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GENDER INEQUALITY IN NORTH EAST INDIA

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ABSTRACT

Geographically men and women share the same space. The northeastern region has been considered as a backward region. In this paper taking secondary data I have tried to analyze the status of gender inequality in North East India using various indicators as it helps in accelerating the process of development achieved by every society along with employment, health status, and so on. In terms of literacy rates gender gap is highest in Arunachal Pradesh and lowest in Meghalaya, which shows women of Arunachal Pradesh are much liberal in getting an education as compared to other states similarly in higher education Assam shows some differences as compared to other states. Again in terms of body mass index Sikkim only shows significant result. Infantmortality rate in Manipur is higher as compared to other states. Workforce participation rate of the female population in rural and urban sector Sikkim is highest. Although we get some disparities in the entire northeastern region, the study reveals that it is necessary to identify the reasons to minimize the gap of differences. Women also should come forward to prove their efficiency.

KEYWORDS: *Education, Gender, Health, Northeastern States, Participation, Workforce*

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INTRODUCTION

The awareness of the need to empower women and achieve gender equality have been steadily increasing through measures to increase social, economic and political equity, and broader access to fundamental human rights, improvements in basic indicators in accelerating the process of development achieved by every society. Leaving women behind not only leads to the neglect of women's contribution towards the economy but also wastage of investment in education for girls and young women. The term "gender equality" does not mean that men and women are necessarily exactly the same or that differences don't exist, but that they have equal rights, opportunities, responsibilities, and access to resources as well as the enjoyment of them (Wall, 2014).The concept of gender equality has been gaining importance as the subordinate status of women in relation to men has been seen in almost every facets of life. Gender equality is understood as that stage of human development at which the rights, responsibilities, and opportunities of individuals are not to be determined by the fact of being born as male or female. It is a stage when both men and women realize their full potential and become partners in every sphere of their lives

Area of Study

Northeast India comprises eight states namely Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram,

Nagaland, Sikkim, and Tripura. The region is multiethnic with heterogeneous cultural background and is different from mainstream homogeneous culture. Due to the prevalence of tribal and indigenous culture, it is generally perceived that women of the region are relatively much liberal than rest of the country. The general presumption is that women of the region are equal partners with their male counterparts in different spheres of lives. This belief is rooted because unlike Northern, Southern, Western and Eastern part of India, the entire northeastern region is almost free from social evils like dowry, *sati pratha*, female feticide, and female infanticide. However, various gender studies reveal a totally different picture.

The region has been witnessing the violation of human rights. Due to armed conflict and militant activities, women in the region has been more vulnerable. Keeping all these points in mind an attempt has been made in the present paper to analyze the issues of the gender gap in the region and health is considered as one of the important indicators in accelerating gender issue.

REVIEW OF LITERATURE

An and and Sen (1995) in their study tried to develop a measure of gender inequality. They have focused on gender-equity-sensitive indicators along with their uses. (Hicks (2002) critically examined Sen's view on gender inequality and capability approach and its applicability in religious ethics. The edited volume of Mahanta (2002) sought to explain the question of women's access to or deprivation of basic human rights as the right to health, education and work, legal rights, rights of working women besides issues like domestic violence, all the while keeping the peculiar socio-cultural situation of the North East in mind. Wallace and March (1991) in their work explained the effects of global issues on the lives of women and explored the conceptual basis of gender awareness planning and implementation of development project. Moser (1993) focused on the interrelationship between gender and development, formulation of gender policy and implementation of gender planning and practices. According to Mohiuddin (1995), women's lower status is manifested in women's low wage rates than men in all occupational fields and industries, in their limited upward mobility, and in their greater family responsibilities due to divorce, abandonment, etc. The results of study by Ferdaush and Rahman (2011) indicated not only the degree of gender inequality in different sectors (education, health and employment) in Bangladesh but also its pattern, which should be considered in formulating effective policies. The study reveals that the progress in reducing gender inequality is occurring at a slower rate than the previous years. A paper prepared for the World Bank by Malhotra, Schuler and Boender (2002) highlighted the methodological aspects of measurement and analysis on women empowerment. Mathew (2003) viewed that the equity and empowerment approaches merged together to form the 'gender and development concept'. Findings of Kishor and Gupta (2004) revealed that average women in India were disempowered absolutely and there have been little change in their empowerment over time. The authors viewed that there were several cogent and pressing reasons for evaluating, promoting and monitoring the level of women's empowerment in India, not the least of which was that household health and nutrition were generally in the hands of women and their empowerment were necessary to ensure not just their own welfare but the wellbeing of households. They also asserted that empowerment was critical for the very development of India, as it enhanced the quality and quantity of human resources available for development. The viewpoint of Blumberg (2005) is that through economic empowerment of women gender equality as well as wealth and well being of the nation can be achieved. The author opined that financial autonomy would enhance women's capacity of decision making in various areas of life. Kabeer (2005) discussed the third Millennium Development Goal (MDG) on gender equality and women's empowerment. It explored the concept of women empowerment and

