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Our women and children - present status

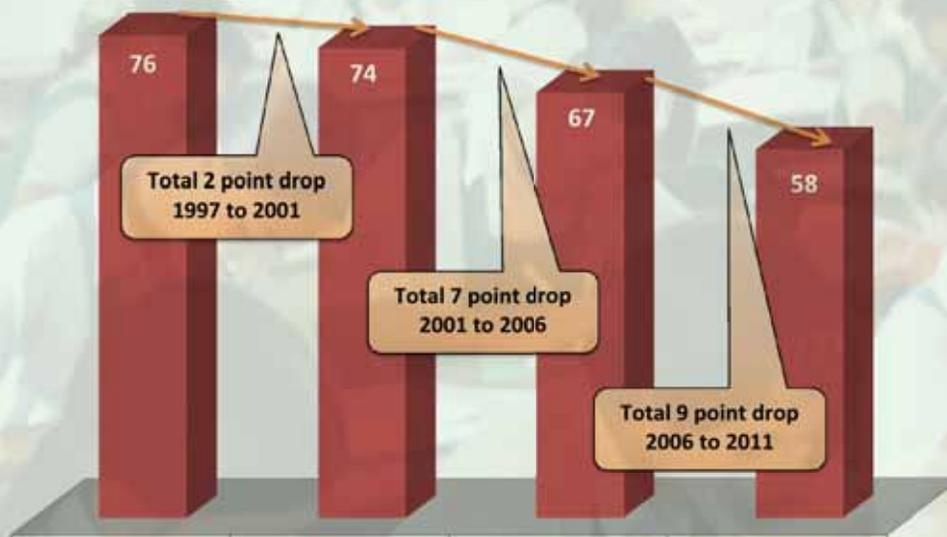
Infant Health

After multipronged initiatives the Infant mortality rate has reduced considerably.

Graphic depiction of the chart showing the declining IMR figure for the state of Assam

Status of IMR in Assam:

Trend of Infant Mortality Rate (IMR)
per 1,000 Live Births



Indicator	Assam	India
	SRS Bulletin, RGI, 2011	SRS Bulletin, RGI, 2011
Infant Mortality Rate (IMR) per 1,000 Live Birth, 2010	58	47

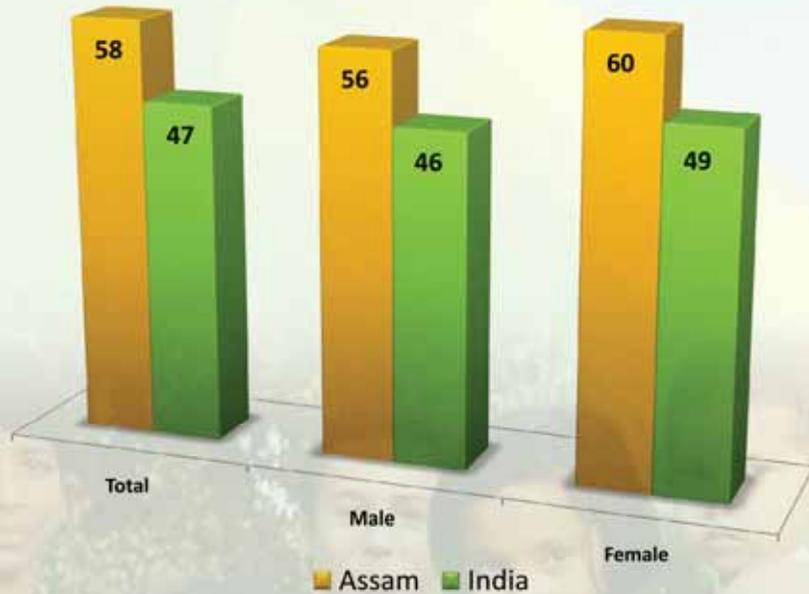
As per the SRS (December, 2011), Infant Mortality Rate (IMR) in Assam (2010) is 58 per 1000 live births against 47 for the country as a whole. Admittedly, the IMR has improved considerably during 2000-2011. In 2000, the IMR for the state was 74.5 against the all



India figure of 67.8. There has, therefore, been an improvement by 22 percent in Assam vis-à-vis 30 percent for the country. This improvement is due to continuous and multipronged initiatives of the government.

