

RAJASTHAN FACTSHEET 2020



Picture Courtesy: Ibtada, Alwar, Rajasthan

DEVELOPED BY:



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OXFAM
India

THE SECRETARIAT OF NATIONAL COALITION OF CIVIL SOCIETY ORGANIZATIONS

BACKDROP

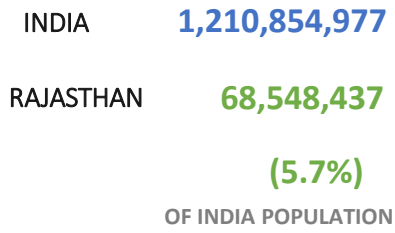
In India the civil society organizations have been experimenting and developing various community participation models but mostly its spread has been limited and operations remained in silos because of lack of platforms and alliances to highlight their works. Therefore, Oxfam India has set a national 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.

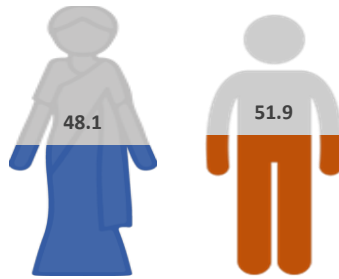
STATE AT A GLANCE

OVERALL POPULATION



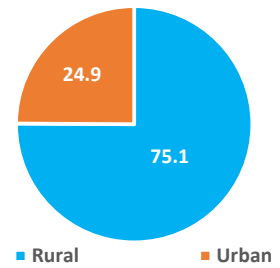
Source: Census 2011

STATE POPULATION BY SEX (%)



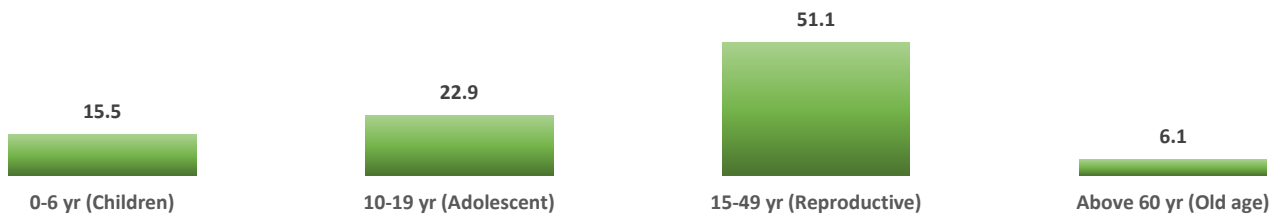
Source: Census 2011

STATE POPULATION BY LOCATION (%)



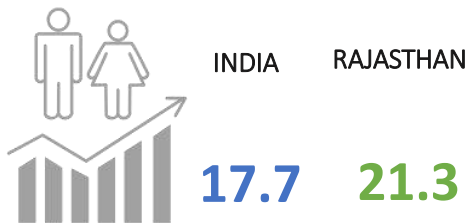
Source: Census 2011

STATE POPULATION BY AGE GROUP (%)



Source: Census 2011

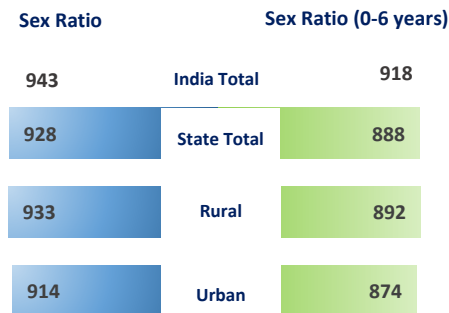
*DECADAL POPULATION GROWTH RATE



* Total population growth between 2001-2011

Source: Census 2011

SEX RATIO (FEMALES PER 1000 MALES)



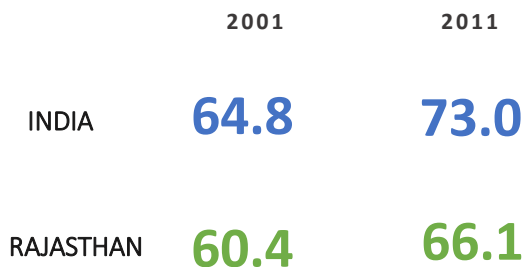
Source: Census 2011

HEALTH INDEX (RANK)



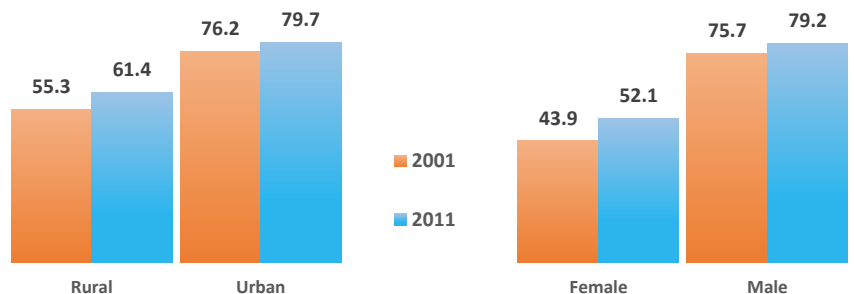
Source: Economic Survey 2020

OVERALL LITERACY RATE (%)



Source: Census

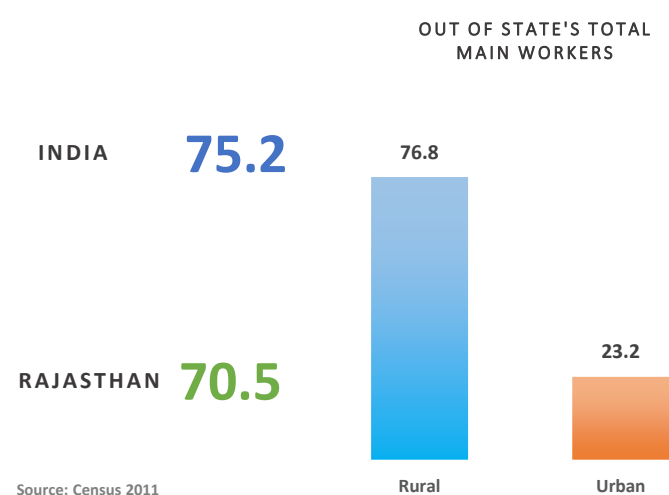
LITERACY RATE BY LOCATION AND SEX OUT OF STATE'S TOTAL LITERACY (%)



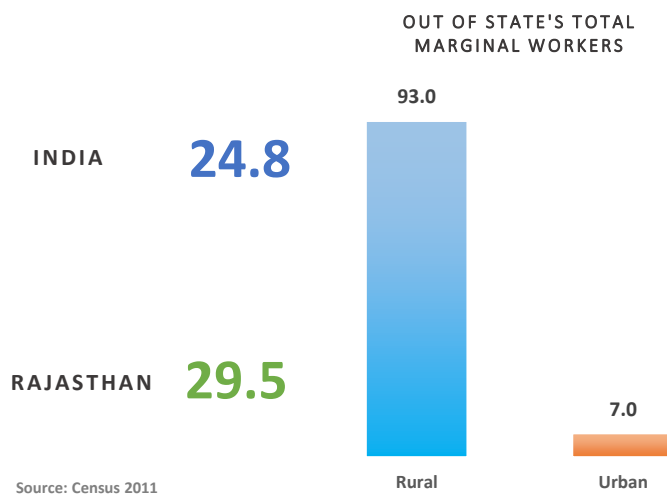
Source: Census

- Three-fourth of the state's population lives in rural areas.
- Rajasthan's decadal population growth rate is 4% more than India.
- Both sex ratio as well as child sex ratio are matters of concern, while the situation is worse in urban areas. In both the cases of sex ratio and child sex ratio, the state average is lower than the national average by 15 and 30 points respectively.
- The state stands at sixth position from bottom in health index rank.
- State has low female literacy rate with just over half of its women knowing how to read and write.

MAIN WORKERS (%)



MARGINAL WORKERS (%)



Source: Census 2011

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
Dholpur	25	62	4	52	67	25	88
Karauli	31	43	11	29	68	26	84
Baran	36	99	18	24	41	76	17
Sirohi	53	66	45	57	37	79	64
Jaisalmer	81	96	66	42	81	63	63

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 state has less main workers and more marginal workers in comparison to India. Again, 30% of the workers of the state don't get work for six months in a year, which reflects the of poor employment opportunities in the state.
- Two aspirational districts in the state fall in the bottom 20 in India, when scored for health ranking. On the other hand, it is found that the state fares somewhat well in agriculture.

