CHAPTER-V

Inequality and Women in Hailakandi

(Education and health)

The chapter explains 'inequality and women in Hailakandi' as it prevails among women as compared to men in the district due to less access to education and literacy. The lack of education denies women their right to productive employment as also their legal right. Due to lack of education inequality also prevails in access to health as compared to men.

A major change in last decade is recognition of centrality of education in struggle to achieve women's equality. It is now widely accepted that aim of education is to empower and if women attain education path and process of unequality/inequality may be minimised if not fully-structurally ended. Empowerment of women is an ongoing process of individual and collective struggle to challenge unequal access vis-a-vis power relation between men and women. Intimate connection between education and human development exists and the need to take a holistic view of the problem and need for convergence of literacy and education and other related services such as health, child care, nutrition, environment etc. become essential to reduce difference/ hierarchy cleavage.

Does women's education lead to a positive impact on gender development? Will improvement in female literacy ensure greater gender equality? While it can be stated with a certain degree of certainty that improving/popularising education among women will lead to gender development, it is difficult to ascertain that improvement occurred through variable of female literacy alone will be sufficient to bring about women equality! Use of such or other education-related indicators reflect

attainment/achievement level, and highlight gap or extent of parity between men and women.

Existing level of discrimination and bias are an outcome of socio-cultural factors and patriarchal structure which are not easily overcome by introduction of literacy alone. Nevertheless, benefit of education can not be trivialised as these would have a long-term impact upon empowerment of women. From beginning of planned era, education along with health and social welfare were accepted as crucial indicators for women development. Allocations through five year plans and special programmes for women's education together with effort to reduce gender inequality in school enrolment and dropout have been undertaken by state and centre could not deliver gender equality at any level especially district level.[1]

Current focus on gender inequality and human development: A study of Hailakandi district of Assam shows women are far lagging behind men in all sphere all over the district. Difference is not only in educational attainment, measured by literacy rate and enrolment figure but also in other important civic cum family life of women. All though origin of much of the discrimination lies deep in values of societal structure, processes of modernisation and change accentuated inequity at macro level. Other kinds of gap are in health of male and female measured by life expectancy at birth (LEB) and infant mortality rate (IMR). Neglect of women's health, education also contributes to gender discrimination. Gender inequity therefore has a negative impact on development of women and adverse repercussion on entire process of human development in the district.

Gender related development index is a useful tool for policy makers as it helps map out future strategy for human development. Several attempts have been undertaken to

create HDI and GDI ranking for Indian states, using same indices for measuring human and gender development as in human development ranking (HDR). One of the earlier such studies by A.K. Shivakumar (1996) and based on 1991 data, brought out differential in gender attainment between states, variation between overall human development indices and gender related indicator. It brought out fact that overall progress and prosperity did not necessarily mean that position of women in a state was good as well. In the study of 16 major states, Assam was placed in 10^{th} position.[2]

Many studies established critical role of female literacy in human development paradigm, and specifically inverse correlation between female literacy and infant mortality rates.[3] Literate women are better able to look after health needs of their children, and it is a fact that early childhood care is almost exclusively domain of women. Better education of women is empowering as well, since it opens door of employment and a wider world. Education makes women capable of direct intervention in personal, family, societal and administrative decision making processes of the district, state and above all at the national level.

Involvement of grassroot organisations, especially for delivering service in informal education and evolving ways of mainstreaming women, have been underway. Challenge posed in trying to increase retention rate of girl in school surpasses efforts required to enrol them. Unless girls continue their education up to higher level of schooling, potential benefit of education will remain limited. Indicators that will be examined in this section are female literacy, gender gap in literacy, and enrolment and dropout rates at primary schooling level. Effective literacy rate is defined as number of literates among female population in age group 7 year and above.

Female Literacy and Gender Gap

Literacy is the first step towards formal education. It refers to the ability to read and write. Female literacy has been improving over the years. The proportion of women who are literate has increased by 15 per cent over the last decade from 39 per cent in 1991 to 54 per cent in 2001. This is a remarkable improvement that reflects the concerted efforts of the state along with the assistance of nongovernmental organisations and other concerned groups. Yet, even today 193 million women lack the basic capability to read and write. The emphasis laid on education, especially for women, is visible in the policy documents of the government such as the various Five Year Plans (since the Sixth Plan, 1980.85, in particular), the National Policy on Education (NPE).[4]

In Hailakandi, as in the rest of the states and India, literacy rates for both males and females have shown a rising trend since last three decades.[5] there is steel a gap between urban female literacy rate and rural female literacy rate and male literacy rate is steel higher than the female literacy rate.

Table No. 5.1 District-wise Literacy Rate by Sex in Assam

District	Person		Male		Female	
	2001	2011	2001	2011	2001	2011
1	2	3	4	5	6	7
Kokrajhar	52.29	66.63	61.01	73.44	43.06	59.54
Dhubri	48.17	59.36	55.84	64.20	40.02	54.26
Goalpara	58.03	68.67	64.86	72.67	50.85	64.53
Barpeta	56.00	65.03	64.23	70.72	47.16	59.04
Morigoan	58.53	69.37	65.15	73.66	51.51	64.99
Nagoan	61.73	73.78	68.27	78.19	54.74	69.21
Sonitpur	59.07	69.96	67.61	76.98	49.80	62.53
Lakhimpur	68.56	78.39	77.06	84.66	59.59	71.91
Dhemaji	64.48	69.07	74.41	75.66	53.86	62.13
Tinsukia	60.95	70.92	70.15	77.89	50.78	63.54
Dibrugarh	68.96	76.22	77.30	82.59	59.95	69.52
Sibsagar	74.47	81.36	81.53	86.75	66.81	75.69
Jorhat	76.34	83.42	83.62	88.38	68.49	78.22
Golaghat	69.38	78.31	77.14	84.20	60.99	72.18
Karbi Anlong	57.70	73.52	67.22	82.12	47.30	64.62
Dima Hasao	67.62	78.99	75.67	85.34	58.39	72.15
Cachar	67.82	80.36	75.73	85.85	59.41	74.62
Karimganj	66.24	79.72	74.69	85.70	57.28	73.49
Hailakandi	**59.64**	**75.26**	**68.24**	**81.61**	**50.46**	**68.54**
Bongaigoan	60.95	70.44	68.66	75.48	52.69	65.18
Chirang	52.61	64.71	61.82	71.35	42.87	57.87
Kamrup	67.73	72.81	75.89	77.64	58.95	67.69
Kamrup Metro	83.21	88.66	88.00	91.26	77.51	85.82
Nalbari	72.66	79.89	80.95	85.58	63.71	73.85
Baksa	59.57	70.53	70.32	78.55	48.33	62.23
Darrang	54.31	64.55	61.70	68.36	46.34	60.40
Udalguri	56.40	66.60	65.94	73.79	46.34	59.17
Assam	63.25	73.18	71.28	78.81	54.61	67.27

Source: Census Data, 2011

So far as District wise literacy rate on basis of sex is concerned, in 2001 male literacy rate in the district of Hailakandi was 68.24 % i.e. below to the state average of 71.28 %. Similarly in the year 2011 the male literacy raised to 81.61 % i.e. below the state average also. In case of female literacy, in the year 2001 50.46 % was literacy rate of Hailakandi District i.e. below state average of 54.61 %. However, in year 2011 there is a marked increase in female literacy of Hailakandi district i.e. 68.54 % and above

