

Gender Inequalities in Health, Education and Economic Opportunities in the Union Territory of Jammu and Kashmir, India

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(Received 9 May 2021; Accepted 2 July 2021; Available online 13 July 2021)

Abstract - This paper is an attempt to analyze the various indicators of gender inequality in education, health and economic services in Jammu and Kashmir, one of the union territories of India. This study utilized Gender Inequality index and revealed that after taking education as a starting point, the literacy rate and education of the women of Jammu and Kashmir is far lower than their male counterparts and also lower than women at national level. The male-female gap in literacy rate has increased from 12.71 per cent in 1961 to 20.25 per cent in 2011. There is nearly 21% gap between males and females in case of literacy rate. One of the greatest concerns, as far as gender discrimination is concerned is that of male-female sex ratio. The sex ratio has declined from 892 in 2001 to 889 in 2011. The child sex ratio has also declined steeply from 941 in 2001 to 859 in 2011 losing 80 points. The Infant Mortality Rate has fallen from 51 in 2007 to 23 in 2017, however, it is higher for female child than in male child in India as well as in Jammu and Kashmir. The study also found that, only 18 percent of all women age 15-49 were employed in the 12 months preceding the survey; 75 percent of all men aged 15-49 were employed. Thirty-three percent of women and 81 percent of men age 15-49 own a house alone or jointly with someone else, and 27 percent of women and 73 percent of men own land alone or jointly with someone else.

Keywords: Gender Inequality, Literacy Rate, Gender Discrimination, Infant Mortality Rate, Jammu and Kashmir

I. INTRODUCTION

Gender inequalities are institutional inefficiencies that contribute to clogged health, worst educational pipelines, recruitment bottlenecks, attrition, and worker maldistribution in formal and non-formal health workforces. Fostering gender equality increases the likelihood of women and men having an equal chance of choosing a health occupation, acquiring requisite skills and knowledge, being hired and being fairly paid, and enjoying equal treatment and advancement opportunities. Gender equality is not only a fundamental human right, but a necessary foundation for a peaceful, prosperous and sustainable world.

There has been a progressive support over few past decades. More of the girls are going to school, fewer girls are forced into early marriage, more women are serving in parliament and positions of leadership and laws are being reformed to advance gender equality (Shazia and Rathod, 2014 and Seema, 2014). Despite a high growth rate and plentiful government measures to encourage gender equality, the

gender gap still remains and can have a widening effect if not checked properly (Hussain, 2011). The World Economic Forum (WEF) annually evaluates the world's progress toward gender inequality in economic participation and opportunity, educational attainment, health and survival, and political empowerment. World Economic Forum (2020) evaluated that gender inequality continues to be a persistent problem, with the gender gap in economic participation, opportunity and health survival is actually widening rather than getting better.

In the present study, indicators of gender inequality are typically designed to compare the status of women and men on particular characteristics of interest such as health, education and economic participation. Women in Union Territory of Jammu and Kashmir suffer disproportionately in education relative to the men. They have low literacy rate, low enrolment ratio and exhibit high dropout ratio as against men. And this discrimination continues in health and participation too. The girl child is always treated unequally. The birth of a girl child is not welcomed is a known fact.

It is a known fact too, that discrimination starts from even before the girl child is born and sometimes, she is killed as a foetus, and if she manages to see the light of day, she is killed as an infant, which makes up the highly skewed child sex ratio where for every 1000 boys, there are only less girls (Gupta, 2014). The gender gap in the economic participation is rooted in challenges that working women across the union territory face, including juggling work and family responsibilities, unequal wage and unsafe work environments, lack of other facilities at work, and so on. The need of the hour is to make a change in the mindset of the society and destroy the prejudices that damage the future of the girl child. What is required is a concerted effort to sensitize the society in eradicating this issue of gender inequality. Therefore, an attempt has been made to analyze the various indicators of gender inequality in education, health and economic services in Jammu and Kashmir, one of the union territories of India.