Despite a marginal reduction in the **Infant Mortality Rate (IMR) (by 3 points)** from 61 per 1,000 live births¹ (2009) to 58 per 1,000 live births (2010), Assam continues to rank among

Infant Mortality Rate



IMR District wise

Top five districts with the highest IMR



Infant Mortality Rate in Districts



Source: Annual Health Survey 2010-11

Graphs Courtesy: UNICEF

the four highest IMR States in the country, next only to Madhya Pradesh (62 per 1,000 live births), Uttar Pradesh and Orissa (61 per 1,000 live births), and far higher than the

¹SRS Bulletin, Dec 2011



national average of 47 per 1,000 live births. Within the North East region, all the other States have better IMR as compared to Assam. Besides, the IMR in Assam is worryingly biased towards the rural and female population which indicates that if you are a girl infant in the rural areas, your chances of survival beyond the age of one year is much lower than your male or urban counterpart.

Moreover, the **Neonatal Mortality Rate** (NNMR), i.e. the number of infant deaths in less than 28 days of birth for Assam is 33 per 1,000 live births² in 2009 which indicates that, of the total infant deaths in the State, 54.7 per cent take place within the first 28 days of birth.

The **under-5 Mortality Rate** (U5MR) in Assam is 87/1,000 live births³ in 2009, as compared to the all India figure of 64. Here again, the bias against the girl child with Assam recording 91 per 1,000 live births, which is one of the highest in the country.

It is, therefore, imperative that the IMR should be reduced at a much faster pace i.e. at least two third of the present rate, with a special emphasis on rural and girl child, so that life expectancy as well as overall human development index improves.

Maternal Health

As per the SRS (July, 2011), the Maternal Mortality Ratio (MMR) in Assam (2007-09) of 390 per 100000 live births is the highest in the country, the corresponding national attainment level is 212. Nevertheless, the state has come a long way since 2001-03. In 2001-03, Assam's MMR was 490 (India 301) which declined by a mere 2 percent to 480 (India 254) in 2004-06. However, the decline during 2006-2009 has been remarkable i.e. near 19 percent considering the high base. This has been possible due to progress in institutional deliveries especially initiatives under the Janani Suraksha Yojana (JSY).

One of the measures for improving MMR is the safe delivery. Incidentally, safe deliveries remain a challenge in the State; as per the DLHS-3(2007-08) data, approximately 40 percent of deliveries in Assam are attended by trained attendants while the corresponding figure for all India is 52.7 percent. The JSY is a safe motherhood intervention under the National Rural Health Mission (NRHM) which focuses on reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. With the introduction of the JSY from the year 2005, there has been almost 22 times increase in institutional delivery in the State. However, improving the safe motherhood still remains a major challenge for overall improvement in the maternal and therefore child health in the State.