PROPORTION OF VULNERABLE POPULATION

OVERALL SCHEDULE CASTE (SC) POPULATION

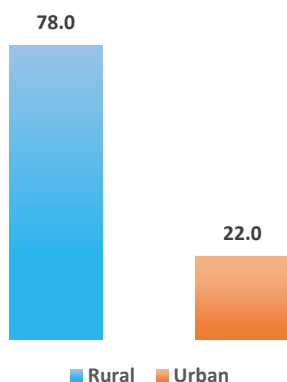
INDIA **201,378,372**

RAJASTHAN **12,221,593**

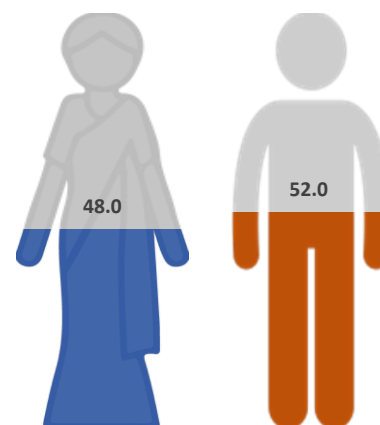
(6.1%)

Out of India's SC population

SC POPULATION BY LOCATION (%)



SC POPULATION BY SEX (%)



Source: Census 2011

OVERALL SCHEDULE TRIBE (ST) POPULATION

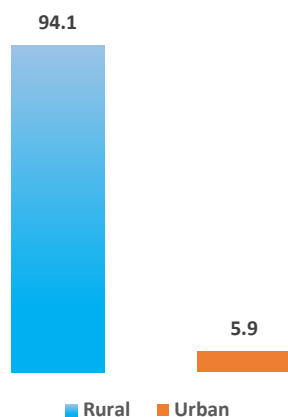
INDIA **104,545,716**

RAJASTHAN **9,238,534**

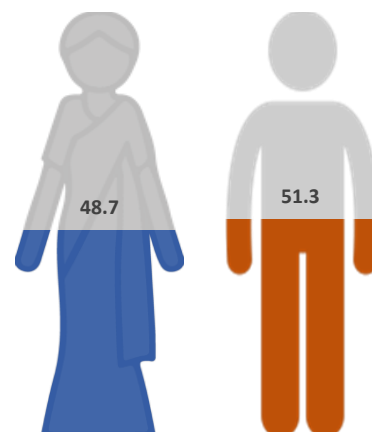
(8.8%)

Out of India's ST population

ST POPULATION BY LOCATION (%)



ST POPULATION BY SEX (%)



Source: Census 2011

OVERALL MUSLIM POPULATION

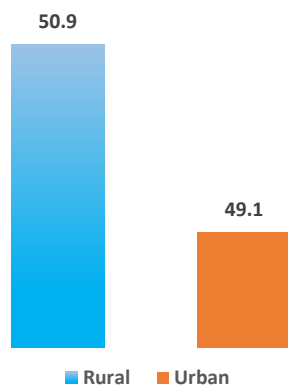
INDIA **172,245,158**

RAJASTHAN **6,215,377**

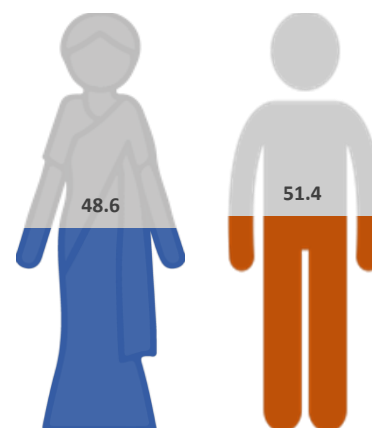
(3.6%)

Out of India's Muslim population

MUSLIM POPULATION BY LOCATION (%)



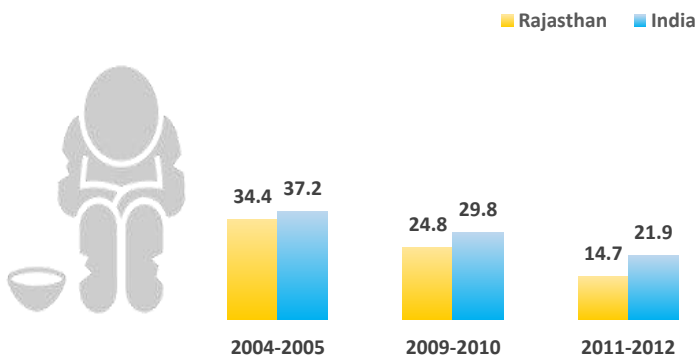
MUSLIM POPULATION BY SEX (%)



Source: Census 2011

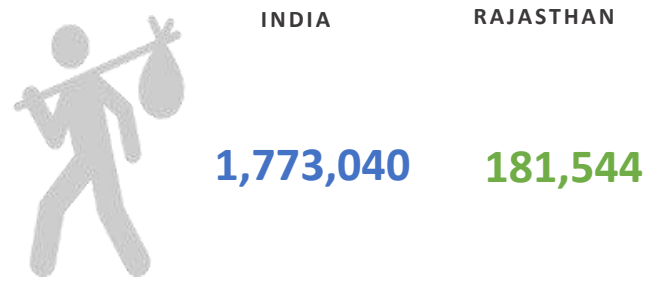
- Scheduled castes, Scheduled Tribes and Muslims contribute to 17.8%, 13.5% and 9.1% respectively of the total state population, reflecting the major contribution of SC population.

POPULATION LIVING BELOW POVERTY LINE (%)



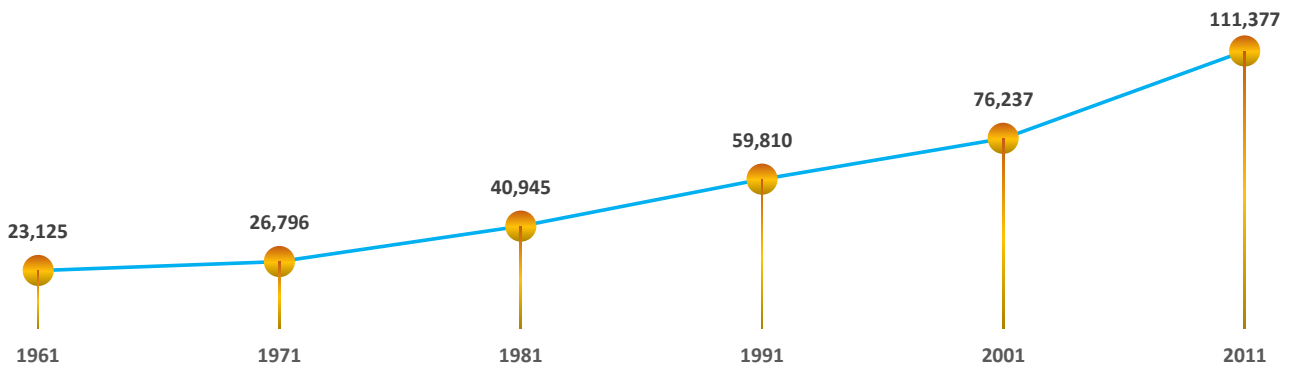
Source: Planning Commission (As Per Tendulkar Estimation)

HOUSELESS POPULATION (No.)



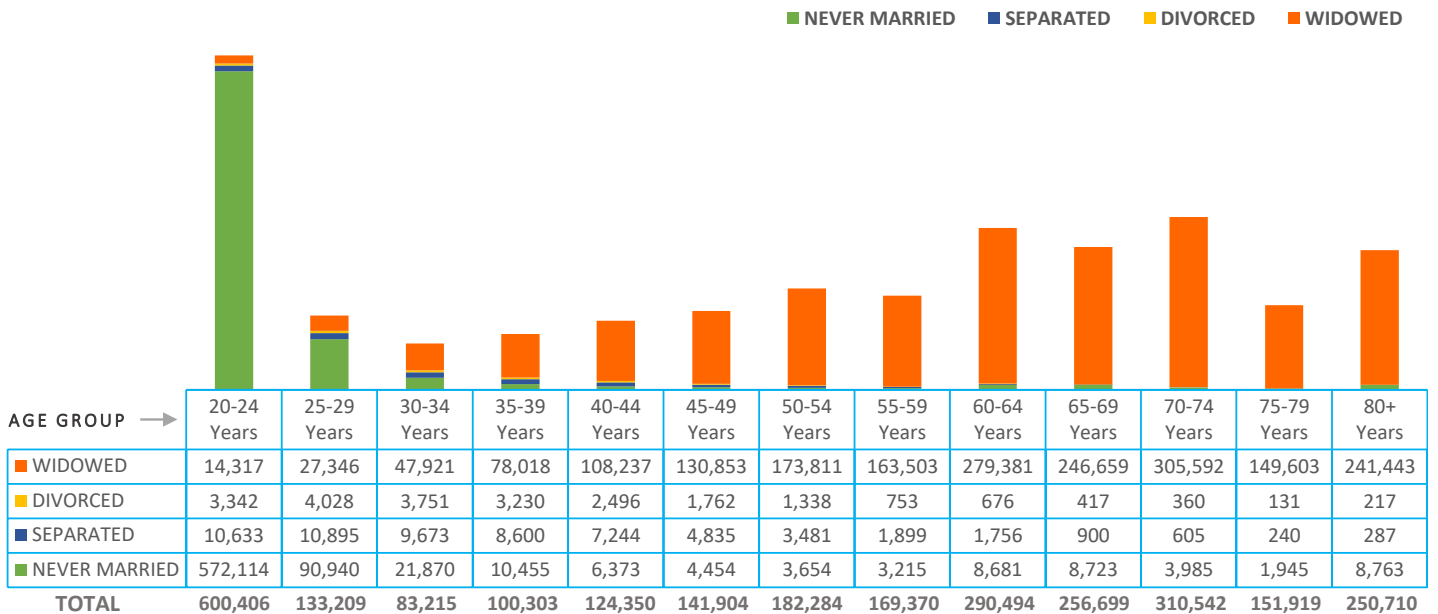
Source: Census 2011

NUMBER OF PARTICULARLY VULNERABLE TRIBAL GROUPS (No.)



