



Disparities in Social development and Status of women: An analysis of India and its States

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Abstract

The higher status of women has been widely acknowledged as an important tool in social and economic development of any society. A diverse body of literature has emerged regarding the measurement of women status and its relationship with variables of social and economic development. Thus, focus of the article is to examine the association between women's status and social development in India. All three rounds of National Family Health Survey data were analyzed for 26 states of India and inter-state comparison is done in the context of changing status of women and social opportunities. To assess the women changing status, different indicators like female literacy rate (age 6+), median age at first marriage, women using modern contraceptive, not anemic, Institutional delivery, exposed to any source of media, current work status, involved in the decision Making to own Health and access of money are considered. However overall literacy rate, percent of urban population, under five mortality rate, percent of household with piped drinking water, household with any toilet facility and electricity facility, household with house type, full vaccination coverage, crude birth rate, crude death rate and total fertility rates have been considered for social indicator. To examine the changing status of women and social development we have created the two indices for each dimension named as Women Status index (WSI) and Social Development Index (SDI) using the Taxonomic approach. In the end, the nexus between social development and women status has been figured out with the help of correlation and regression analysis and upshots proves the intense association between the two dimensions.

Keywords: Women, status and social development.

Introduction

India is a country of diversity with not only in terms of economic, social and cultural but also in terms of gender difference across states of India. In words of Amartya Sen "Social Development is equality of social opportunities"¹. A study by Bilance also supports that social development is the endorsement of a sustainable society by empowering marginalized groups, women and men, to undertake their own development, to advance their social and economic position and to get hold of their rightful place in society². Various researchers argue that, for a nation's development, we must comprise all prospects of development e.g. Human development, social development, economic development, gender equality in terms of heightening the status of women, etc. Social development is the primary process of development and system to promote the human's life quality. It removes the gap between poverty and wealth, city or village and male and female³⁻⁵. In our society, we often talk of discrimination that means the denial of equality and freedom to make the decision that affects their lives and results in widening disparities in human capabilities between male and female. It has been seen that gender discrimination limits the expansion and utilization of human capabilities and have crucial implications on social and economic growth of human⁶.

The women autonomy and women status are the two important faces of the sustainable social development⁷. The endeavor of women in household production and outside the home has a multiplying effect on the development of women and their emancipation. Status of individual can be characterized as extent of control that the individual has over their own life resulting from access to knowledge, economic resources and degree of autonomy enjoyed in the process of decision making. It is assumed that the status of women and discrimination against them are reciprocally related and therefore, the changing status of women is directly linked to the social development of the society. Gender disparity in terms of low status of women can also have impacts through evoking constraints in the accomplishments of different development goals. For example, several researchers have exposed that gender differences in education and access to resources may hamper the process of reduction of child mortality and lowering of fertility. There is much evidence affirming that countries that follow specific measures to raise women's access to resources and educational level have less encouragement attain quicker development in all views⁸. From social development point of view, low status of women badly limits the growth and utilization of human resources and capabilities and it has dense inference on social growth of any society.

The measurement of women's status is comparable for the measurement of gender isolation⁸. The present issue is though receiving attention from academician and policy makers in the recent time, there is still scarcity of investigation in this field. India has been ranked as 136 out of 177 nations in terms of UNDP's Human Development Index (HDI) which measures the overall achievements of the country in three basic concepts; longevity and health, education and knowledge and standard of living⁹. India is categorized in the group of Middle Human Development Index. Since state Government in India makes all human development investments, so the significant inter-state difference in all aspects of development is expected. The status of women in India has been subordinated to several changes over the past few decades. The Government of India (GOI) declared the year 2001 as the year of women empowerment. The National Policy for the empowerment of women was also passed in the same year. Keeping all the above discussion in mind, the present paper attempts to highlight issues of changing women's status and its link to social development in India and states. Also, study tries to compare the improvement in all the states in terms of women status and social development over the period. Moreover, the purpose of the present research work is exploring the ranking of states within the country on the basis of development indicator.

Materials and Methods

Study Design and Data: The study is done for 26 states of India over the period. The required data is extracted from the three rounds of National Family Health survey which is conducted during 1992-93¹⁰, 1998-99¹¹ and 2005-06¹² respectively. These surveys are nationally representative and cover more than 99 percent of Indian population. These data render the consistent and reliable estimates of fertility, mortality, family planning, utilization of maternal and reproductive health services, domestic violence and women status etc at all India level as well as state and regional level. The NFHS-1 covered the 88,562 sample household and 89,777 ever married women of age 13-49; NFHS-2 covered the 91,196 sample household and 89,199 ever married women of age 15-49 while NFHS-3 covered the 109,041 nationally representative sample of household and 124,385 ever married women of age 15-49 and 74,369 men of age 15-54. The overall household response rate improved from 95.6 percent to 97.7 percent over the three NFHS periods.