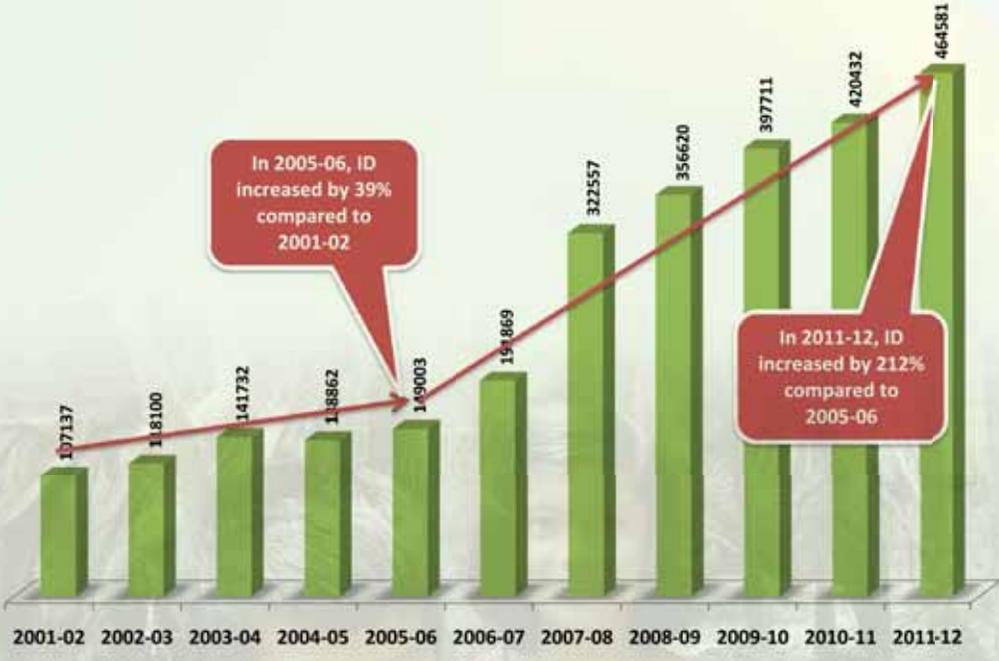
²SRS Bulletin, 2010

³SRS Bulletin, 2010

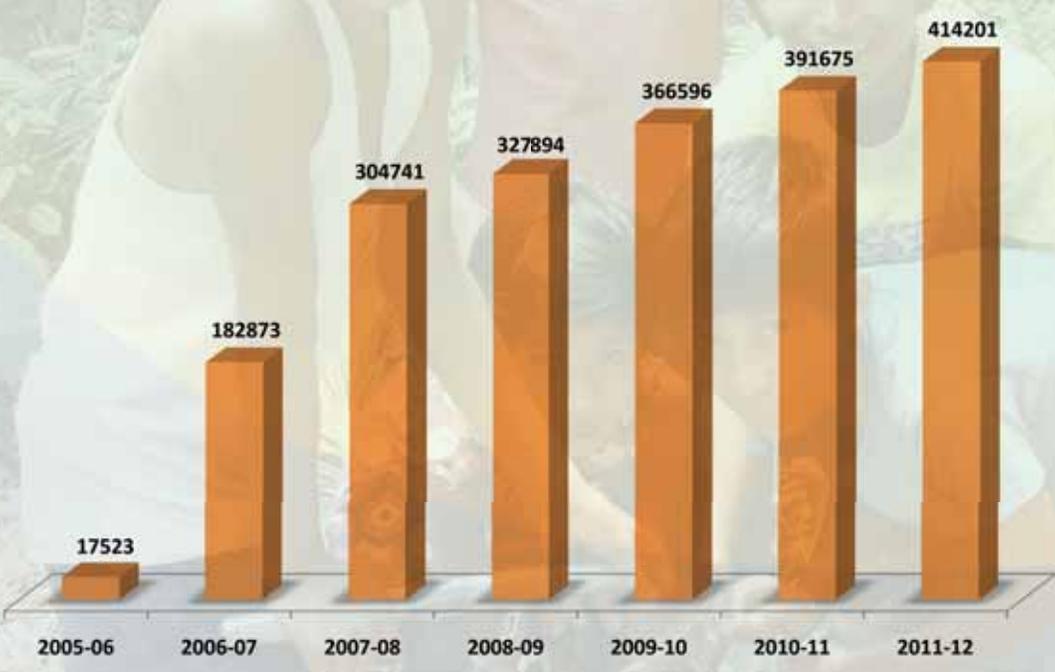


Status

Trend of Institutional Delivery in Assam (HMIS Report)
 showing number of institutional deliveries over the years



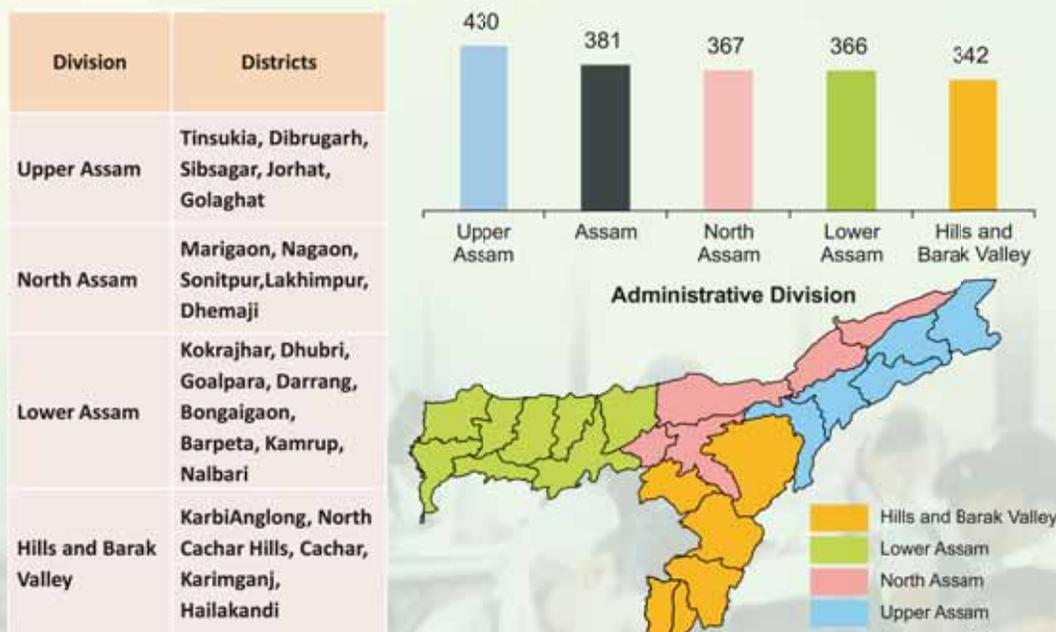
Trend of JSY Beneficiaries in Assam (HMIS Report)
 showing number of beneficiaries over the years





