

# TAMIL NADU FACTSHEET 2020



Picture Courtesy: AHM Trust, Tamil Nadu

DEVELOPED BY:



THE SECRETARIAT OF NATIONAL COALITION OF CIVIL SOCIETY ORGANIZATIONS

## BACKDROP

In India the civil society organizations have been experimenting and developing various community participation models but mostly its spread has been limited and operations remained in silos because of lack of platforms and alliances to highlight their works. Therefore, Oxfam India has set a national coalition for civil society organizations from 15 states in the country to bring certain macro-level changes that can help to achieve the envisaged health, nutrition and women's economic empowerment outcomes through a common platform. It is believed that this platform will give a collective voice to the people and has the capacity to negotiate and influence the state for the necessary integration of health, nutrition and gender under the government flagship programmes like NRLM, NHM, ICDS and others. Oxfam India acts as an interim Secretariat for this coalition at the national level to provide necessary support for its effective functioning. As the thematic areas of work of this coalition are being looked through the lens of gender discrimination and social inclusion, emphasis is being given on Dalits, Adivasis and Muslims communities.

As evidence generation is one of the key strategies for functioning of this coalition, Oxfam India intended to develop a state factsheet for each of the target states to highlight health, nutrition and women empowerment related issues of the state.

Only the important indicators related to health, nutrition and women empowerment have been included in this factsheet and presentation of segregated data is limited to only locations (rural & urban), caste categories (SC, ST, OBC & Others) and religious groups (Hindus & Muslims). As data for other religious categories are not available for all indicators for all sources, only two religious groups have been considered for the present analysis.

## STATE AT A GLANCE

### OVERALL POPULATION

INDIA **1,210,854,977**

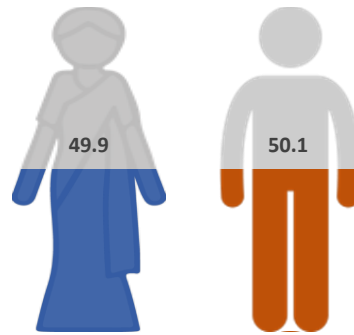
STATE **72,147,030**

**(6.0%)**

OF INDIA POPULATION

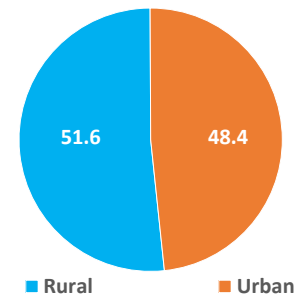
Source: Census 2011

### STATE POPULATION BY SEX (%)



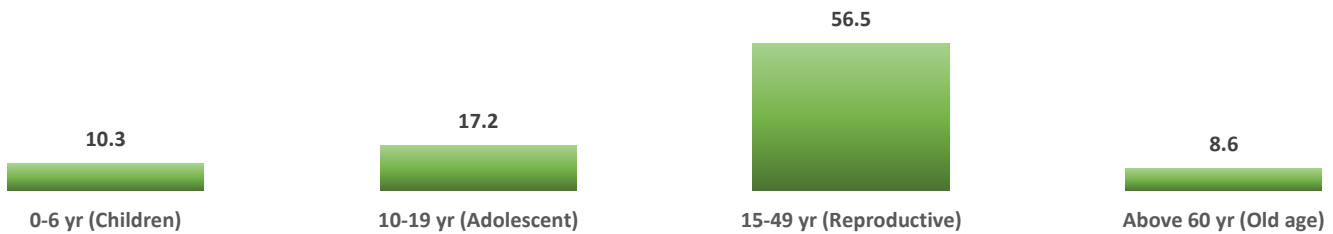
Source: Census 2011

### STATE POPULATION BY LOCATION (%)



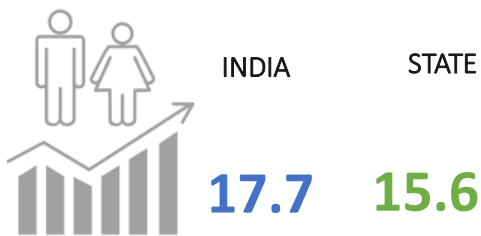
Source: Census 2011

### STATE POPULATION BY AGE GROUP (%)



Source: Census 2011

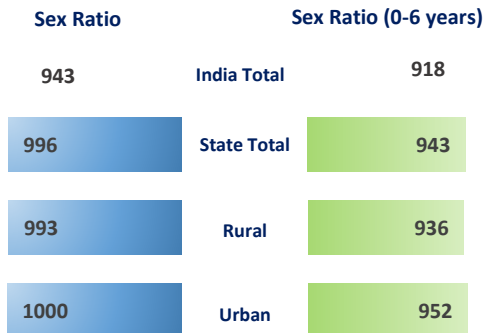
### \*DECADAL POPULATION GROWTH RATE (%)



\* Total population growth between 2001-2011

Source: Census 2011

### SEX RATIO (FEMALES PER 1000 MALES)



Source: Census 2011

### HEALTH INDEX (RANK)



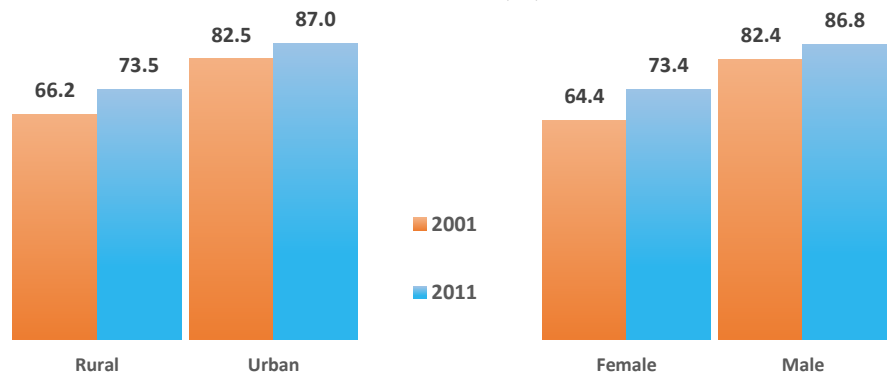
Source: Economic Survey 2019

### OVERALL LITERACY RATE (%)

	2001	2011
INDIA	64.8	73.0
STATE	73.5	80.1

Source: Census

### LITERACY RATE BY LOCATION AND SEX OUT OF STATE'S TOTAL LITERACY (%)



Source: Census

- Tamil Nadu has almost an equal share of rural and urban population signifying any policy decision to be taken keeping this in mind.
- The state fares better than national figures in terms of sex ratio. However, urban areas continue to be a concern.

## MAIN WORKERS (%)

INDIA

75.2

OUT OF STATE'S TOTAL  
MAIN WORKERS

54.9

45.1

STATE

85.0

Rural

Urban

Source: Census 2011

## MARGINAL WORKERS (%)

INDIA

24.8

OUT OF STATE'S TOTAL  
MARGINAL WORKERS

71.3

28.7

STATE

15.0

Rural

Urban

Source: Census 2011

## ASPIRATIONAL DISTRICTS OF STATE WITH THEIR RANKS AS PER BASELINE\* CONDUCTED IN 2018

Name of the Districts	Composite Rank	Health Rank	Education Rank	Agriculture Rank	Financial Inclusion Rank	Skill Development Rank	Basic Infrastructure Rank
Ramanathapuram	5	2	19	17	55	62	15
Virudhunagar	8	1	33	23	29	20	47

Source: Niti Aayog



TOP 20 IN INDIA



BOTTOM 20 IN INDIA

\*Total 115 districts have been identified as Aspirational Districts in India. But the ranks given in the table are based on the baseline conducted by NITI Aayog in 2018 for 101 Aspirational Districts only.

- The main worker population in Tamil Nadu has seen a slight decrease from 2001 to 2011 indicating a percentage moving out for work.
- Also, the migrant worker population primarily hails from the rural areas.

## PROPORTION OF VULNERABLE POPULATION

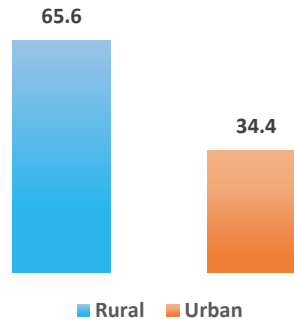
### OVERALL SCHEDULE CASTE (SC) POPULATION

INDIA **201,378,372**

STATE **14,438,445**  
(7.2%)

Out of India's SC population

### SC POPULATION BY LOCATION (%)



### SC POPULATION BY SEX (%)



Source: Census 2011

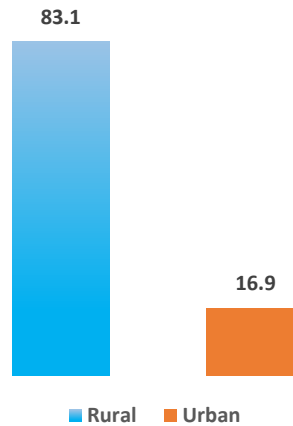
### OVERALL SCHEDULE TRIBE (ST) POPULATION

INDIA **104,545,716**

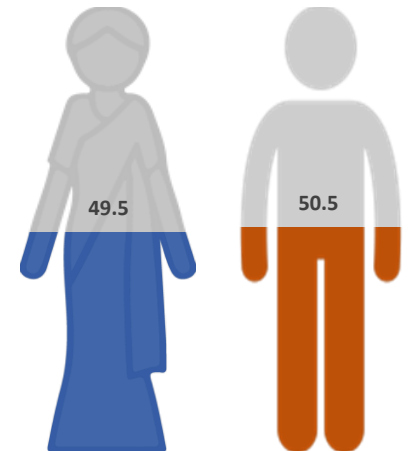
STATE **794,697**  
(0.8%)

Out of India's ST population

### ST POPULATION BY LOCATION (%)



### ST POPULATION BY SEX (%)



Source: Census 2011

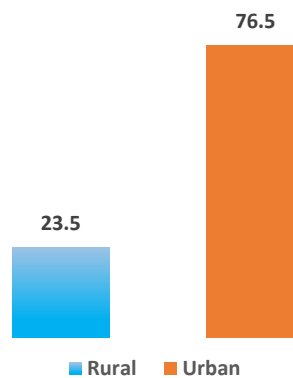
### OVERALL MUSLIM POPULATION

INDIA **172,245,158**

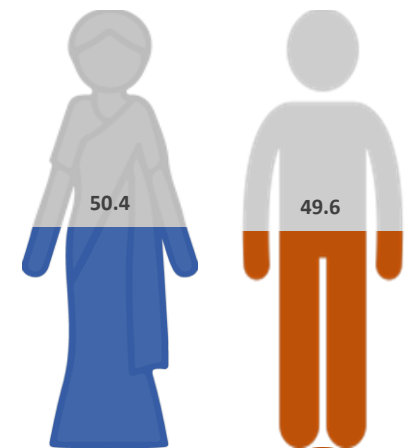
STATE **4,229,479**  
(2.5%)

Out of India's Muslim population

### MUSLIM POPULATION BY LOCATION (%)



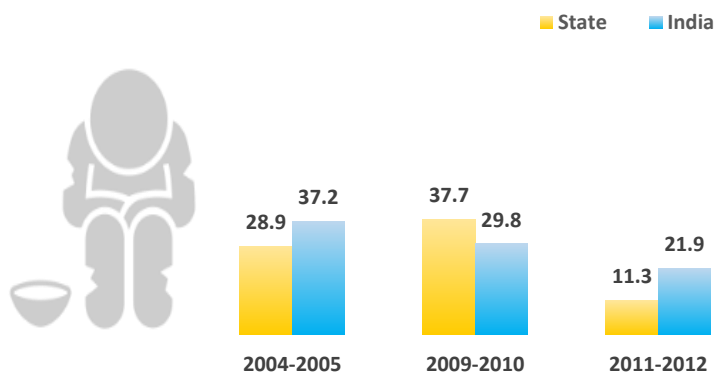
### MUSLIM POPULATION BY SEX (%)



Source: Census 2011

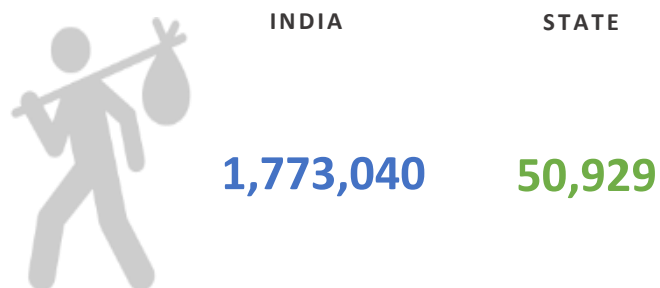
- The Scheduled tribe population though constitutes a mere 0.8%, is constituted almost entirely in the rural areas.