Source: Statistical Profile Of Scheduled Tribes In India 2013

AGE-WISE DISTRIBUTION OF SINGLE WOMEN (No.)



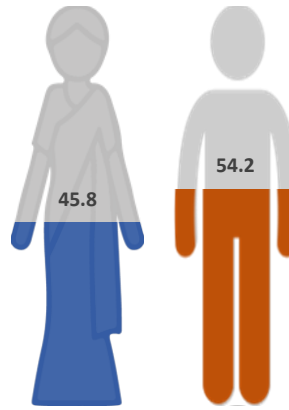
Source: Census 2011

- There is a reduction of 20 percentile points in the state's BPL population between 2004-05 and 2011-12.
- In the last six decades, there has been an increase in the state's PVTG population. Particularly, in the last decade (from 2001 to 2011) there is an increase of 46% in state's PVTG population.
- Nearly 13 lakh women aged 60 years and above are single in the state which depicts their vulnerability in terms of both age and social security.

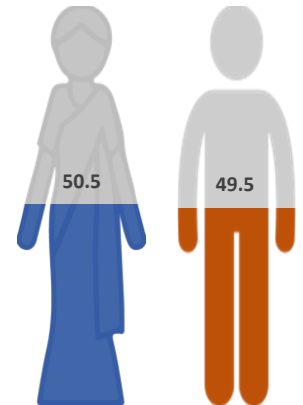
PERSONS WITH DISABILITIES IN ALL AGE GROUP

INDIA'S TOTAL PERSON WITH DISABILITIES	RAJASTHAN'S TOTAL PERSON WITH DISABILITIES
26,814,994	1,563,694 (5.8%)
OUT OF WHICH	
2,116,698	211,223 (10.0%)
REPORTED MULTIPLE DISABILITIES	

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



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

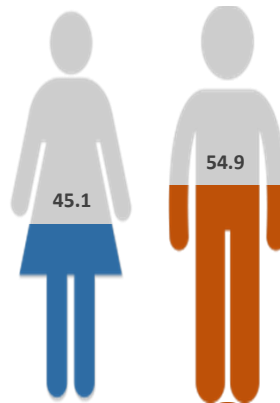


Source: Census 2011

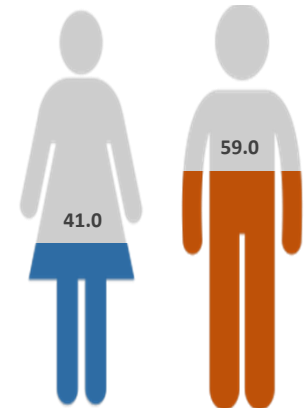
CHILDREN (0-4 YEARS) WITH DISABILITIES

INDIA'S TOTAL CHILDREN (0-4 YEARS) WITH DISABILITIES	RAJASTHAN'S TOTAL CHILDREN (0-4 YEARS) WITH DISABILITIES
1,291,637	55,748 (4.3%)
OUT OF WHICH	
78,662	4,613 (5.9%)
REPORTED MULTIPLE DISABILITIES	

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



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

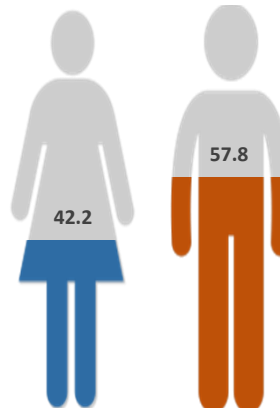


Source: Census 2011

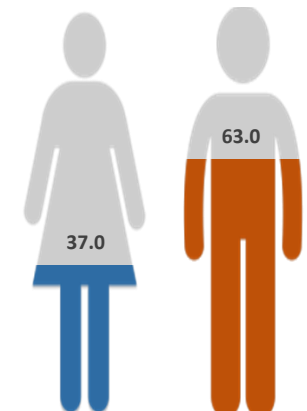
CHILDREN (5-9 YEARS) WITH DISABILITIES

INDIA'S TOTAL CHILDREN (5-9 YEARS) WITH DISABILITIES	RAJASTHAN'S TOTAL CHILDREN (5-9 YEARS) WITH DISABILITIES
1,955,926	89,131 (4.6%)
OUT OF WHICH	
187,492	11,802 (6.3%)
REPORTED MULTIPLE DISABILITIES	

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



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



Source: Census 2011

- In the country, state's share of people with multiple disabilities is more than people with any disability.
- Out of total disabilities, nearly 10% of the children aged 0-9 years are living with disabilities in the state.
- More boys are found to be living with disabilities than girls in the age group of 0-9 years.

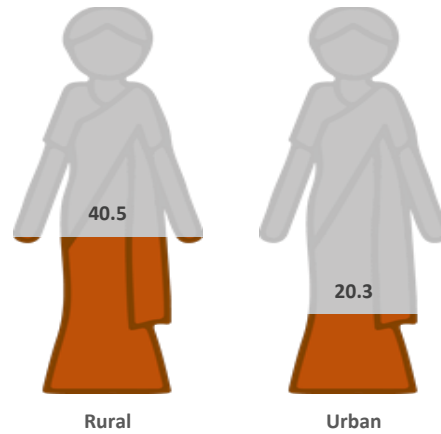
HEALTH AND NUTRITION

MARRIAGE AND FERTILITY

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

INDIA 26.8

RAJASTHAN 35.4

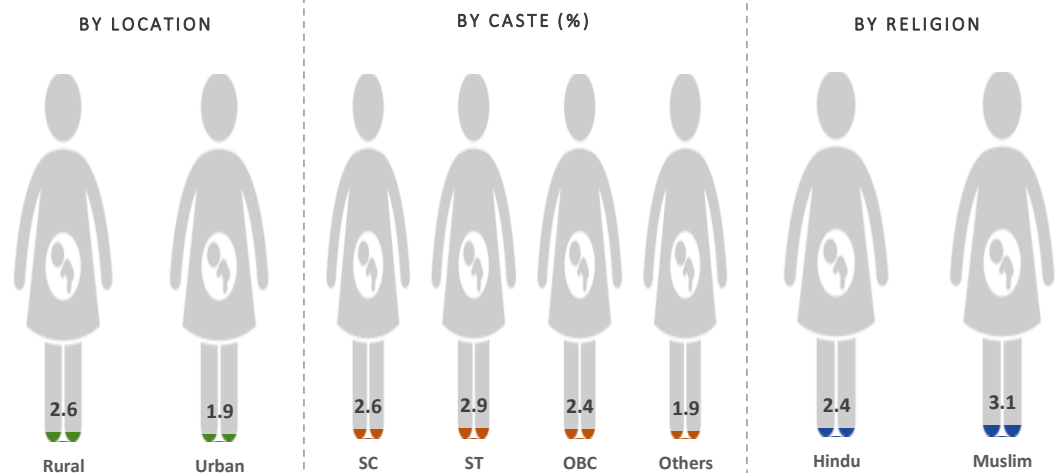


Source: NFHS 2015-2016

TOTAL FERTILITY RATE (%)