Indicator	Source : ORGI/SRS 2007-09 / June 2011	
	Assam	India
Maternal Mortality Ratio (MMR) per 1,00,000 Live Births	390	212

Maternal Mortality Ratio in Assam



Source: Annual Health Survey 2010-11

Graphs Courtesy: UNICEF

One of the biggest challenges facing Assam in the area of children and women development is high **maternal mortality**. Although we have achieved the maximum decline of 90 points in maternal mortality ratio between 2005-06 and 2007-09⁴, Assam, continues to remain the State having the highest Maternal Mortality Ratio (MMR) of 390 per 100,000 live births in the country (all India average : 212, with Kerala having the lowest MMR at 81).

Safe deliveries, too, remain a challenge; as per the DLHS-3 data, 39.9% of deliveries are attended by trained attendants; the all India average is 52.7%.

As for **institutional births**, Assam is at 64.4% (CES, 2009) which is lower than the national average of 72.9%.

Total Fertility Rate

As per SRS (July, 2011), the TFR in Assam (2009) is 2.6 which is at par with the all India level, the TFR in rural (2.8) areas of the State is higher than the urban areas (1.5). Since

⁴SRS Bulletin

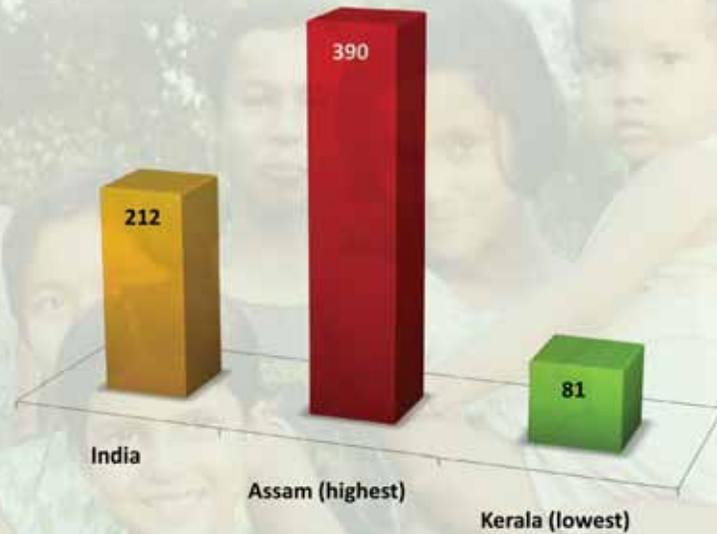


2001, the TFR in the state is showing a secular decline from 3.0 to 2.6, the rate of decline being equivalent to the national level. However, given the present growth rate of population, although the percentage decadal growth in population registered a decline from 18.92% (1991-2001) to 16.93% (2001-2011), in absolute numbers, the population of the State increased by 45 lakhs during the last decade, with all districts reporting population growth. The fertility rate is close to the all India average at 2.6, with the birth rate (21.9⁵) and death rate (7.2⁶) lower than the all India average.

TFR equivalent to replacement rate (2.1) is essential for equal sharing of the benefits of growth.

Family planning and reduced family size are important processes in shaping health outcomes. The state government has been trying to promote family planning measures to address the reduction in TFR. The data from NFHS-III (2005-06) over NFHS-II (1997-98) reveal that family planning method adopted by currently married women in the age group of 15-49 has increased from 43.3 percent to 56.5 percent. Similar trend is also observed in the DLHS-II (2002-04) and DLHS-III (2007-08).

