



Are Women Left behind in a Prosperous Region? Some Observations from the NCR

Shipra Maitra*

The National Capital Region (NCR) is among the first five fastest growing regions in India. The region consists of whole of Delhi and parts of Haryana, UP and Rajasthan. Three of the NCR states has significant rural population, continuously getting absorbed in the urban areas as the GSDP increases. Modern sectors like high-tech manufacturing, information technology, business and financial services and newly emerging gig economy are providing new opportunities for employment and prosperity in the NCR. At the same time, share of women labour force is significantly low in the development process thereby challenging the objective of inclusiveness, a major component of the Sustainable Development Goals (SDGs). Majority of women workers with low level of education and training, are engaged in informal sector for their unsecured livelihood. Low levels of education and skill lead to low access to decent jobs and resultant poor quality of life. Some educational and health indicators in the NCR

districts do not portray favourable situation for women.

Contribution of education and health in economic development is well documented. Investment in human capital through education, training, health, and medical facilities yields additional output and economic returns through creating and spreading productive opportunities. Improvement in human capital is critical for the NCR in sustaining its high growth level, which depends mainly on the availability of skilled labour force. The NCR states focus on women empowerment in terms of access to education and health among other indicators in the respective Vision Documents for SDGs and underline several strategies for implementation. Yet, the latest available data from the National Family Health Survey shows that the road ahead is still very long.

Women Access to Education

Delhi, the most prosperous state in the NCR, has

* Professor at Institute for Human Development

Note: This article is part of International Women's Day Series under the auspices of Centre for Gender Studies



already achieved some SDG targets in education and health. However, there are certain serious gaps related to access to these facilities for women. Girls' participation in private schools are around 12 per cent less than in government schools, indicating gender bias in the society. Expensive education is largely reserved for the male child. Gross Enrolment Ratio (GER) is a crude estimate of access to education. GER for women will largely reflect their relative situation.

The data shows GER for women in Delhi is higher than other NCR states at all levels. Education up to the elementary level is free and compulsory in India under the Right-to-Education Act (2009). It is in the Concurrent List in the Indian Constitution and both centre and states can legislate on the issue. The Act lays down specific responsibilities for the centre, state and local bodies for its implementation. It makes education a fundamental right of every child between the ages of 6 and 14 and specifies minimum norms in elementary schools. Even then, GER at elementary level is not 100 per cent at NCR states excepting Delhi. GER is declining continuously for every state at higher level of education, indicating reduced participation of women to better employment opportunities. Rajasthan reveals most alarming situation in higher education – only 18.5 per cent of women are enrolled in higher education after school. It goes without saying that absence of decent level

of education reduces scope of decent exposure and opportunities.

Exposure to better opportunities starts with higher education including technical education after school. Three major indicators of higher education for women reveal the situation in more details. Gender Parity Index (GPI) is measured as the ratio of female GER to male GER. It shows comparative status of access to education for women. Pupil Teacher Ratio (PTR) is the indicator for managing the service. If there are more pupil per teacher, personal attendance for improvement becomes difficult in crowded classes. The first two indicators are gender – specific while the third one refers to general condition of higher education. Quality of education is directly proportional to adequate availability of teachers among other things.

Comparison between Table 1 and Figure 1 shows that values of GER for higher education has increased for all NCR states within two years. All the states with exception of Rajasthan, has achieved higher values of GER than the national average. GPI values show that all NCR states excepting Rajasthan have achieved values higher than the national average, while Rajasthan is at the same level with the national average. GPI values look good on the average, reflecting no discrimination. However, more disaggregated analysis is likely to change the picture. PTR for higher education is worst in Uttar Pradesh. Higher

Table 1
GER (%) for Women in NCR States (2016-17)