INDIA 2.2

RAJASTHAN 2.4

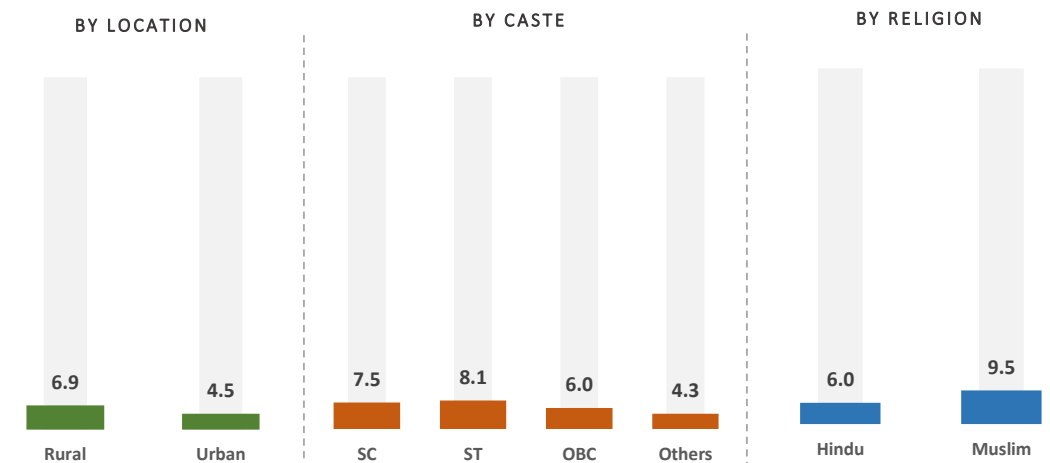


Source: NFHS 2015-2016

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

INDIA 7.9

RAJASTHAN 6.3

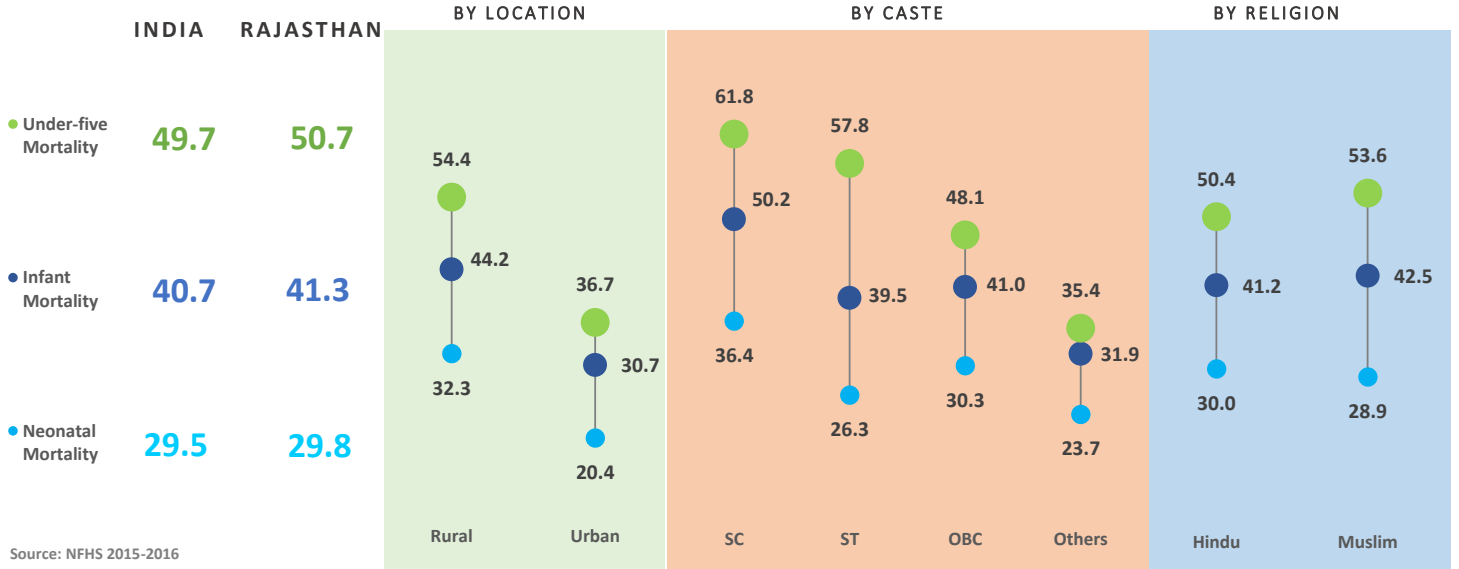


Source: NFHS 2015-2016

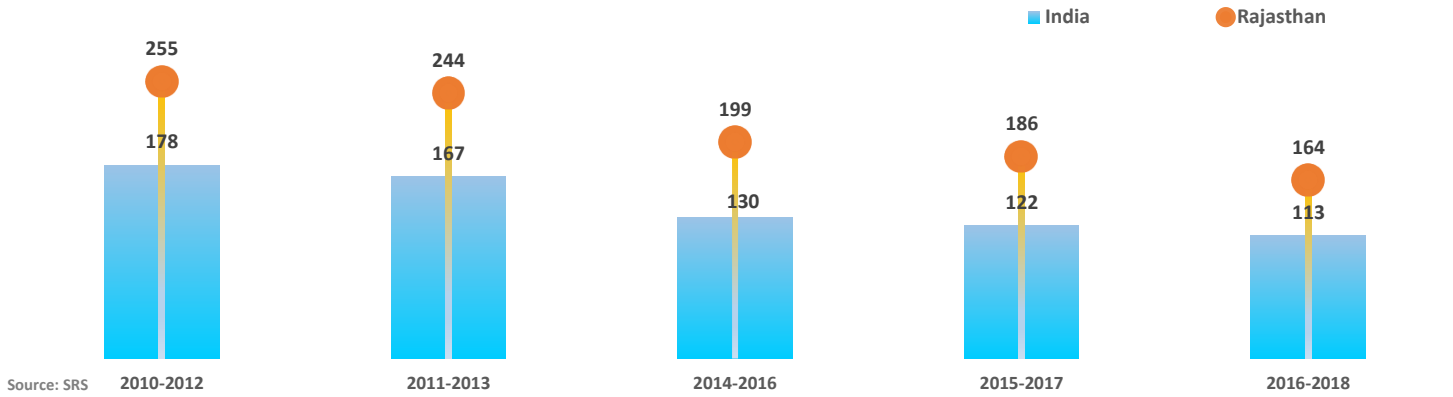
- One out of three girls in Rajasthan are married off before they turn 18.
- The percentage of teenaged girls who are already mothers or pregnant in the state is lower than the national. However, the proportion is higher among STs (8.1%) compared to other social and religious categories.
- The state records almost same rate of TFR in comparison to the national total with Muslims recording the maximum (3.1%).

MORTALITY

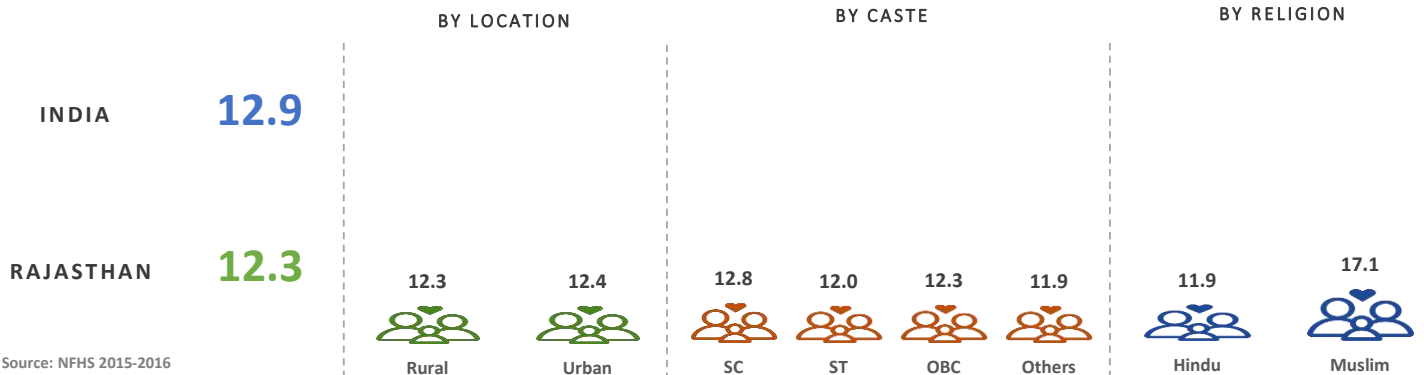
MORTALITY RATES (DEATHS PER 1000 LIVE BIRTHS)



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



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

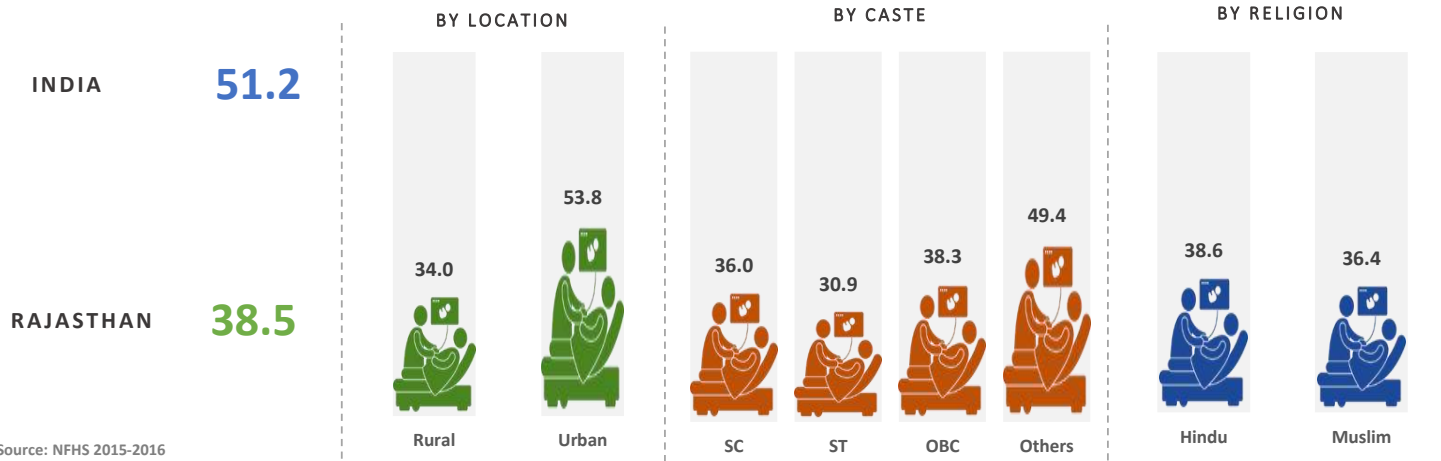


* Unmet need for family planning is defined as the percentage of currently married women who either want to space their next birth or stop childbearing entirely, but are not using contraception.

