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Indian Women and Globalisation

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In 1931, the Fundamental Rights Resolution passed by the Indian National Congress adopted gender equality as a guiding principle. This indicated a deep concern even during the pre-independence period with the status of women and the recognition that the progress of the nation is integrally linked with the advancement of women. This premise has been at the centre of the planning after India gained freedom in 1947.

Preamble of the Constitution of India, drafted after independence, promises "to assure all its citizens, Justice - social, economic and political, Liberty of thought, expression, belief, faith and worship, Equality of - status and opportunity, and to promote among all the citizens Fraternity, assuring the dignity of the individual and Unity of the Nation."

Fundamental Rights and Directive Principles of the Indian Constitution, are the instruments to attain the national objectives of Justice, Liberty and Equality. These rights bestow on people the freedom of speech, protection of life and personal liberty. It also prohibits discrimination or denial of equal protection. The Constitution is pledged to equality among men and women in the country, and several laws have been enacted, welfare programmes have been launched and legislative measures have been taken, during the pre-independence as well as post-independence period with the major objective of improving the status of women.

Under pressures from the United Nations, the Government of India, in 1971, appointed a Committee on the Status of Women to examine questions related to the rights and status of women in the context of changing social and economic conditions in the country.

The Report of the Committee on the Status of Women in India, points out that the Government was aware that there was inequality between the sexes in the Indian population and "improvement in the status of women was a pledge made by the Constitution makers and admitted by the Government, from the very beginning, as one of the major tasks facing the country." (Government of India, 1974, p.xii) The Committee raised basic questions about the socialisation processes inherent in the hierarchial society, about the resource, power and the

asset distribution patterns in the society and about diverse cultural values in the country. The Report stressed the need for special measures to transform the society to assure equality guaranteed by India's Constitution and the legal edifice into de-facto equality.

Sixth Five Year Plan (1980-85) contained for the first time, in the nation's history, a chapter on women and development. The Plan outlined a strategy for women's development - (a) employment and economic independence; (b) education; (c) health care and family planning; (d) support services to meet the immediate needs of women and (e) creation of enabling policy, institutional and legal environment. In keeping with the provision in the Plan a seperate Department of Women and Child Development was set up in 1985 under the newly created Ministry of Human Resource Development.

Inspite of the provisions in the official documents for the equality of the sexes, it is recognised that women as a group and the poor women in particular, have been adversly affected by the process of growth, economic transformation and development. Gender discrimination continues to be the all pervading form of deprivation. Sex ratio which was already adverse has shown a decline from 971 women to 1000 men in 1901 to 929 women in 1991. Women constitute the largest section of the population living in absolute poverty and they represent the poorest of the poor. Violence against women - both domestic as well as societal - female foeticide, infanticide, bride burning, dowry, domestic violence and rape - continues unabated.

Evidence from several areas, where amniocentesis followed by female foeticide is known to be practiced, shows that the sex ratio at birth, that has been bilogically determined to be around 105 to 106 male births per 100 girls, has shown a systematic rise to 111-112 boys to 100 girls. Female infanticide which was not very common, though it was practiced in a few areas, is newly accepted by communities that earlier did not discriminate against girls in treatment meted out to them.

This is found to be practiced to assure the family size limit of 2 to 3 children as required by the population control policy of the government.

Population of the area now delimited as India, grew from 238 million in 1901 to 844 million by 1991. Women in the population were 117 million in 1901 and their number grew to 406.5 million by 1991. Men numbered 121 million in 1901. And they increased to 437.8 million by 1991. The differences in the growth rates of the populations, effected by the differences in death rates of the two sexes, influenced the proportions of women and men in the population resulting in the

changes in the sex-ratios over years.

Generally the males have higher death rates at all ages. However in India, age-specific death rates (ASDR) or deaths in specific ages, show that more girls and women die in younger ages than boys and men in same ages. This pattern is a result of discriminatory treatment meted out to the females. It is observed that about 60% of the non-pregnant and 80% to 90% pregnant women are anaemic. Women also have several health problems. This is at the root of higher death rates in younger ages as well as the exceptionally high maternal mortality of about 420 deaths per 100,000 births, observed in India.

Besides death the pregnant women also face major damage to their health and there are about 17 women per a maternal death, who face damage to health. (Dutta) It is important to note that the women face risk to their health and their lives, irrespective to the order of pregnancy. Thus indicating that population control is not the solution to the problem.

Life expectancy or the chances of survival at birth have gone up from 22.9 years in 1901-1911 to 63 in 1988-1992 and more significantly by showing higher expectancy (63.2 years) for women than for men (63.0 years). However this increase that appears to be favourable to women, is not achieved by improvement for the younger women. For girls the risk of dying as compared to that for the boys, is higher in ages 0 to 4 by 9%, in ages 5 to 9 it is by 25%, in ages 10 to 14 it is by 33%, in ages 15 to 19 it is by 43%, and in ages 25 to 29 it is by 30%. It is only for the higher age-group of 30 onwards, when child-bearing is terminated, that women face lesser risk to their lives as compared to that for the men.

