Census. There was a marked difference in literacy rates between the urban- rural divide and between the two sexes in the population. Literacy at the rural level was considerably lower than the urban one. In Rajasthan male literacy in the rural area has been placed at 29.65 per cent, while the one for females was depressingly low at 5.46 per cent as brought out in the 1981 Census. The overall enrolment rate in schools for the age group of five to fourteen years in Rajasthan was estimated in 1998/99 at 67.6 per cent. The enrolment for boys was estimated at 85 percent, while girls still lag far behind at 48 per cent⁴⁹.

Rajasthan made considerable projects in improving its literacy status in the last decade. According to Census of India 2001, the overall literacy rate rose to 61.03 per cent as compared to 38.55 per cent in 1991. Women's literacy became more than doubled from 20.44 per cent in 1991 to 44.34 per cent in 2001⁵⁰. However, the female literacy rate, a key indicator of women's degree of equality, is reported at 44 per cent for 2001, which was considerably lower than over- all average for India, which was 54 per cent (Table 4.3). Despite the high decadal growth rate, the

⁴⁹ Gender Development Index

⁵⁰ Sarthi Acharya, Surjit Singh, Vidya Sagar, "Tracing the Journey" 2007, p. 321 in Rajasthan the Quest for Sustainable Development, Vyas, V.S. (ed.), Academic Foundation, Delhi.

challenge of education for all is still not substantial especially for rural women.

TABLE- 4.3
LITERACY RATE IN RAJASTHAN AS COMPARED TO INDIA

India / State	Persons	Males	Females
INDIA	65.38	75.85	54.00
Rajasthan	61.03	75.30	44.34

(Census of India, 2001)

Although literacy level has been improved in Rajasthan but even now the regular schooling system has been unable to provide primary education to the disadvantaged groups of the society, namely the Scheduled Tribes, Scheduled Castes, women and communities in remote areas. Thus, alternative systems have been devised to fill the gap. These have been successful in providing some education and some functional schools where none, however, in terms of the quality of education provided; they are, at best, second with respect to regular schools. Table 4.4 provides status of literacy among Scheduled Castes and Scheduled Tribes. Female literacy among Scheduled Tribes were the lowest i.e. only 4 per cent.

TABLE -4.4
LITERACY RATE (IN PER CENT) IN RAJASTHAN BY COMMUNITY⁵¹

Category	All	Scheduled Castes	Scheduled Tribes
Male	55.0	42.4	32.9
Female	20.4	8.3	4.4
Total	38.6	26.3	19.2

(Source: Census, 1991)

⁵¹ Registrar General of India, "Primary Census Abstract Rajasthan and Special Tables for Scheduled Castes and Scheduled Tribes", Rajasthan, Census of India 1991, available on Computer Disk

WOMEN'S HEALTH STATUS IN RAJASTHAN

The health status of women is borne -out by an examination of indicators such as fertility rate, infant mortality rate, maternal mortality rate, sex -ratio and other vital rates of the state. The persistence of ill- health in Rajasthan is strongly correlated to social variables, in a context of patriarchy where expectant mothers and girl children are neglected, and women as a cohort are more vulnerable to diseases that afflict the population in general.

Various health and family welfare programme at national level as well as at state level are launched in Rajasthan to tackle the health problems. Despite concerted efforts made by the state as well as central government; health status of Rajasthan remains appalling. The position is more alarming in rural areas. Fertility and mortality indicators in the state continue to be higher than the national average. In Rajasthan, women have little say in matters of marriage, sex; and reproduction. Most women are married before the minimum age of 18 years. Local customs have still a very stronghold as far as issues related to women are concerned.

TOTAL FERTILITY RATE IN RAJASTHAN

Total fertility rate in Rajasthan in 1998- 99 was 3.80 which were higher than the national level fertility rate which was 2.90 during 1998-99 (Table 4.5).

TABLE 4.5**TOTAL FERTILITY RATE AS COMPARED TO ALL INDIA FIGURE⁵²**

Year	1992- 93	1998-99
India	3.40	2.90
Rajasthan	3.60	3.80

In 2000 fertility rate in Rajasthan was 4.1 whereas at All India level, it was 3.2. Further rural- urban classification of data shows that fertility rate in rural areas of Rajasthan was 4.4 and in urban areas it was 2.9. At All India level, fertility rate in rural areas was 3.5 and in urban areas it was 2.3⁵³. Even now, Rajasthan has the third highest total fertility rate. The Total Fertility Rate (TFR) for Rajasthan during 2007 was 3.4 which were higher in comparison to the national level figure where it was 2.7⁵⁴.

INFANT MORTALITY RATE

Although Rajasthan continued to have a higher infant mortality rate (IMR) than India as a whole, it registered a significant improvement in comparison to 1981 (when the infant mortality rate was 108. This was primarily due to a decline in rural infant mortality rate that (in urban areas). According to the Census estimates, between 1981 and 1991 Rajasthan recorded a decrease in infant mortality rate of 38 per cent (from 141 to 87), which was still higher than that of the national average.

Rajasthan has fourth highest infant mortality rate, at 80.4 per 1,000 live births, compared to the national

⁵² National Family Health Survey & RHS Bulletin, March 2007, M.O Health and Family Welfare, GoI.

⁵³ Economic Review, Rajasthan (2004-5), DES, Jaipur

⁵⁴ Sample Registration Survey, 2007

average of 71 per 1,000. In 2004 it further declined to 67. Yet this was much higher than the all India average of 58⁵⁵. In 2002- 04, infant mortality rate (IMR) in Rajasthan came down to 59.27 which was more than All India figure which has been 55⁵⁶. This was better than neighbouring Madhya Pradesh where it was 79.

Sex -segregated infant mortality data shows that female infant mortality rate was higher than male in Rajasthan as well as at All India level.

Children of women belonging to Scheduled Castes and Scheduled Tribes groups have higher rates of infant mortality than children of mothers belonging to Other Castes/ Tribes and other social groups. As a result of which the total fertility rate in these groups is also higher.

MATERNAL MORTALITY RATE IN RAJASTHAN

Recent reports of the State Government reveal that there is a decline in maternal mortality rates (MMR) as well as improvement in overall health care provision, which have led to improvement in women's health status. In 1999, maternal mortality rate in the state was 670⁵⁷. It further declined to 445 but remained higher than the national maternal mortality rate which was 301⁵⁸. National Family Health Survey -II conducted in 2001- 03 showed that Rajasthan recorded the highest maternal mortality ratio for any state in India. Discrimination against women begins at, and sometimes before, the birth of the child, as a reflection of the traditional low status of woman in the patriarchal

⁵⁵ Vision 2020, Planning Commission, GoI, 2002

⁵⁶ RHS Bulletin, March 2007, M/O Health & F.W., GOI

⁵⁷ Compendium of India, Fertility and Mortality Indicators 1971- 1997 RGI, 1999

⁵⁸ SRS 2001 - 2003

society of Rajasthan. More prevalent are the lack of education and the custom of early marriage of girls leading to high risk births and a high infant mortality rate⁵⁹. As per Sample Registration Survey (2004-2006, maternal mortality rate in Rajasthan decreased to 388 but still remained higher than the national level maternal mortality rate which was 254.

SEX RATIO IN RAJASTHAN

Census of India 2001 recorded the overall sex ratio in Rajasthan as 921 compared to 910 in 1991. Most of the districts in the state have shown an increasing trend from 1991 to 2001. Table 4.6 shows the trend of sex ratio in the state of Rajasthan including urban/ rural areas.

TABLE 4.6
SEX RATIO IN RAJASTHAN AS COMPARED TO INDIA

Year	2001	1991
India	933	927
Rajasthan	921	910
Urban	890	879
Rural	932	919

(Source: Census of India, 2001 & 1991)

Though the sex ratio has improved to 921 females per 1,000 males from the low 910 in 1991, it was still below the average of 933 in India. This indicator becomes more important in Rajasthan where several factors work to result in the marginalization of women. As in most other parts of India, Rajasthan also has a preponderance of males over females. Among Rajasthan's all the districts, only two Dungarpur and Banswara -have a sex ratio favouring females during the early years of the 20th

⁵⁹ Rajasthan: an analysis of the Situation of Children and Women, 1991, UN Children's Fund, N. Delhi.

century⁶⁰. Practices of female infanticide, female foeticide and strong son preference in most communities are factors contributing to this imbalance⁶¹.