During the NFHS-1 and NFHS-2 the state Uttaranchal was clubbed in Uttar Pradesh, Jharkhand in Bihar and Chhattisgarh in Madhya Pradesh. However NFHS-3 provides the separate data for these three states Uttaranchal, Jharkhand and Chhattisgarh. Therefore to maintain the consistency in the result we have merged data of these three states in their parent states in NFHS-3.

To analyze the women status and social development we have assigned the several indicators. Then indices are formulated for

both separately and comparison is made among all states. The description of the indicator for women status and social development is explained below:

Indicators for the Status of women: Variable related to women are considered to create women status index (WSI). We have used all three rounds of NFHS. The first round of the survey collects information on the ever married women of age 13-49 whereas the remaining two surveys informs about women age 15-49. So for the present study we took ever married women of age 15-49 from all round of the survey. We have exploited the 11 indicators- female literacy rate (age 6+), median age at first marriage, median age at first birth, women using modern contraceptive, women not anemic, women received at least one anti natal checkup (ANC), institutional delivery, women exposed to any source of media (either television or radio or newspaper), women's current work status, women involved in the decision Making to own Health and women with access of money. The data referring to women involved in decision making of their own health, access to money and anemia level is not available in NFHS-1, therefore, to study the status of women during NFHS-1 round we have excluded these three variables.

Indicators for the Social Development: The study uses the 11 indicators to study the changes in social development in India and states over the period. The indicators are percent of overall literacy rate, percent of urban population, under five mortality rates (probability of dying before the fifth birthday), percent of household with piped drinking water, percent of household with any toilet facility, percent of household with electricity facility, percent of household with house type as pucca, percent of full vaccination (it includes BCG, 3 doses of polio not adding the polio at birth, 3 doses of DPT, 1 dose of measles by age of 12) coverage among children of age 12-23, crude birth rate, crude death rate and total fertility rate. All indicators are selected on the basis of availability of data in data source.

Statistical tool: A number of developed and developing countries in the world have set their development goals in terms of various inputs e.g. education, employment, health infrastructure etc. Politician, economist and planners may want to compare their particular region with others at the same level of development¹³. Therefore intra country comparison among states, regions or areas is more useful for planning purposes. So the paper is focused on a methodology for making such examination when a large number of indicators are exploited to measure the different aspects of development.

The approach here used is the Taxonomic method which was developed by Polish mathematician in the early fifties and proposed by UNESCO in 1968 as a means of comparing the levels of development. It is an excellent method for ranking, classifying and comparing regions with respects to the changing level of development or performance¹⁴. This is considered as a statistical method of shaping the homogeneous units in n

dimensional vector space without the use of regression, variance and correlation analysis¹⁵. It is relatively simple but lengthy process. A short mathematical description of the methodology is communicated here. Let 1, 2, 3.....n be the number of states and 1, 2, 3.....m be the count of indicator treating with development or changing status. Then $A_{n \times m}$ be the data matrix acting as various indicators by states. In this method first requirement is to convert indicator values into quantities which can be added together because selected indicators are not having the same level of measurement scale. It is done by the process of standardization using mean and standard deviation. Using this standardized matrix ($D_{n \times m}$) we will create a distance matrix representing the distance from each state to remaining other states for all m indicators. The composite distance between two regions for any set of m indicator is deduced by the using following expression:

$$C_{a \times b} = \sqrt{\sum_{k=1}^m (D_{a \times k} - D_{b \times k})^2} \quad (1)$$

Where $a = 1, 2, 3, \dots, n$ and $b = 1, 2, 3, \dots, n$ with $C_{a \times b} = 0$; $C_{a \times b} = C_{b \times a}$ and $C_{a \times b} \leq C_{a \times k} + C_{k \times b}$

Once the matrix C is available, the minimum distance C_a from any region to all other remaining regions in the row can be encountered which is the closest point within a given frame of reference. Now the **Pattern** of development is measured as

$$C_{i0} = \sqrt{\sum_{k=1}^m (D_{i \times k} - D_{o \times k})^2} \quad (2)$$

Where C_{i0} identifies the pattern of development and $i = 1, 2, 3, \dots, n$. O is the maximum or best standardized value determined from standardized matrix $D_{n \times m}$. The pattern concerns the composite distance from the ideal states (state having best standardized value) to every other states. The Measure of development is a function of pattern of development and the critical distance from the ideal country. It can be obtained as follows:

$$d_i = C_{i0} / C_o \quad (3)$$

$$\text{where, } C_o = C_{i0} + 2 * S_{i0} \quad (4)$$

$$\text{and } \bar{C}_{i0} = \left(\frac{1}{n}\right) * \sum_{i=1}^n C_{i0} \quad (5)$$

$$\text{and } S_{i0} = \sqrt{\left(\frac{1}{n}\right) * \sum_{i=1}^n (C_{i \times o} - \bar{C}_{i \times o})^2} \quad (6)$$

In the equation (3) d_i addressed as the measure of development. The d_i closer to zero implies the more development in a region and nearer to one entails the less development. Therefore d_i lies between 0 and 1. In some rare case where any region is not linked to other regions, value of measure exceeds 1 but probability of such an event is very small.