## POPULATION LIVING BELOW POVERTY LINE (%)



Source: Planning Commission (As Per Tendulkar Estimation)

## HOUSELESS POPULATION (No.)

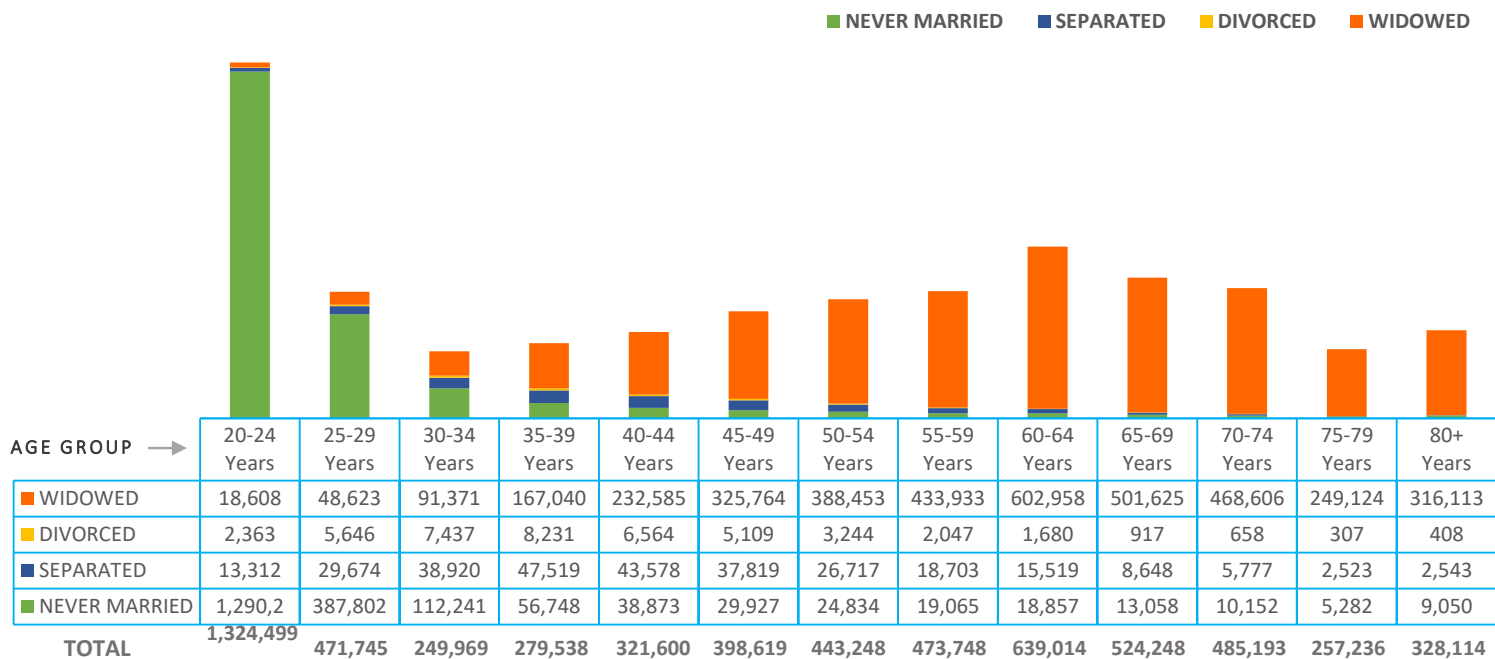


Source: Census 2011

## NUMBER OF PARTICULARLY VULNERABLE TRIBAL GROUPS (No.)

NO DATA

## AGE-WISE DISTRIBUTION OF SINGLE WOMEN (No.)



Source: Census 2011

- The state has seen a massive reduction in BPL population since 2009
- More than 22 lakh women aged 60 years and above are single in the state which depicts their vulnerability in terms of both age and social security.

## PERSONS WITH DISABILITIES IN ALL AGE GROUP

INDIA'S TOTAL PERSON WITH  
DISABILITIES

**26,814,994**

STATE'S TOTAL PERSON WITH  
DISABILITIES

**1,179,963**  
(4.4%)

OUT OF WHICH

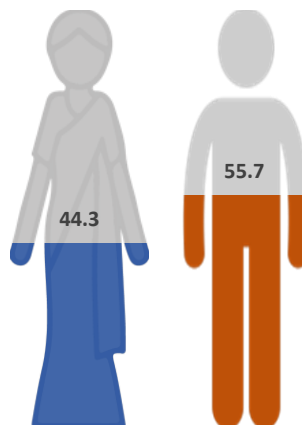
**2,116,698**

**92,796**  
(4.4%)

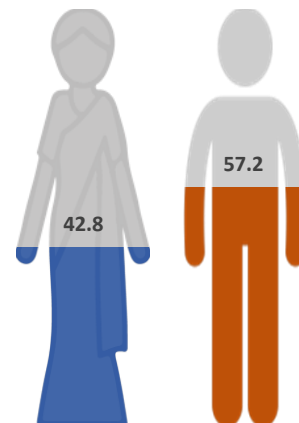
REPORTED MULTIPLE DISABILITIES

Source: Census 2011

PESONS WITH DISABILITIES OUT OF  
STATE'S DISABILITIES (%)



PERSONS WITH MULTIPLE  
DISABILITIES OUT OF STATE'S  
MULTIPLE DISABILITIES (%)



## CHILDREN (0-4 YEARS) WITH DISABILITIES

INDIA'S TOTAL CHILDREN (0-  
4 YEARS) WITH DISABILITIES

**1,291,637**

STATE'S TOTAL CHILDREN  
(0-4 YEARS) WITH  
DISABILITIES

**38,538**  
(3.0%)

OUT OF WHICH

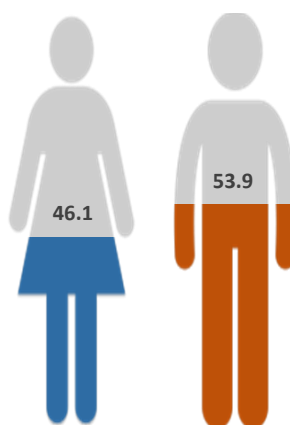
**78,662**

**3,355**  
(4.3%)

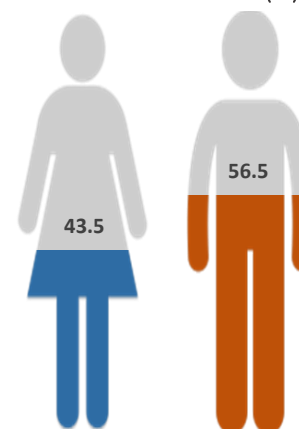
REPORTED MULTIPLE DISABILITIES

Source: Census 2011

PESONS WITH DISABILITIES OUT OF  
STATE'S DISABILITIES (%)



PERSONS WITH MULTIPLE  
DISABILITIES OUT OF STATE'S  
MULTIPLE DISABILITIES (%)



## CHILDREN (5-9 YEARS) WITH DISABILITIES

INDIA'S TOTAL CHILDREN (5-9  
YEARS) WITH DISABILITIES

**1,955,926**

STATE'S TOTAL CHILDREN  
(5-9 YEARS) WITH  
DISABILITIES

**66,459**  
(3.4%)

OUT OF WHICH

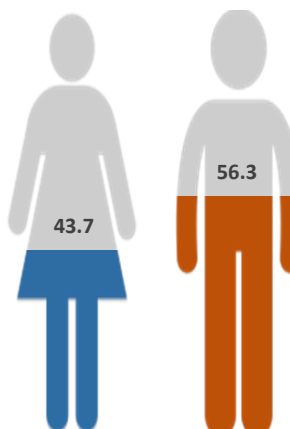
**187,492**

**8,976**  
(4.8%)

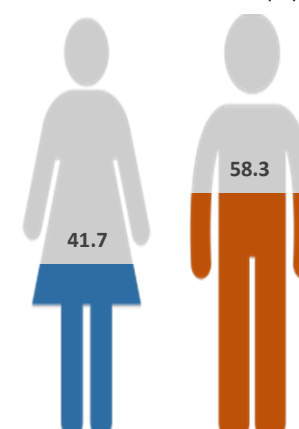
REPORTED MULTIPLE DISABILITIES

Source: Census 2011

PESONS WITH DISABILITIES OUT OF  
STATE'S DISABILITIES (%)



PERSONS WITH MULTIPLE  
DISABILITIES OUT OF STATE'S  
MULTIPLE DISABILITIES (%)



- More males (both adult and children) are affected more by multiple disabilities than their female counterpart.

## HEALTH AND NUTRITION

### MARRIAGE AND FERTILITY

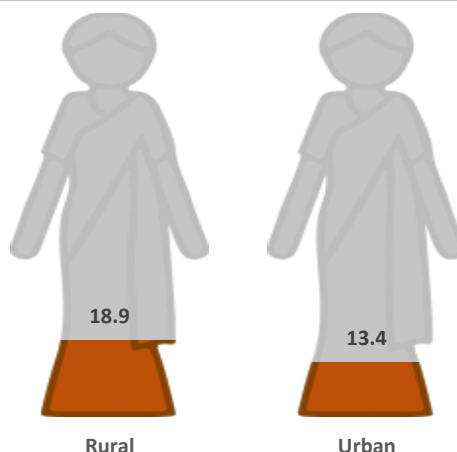
#### WOMEN 20-24 YEARS MARRIED BEFORE 18 YEARS (%)

