

Situation of Women in South Asia: Some Dimensions

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Women as a category and South Asia as a region for analysis brings up the issue of heterogeneity vs. homogeneity (Stromquist, 1998; Agarwal, 1996; HDSA, 2000). South Asian women and their status is being assessed here to highlight the similarities in the conditions faced by women despite the diversities stemming from class, religion, culture and locality. This assessment is undertaken on the basis of a select set of quantitative indicators regarding their work, survival, health, education and political participation. The issues considered here to highlight the gender inequalities that constrain women from their legitimate claims to participate in and benefit from development in South Asian countries are limited by the availability of dataⁱ, quantifiability and comparability across countries.

South Asia comprises of seven different sovereign nationsⁱⁱ, with diverse socio-cultural and ethnic populations, a range of religious faiths, legal frames, economic and political forces, all of which impact upon the lives of women in the region. Within these diversities, the region stands together on a number of counts and the women of South Asia too, face similar conditions on various fronts. South Asia is a highly populated, agriculture dependent, income poor and identified as the most deprived region in the world (HDSA, 1997). The region is also recognised as a “patriarch belt” (Caldwell, 1982), where women are subordinated to men in a kin-ordered social structure (Mathema, 1998), have low status, little or no access to property and landⁱⁱⁱ (Bardhan, 1986) and suffer from non-recognition of their work which is largely unpaid.

Socio-cultural practices based on a strong patriarchal ideology prevalent in the region curtail women’s mobility, and prevent them from utilizing opportunities to enhance capabilities. Not all the spheres of gender discrimination are quantifiable, but even within the limited arenas of labour markets, socio-cultural influences on education, nutrition, health and political participation, women in most of the South Asian countries face unequal treatment. Since our emphasis here is to deal with the aspects of gender inequalities based on quantitative indicators, certain equally if not more critical dimensions such as violence against women or the influence of legal institutions are not dealt with.

Aggregation of the situation of women in South Asia is feasible in quantitative terms only in certain spheres, as in the case of sex ratios, education, child mortality, fertility rates and so on. In other dimensions such as work participation, political participation and violence, for instance, the definitional categorization, level of data availability, its periodicity are all very varied across the different South Asian countries and therefore an average for the region as a whole can be questionable if attempted. In such cases, individual country level analysis is undertaken.

Ever since 1975, coinciding with various international efforts most of the South Asian countries have also intensified their respective country level endeavours to assess the

status of women, comprehend the nature of gender inequalities and introduce institutional mechanisms to enable movement towards equality. By the end of the twentieth century, gender equality and empowerment have become accepted norms in any discussion on development. The gender neutral approaches hitherto adopted have been questioned by the recognition of the asymmetrical impact of development, and poverty on women and men (Tinker, 1990; Waring, 1989). Gender inequalities are a global phenomena, with variations only in terms of degrees of discrimination and biases against women (UNDP, 1995).

Equality refers to equal opportunities in terms of access to sources of livelihood, health, and education, as well as to social, economic and political participation without discrimination. Gender inequalities stem from relations of power and authority, class-religion-caste-ethnic hierarchies and socio-cultural traditions, customs and norms (Kabeer, 1994; Carr, et al., 1996). Empowerment is the process of transforming these structures and institutions, thereby ensuring equality.

Over the years, in a number of well being indicators, South Asian women are seen to be better off today than they were a few decades ago – their survival in terms of life expectancy has been improving; more women are educated and working; many of them have entered politics at least at the local governance levels and there is an increasing recognition of the need to address women’s issues specifically, understand gender relations and work towards equality and empowerment for women. Despite these improvements, the aggregate picture of women’s development reflected in the quantitative indicators in any of these spheres reveals that the journey has only begun, and there are many more processes that require transformation^{iv}.

