

SOCIAL ISSUES IN INDIA WITH SPECIFIC REFERENCE TO TAMIL NADU

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POPULATION EXPLOSION

- Population explosion refers to the rapid and uncontrolled growth of the human population that exceeds the carrying capacity of resources, leading to social, economic, and environmental stress. India, the world's most populous nation as of 2023, officially surpassed China with a population of 1.43 billion people according to United Nations Population Division (World Population Prospects 2024). This massive demographic surge has both opportunities and challenges for the country's development.
- Historically, India's population growth has accelerated sharply in the post-Independence period. In 1951, the population stood at 361 million; by 2001, it had crossed 1.02 billion, and by 2024, it reached approximately 1.43 billion, growing at an annual rate of 0.9%. The National Family Health Survey-5 (NFHS-5, 2021) recorded India's Total Fertility Rate (TFR) at 2.0, showing a steady decline from 5.9 in 1951, which indicates that the country has achieved replacement-level fertility. However, population momentum — the result of a large young population — continues to drive absolute numbers upward.
- The reasons behind population explosion in India are multifaceted. High birth rates, declining mortality rates due to better healthcare, early marriage in rural areas, and socio-cultural preferences for larger families contribute to sustained growth. According to NITI Aayog's India Human Development Report (2023), nearly 65% of India's population is below the age of 35, making it the world's youngest nation. While this demographic dividend offers economic potential, it can turn into a demographic burden without adequate education, jobs, and social security.
- The population distribution is uneven: Uttar Pradesh remains the most populous state (≈ 240 million), followed by Bihar, Maharashtra, West Bengal, and Madhya Pradesh. Southern states like Tamil Nadu, Kerala, and Andhra Pradesh have lower fertility rates (below 1.8), while northern and central states such as U.P., Bihar, and Rajasthan still record TFRs above 2.1. This regional imbalance has implications for resource allocation, governance, and migration patterns.
- A rapidly growing population exerts pressure on food, water, housing, healthcare, and employment. The NITI Aayog Composite Water Management Index (2023) warns that nearly 600 million Indians face high to extreme water stress. Similarly, urbanization has led to overcrowded cities — by 2030, over 40% of India's population will live in urban areas, intensifying the demand for infrastructure and energy.
- The Government of India has adopted several initiatives to manage population growth and promote reproductive health. The National Population Policy (NPP) 2000 aims to stabilize population by ensuring universal access to family planning and healthcare. Programs like Mission Parivar Vikas, Janani Suraksha Yojana, and Ayushman Bharat focus on maternal and child health. The success of these programs is evident from the steady decline in infant mortality (now 27 per 1,000 live births, NFHS-5) and increasing contraceptive use.
- However, challenges persist — gender imbalance due to son preference, unmet need for contraception (around 9%, NFHS-5), and uneven access to healthcare in rural areas continue to slow progress. The focus must now shift from coercive population control to education, women's empowerment, and economic opportunity, which naturally reduce fertility rates.
- Demography is the systematic study of population. The term is of Greek origin and is composed of the two words, demos (people) and graphein (describe), implying the description of people. Demography studies the trends and processes associated with population including – changes in population size; patterns of births, deaths, and migration; and the structure and composition of the population, such as the relative proportions of women, men and different age groups. Patterns of population distribution and density help us to understand the demographic characteristics of any area. The term population distribution refers to the way people are spaced over the earth's surface. Broadly, 90 per cent of the world population lives in about 10 per cent of its land area. The 10 most populous countries of the world contribute about 60 per cent of the world's population. Of these 10 countries, 6 are located in Asia. Identify these six countries of Asia.

Theory of Population Growth:

- Among the most famous theories of demography is the one associated with the English political economist Thomas Robert Malthus (1766–1834). Malthus's theory of population growth – outlined in his Essay on Population (1798) – was a rather pessimistic one. He argued that human populations tend to grow at a much faster rate than the rate at which the means of human subsistence (specially food, but also clothing and other agriculture-based products) can grow. Therefore humanity is condemned to live in poverty forever because the growth of agricultural production will always be overtaken by population growth. While population rises in geometric progression (i.e., like 2, 4, 8, 16,

32, etc.), agricultural production can only grow in arithmetic progression (i.e., like 2, 4, 6, 8, 10, etc.). Because population growth always outstrips growth in production of subsistence resources, the only way to increase prosperity is by controlling the growth of population. Unfortunately, humanity has only a limited ability to voluntarily reduce the growth of its population (through 'preventive checks' such as postponing marriage or practicing sexual abstinence or celibacy). Malthus believed therefore that 'positive checks' to population growth – in the form of famines and diseases – were inevitable because they were nature's way of dealing with the imbalance between food supply and increasing population.