highlighted ways in which the indicators associated with this Goal. India is one of the few countries in the world where males and females have nearly the same life expectancy at birth (Mandal et al., 2011). The distinctive female advantage in life expectancy is not observed in India which advocates that there are organized problems with women's health. The health of Indian female is basically linked to their status in society as most of the Indian communities follow patrilineal social structure which bears strong influence on gender differences.

The above review of the literature reveals that a number of studies have been undertaken on the issue of gender inequality at the national and global level but no such serious attempt has been made in case of northeast India. The present paper in this regard is a humble attempt to bridge the research gap.

Data and Methodology

The present paper is solely based on secondary sources of data. The extent of gender gap in northeastern region has been examined in four fundamental areas like economic participation and opportunity, education, health and political participation using the indicators like work participation rate (WPR), literacy rate, enrollment ratio, sex ratio, infant mortality rate (IMR), life expectancy at birth and political participation and also to check the impact of health as a primary indicator on gender.

Objectives

- To summarize the indicators that effects gender
- To recommend suggestions on the gender issue

RESULTS AND DISCUSSIONS

In table, 1 percentage share and sex ratio have been shown which shows state wise differences.

Gender inequality in education: In this section, we have presented literacy rates of males and females separately of the North-Eastern states as well as their gender gap in literacy rates.

Economic Survey 2012-13A gender wise analysis of Gross Enrollment Ratio up to class VIII in the North-Eastern states is presented in table-3 Gender differences are striking in states like Arunachal Pradesh, Manipur, and Mizoram where enrollment ratio of girls is lower compared to boys. However at the primary level in Assam, Meghalaya witnessed somewhat higher enrolment ratio of girls compared to boys.

Table 2 represents gender gap in literacy rate in the North-Eastern states. There exist gender gaps in literacy rates in all the states, being highest in Arunachal Pradesh and lowest in Meghalaya.

Table 4 shows gender wise enrolment in Ph. D and M. Phil in the North-Eastern states. There exist disparities in terms of enrollment between men and women. Gender disparity is high in higher education. In the recent time, the rate at which the female enrollment in the primary level is increasing, the enrollment in higher education is not increasing at the same pace.

Table 5 shows the dropout male a female in school education. From the table, it is seen that there are no remarkable differences in male and females in dropout pattern.

Gender Inequality in Health

BMI is the most established anthropometric indicator used not only for assessment of adult nutritional status but also the socio-economic situation of a population in a developing country like India. Table 6 represents the nutritional status of men and women in North-East India Which shows men have better nutritional status in comparision to women in some of the North-Eastern states and considering health status indicator like antenatal care for women Nagaland is far lagging behind.

The difference in child mortality between male and female is shown in Table 7 below, where female child mortality is higher than that of their male counterparts in most of the North-Eastern states. The difference of child mortality between male and female is the highest in Nagaland and the mortality rate of the female in Assam is high as compared to other states.

Gender Inequality in Employment

There also exists a massive gender inequality as far as employment status is concerned. Table 8 represents low labor force participation rates of women compared to men in North-East India. It shows a sharp unequal distribution of employment between men and women, women experiencing low labor force participation rate. This gender inequality in labor force participation rate is more pronounced in urban areas than in rural areas.