INDIA

26.8

STATE

16.3



Rural

Urban

Source: NFHS 2015-2016

#### TOTAL FERTILITY RATE (%)

INDIA

2.2

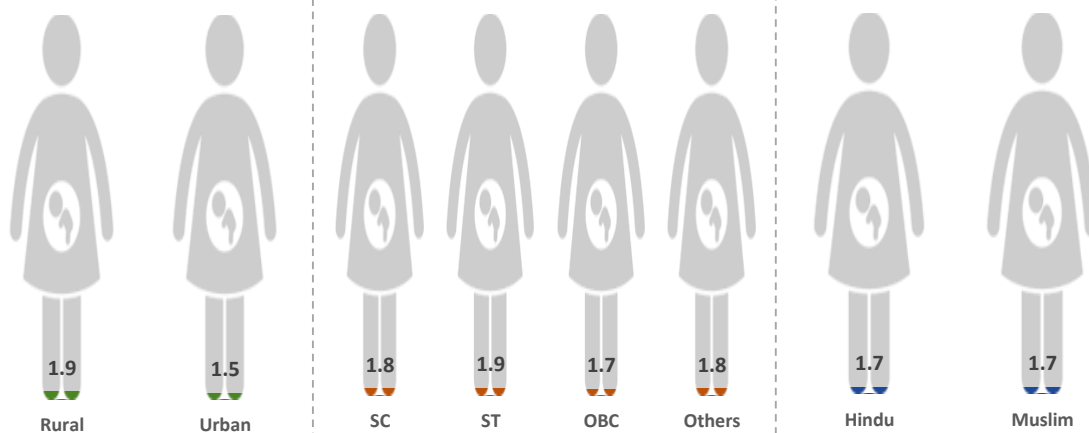
STATE

1.7

##### BY LOCATION

##### BY CASTE (%)

##### BY RELIGION



Rural

Urban

SC

ST

OBC

Others

Hindu

Muslim

Source: NFHS 2015-2016

#### WOMEN 15-19 YEARS WHO WERE ALREADY MOTHERS OR PREGNANT (%)

INDIA

7.9

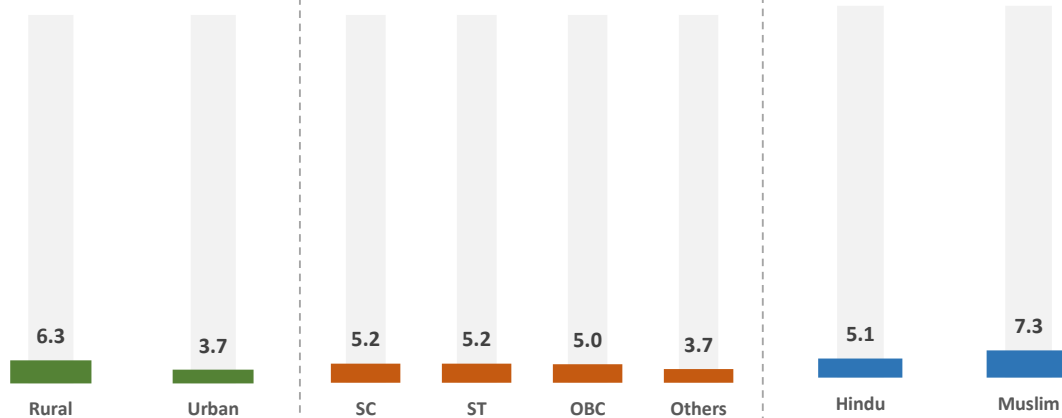
STATE

5.0

##### BY LOCATION

##### BY CASTE

##### BY RELIGION



Rural

Urban

SC

ST

OBC

Others

Hindu

Muslim

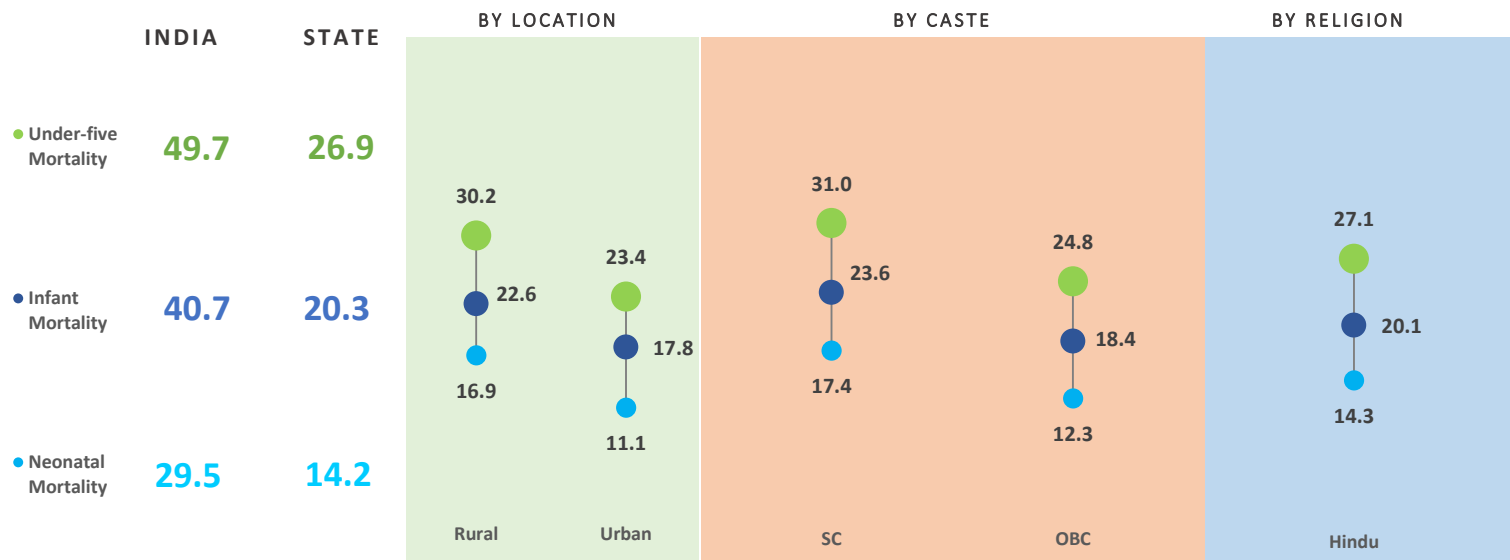
Source: NFHS 2015-2016

- The state overall fares good in its indicators but on segregation the uneven distribution can be noticed. For instance: early marriage is more prevalent in rural areas, TFR is higher among the Hindus (even higher than the national figure) and teen-age pregnancy is high among the Muslims.



## MORTALITY

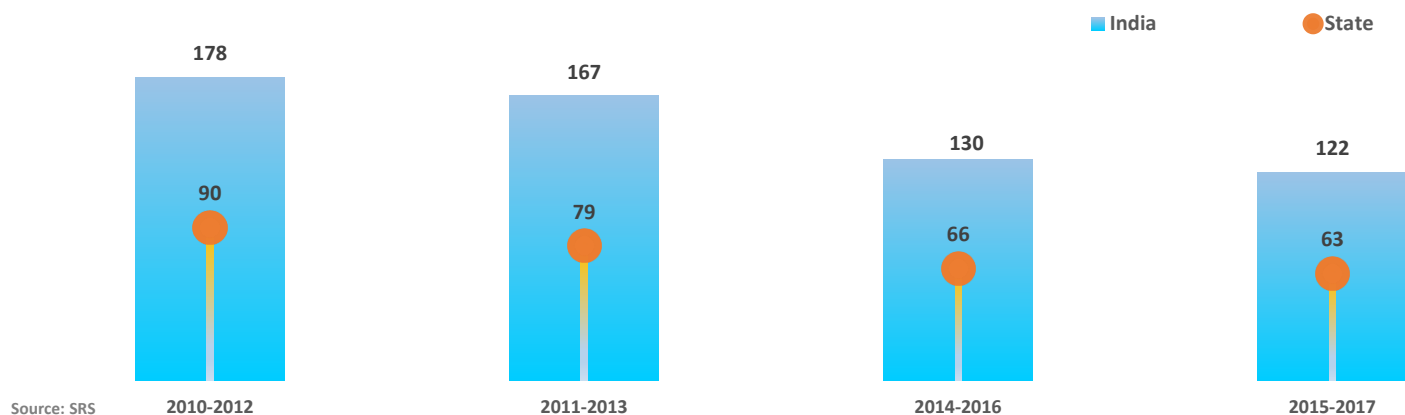
### MORTALITY RATES (DEATHS PER 1000 LIVE BIRTHS)



Source: NFHS 2015-2016

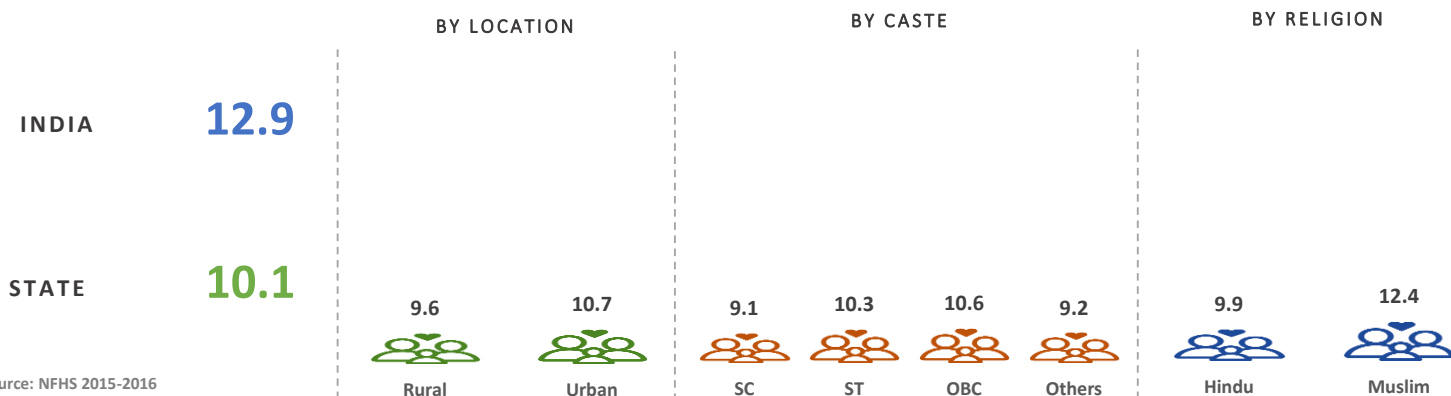
Note:- Comparable data for ST, Others and Muslim are not available.

### MATERNAL MORTALITY RATE (MMR) (DEATHS PER 100,000 LIVE BIRTHS)



Source: SRS

### CURRENTLY MARRIED WOMEN AGED 15-49 WITH UNMET NEED \* FOR FAMILY PLANNING (%)



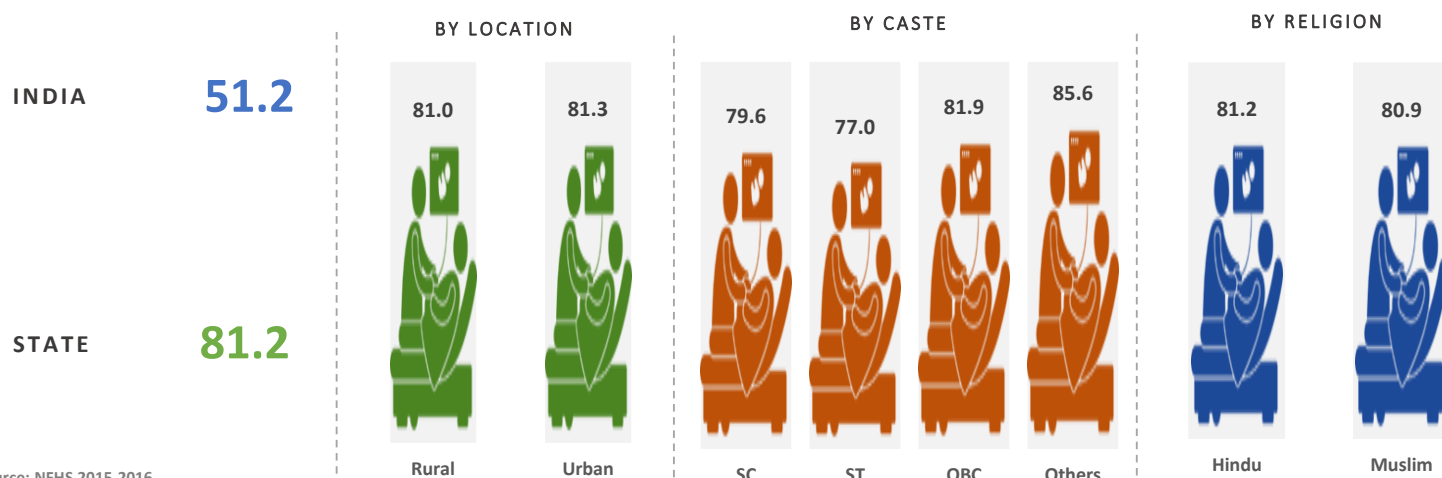
Source: NFHS 2015-2016

\* Unmet need for family planning is defined as the percentage of currently married women who either want to space their next birth or stop childbearing entirely, but are not using contraception.

- While child mortality is much less than the national figures, on segregation it is seen that it is higher than the state total among the Scheduled caste population and the Hindus.
- Prevalence of high unmet need among Muslim women signifying poor access to contraceptive measures. Also need to remember that TFR is also high among Muslims in the state.