II. DATA AND METHOD

The data set for this paper has been taken from Indian census, 2011 and various economic surveys and statistics

digest of Jammu and Kashmir. Gender Inequality Index (a measure of women’s empowerment in health, education and economic status) was utilized in this study, given by World Bank (2012) for Human Development Reports.

III. RESULTS AND DISCUSSION

Women constitute around 47% of the total population of the State. The Women and Child Development Department in the Ministry of Social Justice and Empowerment has also enjoined upon the states and UTs to monitor closely the flow of benefits of various schemes for the empowerment of women on regular basis. These initiatives have helped in improving the status of women in various spheres to a great extent, but the imbalance still exists which needs to be addressed over the years.

The Government’s priority would be to consolidate the existing initiatives and interventions relating to women, build upon the achievements and also move beyond to respond to new challenges. Demographic imbalance between men and women, however, continues to exist and has further deteriorated, which are being discussed in following sub headings.

A. Male-Female Sex Ratio

Sex ratio, defined as the number of females per 1000 males in the population, is an important social indicator to measure the extent of prevailing equity between males and females in a society at a given point of time. It is a simple count of males and females. A change in sex composition largely reflects the underlying socio-economic and cultural patterns of a society in different ways. An important concern in the present status of Jammu and Kashmir’s demographic transition relates to adverse sex ratio. It is clear from the table that the sex ratio in terms of both overall sex ratio and child sex ratio in both the Union Territory as well as at the national level is favoring males.

The adverse consequences are that there is a declining sex ratio in Jammu and Kashmir. The sex ratio has declined from 892 in 2001 to 889 in 2011. The child sex ratio has declined steeply from 941 in 2001 to 859 in 2011 losing 82 points. In adverse child sex ratio as per 2011 Jammu and Kashmir is the 3rd State/UT after Haryana and Orissa. In some districts it has woefully declined and is very low. Surprisingly the child sex ratio in rural areas of some districts is only 774. The comparison of sex ratio at Union Territory and national level is shown in Table I given below.

TABLE I COMPARISON OF SEX RATIO IN INDIA AND J&K

Census	2001		2011		Gap (2001-2011)	
	Overall Sex Ratio	Sex Ratio (0-6 age group)	Overall Sex Ratio	Sex Ratio (0-6 age group)	Overall Sex Ratio	Sex Ratio (0-6 age group)
J&K	892	941	883	859	-9	-82
India	933	927	940	914	7	13

Source: Census, 2011

Sex ratio is one of the indicators of the status of women in a society. Women have been observed to enjoy longer survival rate than men, and therefore sex ratio should accordingly exceed 1000. On an average, the life expectancy of women is five years more than men. Therefore, sex ratios lower than 1000 indicates in general discrimination against women. The reasons for adverse sex ratio in any region include high mortality rates among women, high maternal mortality ratio, practice of female feticide (sex selective abortions) and female infanticide and neglect of the health of the girl child, especially on nutritional front, resulting in higher mortality of females.

B. Infant Mortality Rate (IMR)

The health system in the Union Territory has dramatically changed from what it was a decade ago. Infant Mortality Rate which indicates the death of children before the age of one year per thousand live births is sensitive indicator of the health and nutritional status of population. Reducing Infant Mortality Rate (IMR) is the major objective of National Health Mission (NHM). The Union Territory has achieved a significant improvement in the IMR over the period. It is

very sensitive to the factors of accessibility and quality of health care besides being associated with education and economic development. Analysis of figures for IMR as given in table shows that IMR for male and female child is lower in the Union Territory against the national figures. The IMR has fallen from 51 in 2007 to 23 in 2017. However, it can be noted that IMR for female child is higher than male child in both India as well as in Jammu and Kashmir. Such kind of situation necessitates the timely intervention of government and non-government organization to provide accessibility and quality health care to both mother and child.

The gender wise Infant Mortality Rate for the Year 2007-2017 is shown in Table II. As per National Family Health Survey-4 (NFHS-4), 2015-16, in Jammu and Kashmir, all infant and child mortality rates are higher for boys than for girls, with the exception of child mortality. In fact, one in twenty-five boys die before the age of five, compared with one in twenty-eight girls. Children born to mothers aged between 30-39 are slightly more likely to die during infancy than children born to mothers in the prime childbearing age of 20-29 years.