Results and Discussion

The interstate variation in the context of social development in terms of urbanization, literacy, health infrastructure, etc. have now emerged as factors strongly influencing the movement of any country or state towards achieving higher level of development¹. The disparities within the country are also observed. Table 1 discusses the disparities in performance of states on the basis of selected social development indicators. Basing ourselves on a number of social indicators like overall literacy and household having electricity, the worst performing state over the three periods of NFHS round is Bihar. Urban population is observed maximum in New Delhi. When we observed hygiene and sanitation infrastructure in terms toilet facility among Indian states, it is noticed that Odisha is at lowest position. Third round of NFHS shows that, the drinking water facility is found best in Punjab (99.5%) and worst in Manipur (52.1%).

According to World Health Organization (WHO), health is defined as a state of complete physical, mental and social well-being and not merely the absence of diseases or infirmity¹⁶. Everyone has right to enjoy diseases free life. The gratification of this right is vital to their life and welfare and their ability to participate in all areas of public and private life¹⁷. The better health status or the improvement in health is considered as the effective indicator of development of any population. In the present study, two variables say crude death rates (CDR) and under five mortality (U5MR) are analyzing as indicator of health status.

The CDR has been declining continuously in India and it has been reduced up to 14.9 per 1000 to 7.9 per 1000 population over the period 1971-2007¹⁸. The infant mortality rate in India is steadily declining. The NFHS-3 estimate of infant mortality is 57 deaths per 1,000 live births, compared with the NFHS-2 estimate of 68 deaths per 1,000 live births and the NFHS-1 estimate of 79. Still, more than one in 18 children dies within the first year of life, and more than one in 13 die before reaching age five. The under five mortality has been reduced from 109 to 74 per 1000 live births over the period 1992-2006. NFHS-3 report that under five mortality (U5MR) is highest (96.4 per 1000) in Uttar Pradesh and lowest in Kerala (16.3 per 1000).

Thus, the bottom three worst performing states are Bihar, Odisha and Madhya Pradesh. These three states are from one single geographic block and require for serious attention in the development process than it has received so far. One should note that these states are part of BIMARU states. The group of these BIMARU states account for nearly 40 percent of the total population of the country according to 2001 census¹⁹. All the States, except Assam, Orissa and West Bengal in the backward group had a higher contribution to population growth than their share in the population. Contribution of Uttar Pradesh into population growth was 25.8 per cent against its population share of 16.2 per cent and Bihar's contribution was 28.4 against its share of the population of 8.07 percent¹⁹.

Table-1
Disparities in performance of social development indicators among states of India

| Social Indicator | NFHS-I (1992-93) | | | NFHS-II (1998-99) | | | NFHS-III (2005-06) | | |
|------------------------|-----------------------|-------------------------|----------------|------------------------|---------------|----------------|----------------------|------------------------------|----------------|
| | Maximum | Minimum | National Level | Maximum | Minimum | National Level | Maximum | Minimum | National Level |
| Literacy Rate | Mizoram (79.7) | Bihar (35.7) | 51.6 | Kerala (81.68) | Bihar (40.9) | 56.2 | Kerala (82.8) | Bihar (44.3) | 60.5 |
| Urban Population | New Delhi (91.8) | Himachal Pradesh (10.8) | 29.2 | New Delhi (92.3) | Assam (9.6) | 27.8 | New Delhi (91.6) | Himachal Pradesh (10.6) | 32.1 |
| HH with Drinking Water | New Delhi (99.5) | Kerala (21.5) | 68.2 | Punjab (98.3) | Kerala (19.9) | 77.9 | Punjab (99.5) | Manipur (52.1) | 81.8 |
| HH with Toilet | Mizoram (98.3) | Odisha (12.2) | 30.3 | Mizoram (97.7) | Odisha (13.5) | 35.9 | Mizoram (98.0) | Odisha (19.3) | 44.6 |
| HH with Electricity | New Delhi (95.5) | Bihar (16.7) | 50.9 | New Delhi (97.7) | Bihar (18.2) | 60.1 | New Delhi (99.3) | Bihar (34.0) | 67.9 |
| Pucca House | New Delhi (81.0) | Arunachal Pradesh (2.2) | 23.7 | New Delhi (88.3) | Manipur (7.1) | 32.4 | New Delhi (95.0) | Manipur (10.7) | 45.9 |
| Full vaccination | New Delhi (58.7) | Kerala (2.8) | 28.3 | Tamil Nadu (88.3) | Bihar (11.0) | 42.0 | Tamil Nadu (80.9) | Himachal Pradesh (6.2) | 43.5 |
| U5MR | Assam (142.2) | Nagaland (20.7) | 109.3 | Madhya Pradesh (137.6) | Kerala (18.8) | 94.9 | Uttar Pradesh (96.4) | Kerala (16.3) | 74.3 |
| CBR | Uttar Pradesh (28.5) | Goa (16.4) | 24.1 | Meghalaya (35.7) | Goa (16.6) | 24.8 | Bihar (32.4) | Kerala and Tamil Nadu (16.4) | 18.8 |
| TFR | Uttar Pradesh (4.82) | Goa (1.9) | 3.4 | Meghalaya (4.6) | Goa (1.8) | 2.9 | Bihar (4.0) | Goa and Andhra Pradesh (1.8) | 2.7 |
| CDR | Madhya Pradesh (12.9) | Kerala (6.3) | 10.1 | Odisha (12.9) | Kerala (6.0) | 9.7 | Odisha (9.3) | Manipur (4.5) | 7.5 |

