INTRODUCTION

The concept of women’s empowerment as defined by the World Bank talks about expansion of freedom of choice to shape one's life catering to the multidimensional needs of progress\(^1,2\). Women’s empowerment aims to making women capable enough to raise her capacity to manage a more enriched life\(^3\) and making them realize their full powers in all spheres of life\(^4\). As per Baltiwala, 1994, women’s empowerment is a process of facilitating individuals to think, act and control work in an autonomous way that would help them define, challenge and overcome barriers of their life\(^5\).

Despite advancement in eliminating the health and social disparity, gender equality remains an intangible goal\(^6\). Although women work two-thirds of the world’s working hours, they earn only 10% of the world’s income, representing less than 1% of the world’s property and inequity experienced by women\(^7\).

To highlight the vital leadership abilities of women, global women empowerment is one of the important goals to be achieved under previously defined MDGs, and SDGs approved by the United Nations\(^8\).

The MDG3 aims promoting gender equality and empower women, by addressing individual's sustainability.
ble economic, social and health needs. The SDGs, target
to eliminate gender discrimination and ensure access
to resources. The developed countries, are working
together with the developing and underdevel-
oped countries to identify the key challenges and
achieve milestones\(^8\).

As per 2011 census, women make up about half (~46\%) of the total population of the country. Gov-
ernment of India has also empowered the States to
adopt measures of positive discrimination in their
favour\(^1\) and a significant improvement has been
made in the last few decades in the country\(^9\).

Not just the states across the country, but looking at
the global picture, India ranks 140 in the gender gap
index 2021\(^10\).

The Gender gap index assesses the distribution of re-
sources and opportunities among the male and fe-
male populations\(^11\). The rankings in 2021 clearly
state that women's empowerment in India is in a
dismal state. The gender gap rankings for Health and
Survival lie at 155, implying poor scenario of female
health indicators in the country\(^10\).

Women's empowerment has been explored using
realms of politics, economics, finance, and education,
et, to deal with the challenges comprehensively,
health and healthcare are the most promising do-
 mains \(^12\). The Constitution of India not only grants
equality to women, but also empowers the State to
adopt measures of positive discrimination in favour
of women, in view of the same Government of India
started National Policy for the Empowerment of
Women in 2001\(^9\).

The Government of India has brought in various
schemes and programs to improve the health
of women in India i.e. Surakshit Matritva Aashwasan
(SUMAN), Janani Shishu Suraksha Karyakaram
(JSSK), Pradhan Mantri Suraksha Matritva Abhiyan,
Pradhan Mantri Matru Vandana Yojana (PMMVY)\(^13\)
Pradhan Mantri Ujjwala Yojana (PMUY), Mahatma
Gandhi National Rural Employment Guarantee Act
(MGNREGA), Mahila Shakti Kendra, Beti Bachao Beti
Padhao, Sukanya Samriddhi Yojana, Rajiv Gandhi
Scheme for Empowerment of Adolescent Girls
(SABLA), etc., are designed for the women's holistic
uplifting child and adolescents.\(^14\)

Health is a key parameter to evaluate women's over-
all standard of life. Focusing on the indicators of fe-
male health and suitable actions for promoting the
same, would enhance their quality of life and
strengthens social, economic, educational, and cul-
tural empowerment\(^6\). By the comparative analysis of
the key health indicators in the state fact sheets of Na-
tional Family Health Survey (NFHS), India, this arti-
cle aims to highlight the major shortcomings in the
domain of Women's health and other social and eco-
nomic growth parameters to analyse women em-
powerment performance of various states of the
country. By correlating health indicators with under-
lying social indicators this article helped in identify-
ing the existing gaps and bringing them into light.

**METHODS**

The National Family Health Survey (NFHS) is a large-
scale, multi-round survey conducted in a representa-
tive sample of households throughout India. Five
rounds of the survey have been conducted since the
first survey in 1992-93. Each successive round of the
NFHS provides a reliable and sequential database
and has two specific goals: a) to provide essential da-
ta on health and family welfare needed by the Minis-
try of Health and Family Welfare and other agencies
for designing policies and programmes, and b) to
provide information on the emerging health and fam-
ily welfare issues\(^15\).