Following this introduction, section II focuses upon the issues relating to women’s work, its non-recognition and the nature of economic participation in each of the South Asian countries. Predominance of male preference and the gender biases in nutrition, health care that impacts upon the survival of girls and women is dealt with in section III. The overwhelming emphasis on women’s reproductive roles to the utter neglect of their other health concerns and its impact on their well-being is discussed in the fourth section.

The educational poverty in most of South Asia, especially the gender biases prevalent and the influence of socio-cultural constructs of women on their access to and enhancement of capabilities are dealt with in the fifth section. The sixth section provides for the role of women in South Asian politics. The inroads made by the positive interventionist efforts of reservation for women and the need for it is highlighted. Finally, some concluding remarks are made to emphasise the need for working towards changing mindsets and perceptions that influence the institutional structures and their functioning, towards elimination of gender inequalities in the region.

II. Women’s Work

Women in South Asia, which is a predominantly agricultural and tradition-bound region, participate in economic activities and contribute their labour actively. Yet, due to the

nature of their work which is intertwined with household activities at times and is often unpaid, on the one hand, and the flawed definition of economic activity, on the other hand, women's economic participation remains statistically invisible.

The role played by women in the care sector, predominantly their reproductive work, bearing, rearing, nurturing children and household maintenance are activities that fall outside the national accounting systems followed by different countries. While these activities are crucial for household members well-being and effective participation in different spheres – economic, social and political, they continue to remain non-economic activities. By virtue of women performing these roles which are statistically not counted as economic and hence not monetarily valued, women's roles and their contribution is assigned low status.

Women's contribution in the activities that are recognised by definition as economic activities also remain unrecognised and non-enumerated. This is due to cultural and traditional values which constrain recognition of women's economic participation. In the South Asian countries, the historical gender roles, spaces and stereotypes of the 'public' male breadwinner (provider) and 'private' female care-giver are espoused even under changing situations. This is due to the association of household status with women's non-work that has been perpetuated by the circumstances of women having to offer their labour in the paid market workspaces under extreme economic stress and poverty.

Efforts to prepare satellite accounts which can capture women's work through alternative methods such as time use surveys are on going to overcome the existing limitations. Nepal among the South Asian countries has pioneered in the preparation of such statistics as part of their national level labour force surveys (Acharya, 2000). India has also undertaken a pilot survey (CSO, 2000). HDSA 2000 based on some observations suggests that South Asian women work for 10 to 12 hours per day, which is 2 to 4 hours more than men's work.

Despite the conceptual, methodological and definitional flaws, statistics on women's work from the respective national data sources reveal nearly one-third participation of women in the labourforce. Maldives and Pakistan are the two countries where female percentage of labourforce is relatively lower, while Bangladesh and Nepal are the South Asian nations where the share of women labourforce is higher compared to other countries in the region (see Table W1).

The region as a whole has been witnessing rising levels of women's economic participation over the years. The factors that have aided or influenced these trends differ from country to country. Nevertheless, the characteristics of women's labour, in terms of the nature of tasks undertaken and the wages earned, remains by and large unchanged. Majority of the women are undertaking manual, non-mechanised, low or unpaid tasks. Even among those entering the paid labour market, women face gender discrimination in access to jobs, and gender inequalities in pay and job security.

An overwhelming majority of economically active women in Nepal and India work in agriculture (see Table W2). In Sri Lanka, where agriculture is the main life supporting sector for rural populations, women are involved extensively in the plantation sector (Weerahewa and Ariyawardana, 2003). Rural women in South Asia participate in crop farming, animal husbandry and a host of off-farm activities. A substantial amount of time is spent by South Asian women in looking after livestock, from rearing to protecting animals, finding and collecting fodder and water, collecting eggs, milking, ensuring the health of animals, poultry, etc.

Table W1: Sectoral Distribution of Labourforce in South Asia

Country	Percentage Labour Force in			Percentage of Female Workers
	Agriculture	Industry	Services	
India	62	11	27	32
Pakistan	47	20	33	27
Bangladesh	59	13	28	42
Nepal	93	1	6	40
Sri Lanka	49	21	30	36
Bhutan	92	3	5	32
Maldives	25	32	43	22

Source: HDSA, 1997, 2000.