Maternal Mortality Ratio



Status

Indicator	Source :		
	Assam (2005)	Assam (2009)	India (2009)
Total Fertility Rate	2.9	2.6	2.6

Source: SRS Bulletin, 2010

^{5 & 6} Annual Health Survey 2010-11



Anaemia & Undernutrition

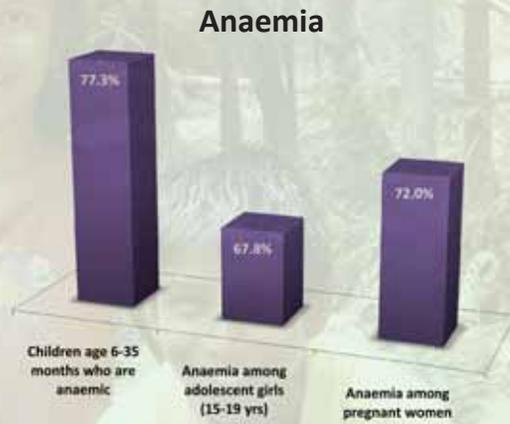
Status

Indicator	Source : NFHS-3 (2005-06)	
	Assam	India (Yr)
% Children (0-3 years) who are underweight	40.4	42.5
% Children (6-35 months) who are Anaemic	76.7	78.9

As per NFHS-III, an estimated 35.8% of 0-3 year old children in Assam are underweight (low weight for age); with strong rural (36.7) urban (27.9) differences. The all India data from the NFHS-III shows that percentage of underweight children is 40.4 percent and the corresponding rural and urban figures are 43.7 percent and 30.1 percent respectively. Although the available statistics indicate that the state is relatively better off compared to the all India level, it is still a matter of concern since more than one-third of Assam's young children remain vulnerable.

Anaemia in children impair cognitive performance, motor development, and scholastic achievement thereby severely implicating human development. The situation therefore needs urgent attention and therefore forms a major component of my vision plan for women and children.

The prevalence of **nutritional anaemia**, in young children (6-35 months) is high with an estimated 77.3% children reported as being anaemic⁸ -- an increase from the previous 63.2%⁹.



Status

Indicator	Source : NFHS-3 (2005-06)	
	Assam	India (Yr)
% Adolescent Girls (15-19 years) who are anaemic	67.8	55.8
% Anaemia in Pregnant Women (15-49 years)	72.6	57.9

Anaemia in women Assam is fairly high. As per NFHS-III, the incidence of anemia has been found among 72 percent of pregnant women within the age group of (15-49) years in Assam. In rural areas the situation is marginally worse (72.7 percent). The all India

⁸NFHS-3 2005-06

⁹NFHS-2 1998-99



the corresponding figure is 57.9 percent and 59 percent respectively. Most significantly, the prevalence of anemia in the state is getting worse since it has increased by 3 percent during 1998-99 to 2005-06. Besides, the anemia is also widely prevalent among women in general and NFHS-III records that 69.6 percent of ever married women (15-49 years) are anemic.

Approximately 67.8% percent of adolescent girls (15-19 years) are anemic in the State. Incidence of anemia in women can result in maternal mortality, weakness, diminished physical and mental capacity, and increased morbidity from infectious diseases, pre-natal mortality, premature delivery, low birth weight. Therefore redressing anemia among women in the state requires an urgent attention.

Girls marrying before 18 years

Status

Indicator	Source : DLHS-3 (2007-08)	
	Assam	India (Yr)
Girls married before age of 18 years (during survey period)	21.8	21.5

As per the DLHS-III (2007-08), in Assam 40 percent of women in the age group of 20-24 years were married before the legal age of 18 years. The corresponding all India figure is 42.9. percent. The survey further, shows that girls married below age 18 (marriages occurring during reference period i.e. 2004) is 20.8 percent in the state against the all India figure of 22.1 percent. The data indicates that so far as the legal age of marriage is concerned, the situation in Assam vis-à-vis the all India scenario is better. Further, the trend is indicative of significant improvement in the age at marriage of women. This is corroborated by the increase in the mean age at marriage of girls from 20.4 years (DLHS-II) to 20.8 years (DLHS-III) in the state. The increase in the mean age of marriage for women has cascading effect on the maternal and child health. Given this backdrop, there is need for further acceleration of this positive trend

Education for the female child

The C.M's Vision 2016 for women and children also lays emphasis on education. Within the social sector, the influence of education is the most important and education impacts all types of human development outcomes. Education (especially of the girl child) is an important input as well as an outcome indicator influencing other development indicators like health, nutritional status, income and family planning. The benefits of education, particularly, girl's education accrues from one generation to another.



The universalisation up to secondary level of education during the next five years would therefore call for definite actions in increasing enrolment across gender not only at the level of primary but also at the level of secondary together with reducing the drop-out rates at all levels of elementary education(class I-VIII).