- ❖ Malthus's theory was influential for a long time. But it was also challenged by theorists who claimed that economic growth could outstrip population growth. However, the most effective refutation of his theory was provided by the historical experience of European countries. The pattern of population growth began to change in the latter half of nineteenth century, and by the end of the first quarter of the twentieth century these changes were quite dramatic. Birth rates had declined, and outbreaks of epidemic diseases were being controlled. Malthus's predictions were proved false because both food production and standards of living continued to rise despite the rapid growth of population. Malthus was also criticised by liberal and Marxist scholars for asserting that poverty was caused by population growth. The critics argued that problems like poverty and starvation were caused by the unequal distribution of economic resources rather than by population growth. An unjust social system allowed a wealthy and privileged minority to live in luxury while the vast majority of the people were forced to live in poverty.

The Theory of Demographic Transition:

- ❖ Another significant theory in demography is the theory of demographic transition. This suggests that population growth is linked to overall levels of economic development and that every society follows a typical pattern of development-related population growth. There are three basic stages of population growth. The first stage is that of low population growth in a society that is underdeveloped and technologically backward. Growth rates are low because both the death rate and the birth rate are very high, so that the difference between the two (or the net growth rate) is low. The third (and last) stage is also one of low growth in a developed society where both death rate and birth rate have been reduced considerably and the difference between them is again small. Between these two stages is a transitional stage of movement from a backward to an advanced stage, and this stage is characterised by very high rates of growth of population. This 'population explosion' happens because death rates are brought down relatively

quickly through advanced methods of disease control, public health, and better nutrition. However, it takes longer for society to adjust to change and alter its reproductive behaviour (which was evolved during the period of poverty and high death rates) to suit the new situation of relative prosperity and longer life spans. This kind of transition was effected in Western Europe during the late nineteenth and early twentieth century. More or less similar patterns are followed in the less developed countries that are struggling to reduce the birth rate in keeping with the falling mortality rate. In India too, the demographic transition is not yet complete as the mortality rate has been reduced but the birth rate has not been brought down to the same extent.

- ❖ **The decades 1951-1981 are referred to as the period of population explosion in India, which was caused by a rapid fall in the mortality rate but a high fertility rate of population in the country.** The average annual growth rate was as high as 2.2 per cent. It is in this period, after the Independence, that developmental activities were introduced through a centralised planning process and economy started showing up ensuring the improvement of living condition of people at large. Consequently, there was a high natural increase and higher growth rate. Besides, increased international migration bringing in Tibetans, Bangladeshis, Nepalis and even people from Pakistan contributed to the high growth rate.

Common Concepts and Indicators

- ❖ Most demographic concepts are expressed as rates or ratios – they involve two numbers. One of these numbers is the particular statistic that has been calculated for a specific geographical-administrative unit; the other number provides a standard for comparison. For example, the birth rate is the total number of live births in a particular area (an entire country, a state, a district or other territorial unit) during a specified period (usually a year) divided by the total population of that area in thousands.
- ❖ In other words, the birth rate is the number of live births per 1000 population. The death rate is a similar statistic, expressed as the number of deaths in a given area during a given time per 1000 population. These statistics depend on the reporting of births and deaths by the families in which they occur.
- ❖ **The rate of natural increase or the growth rate of population refers to the difference between the birth rate and the death rate.** When this difference is zero (or, in practice, very small) then we say that the population has 'stabilised', or has reached the 'replacement level', which is the rate of growth required for new generations to replace the older ones that are dying out. Sometimes, societies can experience a negative growth rate, that is, their fertility levels are below the replacement rate.

HEALTH CARE IN INDIA

Health Care in India

- ▶ Health care in India has evolved significantly over the past seven decades, transforming from a limited colonial-era system into one of the world's largest public health networks. With a population of 1.43 billion (UN 2024), India faces the dual challenge of managing infectious diseases while tackling non-communicable and lifestyle-related illnesses. The country's health system operates on a three-tier structure — primary, secondary, and tertiary care — designed to ensure equitable access from rural villages to advanced urban hospitals.
- ▶ According to the Ministry of Health and Family Welfare (MoHFW), India has over 1.6 lakh Sub-Centres, 25,000 Primary Health Centres (PHCs), and 5,600 Community Health Centres (CHCs). These serve as the backbone of rural healthcare delivery under the National Health Mission (NHM). The Ayushman Bharat programme, launched in 2018, represents a landmark reform. It consists of two pillars — Health and Wellness Centres (HWCs), which provide comprehensive primary care, and the Pradhan Mantri Jan Arogya Yojana (PM-JAY), which offers up to ₹ 5 lakh insurance coverage per family per year for over 12 crore poor and vulnerable households. As of 2024, more than 6 crore hospital admissions have been authorized under PM-JAY, making it the world's largest publicly funded health assurance scheme.
- ▶ India's health indicators have improved markedly. The Infant Mortality Rate (IMR) fell to 27 per 1,000 live births, and the Maternal Mortality Ratio (MMR) declined to 97 per 100,000 live births in 2023 (Sample Registration System). The life expectancy stands at around 70 years, a major achievement compared to 32 years in 1947. The National Family Health Survey (NFHS-5, 2021) reports nearly 99% institutional births, 85% immunization coverage, and steady declines in fertility rates (TFR 2.0).
- ▶ However, disparities persist. Rural areas, where nearly 65% of India's population resides, continue to face shortages of medical personnel and infrastructure. According to NITI Aayog's Health Index (2023), southern states like Kerala, Tamil Nadu, and Telangana rank highest in overall health outcomes, while states such as Bihar, Uttar Pradesh, and Madhya Pradesh lag behind. India's doctor-population ratio stands at roughly 1:834 (MoHFW, 2024), meeting WHO norms, but distribution inequality remains a major concern — urban areas have a surplus of doctors, while rural areas remain underserved.