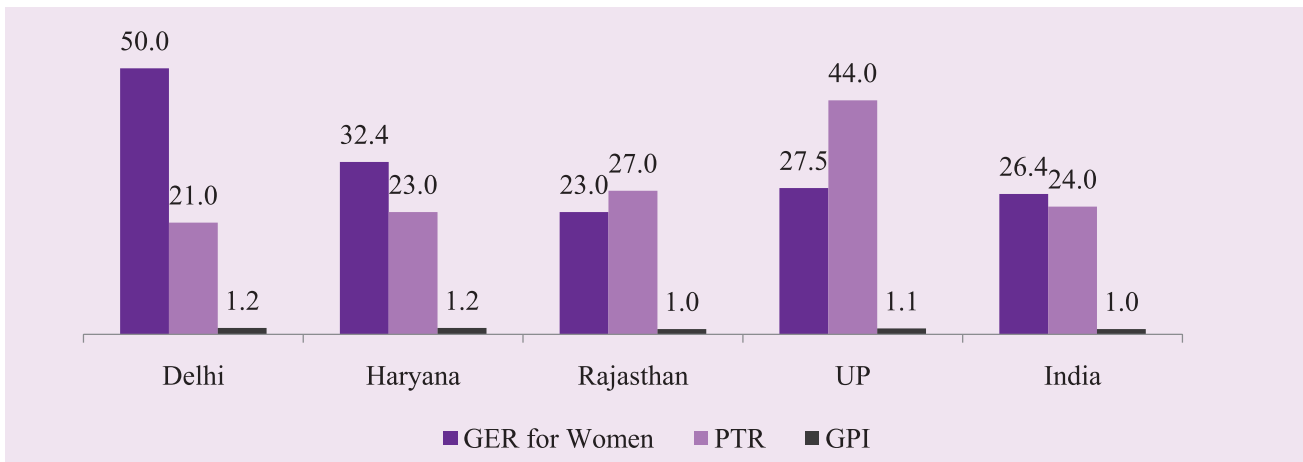
NCR States	Elementary	Secondary	Senior Secondary	Higher Education
Delhi	122.60	111.27	83.60	48.2
Haryana	95.37	84.23	59.48	26.4
Rajasthan	96.64	70.12	51.59	18.5
UP	91.83	67.86	59.26	24.9

Note: Higher Education includes Technical Education after school as well.

Source: Educational Statistics at a Glance – 2018, MHRD, Government of India



Figure 1
GER for Women, GPI and PTR in Higher Education (18–23 years) in NCR States (2018-19)

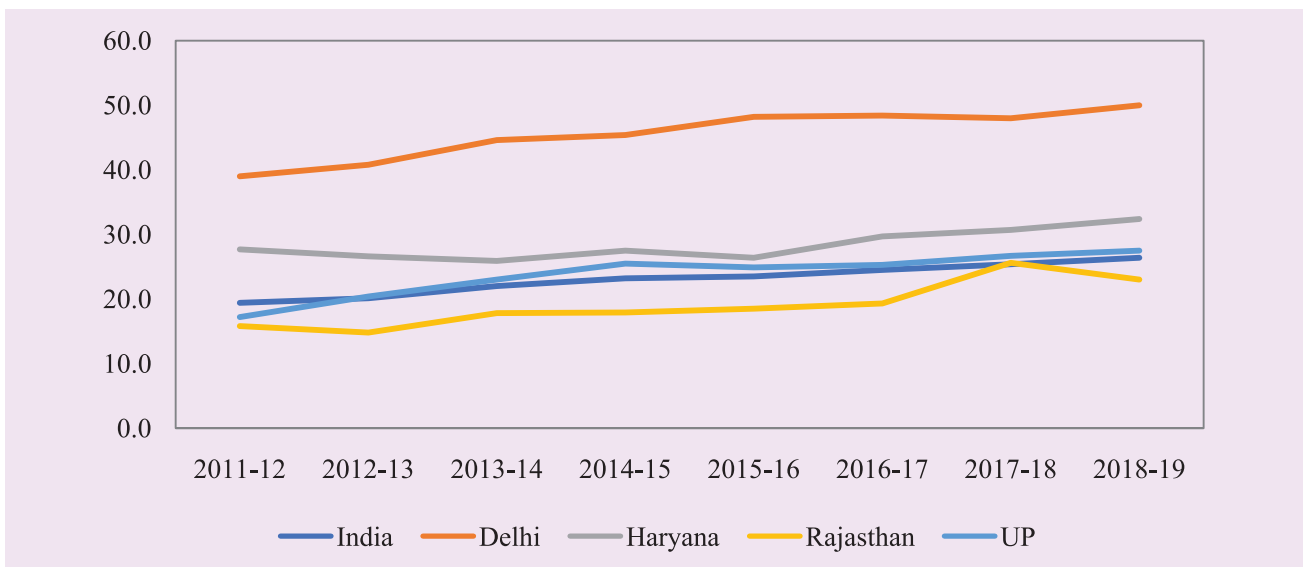


Source: All India Survey for Higher Education (2018-19), MHRD, Government of India