TABLE II GENDER WISE INFANT MORTALITY RATE FOR THE YEAR 2001-2017

Gender	J&K		India	
	2007	2017	2007	2017
Male	49	22	55	32
Female	52	24	56	34
Total	51	23	55	33

Source: SRS-Statistical Report, 2017

Having children too close together is especially risky. Children born less than two years after a previous birth are about one and a half times as likely to die in infancy as children whose mothers waited two or more years between births. The infant mortality rate is also relatively high in urban areas, mostly among those infants whose mothers have no schooling, and for children of birth order 4 or higher.

C. Children's Nutritional Status

The consumption of a wide variety of nutritious foods is important for women's and men's health. Adequate amounts of protein, fat, carbohydrates, vitamins, and minerals are required for a well-balanced diet. Children's nutritional status in Jammu and Kashmir has improved since NFHS-3 by all the three measures (Stunting, wasted, severely wasted). Stunting decreased from 35 percent to 27 percent in the 10 years between NFHS-3 and NFHS-4, and the percentage of children who are underweight decreased from 26 percent to 17 percent. However, in the same period, wasting declined only marginally from 15 percent to 12 percent. Despite the gains in stunting, and underweight, child malnutrition is still a major problem in Jammu and Kashmir. There are almost no differences in the level of under nutrition by the sex of the child. However, differences are more pronounced for urban-rural residence and other background characteristics. Under nutrition generally decreases with increasing mother's level of schooling and mother's body mass index (BMI). The level of under nutrition is relatively high for children of higher birth orders.

D. Adults' Nutritional Status

More than two-fifths of women, 41 percent and 32 percent of men are either too thin or overweight or obese respectively. More women and men are overweight or obese than thin, which is opposite to the pattern observed in NFHS-3. Among women age 15-49, the proportion overweight or obese is 29 percent, which is considerably higher than a decade ago (17 percent in NFHS-3). Twelve percent each of women and men are too thin and 21 percent of men are overweight or obese. Almost three-fifths of women (59 percent) and 68 percent of men are at a healthy weight for their height. Forty percent of women in Jammu & Kashmir have anemia, including 29 percent with mild

anemia, 11 percent with moderate anemia, and 1 percent with severe anemia. Anemia exceeds 35 percent for every group of women. Anemia among women has declined by 11 percentage points since NFHS-3. Almost one in seven men (15 percent) is anemic. Men under age 20 are particularly likely to be anemic.

E. Gender Inequality and Education

Education plays a pivotal role in development and eliminating gender differences in access to education and educational attainments a key element to attain gender equality and reduce the disempowerment of women. It adds value to a person's life and plays a crucial role in the overall development. The United Nations Development Programme pointed out rightly, that, literacy is a person's first step in learning and knowledge building and therefore, literacy indicators were essential for any measurement of human development. There can be many indicators such as literacy rate for population as a whole or a part of the population, including those for adults, females, the deprived and the backward. Other indicators like enrolments, attendance and dropout rates of the school going children, on the girl child or the proportion of population having higher and technical qualification etc. could be used to capture the level of educational attainments in a society (HDR, 1990). Female Literacy, in particular, is of vital importance for the future of the nation, as a child's health is crucially linked to the mother's literacy (India Human Development Report, 2011). Education of the women is very effective tool for women's empowerment not only from the point of view of literacy, but it has inter-linkage with other social parameters viz. population growth, health care, education of children etc. In fact, it is the education which determines the prosperity, welfare and security of not only an individual but also of a state.

The Union Territory of Jammu and Kashmir is one of the educationally backward States/UTs of the country, although a significant breakthrough has been made in the field of education in the Union Territory during past decades. The literacy rate at UT level has increased from 12.95 percent (16.97 percent males and 4.26 percent females) as per census 1961 to 55.50 percent, (66.60 percent males and 43.0 percent females) as per census 2001 against 64.84 percent at national level (census 2001), showing an increase of 42.55 percentage points over the last four decades i.e., from 1961 to 2001. Compared to all the states and union territories of India, the Jammu and Kashmir ranks 33rd in literacy.