Under the New Economic Policy (NAP) as well as the Policy of Structural Adjustment (SAP) there has been considerabele retrenchment of the staff in the organised sector and women are affected whether the men folk loose their jobs or they themselves loose theirs. Retrenchment of males from jobs has also thrown men into the unorganised sector thus leading to competition for women who worked in large numbers in the unorganised sector. The impoverished women spend more time and energy providing food or looking for food that they can affford to buy. They work longer hours if they have paid work or stay longer in market to trade.

Usually uneducated - inspite of a large Total Literacy Campaign (TLC) launched by the government and a positive response from women, - 1991 census data show that female literacy rate (for women in age 6+) is only 44.3% and varies from 26.4 in the state of Rajasthan to 83.4 in the state of Kerala - women are

obliged to accept whatever work they can find, often the most dangerous, back-breaking and least desirable. The consequences for their health and that of their families can be desastrous. At best they face a slow, inevitable decline in vitality and premature aging.

Women are denied opportunities of availing education and it is found that half as many women are literate as the males. However this is true for the younger age-group of 10 to 14. At higher ages the girls drop out of the school and for 100 literate males in ages 15 to 19 the numbers of literate girls is only 45. Similar patterns are seen for urban-rural populations, with urban population having more literates than the rural ones. This is true for both the sexes but more so for the girls.

Relatively more girls go to school now than they did earlier and the gap between the two sexes is gradually narrowing, however much has yet to be achieved.

Under SAP the government expenditure on the health services has been reduced and women who have traditionally taken care of the health of the family members are strained looking after the family members and have also to economise on expenses on the service in cases of their own need. ILO (International Labour Organisation) in the report of the Copenhagen Mid-Decade Conference on Women in 1980 said that women are half the world's population, receive one-tenth of the world's income, account for two-thirds of the world's working hours and own only one-hundredth of world's property. This is true for the Indian women too. Women's movement has been able to get several laws passed including rights to property for women as well as laws against violence.

Rapid population growth is a symptom of unequal distribution of power and wealth. Efforts to control population growth by forcing contraceptives, without any inputs to change power structure as well as distribution of income has therefore not shown desired impact on life, especially that of the women or for that matter of the poor. The percentage of unemployed has not shown any decrease, and the percentage of population below poverty line has shown hardly any decline inspite of substantial increase in the national income. Inspite of food production that can assure adequate calory intake for all people, substantial proportions of people are malnourished. To improve the life of the majority, there is a need for better policies and more importantly, judicious implementation of the policies. The population control programme in India coerces women to accept contraception and it is observed that over 90% of the contraceptors are women and substantial majority is sterilised.

National Family Health Survey (NFHS), that claims to represent about 99% of the population, reports that the average age of the sterilised women has consistently

decreased and it is now about 26 years. The Survey also reports that a large majority of the sterilised women have never used any other non-permenant method, indicating that the decision to use contraceptive was not taken by the women themselves but by the programme implementors. The population control programme promotes contraceptives even when it is known that the users develop health complications. The Survey reported that about 24% of the sterilised women, about 20% of the pill users and the same proprtion of the IUD users have complications. NFHS reports that TFR or the average number of children that women bear, has reduced from 5.2 in 1971 to 3.39 in 1992. And this reduction is inspite of the fact that, as observed by NFHS, over 16% of the children die before age 5 years. Child mortality is observed even by states like Kerala where, on an average women bear 2 children, and the state claims to have achieved demographic transition.

Population control programme, which is advocated under the new policy of globalisation and SAP, therefore exploits the patriarchal structure of the society and promotes contraceptives, even when they are known to be hazardous to the health of the users. In traditional societies such that of India, girls are discouraged from getting educated, are married young and to partners selected by the elders in the family. NFHS shows that, even when the law does not permit marriage of a girl, before age 18, 92% of the girls in ages 20 to 24 were married before age 18 years. There have been very little inputs for improvement in the status of women.

The country took big strides in the first half of the 20th century towards eliminating natural calamities like famine, and fighting communicable diseases that took heavy toll of life. Consequently death rate declined.

By September 1993 there were 21,000 PHCs (Primary Health Centres), 131,000 sub centres and 2,000 Community Health Centres with beds for specialist facilities. Under ICDS (Integated Child Development Scheme), by September 1993, 16.3 million children and 3.2 million mothers benefitted from the scheme. ICDS has had impact on the health and nutrition of women and children. By March 1993 over 90% immunisation coverage in three antigens, DPT, OPV and BCG, 86% in MSL and 79% in TT for pregnant women, was achieved.