It is important to mention that the preference for male children is strong in Rajasthan that some women will take direct action, in violation of Indian law, to ensure that they limit the number of children they raise⁶². In 1991, female mean age at marriage in Rajasthan was 16.70.

FEMALE WORK PARTICIPATION RATE

The 1991 census found that, in Rajasthan, roughly, a third of working age women participate in the labour force, including in marginal labour categories. This was a high percentage as compared to Punjab, Haryana and Delhi, but similar to Gujarat and Madhya Pradesh⁶³. Although most women were engaged in work, their work tends to be invisible and unrecorded. In spite of their valuable contribution to household income, both in the agriculture and non farm sectors, women have little or no control over decision relating to their income.

In 1995, work participation rate in Rajasthan was better than at All India level. A female work participation rate was 29.69 per cent and it was 36.29 per cent in 2005.

⁶⁰ The Beautiful India- Rajasthan Chief Editor, S.A. Rahman, p. 32.

⁶¹ pg. 321: Rajasthan the Quest for Sustainable Development Women's Studies topic, Tracing the Journey, Reflection on Doing by Kanchan Mathur and S. Rajagopal.

⁶² Mathur, Kanchan & Rajagopal, S. "Tracing the Journey: Reflections on Doing by", pg. 321 in Rajasthan the Quest for Sustainable Development Women's Studies.

⁶³ Kaushik, P.D. 2007, "Rajasthan Women's Right Concerns" in Women Rights: Access to Justice: p. 234 Book well in collaboration with Rajiv Gandhi Institute for Contemporary Studies, Delhi.

In India in 1995 female work participation rate was 23.29 and in 2005, 27.33 per cent⁶⁴.

As far as women's participation in workforce was concerned, data shows positive trend. In Rajasthan, work participation by women as main workers in 1991 were 13.04 per cent and 14.36 per cent were marginal workers. The number of female cultivators, registering an overall growth rate of 86 per cent between 1981 and 1991⁶⁵. During the same period, their percentage share among cultivators rose from 16 per cent to 23 percent. Much of the increase in the aggregate employment share of women was the result of distress in agriculture forcing women to migrate to construction sites, mining and quarrying.

Although female work participation rate in Rajasthan was higher yet women including tribal women did not have the right to own land. Other laws relating to the ownership of assets and land women have little control over land use, retention, or sale⁶⁶.

WOMEN AND PANCHAYATI RAJ INSTITUTIONS IN RAJASTHAN

The Rajasthan Panchayati Raj Act, 1994 provided for 33 per cent reservation to women at all the three levels. Rajasthan has conducted elections between 1994-95 under the new Act. But the issue of women representatives needs to be viewed in overall context of Rajasthan where women suffered due to backward social economic development. State's feudalism provided weak social status to women. In

⁶⁴ Indices Estimate

⁶⁵ Human Development Report, 1999, pp.122-123

⁶⁶ Kaushik, P.D. 2007, "Rajasthan Women's Right to Concern" in Women Rights: Access to Justice: p. 228, Book well in collaboration with Rajiv Gandhi Institute for Contemporary Studies, Delhi

one of the study conducted by Unnati⁶⁷ in Rajasthan found that decision making by women panchayat representatives has direct bearing on their social relationship and status. The Rajput women panchayat representatives have strong husband bias than the tribals women. The influence of husbands was far more than the brother or the father.

GENDER POLICY IN RAJASTHAN

Gender policy in the current context of the state of Rajasthan proclaimed a number of policy commitments to gender equality. The setting -up of the State Commission for Women, state policy for women, gender component in state programmes and projects and gender sensitization of government officials were some of the positive interventions. Gender budgeting exercises have also been initiated in the state⁶⁸.

STATUS OF RURAL WOMEN IN DISTRICT ALWAR

Administratively, Rajasthan has 32 districts. Officer Trainees of 82 Foundation Course visited two districts namely Alwar and Sikar. Ajmer and Sikar districts of Rajasthan stand low and very low respectively in Gender Empowerment Measurement (GEM)⁶⁹. Geographical location of these two districts is shown in the state map shown below:

⁶⁷ A study conducted in Rajasthan by Unnati - an NGO in 1999.

⁶⁸ Kanchan Mathur & Shobhita Rajagopal, 2007, "Tracing the Journey, Reflections on Doing Women's Studies -in a Book titled Rajasthan the Quest for Sustainable Development - eds by Vijay S. Vyas, Sarthy Acharya, Surjit Singh, Vidha Sagar, Academic Foundation, Delhi.

⁶⁹ Hemlata Joshi, Health Status Index -Rajasthan spatio temporal Appraisal at Panchayat Samiti/block level, Institute of Development India Jaipur, Concept Publishing Company.

Fig. 4.1



Status of rural women in Alwar district has been analyzed in following paras.

The Alwar District is located in the north-eastern part of Rajasthan in Western India. It is located 141 kms away from Jaipur. The district is surrounded by Bharatpur district in the north-east, Jaipur in the south-west, Gurgaon (Haryana) in the north, Mahendragarh District (Haryana) in the north-west and Sawai-Madhopur district in the south - a former Rajput territory. Bansil⁷⁰ in his study found that on various indicators of poverty Alwar has poor access to drinking water, low level of urbanization, high proportion of Scheduled Castes/Scheduled Tribes population, high proportion of below poverty line families engaged in agriculture, low size of

⁷⁰ Bansil, 2006, Poverty Mapping in Rajasthan.

land holdings. Number of families below poverty line in Alwar was 78,911⁷¹. Population of Alwar District in 2001 was 2990862 out of total population of Alwar district, 53 per cent of total population was male and remaining 47 per cent were female. As per 1991 Census, Scheduled Castes population in Alwar District was 408311 and Scheduled Tribes were 185048. Table 4.7 depicts demographic profile of Alwar district.

TABLE -4.7
DEMOGRAPHIC PROFILE OF RAJASTHAN AND ALWAR DISTRICT

State/ District	Population (in millions & percentage)		
	Total	Male	Female
Rajasthan	56507188 (100.00)	29420011 (52.06)	27087177 (47.94)
Alwar	2990862 (100.00)	1585046 (53.00)	1405816 (47.00)

(Source - Census, 2001, Rajasthan, Final Pop. Figures, Directorate of Census, Operational)

FEMALE LITERACY IN ALWAR DISTRICT

Literacy rate in Alwar district was 33.5 per cent in 1981 which rose to 43.09 in 1991. Male literacy rate in 1981 was 50.3 per cent and female literacy rate was 14.5 per cent. In 1991 male literacy increased to 61.0 per cent and female literacy rate was 22.54 per cent. Table 4.8 shows that in 2001 average literacy rate in Alwar district improved drastically and was better than the state and the national level but sex- segregated data shows that female literacy rate remained lower than the state and much lower than the national level which was 44.34 per cent and 54.16 per cent respectively.

⁷¹ BPL Census Survey, 1997, Government of Rajasthan, Jaipur.

TABLE 4.8
FEMALE LITERACY RATE IN ALWAR
(Pop. ages 7 years and above)

India/ State/ District	Persons	Males	Females
India (2001)	65.38	75.85	54.16
Rajasthan (2001)	61.03	76.46	44.34
Alwar (2001)	61.70	78.91	43.95
Alwar (1991)	43.09	60.61	22.54
Alwar (1981)	33.5	50.3	14.5

(Source: Census of India: 2001 & Census of India, 1991, Rajasthan, Final Population Figures, Directorate of Census Operations & Census 1981)

WOMEN'S HEALTH STATUS IN ALWAR DISTRICT

As per National Family and Health Survey- III conducted in 1991 the *total fertility rate* in Alwar District was 5.04. At the state level, in 2002-04, fertility rate came down to 2.69. In 2007, total fertility rate at All India level was 2.7. However, total fertility rate in Alwar remained higher in comparison to the state level.

TABLE- 4.9
TOTAL FERTILITY RATE IN RAJASTHAN AS COMPARED TO INDIA
FIGURES⁷² & ⁷³

Alwar (NFHS-III) 1981	Rajasthan (2002-04)	India (2007)
6.40	2.69	2.7

Infant Mortality Rate in Alwar District was 160. In 2001 it came down to 106 but it still remained higher than the state and the national level. At state level, infant mortality rate was 59.27 in 2002-04 and at All India level it was 55 in 2007.