The literacy rate at UT level has further increased to 68.74 percent with a dispersion of 78.26 percent for males and 58.01 percent for females as per the latest census 2011, there by registering an increase of 13.24 percentage points over the previous census 2001. While female literacy has increased from 43.00% in 2001 Census to 58.01% in 2011. The gender wise literacy rate is shown in Table III given below.

TABLE III GENDER WISE LITERACY RATE IN JAMMU AND KASHMIR AND INDIA

Census Year	Jammu and Kashmir			All India		
	Male	Female	Total	Male	Female	Total
1961	16.97	4.26	12.95	40.39	15.33	28.30
1971	26.75	9.28	21.71	45.95	21.97	34.45
1981	36.29	15.88	30.64	56.38	29.76	43.57
2001	66.60	43.00	55.50	75.26	53.67	64.84
2011	78.26	58.01	68.74	82.14	65.46	74.04

Source: Census, 2011(1991 census was not conducted in Jammu and Kashmir due to political turmoil)

F. Gender-Gap in Literacy Rate

Gender differential exists both at national level as well as union territory level. At the national level, the gender gap in literacy has decreased drastically from 25.06% in 1961 to 21.59% in 2001 and further to 16.68% in 2011. Contrary to this, the gender gap in literacy increased in the UT from 12.71% in 1961 to 20.25% in 2011. Accordingly, the Government, both at national and UT level made all out efforts to reduce the gender gap in literacy.

A number of steps for accomplishment of the goal of bridging gender gap in literacy were taken-up and these include National Programme for Education of Girls at Elementary level (NPEGEL), Establishment of Kasturba

Gandhi Balika Vidyalas (KGBVs), Free Text-Books/Scholarships, Community mobilization, Establishment of Women ITIs and Women wings in the existing ITIs, reservation of half of the seats for females in the Medical Colleges and focus on adult female illiterates under Saakshar Bharat Mission (SBM) etc. As a result of these measures, the state has been able to break this impasse and put a halt to the ever-increasing trajectory of gender gap for the first time during the decade 2001-2011 when the gender gap got reduced to 20.25%. This was possible only due to higher rate of increase in the female literacy by 15.01% as against 11.66% recorded for males during 2001-11.

The gender wise literacy rate is shown in Table IV given below.

TABLE IV GENDER GAP IN LITERACY-1961-2011

Sl. No.	Census Year	Male		Female		Total Literacy Rate	Gender Gap in Literacy
		Male Literacy Rate	Increase in Literacy %age over the Preceding Census Year	Female Literacy Rate	Increase in Literacy %age over the Preceding Census Year		
1	1961	16.97	-	4.26	-	12.95	12.71
2	1971	26.75	9.78	9.28	5.02	21.71	17.47
3	1981	36.29	9.54	15.88	6.60	30.64	20.41
4	1991	NA	NA	NA	NA	NA	NA
5	2001	66.60	30.31	43.00	27.12	55.50	23.60
6	2011	78.26	11.66	58.01	15.01	68.74	20.25

Source: Census, 2011

G. Dropout Rate

The Dropout rate is the percentage of students dropping out of class/classes in a given year. Along with students repeating a class, a dropout rate gives an indication of about the wastage of school education and tends to undermine benefit of increased enrolments. The dropout rate at UT level in Jammu and Kashmir has increased considerably from 6.93 percent and 5.36 percent in Primary and upper – primary during 2015-16 to 10.30 percent and 10.20 percent during 2016-17 in primary and upper primary level. The increase in the dropout rate has been mainly due to the disturbing conditions that prevailed during 2016-17.