- ▶ The health expenditure landscape has also improved gradually. The National Health Accounts (NHA 2024) estimates India's public health expenditure at 2.1% of GDP, up from 1.15% in 2013–14, with a goal of reaching 2.5% by 2025 under the National Health Policy 2017. Meanwhile, out-of-pocket expenditure (OOPE) has declined to 47% from nearly 64% in 2014, due to expanded public coverage. Yet, India still spends less on health compared to other G20 nations, making increased investment in primary care and preventive health critical.
- ▶ Non-communicable diseases (NCDs) now account for 63% of total deaths, as per WHO India Report 2024, highlighting the need for early detection and lifestyle changes. Simultaneously, India continues to fight tuberculosis (TB), with a target of elimination by 2025, and maintains vigilant surveillance for outbreaks like dengue and COVID-19.
- ▶ Recent innovations such as telemedicine (eSanjeevani), digital health IDs (ABHA cards), and National Digital Health Mission (NDHM) have enhanced accessibility and transparency. India's Ayush systems (Ayurveda, Yoga, Unani, Siddha, and Homeopathy) complement allopathic care, particularly in preventive health.
- ▶ The Fifteenth Finance Commission (FC-XV) has recommended grants through local governments for specific components of the health sector to the tune of ₹ 70,051 crores and the same have been accepted by the Union Government. These grants for health through Local Governments will be spread over the five-year period from FY 2021-22 to FY 2025-26 and will facilitate strengthening of health system at the grass-root level.

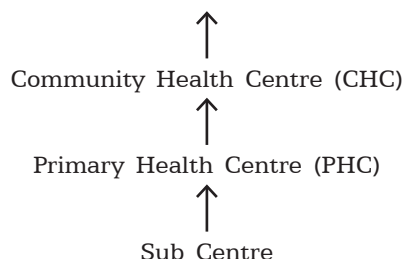
Primary Care Level

- ▶ It is the first level of contact of individuals, the family and community with the national health system, where primary health care (Essential Health Care) is provided. As a level of care, it is close to the people, where most of their health problems can be dealt with and resolved. It is at this level that health care will be most effective within the context of the area's needs and limitations.
- ▶ Primary Health Centres (PHCs) are the first contact point between village community and the medical officer. The PHCs were envisaged to provide an integrated curative and preventive health care to the rural population with emphasis on preventive and promotive aspects of health care. The PHCs are established and maintained by the State governments under the Minimum Needs Programme (MNP)/ Basic Minimum Services (BMS) Programme. At the national level, there are 24935 PHCs functioning in rural areas as on 31st March 2022.

- After the implementation of Ayushman Bharat programme strengthening of Sub Centres and Primary Health Centres are being done by converting them into Health and Wellness Centres to deliver comprehensive Primary Healthcare services through these Centres. SCs and PHCs are proposed to be converted into Health and Wellness Centres in the phased manner.

RURAL HEALTH CARE SYSTEM IN INDIA

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Sub Centres (SCs)

The Sub Centre is the most peripheral and first contact point between the primary health care system and the community. Sub Centres are assigned tasks relating to interpersonal communication in order to bring about behavioral change and provide services in different programmes like maternal and child health, family welfare, nutrition, immunization, diarrhoea control and communicable diseases as well as noncommunicable diseases.

Primary Health Centres (PHCs)

PHC is the first contact point between village community and the medical officer. The PHCs were envisaged to provide an integrated curative and preventive health care to the rural population with emphasis on preventive and promotive aspects of health care. The PHCs are established and maintained by the State governments under the Minimum Needs Programme (MNP)/ Basic Minimum Services (BMS) Programme.