Status

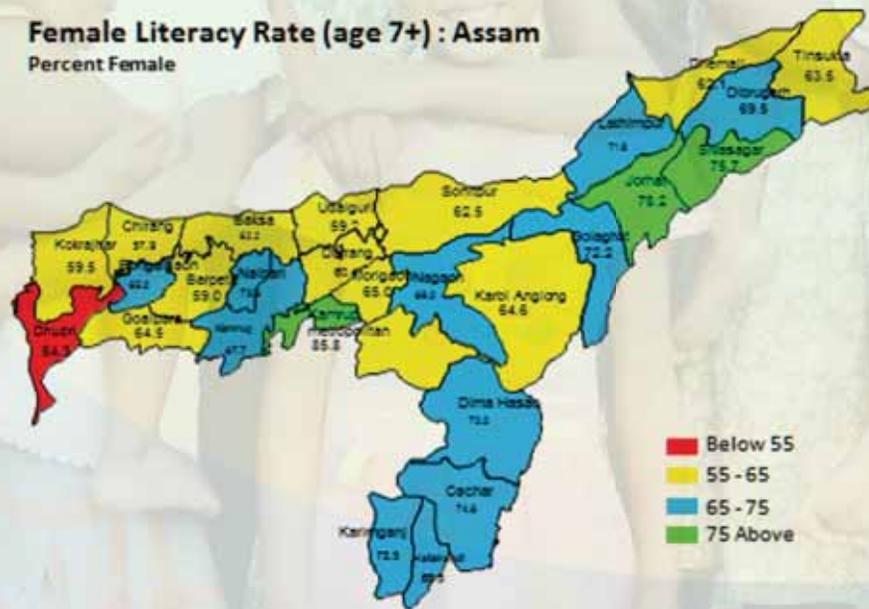
Indicator	Source : Census of India 2001 & 2011 / SSA Report		
	Assam (2001)	Assam (2011)	India (2011)
Literacy Rate (population above 7 years) (%)	63.25	73.18	74.04
Female Literacy Rate (%)	54.6	67.27	65.46
Male Literacy Rate (%)	71.28	78.81	82.14
Transition Rate for Girls from Class IV to V	90.5 (2007-08)	92.4 (2010-11)	

Assam's literacy rate for population above 7 years is 73.18%¹⁰ (an increase of nearly 10% as compared to 2001); this, however, is lower than the national average of 74.04%.

While male literacy rate at 78.81% is higher than the female literacy rate at 67.27%, a positive sign is that female literacy has increased at a faster pace as compared to male literacy.

At 104.4%¹¹ Assam's **gross enrolment ratio** (GER) at the primary level is at par with the national average; however, enrolment at the upper primary level is 96.8 %, which is proposed to be improved.

Female Literacy Rate (age 7+) : Assam
 Percent Female

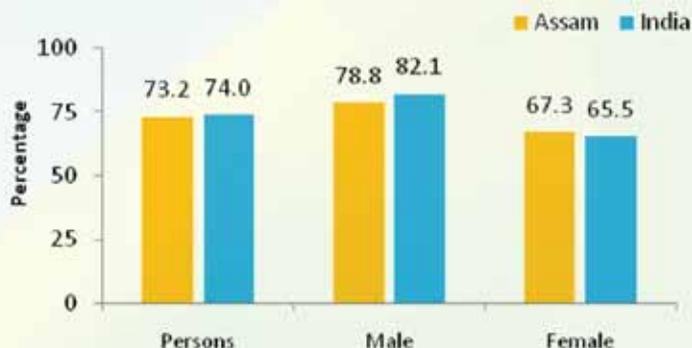


Source : Provisional Census 2011, Office of the Registrar General and Census Commissioner, Ministry of Home Affairs, Government of India, New Delhi, 2011

¹⁰Provisional Census 2011
¹¹DISE 2011-12



Literacy rate of population 7 and above



Source : Provisional data, Census 2011

Assam, however, has shown a positive trend in the **reduction in out-of-school children** in the 6-14 age group from 24.39% (2002) to 2.02% (2011-12)¹²; however, despite this increase in the number of children enrolled in school, more than 1.19 lakh children remain out of the ambit of education.

Another concern relates to retaining enrolled children, especially girls, in school and enabling them to complete elementary education. Of those enrolled, the average **dropout rate for girls** has increased from 5.0% (2009-10) to 11.9% (2011-12) at primary level, and from 13.5% (2009-10) to 14.3% at the upper primary level¹³ and remains an areas that needs to be addressed.

Another concern relates to retaining enrolled children, especially girls, in school and enabling them to complete elementary education.