H. Gross Enrolment Ratio

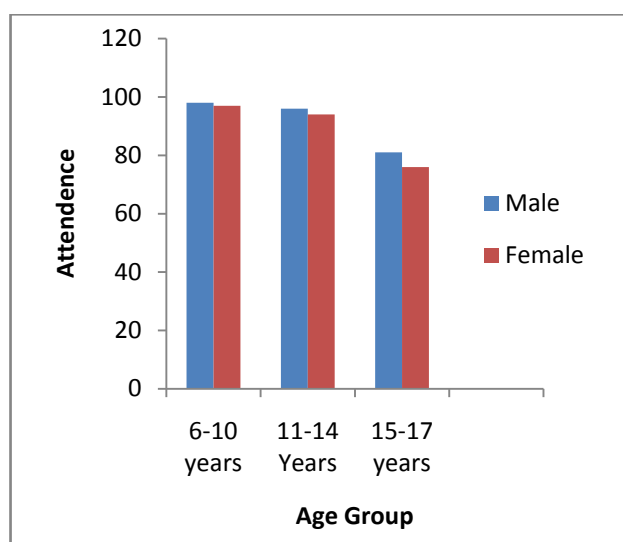
There is a modest increase in the gross enrolment ratio in primary and upper levels. During 2015-16 total GER at primary level was 98.26percent which has increased to 98.70 percent in 2016-17. Similarly, at upper primary level the modest increase from 97.17percent to 97.86 percent was witnessed during the period. However, during 2017-18, number of measures taken up such as introduction of pre-primary classes, establishment of Model Schools, conduct of extra-curricular activities including cultural activities and conduct of parent meetings, annual days, remedial teaching are expected to have positive impact in the enrolment of children.

I. Out of School Children

There is considerable decrease in out of school children during 2016-17. During the year 2015-16 the out of school children were recorded at 79598 which has considerably decreased to of 54713 in 2016-17 registering a phenomenal decrease of 31percent. Similarly, in respect of girl students the out of children have decelerated from 46218 to 31856 during 2016-17 because of various endeavors especially community mobilization of the department.

J. School Attendance among Children

According to NFHS-4, 89 percent of children aged between 6-17 years in Jammu & Kashmir attend school (91% in urban areas and 89% in rural areas). School attendance is 96 percent among 6-14 years, and then drops sharply to 78 percent at ages of 15-17. There is almost no gender disparity in school attendance in the 6-14years age group; however, in the age group of 16-17 years, 63 percent of girls are attending school, compared with 71 percent of boys. School attendance among children is shown in figure A below.



Source: Calculated by Author

Fig. 1 School attendance among children

K. Gender Inequality and Economic Opportunities

Gender disparities remain among the most persistent forms of inequality across all countries. Given that these disadvantages affect half the world's people, gender inequality is arguably one of the greatest barriers to human development.

All too often, women and girls are discriminated in health, in education, at home and in the labor market with negative repercussions for their freedoms. Women's financial independence can be dependent on socioeconomic factors such as profession, earnings and income stability or to legal discrimination and gender norms.

L. Employment and Earnings

The rate of women's and men's labor force participation highlights the gender inequalities in access to employment and types of employment (UNHDR, 2019). NFHS-4 found that, only 18 percent of all women aged between 15-49 years were employed in the 12 months preceding the survey; 75 percent of all men aged between 15-49 years were employed. Among employed women, 69 percent earned cash, including 5 percent whose earnings were in both cash and in-kind, and 17 percent were not paid at all. Most men who were employed earned cash (95%) and only 3 percent were not paid at all. Seventy-five percent of employed women worked in non-agricultural occupations, compared with 77 percent of employed men.

Among currently married women who work and are paid in cash, 83 percent decide how their earnings will be used, either alone or jointly with their husbands. Only (27%) of women who work for cash, earn more or about the same as their husbands. By contrast, 72 percent of currently married men whose wives have cash earnings report that they alone or jointly with their wives decide how her earnings are used and 24 percent of men who have cash earnings and whose wives have cash earnings, that their wife earns more or about the same as them.

M. Decision Making

The survey also revealed that most of the women make decisions about their own health care, major household purchases, and visits to their own family or relatives. Women are somewhat more likely to participate in decisions about their own health care (75%) than in decisions about major household purchases and visits to their own family and relatives (72-74%). Overall 62 percent of currently married women participate in making all three of these decisions, and 16 percent do not participate in making any of the three decisions. Participation in all three decisions varies most by age, increasing sharply from 48 percent among women age 15-19 to 67 percent among women in age group of 40-49 years.