Community Health Centres (CHCs)

CHCs are being established and maintained by the State government under MNP/BMS programme. As per minimum norms, a CHC is required to be manned by four medical specialists i.e. Surgeon, Physician, Obstetrician/Gynecologist and Pediatrician supported by paramedical and other staff. It has 30 in-door beds with one OT, X-ray, labour room and laboratory facilities. It serves as a referral centre for 4 PHCs and also provides facilities for obstetric care and specialist consultations.

Urban Health Care System in India

- National Urban Health Mission (NUHM) was approved by the Union government on 1st May, 2013 as a sub-mission under an overarching National Health Mission (NHM) for providing equitable and quality

primary health care services to the urban population with special focus on slum and vulnerable sections of the Society. NUHM seeks to improve the health status by facilitating their access to quality primary healthcare.

- NUHM covers all the cities and towns with more than 50000 population and district and state headquarters with more than 30000 population. Urban Health programme is being implemented through Urban Local Bodies (ULBs), in seven metropolitan cities, viz., Mumbai, New Delhi, Chennai, Kolkata, Hyderabad, Bengaluru and Ahmedabad. For the remaining cities, the State Health department decides whether the Urban Health Programme is to be implemented through health department or any other urban local body.

The Urban Primary Health Center

In order to provide comprehensive primary healthcare services, the National Urban Health Mission aims to establish Urban Primary Healthcare Centers, not as a stand-alone health facility, but as a hub of preventive, promotive and basic curative healthcare for its catchment population. Within its catchment area, the UPHC is responsible for providing the primary health care and public health needs of the population. The package of services envisaged at UPHC inclusive of preventive, promotive, curative, rehabilitative and palliative care. Further, in order to strengthen Comprehensive Primary Health Care across the country through "Ayushman Bharat-HWCs", states are upgrading their Sub Centres and Primary Health Care centers as Health and Wellness Centres (HWCs) across rural and urban areas.

Urban Community Health Centres (U-CHCs)

Urban Community Health Centre (U-CHC) is set up as a referral facility for every 4-5 U-PHCs. The U-CHC caters to a population of 250000 to 5 Lakhs. For the metro cities, UCHCs may be established for every 5 lakh population with 100 beds. In addition to primary health care facilities, it provides inpatient services, medical care, surgical facilities and institutional delivery facilities.

UPHC - HWCs (Health and Wellness Centres)

In order to ensure delivery of Comprehensive Primary Health Care (CPHC) services, existing U-PHCs would be converted to Health and Wellness Centres (HWC). Services could also be provided/ complemented through outreach services, Mobile Medical Units, health camps, home visits and community-based interaction, but the principle should be a seamless continuum of care that ensures equity, quality, universality and no financial hardship.

Issues Associated with India's Healthcare Sector

- Inadequate Medical Infrastructure: India has a shortage of hospitals, particularly in rural areas, and many existing healthcare facilities lack basic equipment and resources.

CHILD LABOUR AND CHILD ABUSE

Children are the foundation of a nation's future. Their right to education, health, and protection is enshrined in both the Indian Constitution and international conventions. Yet, millions of children in India face exploitation in the form of child labour and child abuse, depriving them of their childhood, dignity, and potential. Despite numerous laws and welfare schemes, these issues remain among India's most serious social and human rights challenges.

Understanding Child Labour and Child Abuse

- ▶ Child labour refers to the employment of children below the legal working age, which interferes with their education, development, and well-being. The International Labour Organization (ILO) defines it as work that is mentally, physically, socially, or morally harmful to children. In India, the Child and Adolescent Labour (Prohibition and Regulation) Act, 1986 (amended in 2016) prohibits employment of children below 14 years in any occupation and restricts adolescents (14–18 years) from hazardous industries.
- ▶ Child abuse, on the other hand, includes all forms of physical, emotional, or sexual mistreatment, neglect, or exploitation that harms a child's health or development. The Protection of Children from Sexual Offences (POCSO) Act, 2012 provides a strong legal framework against sexual abuse. Both child labour and abuse stem from poverty, illiteracy, social inequality, and weak enforcement.

Magnitude of the Problem

- ▶ India, with over 472 million children (Census 2011), has one of the largest child populations in the world. According to the Census of India 2011, 10.1 million children (5–14 years) were engaged in child labour — 5.6 million boys and 4.5 million girls. Updated estimates by the NSSO (2021–22) and NITI Aayog suggest the number has decreased to around 7.3 million, though the pandemic may have reversed gains.
- ▶ The UNICEF India Report (2024) highlights that child labour is most prevalent in states such as Uttar Pradesh, Bihar, Madhya Pradesh, Rajasthan, and Jharkhand, where poverty, migration, and lack of schooling opportunities persist. Common sectors employing children include agriculture (56%), manufacturing (14%), domestic work (10%), and services such as roadside vending and hospitality (20%).
- ▶ Child abuse statistics are equally alarming. The National Crime Records Bureau (NCRB 2023) recorded over 1,62,000 cases under the POCSO Act, marking a 12% increase from 2022. Most victims were between 12 and 16 years, and in 90% of

cases, the perpetrator was known to the child — a family member, teacher, or neighbour. Emotional and physical abuse, corporal punishment, and neglect remain underreported, especially in rural and low-income families.