⁷² RHS Bulletin, March 2007, M/O Health & F.W., GoI.

⁷³ Human Development Indices.

As per SRS - 2001-03 *maternal mortality rates* in Rajasthan was 445 which was higher than at All India level which was 301 in 2007.

There is a continuous decline in the sex ratio in Alwar district for the last three decades. As per 1991 Census, *sex ratio* in Alwar District was 889 which were quite lower than the state as well as All India figure. It further declined to 886 in 2001. It remained lower than the State as well as All India level (Table 4.10). Within district, it was better in the rural areas as compared to the urban areas.

TABLE 4.10
SEX RATIO IN INDIA, RAJASTHAN, vis-à-vis ALWAR

Year	2001	1991	1981
India	933	927	934
Rajasthan	921	910	NA
Urban	890	879	NA
Rural	932	919	NA
Alwar	886	889	892

(Source: Census of India, 2001 & Census of India, 1991, Rajasthan, Final Pop. Figures, Directorate of Census Operation, Census 1981)

As per 2001 census, *girls marrying after 18 years of age (%)* were 46.60. Female mean age at marriage in Alwar district was 16.⁷⁴

In 1991, *male workforce participation rate* in Alwar was 47.80 and female workforce participation rate was 32.0 per cent. As per Census, 2001, female work participation rate in Alwar district was 43.90 and male participation rate was 53.10.

⁷⁴ Primary Census, Abstract, Rajasthan, Series 21, Census of India, 1931.

WOMEN IN ALWAR DISTRICT

Five villages in Alwar district were visited by Officer Trainees of 82 Foundation course. These villages were: Chirwa, Pata, Raghunathgarh, Gwalda and Rampur. Status of rural women in these villages as found by Officer Trainees during village visit is described below:

WOMEN IN CHIRWA VILLAGE

Total population of village Chirwa was 836 out of which males were 432 and females were 404. Schedule Caste population was 278. Principal Communities residing in the village were: Jats, Muslims and Scheduled Caste.

The school has only primary education. The literacy level was found very low as parents were reluctant to send their children to the nearby town. It was due to low income level and also from security point of view of the girl child. Sometime parents were finding it difficult in getting them married off. The girl child was given education only till 8th standard. Village had only one girl pursuing her graduate. Girls were basically assisting their mothers in their household chores. Primary Health Centre was located about four km. from the village. On accessibility of health services, women told that there was non -availability of doctor and medicines. Institutional deliveries were performed in the Primary Health Centre. However they complained that they had to pay extra money for the medical services especially during the night. Women were not getting any post -natal services. Eligible couples did not go for family planning unless they have a male child. The female child was neglected and preference was given always for a male child.

Girls in the village were married at a very early age. Dowry system was rampant. Women work both in the house

as well as in the agricultural field. But in decision making, it was the men who were enjoying power. Since most of the men in the village were addicted to alcohol and smoking, the women were subject to domestic violence. Though the sarpanch of the Gram Sabha was a woman but in reality she did not perform any of the functions assigned. The son of the sarpanch was acting as a proxy sarpanch.

WOMEN IN PATA VILLAGE

Village Pata has 14 hamlets. Total households were 307. As per 2001 Census, the population of the village was 1920. The number of males was 1003 and females were 917. However, during village visit by Officer Trainees of 82 Foundation Course population of the village was 2255 among which male population was 1188 and female population was 1067. Among the Scheduled Caste population, the number of men was 127 and of women 106. 169 families were below poverty line (BPL). The society in Pata village was divided on caste line. Main castes were Brahmins (upper caste), Meo the Backward Class, the harijans comprising Lohar and Chamar. Backward Class population was the largest (1155) followed by Brahmins (532) and the Scheduled Castes (233). Status of women varies from caste to caste.

The literacy rate, according to 2001 Census, was 39.40 per cent. As per record, only 32 per cent of women were literates although in reality, the number was much lower. Girl enrolment in primary school was 66 per cent and drop- out was very high. 50 per cent of the girls were leaving school before completing 6th standard. Among the Meo community, female literacy was very poor, girls were made to look after their siblings. Some parents were sending their children to school just for the sake of meal provided under the Mid-Day Meal Scheme. Girls were not

sent for higher secondary as the school was in another village (5 km. from Pata). Table 4.11 provides details about community and gender wise educational status:

TABLE -4.11

EDUCATIONAL STATUS AND CASTE IN PATA

Educational Level	Upper Castes	Meos	Harijans
Higher Secondary	X	X	X
High School	√	X	X
Primary & Elementary Education	√	√	√

(Source: Field survey by Officer Trainees of 82 FC, 2008)

The village sub- center was non- functional as the building of the centre got damaged during rainy season. The auxiliary nurse midwife did not visit the village regularly. Medicines were not available. Due to lack of hygiene disease like pelvis was found quite common. Lack of proper care post delivery has lead to various diseases. Most of the deliveries were done at home. These problems were more prevalent to women belonging to the lower castes compared to women of the upper castes. In Meos, fertility rate was higher. Women did not get an access to Primary Health Centre as it was located in Ramgarh tehsil very far from the village and so their emergency needs were not met. Family planning techniques were adopted by women only. Not a single man undertook family planning. On an average, the household size in the upper castes was 6. In the Meos basti, the average size of the household was almost in all houses was more then 10. In Harijan houses, it was 6-8. This clearly denotes lack of family planning among Meos and Harijans. Though there was no prevalence of female foeticide yet preference was given to the male child. Pregnant women were not getting an access to nutritional diet. Even the service of the Auxiliary Nurse Midwife was not available regularly. The Anganwadi did

not have a building and therefore, harijan marriage hall was used for the purpose of aganwadi. Immunization was not successful. Availability of potable drinking water was a serious problem.

Although almost all women were engaged in agriculture and allied activities but their income level was too small to meet both ends. In National Rural Employment Guarantee Scheme (NREGS) the records has entry of women's name but in reality they were not found work as the NREGA activities were going on out side the village. Even if the women were employed, they were not given proper crèche facilities. Instances of women's hard earned income was taken by their husbands and spent on alcohol. Wife beating in some households of the harijans was prevalent. Elderly women did have some stake in some of the family as well as village matters. Dowry was prevalent. Women did not have right in land inheritance.

Though three panchayat members were women but their husbands were working as "Panch Pathi" and attending the panchayat meetings on their behalf.

WOMEN IN RAGHUNATHGARH VILLAGE

As per 2001 Census, the population of Raghunathgarh village was 3,102 of which 1,488 were women. The current population was estimated as 5,100 which show a drastic increase. The population could be mainly divided into following three groups:

TABLE -4.12
CASTE COMPOSITION IN RAGHUNATHGARH

Castes	%
Muslims	70.0
Hindus (other than Scheduled Castes)	20.0
Scheduled Castes	10.0
Total	100.00

(Source: Field Survey by Officer Trainees of 82 FC, 2008)

The entire village was residentially demarcated on caste- basis. Rajput, Telis, Harijans, Meos, Kurmis, Sikh (negligible number) have their separate settlement. There were a total of 12 hamlets with a particular social group occupying a specific hamlet. The structure of the residences was also varied. While the Rajputs who lived in the 'Quila' area of the village lived in pucca houses with almost all basic amenities, the Meos and Harijans generally lived in houses with thatched roof and mud walls. Some of the relatively prosperous members among the Meos and Harijans had better houses but no toilets.

The female literacy was 40 per cent as against a district average of 61.70 per cent. The literacy rate vary among the three major groups i.e. Hindus (other than SCs), Muslims and Scheduled Castes. It was found that 41 per cent Hindus, 16 per cent Scheduled Castes and 11 per cent Muslims were literate. There was a declining trend of girl students in the higher education. The main reasons for drop -out were early marriage; perception of villagers; lack of basic amenities in school, poverty and unemployment.

90 per cent of the women were anemic. There was complete lack of awareness about basic hygiene with 40 per cent of women suffering from leucorrhoea. Discussions on issues like AIDS, contraceptives etc. was a taboo. Early marriages have also added to the woes of women and had

been a major cause of ill health. 40-50 per cent of the women suffer from respiratory diseases. The sex ratio of the village was 922 compared to the state figure of 921. There was a general lack of understanding of contraceptives and family planning methods. The average family size was found nine. This was on account of an immense preference for the male child on account of which continuous pregnancies were a common phenomenon in the village.