For this study, data available in NFHS factsheets
were used which provided data related to various
health and non-health parameters. It measures six
factors- Three related to ownership of physical as-
sets (mobile phones, bank accounts, land, and hous-
ing), Access to menstrual hygiene products, Parpart-
pation in three key household decisions (healthcare
for herself, household purchases, and visits to family
or relatives), and Employment status over the last
year. Additionally, there are several other parame-
ters (which are directly not covered under the wom-
en empowerment section of survey) captured by the
survey that helps to measure empowerment like the
incidence of gender violence, marriage under the age
of 18, educational attainment of more than 10 years,
and so on\(^16\).

In reference to "the Global Gender Gap measure which
was introduced by the World Economic Forum to ex-
amine four critical areas of inequality between men
and women", authors have also classified the indica-
tors in 4 broad themes for the process of analysis,
interpretation and reporting\(^11\).

These reports which are publicly available were
downloaded for NFHS 4 (2015-16) and 5 (2019-21)\(^15\).

**Selection of Indicators**: Under each broad themes
only those indicators were purposively selected
which were included in the survey in both the
rounds (NFHS-4 and 5) and give a broad picture of
different phases of women's life, starting from birth,
to schooling, to puberty hygiene followed by ANC,
PNC, delivery, and some social and other empower-
ment parameters.

The available data were analyzed based on the broad
themes to find out the percentage change over the
two recent rounds of NFHS, which will provide a
trend change for the time frame from 2015 to 2021.
The change in coverage from NFHS round 4 to 5 for
India overall, as per geographical regions, and as per
each State/UTs were reported.

All analyses were carried out using MS Excel 365.
Dadar and Nagar Haveli, Daman, and Diu, Ladakh,
were excluded from the analysis due to unavailabil-
ity of some data in the Factsheet.
RESULTS

India has more women than men for the first time i.e., with 2.9% increase in the child sex ratio from 991 females per 1000 males during fourth round of NFHS to 1022 females per 1000 males, indicating a significant societal shift in the country. As per the latest NFHS findings Goa had the lowest child sex ratio of 774 while Mizoram registered the highest child sex ratio of 1,007. Further, the results are explained in reference to the four broad critical areas of inequality.

Health and Survival: The selected parameters under this broad theme show that there is an overall improvement in the health-related parameters amongst women except for increase seen in the anaemia prevalence in both rural and urban areas. 50% of the selected parameters under this theme namely Modern contraception usage, PNC check-up within 48 hours of delivery, Institutional births in the rural India have shown improvement by more than 25% but significant improvement has not been reported in the urban areas of India. As per the findings, except for institutional delivery, Punjab has reported a negative progress in almost all the selected Health and survival indicators with a cumulative decline of 5%. Whereas all other States/UTs have shown an increment, with Andhra Pradesh having the highest coverage of more than 70% in almost all the selected parameters and Jharkhand, Assam, Uttar Pradesh, Bihar, Manipur, Arunachal Pradesh, Mizoram, Nagaland, Meghalaya have the lowest coverage of less than 65%.

Education attainment: Screening for Cervical and Breast cancer under this broad theme have shown a decline by an average of ~90% in both rural as well as in urban areas and the same has consistently declined at all the State/UT level. The Rural India shows a significant progress for indicators such as Knowledge about benefits of consistent condom use (34.51%) and Use of hygienic methods during menstruation (50%) wherein the change for the same in Urban areas reflects a change of less than or equal to 15%.

A key area of concern, i.e., Knowledge of HIV/AIDS in women shows a very dismal increase for both Rural (7.69) and Urban areas (1.78).