Source: i. Government of India, Ministry of Health and Family Welfare, National Family Health Survey:1992-93, ii. Survey 2: 1998-99. iii. Survey 3: 2005-2006.

The some of the BIMARU states have highest fertility rates in India. In 2010, the total fertility rate (TFR) was 3.7 for Bihar, 3.5 for Uttar Pradesh, 3.2 for Madhya Pradesh, and 3.1 for Rajasthan, compared to 2.5 for India as a whole²⁰. According to estimates of NFHS 3, Bihar has highest (4.0 TFR) fertility rate and the two states Goa and Andhra Pradesh have lowest (1.8) in India. However the overall fertility rate in India has been declined from 3.4 to 2.7 over the period 1992-2006. Moreover, life expectancy in BIMARU states is lower than other Indian states. In fact, it is lower than the national average life expectancy, implying that these states are the main contributor of lowering down the overall average as a whole. Thus, these states need more attention in all dimension of social development.

Women constitute not only half of the world population but also influence growth and development of the remaining half. Women status can be studied from the magnitude and degree of control that she has over her own life consequential of access to knowledge, economic resources and the extent of autonomy experienced in the process of decision making and choices. India is not only the country of economic and social diversity but also in gender inequality and inequity⁷. Gender inequality can have an impact through producing restrictions in the accomplishment of a number of development goals. For instance, several studies have argued that the gender inequality in education and access to resources may accelerate the process of reduction of child mortality and turning down the fertility. Evidences show that the country having higher status of women and low gender discrimination achieves faster economic and social growth⁸.

Disparities between men and women are one of the most decisive differences in many communities and found most prominent in India. This is reflected in terms of education, opportunities to develop the endowment, nutrition, health, survival, etc. Along with this, sex ratio at birth is also favorable to male entailing gender discrimination in having children. Thus for comparing the

status of women in India among states female literacy rate, median age at marriage, women exposed to any media, work status of women, women involved in the decision making to own health and access of money and institutional delivery have been considered as an indicator. Table 2 reveals the changing status of women in terms of considered indicators over the three NFHS rounds.

Table-2
Disparities in performance of women status indicators among Indian states

| Name of women status indicators | NFHS-I (1992-93) | | | NFHS-II (1998-99) | | | NFHS-III (2005-06) | | |
|---|-------------------------|-----------------------|----------------|-------------------------|-----------------------|----------------|-------------------------|--------------------------|----------------|
| | Maximum | Minimum | National Level | Maximum | Minimum | National Level | Maximum | Minimum | National Level |
| Female Literacy Rate | Mizoram (90.5) | Rajasthan (17.9) | 42.2 | Kerala (92.6) | Bihar (24.4) | 48.2 | Kerala (96.1) | Bihar (37.9) | 64.5 |
| Median Age at Marriage | Mizoram (20.7) | Andhra Pradesh (15.3) | 17.2 | Goa (21.4) | Andhra Pradesh (15.5) | 17.3 | Goa (22.1) | Andhra Pradesh (15.9) | 17.7 |
| Women Exposed to Any Media | New Delhi (87.2) | Bihar (29.5) | 53.0 | New Delhi (94.4) | Bihar (27.4) | 59.1 | Manipur (98.8) | Jharkhand (53.8) | 80.7 |
| Women currently working | Himachal Pradesh (70.2) | Punjab (11.6) | 33.4 | Nagaland (62.8) | Punjab (8.9) | 36.1 | Manipur (59.6) | Punjab (20.9) | 37.1 |
| Women Involved in decision Making to own Health | - | - | - | Manipur (69.5) | Maharashtra (25.8) | 46.7 | Mizoram (91.9) | Jammu and Kashmir (43.5) | 65.4 |
| Women with Access of Money | - | - | - | Haryana (92.3) | West Bengal (55.2) | 46.7 | Karnataka (60.3) | Mizoram (19.5) | 41.6 |
| Median Age at First Birth | Goa (22.0) | West Bengal (17.0) | 19.0 | Goa (23.0) | Madhya Pradesh (17.0) | 19.0 | Goa (24.0) | West Bengal (18.0) | 19.0 |
| Women using Modern Contraceptive | New Delhi (54.6) | Nagaland (13.0) | 37.0 | Himachal Pradesh (60.8) | Meghalaya (15.5) | 42.6 | Himachal Pradesh (72.0) | Meghalaya (21.0) | 52.8 |
| Women Not Anemic | - | - | - | Kerala (75.6) | Assam (29.0) | 48.5 | Kerala (67.2) | Assam (30.5) | 55.2 |
| Women received at least one ANC | Kerala (97.3) | Rajasthan (31.2) | 62.3 | Goa (99.0) | Uttar Pradesh (34.6) | 65.4 | Tamil Nadu (98.6) | Bihar (34.10) | 76.4 |
| Institutional delivery | Kerala (89.5) | Nagaland (5.6) | 27.7 | Kerala (94.4) | Nagaland (11.6) | 33.5 | Kerala (99.4) | Nagaland (11.8) | 40.5 |