Although women were found working in the household as well as in the agricultural field however, their role in the decision making process was almost negligible. This was amplified by the poor educational and health status. Women from higher caste were better -off.

3 SHGs were formed but proved unsuccessful. The main reasons were lack of training and support to the group members. It was also felt that the women were generally did not have the confidence of handling large amount.

Dowry was a major problem in the village. Alcoholism among men resulting in wife beating was a common phenomenon. Purda was widely practised.

Political awareness among the Muslim women was lower compared to the Hindus. The women representatives in Panchayat were only through proxies. The women sarpanch was called as 'Sarpanch Pati'.

WOMEN IN GWALDA VILLAGE

Population of Gwalda village was 8000. Out of which 80 per cent population consisted of Muslims and remaining 20% were Hindus who were mainly Scheduled Castes and Other Backward Class.

Only four girls have acquired Senior Secondary education and all belong to Scheduled Castes. One Scheduled Caste girl completed her Higher Secondary School. Total literacy rate of Gwalda village was 17 per cent out of which 26 per cent male and 8 per cent females were literate.

As far as the health status of women in Gwalda village was concerned most of the women were anemic and having severe health problems. This was also due to lack of adequate facilities and institutional constraints. There was also lack of practicing family planning methods. The Muslims were opposed to family planning and have a very large family size of around 15-20 children. Sometime, even father did not remember the names of his children.

The main occupation in which women were engaged was agriculture. Besides they were engaged in mining and quarrying work also. They spend their income in their day-to-day household expenditure.

The agricultural land was owned by men. But recently, to save stamp duty male counterparts started purchasing in the name of their wives.

Poverty alleviation schemes hardly generate any response from women as they were getting better returns than what they were getting from govt. schemes. But they were helpful for those women who were not at all participating in any kind of work outside. There were 262 registrations in Gwalda village for National Rural Employment Guarantee Scheme and maximum of them were women. There was no gender discrimination in wage rate. Women did not participate in intra-household decision making.

Six members of panchayat were women. Sarpanch was illiterate. Her brother-in-law was doing work on her behalf. Women panchayat members were inactive as far as participation in panchayat activities was concerned.

The child marriage was a big problem.

WOMEN IN RAMPUR VILLAGE

Total population of the village Rampur was 6326 (Census, 2001). Male population was 3337 and female population was 2989. 1054 households were found in the village. The average household size was about 6.2. The population of the village during village visit in 2008 was about 7000. The population growth varies from one caste to another. Growth was found higher (about 3 per cent) among Scheduled Castes/ Scheduled Tribes. The total population of Scheduled Caste was 1064 out of which 578 were males and 486 were females. Scheduled Tribe population was 836 out of which 425 were males and 411 were females. Officer Trainees of 82 Foundation Course found that approximate 30 per cent of the village population belonged to Scheduled Castes (Chamars) 25 per cent were Scheduled Tribes, 25 per cent were Other Backward Class (Prajapathis and Shinis) and remaining 20 per cent were from higher Caste category (Rajputs and Brahmins). Rajputs and Brahmins were having well built RCC home with 3-4 rooms. In contrary, chamars were living in the small huts in the secluded area. In an exception, some lower caste people were living in the RCC building.

Rampur has around five government schools and nine private schools. The literacy rate was high with 80 per cent of the population literate. 85 per cent of male and 75 per cent of female population was literate. The literacy rate was lower in upper age group, especially those belonging to

Scheduled Castes and Other Backward Class. Almost all girls attended school till 4-5th standard. Few of them stopped going school afterwards. Although, most of the parents wanted to send their daughters to school. But the reasons found out for non-continuation were: i.) There was no girls' school after 10th standard. Some parents were not willing to send their daughters to a co-educational institute; (ii.) no college in the vicinity of village. For further education girls have to go to the Tehsil head quarter, Bansur that was at a distance of 16 kms from the village; (iii.) due to poverty parents were not able to support the education of all their children. Therefore, the girl stayed back at home; (iv.) Girls have to look after their younger siblings as the mother has to go to fields; (v.) early child marriage.

Rampur has a Primary Health Centre, but there was no doctor for the last two months. The compounder was acting as the doctor and prescribing medicines. Women were found aware of mother and child welfare programmes like 'Janani Surksha Yojana' which gives financial assistance amounting Rs. 1400/- to pregnant women. Many women were visiting for regular check ups. Women were aware of the family planning methods. However, because of the socio-cultural reasons it was essential to have a male child. Some of the women have gone for family planning operations on their own, without informing the family members. However, women feel certain difficulties since; there was no female doctor in the Primary Health Centre. Most women feel shy to consult a male doctor. Women prefer going to Bansur for delivery. In emergency cases, they have to go to Alwar because no emergency facility was available even in Bansur.

Infants were administered with polio drops, BCG, DPT, villagers were aware of the need of getting their children vaccinated. The Auxiliary Nurse Midwife visited in the Primary Health Centre on Thursday and moves around the village on other days, for vaccinating children. However, Hepatitis B injection was not available in the dispensary. It was to be brought from outside and therefore some don't administer it to their children. There was a preference for a male child over female. Some even go for sex-determination of unborn child in cities like Alwar. Not much attention paid to the education of a girl child. There was a preference for a male child over female. Some even go for sex-determination of unborn child in cities like Alwar. Not much attention paid to the education of a girl child.

In the agriculture sector, women were engaged in labour intensive works such as weeding, hoeing and harvesting. During transect walk in the village, Officer Trainees of 82 Foundation Course found that women were engaged in various household activities such as cleaning, sweeping, washing and cattle rearing, etc.. They were spending lot of their time in firewood collection. Sometimes, they have to walk 10-12 kms and spent 3-4 hours for firewood collection. Women from poor families used to go outside for work. They were involved in two types of work (i.) agricultural labourers and (ii.) construction work in National Rural Employment Guarantee Programme (NREGA). Few below poverty line (BPL) families were headed by women. Most of these families were living in poor condition. Some of them were working on NREGA projects or in schools/ anganwadi as cook. Women were found engaged in the household as well as in the agricultural fields or in NREGA.

Due to the socio-cultural factors, male members of the family were the decision makers while females were in the periphery. Usually their hard earned money was spent, by their male counter parts on alcohol. If they refuse to hand over the money, they were subject to physical torture. Almost 80 per cent of adult males indulge in alcohol and abuse. Liquor was prepared in the house itself. Wife abuse was a common practice.

Women did not have any property on their name. However, recently a new trend has emerged. Since there has been a provision of exempting stamp duty on land for women hence, men prefer to get that registered in the name of women. Sometime women were not even aware of it. Child marriage was found prevalent.

Present panchayat in the village has eleven female members. All the women members attend panchayat meetings regularly. However, women members hardly have any say in decision making. Male members were of the view that females were not capable to take responsibility. Surprisingly, some female members have endorsed their views. Some panchayat members stated that even if they express their views in meetings, not much attention was paid to them. Opinion of female members was not taken seriously. Many women were still found observing 'Purdah', and prefer not to speak in opposition of male view.

WOMEN IN SIKAR DISTRICT

Sikar district is an important part of state of Rajasthan. It is 104 kms from Jaipur is a district headquarters. Lying in Shekhawati region and surrounded by Jhunjhunu district in the north, Jaipur district in the east and southeast, Haryana state in the northeast, Churu district in the west and northwest and Nagaur district in the southwest, Sikar district is an important part of state

of Rajasthan. In September, 1987 this district became much controversial due to Roop Kanwar incident in which an 18 year old Rajput girl of village Deorala in Sikar district was forced to immolate herself on her husband's funeral pyre. The incident shocked the public at large as also women's group in Rajasthan and throughout the country. On various indicators of poverty, Sikar was found high having low level of per capita income, relatively less number of primary school and low proportion of irrigated area⁷⁵.

According to 2001 India census, Sikar district has a population of around 2,287, 229. 51.26 per cent population was male and 48.74 per cent were female population (Table 4.13).