*Indicates only those indicators with % changes for more than 25%; #Indicators with negative change

Figure 2: Status of selected Health and Survival indicator in past 5 years (NFHS-4 to NFHS-5)
Comparing percentage change from NFHS-4 to NFHS-5 findings at State level, 17 States/UTs out of total 34 included in the Study have shown a decline in Knowledge about benefits of consistent condom use indicator with Chhattisgarh (-51%), Punjab (-58%) and Chandigarh (-69%) reporting more than 50% decline. In the same way 6 States namely Mizoram (0%), Kerala (0%), Haryana (-1%), Jammu & Kashmir (-5%), Chandigarh (-17%) and Punjab (-22%) have shown a decline in the Knowledge of Condom use.

Current survey findings reveal that only 41% women have 10 or more years of Schooling, showing a similar trend, as the percentage change from NFHS-4 to NFHS-5 is less than 25% for both Rural and Urban. Kerala has registered 77% of female population with 10 or more years of schooling whereas with 23.1% achievement, Tripura ranks lowest in literacy.

**Economic Participation and opportunity:** Under this broad theme, Women using their own bank/savings account has shown a significant progress for both Rural and Urban areas. The rural India demonstrates a remarkable increase of more than 60% for the same. For the remaining two indicators, Urban India has shown less than 10% increase. The Rural India shows a negligible change of 0.79% for women paid in cash who worked in the last 12 months, making it an area of concern. Comparing the findings at State/Ut level, it is being observed that 8 States/UTs have reported a negative change over the two rounds of NFHS. Jharkhand (-27%) and Chhattisgarh (-33%) have shown a decline by more than 20% whereas more than 16 States/UTs have shown a decline in Women having a house or land with 6 States/UTs namely, Odisha (-31%), Goa (-32%), Maharashtra (-33%), Delhi (-35%), Andaman and Nicobar Island (-47%), and Tripura (-70%) showing a big dip in the indicator (>30%).

**Social and Political empowerment:** The indicators namely Women married before 18 years and Married women who have experienced spousal violence tend to show a negative change by 15 % and ~5% respectively, implying small yet positive progress. A very insignificant change, ~5% is observed for participation of married women in household decision, for both rural and urban areas. An increase of 25.75% is seen among women using their own mobile phones in Rural areas but the same for Urban areas accounts to 12.33 % only.

**DISCUSSION**

The study focused upon women empowerment specific indicators listed in the NFHS 4&5 factsheets and has broadly classified them into four themes, as discussed above.

Health and survival are key theme of focus as women’s health, primarily reproductive is a key area of concern according to our findings and hence the pro-
vision of service need a more comprehensive perspective. Educational attainment has a multidimensional impact on various other determinants of Women empowerment, as the economic contribution made by women is directly related to the level of education contained. Also, women with higher and more qualitative education seem to be more economically beneficial for the family. Additionally, proper knowledge of health in women clearly impacts the health of their children and family members.

An article by the UN Women under the heading of "Benefits of economic empowerment" states that Women’s economic empowerment and availability of new opportunities for them remains the central to asses gender equality and achievement of aspired SDGs. Additionally, The International Monetary fund estimated that India’s GDP could increase by 27 percent upon equal participation of women in the workforce. The goals of empowering women are to enhance their decision-making rights at all levels, both inside and outside households, so that they are considered as equal partners in the society, reflecting their social/political empowerment. It is also believed that social and economic empowerment together would help enhancing sexual and reproductive health and rights (SRHR) of women, ensure better fulfilment of water, sanitation and hygiene (WASH) needs, and enable them to take decisions regarding marriage and pregnancy.

Improvement of the health and survival-based indicators delineated above in the results section is of utmost importance for the empowerment of women across all States in India. Since the implementation of the National Health Mission (NHM) in India there has been a noticeable improvement in the utilization of maternal care, namely antenatal care (ANC), skilled birth attendants (SBA) and postnatal care (PNC) in the country, suggesting that the Janani Suraksha Yojana (JSY) and Janani Sishu Suraksha Karyakaram (JSSK) schemes be continued and strengthened for poor mothers to reduce maternal health inequality, particularly in full ANC and PNC.