PTR means more crowded class rooms. The national average figure for PTR looks good. Two states show lower values than national average while Rajasthan and Uttar Pradesh show higher values. In general, women enrolment in higher education in the rest of NCR states is very low compared to Delhi. The comparatively poorer states of Rajasthan and UP show fewer young women are eligible to acquire higher skills.

Trend of GER for women in higher education during last eight years (Figure 2) shows Delhi's clear supremacy over other NCR states. Haryana is at second place with far lower values. UP barely manages to be a little above the national average. Rajasthan steadily stays below the national average excepting in 2017-18 when it becomes equal to national average value before declining again next year. The NCR districts enjoy

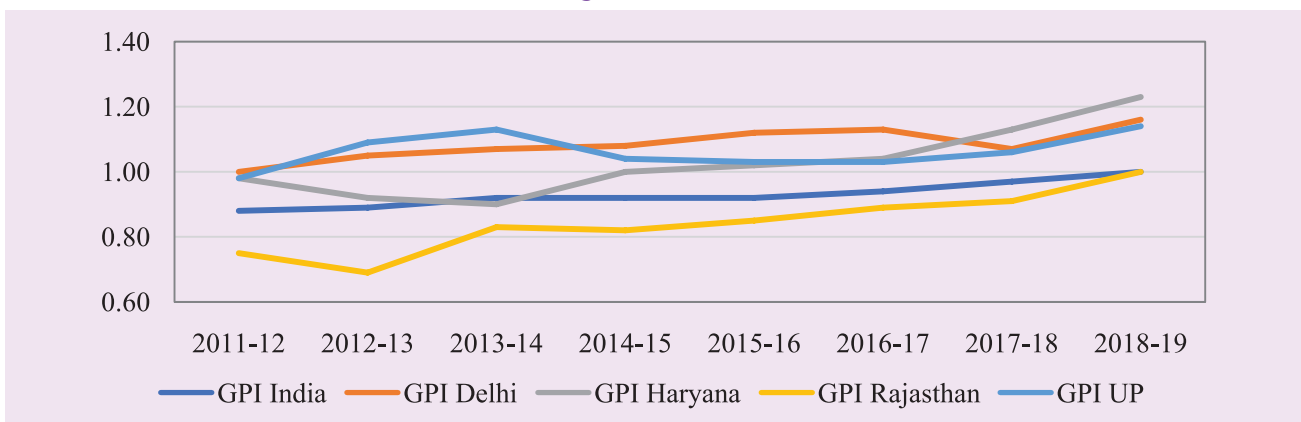
Figure 2
Trend in GER for Women in Higher Education in NCR States



Source: All India Survey for Higher Education (2018-19), MHRD Government of India



Figure 3
Trend in GPI in Higher Education in NCR States



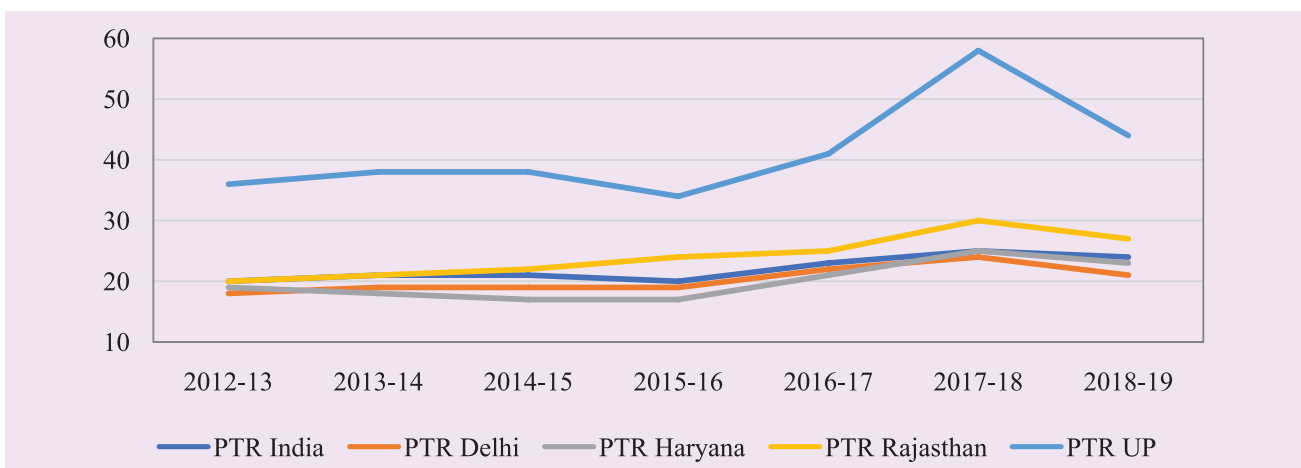
Source: All India Survey for Higher Education (2018-19), MHRD Government of India