By and large, among the secondary sector activities of industry, manufacturing and so on, women's enumeration is low as seen in Table W2. Sri Lanka and Bangladesh have relatively higher share of women's employment in the secondary sector. Sri Lanka began its phase of trade liberalisation and export oriented growth as early as in 1977. The nature of these industries and the additional labour demand generated therein facilitated entry of women workers. Bangladesh, comparatively speaking, has recently embarked on industry-led growth policies specially in such areas as garments. While this thrust has led to South Asia becoming one of the world's largest exporters of textiles (with India, Sri Lanka and Bangladesh), the work and pay conditions are no better than sweatshops (see Unni, 2001).

Table W2: Sectoral Employment in South Asia by Sex (Percentage)

Country	Sex*	Agriculture	Industry	Service
Bangladesh (1996)	Male	53.9	19.2	26.8
	Female	41.7	27.8	30.5
India (1994)	Male	58.3	16.5	25.2
	Female	78.0	10.9	11.1
Nepal (1996)	Male	78.9	4.9	13.2
	Female	93.7	1.4	4.5
Pakistan (1997)	Male	40.7	20.2	39.0
	Female	66.4	10.6	23.2
Sri Lanka (1995)	Male	35.4	28.2	36.4
	Female	41.5	30.8	27.7

*For each country male figures are percentages of male labourforce and female figures are percentages of female labourforce.

Source: Respective labour force surveys of the countries; cited in HDSA, 2000.

The majority of South Asian women work in the informal sector or as unpaid family helpers. Among the economically active women workers in India, 96 per cent are in the unorganized sector. In Nepal, 75.3 per cent are self-employed and 28 per cent are unpaid family members. In Pakistan, 65 per cent of the female labourforce that are officially enumerated are in the informal sector. The percentage of women earning a living in the informal sector in Bangladesh in 1995-96 was 75 per cent (HDSA 2000). Women workers are demanded for their docility, lower probability of organising or fighting for better wages and work conditions. The patriarchal norms that are prevalent make it easier to manage women as workers.

Women's participation, although increasing in South Asia, still accounts for the smallest percentage of formal sector employment. Even here women occupy the lower rungs of clerical and low-skilled occupations. The lower levels of literacy and skill/training among women in South Asia are often blamed for their placement in the lower echelons.

Women are often occupied in community, social and personal services. In India, 57 per cent of women in formal sector fall in this employment category, while the share is 59 per cent in Bangladesh (see Table W2). Despite Sri Lankan women being more professionally qualified, their higher labour market participation does not show signs of breaking the proverbial 'glass-ceiling' and many of them are unemployed (Jayaweera and Sanmugam, 2002; Aturupane, 1996; Alailima, 1998). To encourage women's participation some of the South Asian countries have introduced policies of reservation in government jobs. In Bangladesh, 10 to 15 per cent and in Pakistan, 20 per cent government jobs are reserved for women.

However, the extension of women's work spheres into paid categories without an adjustment or radical change in the sharing of household responsibilities adds on to the stress on women. Unless women have control over their earnings and the power to decide how they spend their incomes, the benefits in terms of empowerment for women will remain limited. Some studies have found that working women tend to spend their resources more judiciously on children's nutrition and household concerns as opposed to their male counterparts who are often noted to be frivolous by using their incomes on commodities of personal gratification (Hoddinott, 1992; Kabeer, 1994).

At the same time it is important to note that women's work status certainly provides them with the opportunity to wield relatively more space within household structures, especially when her income becomes important for the family and the fulfillment of their needs are dependent on it. Even in terms of mobility that is otherwise restricted for women in patriarchal societies, employment provides the desirable opportunity to interact with others and operate in 'public' domains, traits which can be substantially empowering in certain contexts. The recognition of women's economic 'worth' can also help in improving the survival of girls.