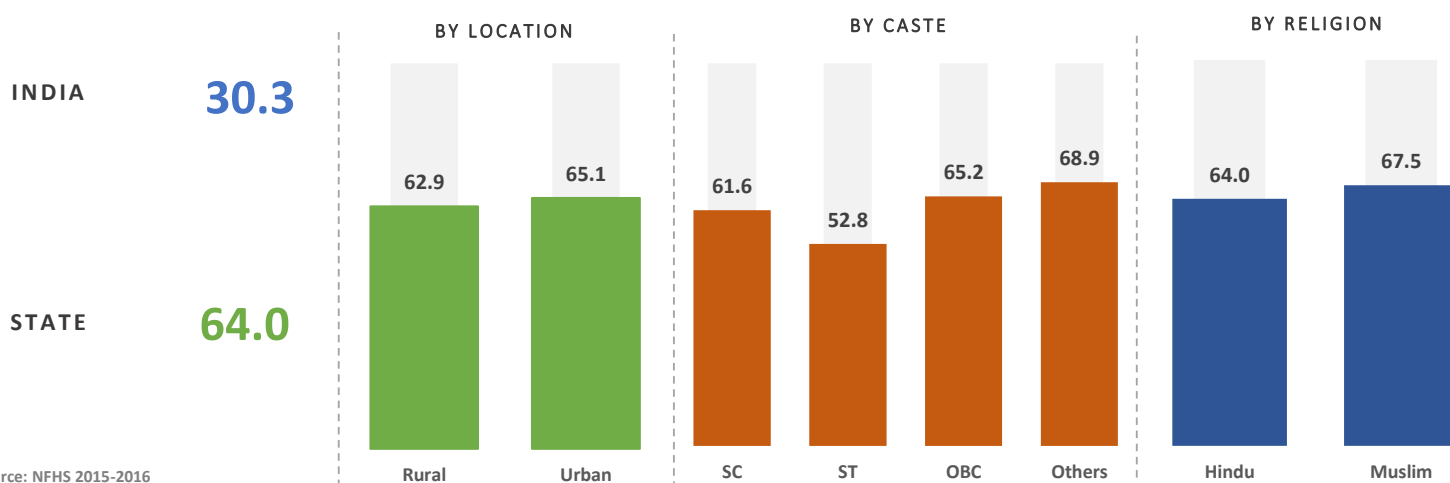
## MATERNAL CARE

### MOTHERS WHO HAD AT LEAST 4 ANTENATAL CARE VISITS (%)



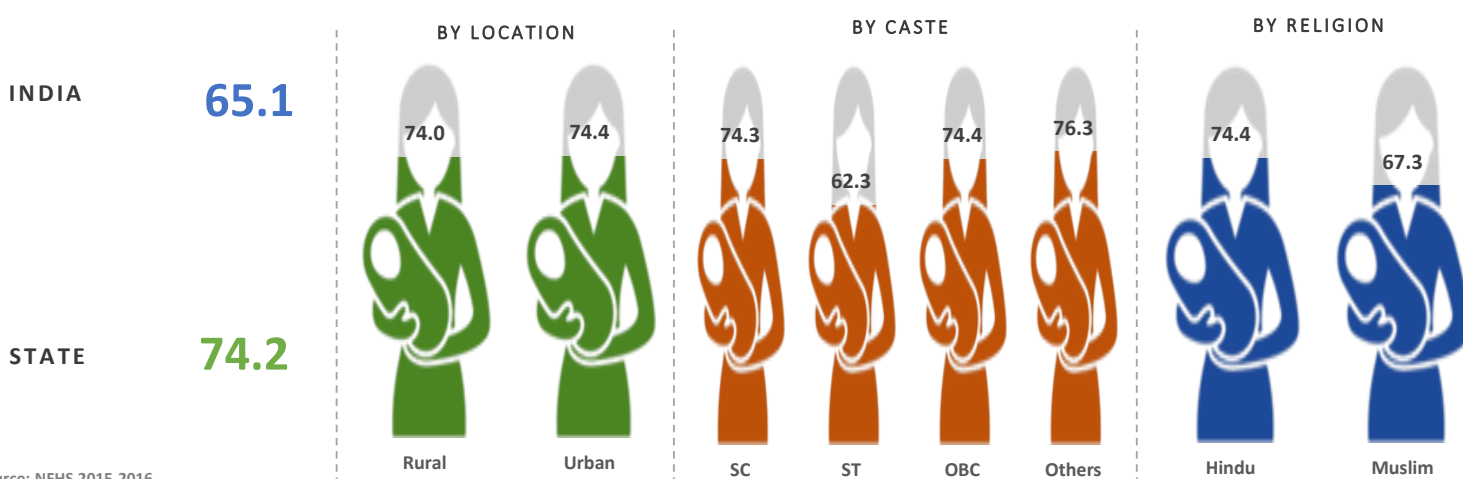
Source: NFHS 2015-2016

### MOTHERS WHO CONSUMED IFA FOR 100 DAYS OR MORE WHEN THEY WERE PREGNANT (%)



Source: NFHS 2015-2016

### MOTHERS WHO RECEIVED POSTNATAL CARE FROM ANY SKILLED HEALTH PERSONNEL WITHIN 2 DAYS OF DELIVERY (%)

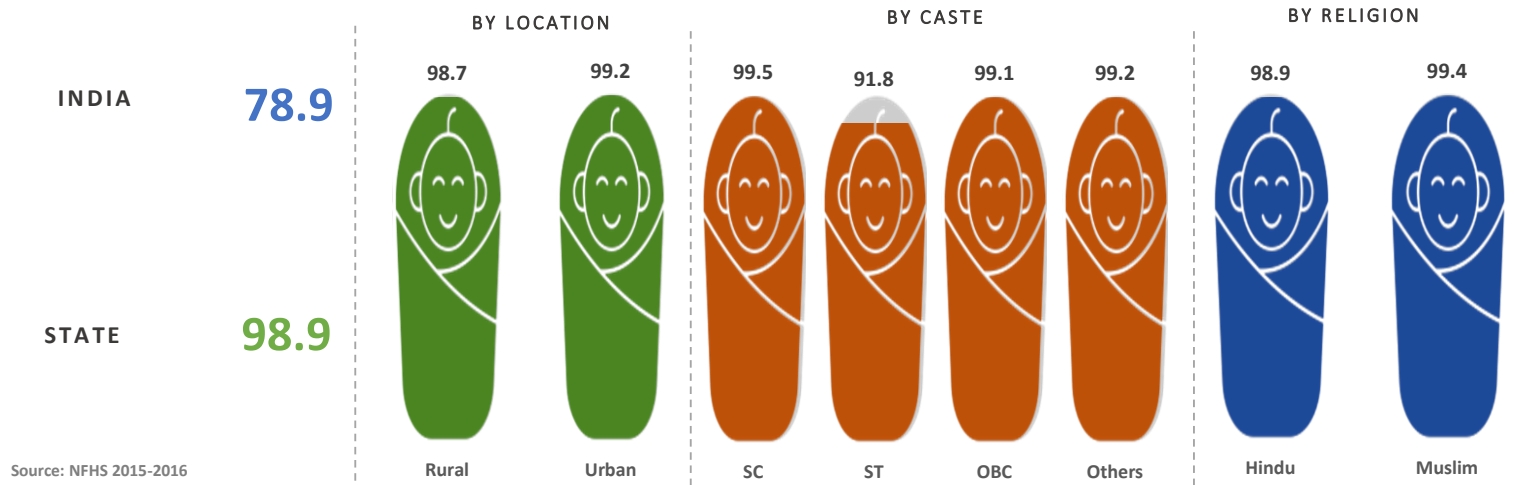


Source: NFHS 2015-2016

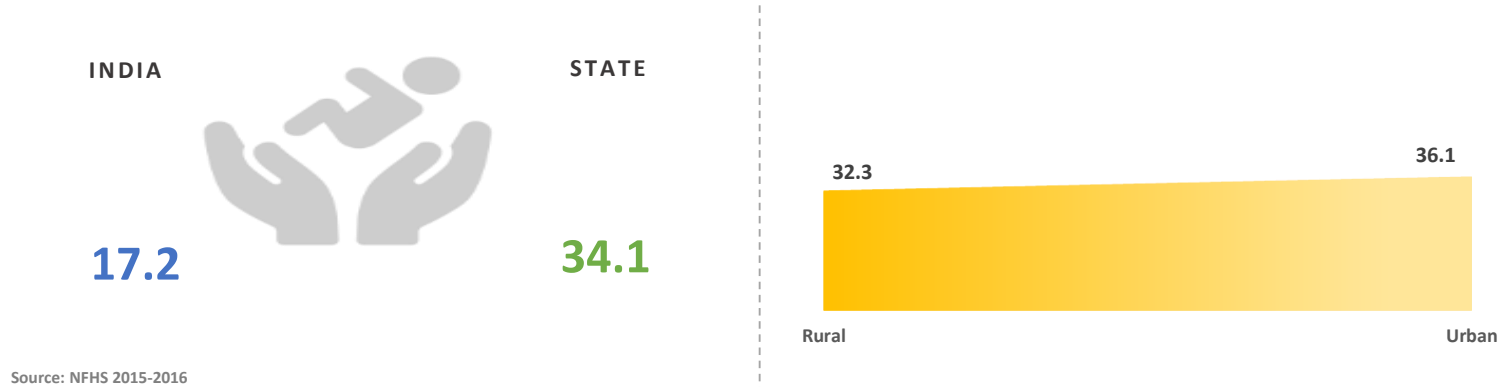
- In case of maternal care in both antenatal care and post-natal care service delivery, the condition of the Scheduled Tribe population is the worst in the state.

## DELIVERY CARE

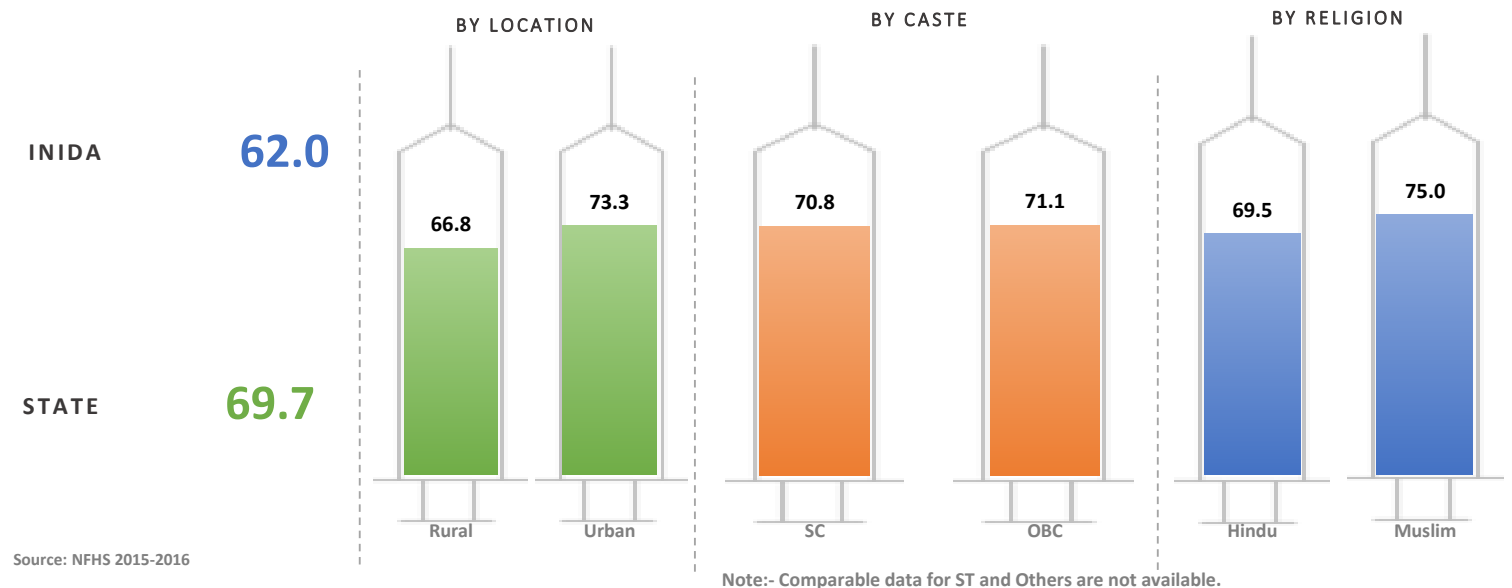
### INSTITUTIONAL BIRTHS (%)



### BIRTHS DELIVERED BY CAESAREAN SECTION (%)



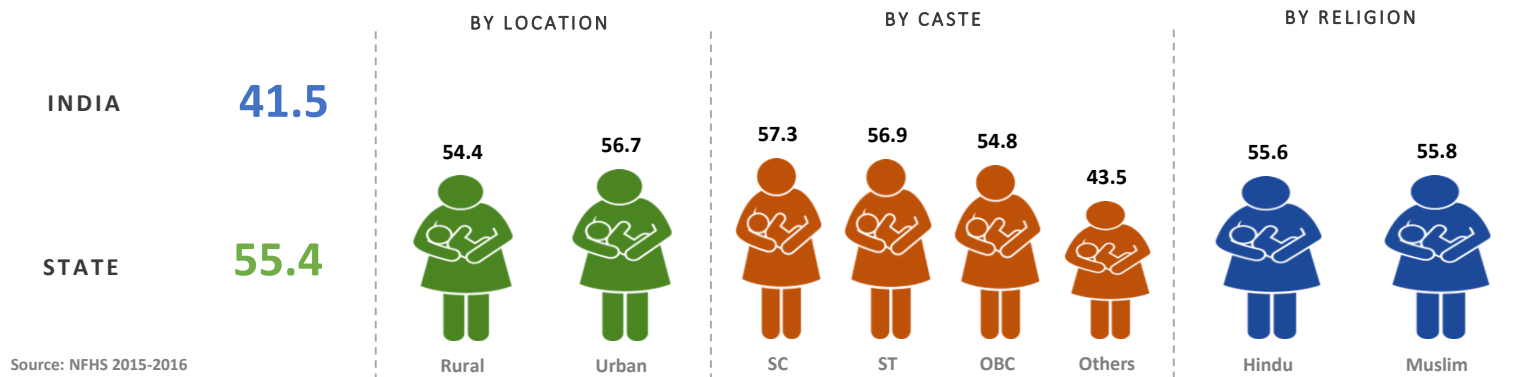
### CHILDREN AGED 12-23 MONTHS FULLY IMMUNIZED (%)



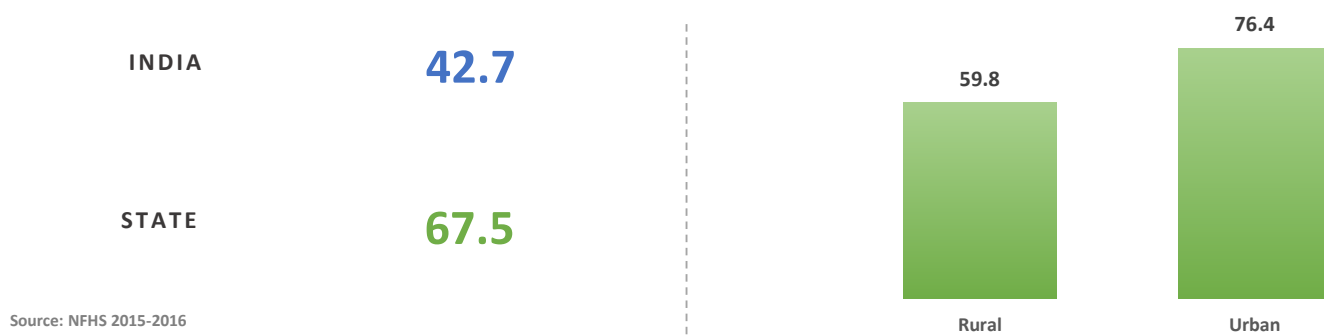
- The state has achieved almost cent percent institutional delivery but at the same time, the issue of caesarian delivery is also on an increase both in rural and urban areas.
- The condition of immunisation is far from becoming universal with rural areas faring the lowest in the state.