Table 9 represents state-wise worker population ratio of male and female in both rural and urban areas. It witnessed very poor worker population ratio of women compare to men. This inequality in worker population ratio is more reflective in the state Assam compared to rest of the states of North- East India.

Gender inequality also exists in employment status by residence. It is observed that both in rural and urban areas, female participation in employment sector are very low in North-East region.

The figures represent the size of unemployment as the percentage of labor force. Table 9 shows unemployment rates of both male and female in North-Eastern states of India. From the table, it can be stated that unemployment rates of the states are higher for female compared to male. This gender inequality in unemployment rates is more pronounced in urban areas. Among the North-Eastern states, unemployment rate of female is highest in Tripura.

Table 10 shows gender differences in per day wage of both rural and urban areas in North-East India. On the basis of the above table, it can be stated that wage differences exist between male and female workers of the region. It is seen that per day wage of women of all the state are much lower than men.

From the table 11, we can see that amongst the disease blood pressure and heart disease has the significant impact on gender.

Tables and charts

Table 1: Percentage share of women and Sex Ratio in North-East

States	Percentage Share of Women and Sex Ratio in North-East					
	% Share of Women			Sex Ratio		
	Rural	Urban	Total	Rural	Urban	Total
Arunachal Pradesh	48.80	47.10	48.41	953	890	938
Assam	48.97	48.61	48.92	960	946	958
Manipur	49.21	50.64	49.63	969	1026	985
Meghalaya	49.64	50.03	49.72	986	1001	989
Mizoram	48.78	49.94	49.39	952	998	976
Nagaland	48.46	47.60	48.21	940	908	931
Sikkim	46.87	47.73	47.09	882	913	890
Tripura	48.86	49.33	48.98	955	973	960

Source: Economic Survey 2012-13

Table 2: State-wise Literacy Rates

States	State Wise Literacy Rates (2011)			
	Female	Male	Total	Gender Gap
Arunachal Pradesh	57.7	72.6	65.4	14.9
Assam	66.3	77.8	72.2	11.6
Manipur	72.4	86.1	79.2	13.7
Meghalaya	72.9	76.0	74.4	3.1
Mizoram	89.3	93.3	91.3	4.1
Nagaland	76.1	82.8	79.6	6.6
Sikkim	75.6	86.6	81.4	10.9
Tripura	82.7	91.5	87.2	8.8

Source: Economic Survey 2012-13

Table 3: Gross Enrollment Ratio (2010-11)

States	Gross Enrollment Ratio (2010-11)								
	Classes I-V (6-10 Years)			Classes VI-VIII (11-13 Yrs)			Classes I-VIII (6-13yrs)		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Arunachal Pradesh	184.5	176.9	180.8	108.5	102.6	105.5	155.7	148.2	152.0
Assam	93.1	95.6	94.3	67.2	68.7	67.9	83.0	85.1	84.0
Manipur	195.7	188.4	192.1	108.5	100.8	104.6	158.7	151.1	155.0
Meghalaya	193.7	196.3	195.0	85.9	96.2	91.0	150.8	156.3	153.6
Mizoram	191.7	180.0	186.0	108.2	101.3	104.8	155.6	145.8	150.7
Nagaland	103.7	102.8	103.3	59.4	60.7	60.0	85.4	85.4	85.4
Sikkim	164.4	158.7	161.6	71.2	86.6	78.8	121.7	126.0	123.8
Tripura	134.9	133.3	134.1	92.2	91.5	91.9	116.0	114.7	115.4