TABLE 4.13
DEMOGRAPHIC FEATURES OF SIKAR

State/ District	Population 2001 (in millions & percentage)		
	Male	Female	Total
Rajasthan (2001)	29420011 (52.06)	27087177 (47.94)	56507188 (100.00)
Sikar (2001)	1172129 (51.26)	1115100 (48.74)	2,287,229 (100.00)

(Source – Census of India 2001 & 1991, Rajasthan, Final Pop. Figures, Directorate of Census, Operational)

As per 1991 Census, population of Scheduled Castes in Sikar was 14.0 per cent and Scheduled Tribes population was 2.7 per cent⁷⁶.

FEMALE LITERACY IN SIKAR DISTRICT

⁷⁵ Bensil, 2006, Poverty Mapping in Rajasthan.

⁷⁶ Census of India, 1991, Rajasthan, Final Population Figures, Directorate of Census Operations.

In 1981 literacy rate in Sikar was 32.3 per cent. Male literacy rate was 52.3 per cent and female literacy rate was 11.5 per cent. In 1991 literacy rate in Sikar was 42.5 per cent. Male literacy rate was 64.1 and female literacy rate was 19.9 per cent. But in 2001, there was a sharp increase in average literacy rate in Sikar. It was 70.47 per cent. Male literacy was 84.34 per cent and female literacy was 56.11 per cent. Literacy rate in Sikar district became better than the state and even national literacy rate. But the gap between the male female literacy remained deeper (Table 4.14).

TABLE- 4.14

**LITERACY RATE IN SIKAR AND RAJASTHAN AS COMPARED TO INDIA FIGURES
(POP AGES 7 YEARS AND ABOVE)**

India / States/ Districts	Persons	Males	Females
INDIA	65.38	75.85	54.16
Rajasthan	61.03	75.30	44.34
Rajasthan	38.55	53.00	20.44
Sikar (2001)	70.47	84.34	56.11
Sikar 1991	42.5	64.10	19.90
Sikar 1981	32.3	52.3	11.5

(Census of India, 2001 & Census of India, 1991, Rajasthan, Final Population Figures, Directorate of Census Operations), Census, 1981)

Further classification of literacy in district Sikar shows that in rural areas, male literacy rate was 61.8 per cent and female literacy rate was 15.4 per cent whereas in the urban areas male literacy rate was 72.7 per cent and female literacy rate was 36.8 per cent.

WOMEN'S HEALTH STATUS IN SIKAR

Total Fertility Rate in Sikar district was 6.20 in 1981 and in 1991 it came down to 5.41. As per National Family Health Survey -III fertility rate further came down to 2.69 in 2001. It was better than the state level fertility rate. In 2000, fertility rate in Rajasthan was 4.1 whereas at all India level it was 3.2.

In 1981 *Infant Mortality Rate in Sikar District* was 106. There was a drastic improvement in 1991 and it declined to 57. As per 2001 Census, *infant mortality rate* in Sikar was 70. In 2002-04 infant mortality rate in Rajasthan was 59.27. It was higher than the national level where it was 55 in 2007⁷⁷.

Maternal Mortality Rate in Rajasthan was 445 which were higher than the national maternal mortality rate which was 301⁷⁸ &⁷⁹. As per SRS 2004-06, maternal mortality rate in Sikar district came down to 388.

In 1981 *Sex Ratio in Sikar* was 963. In 1991 it declined to 946 and improved again in 2001 and increased to 951. Sex ratio in Sikar district was better than the state and the national level figures (Table 4.15).

**TABLE 4.15
SEX RATIO IN SIKAR**

Year	2001	1991	1981
India	933	927	934
Rajasthan	921	910	NA
Urban	890	879	NA
Rural	932	919	NA
Sikar	951	946	952

⁷⁷ RHS Bulletin, March 2007, M/O Health & F.W., GOI

⁷⁸ RHS Bulletin, March 2007, M/O Health & F.W., GOI

⁷⁹ Human Development Indices

(Yearbook, 1989-90, Ministry of Health & Family Welfare, GoI, N. Delhi)

As per 2001 Census, 57.80 per cent girls were marrying after 18 years of age. More than two-fifth were still marrying before 18 years of age. In Sikar, female mean age at marriage in 1991 was 16.20.

In 1991 *male workforce participation rate* in Sikar district was 42.90 per cent and female participation was 19.70 per cent. It was lower than the All India female work participation rate. At All India level, workforce participation rate was 37.64 per cent in which male workforce participation was 51.52 per cent and female workforce participation was 22.69 per cent. As per Census, 2001, male workforce participation rate was 45.80 and female workforce participation rate was 31.50 per cent. There seems to be a relation between caste and FWPR.

WOMEN'S DEVELOPMENT - GRASS ROOT REALITIES IN DISTRICT SIKAR

In Sikar district, four villages were visited by Officer Trainees of 82 Foundation Course. These villages were Bibipur, Deorala, Khatushyamji and Shyamgarh. Status of rural women as found by the Officer Trainees during village visit programme is described below:

WOMEN IN BIBIPUR VILLAGE

Total population of Bibipur village was 1376. The number of Scheduled Castes in the village stands at 147, which was approximately 11 per cent of the total population of the village. It was noted that the Scheduled Castes were living in a separate 'Harijan Basti' which was located on the other side of the main metallic road. The major Scheduled Caste groups were Daddi, Balai, Chamar and Thori. The household size was larger than the normal.

This was later confirmed by the Auxiliary Nurse Midwife that the concept of family planning and abortion was unethical for the "Daddi" caste. Rajasthan, especially the Shekawati Region under which the village falls in was fiercely a patriarchal society. The male members in the family were considered as the bread-winner. The women were doing household chores and agriculture work mostly on their own land.

The literacy rate among women was 65.38 per cent. Men and women have equal access to education. The value of higher education for girl child was well recognized and people were willing to send daughter even to neighboring districts or cities to study.

The health infrastructure and the nutritional requirements in Bibipur village were not satisfactory. There was no Public Health Centre or registered medical practitioners. The nearest emergency facility was at Fatehpur village, 15 kms away. Secondly there was one Auxiliary Nurse Midwife (ANM) who was covering three villages. She was not a fully trained medical professional. Thirdly, women though were very much aware of family planning, all agree that its men folk who decide the family size. Fourthly, since the food availability in this barren village was restricted to bajra, onions, groundnuts, etc. there was a lack of vegetables and fruits in the women's diet. Most women and girls consume their meal after the menfolk have completed their meal which meant that they did not get to eat the quantity they might desire.

A son was considered as a symbol of clan continuity and as an economic resource hence, there was a marked preference for a son. Although women were aware of the perils of child marriage, which their generation has faced. They felt that on account of their early marriage, they

missed education and a better life. So they were intent on getting their daughters married after they were 18 years. Also it was observed that there was a dearth of brides in the village therefore, inter -state/inter -district marriages were also commonly taking place. Dowry system was also widely prevalent though not accepted in public.

The major problems identified by women of the village were that the drinking water was fluoride contaminated and some places not potable; (ii.) irregularities in obtaining food grains, etc. provisions from public distribution system; (iii.) women in Chota Bibipur were widely engaged in farming activities. In addition to family duties, women mostly were engaged themselves in the family agricultural land. Except NREGA, women were not aware of any women specific poverty alleviation programme. It was also observed that wage discrimination was prevalent. When a man got Rs. 150/- per day, a women got only Rs. 100/- per day for the same job.

Regarding inheritance of land, the law was found to be heavily skewed in favor of the male which led women position low in the family and society. As was explicit from the following statement of Santu, a young widow;

"My husband died year back. I have three children to fend for. I did not inherit agricultural land. It was all with my brothers -in- law. I was working as a seasonal labourer on someone else's land for daily wages to take care of four of us".

There was four women ward panch. However, it was observed that the men of the house or the husbands were the real power centers. Views of womenfolk were not taken care- off too seriously in the meetings. However

womenfolk's participation in panchayat election was appreciable.

Positive aspects in the village were that there was no unfair discrimination against women in literacy and there were no instances of domestic violence/alcohol.

The village has received Nirmal Gram Puruskar award;

WOMEN IN DEORALA VILLAGE

This village has come into much limelight at International level in 1987 when Roop Kanwar widow was forced to become sati in the pyre of her husband. Total population of the village was 9328 out of which males were 4875 and females were 4453. 1461 were Scheduled Castes, 105 were Scheduled Tribes. The household size in Deorala village differed from the occupational pattern of the people. It also depended upon the educational status and economic well -being of a family. In an educated family, the number of children was 2 or 3. So, the household size was normally less than 5 persons. But in a poor and illiterate family, the number of children was 5 or 6. Moreover, in an agricultural family, where there were larger needs for men power, the household size was larger. In a Yadav family, they have an extended or joint family. In small farmers, the household pattern was smaller as there was division of land among them.