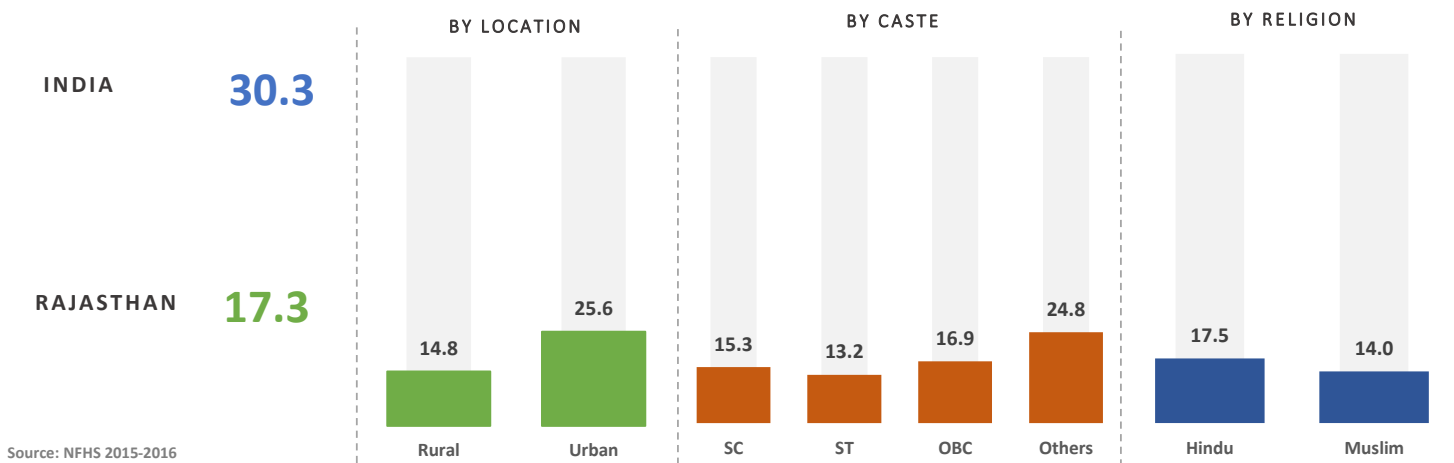
- State's infant and under-five mortality rate is higher than national average and the proportion is further higher among SCs.
- Maternal mortality rates in Rajasthan is much higher in comparison to country's figure. However, there is a slow decline in maternal mortality rate since 2010-12 in the state.
- Prevalence of high unmet need among Muslim women signifying poor access to contraceptive measures.

MATERNAL CARE

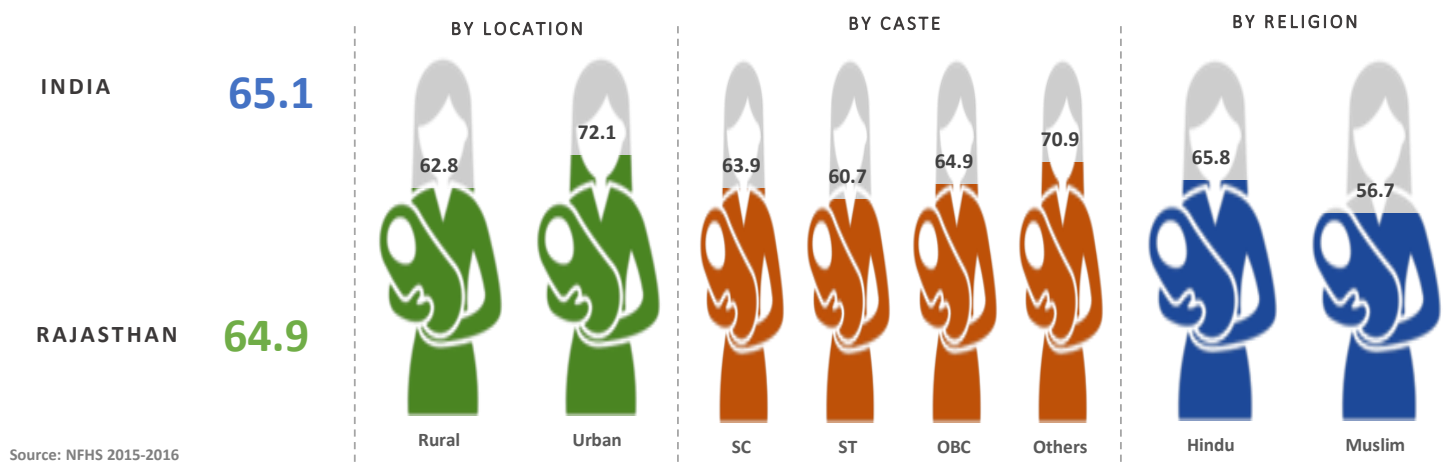
MOTHERS WHO HAD AT LEAST 4 ANTENATAL CARE VISITS (%)



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



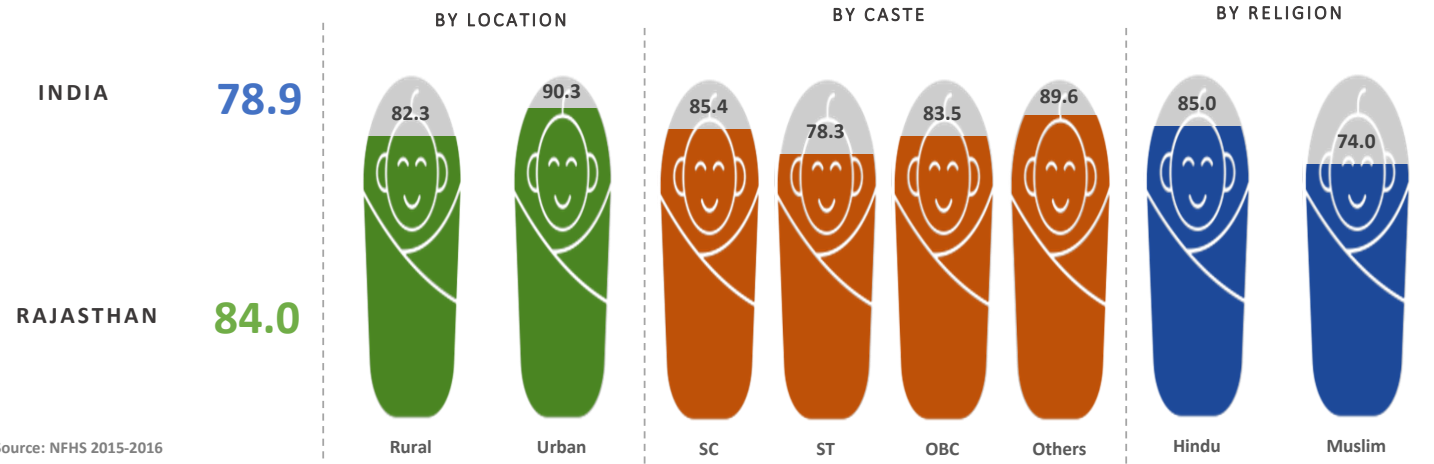
MOTHERS WHO RECEIVED POSTNATAL CARE FROM ANY SKILLED HEALTH PERSONNEL WITHIN 2 DAYS OF DELIVERY (%)



- The state shows low utilization of antenatal care services among all women with lower proportion of women belong to Scheduled Tribe and Muslim communities who had at least 4 antenatal care visits.
- Low utilization of postnatal care services is found among ST and Muslim women, however state's total figure matches with national average in this case.
- Extreme low consumption rate of IFA tablets during pregnancy, with the state recording 13% lower in comparison to national average.

DELIVERY CARE

INSTITUTIONAL BIRTHS (%)



Source: NFHS 2015-2016

BIRTHS DELIVERED BY CAESAREAN SECTION (%)

INDIA



RAJASTHAN

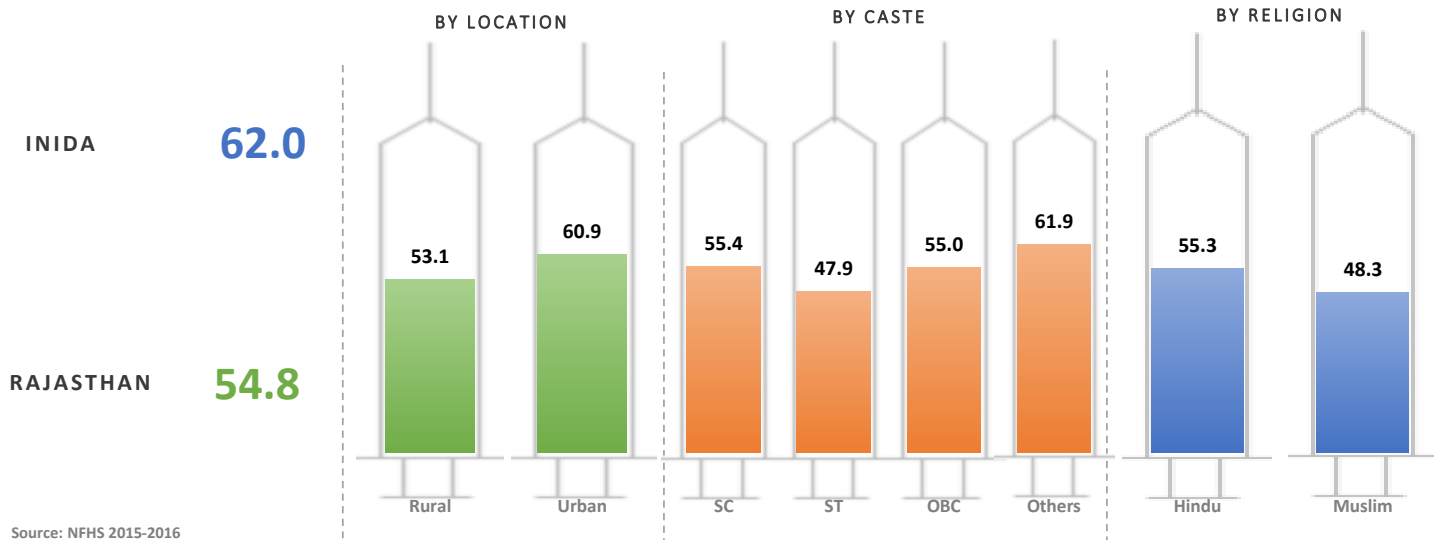
17.2

8.6



Source: NFHS 2015-2016

CHILDREN AGED 12-23 MONTHS FULLY IMMUNIZED (%)