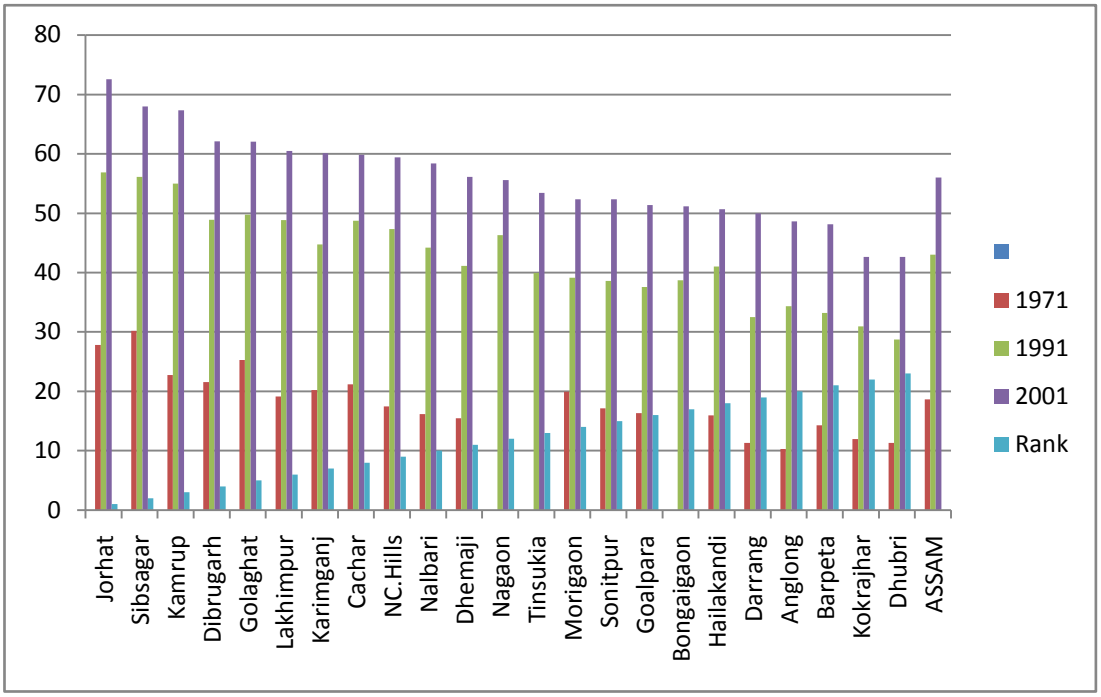
the state average. But it should be mentioned that 11 districts of Assam are ahead of Hailakandi district in respect of female literacy. There is good sign that female literacy rate has increased to some extent after the publication of Sachar Committee Report. As the district is dominated by Muslim population, Muslim girl in large number have been coming out from conservative socio-cultural tradition and among them there is a keen competition for education and resulting employment opportunity.

Table No. 5.2 Female Literacy Rates (FLR): Districts Ranked by 2001 FLR

District	1971	1991	2001	Rank
Jorhat	27.79	56.88	72.54	1
Sibsagar	30.20	56.14	68.00	2
Kamrup	22.74	55.01	67.31	3
Dibrugarh	21.56	48.89	62.10	4
Golaghat	25.28	49.75	62.07	5
Lakhimpur	19.14	48.85	60.47	6
Karimganj	20.19	44.76	60.09	7
Cachar	21.18	48.76	59.85	8
N.C.Hills	17.44	47.34	59.40	9
Nalbari	16.18	44.19	58.40	10
Dhemaji	15.45	41.12	56.11	11
Nagaon	-----	46.30	55.57	12
Tinsukia	----	39.94	53.40	13
Morigaon	19.96	39.14	52.36	14
Sonitpur	17.12	38.60	52.36	15
Goalpara	16.36	37.58	51.40	16
Bongaigaon	-----	38.72	51.16	17
Hailakandi	**15.94**	**41.04**	**50.65**	**18**
Darrang	11.32	32.53	49.95	19
Karbi Anglong	10.29	34.35	48.65	20
Barpeta	14.26	33.20	48.16	21
Kokrajhar	11.98	30.92	42.65	22
Dhubri	11.31	28.75	42.64	23
ASSAM	18.63	43.03	56.03	

Source: Census, 2001

Chart No. 5.2 Female Literacy Rate (FLR): Districts Ranked by 2001 LR



- In 1971 all districts with exception of Sibsagar, Jorhat, Golaghat had female literacy rates below 25 percent. In 1991 all the districts had crossed that mark with the lowest literacy rate for women still in Dhubri (29 percent). By 2001, FLR in Dhubri was 42.64 percent.
- Kamrup recorded the highest increase in the period 1971-91.
- On the whole, upper Assam districts of Sibsagar, Jorhat, Golaghat, Dibrugarh along with Lakhimpur continue to lead in female literacy rate.
- Districts with lowest FLR are still lower Assam districts of Dhubri, Kokrajhar, Barpeta, Karbi Anglong and Darrang.

From table no.5.2 on female literacy rates and district rank and position it is clear that the district of Hailakandi is in 18th rank in 2001. In the year 1971 female literacy rate in Hailakandi district was 15.94 % i.e. below to the state average of 18.63 %. Again, in the year 1991 female literacy in Hailakandi was 41.04 % i.e. below to the state

percentage of female literacy i.e. 43.03 %. In 2001, Hailakandi district female literacy was 50.65 % i.e. below to the state average of female literacy rate of 56.03 %. However, it may be mentioned that suddenly the female literacy rate of Hailakandi district rose to above the state average of female literacy rate in 2011 as per 2011 census report as mentioned in Table no. 5.1.

Many programmes targeting different segments of the population have been instituted to promote literacy among women, young and old. These efforts have been only partially successful on account of the lower value ascribed to women education in our society. All Indian states have registered improvements in female literacy rates due to programmes such as Mahila Samakhya, District Primary Education Programme (DPEP), Adult Literacy Mission and Non-Formal Education ventures.[6]

Gender-related Development Indicators in Literacy

While the low literacy rate may be explained by a range of factors such as non-availability of schools, teachers, equipment and infrastructure, which affect both sexes, it is social attitudes and perceptions that attach lower preference to girls. Education that increase the gender gap in literacy. Both non-economic and economic factors are discussed in literature to explain the prevalence of gender gap in literacy rates.[7]

Table No. 5.3 Population, Child Population in the Age Group 0-06 Years Literates and Literacy Rate in Hailakandi District as well as Development Blocks/Urban Bodies of Hailakandi District.

Name of Block/Urban Bodies	Population	Child Population in age group 0-06 yrs			Literates			Literacy Rate (%)				
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Algapur Dev. Block	119599	61689	57910	19767	10110	9657	75632	42251	33381	63.23	68.49	57.64
Hailakandi Dev. Block	132308	68440	63868	23229	11983	11246	80230	45358	34872	60.63	66.27	54.60
Lala Dev. Block	191172	97613	93559	32824	16729	16095	114200	63993	50207	59.73	65.55	53.66
Katlicherra Dev. Block	73266	37523	35743	12454	6361	6093	47085	25948	21137	64.26	69.15	59.13
South Hailakandi Dev. Block	94811	48482	46329	18343	9378	8965	44996	19943	25053	47.45	41.13	54.07
Hailakandi M.B.	33637	16843	16794	3309	1677	1632	27925	14348	13577	83.01	85.18	80.84
Lala T.C	11771	5827	5944	1183	609	574	9984	5029	4955	84.81	86.30	83.36
HPC Township	2732	1473	1259	169	89	80	2495	1370	1125	91.32	93.00	89.35
Hailakandi Total	659,296	337,890	321,406	111,278	56,936	54,342	407,366	226,836	180,530	61.78	67.13	56.16

Source: Population Census 2011

Table no.5.3 of the study shows the child population in age group 0-06 years literate and literacy rate in Hailakandi district on basis of block wise and town / city wise. So far as Algapur Development Block is concerned, as per 2011 census report the male population was 61689 and female population was 57910 out of total population of the block 119599. From the age group of 0-06 years the male children literates were 10110 and female child literates were 9657 only out of total 19767 populations. Out of total literate in the block i.e. 75632, male literate from the age group 0-06 years was 42251 i.e. 68.49 % of the total literacy population. However, the female literacy rate was 57.64 % i.e. 33381 out of total literates 75632 i.e. much less them the male literacy rate.

In Hailakandi Development Block the total population of the children from the age group 0-06 years was 23229. Out of which 11983 male and 11246 are female. So far as total literates of population is concerned, it is 80230 out of which 45358 i.e. 66.27 % are male and 34872 i.e. 54.60 % are female. However, out of total children population 23229 belong to the age group from 0-06 years 11983 are male and 11246 are female children literates. Hence, the male children literates' population is much ahead of male children literacy population.

In Lala Development Block study found that out of total population 191172, male population is 97613 and female population is 93559. Total child literate population in the age group 0-06 years in Lala block is 32824 out of which 12729 belongs to male and 16095 belongs to female child literate population. So far as literacy rate is concerned, total literates in the block was 114200 out of which male literates was 63993 i.e. 65.55 % and female literates was 50207 i.e. 53.66 %. Thus the female literacy from the age group 0-06 years is much below to the male child literacy rate in the block.

The total population of Katlicherra Development Block was 73266 out of which 37523 are male and 35743 are female. Total child literate population from the age group 0-06 years in the block is 12454 out of which 6361 are male and 6093 are female. Total literate is 47085 out of which 25948 i.e. 69.15 % belongs to male and 21137 i.e. 59.13 % are female literates. Like all other block Katlicherra female children literacy rate is much below to the male children literacy rate.