Literacy rate was 65.17 per cent out of which male literacy was 72.7 per cent and female literacy was 56.93 per cent. In the primary education, the ratio of male and female children going to school was the same. As far as higher education was concerned, they have to go out of the village, since there was no college. Some families could not afford to send their children outside and some were not

very broad-minded about female child being highly educated. The ratio stands at (ratio of enrolment in school) 60:40 against the female children.

There was not a single lady doctor (or) nurse available and for delivery cases, they have to travel, 5 km to Ajirgarh. Immunization programmes have been running smoothly with BCG vaccine, DTP, measles Doses, T.T. Booster and Polio Vaccine. 80 per cent of the women were aware of and 20 per cent were not aware about immunization programmes. Many women work in agricultural activities and construction labourers and so they were exposed to a condition, where they were contracted with diseases, related to the respiratory tract like tuberculosis and fever. No proper medical care was available for such diseases. Prevalence of female related diseases was also reported. Janani Suraksha Yojana has been successful and women were now more aware of the nutritional and health status of children. Through the Integrated Child Development Scheme such as Anganwadi and other community education, womenfolk were more conscious about the developmental needs of their children. Sex Ratio in the village was 923:1000.

Women were mostly engaged in economic activities such as agriculture, construction, tailoring, daily wage labourers, bangle making and handicrafts, etc. Most of the centrally sponsored programmes have created a positive impact on the lives of the villagers, especially women. Most of them have been benefited from Anganwadi and Janani Suraksha Yojana,

Gender-discrimination was found in wage rate in National Rural Employment Guarantee Programme (NREGA). Income level was lower for woman. Decision related to spending of income dependent on men, though

in a few progressive families, consultation between husband and wife were taking place. Women have no right in the ownership of property.

Dowry system was prevalent and seen as a social prestige in the community. So even among Scheduled Caste community, the marriage expenditure came around 5 to 6 lakhs. The bridegroom was given a motorcycle. Some five thousand to one lakh rupees as cash, two lakh rupees worth if gold was given.

Women did not have any say in the decision-making process. Seldom in social function was she an essential part. In an illiterate family, men make the major decisions. In an educated family, both men and women were found taking decision together.

There were six female ward panch (member) out of nineteen in the village panchayat. Their opinions were not taken into account in the meeting. Purdah system was prevalent in the meeting, and they were not confident enough to voice their concern. Their main demand was women related issues; specially getting a lady doctor and nurse but nothing seems to materialize.

The Incidence of sati has been stopped after the infamous incident of Roop Kanwar in 1987. It happened due to education, and action taken by the district administration.

There were some 5 cases of child marriage in the village. Due to education, and fear of police action, the rate has come down. 70 per cent of male population was into drinking habits.

WOMEN IN KHATUSHYAMJI VILLAGE

Total population of the village was 8470 out of which males were 4434 and females were 4036 (Census, 2001). The total population of the Khatushyamji village at the time of village visit by Officer Trainees in 2008 was 10289. 24.72 per cent of the population belonged to Scheduled Caste; 2.86 per cent of the population belonged to Scheduled Tribe; 72.42 per cent of the population belonged to Other Castes. The village mainly consisted of Brahmins, Jats and Rouigers. The total numbers of household were 1511 which included 143 families belonged to below poverty line.

Literacy rate in the village was 52 per cent out of which male literacy rate was 70 per cent and female literacy rate was 34 per cent.

Under the National Rural Health Mission (NRHM) Scheme, all the new born were vaccinated on time and as per schedule.

Based on the figures provided by the panchayat it was found that the women outnumber men in the National Rural Employment Guarantee Scheme (NREGS). In fact, it was the women who were benefited the most under the National Rural Employment Guarantee Scheme. Even in the agriculture sector, female workers outnumber men. It was only in service sector (hotels, shops and guides) that the men take lead.

Since the village was established about eight centuries back, the village houses around the temple belonged to the upper caste Brahmins. It clearly shows that some caste system prevalent in the village did not allow the people from the Scheduled Castes to settle near the temple. The houses near the temple were even of old

styled with broad 'Jarokhas'. Most of the new houses were of concrete. The houses in the Rouigers community under small family of 6-7 were sharing single room houses. Under the Indira Awas Yojana, houses for the poorer section of the society were made.

The panchayat sarpanch was women. She was not a mere figurehead but active participant in the village politics. Since she got elected in 2004, the journey was not very smooth as it took time for the people to get used to a woman sarpanch. Initially as told by her the villagers did not take her seriously but due to her determination and courage she ground respect of the people. As far as the socio-economic condition of the women from the poor and backward section of the society was concerned a lot needs to be done so that their condition improves. About 41.5 per cent of the families were depended on agriculture for their livelihood. 1.97 per cent was agricultural labourers. 56.42 per cent has other livelihood means mainly business (shopkeeper, hotel owners around the temple). The power equation of the village shifted between the Brahmins and the Jats. The current sarpanch was a Brahmin with a Jat being the panchayat secretary. Two ward members were from the Roiger community also.

The village was having a woman as their sarpanchs. Though the Sekhawati region to which it belonged was still infamous for the sati incidences. Most of the region still has a strong 'purdah system' in which the women always keep their faced covered by a veil. The women were not allowed to interact with outsiders. The system was more prevalent as they have no other option but to go out for their earning.

The village Khatushyamji was a bit different from rest of the Sekhawati region as the inflow of heavy tourist

has brought change in the village. The change was much more perceptible in the lower as well as higher social classes. During interaction with mostly the weaker section women of the village; the most important problem found was: (1) Unemployment: (2) Liquor particularly among weaker section. Most of the people spent their meager income fully on it. As the village was a tourist attraction, the problems related to infrastructure were not there. Women claimed that the flow of money due to tourism has led to an artificial increase in the prices of the daily goods and services.

Instances of wife beating were reported more among women of the weaker section, especially in families where the male members drink. It was not that this did not happen in better off families but they were not reported.

When it came to entire household decision, the women from the weaker section from the society has a better stake. It was due to the fact that they earn equally as compared to their husbands. This economic freedom gave them a greater say in extra household decision.

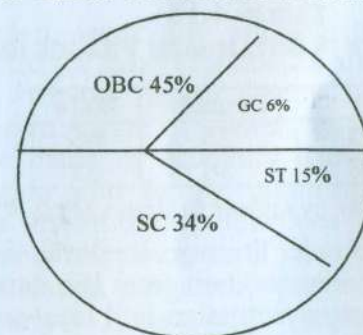
There were three Self Help Group (SHG), in the village which was mainly involved with making of pickles, chatnies and papad, etc. As it was a tourist village, tourists visit this village and buy all these items. They now started producing 'tie and dye' fabric also. This has enabled them economically empowered.

WOMEN IN SHYAMGARH VILLAGE

The total population of the village as per 2001 census was 1915. Out of which 962 were males and 953 were females. Population of Scheduled Castes was 510 and Scheduled Tribes were 175 but at the time of village visit by Officer Trainees in 2008; total population of the village

was 2202 out of which males were 1106 and females were 1096. By looking at the categories under which the different castes fall, it was found that around 45 per cent of the total populations were Other Backward Classes, 34 per cent were Scheduled Castes and 15 per cent were Scheduled Tribes. The General Caste was around 6 per cent only. The Muslims were further categorized into following four: Khayakharis; (ii.) Fakir; (iii.) Kasai; (iv.) Mariyar.

PIE CHART OF CASTE COMPOSITION IN SHYAMGARH VILLAGE



Gujjar was the major land holding community constituting about 30 per cent of the total population of the village and Rajputs were the second biggest land holding community. Meenas were also a farming community. Jangirs were carpenters, Katiks were cloth merchants, Kumawat were involved in stone work and construction. Balais were the herdsman growing cattle and livestock. There were two Brahmin families taking care of the pujas and other rituals in the village, other holding petty shops. Nayaks were agricultural labourers. Of the Muslim community, Fakirs were band music player, Kasais were butchers and Mariyars were basically bangle sellers. Around 8-10 persons were employed in the army.