Causes of Child Labour and Abuse

Poverty and Economic Necessity

Poverty remains the primary driver of child labour. Families dependent on daily wages often push children into work to supplement income. According to the NITI Aayog Multidimensional Poverty Index (2023), nearly 11.9% of India's population lives in multidimensional poverty, forcing children to work instead of attending school.

Lack of Education and Dropouts

Children who drop out of school due to financial constraints, poor infrastructure, or disinterest often become vulnerable to exploitation. The UNESCO Global Education Monitoring Report (2023) estimates that 5.7 million Indian children between 6–17 years remain out of school.

Informal Economy and Weak Law Enforcement

India's vast informal sector — unregulated and labour-intensive — employs children in small factories, home-based work, and street vending, often beyond the reach of inspectors.

Social Inequality and Caste System

Marginalized communities, especially Scheduled Castes, Scheduled Tribes, and minorities, face systemic discrimination, increasing their children's exposure to labour and abuse.

Migration and Urbanization

Seasonal migration for work often leads to children dropping out of school and joining parents in labour-intensive sectors. Urban slums and construction sites see high rates of child labour and abuse due to weak monitoring.

Gender-based Vulnerability

Girls are disproportionately affected by domestic work, trafficking, early marriage, and sexual abuse. Many face double exploitation — unpaid household labour and workplace abuse.

Consequences

Child labour and abuse have lasting consequences on individual and national development. Physically, child labourers suffer from stunted growth, malnutrition, and injuries. Psychologically, abuse and overwork lead to depression, trauma, and poor self-esteem. Education loss

perpetuates the cycle of poverty. On a national scale, the economy loses human capital, productivity, and innovation when millions of children are denied education.

Legal and Policy Framework

India has developed a comprehensive framework to combat child labour and abuse:

❖ Constitutional Provisions:

- **Article 24:** Prohibits employment of children below 14 in hazardous industries.
- **Article 21A:** Guarantees free and compulsory education for children aged 6–14 years.
- **Article 39(e) and (f):** Direct the State to ensure children's protection and opportunities for development.

❖ Child Labour (Prohibition and Regulation) Amendment Act, 2016:

Prohibits all forms of child labour under 14 years and restricts adolescents from hazardous work.

❖ Right of Children to Free and Compulsory Education (RTE) Act, 2009:

Ensures schooling as a right, linking education with child labour eradication.

❖ Protection of Children from Sexual Offences (POCSO) Act, 2012:

A gender-neutral law to safeguard children from sexual assault and exploitation.

❖ Juvenile Justice (Care and Protection of Children) Act, 2015:

Provides for care, rehabilitation, and social reintegration of child victims.

❖ National Policy on Child Labour (1987) and National Plan of Action for Children (2016):

Outline long-term strategies for prevention, rescue, and rehabilitation.

Government Programs and Interventions

National Child Labour Project (NCLP):

Launched in 1988, it rehabilitates children withdrawn from labour through special training centres, providing education, nutrition, and vocational skills. As of 2024, over 10 lakh children have benefited.

Integrated Child Protection Scheme (ICPS):

Provides institutional care, counselling, and rehabilitation for child victims of abuse and trafficking.

Beti Bachao Beti Padhao (BBBP):

Focuses on gender equality and preventing exploitation of girl children.

Operation Smile and Operation Muskaan:

Conducted by police and child welfare departments to rescue missing and trafficked children.

Childline 1098:

A 24×7 national helpline connecting children in distress with rescue and protection services.

Role of Judiciary and Civil Society

- ❖ The Supreme Court of India has played an active role in upholding child rights. In the *M.C. Mehta vs. State of Tamil Nadu* (1996) case, the Court directed the government to provide compensation and education to rescued child labourers. In *Bachpan Bachao Andolan vs. Union of India* (2011), the Court mandated strict enforcement of child labour laws.
- ❖ Civil society and NGOs such as Bachpan Bachao Andolan, Childline India Foundation, CRY (Child Rights and You), and Save the Children work tirelessly to rescue children, promote education, and spread awareness.