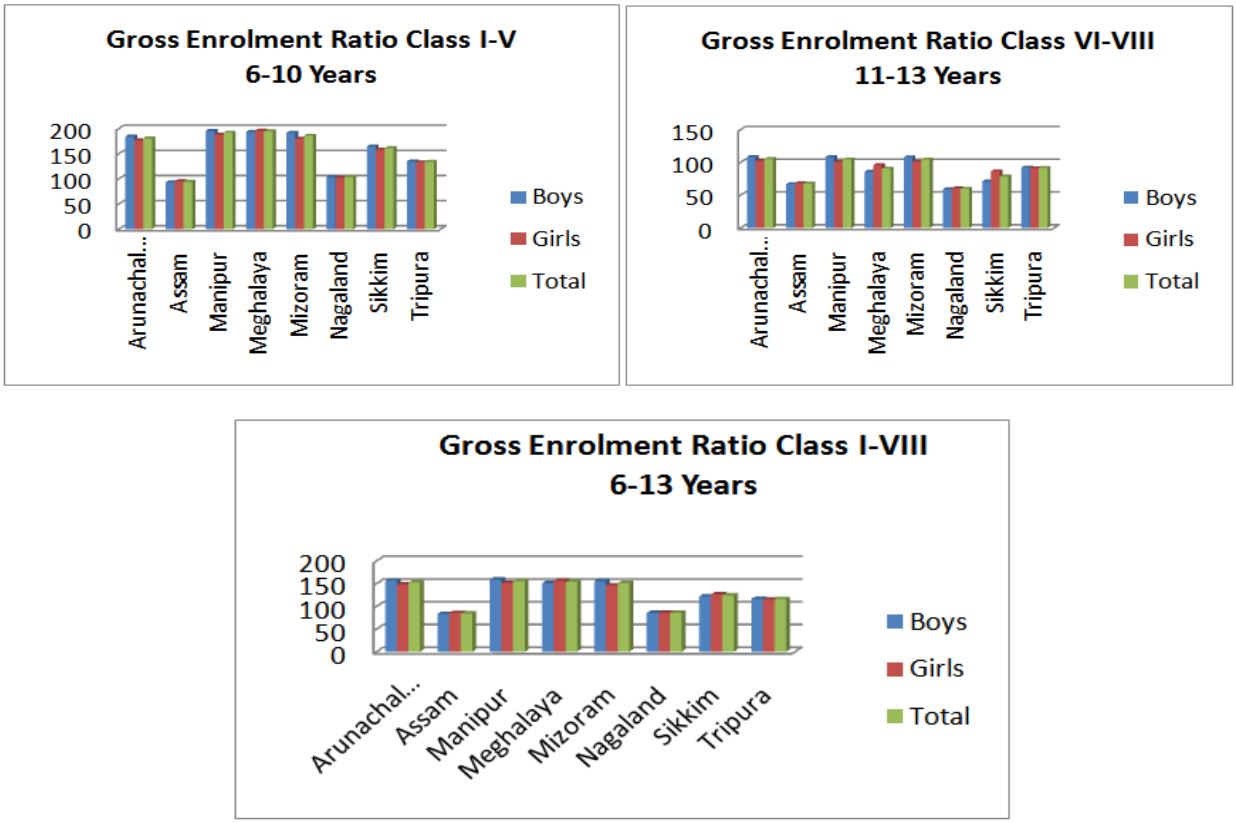


Figure 1

Table 4: Enrollment in Ph. D/M. Phil

States	Enrollment in Ph. D/M. Phil					
	Men		Women		Total	
	2008-09	2009-10	2008-09	2009-10	2008-09	2009-10
Arunachal Pradesh	22	18	16	15	38	33
Assam	440	603	339	447	779	1050
Manipur	480	478	470	411	950	889
Meghalaya	331	308	308	317	639	625
Mizoram	118	185	126	164	244	349
Nagaland	97	97	78	78	175	175
Sikkim	4	4	-	..	4	4
Tripura	16	13	9	6	25	19

Source: Ministry of Human Resource Development.

Table 5: Drop-Out Rate at Different Stages of School Education

States	I-V Classes		I-VIII Classes		I-X Classes	
	M	F	M	F	M	F
Arunachal Pradesh	43.8	42.1	51.7	49.1	62.3	61.0
Assam	33.2	26.4	49.8	58.2	76.8	78.1
Manipur	46.1	45.3	51.7	53.9	45.7	44.8
Meghalaya	61.0	55.7	72.5	68.3	78.0	76.7
Mizoram	37.1	38.7	37.5	35.7	55.0	52.3
Nagaland	40.1	39.8	45.2	45.6	75.8	74.4
Sikkim	14.9	N.A	47.8	29.6	63.7	56.5
Tripura	31.9	30.3	50.2	45.9	59.1	57.5