TREND OF DROPOUT RATE FOR THE LAST 5 YEARS

YEARS	PRIMARY		UP	
	GIRLS	TOTAL	GIRLS	TOTAL
2007-08	9.6	10.3	15.1	16.1
2008-09	7.9	8.8	14.4	15.6
2009-10	5.5	5.7	13.5	14.7
2010-11	7.2	8.3	14.4	15.2
2011-12	11.9	12.8	14.3	15.2

Source: DISE/SSA

FEMALE ENROLMENT (2011-12)

FEMALE ENROLMENT IN CLASS I*	3.86 LAKHS
FEMALE ENROLMENT IN CLASS V*	2.58 LAKHS
FEMALE ENROLMENT IN CLASS VIII*	2.86 LAKHS
FEMALE ENROLMENT IN HIGHER SEC AND JUNIOR COLLEGE	1.19 LAKHS

*Source: DISE, 2011-12

Reducing dropout rates of girl students of class IX and X in 14 districts:

RMSA, Assam has resolved that all 14 districts (which are above state average of dropout rates for girls students in class IX & X) will be targeted for bringing down drop out rate by 50% of the present level by year 2014-15.

State average dropout rate in Class IX – 14.0%

State average dropout rate in Class X - 24.5%

¹²Assam SSA data

¹³Assam SSA data



Achieving 100% GER for Girls students in class IX & X by the year 2016-17:

- Gross Enrolment Ratio (GER) of Assam in comparison to national level is as below:
- Gross Enrolment ratio (GER) of Girl students in secondary section in India = 46.23%
- Gross Enrolment ratio (GER) of Girl students in secondary section in Assam = 52.4% (SEMIS 2010-11)

RMSA, Assam has resolved to achieve 100% GER by year 2016-2017 in class IX and Xth

Crime Against Women

Status

Data shows that cases relating to **crimes against women and girls** are on the rise. The number of rape cases increased from 1,631 (2009) to 1,721 (2010); during the same period, molestation cases increased from 1389 to 1611, and the number of reported trafficking cases also increased from 41 to 47. The increase of the total number of cases related to cruelty by husband from 4,355 to 5,189 between 2009 and 2010¹⁴ attest to a high incidence of domestic violence

CASES RELATING TO CRIME AGAINST WOMEN

YEAR	KIDNAPPING (WOMEN & GIRLS)	RAPE	MOLESTATION	CRUELTY BY HUSBAND	DOWRY DEATH	IMMORAL TRAFFIC (P) ACT
2006	1549	1247	1290	2548	105	29
2007	1471	1310	789	3000	100	23
2008	1613	1419	1268	3410	73	33
2009	1906	1631	1389	4355	159	41
2010	2486	1721	1611	5189	143	47
2011 March	670	367	330	1111	27	4

Source: Statistical Handbook, Govt. of Assam

CASES RELATING TO TRAFFICKING OF GIRLS

Year	Nos. of Cases Registered	Nos. of Persons Arrested	Nos. of Victims	Nos. of Victims recovered	Present position of the cases		
					CS	FR	PI
2003	8	7	8	4	8	-	-
2004	1	2	1	-	-	1	-
2005	4	6	4	1	3	-	1
2006	7	4	12	6	6	1	1
2007	10	14	17	12	6	1	3
2008	12	18	13	7	5	1	6
2009	37	59	61	38	10	3	24
2010	32	33	36	21	3	-	29
2011 up to March	5	4	5	1	1	1	3

Source: Report of Asst. IG (L&O) Assam

Women and economic empowerment

Status

The recent Gender Human Development Indices Report, 2009 published by Ministry of Women and Child in collaboration with UNDP and IIPA, measures States in terms of Human Development Index and Gender Development Index (which includes the parameters of health, education and income) and Gender Empowerment Index (which includes

¹⁴Report of Asst. IG (L&O), Assam



parameters of political and economic participation and decision making powers in them and power over economic resources).

For Assam though there has been an improvement in all the indicators but the improvement from 1996 to 2006 has been marginal in terms of both GDI (26th) and in GEM. Household decision making capacity, workforce participation rate and control over resources are lower for the women of Assam in comparison to India. The capacity of Self Help groups also varies with literacy level of the women members.