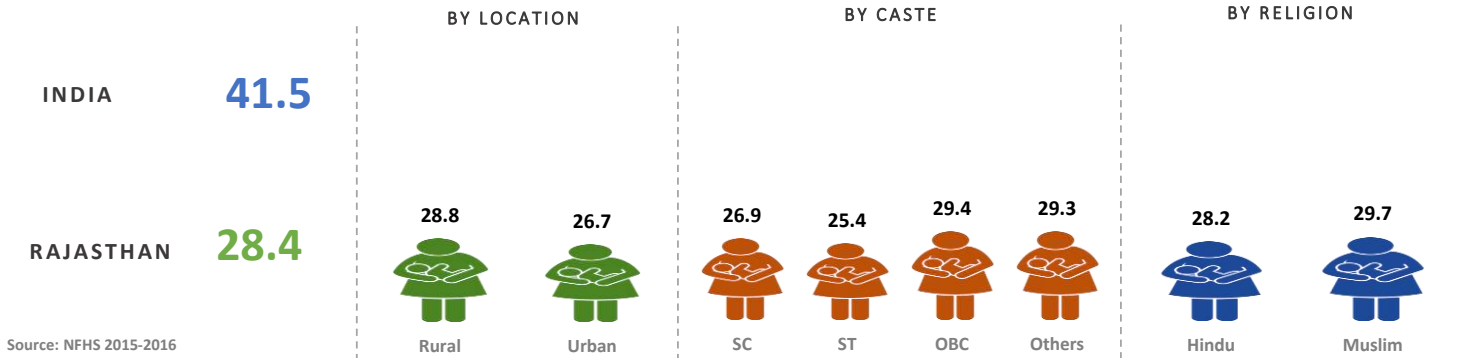


Source: NFHS 2015-2016

- Both institutional delivery and immunization are matters of concern among Scheduled Tribe and Muslim population in the state.

CHILD FEEDING PRACTICES AND NUTRITIONAL STATUS

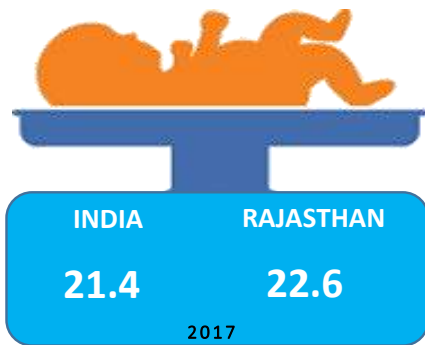
CHILDREN UNDER AGE OF 2 YEARS BREASTFED WITHIN ONE HOUR OF BIRTH (%)



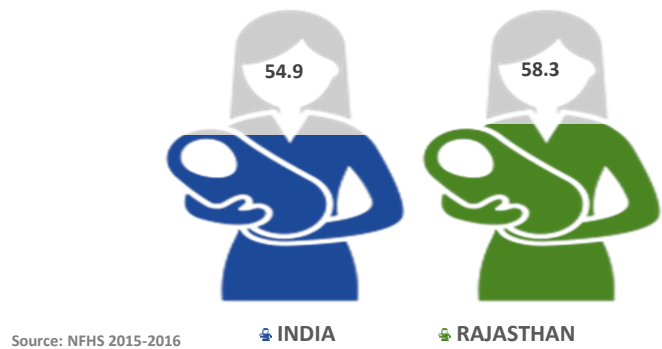
CHILDREN AGED 6-8 MONTHS RECEIVING SOLID OR SEMI-SOLID FOOD AND BREASTMILK (%)



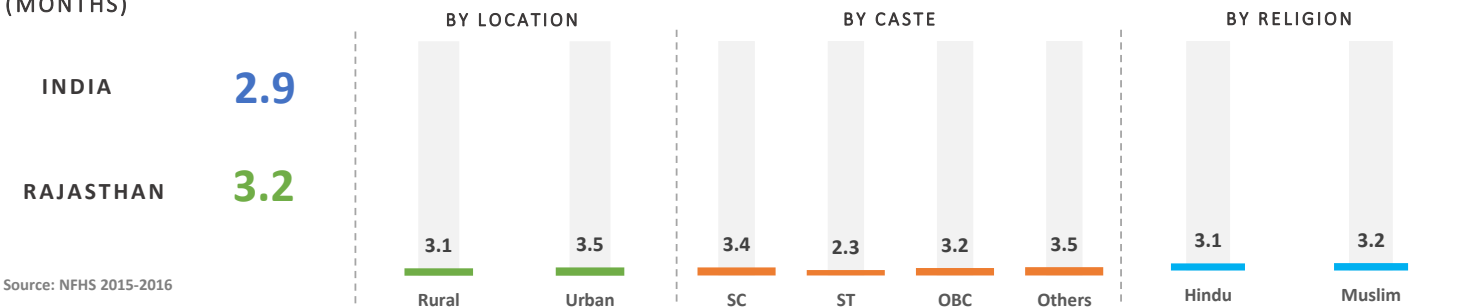
PREVALENCE OF LOW BIRTHWEIGHT (%)



CHILDREN UNDER AGE 6 MONTHS EXCLUSIVELY BREASTFED (%)



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



- Both the country as well as the state shows low rate in early initiation of breastfeeding, with more than 70% of the mothers in the state, not breastfeeding their babies within one hour of birth.
- More than 40% the state's children are not exclusively breastfed yet data for median duration of exclusive breastfeeding comes to only around 3 months for each child instead of the stipulated 6 months of compulsory exclusive feeding.

CHILDREN UNDER 5 YEARS WHO ARE UNDERWEIGHT (%)

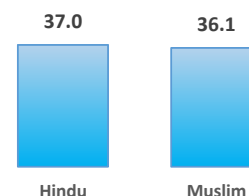
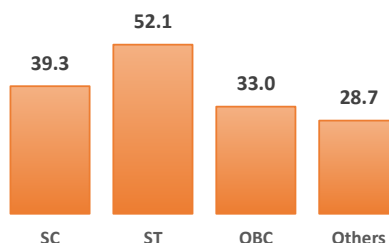
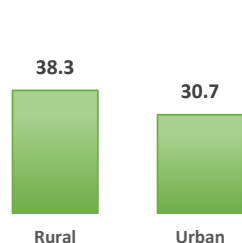
BY LOCATION

BY CASTE

BY RELIGION

INDIA **35.7**

RAJASTHAN **36.7**



Source: NFHS 2015-2016

CHILDREN UNDER 5 YEARS WHO ARE STUNTED (%)

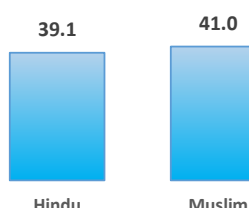
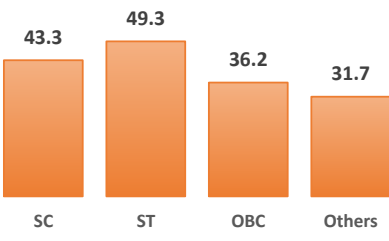
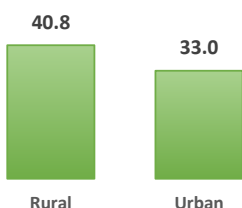
BY LOCATION

BY CASTE

BY RELIGION

INDIA **38.4**

RAJASTHAN **39.1**



Source: NFHS 2015-2016

CHILDREN UNDER 5 YEARS WHO ARE WASTED (%)

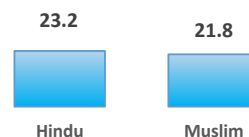
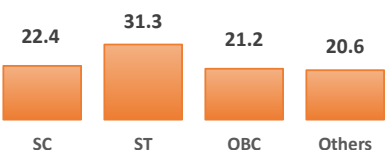
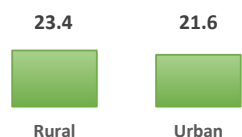
BY LOCATION

BY CASTE

BY RELIGION

INDIA **21.0**

RAJASTHAN **23.0**



Source: NFHS 2015-2016

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

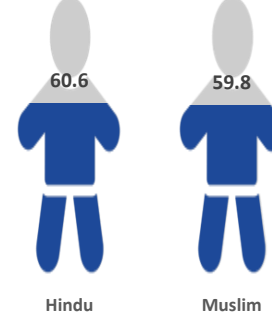
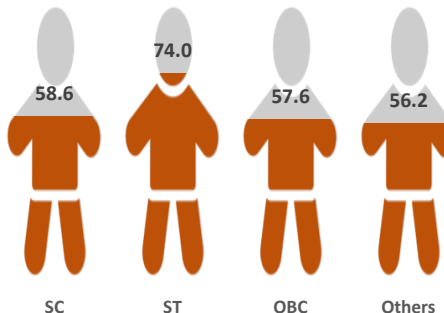
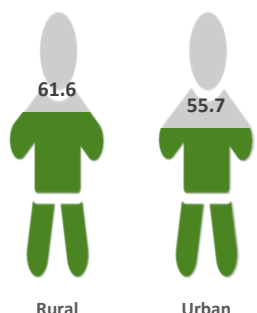
BY LOCATION