Sources: Basic statistics of north eastern region 2015

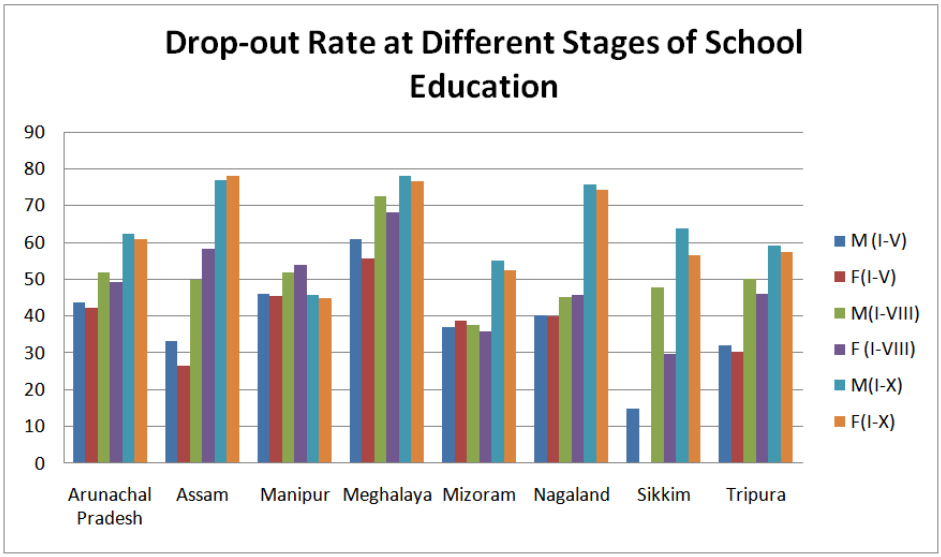


Figure 2

Table 6: Nutritional Status of Women and Men in North-East India (2005-06)

States	Nutritional Status of Women and Men in North-East India (2005-06)	
	Women Whose BODY Mass Index is Below Normal (%)	Men Whose Body Mass Index is Below Normal (%)
Arunachal Pradesh	16.4	15.2
Assam	36.5	35.6
Manipur	14.8	16.3
Meghalaya	14.6	14.1
Mizoram	14.4	9.2
Nagaland	17.4	14.2
Sikkim	11.2	12.2
Tripura	36.9	41.7

Sources: National Family Health Survey-III (2005-06), MOHFW, GOI.

Table 7

States	Women Received at Least Four Antenatal Care Visits for their Last Birth in Percentage
Arunachal Pradesh	27.00
Assam	47.00
Manipur	77.00
Meghalaya	50.00
Mizoram	62.00
Nagaland	15.00
Sikkim	75.00
Tripura	64.00