The total population rate of South Hailakandi is 94811 out of which 48482 are male and 46329 are female. The children literate populations from the age group 0-06 years are 18343 in total out of which 9378 are male and 8965 are female. So far as literacy rate is concerned, of the same age group the total literacy in the block is 44996 out of which 19943 i.e. 41.13 % are male and female literates are 25053 i.e. 54.07 %. It may be mentioned clear that due to the impact of Sachar Committee Report[8] on this block the number of female literacy rate has been increased in 2011 census.

So far as Hailakandi Municipal area is concerned, the total population is 33637 out of which 16843 are male and 16794 are female. The child literate population from the age group of 0-06 years is 18343 in a total out of which 9378 are male and 8965 are female belongs to age group 0-06 years. Out of total literate population of 27925 in municipal are 14348 i.e. 85.18 % are male and 13577 i.e. 80.84 % are female literates.

The total population of Lala Town committee area is 11771 out of which 5827 are male and 5944 are female. The children literacy population from the age group of 0-06 years is 1183 in total out of which 609 are male and 574 are female. The male literate population in Lala town is 5029 i.e. 86.30 % out of 9984 total population.

In HPC Township total population is 2732 out of which 1473 are male and 1259 are female. The children literacy population from the age group 0-06 years is 169 out of which 89 are male and 80 are female children. From the literacy 2495 of HPC town

1370 i.e. 93 % are male and 1125 i.e. 89.35 % are female literates. Thus it can be said that the female children as well as the women are much backward so far as different blocks and city or towns of Hailakandi district is concerned.

Table No 5.4 District-wise GER, NER and Dropout Rate in Govt./ Provincialised Primary & Upper Primary Schools, 2012-13

District	Lower Primary (LP)			Upper Primary (UP)			PTR* in percentage	
	GER	NER	Dropout	GER	NER	Dropout	LP	UP
1	2	3	4	5	6	7	8	9
Kokrajhar	106.0	96.7	11.2	90.2	83.7	9.8	26:7	22:0
Dhubri	105.2	95.1	12.2	100.1	87.4	17.9	57:7	23:7
Goalpara	103.7	94.7	15.5	95.6	85.1	17.7	35:5	18:7
Barpeta	100.8	95.4	8.9	100.1	90.4	10.3	34:0	20:2
Morigaon	97.6	96.8	15.2	94.2	93.0	17.5	31:0	21:2
Nagaon	99.1	94.4	9.6	98.5	88.9	13.7	29:9	21:5
Sonitpur	105.3	96.4	11.1	94.4	86.8	8.7	25:8	23:7
Lakhimpur	101.6	95.2	4.7	101.0	93.7	10.7	20:2	11:4
Dhemaji	101.6	99.2	10.5	98.8	97.6	10.1	24:2	14:6
Tinsukia	104.8	93.4	13.4	91.1	80.9	8.3	27:1	25:0
Dibrugarh	104.6	97.0	8.0	94.4	89.3	8.4	26:3	19:0
Sibsagar	102.1	96.8	2.7	98.6	94.4	2.5	10:3	7:9
Jorhat	102.3	94.8	7.5	105.6	96.1	6.8	20:6	14:1
Golaghat	104.3	98.9	5.9	97.5	94.1	7.7	27:0	19:1
Karbi Anglong	108.1	96.5	11.9	88.9	82.8	11.0	29:7	17:6
Dima Hasao	123.0	95.8	13.3	86.2	75.3	5.0	7:3	7:4
Cachar	104.6	95.5	12.4	101.0	89.1	13.7	45:5	23:4
Karimganj	103.4	96.1	11.3	100.6	90.0	22.5	40:4	23:9
Hailakandi	**100.4**	**92.8**	**14.6**	**108.3**	**91.8**	**22.2**	**27:6**	**12:6**
Bongaigaon	108.9	96.9	10.1	94.7	86.9	3.4	32:5	16:6
Chirang	110.8	96.4	12.3	91.0	83.0	5.3	24:3	30:1
Kamrup	98.3	93.5	8.1	108.8	95.8	2.0	26:3	14:1
Kamrup Metro	98.1	90.0	4.6	105.0	89.4	3.4	26:6	16:6
Nalbari	102.7	97.9	6.0	97.3	94.0	3.5	21:6	10:7
Baksa	104.6	91.0	12.7	109.0	92.9	5.7	33:6	16:7
Darrang	104.4	95.1	15.3	94.4	88.4	10.1	32:7	19:3
Udalguri	99.2	95.5	15.3	100.2	88.1	10.1	27:1	21:3
Assam	103.1	95.4	9.7	98.4	89.5	10.4	28:0	17:7

Source: Districtwise Statistical Hand Book,Assam

*PTR-Only for Govt./Prov. schools under Deptt. of Elementary Education. GER-Gross Enrolment Ratio; NER-Net Enrolment Ratio; PTR-Pupil Teacher Ratio

So far as Table No.5.4 on District wise GER, NER, and dropout rate in Govt. / Provincialised Primary and Upper primary Schools are concerned, in the session 2012-13 GER in L.P. of the district was 100.4 %,NER in L.P. was 92.80 % but dropout in L.P. was 14.60 % in Hailakandi. So far as U.P. School concerned, the GER is Hailakandi was 108.3 % and NER was 91.80 % but dropout rate is much higher and raised to 22.20 %. It is interesting to note that the Student-Teacher ratio in L.P. School of Hailakandi district is at 27:6 and U.P. level is at 12:6.

Table No. 5.5. Block wise No. of High/ Higher Secondary School, Student and Teacher Ratio

2012-13							
Name of Dev. Block	No. of High/ Higher Secondary School	Teacher appointment		Student Enrolment			
		Male	Female	Total	Male	Female	Total
Hailakandi	11	192	65	257	2610	2540	5150
Lala	10	126	29	155	2050	2570	4620
Katlicherra	03	30	14	44	1010	1205	2215
Algapur	07	113	32	145	2420	2370	4790
South Hailakandi	02	20	01	21	660	590	1250
Total	33	481 (77.33)	141 (22.67)	622	8750 (48.54)	9275 (51.46)	18025

Source: District Statistical Hand Book, Hailakandi

The Table No.5.5 on block wise High / Higher Secondary School Student Enrolment and Teachers Appointment is concerned, in Hailakandi block there are 11 High School including Higher Secondaries in which 257 total teachers are appointed out of which only 65 are female and 192 are male. So far as total students are concerned, it stands at 5150 out of which 2540 are female and 2610 are male. In Lala block there are 10 numbers of High and Higher Secondary School in which total 155 teachers are engaged out of which 29 are female and 126 are male persons. Student enrolment in

those school stands at 4620 out of which 2570 are female and 1050 are male students. In Katlicherra Block there are 3 numbers of High & Higher Secondary School in which total 44 teachers are engaged out of which 14 are female and 30 are male teachers out of 2215 students in Katlicherra Block 1205 are female and 1010 are male students. Hence, it can be said that in Lala and Katlicherra Blocks of the district of Hailakandi the female student enrolment is higher than the male students. In Algapur Block there are 7 numbers of High & Higher Secondary School in which total 145 teachers are engaged out of which 32 only are female and 113 are male teachers. Out of 4790 students enrolment in those school 2370 are female and 2420 are male students. In South Hailakandi Block there are 2 High & Higher Secondary School in which 21 Teachers are engaged out of which only 1 female teacher and 20 male teacher. Out of total 1250 students enrolment in the block 590 are female and 660 are male students. Thus it can be said that in Hailakandi, Lala, Algapur South Hailakandi Blocks there is clear indication of the female subordination so far as education is concerned, as the number of male teachers outweigh the female teachers from whom the girl students always get encouragement and inspiration.

Table No. 5.6 Result of HSLC in the District for the Last Three Years

Year	Appeared	Passed	Percentage(%) of Pass
2010	4807	1829	38.04
2011	4356	2464	56.57
2012	4471	2868	64.15

Source: District Statistical Hand Book,Hailakandi

Table No. 5.7 Performance of HSLC result in Hailakandi District for Last Three Years

Year	1st Division	2nd Division	3rd Division	Failed
2010	179	371	1279	2978
2011	207	637	1620	1892
2012	357	855	1656	1603

Source: District Statistical Hand Book,Hailakandi

The Table No.5.6 and No.5.7 show that in HSLC examination of 2010, a total of 4807 students appeared and 1829 i.e. 38.04 % only passed. In 2011 a total of 4356 students appeared in which 2464 i.e. 56.57 % passed. In the year 2012 a total of 4471 students appeared out of which 2868 i.e. 64.15 % passed. Hence, it can be said that as time marches on the number of students passed out has been increasing and fail students number has been decreasing. Further, only enrolment and examination appeared should not be considered as the index or, criteria of judging the standard of society's education, instead completion of education should be one of the criteria to measure the development index.