BY CASTE

BY RELIGION

INDIA **58.5**

RAJASTHAN **60.3**

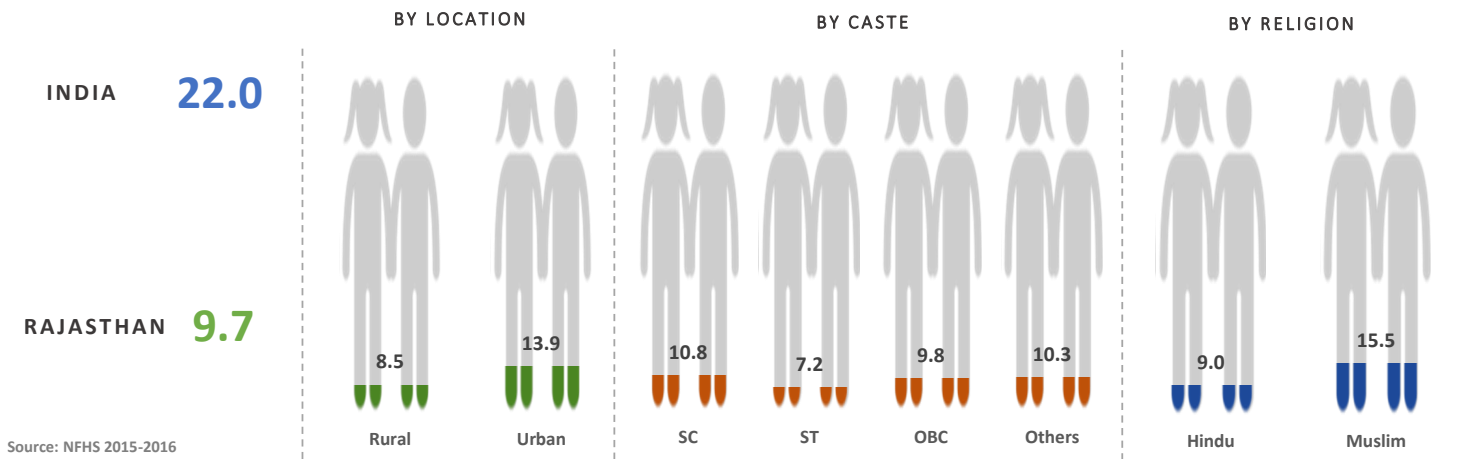


Source: NFHS 2015-2016

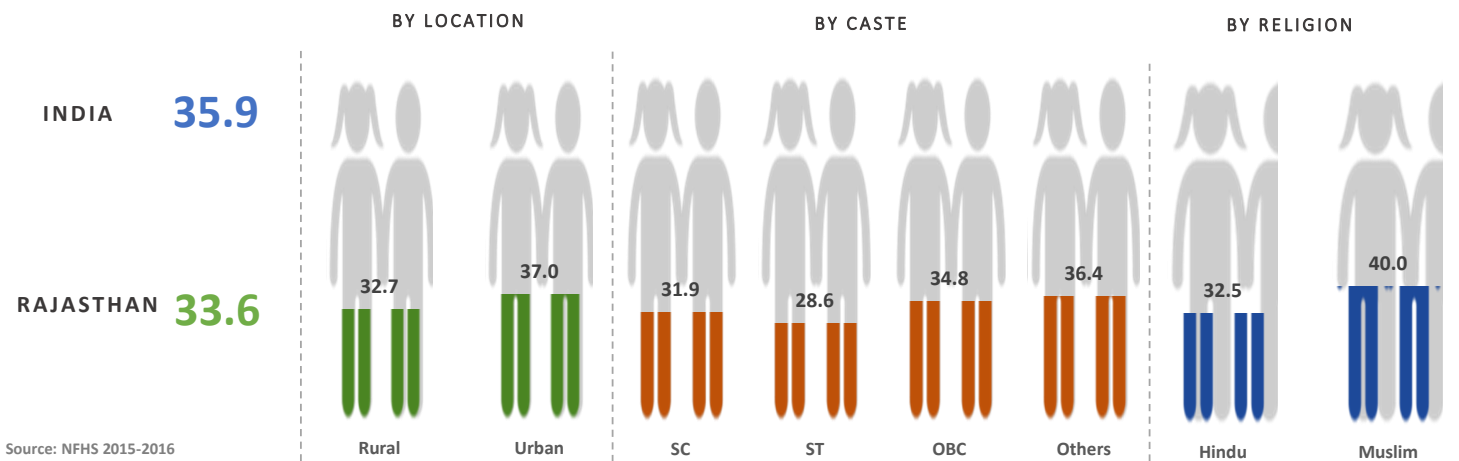
- No much difference is observed between national and state figures in case of child stunting and underweight figures (39.1% & 36.7% respectively in the state), the prevalence of this is further high among the Scheduled Tribe community. Similarly, anemia is also found to be a concern among children belong to ST community in the state.

DIETARY DIVERSITY PATTERN

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



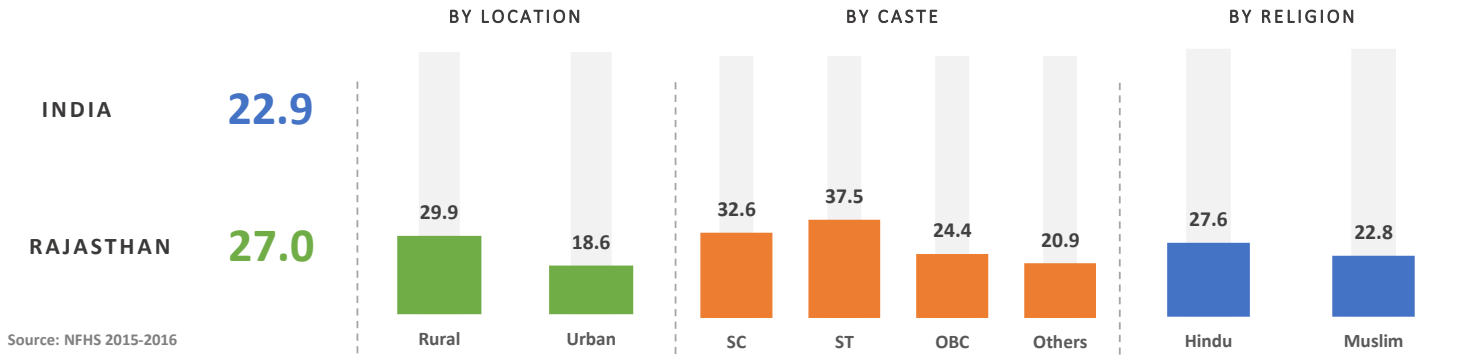
6-23 MONTHS CHILDREN FED MINIMUM MEAL FREQUENCY IN PAST 24 HOURS (%)



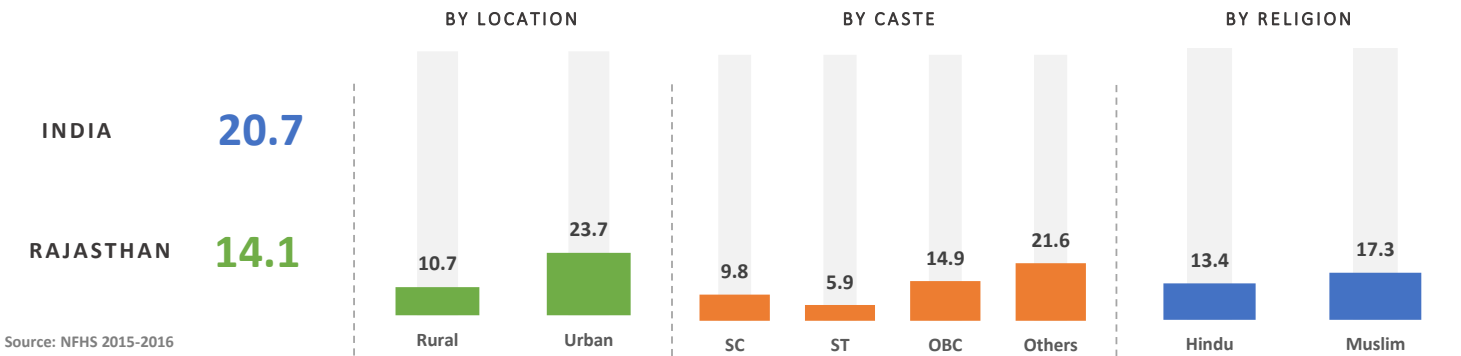
- Only 10% of Rajasthan’s children consume meals having 4 or more food groups. This can also be linked with the appalling level of malnutrition prevalent among the children in the state. Similar concern is with minimum meal frequency.