## CHILD FEEDING PRACTICES AND NUTRITIONAL STATUS

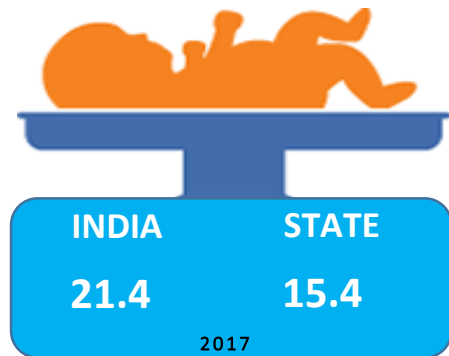
### CHILDREN UNDER AGE OF 2 YEARS BREASTFED WITHIN ONE HOUR OF BIRTH (%)



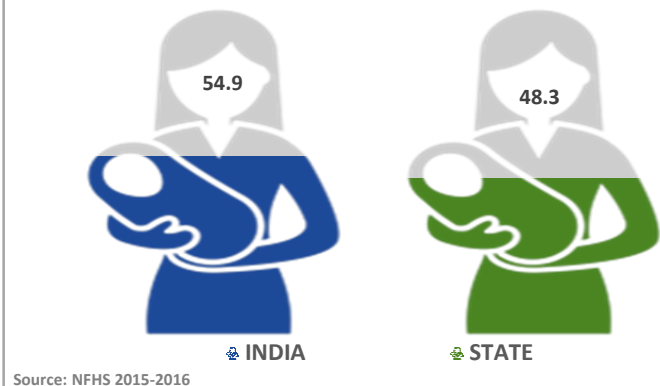
### CHILDREN AGED 6-8 MONTHS RECEIVING SOLID OR SEMI-SOLID FOOD AND BREASTMILK (%)



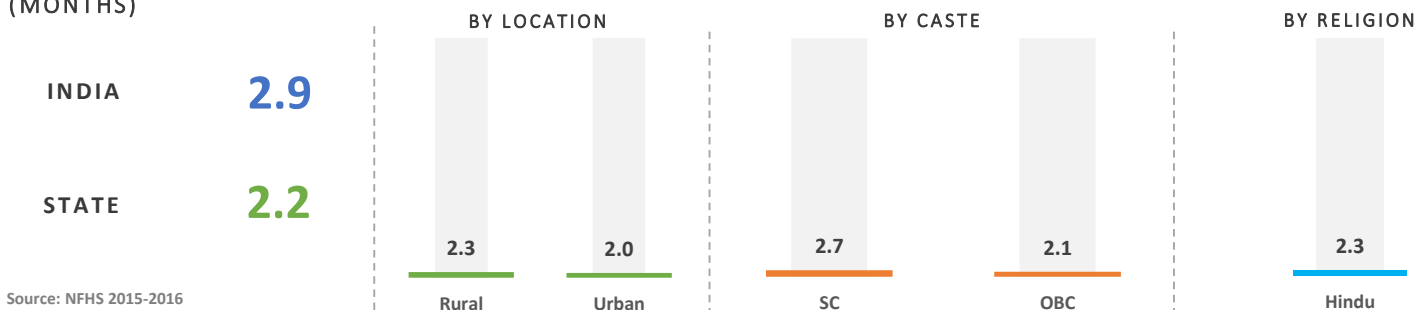
### PREVALENCE OF LOW BIRTHWEIGHT (%)



### CHILDREN UNDER AGE 6 MONTHS EXCLUSIVELY BREASTFED (%)



### MEDIAN DURATION OF EXCLUSIVE BREASTFEEDING AMONG LAST-BORN CHILDREN BORN IN THE LAST THREE YEARS (MONTHS)



Note:- Comparable data for ST, Others and Muslim are not available.

- The state fares poorly in median duration of breastfeeding with just 2 months being the general duration of breastfeeding across communities and locations.

## CHILDREN UNDER 5 YEARS WHO ARE UNDERWEIGHT (%)

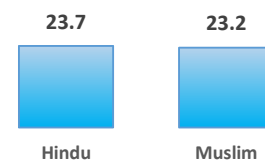
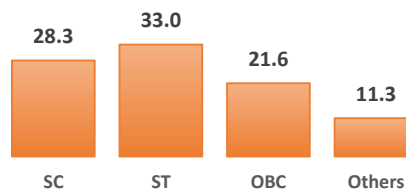
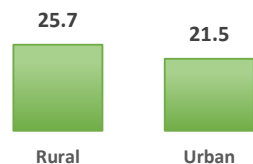
### BY LOCATION

### BY CASTE

### BY RELIGION

INDIA **35.7**

STATE **23.8**



Source: NFHS 2015-2016

## CHILDREN UNDER 5 YEARS WHO ARE STUNTED (%)

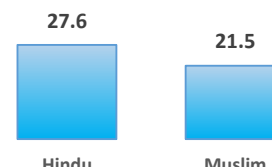
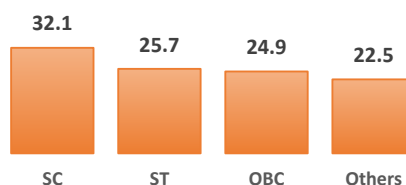
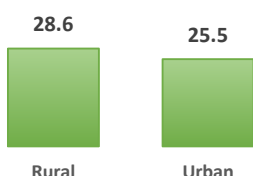
### BY LOCATION

### BY CASTE

### BY RELIGION

INDIA **38.4**

STATE **27.1**



Source: NFHS 2015-2016

## CHILDREN UNDER 5 YEARS WHO ARE WASTED (%)

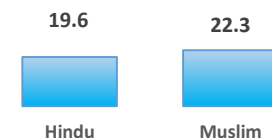
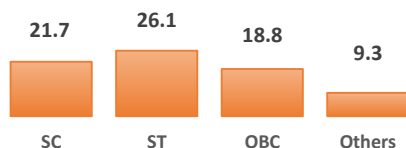
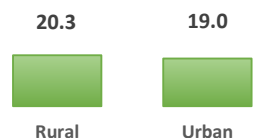
### BY LOCATION

### BY CASTE

### BY RELIGION

INDIA **21.0**

STATE **19.7**



Source: NFHS 2015-2016

## CHILDREN AGE 6-59 MONTHS WHO ARE ANAEMIC (<11.0 G/DL)(%)

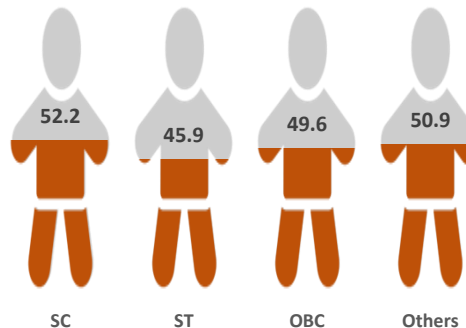
### BY LOCATION

### BY CASTE

### BY RELIGION

INDIA **58.5**

STATE **50.7**

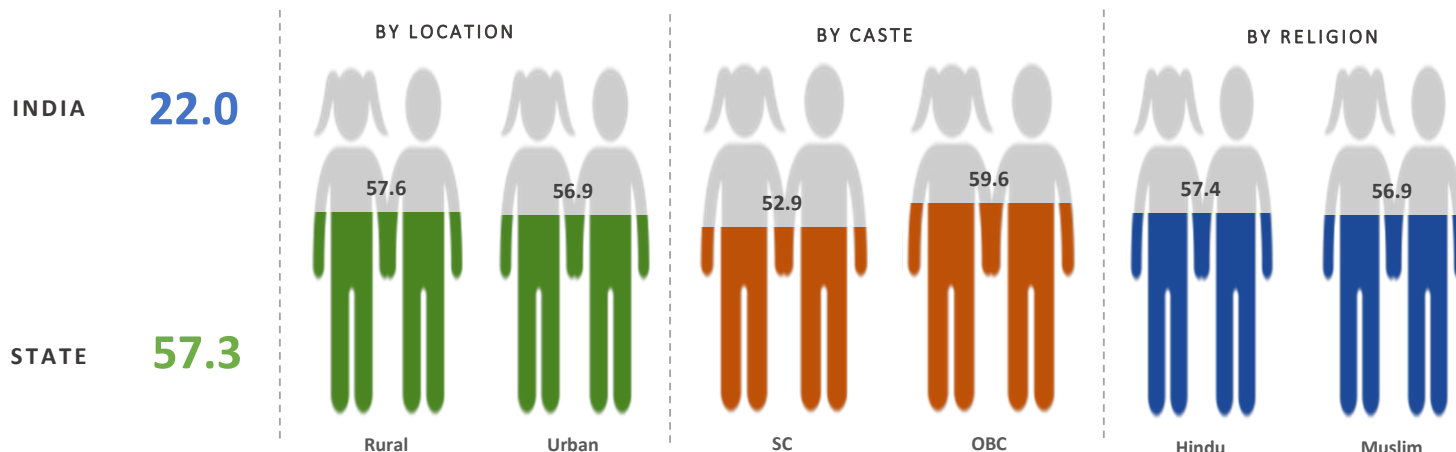


Source: NFHS 2015-2016

- While the state fares quite well in the nutritional status of children as compared to the national figure, however, the condition of Scheduled caste and Scheduled tribe children remain a cause of concern with high rates for underweight, stunting and wasting categories.
- Also, 50% of the state's children are anemic.

## DIETARY DIVERSITY PATTERN

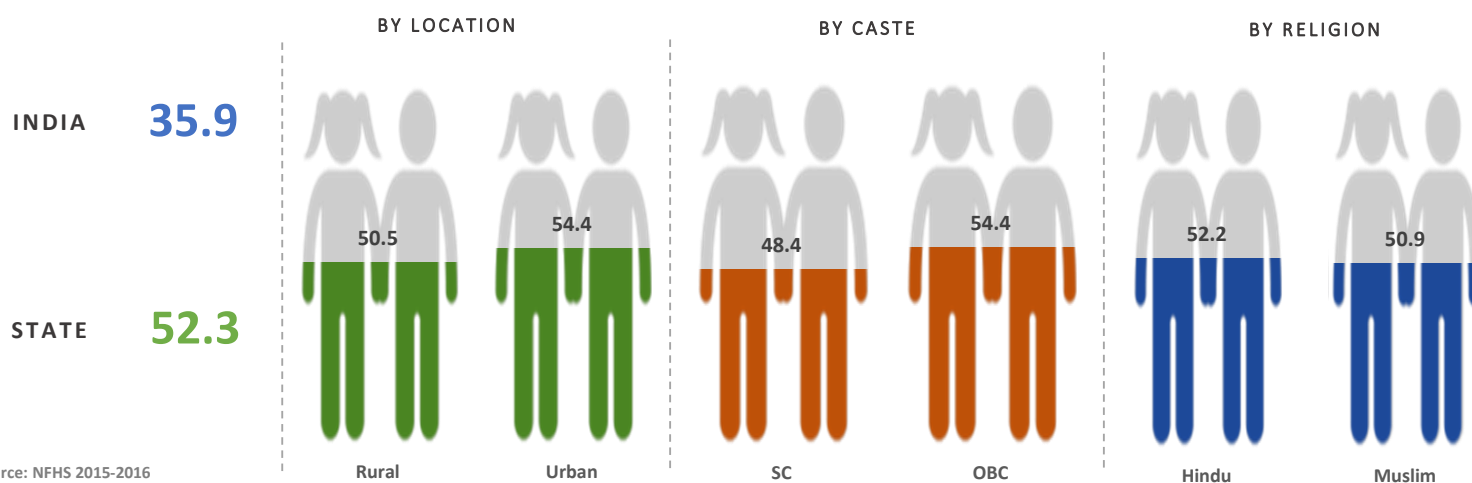
### 6-23 MONTHS CHILDREN FED 4+ FOOD GROUPS IN PAST 24 HOURS (%)



Source: NFHS 2015-2016

Note:- Comparable data for ST and Others are not available.

### 6-23 MONTHS CHILDREN FED MINIMUM MEAL FREQUENCY IN PAST 24 HOURS (%)



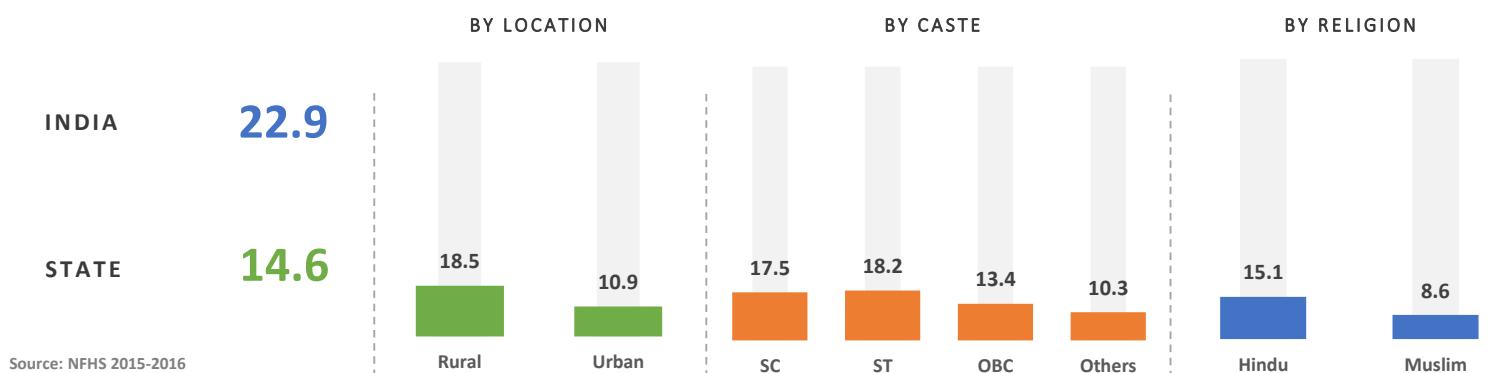
Source: NFHS 2015-2016

Note:- Comparable data for ST and Others are not available.