ECONOMIC AND POLITICAL

INDICATOR	PAST STATUS	ASSAM (PRESENT STATUS)	INDIA (PRESENT)
GENDER DEVELOPMENT INDEX (Rank 26)	0.523 (1996)	0.585 (2006)	0.590 (2006)
GENDER EMPOWERMENT MEASURE (Rank 28)	0.313	0.417	0.497
% OF WOMEN IN GOVT SERVICE	14.99% (2000)	7% (CENTRE)* 20%(STATE)* (2009)	

SELF HELP GROUP UNDER SGSY (1999-2010-2011)

No. of SHGs formed	2.35 lakhs
Women SHGs formed	1.50 lakhs
SHGs taking up Economic activity	0.80 lakhs

Source: Statistical Handbook

Sanitation & safe drinking water provision

Worldwide over 80% of diarrhoeal deaths are due to unsafe water, inadequate sanitation and poor hygiene. Provision of adequate as well as safe drinking water sources and sanitation facilities is a basic service. This along with the behavioural hygiene practices directly translates to health benefit and sustainable livelihood.

Availability of drinking water facility (as per census 2011)

In the field of drinking water, the habitation covered in respect of availability of drinking water facility within the premises is 54.8 % as per census 2011 as compared to 37.9%

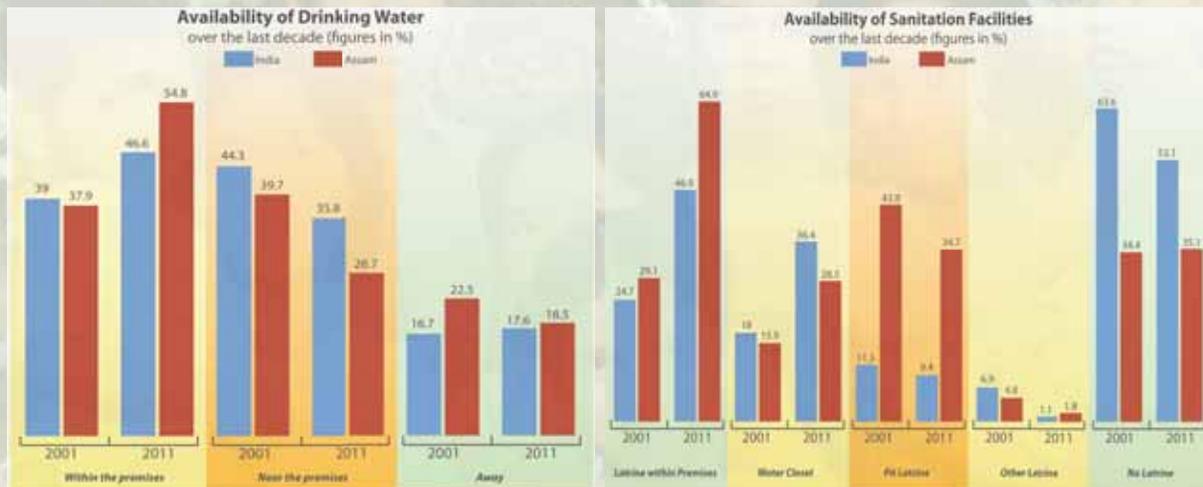


recorded in census 2001. The growth recorded is 44.6% in census 2011 over census 2001. However at the national level, the habitation covered under availability of drinking water within the premises is recorded at 46.6 % in census 2011 as against 39.0% recorded in census 2001 and the growth recorded is 19.5 %.

Availability of sanitation facility (as per census 2011)

As per census 2011, the toilet facility within the premises has increased to 64.9% from 29.1% in census 2001 and the growth registered is 123.0 %.

The toilet facility within the premises is recorded at 46.9% in census 2011 against 24.7% recorded in census 2001 in the country as a whole. The growth is registered as 89.9%.



Source: Provisional Census 2011

Percentage of Household showing Availability of Drinking Water within premises Census 2011





Percentage of Household where Latrine Facility is available within premises

Census 2011



Gender budgeting for women

The process of Gender Budgeting in Assam has been introduced in the financial year 2008-09. Thirteen departments in the state at present have been covered under gender budget approach of the government. Gender budgeting examines the resource allocation through gender lens and stresses on re-prioritization rather than an increase in public expenditure.

Good gender budgeting relies on good quality data so that policies and programmes can be evidence based rather than myths and prejudices. Initially data are required to see the reflections of the programmes at the gender desegregated level with special focus on women and children and next to make an impact assessment of the policies on the quality of life and environment.

The gender budget analysis will acknowledge the gender patterns in the society and then help in allocation of resources to those policies which aim to ameliorate negative patterns that create discrimination among gender with the ultimate objective of ensuring better opportunity and participation for all.