Source: NFHS 2015-16

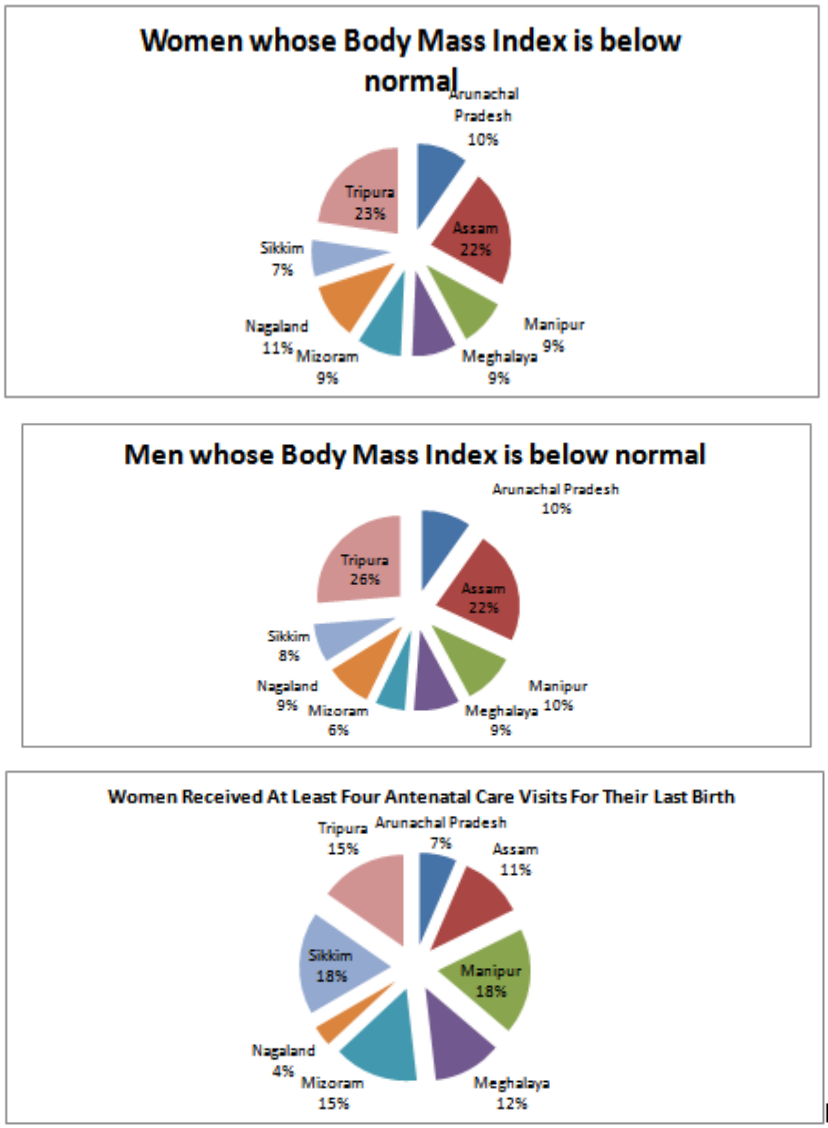


Figure 3

Table 8: Infant Mortality Rates by Sex in India (2011)

States	Infant Mortality Rates by Sex in India (2011)		
	Total	Male	Female
Arunachal Pradesh	32	33	31