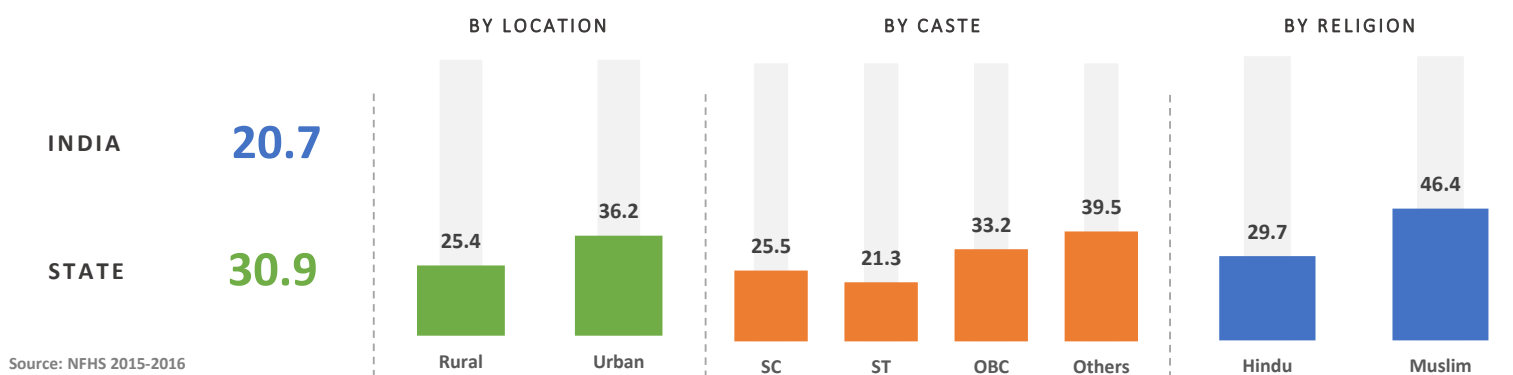
- The state fares quite well in comparison with national figures but almost half of the state's children are yet to be fed with minimum meal frequency or 4+ food groups. This needs to be ensured.

## NUTRITIONAL STATUS OF WOMEN AND MEN

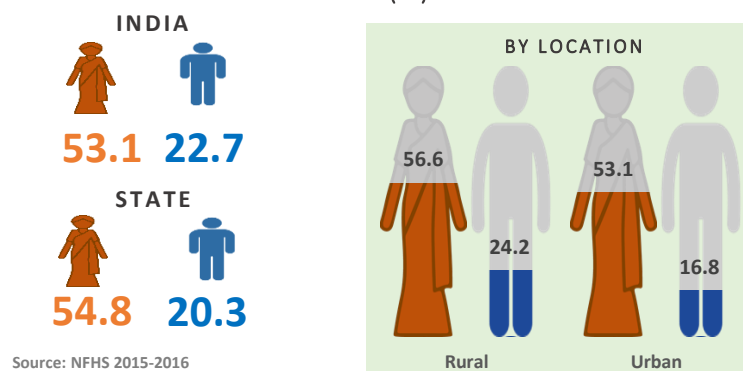
### WOMEN WHOSE BODY MASS INDEX IS BELOW NORMAL (BMI < 18.5 KG/M<sup>2</sup> ) (%)



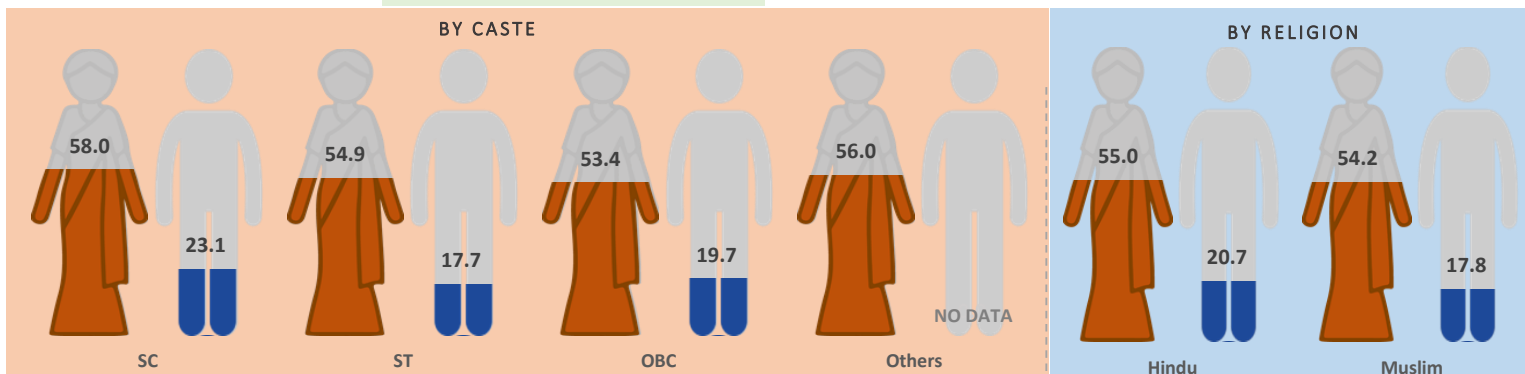
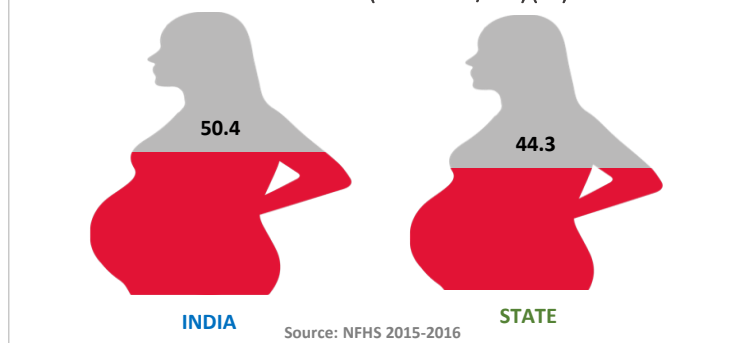
### WOMEN WHO ARE OVERWEIGHT OR OBESE (BMI ≥ 25.0 KG/M<sup>2</sup> ) (%)



### WOMEN AND MEN AGED 15-49 YEARS WHO ARE ANAEMIC (%)



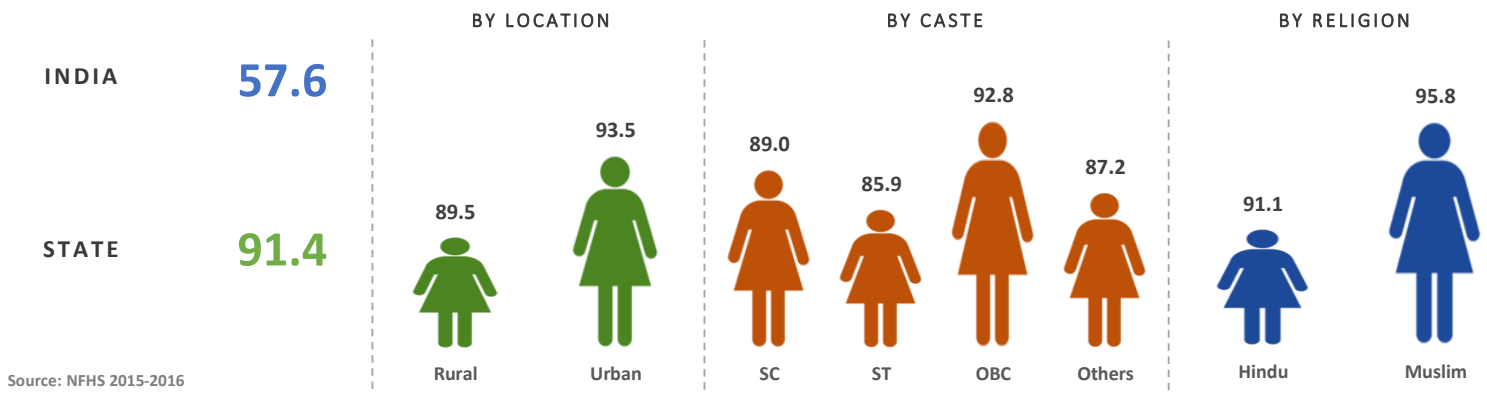
### PREGNANT WOMEN AGED 15-49 YEARS WHO ARE ANAEMIC (<11.0 G/DL) (%)



- While low BMI among women is a concern in rural areas and among Scheduled Tribe population, increasing obesity is a threat in the urban areas and among Muslim population. Obesity among Muslims is far more than the country figures.
- Anaemia is a major concern. Tamil Nadu fares poor than the country in terms of women who are anemic. It is further high among the scheduled tribes and in rural locations.

## MENSTRUAL HYGIENE

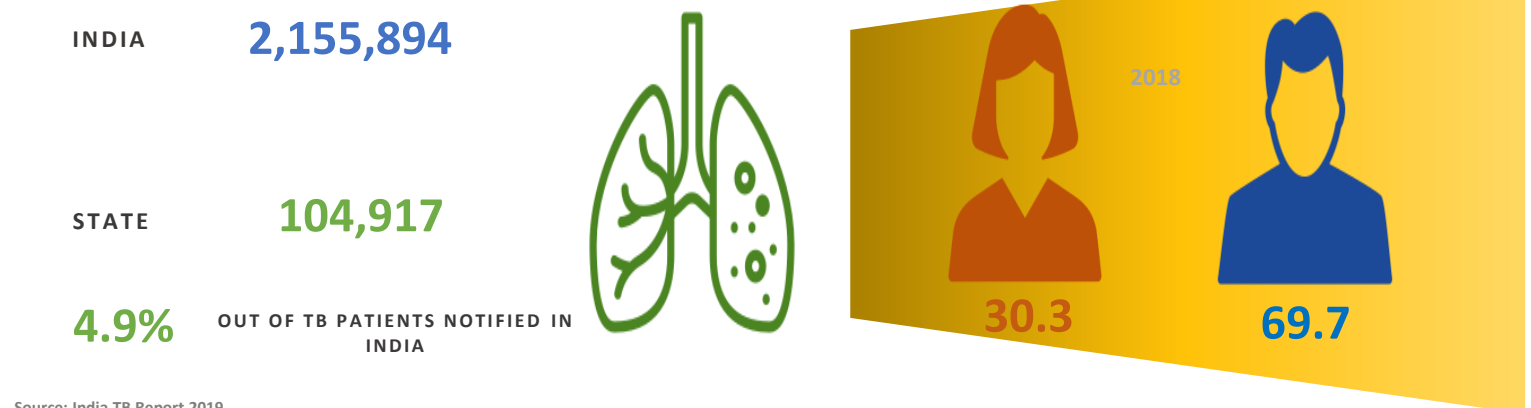
WOMEN AGED 15-24 WHO USED HYGIENIC METHOD OF PROTECTION DURING MENSTRUATION (%)



## OTHER HEALTH ISSUES

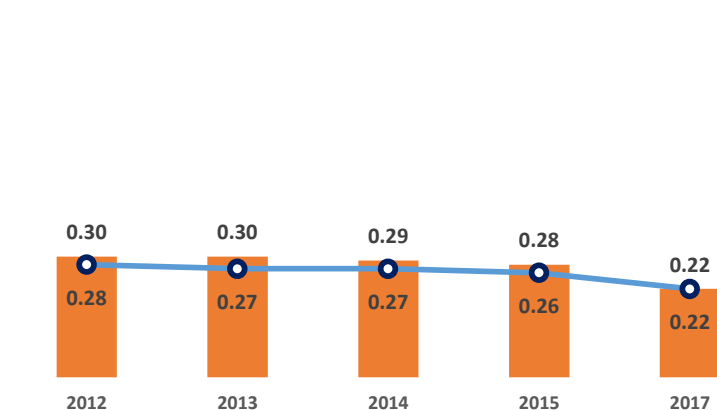
PERSONS SUFFERING FROM TUBERCULOSIS

OUT OF TB PATIENTS NOTIFIED IN STATE (%)

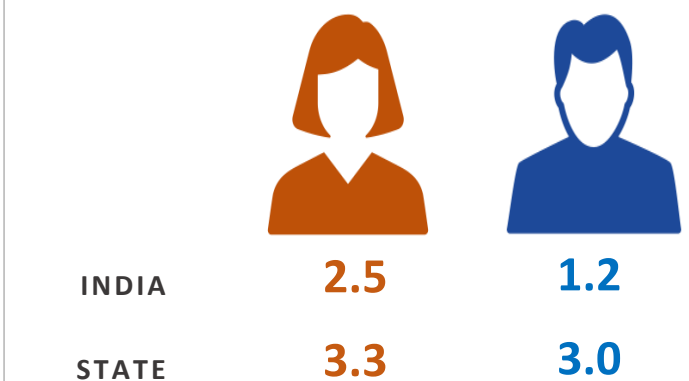


PEOPLE (15-49 YEARS) LIVING WITH HIV/AIDS (%)

STATE INDIA



WOMEN & MEN AGED 15-49 YEARS WHO REPORTED SEXUALLY TRANSMITTED INFECTION (STI) IN THE PAST 12 MONTHS (%)



- High prevalence of Tuberculosis among men is a concern.
- Prevalence of STI both among men and women are much higher than the national figures.