Chart: No. 5.7 Performance of HSLC Result in Hailakandi

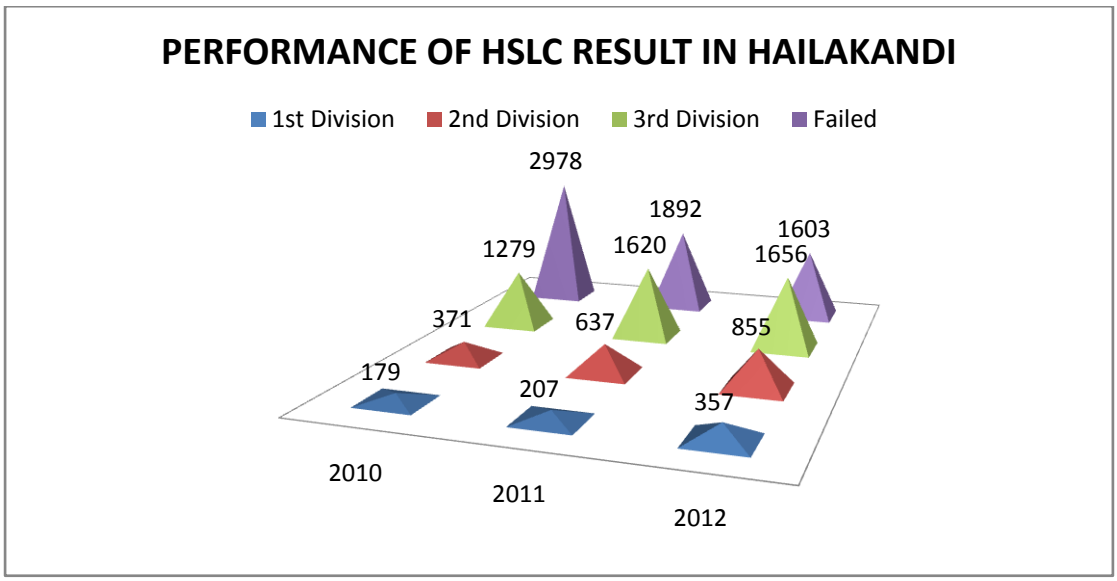


Table No. 5.8 Scheme Implemented by the Social Welfare Department

Scheme	2010-11	2011-12	2012-13
1. Financial Assistance for accidental death and for medical treatment in case of injury under "Mukhya Mantrir Jivon Jyoti Bima Achoni"			
a. No. of Beneficiary	288	33	34
b. Amount sanctioned (Rs. In thousand)	5834049	1032810	1141100
c. Amount released (Rs. In thousand)	5834049	1032810	1141100
2. Financial Assistance to 70+ aged people for purchase of medicine under "Heath Care for the aged"			
a. No. of Beneficiary (SGH)	2652	1155	830
b. Amount Sanctioned (Rs. In thousand)	1856400	1155000	830000
c. Amount Released (Rs. In thousand)	1856400	1155000	830000
3. MukhyaMantrirMahilaSamridhiAchoni			
a. No. of Beneficiary	55	30	05
b. Amount Sanctioned (Rs. In thousand)	-	-	-
c. Amount Released (Rs. In thousand)	-	-	-
4. Domestic Violence			
a. No. of Cases Registered	63	40	20
b. No. of Cases Disposed off	56	32	14
5. Unemployment allowances to disabled persons			
a. No. of Beneficiary	85	100	250
b. Amount Sanctioned (Rs. In thousand)	510000	600000	1500000
c. Amount Released (Rs. In thousand)	510000	600000	1500000
6. Marriage Assistance of BPL Girls			
a. No. of Beneficiary	213	03	03
b. Amount Sanctioned (Rs. In thousand)	2130000	30000	30000
c. Amount Released (Rs. In thousand)	2130000	30000	30000
7. Indira Gandhi Matriya SahajogYojana			
a. No. of Beneficiary	Nil	Nil	Nil
b. Amount Sanctioned (Rs. In thousand)	Nil	Nil	Nil
c. Amount Released (Rs. In thousand)	Nil	Nil	Nil
8. Sawayam Sidha			
a. No. of Beneficiary (SHG)	Nil	Nil	Nil
b. Amount Sanctioned (Rs. In thousand)	Nil	Nil	Nil
c. Amount Released (Rs. In thousand)	Nil	Nil	Nil
9. Disability Relief (At least 40% disability)			
a. No. of Beneficiary	Nil	Nil	Nil
b. Amount Sanctioned (Rs. In thousand)	Nil	Nil	Nil
C Amount Released (Rs. In thousand)	Nil	Nil	Nil

Scheme Implemented by the Social Welfare Department

Scheme	2010-11	2011-12	2012-13
10. Woman Welfare Scheme			
i. Self employment Scheme for woman	Nil	Nil	Nil
a. No. of Beneficiary	Nil	Nil	Nil
b. Amount Sanctioned (Rs. In thousand)	Nil	Nil	Nil
c. Amount Released (Rs. In thousand)	Nil	Nil	Nil
ii. Widow Re- marriage Scheme			
a. No. of Beneficiary	Nil	Nil	Nil
b. Amount Sanctioned (Rs. In thousand)	Nil	Nil	Nil
c. Amount Released (Rs. In thousand)	Nil	Nil	Nil
11Child Welfare			
i. Kishore Sakti for Adolescent Girls (NPAG)	Nil	Nil	Nil
a. No. of Beneficiary	Nil	Nil	Nil
b. Amount Sanctioned (Rs. In thousand)	Nil	Nil	Nil
c. Amount Released (Rs. In thousand)	Nil	Nil	Nil
12. Rajib Gandhi Scheme for Empowerment of Adolescent Girls			
a. No. of Beneficiary	Nil	36353	36353
b. Amount Sanctioned (Rs. In thousand)	Nil	Nil	Nil
c. Amount Released (Rs. In thousand)	Nil	Nil	Nil

Source: District Statistical Hand Book, Hailakandi

From the Table No.5.8 on Schemes implemented by the Govt. for Social Welfare it appears that the number of total beneficiaries in the year 2010 –11 was 288 and the total amount sanctioned and released Rs. 5834049 thousand and in 2011-12 total numbers of beneficiaries is 33 and the amount sanctioned and released Rs. 1032810 thousand. In 2012-13 for 34 numbers of beneficiaries the amount sanctioned and released was Rs. 1141100 thousand.

For providing financial assistance to the Marriage of BPL girls Rs. 2130000 thousand sanctioned to 213 beneficiaries in 2010-11, 3 beneficiaries got Rs. 30000 thousand

financial assistance for marriage of their girls in 2011-12 and in 2012-13 Rs. 30000 thousand also sanctioned and released to 3 persons for marriage of their daughters.

Table No.5.9 Incident of Crime under IPC in District of Hailakandi

Sl. No.	Crime	Records	2010	2011	2012	2013
1	2	3	4	5	6	7
1	Murder	Reported	23	19	15+13=28	14+0=14
		Convicted	03	03	02	05
2	Rape	Reported	72	61	52+04=56	55+05=60
		Convicted	02	01	01	08
3	Kidnapping	Reported	74	77	72+26=98	89+01=90
		Convicted	-	02	-	-
4	Dacoity	Reported	07	04	04+09=13	01+01=02
		Convicted	-	-	01	-
5	Robbery	Reported	06	06	04+01=5	07+01=08
		Convicted	-	-	-	-
6	Burglary	Reported	86	66	33+01=34	45+0=45
		Convicted	-	-	01	02
7	Theft	Reported	105	126	148+03=151	146+04=150
		Convicted	05	03	02	05
8	Rioting	Reported	143	153	171+09=180	112+02=114
		Convicted	-	03	10	07
9	Criminal Breach of Trust	Reported	26	20	13+0=13	16+0=16
		Convicted	-	-	-	-
10	Cheating	Reported	22	23	40+0=40	52+0=52
		Convicted	01	-	04	01
11	Counter Fitting	Reported	05	02	-	01+0=01
		Convicted	-	-	01	01
12	Others	Reported	133	822	682+57=739	903+15=918
		Convicted	40	42	54	37
	Total	Reported	**1502**	**1379**	**1233+123=1356**	**1441+29=1470**
		Convicted	**51**	**54**	**76**	

Source: District Statistical Hand Book, Hailakandi

N.B:- The figure of reported cases in the year 2012 &2013 are reflected as:-" Fresh Cases reported +Re-register as transfer cases=Total Cases".