Assam	55	55	56
Manipur	11	8	15
Meghalaya	52	52	52
Mizoram	34	31	37
Nagaland	21	15	26
Sikkim	26	23	30
Tripura	29	29	29

Source: Economic Survey 2012-13.

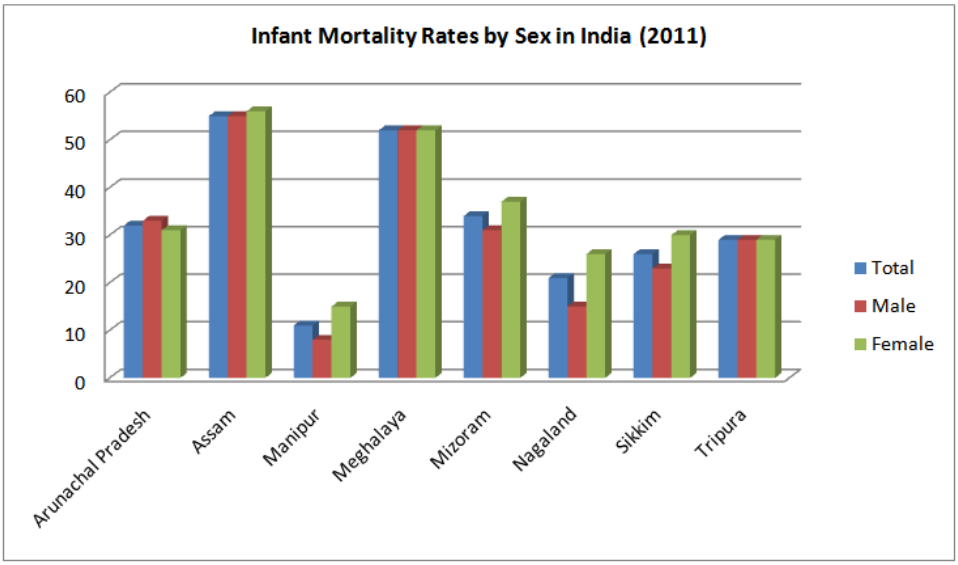
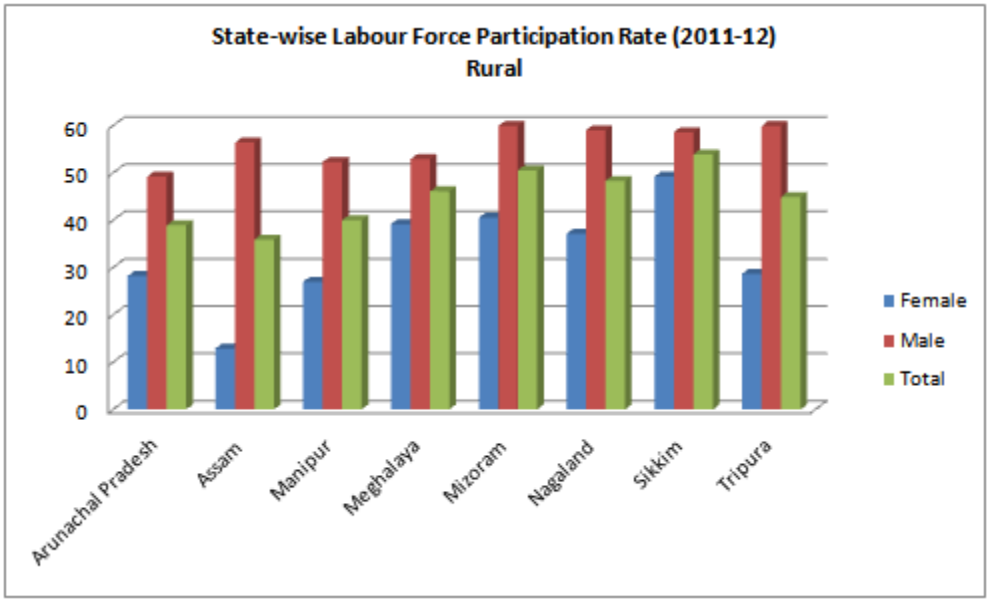