comparatively better investment in economic and social infrastructure. District wise data is not available for higher education. It may be assumed that GER for women in higher education is not less than the state average. Rajasthan needs to look into its deficiency if opportunities are to be evenly spread. Rajasthan shows the lowest value in GPI as well, while Haryana shows steady improvement since 2012-13. Rajasthan remains the only NCR state to have GPI value lower than the national average, though last year it has been equal to national average.

The rest of the NCR states are not very different in achieving gender parity in higher education. The national average shows steady increase in GPI over time. It is encouraging that all NCR states are showing upward trend in GPI values despite occasional fluctuations.

Pupil Teaches Ratio (PTR) reveals the crowded classrooms. The higher the value of PTR, higher is the pressure on the teacher, lower is the opportunity for personal attention for the students. UP displays worst PTR values among the NCR states, showing very crowded class rooms

Figure 4
Trend in PTR in Higher Education in NCR States



Source: All India Survey for Higher Education (2018-19), MHRD Government of India



Table 2
Some Basic Indicators in Elementary Education in Districts of Delhi (2016–17)

Districts	Girls Enrolment (%)	Pupil Teacher Ratio (%)	Ratio of Girls to Boys Enrolment: Grades I to V
Central Delhi	46.6	18	0.89
East Delhi	46.5	21	0.87
New Delhi	48.7	16	0.97
North Delhi	48.7	22	0.94
North East Delhi	47.4	26	0.9
North West Delhi	46.3	21	0.87
South Delhi	47.4	22	0.89
South West Delhi	44.9	18	0.83
West Delhi	46.8	21	0.89
Delhi Average	47	20.5	0.89

Source: Elementary Education in India – District Report Card (2016-17), MHRD

and overburdened teachers. Rajasthan is much better placed than UP, but has higher values than the national average. Delhi and Haryana are very close to national average.

This is not an encouraging situation, keeping in mind the huge expenditure in the NCR on social infrastructure. However, the ray of hope is that during last two years, PTR values are falling for all the NCR states as well as for India. The three broad indicators of higher education for women show that the national capital is largely ahead of other NCR states but not catering fully to meet the growing demand for higher education. The other three NCR states need to expand its coverage in higher education for reducing gender gaps in opportunities. These indicators do not show qualitative aspects of education. RTE has only spread the coverage of elementary education. Investment in higher education needs substantial boost to reduce shortage of teachers as compared to students that leads to high values of PTR, affecting quality of education.

District Level Disaggregation in Education and Health Indicators

These indicators show nearly uniform spread of values in the districts of Delhi, reflecting uniform opportunities for elementary education. Girls enrolment is little less than 50 per cent of boys' enrolment. Low sex ratio partly accounts for that. Ratio of girls to boys' enrolment also has not reached 1 for the same reason. North East district shows highest PTR, while it is below the state average in Central, New Delhi and South West districts, depicting better schooling conditions. Over all, elementary education is uniformly distributed in the state with some little disparity in places.