From the Table No.5.9 the crime records under IPC in district of Hailakandi shows that 72 rape cases were reported in 2010 out of which only 2 are convicted. In 2011 61 rape cases were reported out of which 1 person was convicted. In 2012 56 cases were reported and 1 was convicted. In 2013 60 cases were reported out of which 8 cases convicted. Thus the number of rape cases in the district has been increasing day by day and women are always victim of the situation.

Most of the states are still far behind the goal of universal elementary education that has to be met by 2010-11 unless improvements in women's educational status take place, their chances of participating in the social, economic and political spheres will remain severely curtailed.

HEALTH

Health is one of the important indicators for the assessment of the status of women in any society and women of Hailakandi district are no exception to it. The health situation has been intricately related to their socio-economic status and affects their economic productivity as well as performance of their biological and social responsibilities. The consequences of gender discrimination are reflected in the demographic status of women in Hailakandi, in terms of high mortality rates, relatively low life expectancy at birth and the unfavourable sex ratio. Other indicators like sporadic cases of female foeticide and infanticide and unfavourable juvenile sex ratio show that there is threat evident to a woman's life throughout her biological life cycle.

Gender inequity is most visible in the health spare and reflected in adverse sex ratios, lower life expectancies, higher mortality rates and a higher incident of morbidity. The gender gap in Hailakandi district is clearly evident and brought out by the indicators

mentioned below. As health is one of the important indicators for the assessment of the status of women in the society, the health situation of the women of Hailakandi is intricately related to their socio-economic status by affecting economic productivity, performing social and biological responsibilities and above all affecting the human development of the district.

Table No. 5.10 Access to Sanitation Facilities and Safe Drinking Water

Districts	Percentage of households with sanitation facilities (1991census)	Percentage of households with access to safe drinking water (1991 Census)	Number of hospitals (2000-2001)	Number of PHCs (2000-2001)	Number of Rural Family Welfare Planning Centres (2000-2001)	Number of hospital beds per 10,000 Population (2000-2001)
Dhubri	29.64	56.10	11	23	7	3
Kokrajhar	14.41	8.93	5	37	7	4
Bongaigaon	28.21	20.46	5	23	3	1
Goalpara	37.89	31.83	5	17	5	2
Barpeta	39.42	40.45	5	41	9	2
Nalbari	18.62	64.69	11	42	7	5
Kamrup	49.76	57.71	19	51	13	10
Darrang	17.05	46.66	8	35	7	3
Sonitpur	29.99	27.50	10	28	7	10
Lakhimpur	24.88	29.03	7	23	4	4
Dhemaji	16.37	48.58	3	9	1	4
Morigaon	24.55	62.67	3	13	30	2
Nagaon	41.77	65.32	15	38	113	3
Golaghat	32.32	59.50	6	32	6	4
Jorhat	29.82	47.28	8	24	6	5
Sibsagar	32.18	54.36	4	30	8	3
Dibrugarh	48.18	67.22	7	37	3	12
Tinsukia	53.65	73.96	8	14	4	3
K. Anlong	24.94	33.88	6	35	8	6
N.C.Hills	34.61	45.54	3	12	3	14
Karimganj	73.17	17.83	2	16	5	2
Hailakandi	60.97	18.54	2	8	4	1
Cachar	63.26	20.07	8	22	8	7

Source: census of India, 2001

From the Table No.5.10 access to sanitation facilities and safe drinking water facilities are concerned, 60.97% households have sanitation facilities and 18.54% have safe drinking water facilities. However, there is gap between theory and practice. What is seen in the Table is not translated in to reality. So far as sanitation and drinking water facilities are concerned the women are the worse victims and they face

the daily crises as most of the times they confined themselves with the households' activities. Even if the people living in heart of the Hailakandi district town are not able to get the safe drinking water facility and the remote part of the district far from those facilities. It may be mentioned that in the colleges and schools located in district town of Hailakandi the girls are yet to avail the proper sanitation and safe drinking water and if it exists, only in pen and paper.

Table No.5.11 Percentage of Households in Assam with Access to Toilets (1991) by District

Districts	Households with toilets (%)
Karimganj	73.17
Cachar	63.27
Hailakandi	60.97
Tinsukia	53.65
Kamrup	49.76
Dibrugarh	48.18
Nagaon	41.77
Barpeta	39.42
Goalpara	37.89
N.C.Hills	34.61
Golaghat	32.32
Sibsagar	32.18
Sonitpur	29.99
Jorhat	29.82
Dhubri	29.64
Bongaigaon	28.21
Karbi Anglong	24.94
Lakhimpur	24.88
Morigaon	24.55
Nalbari	18.62
Darrang	17.05
Dhemaji	16.37
Kokrajhar	14.41
ASSAM	**37.43**

Source: census of India, 1991

The Table No.5.11 shows the district wise sex ratio in Assam, 1971, 1991, 2001, in which it appears that Hailakandi district is in 15th position as per 1000 males there were 923 female in 1971. The figure further increase to 929 in 1991 and a bit increased in 2001 having 15th rank in 2001.

Couple Protection Rate

Apart from anaemia, poor nutritional status, and the strain of maternity and childcare, the additional burden of contraception also falls overwhelmingly on women. The latest data available from the Department of Family Welfare (Ministry of Health and Family Welfare) reveals that female sterilisations account for 95 per cent of all sterilisations. It is as if to emphasise that since women conceive and bear children, it is their sole responsibility to control or protect themselves against further reproduction. Less than 50 per cent of couples in the reproductive age groups have resorted to some method of contraception (as on 31 March 1999). Punjab, Gujarat, Karnataka and Haryana are the best states in terms of couple protection rates. In the states of the Northeast with large tribal populations where traditional beliefs predominate, modern methods of contraception have not made much headway.

The NFHS-II in its states series records very high awareness levels (close to universal) of contraception among the surveyed population. However, adoption of these measures varies across age cohorts due to specific preferences, cultural considerations regarding family size, ideal sex composition of offspring and so on (Basu 1992; Jejeebhoy 1993; Khan et al. 1988 among others).[9] It has been noted that the adoption of contraceptive measures among the older age cohort of women of reproductive age is higher (IIPS 1995 and 2000). Male contraception, however, is still poor, with very few men agreeing to vasectomy.[10] Public awareness creation measures have been adopted by the state, aid agencies and various non-governmental organisations through the media regarding the option, possibility and relative ease of male sterilisation. These efforts will have to spread more widely to remote areas in the country.

The Issue of Survival

The indicators chosen to represent this aspect of women's or girls. Survivals are child sex ratios, infant mortality rates among girls, maternal mortality rate and life expectancy at birth among women. Child sex ratios are defined as the number of girls for every 1,000 boys in the 0.6 years group in the population. This indicator is insulated from the disturbances created by migration in the overall sex ratio for the population.[11]

Table No 5.12 The Sex Ratio in Assam, 1901-2001
(Females/ 1000 Males)

1901	919
1911	915
1921	896
1931	874
1941	875
1951	868
1961	869
1971	896
1981	910
1991	923
2001	932

Source: census of India, 2001

Chart No 5.12 The Sex Ratio in Assam, 1901-2001 (Females/ 1000 Males)

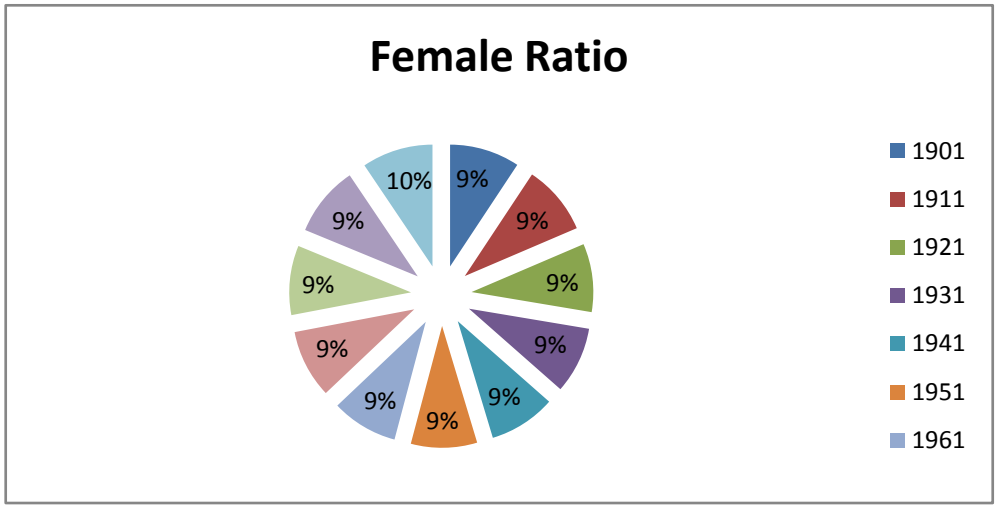


Table No.5.13 District-wise Sex Ratio in Assam, 1971, 1991, 2001

Districts	1971	1991	2001	Rank in 2001
Goalpara	939	947	955	1
Lakhimpur	895	931	952	2
Kokrajhar	913	941	945	3
Bongaigaon	926	940	945	4
Morigaon	917	941	945	5
Cachar	918	932	945	6
Dhubri	930	950	944	7
Karimganj	930	946	944	8
Darrang	907	938	943	9
Sonitpur	871	912	942	10
Barpeta	912	939	941	11
Nagaon	894	929	939	12
Nalbari	923	936	937	13
Dhemaji	874	927	936	14
Hailakandi	**923**	**929**	**933**	**15**
ASSAM	896	923	932	
Golaghat	883	920	929	16
Sibsagar	887	907	926	17
Dibrugarh	863	905	923	18
Karbi Anglong	875	907	922	19
Tinsukia	855	891	909	20
Jorhat	886	913	903	21
Kamrup	855	879	894	22
North Cachar Hills	841	857	883	23