Source: i. Government of India, Ministry of Health and Family Welfare, National Family Health Survey 1:1992-93, ii. Survey 2: 1998-99. iii. Survey 3: 2005-2006.

The first indicator for status of women is female literacy rate. Literacy is indeed an effective way for economic and social development as well as national integration. According to census definition of literacy, it is known as the capability to write and read with understanding in various languages. India's literacy rate at the time of independence (1947) was only 14% and female literacy was awfully low (8%). In 1981 the literacy rate was 36% and in 1991 it was 52% (males 65%, females 39%). However the latest Census of India, 2011 reports that male literacy has been increased up to 82 % and female up to 65 %, which signifies the progress in education, but the gender gap in education is still high (about 18 %). Analysis displayed in table 2 point out that during 1992-93, Mizoram was at highest (90.5) and Rajasthan (17.9) was at lowest level of literacy. The other two rounds of the survey report the literacy is maximum in Kerala and minimum in Bihar. The one possible explanation for low female literacy in Bihar may be marriage as they get married at young ages and thus leading high drop out from school. In addition, the urban population is very low in Bihar. Many families, especially in rural areas believe that having a male child is better than having a baby girl because of economic and cultural aspects. So, male child gets all the benefits including educations.

According to UNICEF's "State of the World's Children-2009"report, 47% of India's women aged 20-24 were married

before the legal age of 18, with 56% marrying before age 18 in rural areas²¹. The report also showed that 40% of the world's child marriages occur in India. The NFHS-3 data points out that, in state Bihar, Jharkhand and Rajasthan, 60 % women are married before age 18. Bihar has highest (69%) number of child marriage in India. According to NFHS-3 Goa has highest (22.1 years) and Andhra Pradesh has lowest (15.9 years) median age at marriage.

Female work participation play imperative role in agriculture based economy like India²². They participate in farm and nonfarm activities besides domestic work. They are actively involved in agricultural growth and allied fields including crop-production, livestock production, horticulture, post-harvest operations, agro and social forestry, fishing, etc. Though women play a crucial role in the production process, but female employment is considered as connecting resource gap in household. In other words, women are not regarded as primary earning units, only assume as a backup for emergency. However, in a country like India it is though that it is an honor for women to cook and serve food to her family and any guest that may come²³. Female work participation is found high in the Northeastern region of India and found lowest in Punjab. Though, the economy of Punjab is highly agricultural but failed to attract women in the labor force and primary sector.