## HEALTH EXPENDITURES

GOVERNMENT HEALTH EXPENDITURE (%  
OF TOTAL HEALTH EXPENDITURE)

OUT OF POCKET HEALTH EXPENDITURE (%  
OF TOTAL HEALTH EXPENDITURE)

INDIA

30.6

60.6

STATE

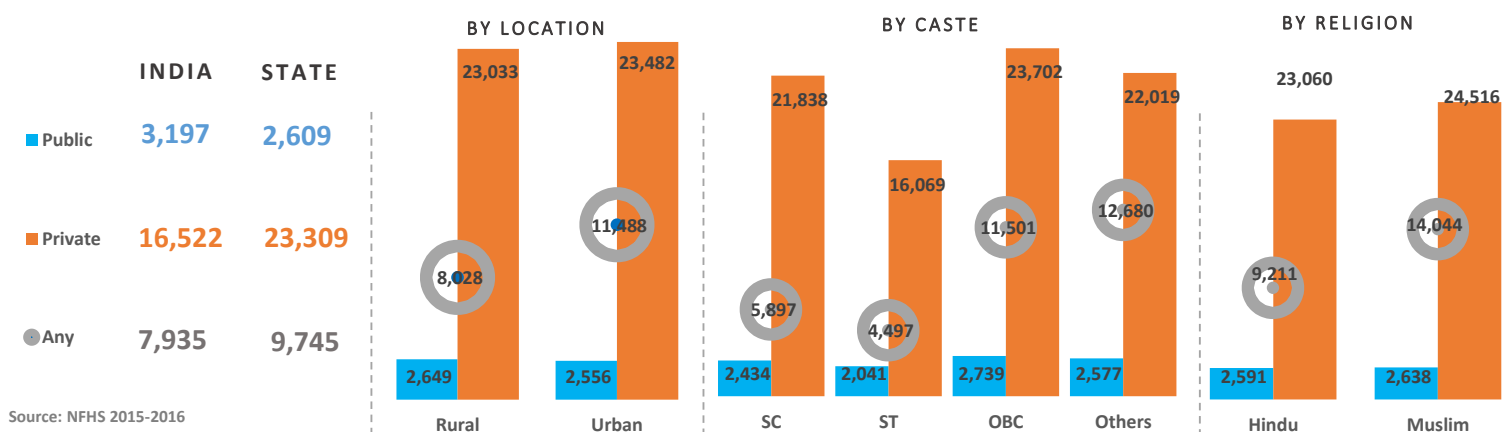
28.4

65.2



Source: National Health Accounts Estimates for India 2015-16

### AVERAGE OUT OF POCKET EXPENDITURE PER DELIVERY IN PUBLIC, PRIVATE AND ANY HEALTH FACILITY (RUPEES)



Source: NFHS 2015-2016

- Government share in health expenditure is abysmal in both India and Tamil Nadu, although Tamil Nadu fares a little better than the country.
- With low government share in health expenditure, Tamil Nadu shows high out of pocket expense (65%). Moreover, while average expenditure for delivery in private facilities is much higher than the country figure.

## GOVERNMENT FLAGSHIP PROGRAMMES FOR HEALTH AND NUTRITION

### NATIONAL HEALTH MISSION

The National Health Mission (NHM) encompasses its two Sub-Missions, the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). The main programmatic components include Health System Strengthening, Reproductive-Maternal- Neonatal-Child and Adolescent Health (RMNCH+A), and Communicable and Non-Communicable Diseases. The NHM envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs.

#### NHM has six financing components:

- (i) NRHM-RCH Flexipool,
- (ii) NUHM Flexipool,
- (iii) Flexible pool for Communicable disease,
- (iv) Flexible pool for Non communicable disease including Injury and Trauma,
- (v) Infrastructure Maintenance and
- (vi) Family Welfare Central Sector component.

### INTEGRATED CHILD DEVELOPMENT

Integrated Child Development Services (ICDS) Scheme is one of the flagship programmes of the Government of India and represents one of the world's largest and unique programmes for early childhood care and development.

The beneficiaries under the Scheme are children in the age group of 0-6 years, pregnant women and lactating mothers. Objectives of the Scheme are:

1. To improve the nutritional and health status of children in the age-group 0-6 years;
2. To lay the foundation for proper psychological, physical and social development of the child;
3. To reduce the incidence of mortality, morbidity, malnutrition and school dropout;
4. To achieve effective co-ordination of policy and implementation amongst the various departments to promote child development;
5. To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

### POSHAN ABHIYAAN

The Prime Minister's Overarching Scheme for Holistic Nutrition (POSHAN) Abhiyaan or National Nutrition Mission is one of the India's flagship programmes to improve nutritional outcomes for children, adolescents, pregnant women and lactating mothers by leveraging technology, a targeted approach and convergence. It aims to build a people's movement (Jan Andolan) around malnutrition.

#### Key Strategies

For implementation of POSHAN Abhiyaan the mission adopts a four point strategy:

1. Inter-sectoral convergence for better service delivery
  2. Use of technology (ICT) for real time growth monitoring and tracking of women and children
  3. Intensified health and nutrition services for the first 1000 days
- Jan Andolan

## SHORTFALL IN HEALTH FACILITIES IN RURAL AREAS (%)

(as on 1st July 2019)

	India	State
Sub Centres and HWC-SCs	23.0	Surplus
PHCs and HWC-PHCs	28.2	Surplus
CHCs	36.9	Surplus

Source: Rural Health Statistics 2019

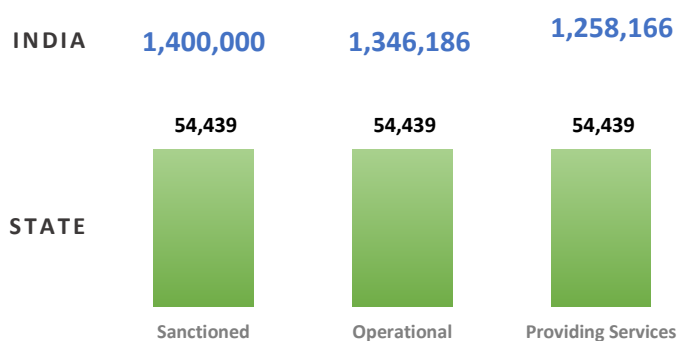
## SHORTFALL IN HUMAN RESOURCE IN RURAL AREAS (%)

India State

Anganwadi Workers	4.7	19.1
Source: Status report of ICDS as on 31st March 2015		
ASHA	Surplus	23.2
(as on 1st July 2019)		
ANM at Sub Centres	2.8	0.8
ANM at PHCs	26.1	5.5
Doctors+ at PHCs	6.0	Surplus
Specialists at CHCs	81.8	88.4

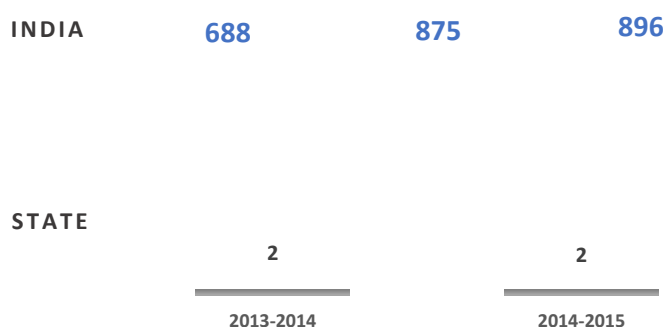
Source: Rural Health Statistics 2019

## NUMBER OF AWCs



Source: Status report of ICDS as on 31st March 2015

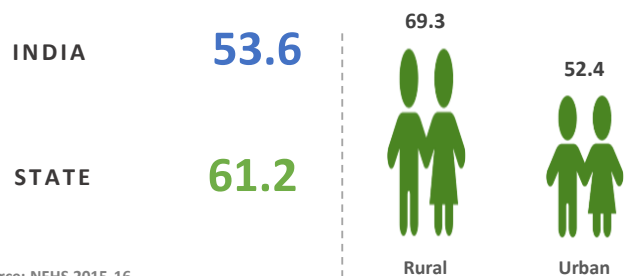
## NUMBER OF NUTRITIONAL REHABILITATION CENTRES



Source: PIB 2012-13, 2013-14 & 2014-15

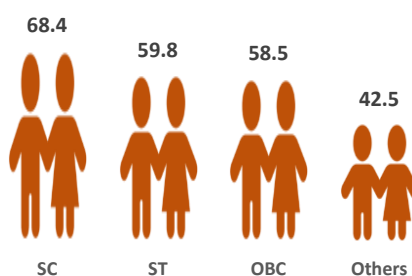
## CHILDREN AGED 0-71 MONTHS WHO RECEIVED SERVICES FROM AN AWC (%)

### BY LOCATION

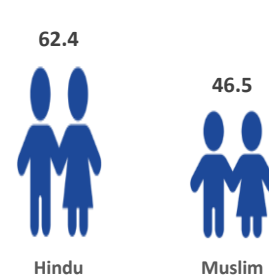


Source: NFHS 2015-16

### BY CASTE

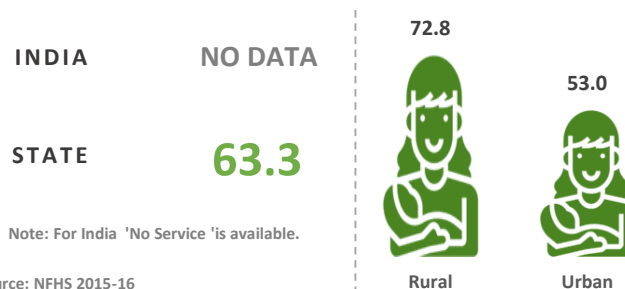


### BY RELIGION



## MOTHERS RECEIVED SERVICES FROM AN AWC DURING PREGNANCY (%)

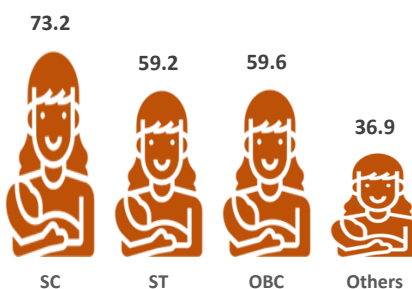
### BY LOCATION



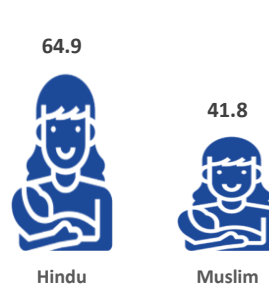
Note: For India 'No Service' is available.

Source: NFHS 2015-16

### BY CASTE

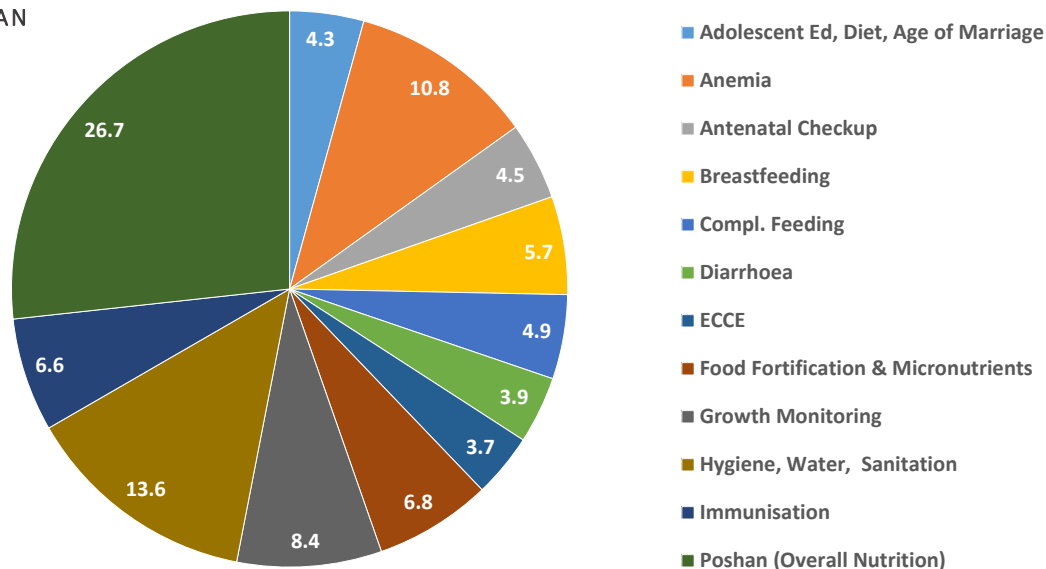


### BY RELIGION



- The state has comparatively a good health facility expanse with no shortfall recorded. However, this surplus becomes irrelevant when the state records a shortfall in its healthcare professionals – both the front line workers (Anganwadi workers and ASHA) and the specialists at CHCs.
- While more than 60% of children and pregnant women in Tamil Nadu receive services from AWC, but this proportion is quite low for the Muslim children and women.