Girls' dropout from the school before they reached 7th or 8th class. Major reasons for girls' dropout could be listed as follows in their order of importance:- failure in examination; non-availability of teachers especially lady teachers; taking care of younger siblings at home and households chores; expenditure needs to be made on uniform; general perception that there was no need for girls to study more. Table 4.16 shows gender- wise literacy rate in the village.

TABLE- 4.16
LITERACY RATE IN SHYAMGARH VILLAGE (IN %)

Year	Female	Male
2001	25	65
2008	38	63

(Source: Field Survey by Officer Trainees of 82 FC, 2008)

The dismal female literacy scenario and gender disparities in literacy were evident from the data shown in Table 4.18. Adult literacy campaign and local level literacy initiatives were absent. Among the relatively better off-forward caste Hindus, female literacy rate was relatively better (> 65 per cent).

According to the perception of village men and women alike, lack of education and purdah come out to be major incapacitating factors when it came to efficient and effective discharge of duty by women. Despite this, the general confidence level among women was very high. They were aware that women in today's age have achieved high positions and believe that they could achieve much more if they were given education and *Purdah* was eliminated. Majority of men and minor proportion of women were

skeptical about the ability of a woman even after she received education and removal of *Purdah*.

There were around 400-450 households in the village. The average household size was having 3-4 children. They wanted of having a male child one of the main reasons for the number of children per family to be high. The most surprising positive feature of the population composition was the extremely good sex ratio of 990:1000. The eldest daughter has to stay at home for taking care of younger siblings and sharing the burden of household work.

Women were not allowed to approach primary health centre for general ailments since there was no lady doctor at Primary Health Centre. Men did not approve physical examination of women by a male doctor. Regular visits were made by Auxiliary Nurse Midwife and ASHA. Immunization and family planning status was not as dismal as institutional deliveries were almost absent. However, only one instance of vasectomy was recorded. All other sterilization surgeries were instances of tubectomy. Strong desire for a male child was seen. Generally, people did not go for sex - determination during the first pregnancy. However, in order to comply with two-child norm for availing government jobs and other benefits, the relatively well-to-do families used to go for sex determination and female foeticide. The relatively poor people keep on reproducing until a male child was born. Out of two Anganwadi centres, one was functional. Full attendance was observed only on Thursdays when a sweet dish (panjeeri) was served. Mid-day-meal consisted of khichdi on all the other days. Diet has no protein content. Inclusion of protein content in diet and variety in the food served were suggested to improve attendance. Problems

faced by anganwadi workers and children were i.) no facilities for drinking water; ii.) no toilet facilities; iii.) mats for children in the anganwadi, were torn.

In Shyamgarh, the rate of migration of men in search of employment was significant. This explained high participation of women in workforce. More than 70% of workforce in National Rural Employment Guarantee Programme comprised of women. Discrimination in wage rates was observed in non-NREGA work. A woman unskilled labourer received Rs. 150 per day as against Rs. 200 received by men. National Rural Employment Guarantee Programme (NREGA) has proved to be boon for the women. Before NREGA, women had no choice but to sit at home. Now, they could earn.

Women control around 70 per cent of the income earned by them. The rest 30 per cent of the income was surrendered to the husband. Major part of the in-hand income was spent on buying food items, child care and other daily needs of a household by the women. As a result, they were left with meager or no savings for medical, clothing or other needs that might occur. On the other hand, major part of income was spent on alcohol consumption, *Bidi*, *Paan*, *Gutkha*, Gambling on cards and debt repayment.

Ten out of twelve Self Help Groups in the village comprise of women, they used pooled funds primarily for lending to members. Sustainable Asset Creation and Employment Generation Activities were not observed.

Ownership of productive and non-productive resources rested predominantly with the men. However, the winds of change have started blowing and women were now getting nomination as a joint owner. Dowry was must

for getting daughter married. It was one of the reasons for indebtedness. Typically, a girl got married before she was 15 years old and became a mother before she was 17 or 18 years. *Purdah* was major incapacitating factor. So much so that women were not even allowed to enter the house from front door. *Purdah* continued to cripple them in every sphere of activity be it economic, political or social. Women did not enjoy equal socio-economic status with men. Social evils of sex determination, female foeticide, dowry and *purdah* continued to plagiarise the village society. Shyamgarh was a perfect case of traditional patriarchal, male dominated society where women were highly marginalized. Status of women headed households was even worse.

Role of village women Gram Sabha was mostly passive. They were not organized and hence could not voice their common concerns. Three out of nine Panchayat members were women. They were relatively more active in participation as compared to the common village women.

CHAPTER -5

WAY FORWARD

Women's development has positive impact in the overall development of a society. Women's development can be possible if women are socially, economically and politically empowered. Real empowerment consisted in greater inclusiveness and participation of women in social, economic and political spheres. For the holistic development of the village, it has been important to involve women also in the process of development.

Field data brought -out by the Officer Trainees of 82 Foundation Course has been analysed in this monograph. 18 villages have been included here to review the status of rural women at the grass root level as studied by officer trainees in the States of Madhya Pradesh and Rajasthan.

Findings of village visit reports explicitly points -out that the status of women in rural India is still unequal on development parameters. Women are still lagging behind in literacy and education, health and employment, etc. Although 73rd amendment has been made yet women's real empowerment at grass root level is still a distant goal as decisions making at panchayat level is still in male domain. Age old custom of purdah and practice of child marriage particularly in the state of Rajasthan, strong preference for a male child is deep- rooted and has a stronghold. However, a positive relationship was found between high literacy, low fertility rate and high rate of employment were found. Following recommendations were given by the villagers themselves to improve the status of women.

1. RELATED TO LITERACY AND EDUCATION

Education enables women to get aware of their rights and play an active role in the socio -economic and political areas hence, it is important to reduce gender gap in the sphere of literacy and education.

Practice of child marriage, custom of purdah, low value attached to female education, sibling and care of old parents, lack of female teachers, lack of basic amenities and language taught in the schools were some of the institutional factors and poverty, illiteracy among parents, lack of awareness and migration of women laboureres and caste were some of the structural factors found determining low female literacy rate. It was also found that the female literacy was sharper in rural areas compared to the urban areas and the gap was deeper among women of Scheduled Tribes and Scheduled Castes and Muslim community as compared to women of General Caste Categories. Following suggestions were given by the villagers to improve female literacy

- a.) Awareness needs to be generated for education of girl child;
- b.) Unfilled teacher vacancies should be filled on priority basis;
- c.) At least one lady teacher should be appointed in every school;
- d.) Special efforts are needed on the part of teachers to check exam failures;
- e.) Incentives such as free uniforms (scholarship, free books) should be provided in those schools where there has been no such provision;

f.) Kasturba Balika Vidyalaya Scheme should be extended to other region also.

g.) Need for an adult literacy programme;

h.) Need to promote vocational training programme,

i.) Effective and timely implementation of government programmes related to education of the children particularly girl child.

The question of tribal education assumes special importance in Madhya Pradesh. The issue of language is most crucial and also quite complicated. A number of studies have pointed out that the language of the teacher and the text book is very different from (and insensitive to) the children's spoken language. The curriculum does not address their social and cultural values and may even portray them as 'oddities'.⁸⁰ While language is central to the tribal identity and most communities would want to preserve it as an integral part of their culture, almost as a measure of their own survival, they are also acutely aware of the 'market' value of the dominant language. Moreover, tribals who regularly interact with non-tribals are often bilingual. Therefore, education must begin with the mother tongue, in this case the specific tribal dialect, and the devanagari script (or the prevalent script of that region) be used to write what the child already know or spoke language. The child can continue to learn bilingually and gradually, perhaps by the end of the second year, switch to Hindi (or the dominant regional language).

⁸⁰ Education for All: From Rhetoric to Reality: The Madhya Pradesh Human Development Report, 1995, p. 47.

2.) RECOMMENDATIONS RELATED TO HEALTH

a.) Provision of better health services and effective implementation of health programmes can enable women to better facilities including supply of medicines and provide health facilities to women (especially delivery facilities and pediatrics);

Women particularly in Rajasthan have great preference for male child. This becomes one of the major factors of population growth and female infanticides. Hence, there is a need for creating awareness that both boys and girls are important in a society.

b.) In some of the communities, use of family planning method is considered as a taboo. There is a need to create awareness among them about family planning and sanitation;

c.) Provision of registered medical practitioner and a lady doctor for each village;

d.) Water in many villages was found contaminated. Sometime women go far-off to fetch water.