Table-3
Pattern and Measure of social development indicator and ranking by state

| States | NFHS-I | | | NFHS-II | | | NFHS-III | | |
|-------------------|---------|---------|------|---------|---------|------|----------|---------|------|
| | Pattern | Measure | Rank | Pattern | Measure | Rank | Pattern | Measure | Rank |
| Andhra Pradesh | 8.36 | 0.60 | 12 | 8.40 | 0.68 | 15 | 6.82 | 0.63 | 10 |
| Arunachal Pradesh | 9.87 | 0.76 | 22 | 7.95 | 0.64 | 9 | 9.23 | 0.85 | 14 |
| Assam | 9.14 | 0.65 | 15 | 9.37 | 0.76 | 21 | 8.94 | 0.83 | 26 |
| Bihar | 8.63 | 0.62 | 14 | 9.55 | 0.77 | 22 | 9.69 | 0.99 | 24 |
| Goa | 9.79 | 0.76 | 20 | 8.10 | 0.65 | 12 | 4.24 | 0.39 | 6 |
| Gujarat | 6.84 | 0.49 | 2 | 6.88 | 0.56 | 1 | 6.08 | 0.56 | 4 |
| Haryana | 6.60 | 0.47 | 1 | 7.06 | 0.57 | 2 | 6.33 | 0.59 | 9 |
| Himachal Pradesh | 8.47 | 0.60 | 13 | 8.97 | 0.72 | 18 | 7.45 | 0.69 | 25 |
| Jammu and Kashmir | 9.63 | 0.75 | 18 | 9.87 | 0.80 | 24 | 6.11 | 0.57 | 12 |
| Karnataka | 7.83 | 0.56 | 6 | 7.80 | 0.63 | 7 | 6.23 | 0.58 | 8 |
| Kerala | 9.60 | 0.72 | 17 | 9.82 | 0.79 | 23 | 4.94 | 0.46 | 11 |
| Madhya Pradesh | 7.58 | 0.54 | 5 | 8.11 | 0.65 | 13 | 9.36 | 0.87 | 16 |
| Maharashtra | 7.49 | 0.53 | 4 | 7.27 | 0.59 | 3 | 5.24 | 0.48 | 3 |
| Manipur | 9.91 | 0.78 | 23 | 8.14 | 0.66 | 14 | 8.09 | 0.75 | 21 |
| Meghalaya | 9.71 | 0.75 | 19 | 8.52 | 0.69 | 17 | 8.92 | 0.83 | 13 |
| Mizoram | 9.97 | 0.81 | 25 | 7.62 | 0.62 | 5 | 6.58 | 0.61 | 2 |
| Nagaland | 9.81 | 0.76 | 21 | 9.19 | 0.74 | 19 | 8.61 | 0.80 | 22 |
| New Delhi | 8.06 | 0.58 | 8 | 9.88 | 0.88 | 25 | 3.30 | 0.31 | 1 |
| Orissa | 9.32 | 0.67 | 16 | 9.28 | 0.75 | 20 | 9.49 | 0.88 | 20 |
| Punjab | 7.13 | 0.51 | 3 | 7.39 | 0.60 | 4 | 5.43 | 0.50 | 5 |
| Rajasthan | 8.23 | 0.59 | 10 | 7.81 | 0.63 | 8 | 8.86 | 0.82 | 17 |
| Sikkim | 9.98 | 0.83 | 26 | 8.04 | 0.65 | 10 | 5.73 | 0.53 | 23 |
| Tamil Nadu | 8.24 | 0.59 | 11 | 7.77 | 0.63 | 6 | 4.96 | 0.46 | 7 |
| Tripura | 9.92 | 0.78 | 24 | 10.36 | 1.32 | 26 | 7.39 | 0.68 | 19 |
| Uttar Pradesh | 7.92 | 0.56 | 7 | 8.07 | 0.65 | 11 | 8.23 | 0.76 | 15 |
| West Bengal | 8.07 | 0.58 | 9 | 8.45 | 0.68 | 16 | 6.54 | 0.61 | 18 |

The extent of female involvement in decision making at household level and her own individual level is another indicator pointing towards the women autonomy and status within family and community. Several times women are not even talked over in important household matters and this delineates her status in family and household. The first round of NFHS does not provide the information on women autonomy. The estimates of NFHS-2 reveal that the involvement of women in decision making about her own health is lowest (25.8%) in Maharashtra that is much lower than the national level (46.7 %). The decision making involvement is highest in Manipur (69.5%). However according to NFHS-2 access of money is highest among women of Haryana.

When we observed the health status of women in Indian states, found that Kerala has lowest non-anemic women and highest institutional delivery, Assam has highest anemic women. Women using the modern method of contraception are highest in Himachal Pradesh over the period 1998-99 and 2005-06; whereas Meghalaya women are at lowest level in use of modern contraception over the same period. In Nagaland,

institutional delivery is at lowest position over the three NFHS surveys.

Table 3 and 4 explains about the result obtained from Taxonomic method. Table 3 gives the state wise performance of social development over the three NFHS rounds. States having 'measure' value close to zero indicate more developed states or with better social development performance while those nearer to one show least performer states. Along with this the states are classified according to measure value and rank against the state is also given.

Therefore, it is evident that, during the period 1992-93, Haryana was the most socially developed state and Sikkim were least. Northeastern states like Manipur, Tripura, and Mizoram are in lowest strata of development. However with the passing of time all states develop socially and economically also. The third round of the survey reports that, during period 2005-06, New Delhi has become most developed state and Assam look as least developed states. However the rank of states like Bihar, Himachal Pradesh, Madhya Pradesh and West Bengal has been declined about 10 point from NFHS-1 to NFHS-3.