III. Survival Issues

The strong presence of traditional values and perceptions in South Asia, wherein the role and status of women are assigned lower significance, reflects in the demographic balance as well. As opposed to the global sex ratio of 106 women per 100 men, South Asia is one of the few regions (other than China and parts of the Arab world) where the proportion of women are lower – only 94 women per 100 men in the population.

Relatively balanced sex ratios are recorded for Sri Lanka and Nepal while Pakistan, India and Maldives have lower proportion of females in their populations (see Table D1). In India, where the sex ratios have been declining especially among the younger age cohorts, practices of female infanticide and foeticide to prevent the birth of girls have been noted in some parts of the country (see George, et al., 1992; Agnihotri, 2000 among many others). The introduction and ease of access to pre-natal screening methods such as ultrasonography and amniocentesis technologies, that can help detect the sex of the foetus are being used to selectively abort female foetuses (Patel, 1997; Dasgupta, 1987).

Table D1: Survival Indicators for South Asia

Gross Domestic Product per capita	Country/Region	Sex Ratio (Females per 100 males)	Female Life Expectancy at Birth	Female Child Mortality Rate	Female to Male Child Mortality Rate
4798	Maldives	93	66	80	1.51
3180	Sri Lanka	102	76	20	0.91
2840	India	94	64	97	1.18
1833	Bhutan	98	64	94	0.96
1610	Bangladesh	95	61	116	1.09
1310	Nepal	100	59	124	1.13
1890	Pakistan	92	60	104	0.96
2730	South Asia	94	-	99	1.14

Source: HDSA 2000; HDR 2003; for col.4 and 5 – UNFPA, 1999.

Examinations of the causes leading to such demographic imbalances ever since these trends were observed in South Asian countries have exposed the strong son preference traits. The declining trend of sex ratios witnessed despite reduction in mortality rates have led researchers to examine other variables such as sex ratios at birth, gender differentials in nutrition and extent of gender variations in mortality rates among populations belonging to different age cohorts (see UN, 1998; Bhat, 2002; Krishnaji and James, 2002; Waldron, 1998). Linkages have been examined in many of the South Asian countries between fertility rates, contraceptive use, abortion and sex preference even in Nepal and Bangladesh where the imbalance is not so pronounced (Arnold, 2001; Karki, 1992; Leone, et al., 2003; Bairagi, 2001 among others).

The reasons for son preference stem from patrilineal and religious structures, that lay emphasis on the role and significance of male offsprings. Property transfers, ritual functions, the family heir who carries the name of the household are undertaken via-media sons. Having one or more sons in every household is therefore considered almost essential. In the context of declining fertility rates and smaller family size becoming desirable, the pressure to give births to male offsprings further worsens the condition of women's health and status.

Frequent child bearing and the exposure of women's bodies to a host of tests take a toll on their health. Since women are held responsible for childbirth, if a son is not given birth to, this becomes a cause for violence, abuse and torture against them. Even when girls are born, they are discriminated against in a number of ways (UN, 1998; Miller, 1981; UN Secretariat, 1988). Neglect and lack of adequate care in feeding girls, looking after their nutrition and health, is noted in a number of studies revealing the gender discriminatory practices in South Asia. These are mostly as outcome of the lower status assigned to women (Basu, 1992).

Improvements in life expectancy and reduction of mortality rates are noted in all the South Asian countries over the quarter century 1975 to 2000 (HDR 2003). Yet, as compared to male child mortality rates, the female child mortality rates are higher revealing excess female mortality among under 5 age groups. The female to male ratio is above 1 in four countries – Maldives, India, Nepal and Bangladesh. By far the best performance among the survival indicators is witnessed in the case of Sri Lanka (see Table D1).