Installing of hand pumps/ maintenance of old hand pumps nearer to the settlement would reduce half of work burden and save women's time.

e.) Need for constructing toilets to maintain hygiene and save women from embarrassment.

3. ACCESS TO RURAL DEVELOPMENT PROGRAMMES

Assets creation under National Rural Employment Guarantee Scheme should be need based. More and more irrigation projects need to be introduced.

In some of the villages in Madhya Pradesh and Rajasthan both men and women particularly tribals were

found migrating the neighbouring states. Mahatama Gandhi National Rural Employment Guarantee Programme did not have much impact in controlling migration in these villages.

Development schemes should be gender sensitive. For instance, though there has been a provision for crèche in National Rural Employment Guarantee Scheme, none was found on site during village visit by Officer Trainees visited during village visit programme.

4. SUPERVISION AND MONITORING OF DEVELOPMENT PROGRAMMES

(a.) There should be increased supervision and accountability of various levels of functionaries to ensure service delivery.

(b.) Streamlining of public distribution system (PDS), would provide women sufficient ration and ensure nourished diets. This would enable them to sustain with food grains from outside market with their limited resources;

(c.) Launching of special drive to issue below poverty line (BPL) cards and avail old age pension and widow pensions by genuine persons;

5. RELATED TO SELF HELP GROUPS

Formation of Self Help Groups enables women members to save and made credit accessible so that they may start micro enterprise and become financially independent. However, most of the self help groups in the villages were found non-functional.

- There is a need for capacity building of the members of Self Help Groups and establish backward and forward

linkages so that women could earn better and increase family income.

6. RELATED TO CAPACITY BUILDING OF WOMEN MEMBERS OF PANCHAYAT RAJ INSTITUTION

The women representation in panchayat was only through proxies. It was found that most of the elected women panchayat members were found either illiterate or just literate. This defeated the purpose of political empowerment of women and paved way to the emergence of 'sarpanchpati' or 'dummy panchayat members'. Most of the time, it has been either their husband or son who were participating and deciding the course of action. Women panchayat members were not participating actively in decision making in the implementation of development programmes. Major decisions were taken either by their husbands or sons on their behalf. Most of them were not aware of their roles and responsibilities in panchayat.

a.) Greater emphasis imparting training to elected women members of panchayat would go a long way in improving their level of participation and would certainly fortify their confidence in decision-making.

b.) Regular awareness campaign regarding functioning of Gram Sabha – aimed at seeking greater participation of women and about their rights, roles and responsibilities in panchayat is a must.

7. NEED TO CREAT AWARENESS

Child marriage particularly among tribals was still found practiced. This leads to high fertility rate.

(a.) There is a need for creating awareness about the ill-effects of child marriage;

(b.) Strict enforcement of laws regarding prevention of child marriage;

c.) The inheritance laws should be gender sensitive and provide women with equal rights.

d.) In some of the villages, liquor and domestic violence were commonly seen. It can be curbed by total prohibition of liquor;

8. RELATED TO IMPROVED PUBLIC INFRASTRUCTURE

Provision of public infrastructure such as pucca road, transport, electricity supply will open new vistas of opportunities. This would facilitate in accessing hospitals, colleges and market outside the village.

9. IRRIGATION RELATED

Water and irrigation facilities need to be improved for health and agriculture improvement.

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ANNEXURE- I

**LIST OF STATES, DISTRICTS, BLOCKS AND VILLAGES COVERED
UNDER VILLAGE VISIT PROGRAMME IN 82 FOUNDATION COURSE, 2008**

Sl.	State	District	Block	Village
1.	Madhya Pradesh	I. Jhabua	A. Jhabua	a. Dhekal Bari
				b. Jhayada
			B. Meghnagar	a. Sajeli Surji Mogji Sath
			C. Jobat	a. Undari
		II. Hoshangabad	D. Ranapur	a. Kanjavani
			A. Hoshangabad	a. Chillai
			B. Kesala	a. Dandiwada
			C. Babai	b. Kohada.
				a. Gujarwada

Sl.	State	District	Block	Village
2.	Rajasthan	I. Alwar	A. Ramgarh	a. Chirwa
				b. Pata
				c. Raghunathgarh
			B. Tijara	a. Gwalda
			C. Bansaur	a. Rampur
		II. Sikar	A. Fatehpur	a. Bibipur
			B. Srimdadhampur	a. Deorala
			C. Dantaramgarh	a. Khatushyamji
			D. Piprali	a. Shyamgarh

ANNEXURE -II
LIST OF OFFICER TRAINEES VISITED VILLAGES IN MADHYA
PRADESH DURING 82 FOUNDATION COURSE IN 2008

Sl.	Name of Officer Trainees	Village	District
1.	B. Chandrakala	Dhekal Bari	Jhabua
2.	C.H. Padma		
3.	Muktanand Agrawal		
4.	P. Prakash		
5.	Aparna Ray	Jhayada	-Do-
6.	Antara Acharya		
7.	Anto Alphonse		
8.	Vadarevu Vinay Chand		
9.	J. Ganesan	Kanjavani	-Do-
10.	K. Nesamani		
11.	Nikhil Gajraj		
12.	Vishwanathan S.		
13.	Anup Khinchi	Sajeli Surji Mogji Sath	-Do-
14.	Ashok Kumar		
15.	Devi Prasad		
16.	Dr. Joram Beda		
17.	B. Naveen Kumar	Undari	-Do-
18.	Deepali Masirkar		
19.	Saidinpuui		
20.	Santosha G.R.		

Cont...

Sl.	Name of Officer Trainees	Village	District
21.	B. Vivekananda Reddy	Chillai	Hoshangabad
22.	Bhupinder Poonia		
23.	Parimala		
24.	Salma K. Fahim		
25.	Karma Dorji	Dandiwada	-Do-
26.	Pawan Kumar		
27.	Putta Vimaladitya		
28.	Sampada Mehta		
29.	Kezang Dema	Gujarwada	-Do-
30.	S. Senthil Kumar		
31.	Sridhar Babu. A		
32.	Vinod Seshan		
33.	Ajit M. Kulkarni	Kohada	-Do-
34.	Mahesh Kumar		
35.	Mathu Shalini S.		
36.	M. Muthu Kumar		

**LIST OF OFFICER TRAINEES VISITED VILLAGES RAJASTHAN
DURING 82 FOUNDATION COURSE IN 2008**

Sl.	Name of Officer Trainees	Village	District
1.	Shoba P. Bhutada	Chirwa	Alwar
2.	Deepa M.		
3.	Chakradar Babu		
4.	V. Kiran Babu		
5.	S. Ajeetha Begum	Pata	-Do-
6.	Abhijit Sudhakar Bangar		
7.	Akilesh K. Jha		
8.	Sree Lakshmi Annabatula		
9.	V. Kiran Gopal	Raghu nathgarh	-Do-
10.	B. Mohamed Diwan Mydeen		
11.	Aditya Goenka		
12.	Johntlangjinkhuma Bawihatalung		
13.	K. Vasuki	Rampur	-Do-
14.	G. Sivakumar		
15.	Tripti Sah		
16.	Gajendra P. Narwane		
17.	M. Sibi Chakkravarthy	Gwalda	-Do-
18.	Prabuddha H.R.		
19.	Rajan Vishal		
20.	Vikram Khalate		

Cont...

Sl.	Name of Officer Trainees	Village	District
21.	Dipti Dilip Mehendale	Bibipur	Sikar
22.	Jigme Singye		
23.	Nishant Kumar Tiwary		
24.	P. Rajendra Cholan		
25.	N. Subhashini		
26.	P. Renuka Devi	Deorala	-Do-
27.	Ramesh Kumar		
28.	Vijeyendra Pandian		
29.	Rongsencema Inthchen		
30.	Prakesh R.		
31.	Anshuman	Khatushyami ji	-Do-
32.	Sachin Badshah		
33.	Vinod P. Kavle		
34.	Adopa Karthik		
35.	N. Honnareddy		
36.	Nilambari Jagadale	Shyam Garh	-Do-
37.	Adesh Anand Titarmare		
38.	Udaya Bhaskar Billa		
39.	Wangdup Bhutia		
40.	Irene Cynthia J.P.		