Challenges in Implementation

Despite strong laws, challenges persist:

- ❖ Underreporting of child abuse and trafficking due to social stigma and fear.
- ❖ Inadequate enforcement and lack of coordination between agencies.
- ❖ Poor rehabilitation—rescued children often return to labour due to lack of livelihood alternatives.
- ❖ Digital exploitation—increasing online abuse and child pornography cases in recent years.
- ❖ Post-pandemic setbacks—COVID-19-induced job losses pushed many families back into poverty, increasing child labour risk.

The Way Forward

- ❖ **Strengthen Education Access:** Ensure quality education and midday meals to keep children in school.
- ❖ **Community Awareness:** Engage parents, teachers, and local leaders to change mindsets regarding child labour.
- ❖ **Economic Empowerment:** Provide livelihood programs and microcredit to poor families to reduce dependence on child income.
- ❖ **Stronger Law Enforcement:** Train labour inspectors and police in child rights; establish child-friendly courts for faster trials under POCSO.
- ❖ **Digital Safety Measures:** Monitor online platforms to prevent cyber exploitation.
- ❖ **Rehabilitation and Skill Training:** Ensure rescued children receive psychological counselling, vocational training, and mainstream education.
- ❖ **Partnerships:** Promote collaboration between government, NGOs, corporates, and communities to create child-friendly workplaces and cities.

Child labour and child abuse are not just legal violations — they are moral and developmental failures. They rob children of their right to health, education, and happiness, perpetuating cycles of poverty and inequality. India has made significant progress through stronger laws, awareness campaigns, and rescue operations, but enforcement and social change must go hand in hand.

Puratchi Thalaivar M.G.R. Nutritious Meal Programme:

- ❖ To prevent hunger and facilitate healthy growth of the school children.
- ❖ To motivate children from economically backward families to pursue education.
- ❖ To improve the nutritional and health status of children.
- ❖ To promote school enrollment and reduce school dropouts.

Tamil Nadu Commission for Protection of Child Rights, 2005:

Objective:

- ❖ Preventing child rights violations and protection of child rights across the State.
- ❖ Monitoring the implementation of all child welfare and rights Acts in force.
- ❖ Recommending the relevant Government Departments and institutions to resolve the child rights issues.
- ❖ Submitting annual report on activities of the Commission to the State Government as per the

section 23 of the Commissions for Protection of Child Rights Act, 2005.

The Department of Children Welfare and Special Services provides services to:

- ❖ Children in need of Care and Protection
- ❖ Children in Conflict with Law
- ❖ Women and Girls in moral danger
- ❖ Women and Girls who are found to be victims under the Immoral Traffic (Prevention) Act, 1956
- ❖ Women and Children who were trafficked and commercially, sexually exploited
- ❖ Persons with drug addiction
- ❖ Children who had lost their parents due to Covid-19
- ❖ Children who are affected under the Prevention of Children from Sexual Offences Act, 2012

Child Helpline - 1098
Women Helpline - 181
Senior Citizen Helpline - 14567

WOMEN EMPOWERMENT

Women empowerment means providing women with equal rights, opportunities, and freedom in every sphere of life — social, political, economic, and cultural. It involves enabling them to participate fully in decision-making, access education and healthcare, and live with dignity and respect. In India, women have made remarkable progress in the last few decades, yet challenges such as gender inequality, violence, and economic disparity persist. Empowering women is not only a moral imperative but also essential for achieving inclusive growth and sustainable development.

Historical and Constitutional Background

Since ancient times, Indian society has seen cycles of empowerment and oppression for women. Vedic literature describes women like Gargi, Maitreyi, and Lopamudra as scholars and philosophers, but later periods saw the decline of women's status due to patriarchal traditions, child marriage, and lack of education.

After Independence, the Constitution of India laid a strong foundation for gender equality through several provisions:

- ❖ Article 14: Equality before law
- ❖ Article 15(1): Prohibits discrimination based on sex
- ❖ Article 16: Equal opportunity in public employment
- ❖ Article 39(a): Equal right to livelihood
- ❖ Article 42: Just and humane conditions of work and maternity relief

These constitutional guarantees make gender equality a fundamental right.

Current Status of Women in India

India ranks 127th out of 146 countries in the Global Gender Gap Report 2024 (World Economic Forum), showing

progress in political representation but gaps in economic participation and education. According to NITI Aayog's SDG India Index (2023), India scored 66 out of 100 in SDG 5: Gender Equality, reflecting mixed outcomes.

Key statistics:

- ❖ **Female literacy rate:** 70.3% (NFHS-5, 2021)
- ❖ **Female Labour Force Participation Rate (LFPR):** 37% in 2024, rising from 23% in 2017 (Periodic Labour Force Survey)
- ❖ **Maternal Mortality Ratio (MMR):** 97 per 100,000 live births (SRS 2023)
- ❖ **Sex Ratio (overall):** 1020 females per 1000 males (NFHS-5)
- ❖ **Women in Parliament:** 78 in Lok Sabha and 24 in Rajya Sabha (~15%)

These figures indicate significant progress in health, education, and representation, yet underline persistent structural inequalities.