However, the number of out of school children and reasons for drop out are serious areas of exclusion. Out of school children denote dropout/discontinued/never attended children in the age group of 6-17 years. According to Delhi government's Socio-Economic Survey



Table 3
Reasons for Adolescent Girls (11 to 14 Years) dropping out of School in Delhi

District	Desired level Achieved	Engagement in Domestic Duties	Engagement in Economic Activities	Financial Constraint	Other Reasons
North West	9.68	19.06	5.07	30.54	35.64
North	10.29	18.61	5.91	24.90	40.30
North East	8.48	17.32	11.32	28.97	33.90
East	8.78	14.40	6.15	33.47	37.20
New Delhi	17.56	15.88	7.02	37.25	22.29
Central	11.52	27.88	7.64	25.44	27.52
West	17.26	14.77	7.11	29.12	31.75
South West	7.20	34.00	9.54	18.37	30.90
South	12.03	8.18	3.16	24.40	52.23
Shahdara	11.94	12.66	9.29	32.55	33.56
South East	10.75	11.85	9.30	30.88	37.22
Delhi	10.96	17.71	7.50	28.59	35.24

Source: Report on Socio-economic Profile of Residents of Delhi (2020), Delhi Government

(2020), there are 2,21,694 out of school children of which 26,174 are adolescent girls. The major reason that they had to drop out is financial (Table 3). Elementary education is free in government schools in India. Even then, there are some associated expenditure like tuition fees, transport, preference for private schools and the like that many families cannot afford to pay. The central and the state governments have various schemes for supporting girl's education with financial and other incentives. It appears that a significant number of girls are still outside the welfare net.

Outreach in Education and Health for Women

We have tried to find out how access to health and education for women are spread out over districts of the NCR states. In Delhi, schooling is spread over all districts more or less uniformly. But, percentage of women with 10 or more years of schooling varies from 48 to 64. Large number of women thus remains low skilled and low

productive. Institutional births and registration of births are quite uniform all over Delhi, but there are significant number of women who have been married before 18 years of age. Percentage of mothers having antenatal checkup in first trimester varies from 54 to 77. There are large number of women aged between 15 to 49 years who are anaemic. This percentage varies from 33 to 66 in the districts (Table 4).

There are wide variations in the districts of other three NCR states as well related to outreach of social infrastructure facilities to women. The percentage of women with 10 or more years of schooling varies from 22 to 54 only, much lower compared to national capital (Table 5). In the districts of Rajasthan, around 50 per cent births are not registered. The percentage of women married below 18 years of age varies from 8.4 in Muzaffarnagar to 40.8 in Alwar. In Mewat, only 37.6 per cent of total births in a year are Institutional birth. Bhiwani records 96.8 per cent women aged between 15 to 49 as anaemic.



Table 4
Basic Education and Health Indicators in Districts of Delhi: 2015-16

Indicators/ District	Central Delhi	East Delhi	New Delhi	North Delhi	North East Delhi	North West Delhi	South Delhi	South West Delhi	West Delhi
Population (female) age 6 years and above who ever attended school (%)	83.8	85	82.7	83.1	79.3	80.3	80.2	77.5	85.2
Women who are literate (%)	86.7	84.6	83	83.5	83.7	76.2	80.4	77.6	86.6
Women with 10 or more years of schooling (%)	62.5	63.4	61.5	50	52.2	48.1	51.7	52.8	64.9
Children under age 5 years whose birth was registered (%)	92	87.2	86	81.3	86.5	86.6	78	96.1	92.3
Women age 20-24 years married before age 18 years (%)	5.9	5.8	19.1	14.4	12	15.9	15.2	22.9	7.7
Mothers who had antenatal check-up in the first trimester (%)	69.6	55.6	56.4	62	63.7	54	68	61.2	77
Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	75.2	57.7	49.1	49.1	63	59.8	53.4	69.7	72.6
Institutional births (%)	96.3	84.5	82.6	88.9	78.5	78.1	84.1	89.1	88.4
All women age 15-49 years who are anaemic (%)	48.8	38.7	57.8	51.7	33.4	51.1	58.6	66.6	66

Source: NFHS-4 - 2015-16

The richest districts of the NCR, i.e., Gurugram, Faridabad and Gautam Buddha Nagar display some very low values of education and health indicators. In Gurugram, only half of the women (51%) went to school for more than 10 years. This figure is much less for Faridabad (42%) and Gautam Buddha Nagar (44.5%). The percentage of anaemic women is highest (73.2) in the richest NCR district (Gurugram). In Gautam Buddha Nagar, around one third of total women do not go for institutional birth. Thirty to fifty per cent of women do not get any formal postnatal treatment within two days of childbirth in these three districts.