Figure 4

Table 9: State-Wise Labor Force Participation Rate (2011-12)

States	State-Wise Labor Force Participation Rate (2011-12)					
	Rural			Urban		
	Female	Male	Total	Female	Male	Total
Arunachal Pradesh	28.2	49.2	38.9	13.9	47.5	31.8
Assam	12.9	56.4	35.9	9.7	57.3	34.8
Manipur	27.0	52.3	40.0	20.4	48.3	34.7
Meghalaya	39.2	52.9	46.1	21.0	51.5	35.0
Mizoram	40.5	59.9	50.5	26.7	50.7	
Nagaland	37.1	59.0	48.3	22.4	50.9	37.6
Sikkim	49.2	58.6	53.9	27.4	62.8	46.3
Tripura	28.7	59.9	44.9	26.0	59.4	42.7

Source: National Sample Survey Office, 68th Round, July 2011 - June 2012.



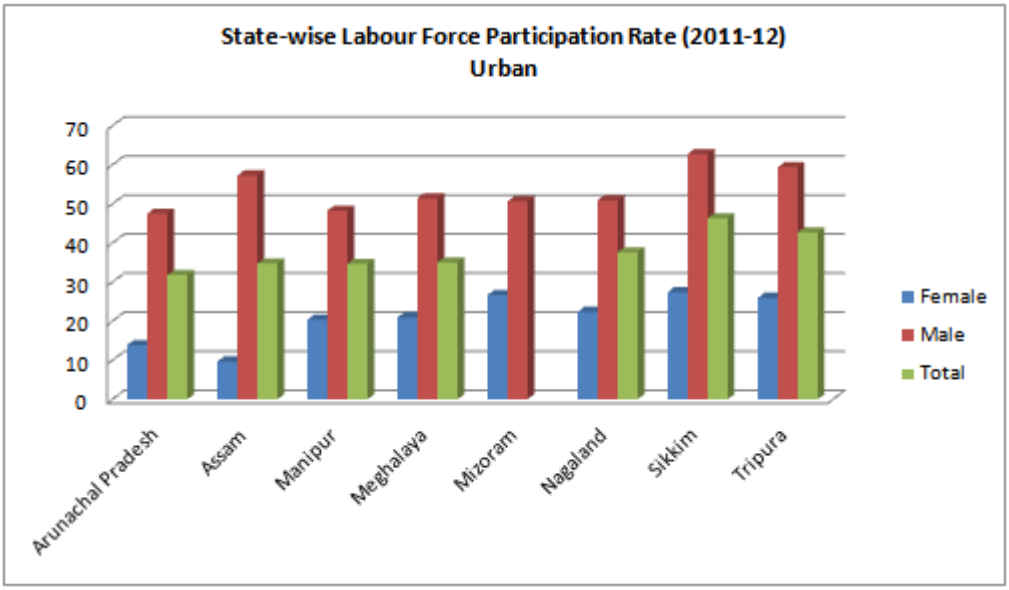


Figure 5

Table 10 (a):State-Wise Worker Population Ratio (2012-13)

States	State-wise Worker Population Ratio (2012-13)			
	Rural		Urban	
	Female	Male	Female	Male
Arunachal Pradesh	27.8	48.3	12.7	45.7
Assam	12.2	54.0	9.0	54.2
Manipur	26.2	51.0	18.2	45.6
Meghalaya	39.1	52.7	20.2	50.3
Mizoram	39.4	59.1	24.9	48.7
Nagaland	31.2	50.4	14.4	41.2
Sikkim	48.7	58.0	27.3	60.9
Tripura	22.8	56.2	11.3	52.5

Source: National Sample Survey Office, 68th Round, July 2011 - June 2012.

Table 10(b):State-Wise Unemployment Rates (2011-12)

States	State-Wise Unemployment Rates (2011-12)					
	Rural			Urban		
	Female	Male	Total	Female	Male	Total
Arunachal Pradesh	1.7	1.9	1.8	9.2	3.6	4.9
Assam	9.2	4.4	5.0	7.5	5.4	5.7
Manipur	5.0	3.5	3.9	12.9	5.8	7.6
Meghalaya	0.4	0.5	0.5	3.7	2.4	2.8
Mizoram	3.7	1.9	2.6	6.8	4.0	
Nagaland	34.2	20.7	24.7	46.3	21.9	27.5
Sikkim	1.0	0.9	1.0	0.0	3.2	2.3
Tripura	32.7	6.6	12.3	57.9	11.5	25.4

Source: National Sample Survey Office, 68th Round (July 2011-June 2012).

Table 11: State-Wise Average Wage/Salary (in Rs.) Received Per Day by Regular Wage/Salaried Employees of Age

States	State-Wise Average Wage/Salary (in Rs.) Received Per Day by Regular Wage/Salaried Employees of Age			
	Rural		Urban	
	Female	Male	Female	Male
Arunachal Pradesh	474.94	672.73	629.15	705.38
Assam	179.71	343.97	561.63	615.23
Manipur	522.57	591.97	646.92	666.55
Meghalaya	358.51	446.29	444.08	527.21
Mizoram	602.98	662.86	610.51	850.29
Nagaland	490.26	544.70	417.63	596.60
Sikkim	547.98	573.97	418.87	541.06
Tripura	218.73	319.64	301.52	409.66

Source: National Sample Survey Office, 68th Round, July 2011 - June 2012.

The T Statistic Obtained from Health Related different Disease across States as are Follows

Table 12

Diseases	T-Statistic	P-Value
Heart disease	-2.11	0.043
Diabetes	0.769	0.454
Blood pressure	2.75	0.01
asthma	-0.656	0.52

Data source: NFHS 4

CONCLUSIONS

From the study, it is observed that there are gender-wise some differences in different categories in few states of north-eastern states. So it is necessary to identify the reasons to minimize the gap of differences. Women also should come forward to prove their efficiency. It can be seen from the data available that women's literacy and participation in labor force plays a significant role in their wellbeing and also on infant mortality rate (Manipur, Mizoram, Sikkim etc.). Though all the states have similar drop out at higher classes, the states with low dropout rates at primary education stage seems to perform better in the social indices. The higher education (Ph.D. M.Phil) etc. does seem to play a role in women's wellbeing or infant mortality rate, as the highly educated person per thousand of the population is low. Hence, more stress should be given to improve the overall literacy rate, encourage women's participation in labor force to improve the overall condition of the state's population.

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