Table-4
Pattern and Measure of women status indicator and ranking by state

| States | NFHS-I | | | NFHS-II | | | NFHS-III | | |
|-------------------|---------|---------|------|---------|---------|------|----------|---------|------|
| | Pattern | Measure | Rank | Pattern | Measure | Rank | Pattern | Measure | Rank |
| Andhra Pradesh | 7.14 | 0.46 | 17 | 8.12 | 0.76 | 19 | 7.75 | 0.76 | 15 |
| Arunachal Pradesh | 7.27 | 0.47 | 19 | 7.14 | 0.67 | 14 | 8.82 | 0.87 | 23 |
| Assam | 8.88 | 0.57 | 23 | 9.29 | 0.87 | 23 | 8.32 | 0.82 | 22 |
| Bihar | 8.96 | 0.58 | 25 | 9.37 | 0.87 | 24 | 9.96 | 0.98 | 26 |
| Goa | 3.32 | 0.21 | 1 | 2.92 | 0.27 | 1 | 4.70 | 0.46 | 1 |
| Gujarat | 5.58 | 0.36 | 8 | 5.85 | 0.55 | 8 | 6.15 | 0.60 | 3 |
| Haryana | 6.39 | 0.41 | 14 | 7.35 | 0.69 | 17 | 7.98 | 0.78 | 17 |
| Himachal Pradesh | 5.41 | 0.35 | 7 | 5.58 | 0.52 | 6 | 7.04 | 0.69 | 10 |
| Jammu and Kashmir | 5.68 | 0.37 | 9 | 7.25 | 0.68 | 15 | 7.30 | 0.72 | 12 |
| Karnataka | 6.11 | 0.39 | 12 | 6.38 | 0.59 | 10 | 7.05 | 0.69 | 11 |
| Kerala | 3.73 | 0.24 | 2 | 5.39 | 0.50 | 5 | 6.46 | 0.63 | 6 |
| Madhya Pradesh | 8.26 | 0.53 | 22 | 9.31 | 0.87 | 25 | 9.10 | 0.89 | 24 |
| Maharashtra | 5.84 | 0.38 | 10 | 7.01 | 0.65 | 12 | 6.68 | 0.66 | 9 |
| Manipur | 5.24 | 0.34 | 6 | 4.57 | 0.43 | 3 | 6.16 | 0.61 | 4 |
| Meghalaya | 6.77 | 0.44 | 16 | 7.85 | 0.73 | 18 | 8.02 | 0.79 | 18 |
| Mizoram | 3.94 | 0.25 | 3 | 3.81 | 0.36 | 2 | 6.43 | 0.63 | 7 |
| Nagaland | 7.11 | 0.46 | 18 | 7.34 | 0.68 | 16 | 7.85 | 0.77 | 16 |
| New Delhi | 4.91 | 0.32 | 5 | 4.59 | 0.43 | 4 | 6.24 | 0.61 | 5 |
| Orissa | 8.04 | 0.52 | 21 | 8.99 | 0.84 | 21 | 8.03 | 0.79 | 19 |
| Punjab | 6.05 | 0.39 | 13 | 5.68 | 0.53 | 7 | 7.49 | 0.74 | 13 |
| Rajasthan | 8.86 | 0.57 | 24 | 9.07 | 0.85 | 22 | 9.86 | 0.97 | 25 |
| Sikkim | 5.90 | 0.38 | 11 | 6.97 | 0.65 | 13 | 6.43 | 0.63 | 8 |
| Tamil Nadu | 4.49 | 0.29 | 4 | 6.02 | 0.56 | 9 | 5.70 | 0.56 | 2 |
| Tripura | 6.45 | 0.42 | 15 | 6.66 | 0.62 | 11 | 7.58 | 0.74 | 14 |
| Uttar Pradesh | 8.93 | 0.58 | 26 | 9.45 | 0.88 | 26 | 8.18 | 0.80 | 20 |
| West Bengal | 7.58 | 0.49 | 20 | 8.39 | 0.78 | 20 | 8.25 | 0.81 | 21 |

Table 4 explains the state wise performance of women status indicators over the three NFHS rounds. The study observed that Goa appears as a state where state of women is at highest level throughout the period 1992-2006. On the basis of presented analysis in table 4, we can also categories the states according to performance of women status indicator. The NFHS-3 point out that the state like Arunachal Pradesh, Assam, Madhya Pradesh, Rajasthan, West Bengal and Bihar women condition are highly worst. However the states like Gujarat, Manipur, New Delhi, Kerala and Tamil Nadu women are highly empowered.

Linkages between Social Development and Status of Women: Women’s issues in development were included under the question of human rights in 1950s and 1960s²⁴. By 1970s women’s status in the development process was recognized as more widely. This was especially due to the population growth and food security problem. After this women’s role in society were considered as an important tool in the development process. Thus, the sustainable development can improve the

status of women. Figure 1 represents the comparison of measure value of women status indicator and social development indicator on the basis of NFHS-3. As we know that measure value closer to zero imply high development and surrounding to 1 show the less development. From the figure, one may observe that the state New Delhi and Goa where the social development is high, women is also having high status. The states like Arunachal Pradesh, Assam, Bihar, Madhya Pradesh, Odisha and Rajasthan which are socially less advanced, women are also subordinated. Thus, the figure reveals that both, social development and status of women are interrelated to each other.

Here it may also be fascinating to note that while important causal relationship exist between social development and status of women of states, but these connections are not mechanical. The strength of the links varies according to large range of factors like structure of society and economy, the distribution and access of assets and implemented program and policies.