Major Challenges

NCR region displays serious challenges in spreading educational and healthcare facilities. The RTE Act has only helped in increasing GER in elementary education. This has not been associated with related framework to lay strong foundation in improving quality of education or making it affordable for higher level of education, resulting in high drop out rates after elementary level. According to the RBI data, Delhi government spends the highest percentage of state budget in the country on education and health. Yet a significant number of girls still drop out at school level as they cannot afford



Table 5
Basic Education and Health Indicators in the NCR Districts (excluding Delhi): 2015-16

Districts	Women (6+ years) ever attended school (%)	Women Literacy Rate (%)	Women with 10 or more years of schooling (%)	Children under age 5 years whose birth was registered (%)	Women age 20-24 years married before age 18 years (%)	Mothers who had antenatal check-up in the first trimester (%)	Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	Institutional births (%)	All women age 15-49 years who are anaemic (%)
Alwar	61.2	59.1	28.9	56.1	40.8	52	50.7	81.9	40.2
Bharatpur	56.3	52.5	22	52.2	37.3	44.7	44.3	79.4	41.6
Gurugram	76.7	74.6	51	91.1	36.5	38.3	57.1	74.2	73.2
Faridabad	73.5	74.2	42	92.1	21.6	48.3	60.2	72	54.1
Jhajjar	72.6	82.5	53.2	97.9	16.7	68.6	62.2	86.9	61.1
Rewari	68.8	77.6	43.1	93.3	21.1	54.7	71.1	90.2	65.1
Sonipat	74.3	82.1	54.4	97.7	21	72.9	75	83.7	66.5
Panipat	74.8	78.6	54	96	15.1	72.6	66.5	78.2	66.2
Karnal	73.1	78.4	46.6	99.6	8.6	80.2	85.2	92.7	67
Rohtak	71.4	78	46.7	95.6	22.7	73.2	76.5	86.3	57.8
Mewat	47.1	35.6	12.6	75.7	40	12.8	27.3	37.6	70.1
Palwal	61.8	59.8	33.2	86.4	29.1	30.7	28.6	56.2	60.3
Jind	68.7	77.2	47.9	98.6	17.4	82.5	66.1	92.9	62.6
Bhiwani	68.9	76.2	45.3	97.2	23.6	70.9	77.3	87.2	96.8
Mahendragarh	70	79	49.6	96.7	18.7	74.1	76.8	96.8	63.5
G. Buddha Nagar	75.3	74.1	44.5	72.9	21	69.1	72.6	70.9	57.6
Ghaziabad	74.1	74.6	43.8	69.9	18.3	62	61.1	68.3	56.6
Meerut	68.2	70.4	37.4	60.6	8.9	64.4	64	65.2	59.9
Bulandshahr	60.4	58.9	28.2	62.4	18.7	60.9	59.3	68.8	56.2
Muzaffarnagar	63.1	64.4	30.4	61.7	8.4	59.7	71.3	65.8	64.6
Baghpat	66.1	70.2	41.3	71.5	14.3	64.8	74.4	76.2	64.4

Source: NFHS-4 - 2015-16

the expenditure. Rajasthan does very poorly on vital indicators like young women literacy, GPI and the like.

There are unfulfilled tasks at both elementary and higher level of education. At elementary level, both quantitative expansion and qualitative improvement are required. Delhi has displayed remarkable achievements in various fields of school education with policies like Mission Buniyad, Happiness Curriculum, improvements

in school infrastructure and various incentive schemes like the Ladli Programme to attract and retain girl students. But the drop out rate is still a major challenge. Other NCR states also need to revamp the implementation programmes to increase the share of women who have completed school level education.

Socio-cultural norms are long-standing barriers to women education. Various studies have established the regressive impacts of such



norms on exposure of women to outside world. The NCR states, especially Haryana and Rajasthan have not been able to come out of this barrier despite having increasing economic growth. This restricts women from acquiring higher level of skill and deprives the state from utilizing half of its labour force productively.

Public safety is another major non-economic reason to restrict women mobility and refrain from going to school. Women related crimes are alarmingly high in the NCR states.