Source: census of India, 2001

The Table No. 5.13 shows the district wise sex ratio in Assam, 1971, 1991, 2001, in which it appears that Hailakandi district is in 15th position as per 1000 males there were 923 female in 1971. The figure further increase to 929 in 1991 and a bit increased in 2001 having 15th rank in 2001.

Sex Ratios

A decline in the proportion of women in the populations of many countries the world over has been witnessed over the years. This is especially so in societies with a strong cultural tradition of son preference. Strong male preference is common not only in India but also in other Asian societies. Japan, China, South Korea, etc. Patrilineal property transfers, religious and ritualistic practices and other patriarchal social

structures together lay emphasis on the need for a male offspring. This forms the basis for a family which aspires to have at least one or more boys. The lower status ascribed to women stemming from societal beliefs and practices that view them as burdens, costs and dangers to family honour and dignity, further intensifies son preference.[12] Among the younger cohorts, the sex ratios are most strikingly imbalanced and have been declining over the years in India. India has had an imbalanced sex ratio from the beginning of the last century.[13] Even if this could have been explained by the sex ratio at birth and other factors such as mortality differentials among male and female children at different ages, what is not explicable is the continuing decline in sex ratios over a period of time. Waldron (1998) suggests that either more males are conceived or females have higher mortality than males during the embryonic and foetal stages of the child's growth.[14] This is based on certain evidences that indicate a possibility of there being far more males than females by the second month of foetal development. The reduction of male mortality at younger ages due to the improvements in health services and the existence of a gender bias in availing healthcare facilities may account for some of the imbalance. Nevertheless, this is inadequate explanation of the extent of imbalance.[15] Researchers have linked son preference to gender bias against girls in healthcare, nutrition, food allocation and so on to explain the declining sex ratio.[16] The desired family size and gender composition of children under the prevalent regime of male preference[17] work towards the elimination of girls in the foetal stages through intervention of advanced scientific technologies[18], infanticide, neglect and discrimination.[19]

Gender-related Development Indicators

Originally, the prejudice against girl children arose because girls by nature are vulnerable to sexual assault and kidnapping, thereby compromising family honour.

Second, marriages were costly affairs, turning girls into financial liabilities. Son preference has been a steady reason for the discrimination against girl children. Even today the expanding custom of dowry, adding to the cost of securing the future of a girl, and decreasing family size with a preference for sons, not daughters, are factors accounting for the rejection of girl children.[20]

It seems rational to expect poor sections of society, for whom bringing up a daughter might be economically burdensome, to resort to various measures against the girl child survival; on the contrary it is those who are prosperous who pose a threat to the lives of girls, before and after birth. This explanation holds good for the fall in sex ratios in the states of Punjab, Haryana, Gujarat and Maharashtra. The role of advanced scientific technologies in facilitating the elimination of female foetuses has been highlighted by many researchers and groups in these states where due to the connivance of greedy medical professionals the rates of female foeticide are high.[21]

The Female Infant Mortality Rate

Table No. 5.14 Infant and Child Mortality

Districts	Infant Mortality Rate (1991)		Child Mortality Rate(under five) (1991)	
	Males	Females	Males	Females
Dhubri	123	132	169	162
Kokrajhar	56	75	96	114
Bongaigaon	93	124	135	150
Goalpara	109	103	138	127
Barpeta	97	104	145	139
Nalbari	102	70	113	121
Kamrup	80	78	92	87
Darrang	118	86	131	131
Sonitpur	75	77	115	101
Lakhimpur	138	104	120	130
Dhemaji	113	117	140	138
Morigaon	106	97	141	127
Nagaon	104	89	120	114
Golaghat	66	56	97	91
Jorhat	47	48	78	76
Sibsagar	81	68	85	92
Dibrugarh	56	45	76	78
Tinsukia	82	63	90	80
K. Anlong	76	75	125	124
N.C.Hills	109	100	119	116
Karimganj	105	97	132	131
Hailakandi	**101**	**97**	**136**	**116**
Cachar	99	85	122	111

Source: census of India, 2001

From Table No.5.14on infant and child mortality rate it appears that 101 was the male infant mortality rate in 1991 where as 97 was the female infant mortality rate. As far as child mortality rate less than 5 years is concerned, in Hailakandi district 136 males mortality rate was recorded in 1991 and 116 was the female child mortality rate under 5 years of age is higher than the earlier decade.

Table No. 5.15 Block/Urban Bodies Wise Sex Ratio of Hailakandi District as per 2011 Census.

Block/Urban Bodies	Sex Ratio	Sex ratio of child population (0-6 Years)
Algapur Dev. Block	939	955
Hailakandi Dev. Block	933	938
Lala Dev. Block	958	962
Katlicherra Dev. Block	953	958
South Hailakandi Dev. Block	956	956
Hailakandi M.B.	997	973
Lala T.C	1020	943
HPC Township	855	899
Hailakandi Total	951	954

Source: Population Census 2011

As per 2011 census report and table no.5.15 in Algapur Development Block the sex ratio was 939 per 1000 male and 955 children from the age group of 0-06 years out of 1000 male child. In Hailakandi Development block the sex ratio was 933 and 0-06 years child sex ratio was 938. In Lala Development Block Sex ratio was 958, the sex ratio of child from 0-06 years was 962. In Katlicherra Block sex ratio was 953 and sex ratio of child population was 958. In South Hailakandi Block 956 was the sex ration and 956 was the sex ratio of child population from 0-06 years per 1000 male. In Hailakandi Municipality area the sex ratio was 997 and child ratio was 973. It is interesting to note that in Lala town the female sex ratio is higher than the male sex ratio having the figure of 1020 and in case of child sex ratio it is 943. In HPC town 855 i.e. much lower sex ratio per 1000 males can be observed and the same can be observed in case of sex ratio of child population from 0-06 years i.e. 899 per 1000 male.

In other words, the SRS data on IMRs does not seem to contradict the census-based sex ratios. Although these mortality figures may not be adequate in explaining the rate of decline in women's share as represented in the sex ratios, there is no doubt, however, that discrimination in access to healthcare services for females and the lower status ascribed to females in our society is at the base of excess female mortality in the infancy stages.

Infant Mortality Rates among Females and Gender Differences

Maternal Mortality Rate the Maternal Mortality Rate (MMR) is calculated as the number of maternal deaths per 100,000 live births. This indicator is based on information collected that refers to deaths of women on account of pregnancy, childbirth or within 42 days of childbirth. MMR indicates how safe motherhood is. The all-India rate for 1998 is 407. The mean age at marriage for females in India stands at 17 years despite the legal minimum age of marriage being 18 years (Census of India 1991). Early marriage leads to girls becoming mothers at a younger age. Often these young mothers are neither mentally nor physically prepared for the responsibility of bearing and rearing children. Poor health and nutritional status further take their toll, raising the number of maternal deaths. Among rural females, tuberculosis and anaemia are the prominent causes of death. This is a reflection of low immunity levels due to lack of balanced food intake, proper nutrition and healthcare for women. Even deaths during childbirth are often an outcome of these factors together with the unhygienic conditions in which both institutional and non-institutional deliveries occur, which increases the chances of severe infections that adversely affect the survival of women. Deliveries that occur without formal help or with the assistance of untrained dais (midwives) increase the risk of non-survival of infants, especially in cases of complicated pregnancies. Women living in Rajasthan,