Men were much more likely than women to report that they alone or jointly with their wife participated in both these decisions; 94 percent participated in making each of the two decisions about their own health care and about major household purchases. Forty-two percent of women can decide how to use their owned money. The proportion of women with money which they control is higher among urban than rural women, increases sharply with age up to 40 years, and is highest among women with 12 or more years of schooling (57%) and women who are employed for cash (82%) than any other group of women.

Three-fifths of women have a bank or savings account that they themselves use. This percentage is highest, at 77 percent, among women who have 12 or more years of schooling. Women's knowledge and use of microcredit

programmes is very limited. Thirty-eight percent of women know of a microcredit programme in the area but only 1 percent have ever taken alone from a microcredit programme. Only 47 percent of women are allowed to go by themselves to all three of the following places: the market, a health facility, and places outside the village/community. The only groups of women in which more than 60 percent are allowed to go to all three places alone are women who are employed for cash, Sikh women, and women from other religions.

N. Ownership of Assets

Thirty-three percent of women and 81 percent of men age 15-49 own a house alone or jointly with someone else, and 27 percent of women and 73 percent of men own land alone or jointly with someone else. Ownership of a house for women as well as for men either alone or jointly with someone else is almost the same in urban and rural areas. However, ownership of land alone or jointly with someone else among women and men is more common in rural than urban areas.

Fifty-four percent of women have a mobile phone that they themselves use, and among women who have a mobile phone that they themselves use 68 percent can read SMS messages. Sixty-nine percent of urban women have a mobile phone they themselves can use, compared with 47 percent of rural women.

IV. CONCLUSION

Progress in reducing gender inequality over the 20th century was remarkable in basic achievements in health and education and participation in markets and politics. Much of this progress was celebrated with the Beijing Platform for Action during the 1995 Fourth World Conference on Women. But as the event's 25th anniversary approaches in 2020, many challenges to equality remain, particularly for enhanced capabilities that alter power relations and enhance agency. The world is not on track to achieve gender equality by 2030. Based on current trends, it would take 202 years to close the gender gap in economic opportunity. The Human Development Report's Gender Inequality Index (a measure of women's empowerment in health, education and economic status) shows that overall progress in gender inequality has been slowing in recent years. An important concern in the present status of Jammu and Kashmir's demographic transition relates to adverse sex ratio, where female population is on decline against men. However, the union territory of Jammu and Kashmir has achieved a significant improvement in the IMR over the period. Also, it can be noted that IMR for female child is higher than male child in India as well as in Jammu and Kashmir. Such kind of situation necessitates the timely intervention of government and non-government organization to provide accessibility and quality health care to both mother and child. Children's nutritional status in Jammu and Kashmir has improved since NFHS-3 by all the three measures

(Stunting, wasted, severely wasted). Stunting decreased from 35 percent to 27 percent in the 10 years between NFHS-3 and NFHS-4, and the percentage of children who are underweight decreased from 26 percent to 17 percent. However, in the same period, wasting declined only marginally from 15 percent to 12 percent. The study also revealed that forty percent of women in Jammu & Kashmir have anemia, including 29 percent with mild anemia, 11 percent with moderate anemia, and 1 percent with severe anemia. The literacy rate at UT level has increased from 12.95 percent (16.97 percent males and 4.26 percent females) as per census 1961 to 68.74 percent with a dispersion of 78.26 percent for males and 58.01 percent for females as per the latest census 2011. Gender differential still exists both at National level and UT level. At the national level, the gender gap in literacy has decreased drastically from 25.06% in 1961 to 21.59% in 2001 and further to 16.68% in 2011. Contrary to this, the gender gap in literacy increased in the UT from 12.71% in 1961 to 20.25% in 2011. Study also found that, only 18 percent of all women age 15-49 were employed in the 12 months preceding the survey; 75 percent of all men age 15-49 were employed. Three-fifths of women have a bank or savings account that they themselves use.

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