THEMES-WISE ACTIVITIES IN POSHAN  
MAAH (SEPTEMBER 2019)



Source: <http://dashboard.poshanabhiyaan.gov.in/janandolan/#/>

CONTRIBUTION OF ACTIVITIES IN POSHAN MAAH (SEPTEMBER 2019)

Activity type	State Value (%)	India Value (%)
Home Visits	32.3	14.4
Anemia Camp	5.9	1.5
CBE-Community Based Events (ICDS)	4.6	22.3
Community Radio Activities	1.8	0.3
Cooperative/Federation	0.7	0.2
Cycle Rally	1.4	0.3
DAY-NRLM SHG Meet	1.0	1.9
Defeat Diarrhoea Campaign (D2)	0.0	No Data
Farmer Club Meeting	1.1	0.2
Haat Bazaar Activities	1.4	0.4
Harvest Festival	0.6	0.2
Local Leader Meeting	0.8	0.5
Nukkad natak/Folk Shows	0.2	0.4
Other Activities	14.3	34.7
Panchayat Meeting	1.9	1.0
Poshan Mela	11.6	8.2
Poshan Rally	2.3	2.6
Poshan Walk	2.5	1.5
Poshan Workshop/Seminar	1.6	4.1
Prabhat Faree	0.2	1.1
Providing Water to the Toilets	0.5	0.3
Safe Drinking Water in Anganwadi Centres	1.2	0.7
Safe Drinking Water in Schools	0.8	0.2
School Based Activities	8.0	2.9
VHSND	2.1	No Data
Youth Group Meeting	1.4	No Data

Source: <http://dashboard.poshanabhiyaan.gov.in/janandolan/#/>

## WOMEN EMPOWERMENT

FEMALE WORKERS (15-59 YEARS)  
POPULATION RATIO (%)

INDIA  
**23.8**

STATE  
**33.9**

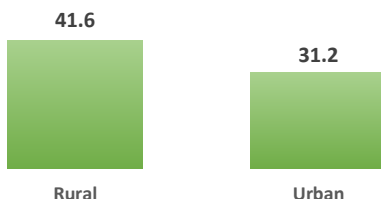


Source: Annual Report PLFS 2017-18

FEMALE (15-59 YEARS) LABOUR FORCE  
PARTICIPATION RATE (%)

INDIA  
**25.3**

STATE  
**36.8**

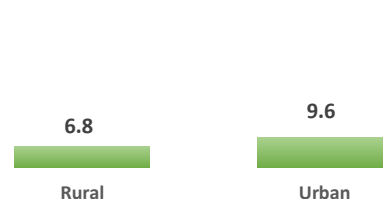


Source: Annual Report PLFS 2017-18

FEMALE (15-59 YEARS) UNEMPLOYMENT  
RATE (%)

INDIA  
**6.0**

STATE  
**7.9**



Source: Annual Report PLFS 2017-18

## WOMEN HEADED ESTABLISHMENTS

INDIA

**8,050,819**

STATE

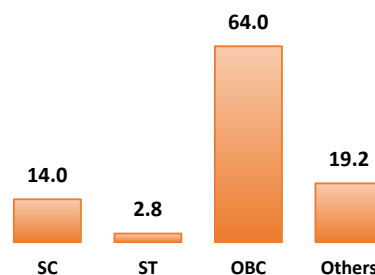
**1,087,609**

13.5% Out of India's Women Headed Establishments

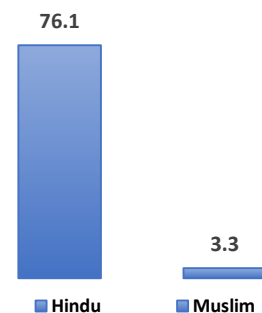
21.6% Out of State's Total Establishments - Agriculture & Non-Agriculture

Source: All India Report of Sixth Economics Census 2016

BY CASTE



BY RELIGION



## MEN AND WOMEN AGED 15-49 YEARS WHO WANT MORE SONS THAN DAUGHTERS (%)

INDIA

**18.7**

STATE

**15.9**

MALE

FEMALE

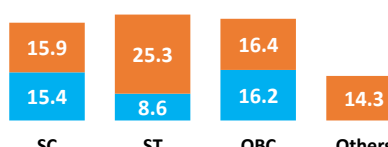
**18.8**

**16.4**

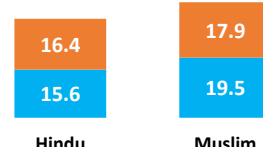
BY LOCATION



BY CASTE



BY RELIGION



Source: NFHS 2015-2016

Note:- Male Comparable data for others is not available.

## CURRENTLY MARRIED WOMEN WHO PARTICIPATE IN THREE DECISIONS\* (%)

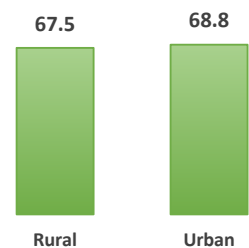
INDIA

**63.0**

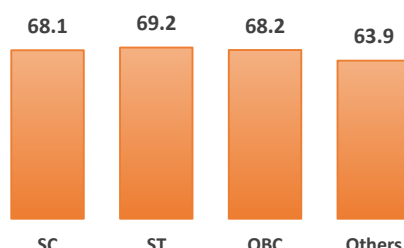
STATE

**68.1**

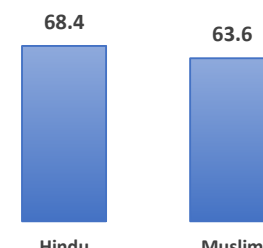
BY LOCATION



BY CASTE



BY RELIGION



\* Three Decisions

Own health care  
Making major household purchases  
Visits to her family or relatives

Source: NFHS 2015-16

- The state is yet to bring around 70% of its women into the labour force.
- Only 3% Muslim women head any kind of establishments in the state.
- Scheduled Tribe women were found to have more son preference than their male counterparts in Tamil Nadu.

## WOMEN WHO HAVE EXPERIENCED VIOLENCE DURING ANY PREGNANCY (%)

BY LOCATION

BY CASTE

BY RELIGION

INDIA

3.9

STATE

6.2

Source: NFHS 2015-16

7.5

Rural

5.0

Urban

9.9

SC

17.9

ST

4.6

OBC

11.6

Others

6.3

Hindu

2.1

Muslim

## WOMEN WHO HAVE EVER EXPERIENCED EMOTIONAL, PHYSICAL OR SEXUAL VIOLENCE COMMITTED BY THEIR HUSBAND (%)

BY LOCATION

BY CASTE

BY RELIGION

INDIA

33.3

STATE

44.6

Source: NFHS 2015-16

48.1

Rural

41.2

Urban

54.0

SC

49.4

ST

41.8

OBC

21.3

Others

44.8

Hindu

40.8

Muslim

## CRIMES AGAINST WOMEN (IPC + SLL) (No.)

INDIA (2018)

378,277

STATE (2018)

5,822

(1.5%)

OUT OF INDIA

6,354



2014

5,919



2015

4,463



2016

5,397



2017

5,822



2018

Source: NCRB

## STATE RANK BASED ON CRIME RATE AGAINST WOMEN (RANK)



34

OUT OF 36 STATES & UTs

Source: NCRB 2016

## DOWRY DEATHS REPORTED (No.)

INDIA (2018)

7,166

STATE (2018)

55

(0.8%)

OUT OF INDIA

65



2015

58



2016

48



2017

55



2018

Source: NCRB

## WOMEN TRAFFICKING CASES REPORTED (No.)



14

OUT OF 854  
IN INDIA

Source: NCRB 2018

FEMALE SUICIDE CASES (No.)

INDIA	42,391
STATE	4,715

Source: ADSI 2018

FOETICIDES & INFANTICIDES REPORTED (No.)

	INDIA	STATE
FOETICIDES	128	0
INFANTICIDES	56	2

Source: NCRB 2018

- The state fares horribly in terms of violence as well as crime against women. The state reports much more violence than the country towards its women. The state has less incidence of violence against women than the country figure, however the rate is still in the rural areas and among the scheduled caste and Muslim population.
- The state ranks 2nd from the bottom in terms of crime against women. Also, crimes against women have also surged since 2016.

# GOVERNMENT FLAGSHIP PROGRAMMES FOR WOMEN EMPOWERMENT

## NATIONAL RURAL LIVELIHOOD MISSION

### What is NRLM

Govt. of India established National Rural Livelihoods Mission (NRLM) in June 2010 to implement the new strategy of poverty alleviation woven around community based institutions.

Mission's primary objective is to reduce poverty by promoting diversified and gainful self-employment and wage employment opportunities for sustainable increase in incomes.

To achieve the desired goal of the mission, NRLM provides a combination of financial resource and technical assistance to states such that they could use the comprehensive livelihoods approach encompassing four inter-related tasks. These tasks are:

1. Mobilizing all rural, poor households into effective self-help groups (SHGs) and their federations;
2. Enhancing access of the rural poor to credit and other financial, technical and marketing services;
3. Building capacities and skills of the poor **for gainful and sustainable livelihoods; and**
4. Improving the delivery of social and economic support services to the poor.

## BETI BACHAO BETI PADHAO

Beti Bachao, Beti Padhao is a campaign of the Government of India that aims to generate awareness and improve the efficiency of welfare services intended for girls in India.

The Overall Goal of the Beti Bachao Beti Padhao (BBBP) Scheme is to celebrate the girl child and enable her education. The objectives of the Scheme are as under:

- i. To prevent gender biased sex selective elimination
- ii. To ensure survival and protection of the girl child
- iii. To ensure education and participation of the girl child

Strategies employed to successfully carry out the scheme are:

1. Implement a sustained social mobilization and communication campaign to create equal value for the girl child and promote her education.
2. Place the issue of decline in child sex ratio/sex ratio at birth in public discourse, improvement of which would be an indicator for good governance.
3. Focus on gender critical districts and cities.

### TOTAL SHGs FORMED



**319,264**

### SHGs HAVING BANK ACCOUNT\* (%)



**98.5**

### SHGs HAVING CREDIT LINKED (%)



**NO DATA**

### TOTAL VILLAGE ORGANIZATIONS FORMED



**5,495**

### TOTAL CLUSTER LEVEL FEDERATIONS



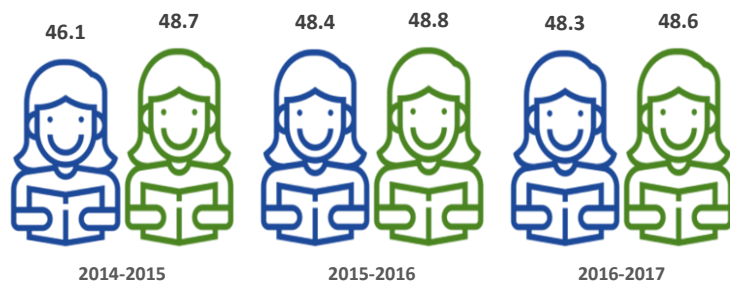
**2,355**

Source:- Website Of Deen Dayal Antyodaya Yojana - National Livelihoods Mission (NRLM), as on 29th April 2020



## GIRLS ENROLMENT IN ELEMENTARY EDUCATION (%)

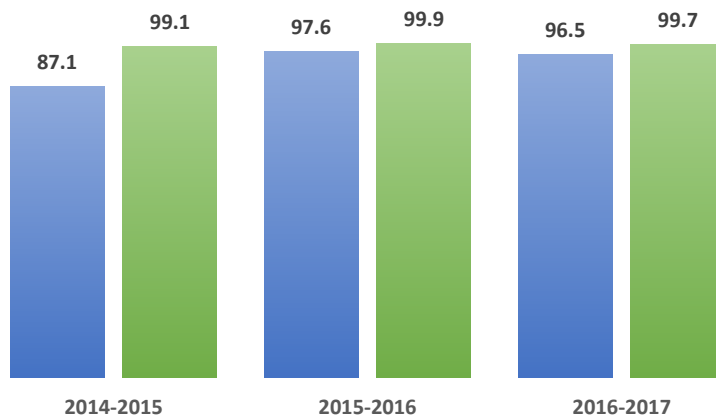
INDIA STATE



Source: U-Dise

## SCHOOLS HAVING GIRL'S TOILET IN ELEMENTARY EDUCATION (%)

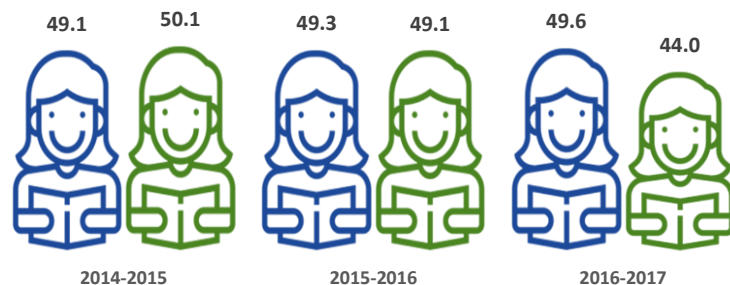
INDIA STATE



Source: U-Dise

## GIRLS ENROLMENT IN SECONDARY EDUCATION (%)

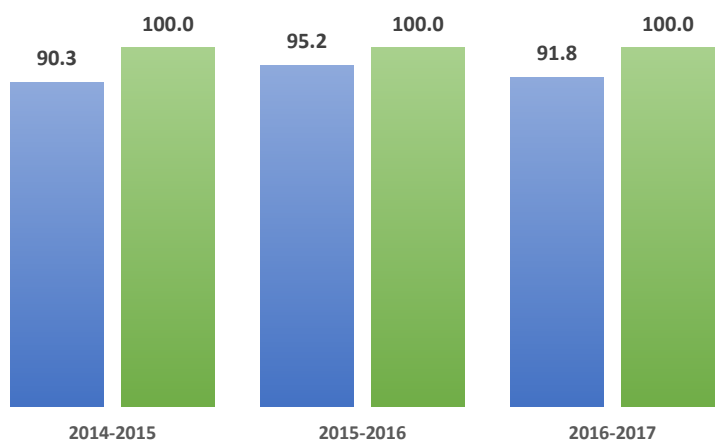
INDIA STATE



Source: U-Dise

## SCHOOLS HAVING GIRL'S TOILET IN SECONDARY EDUCATION (%)

INDIA STATE



Source: U-Dise

- There has been almost no improvement in girls' enrolment in both elementary and secondary level for Tamil Nadu as well as for the entire country since 2014 to 2017. Rather enrolment in secondary level has seen a decline since 2015.