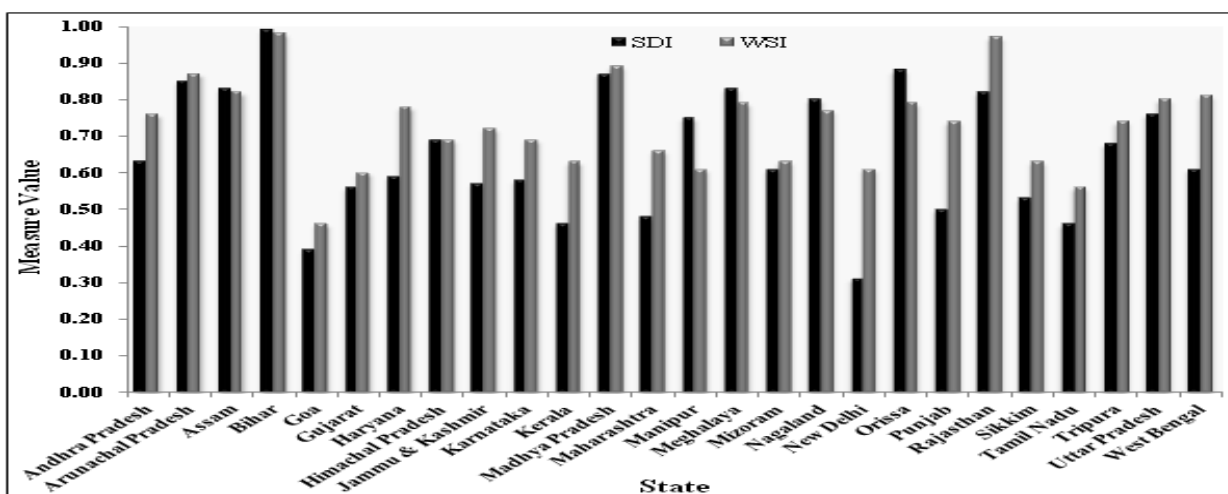


Figure-1
 Comparison of Social development and women status by states in India, NFHS-3, 2005-06

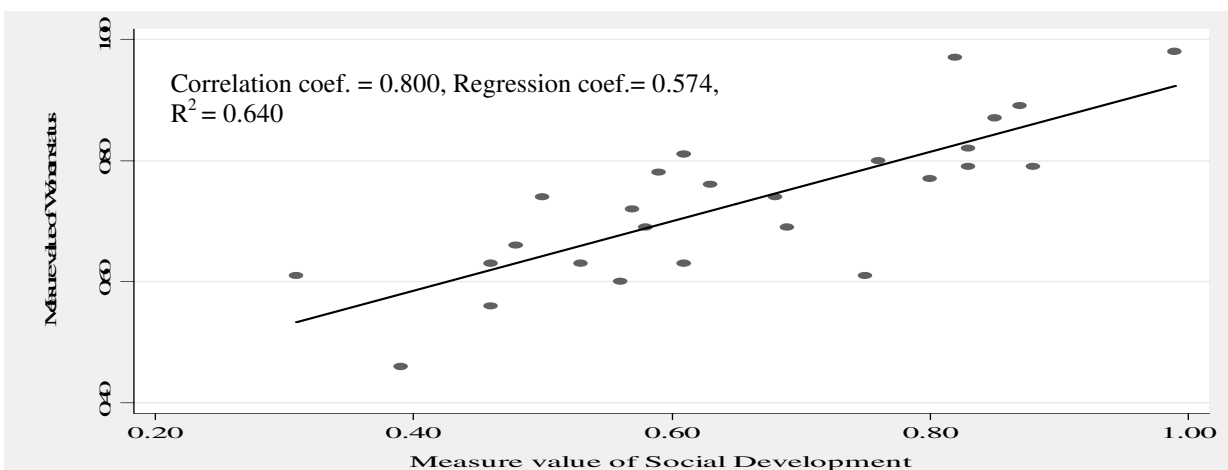


Figure-2
 Relationship between measure value of Social Development and women status in India, NFHS-3, 2005-06

Figure 2 describe the results obtained from regression analysis based on NFHS-3 data. As expected social development and women's status had a strong positive impact (Correlation coefficient = 0.800) in 2005-06. The value of R^2 is fairly high (0.640) thus depicting variations in the measure value of social development which explained 64 percent of variation in women's status. Thus, study reveals that with increasing social development in a country, women also achieve the higher status.

Conclusion

The present study has attempted to examine the role of social development in enhancing the women status. The study suggests that the role of social development is essential in altering the women's status where the level of social development is more they reach out to achieve higher status for women. Regional disparities in women's status could be realized to be present across states, which have remained over time with little change in development ranking of states. Gujarat, Haryana, Kerala and Tamil Nadu have continued to occupy higher ranks in the index of social development over time, while states like Assam, Bihar, Madhya Pradesh, Rajasthan, Uttar Pradesh and West Bengal have continued to lag behind in Women status.

The overall result indicates that though ranks in social development and ranks in women's status are highly correlated to each other, but for enhancing women's status special policy attention is required. Therefore, policy should emphasize on the issues of growing feminization of poverty, inequality in access to health, education and employment. The policy makers should more focus on deprived states. Efforts should be made to increase the availability and access of free education, health awareness, and training program to empower the women economically and physically.

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