Consideration of three survival dimensions using sex ratios, child mortality and life expectancy display discrepancies in ordering of different countries. Nepal has a more balanced sex ratio, but the worst life expectancy and child mortality rates among females. The survival indicators seem to have a stronger association with the income levels of the countries, especially the life expectancy and infant mortality levels. However, the sex ratios and gender disparity in mortality do not display a similar correlation, highlighting the influence of gender ideologies which discriminate against girls irrespective of income development levels of the countries.

IV. Health Concerns

The overall lower status of women in South Asia influences their health status too. Lack of access to resources, poor decisionmaking power or control, low recognition of their work, that is, low economic worth, and their social position as subservient to males or other household members, puts their health requirements on to low priority. In fact, often these health needs are not realised or articulated by the women themselves. Their low self-esteem and their socialisation into 'non-entities' prevent them from such articulation.

The emphasis laid on women's marriage reiterates the stress on their reproductive roles, undermining all other spheres of human development. In South Asian countries, marriages are traditionally carried out at early ages with little choice being given to women. The governments of most South Asian countries are actively working towards preventing child marriages and pushing the minimum age at marriage up for girls. Bangladesh, India and Bhutan have stipulated the legal minimum age at marriage at 18 years. Yet, many marriages are occurring before girls attain the legal minimum age statutorily fixed (HDSA, 2000).

Early marriage along with young age pregnancies compounded by poor health and economic poverty puts undue stress on the women's bodies (Hartmann and Standing, 1989). A majority of South Asian pregnant women suffer from anaemia (see Table H1). The total fertility rate (TFR) has been declining over the last three decades, but still continue to be quite high in Maldives, Pakistan, Bhutan and Nepal. The most significant decline in TFR is witnessed for Bangladesh, India and Sri Lanka (see Table H1).

Table H1: Some Health Indicators for South Asia

Country/Region	Total Fertility Rate		% of Pregnant Women with Anaemia	Birth Attended by Skilled Personnel	Health Expenditure as % of GDP	
	1970-75	2000-2005			Public	Private
Maldives	7.0	5.3	62	70	6.3	1.3
Sri Lanka	4.1	2.0	60	97	1.8	1.9
India	5.4	3.0	72	43	0.9	4.0
Bhutan	5.9	5.0	73	15	3.7	0.4
Bangladesh	6.2	3.5	58	12	1.5	2.6
Nepal	5.8	4.3	75	11	1.6	3.6
Pakistan	6.3	5.1	45	20	0.9	3.2
South Asia	5.6	3.3	-	36	-	-

Source: HDR 2003; HDSA 2000.

Maternal mortality rates are quite high in the region (HDSA, 2000). The probability of women not surviving childbirth is further aggravated by a large proportion of them having non-institutional deliveries, unaided by skilled personnel. Only 36 per cent of South Asian babies are born with the assistance of skilled personnel (see Table H1). In Sri Lanka and Maldives, the situation is relatively better compared to other South Asian countries.

The cultural basis of women's status and their perception of low self-worth in the tradition-bound South Asian countries results in discriminatory practices beginning from basic nutrition to accessing health care. The HDSA, 1997 notes that half of the children living in the region are malnourished, 260 million people lack access to rudimentary health facilities and over 400 million go hungry every day.

The lack of adequate public health services acts as a constraint for women to access such services (Baru, 2003; Gopalan and Shiva, 2000). Given the levels of poverty in South Asia with nearly 40 per cent of the world's poor (HDSA, 1997), the accessibility of private paid health services among women is likely to be limited, since their needs are not considered to be important. There is very often excessive concentration on reproductive health to the utter neglect of other health concerns of women in government policies (see Qadeer, 1998; Datta, 2003). Other areas which have not been researched adequately and lack data are women's mental health, sexuality and so on.

V. Education

The importance of education for human development as well as women's empowerment as a core dimension is well accepted, even in South Asia. Sri Lanka and Maldives are

among the best performing countries in the region. However, the gender biases at higher educational levels, in professional courses or in non-traditional subjects are visible even among these countries (Jayaweera and Sanmugam, 2002; HDSA 2000).