Dimensions of Women Empowerment

Educational Empowerment

Education is the foundation of empowerment. Female literacy has improved significantly through initiatives like the National Education Policy (2020), Beti Bachao Beti Padhao (BBBP), and Sarva Shiksha Abhiyan. As per the Unified District Information System for Education (UDISE+) 2023, girls' enrolment in secondary schools stands at 49%, reflecting near gender parity. Higher education participation has also risen, with women constituting 49% of total college enrolment (AISHE 2023). However, dropout rates in rural and economically weaker sections remain a concern.

Economic Empowerment

Economic independence gives women the power to make life choices. According to the World Bank (2024), India's female labour force participation rate increased to 37%, driven by the gig economy, self-employment, and government programs like Skill India, Start-up India, and Mahila e-Haat.

Schemes such as Deendayal Antyodaya Yojana – National Rural Livelihood Mission (DAY-NRLM) have mobilized over 90 million women into Self-Help Groups (SHGs), promoting microfinance and entrepreneurship. Mudra Yojana has provided ₹ 9.5 lakh crore in loans to women entrepreneurs since 2015, boosting rural enterprise. However, women's average wage and asset ownership remain lower compared to men, indicating ongoing economic disparity.

Political Empowerment

Political participation ensures that women's voices are heard in governance. India introduced 33% reservation for women in Panchayati Raj Institutions under the 73rd Amendment (1992), empowering over 1.4 million elected women representatives across villages. In 2023, Parliament passed the Women's Reservation Bill (Nari Shakti Vandan Adhiniyam), reserving 33% of seats for women in Lok Sabha and State Assemblies — a historic milestone that will come into effect after the next census and delimitation. This step is expected to transform gender dynamics in Indian politics and policymaking.

Social and Health Empowerment

Women's health directly impacts family and national well-being. Under Ayushman Bharat – Health and Wellness Centres, over 15 crore women have received free check-ups and maternal care. Programs like Janani Suraksha Yojana (JSY) and Pradhan Mantri Matru Vandana Yojana (PMMVY) have improved institutional deliveries and nutrition.

NFHS-5 (2021) shows that 99% of births are attended by skilled personnel, and anemia among women has decreased slightly, though it remains high at 57%. The government's Poshan Abhiyaan (National Nutrition Mission) aims to reduce stunting, undernutrition, and anemia through community-level action.

Legal and Social Protection

Women face multiple social injustices — domestic violence, dowry, trafficking, and workplace harassment. To protect them, India has enacted key legislations:

- ❖ Dowry Prohibition Act, 1961
- ❖ Domestic Violence Act, 2005
- ❖ Sexual Harassment of Women at Workplace Act, 2013
- ❖ Criminal Law (Amendment) Act, 2013 for stricter punishment in rape cases
- ❖ Trafficking in Persons Bill (2021, proposed)

The National Commission for Women (NCW) and One Stop Centres across districts provide legal aid and psychological support to victims.

Government Programs for Women Empowerment

- ❖ Beti Bachao Beti Padhao (BBBP): Launched in 2015 to address declining child sex ratio and promote girls' education.

- ❖ Pradhan Mantri Ujjwala Yojana (PMUY): Provides LPG connections to rural women, improving health and dignity.
- ❖ Mahila Shakti Kendra: Strengthens community participation and capacity building at the grassroots level.
- ❖ Sukanya Samriddhi Yojana: Encourages savings for girl children's education and marriage.
- ❖ Mission Shakti (2021): Umbrella program combining Samarthya (economic empowerment) and Sambal (safety and protection) components.
- ❖ Stand-Up India Scheme: Promotes entrepreneurship among women and marginalized communities.

These initiatives collectively aim to ensure safety, education, financial inclusion, and equal opportunity.

Women Empowerment and Technology

Digital literacy and access to technology are emerging tools of empowerment. The Digital India Mission has enabled women to access financial services, education, and telemedicine. The PM Digital Saksharta Abhiyan (DISHA) trained over 1 crore women in digital skills. Rural women entrepreneurs use platforms like Government e-Marketplace (GeM) and Mahila e-Haat to expand their businesses.

Moreover, women-led startups are reshaping sectors from healthcare to finance. According to NASSCOM (2024), women now head 18% of Indian startups, a steep rise from 8% in 2016.

Cultural and Social Transformation

True empowerment requires a change in societal attitudes. Patriarchal norms, gender stereotypes, and cultural taboos still restrict women's mobility and choices. Campaigns like #MeToo, Menstrual Hygiene Awareness, and Mission LiFE (Lifestyle for Environment) are helping to challenge social stigma and promote equality. Media, education, and community programs must continue to emphasize respect, shared responsibilities, and inclusion.