All the states have several schemes to provide financial help to girl students. However, there are large gaps between target students and beneficiary students.

There is 100% FDI approved in the education sector. This has resulted in rapid increase in the number of expensive international schools in the NCR. Government schools need to be strengthened adequately so that comparatively economically weaker are not deprived of quality education.

NCR is attracting various high-tech jobs in both manufacturing and service sector. Higher education with proper skill development will increase employability of women. This needs large investment in education with emphasis on boosting and updating teaching and skilling ecosystem. This will further accelerate job creation and fast-track the process of economic growth that the NCR is witnessing presently.

Delhi provides one of the best healthcare systems in the country. Even then, the healthcare facility is not inclusive. There is some serious lacuna in supply of healthcare facilities including lack of awareness. Haryana, Rajasthan and UP region also have quality medical facilities mostly in the private sector, not affordable to many. The government facilities are generally inadequate in numbers and inferior in quality. Long queues and

waiting times often discourage women to go to government hospitals as often they have to make a balance between domestic chore other works.

There are some important public healthcare schemes focussed on women. But lack of awareness prevents the target group to realise the benefits.

The Way Forward

The NCR is fast growing region and will continue to do so with several incentives from the state governments. It is attracting huge migration, both intra-state and inter-state with resultant pressure on infrastructure including education and health. People from outside the region also come here for better education and health facilities. The constituent states are spending heavily on industrial infrastructure. They need to make balancing expenditure in education and health also with strong focus on women in order to make growth process inclusive.

National Education Policy (NEP) has given focus to innovation, entrepreneurship and skill development. There are several programmes to encourage women entrepreneurs. The NCR states need to align state education policies to take the advantages of central assistance for improvement of higher education and skill development.

Various Government initiatives are being adopted to boost the growth of distance education market besides focusing on new education techniques, such as E-learning and M-learning. Distance education model with flexible learning time is very suitable for women whose studies were disrupted earlier. The quality of distance education must be the same as regular education so that both are equally acceptable in the job market.

Education sector has seen a host of reform and improved financial outlays in recent



years that could possibly transform the NCR into a knowledge haven. With human resource increasingly gaining significance in the overall development of the country, development of education infrastructure is expected to remain the key focus in the current decade. In this scenario, infrastructure investment in the education sector is likely to see a considerable increase in the current decade.

Furthermore, with online mode of education being used by several educational organisations, the higher education sector is set for major change and development in the years to come. Online mode is likely to be very suitable for women for its flexible mode. All NCR states should address the challenges aggressively. District level differences should be mapped for various indicators to focus on spatial deficiencies and work on corrective measures. District wise skill mapping is a must for creating the supply infrastructure and assessing employability with special focus on women.

Quality education and health facilities need to be affordable.

- There are some major public healthcare schemes to focus on mother and child health.
- Janani Suraksha Yojana: Under this centrally sponsored programme, pregnant women of BPL, SC and ST families both in urban and rural areas get financial incentives for institutional delivery. There are various awareness generation programmes as well.
- Janani Shishu Suraksha Karyakram: This is another central scheme to provide free facilities to pregnant women and infants (below 1 year) in terms of food, supplements,

medicines and diagnostic services. All government hospitals and medical centres provide free two-way transportation and blood transfusion for delivery and pre-natal/post-natal complications.

- Public expenditure should increase significantly in order to make healthcare accessible and affordable. Capital expenditure in health should increase substantially to reduce the supply-demand gap in critical areas. There are several health insurance schemes which need to be realigned to suit the needs of vulnerable sections. There should be elaborate awareness building and counseling arrangements to reach the benefits to target groups.
- Registration of birth and death should not be a routine job of the local bodies. It should be disseminated systematically in order to plan the schemes for development of children as well as causes of their premature death. Antenatal and postnatal care should be tracked from here. The local bodies and primary healthcare centres need to be jointly proactive.
- Healthcare is one critical area that requires application of e governance desperately. Every transaction and application of health-related works should be recorded to avoid duplication of work. Decision making at various level should be quick and effective. Health related requirements should be mapped so that all data are available for effective policy decision. Tele conference and tele medicine should be attempted wherever possible. Health status in every district need to be mapped to identify healthcare needs like number of anaemic women and children.