The adult literacy rate (ALR) for the population above 15 years has been improving over the years. Even over the last decade from 1990 to 2001, ALR has increased from 48 to 56 (see Table E1). However, this rate is low compared to even developing countries, where ALR is 75 per cent in 2001. The literacy rate for youth (refers to population in the age cohort of 15 to 24 years) in all South Asian countries show signs of positive trends, reflecting inter-generational improvements. In South Asia, the youth literacy rate is 71 for 2001.

There is a definite improvement in literacy levels among females across South Asian countries. Some countries have achieved remarkable literacy levels among females as seen in Maldives and Sri Lanka. Gender disparity levels both in literacy and enrolment ratios are negligible in these two countries (see Table E2). Gender gaps in literacy are high in Nepal, Pakistan, and India.

**Table E1: Adult and Youth Literacy Rates for South Asia
1990 and 2001**

Country/Region	Adult Literacy Rate % (15 years and above)		Youth Literacy Rate % (15-24 years)	
	1990	2001	1990	2001
Maldives	94.8	97.0	98.1	99.1
Sri Lanka	86.7	91.9	95.1	96.9
India	49.3	58.0	64.3	73.3
Bhutan	-	-	-	-
Bangladesh	34.2	40.6	42.0	49.1
Nepal	30.4	42.9	46.6	61.6
Pakistan	35.4	44.0	47.4	57.8
South Asia	47.7	56.3	61.7	70.6
Developing Countries	67.2	74.5	81.1	84.8

Source: HDR 2003.

Table E2: Adult Literacy Rate and Gross Enrolment Ratio by Gender

Country	Adult Literacy Rate		Gender Gap	Gross Enrolment Ratio	
	Female	Male		Female	Male
Maldives	96.9	97.1	0.2	79	78
Sri Lanka	89.3	94.5	5.2	64	63
India	46.4	69.0	22.6	49	63
Bangladesh	30.8	49.9	19.1	54	54
Nepal	25.2	60.5	35.3	57	70
Pakistan	28.8	58.2	29.4	27	45

Source: HDR 2003; Gap calculated from Col.1 and 2.

The statistics which pose a cause for concern in South Asian context is the large proportion of women among illiterates. The tradition based stereotypes and role demarcation for women is strongly prevalent in most South Asian countries. Given the social ordering along patrilineal – patrilocal families, women are married out and

investing in their education is not perceived as a priority. Among resource constrained households, often educational cost is strategically borne for the male child while depriving the girl sibling (Khan, 1993). The role of women is associated with their reproductive functions, to the detriment of their own – personal and educational – development as a human being. These attitudes and perceptions based on socio-cultural and economic factors constitute the demand side constraints to women's education.

On the supply side, factors such as inadequate investment, lack of infrastructure, schools, teachers (especially female teachers), and so on reflect the state's commitment and impinge on the levels of accessibility. In most of the countries of South Asia, average years of schooling are quite low – 6 years for girls and 8 years for boys.

In an effort to improve this situation, a number of countries in the region have stressed upon free and compulsory primary education and put emphasis on enrolment and retention of girls in schools. Various incentive schemes such as scholarships for girls, free school meals (in India, Bangladesh and Nepal) and separate schools for girls in each Thana (Bangladesh) have been operational (HDSA 2000). Efforts have also been made to increase female teachers in schools.

There is still a long way to achieving universal literacy goals and eliminating gender discrimination in these societies. The effort will have to be on both ends – at the state level to ease supply side constraints based on local knowledge of the nature of gender specific inequalities that are prevalent and at the household or social level to tackle the demand side hurdles posed for women's educational attainments.