Challenges Ahead

Despite progress, multiple challenges hinder full empowerment:

- ❖ **Gender-based violence:** NCRB (2023) reported over 4.5 lakh crimes against women, including domestic violence and assault.
- ❖ **Economic inequality:** Women's unpaid care work remains undervalued, accounting for 10–12% of India's GDP (ILO, 2023) if monetized.
- ❖ **Digital divide:** Rural women still lag behind men in digital access.
- ❖ **Health gaps:** Anemia, maternal mortality, and reproductive health remain key issues.
- ❖ **Representation gaps:** Despite reservations, women remain underrepresented in corporate leadership and policymaking.

Addressing these requires consistent policy execution, gender budgeting, and behavioural change.

The Way Forward

- ❖ **Education and Skill Development:** Expand girls' access to STEM and vocational training.

Marriage Assistance scheme" a social welfare scheme to provide financial assistance to poor women.

Women in Freedom Movement

Velunachiyar of Sivaganga fought against the British. Hazrat Begum and Rani Laxmibhai participated in the great revolt of 1857.

Women in Independent India

- ❖ Article 14 in the part III of our constitution, which contains fundamental rights ensures equality before law and equal protection of law, and directive principles of state policy of our constitution ensures equal pay for equal work for both men and women (Article 39d).
- ❖ National Policy of Education 1986 empowered women
- ❖ Compulsory reservation of 33 percent seats for women in panchayat, municipal and corporation elections.
- ❖ The National commission for women was set up in January 1992. It looks into the specific as well

as general complaints brought to the notice of the commission.

The following legislations enhanced the status of women in matters of marriage adoption and inheritance before independence.

Legislation	Provisions
Bengal Regulation of XXI, 1804	Female infanticide was declared illegal
Regulation of XVII, 1829	Practice of sati was declared illegal
Hindu Widows Remarriage Act, 1856	It permitted widow remarriage
The Native Marriage Act, 1872	The Child Marriage was prohibited
The Sharda Act, 1930	The age of marriage was raised for boys and girls
Devadasi abolition Act, 1947	It abolished Devadasi system

PROBLEMS OF MARGINALISED GROUPS

SCHEDULED CASTES AND SCHEDULED TRIBES

India's commitment to equality is enshrined in its Constitution, yet the realities of caste and tribal marginalization continue to challenge the idea of social justice. The Scheduled Castes (SCs) and Scheduled Tribes (STs) — recognized under Articles 341 and 342 respectively — together constitute about 25.2% of India's population. Historically excluded from social and economic power structures, these groups still face persistent discrimination, poverty, and exploitation despite decades of affirmative action.

While Scheduled Castes suffered centuries of untouchability and caste-based exclusion within the Hindu social order, Scheduled Tribes have been victims of isolation, displacement, and cultural erosion due to modernization and resource exploitation. Understanding their problems requires a multidimensional analysis that includes social, economic, educational, political, and legal aspects.

Historical Background

Scheduled Castes

SCs, historically known as "Dalits" or "Depressed Classes", were excluded from the varna system and subjected to untouchability, segregation, and denial of access to temples, wells, education, and public places. This systemic oppression led to generational poverty and psychological subjugation. The Bhakti movements, Jyotirao Phule's Satyashodhak Samaj, and Dr. B.R. Ambedkar's leadership marked turning points in asserting Dalit identity and rights.

Scheduled Tribes

STs, referred to as Adivasis (original inhabitants), lived in relative isolation in forests and hilly areas. Colonial and post-colonial policies often viewed them as "primitive," leading to alienation from land, forced assimilation, and displacement through mining, dams, and industrial projects. Their socio-economic backwardness is tied to geographical remoteness, lack of infrastructure, and cultural marginalization.

Social Problems

Discrimination and Social Exclusion

Despite constitutional abolition of untouchability (Article 17), caste-based discrimination persists in rural India through practices like segregated settlements, denial of temple entry, and refusal of services by upper castes. Atrocities against Dalits — ranging from social boycotts to violent attacks — remain widespread.

For Scheduled Tribes, discrimination often takes the form of stereotyping, exploitation by outsiders, and erasure of indigenous culture. Tribal customs are undervalued, and their socio-religious practices often misrepresented as "backward."

Violence and Atrocities

Crimes against SCs and STs continue to rise. According to NCRB 2023 data, over 50,000 cases were registered under the SC/ST (Prevention of Atrocities) Act, with high incidence states including Uttar Pradesh, Rajasthan, Madhya Pradesh, and Bihar. Common forms include land disputes, sexual violence against Dalit women, and custodial abuse.