Modern contraception, especially sterilisation of women, increased in many parts of western India in the past half a decade, according to the NFHS-5. This can be attributed to vehement promotion of sterilisation among women for the family planning programme in India through the launch of Mission Parivar Vikas, a government initiative launched in 2016 to promote modern contraceptives in 146 high fertility districts via financial incentives for women and family planning providers. But majority of women in need of contraception were using female sterilization method, with condom and contraceptive pill being the second and third most frequently used methods followed by IUD. This means, Indian family planning policy should focus on prioritizing women-centric care, making reversible contraceptive methods widely available and promoted.

Institutional deliveries rose across most states in India in the past decade-and-a-half, with Kerala topping the list (99.8 percent), according to the latest NFHS. Institutional delivery service utilisation and avoiding births in homes in India is one of the key and proven intervention to improve maternal health and to reduce maternal mortality through provision of safe delivery environment. After the implementation of National Rural Health Mission, in 2005, India has seen a huge increase in use of institutional delivery care services in India, which was primarily associated with substantial uptake in public sector services among the poor. However sustained policy efforts are necessary, with an emphasis on education, sociocultural and geographical factors to ensure universal coverage of institutional delivery care services in India.

Despite the existence of several policies and programs, anaemia among women continues to be a major concern for public health policy in India. The high rates of anaemia among Indian women, therefore, reflect their social and biological vulnerability both within society and the household.

On the Education attainment front, the sharp decline (~90%) in the rates of screening for cervical and breast cancer maybe a result of screening site closures and the temporary suspension of breast and cervical cancer screening services due to COVID-19. The stay-at-home guidelines likely deterred individuals from seeking health care services, including cancer screening. Although screening mammogram volumes were drastically reduced during the pandemic, patients must resume care as soon as it’s safe in order to minimize unnecessary breast cancer complications and deaths. The significant improvement in the usage of hygienic methods of protection during menstruation (50%), shows that national and state-level menstrual health players active in India are contributing to the availability of low-cost disposable sanitary material, Menstrual Health Management (MHM) education to girls through comic books, training of facilitators, and researching on MHM behaviour and practices.

The number of women not only holding their own bank accounts, but also using it themselves has increased dramatically over the past 5 years, indicating their enhanced economic participation and opportunity. The Government of India launched Pradhan Mantri Jan-Dhan Yojana (PMJDY), in 2014, as part of its National Mission for Financial Inclusion, to support every adult in India to have a bank account inclusive of mobile banking accessible via cell phones. The maximum number of beneficiaries of this initiative have been the rural poor, especially women, the populations most affected by low reproductive and maternal health services utilization.

Our inferences on the marriage of women before 18 years of age shows a relatively small change of about 15 percent, for both urban and rural areas. Marriage of women before the age of 18 poses a major chal-
Women’s empowerment implies giving equal opportunities and authority to women in every field without any discrimination. India is committed to making sure that women contribute as equal partners to the development of the country under SDG-3, by 2030. Hence it can be concluded from our study that, although, we have made some progress on the metrics around health, education, economic and social empowerment parameter, to get a more adequate assessment of the developments around empowerment, we need to expand the basket of indicators and analyse change in the parameters holistically.

CONCLUSION

Women’s empowerment implies giving equal opportunities and authority to women in every field without any discrimination. India is committed to making sure that women contribute as equal partners to the development of the country under SDG-3, by 2030. Hence it can be concluded from our study that, although, we have made some progress on the metrics around health, education, economic and social empowerment parameter, to get a more adequate assessment of the developments around empowerment, we need to expand the basket of indicators and analyse change in the parameters holistically.

RECOMMENDATIONS

There is a need to assess and explore interventions around cultural factors, along with other indicators, to see long lasting shift. Targeting health variables alone might not be beneficial due to the numerous social and structural aspects that influence health. Hence some key recommendations to encourage women’s empowerment around health, based on our study include focussing on their educational attainment, economic participation and opportunity and social/political empowerment.

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