VI. Political Participation

The region of South Asia has reported the largest number of women leaders who have been heads of the nation (Indira Gandhi, Shaikh Hasina, Benazir Bhutto, Srimavo Bandaranaike and Chandrika Kumaratunga). The first woman head of any nation in the world as early as in 1960 was from South Asia, in Sri Lanka. The general level of political participation among the South Asian women does not reflect similar trends. Even in pockets where the political awareness among women may be higher, their actual participation is often limited by the constraints laid on their mobility and roles based on the socio-cultural perceptions. Therefore, in spite of the visibility of women at the higher echelons of governance, the overall public participation of women remains low (see Table P1). There is no data on female membership of most political parties and only few of them are given tickets to stand for elections.

The experience of the Indian amendment to its constitution (73rd and 74th Amendments introduced in 1992) reserving one-third seats for women in its local governance structures generated tremendous interest in the other countries of the region. In 1997, both Nepal and Bangladesh introduced women's reservation in local bodies. While it was 20 per cent in Nepal, in the case of Bangladesh it was one-third seats in all four tiers of local government. In Pakistan also, one-third seats are reserved in local bodies, which is visible in the current figures of women's political participation.

As an outcome of women's movements in many of the South Asian countries, the demand for positive intervention in the form of reservation of seats for women in the governance structures has been met to some extent. This policy has clearly assisted women's participation, which would have been denied given the deep-rooted patriarchal traditions wherein men wield power.

Table P1: Women in Parliament (%)

Country/Region	Percentage Women
Maldives	6.0
Sri Lanka	4.4
India	9.3
Bhutan	9.3
Bangladesh	2.0
Nepal	7.9
Pakistan	20.6

Source: HDR 2003.

Prior to the phase of recognizing the need for reserving seats for women, there was an assumption about women's passivity regarding their interest in and understanding of political matters. Subsequent to the amendments and provisions being made, the debates have focused extensively on the inabilities of women, given their illiteracy and lack of understanding regarding political matters and the misuse of such privileges to women (Mazumdar, et al., 2001). In India, as elsewhere there is substantial propaganda against such reservation on the pretext of misuse (Buch, 2000; ISS, different years). Women also face backlash in the form of violence often since they are seen as altering the power equations and challenging the status quo.

VII. Concluding Remarks

The situation of South Asian women as seen by the set of quantifiable indicators of gender development reflects the improvements being made in a number of spheres with regard to work, mortality, health, education and political participation. The constraints faced by women in South Asia are not merely economic or poverty related but emphasise the prevalence of deep-rooted gender ideologies that operate through various institutions and prevent women from enjoying an equal status in different spheres of their lives.

Among the many efforts being made at international, regional and national levels to move towards gender equality, highlighting the levels of biases that prevail through the use of human development indicators is one prominent tool. This provides insights into the specific approaches required to address the gender discrimination experienced by women and can help in the process of policymaking.

The added dimension to be noted is that of the nature of gender inequalities which are rooted in the structures and institutions, and these aspects are not always amenable to quantification. The perceptual and attitudinal biases against women operational in the social context as well as the market and state institutions need to be identified, understood and appropriately tackled. Along with generating awareness regarding gender

issues, efforts need to be made in the direction of generating appropriate data for analysing women's development in a more useful manner.

Endnotes

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- i One useful outcome of the UNDPs efforts at the global and regional levels to bring out the Human Development Reports (HDRs) since 1990s, especially the Human Development in South Asia (HDSA) ever since the 1997 is the availability of data from different sources in one document. Most of these data used here are from these documents.
 - ii The countries included here are the 7 SAARC members – India, Pakistan, Bangladesh, Nepal, Sri Lanka, Bhutan and Maldives.
 - iii Only among few of the communities in the region where matriliney is practiced, women have control over land and economic property through inheritance; for instance, in Bhutan 80 per cent of the population follows matriliney. Similarly parts of Kerala and northeast region in India also follow matrilineal property transfers.
 - iv The Human Development Reports published by UNDP notes this region as one of the worst in the world as per the gender related development levels (HDR, various years; HDSA, 2000).

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