Madhya Pradesh, Bihar and Assam have a higher propensity to die in childbirth (IIPS 2000).[22] It needs to be highlighted here, however, that contrary to popular belief, the high rates of maternal mortality are not due to reproduction, but are a result of poor health conditions that are an outcome of gender discrimination meted out over the years from childhood.[23]

Table No. 5.16 Number of State Govt. Hospitals, Primary Health Centres, First Referral Units, C.H.C.s etc. in Assam, 2012

District	Civil Hospital	S.D.C.H.	P.H.C.	F.R.U.	C.H.C.	Sub-Centres
1	2	3	4	5	6	7
Kokrajhar	1	1	38	1	5	159
Dhubri	1	1	40	1	5	246
Goalpara	1	0	39	1	1	151
Barpeta	1	1	51	2	7	264
Morigaon	1	0	25	1	2	123
Nagaon	1	0	64	6	9	354
Sonitpur	1	2	47	2	4	274
Lakhimpur	1	1	28	1	5	155
Dhemaji	1	0	21	0	3	98
Tinsukia	1	0	21	3	5	164
Dibrugarh	0	0	29	2	5	231
Sivasagar	1	2	42	3	2	219
Jorhat	1	2	41	3	5	144
Golaghat	1	1	39	1	5	144
Karbi Anglong	1	1	51	0	5	145
Dima Hasao	1	0	10	0	2	65
Cachar	1	0	32	0	4	270
Karimganj	1	0	21	0	1	217
Hailakandi	**1**	**0**	**13**	**0**	**2**	**105**
Bongaigaon	1	0	44	2	4	76
Chirang	1	0	23	0	2	86
Kamrup	1	1	21	5	9	280
Kamrup Metro	0	0	54	1	1	51
Nalbari	1	0	67	2	6	121
Baksa	1	0	44	0	5	157
Darrang	1	0	47	1	3	163
Udalguri	1	0	23	0	3	147
Assam	25	13	975	38	110	4609

Source: Districtwise Statistical Handbook,Assam

N.B.: S.D.C.H. = Sub Divisional Civil Hospital, P.H.C. = Primary Health Centre, F.R.U. = First Referral Units, C.H.C. = Community Health Centres.

From Table No. 5.16 the number of civil hospitals in Hailakandi is 1 and 13 PHCS 2 CHCS and 105 Sub Centres exists to provide health facilities in the district and stands at 19th position in 2012.

Table No. 5.17 Number of Beds in Different Type of Health Institutions in Assam, 2012

District	No. of Beds					Total
	CH	BPHC	MPHC	CHC	SDCH	
1	2	3	4	5	6	7
Kokrajhar	150	24	136	90	75	475
Dhubri	200	42	132	150	40	564
Goalpara	150	30	136	30	0	346
Barpeta	100	54	168	210	30	582
Morigaon	100	18	88	60	0	266
Nagaon	190	66	216	270	0	742
Sonitpur	190	48	156	120	120	634
Lakhimpur	100	36	88	150	50	424
Dhemaji	100	30	64	90	0	284
Tinsukia	100	24	68	150	0	342
Dibrugarh	0	36	92	150	100	278
Sivasagar	150	48	136	60	100	494
Jorhat	200	42	136	150	50	628
Golaghat	100	30	136	150	50	466
Karbi Anglong	100	48	172	150	0	520
Dima Hasao	100	18	28	60	0	206
Cachar	50	48	96	120	0	314
Karimganj	100	30	64	30	0	224
Hailakandi	**100**	**24**	**36**	**60**	**0**	**220**
Bongaigaon	150	36	152	120	0	458
Chirang	150	0	92	60	0	302
Kamrup	200	78	32	270	100	680
Kamrup Metro	0	6	212	30	0	248
Nalbari	100	42	240	180	0	562
Baksa	150	0	176	150	0	476
Darrang	100	42	160	90	0	392
Udalguri	150	0	92	90	0	332
Assam	3280	900	3304	3240	715	11459

Source: District wise Statistical Handbook, Assam

N.B.: CH=Civil Hospital, BPHC = Block Primary Health Centre, MPHC = Mini Primary Health Centre.

From Table No.5.17 it appears that there are only 220 beds in different types of health institutions exist in Hailakandi district and the district stands at 25th position in Assam in 2012. There are 100 beded CH, 24 beded CHs, 36 beded DPHC, 60 beded MPHC all total accounting together 220 beded Hospital facility found in Hailakandi district. It appears that the district is lagging behind in Assam as compare to other districts and it is noteworthy to mention here that the more health facilities are provided to the people of the neighbouring districts like Cachar and Karimganj of Barak Valley region, for which the people of Hailakandi district are bound to move outside the district for the treatment of the relatives and this more severe in case of the Pregnant Women of the district.

Table No.5.18 Blockwise Townwise Number of State Government Hospital, Primary Health Centres, Dispensaries, CHC, etc. in Hailakandi District

Up to the end of December 2012						
Block	Hospital	SDCH	PHC	Dispensaries	CHC	Sub-Centre
1	*2*	*3*	*4*	*5*	*6*	*7*
1. Hailakandi	1	1	-	2	1	99
2. Algapur	-	-	1	-	-	6
3. Lala	-	-	1	-	-	
4. South	-	-	1	-	-	
5. Katlicherra	-	-	1	-	-	
6.Total	1	1	4	2	1	105

Source: Jt. Director Health Service, Hailakandi

Table No. 5.19 Achievement in Family Welfare Programme' 2010-11& 2011-12 (BPHC wise)

Name of BPHC	2010-11								2011-12							
	Sterilization		IUD		CC USER		OPUSER		Sterilization		IUD		CC USER		OPUSER	
	TARGET	ACHIEVEMENT	TARGET	ACHIEVEMENT	TARGET	ACHIEVEMENT	TARGET	ACHIEVEMENT	TARGET	ACHIEVEMENT	TARGET	ACHIEVEMENT	TARGET	ACHIEVEMENT	TARGET	ACHIEVEMENT
Lala	650	446	700	90	-	3137	-	4092	650	380	650	516	650	9602	650	6042
Katlicherra	650	748	700	123	-	5116	-	5676	650	365	650	694	650	10288	650	9251
Algapur	650	628	700	110	-	5715	-	6417	650	422	650	1136	650	7559	650	8719
Kalinagar	300	102	500	38	-	1208	-	1111	300	65	300	63	300	1680	650	1423

Source: Jt. Director Health Service, Hailakandi

The Table No.5.19 on achievement in family welfare programme BPHC wise it is seen that in Lala, Katlicherra, Algapur and Kalinagar BPHC the cases of sterilization, IUD, CC User, OP User have not achieved the target due to perhaps the conservative nature and outlook of the people in the district and patriarchal mindset of the society.

Table No 5.20 Block wise Immunization Orogramme (2011-12)

2011-12							
Name of BPHC	Infant	Preg. Woman	BCG	DPT3	OPV3	MSLS	TT (PW) L+B
Lala	4820	5356	3960	4126	3314	4364	4711
Katlicherra	3887	4306	3612	3716	3391	3807	4137
Algapur	5581	6548	4021	5325	4989	5182	6422
Kalinagar	1027	1125	1302	1031	971	1040	890
Hailakandi Total	15315	17335	12895	14198	12665	14393	16160

Source: Jt. Director Health Service, Hailakandi

Table No. 5.21 District wise Immunization Programme in Assam, 2012-13

	Target			Performance			TT(PW)
District	Infant	PW	BCG	DPT-3	OPV-3	MLS	2+B
1	2	3	4	5	6	7	8
Kokrajhar	19709	23014	17902	16496	16388	17389	18237
Dhubri	49300	55258	49775	43839	43949	41566	50824
Goalpara	22769	26202	22784	21090	19945	20965	24300
Barpeta	37796	44135	32977	34728	31991	33497	33019
Morigaon	22456	24848	22493	21390	21749	21618	23693
Nagaon	63126	73714	63208	57632	56986	59167	62591
Sonitpur	43059	50281	41157	37911	37554	37146	38761
Lakhimpur	23132	27011	21678	19828	19704	19790	20683
Dhemaji	15343	17916	15547	14156	13953	13845	14557
Tinsukia	29198	34069	25458	23864	23003	23129	24316
Dibrugarh	29365	34291	27043	23843	23393	23734	24251
Sivasagar	25493	29768	23309	19756	20440	19704	19712
Jorhat	24069	28106	18726	18681	18686	18322	19416
Golaghat	23412	27339	20239	17813	18076	17578	18746
Karbi Anglong	21402	24991	19761	20154	19996	19038	19819
Dima Hasao	4757	5523	4747	4135	4096	3613	5174
Cachar	40025	45546	42896	36903	37102	36542	36879
Karimganj	27596	31545	29795	25203	24647	24621	29858
Hailakandi	**16775**	**18178**	**17356**	**15809**	**16198**	**15616**	**16987**
Bongaigaon	16325	19063	14954	14293	14293	14234	14641
Chirang	10649	12435	9449	8698	8728	8470	9835
Kamrup (R)	33678	39327	32369	31174	31165	31044	31014
Kamrup Metro	28069	32777	28798	24016	23730	25413	25573
Nalbari	17023	19878	15580	13810	13998	13014	12925
Baksa	21205	24761	15074	15986	15232	15084	16138
Darrang	20902	23568	24033	19684	20157	19360	20165
Udalguri	18378	21461	13450	14151	14000	13730	14921
Assam	705011	815005	670558	615043	609159	607229	647035

Source: (Table no5.21) Directorate of Health Services (FW) Assam.

From the Table No.5.20 and No.5.21 on block wise immunization programme (2011-12) it appears that in different BPHC of Lala, Katlicherra, Algapur and Kalinagar total immunization was given to infant stands at 15315, to pregnant women stands at 17335, BCG a total of 12895, BPT-3 a total of 14198, OPV-3 a total of 12665, MSLS a total of 14393 and TT (PW) L+B was 16160. In 2012-13 total infant 16775, PW 18178, BCG 17356, DPT-3 15809, OPV-3 16198, MLS 15616, TT (PW) 2+B 16987.

Table No. 5.22 Response of Respondents on Education of Female Members in Hailakandi District

Sample Blocks	Sending School	Not Sending School
Algapur Block	40 (36%)	70 (64%)
Hailakandi	86 (57%)	66 (43%)
Lala	79 (43%)	106 (57%)
Katlicherra	28 (42%)	39(58%)
South Hailakandi	30(34%)	57 (66%)

Source: Field Survey

So far as field work on female education is concerned, the respondents in response to the question of sending their girls to the school responded negatively as shown in Table no. 5.22. In Algapur block of Hailakandi district 36% (40 samples) agreed that they are able to send their daughters to the school, college and university for the purpose of education. Whereas, in Hailakandi in Hailakandi block it is 57% (86 samples), in Lala block it is 43% (79 samples), in Katlicherra block it is 42% (28 samples) and in South Hailakandi block of the district is 34 % (30 samples)

However, 64% (70 samples), 43% (66 samples), 57% (106 samples), 58% (39 samples) and 66% (57 samples) responded negatively by showing different reasons for not sending their daughters to school, colleges and university for education in five development blocks of the district like Algapur, Hailakandi, Lala, Katlicherra and South Hailakandi respectively.

Table No. 5.23 Reasons for Not Sending the girl child to School

Sample Blocks	Finance	Pressure of Marriage	Helps in Household Activities	Others
1. Algapur Block	10(14%)	20(29%)	35(50%)	5 (7%)
2. Hailakandi	4 (6%)	16 (24%)	9 (14%)	37(56%)
3. Lala	15 (14%)	40(38%)	36(34%)	15(14%)
4. Katlicherra	3 (8%)	20(51%)	11(28%)	5(13%)
5. South Hailakandi	10(18%)	20 (35%)	25(44%)	2(3%)

Source: Field Survey

The respondents of the five blocks stated different reasons like finance, pressure of marriage, helping in household activities and others for not sending their daughters for the purpose of education. In Algapur block, 14% (10 samples) mentioned finance, 29% (20 samples) pressure of marriage, 50% (35 samples).

As far as Hailakandi block of the district is concerned, 6% (4 samples) for financial reason, 24% (16 samples) for pressure of marriage, 14% (9 samples) for helping in household activities and 56% (37 samples) for others stated reasons for not able to send their children to school, college and university for education.

The respondents of Lala development block of the district responded 14% (15 samples) for financial reason, 38% (40 samples) for pressure of marriage, 34% (36 samples) for helping in household activities and 14% (15 samples) for others stated reasons for not able to send their daughters to school, college and university for education.

In Katlicherra development block of the district responded 8% (3 samples) for financial reason, 51% (20 samples) for pressure of marriage, 28 % (11 samples) for helping in household activities and 13% (5 samples) for other stated reasons for not sending their daughters to school, college and university for education.

The respondents of South Hailakandi block of the district responded with 18% (10 samples) for financial reason, 35% (20 samples) for pressure of marriage, 44% (25 samples) for helping in household activities and 3% (2 samples) for other reasons as the causes for inability for not sending their daughters to school, college and university for education. Thus, it appears that Hailakandi development block of the district is highly conscious about female education followed by Lala, Algapur, South Hailakandi and Katlicherra on the issue of women education and empowerment .

Each individual indicator has its own significance in measuring gender development or backwardness. When a set of indicators is used to measure one particular dimension of women's status, say survival, each indicator under this broad head, such as sex ratio, mortality rate, life expectancy and so on will have a distinct body of information to convey, with patterns diverging for each district. Often, puzzling contradictions occur within the district. Thus a district may be shown as advanced as well as backward, its profile changing with each individual indicator used. The use of several indicators to reveal women's status on one dimension thus provides a more nuanced picture in all its complexity. A truer, more refined picture calls for different approaches and remedies to bridge gender imbalances in different spheres within states. This study seeks to emphasise that clubbing together different variables to provide a composite index to depict a particular aspect of women's development does not reveal the contradictions that would require each district to have its own individual policy to achieve gender development and gender equality within its borders.

Conclusion

The study reveals the fact that the full and complete development of a district, and indeed the welfare of the State would require the maximum participation of women. While gender discrimination continues to be a feature of both at s State and National level, the picture is quite appalling in Hailakandi district of Assam, where the female children and women get less of everything like food, healthcare and education. Discriminatory practices against women start early. While at birth female children have a higher chance survival than boys, they lose the head start quickly due to the pressure of discriminatory socio-cultural patterns. The girl in the society is more of a liability than an economic asset. Since time immemorial, a girl child was considered to be inferior to a boy. Everybody rejoices and celebrates the birth of a male child. Whereas birth of a female child is an occasion for sorrow and sadness. Female infanticide is most commonly seen at district level where boys receive more food and medical care than girls. Female infanticide is either by direct killing or indirect killing. The status of the girl child constitutes an acid test of social development in Hailakandi. Discrimination on the basis of sex is a structural culture. The girl child is a daughter of denial. Female infanticide is a social evil that exists in our civilised society along with dowry, bride burning and child marriage. This patriarchal mind set of the people in Hailakandi district has created stumbling block on the way of human development as the bulk of the population are deprived of from the benefits of modernisation and development.

To rural people, education is a part time activity and agriculture is the main source of livelihood. Due to lack of awareness, social tradition of early marriage, girl child drop-out cases are more than the boys drop-out in the district. Women perception is that their primary task is not to get employment but to confine within house-hold

activities and parents are happy when they do the same. In most of the rural areas the schools are running without teacher and student. They exist in official file only. Inspections are seldom made by the highest authority of the district. There are less number of women in teaching and administrative jobs of the district in comparison to their male counterpart from whom they would get inspiration and encouragement as role model. Women face crime and sexual harassment of different kind outside the home, for which their education is interrupted in middle. Due to lack of proper sanitation facilities and infrastructures the guardian are not willing to send their children to the school. The present number of enrolment of girl in schools are not real indicator of educational development as most of the rural girl child incomplete their education because at the lower primary level of schooling they are attracted towards mid-day meal, distribution of study-materials but later on they drop the school when those are not available.

As the district is totally dominated by Muslim population most of the women believe in Mullagiri (Jhara-Fuka) instead of visiting a government hospital. They consider family planning is a great sin and thought it acting against the mercy of Supreme Power. Again, most of the rural guardians believe that more issues of children will double the man-power which will be helpful in their agricultural activity. Further, the rural per capita income does not permit for better treatment in better hospitals for which they suffer un-time death. Lack of awareness prevents women to take preventives during pregnancy and immunization after birth of a child. Preference of a son instead of a daughter is widely prevalent among the rural parents is another form of patriarchy that produces the reverse result. Most of the rural guardians prefer early marriage of their daughters to avoid the social crime like torture, kidnapping, rape, elopement etc. and hence it reduces the longevity because of early mother-hood. The

moneyed persons of the district rush to other places out the district for better treatment by underestimating the capability of local doctors and hospitals.

Thus, education is the most important criteria for empowerment of women in Hailakandi district as it not only reduces poverty but also helps in making women conscious about their health so that they can earn with full energy and participate in decision making at all level. Hence a well concerted effort of all the stakeholders of society and governmental agencies to reduce gender inequality is necessary by which Human Development can be translated in to a reality in Hailakandi district.