NUTRITIONAL STATUS OF WOMEN AND MEN

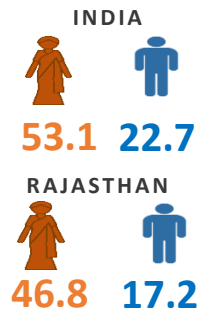
WOMEN WHOSE BODY MASS INDEX IS BELOW NORMAL (BMI < 18.5 KG/M²) (%)



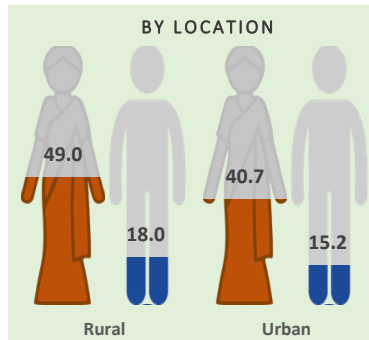
WOMEN WHO ARE OVERWEIGHT OR OBESE (BMI ≥ 25.0 KG/M²) (%)



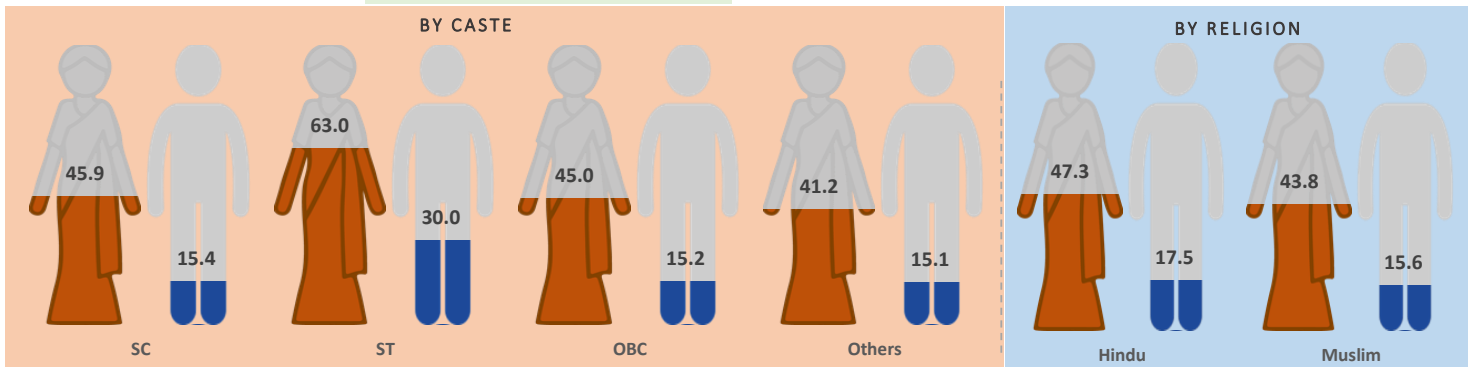
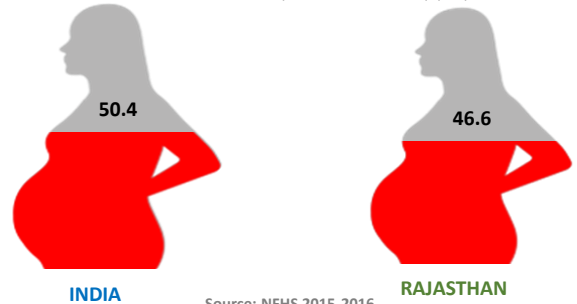
WOMEN AND MEN AGED 15-49 YEARS WHO ARE ANAEMIC (%)



Source: NFHS 2015-2016



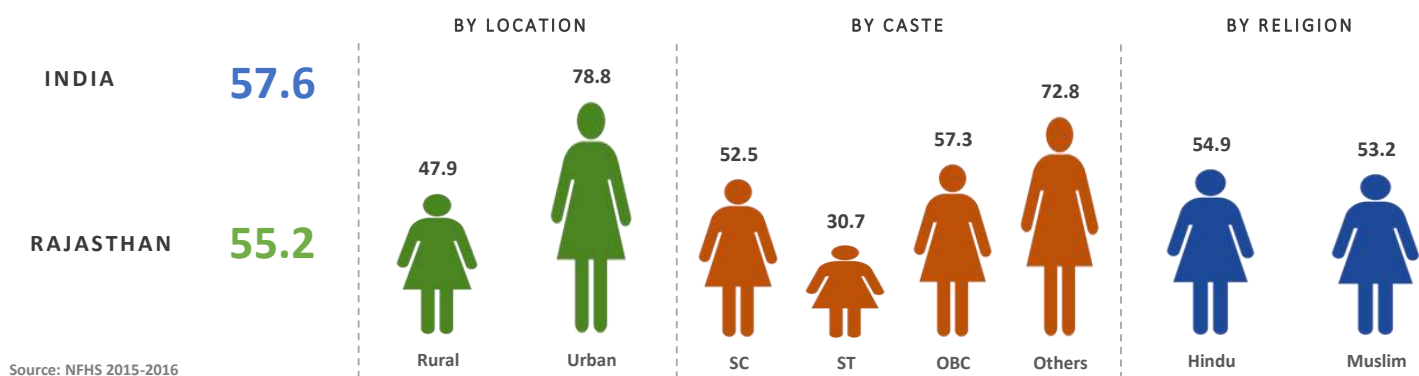
PREGNANT WOMEN AGED 15-49 YEARS WHO ARE ANAEMIC (<11.0 G/DL) (%)



- There is a higher proportion of women with below normal Body Mass Index (BMI) in rural areas and among scheduled tribe communities.
- Anaemia is a major concern among women across the nation and state. Near about half of the women (pregnant and non-pregnant) are with low haemoglobin count in the state.

MENSTRUAL HYGIENE

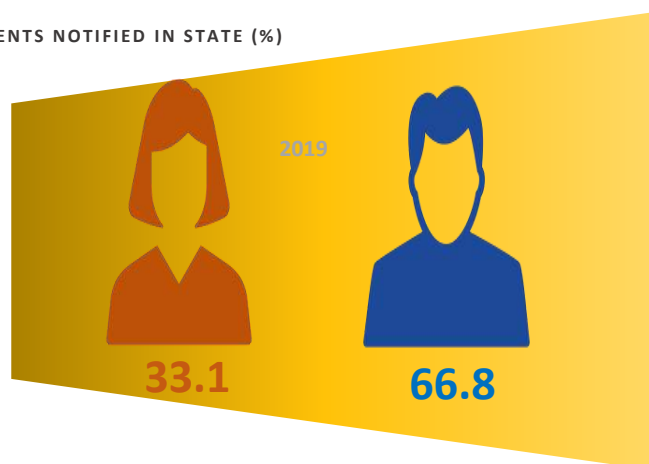
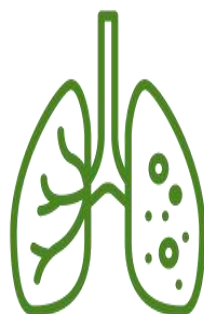
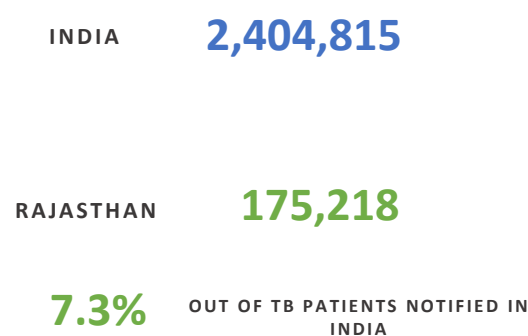
WOMEN AGED 15-24 WHO USED HYGIENIC METHOD OF PROTECTION DURING MENSTRUATION (%)



OTHER HEALTH ISSUES

PERSONS SUFFERING FROM TUBERCULOSIS

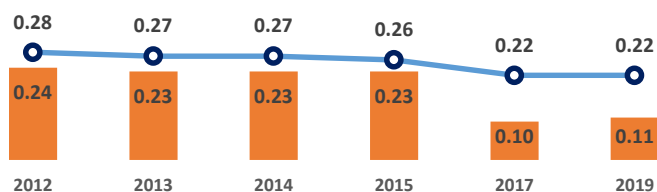
OUT OF TB PATIENTS NOTIFIED IN STATE (%)



Source: India TB Report 2020

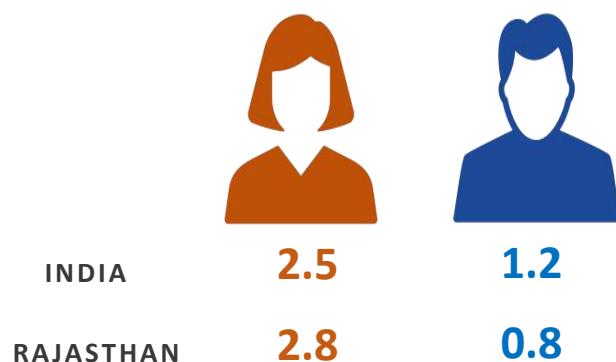
PEOPLE (15-49 YEARS) LIVING WITH HIV/AIDS (%)

RAJASTHAN INDIA



Source: India NACO-Report

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



Source: NFHS 2015-2016

- Prevalence of unsafe menstrual practices is a concern in the state with around 45% having poor menstrual hygiene. This difference is particularly high among the rural and urban agglomerations. Across the social groups, more ST women are found not to be using hygienic method of menstrual protection.
- Prevalence of Tuberculosis is more among men and percentage of people living with HIV/AIDS has increased slightly in the state in last one year.

HEALTH EXPENDITURES

GOVERNMENT HEALTH EXPENDITURE (% OF TOTAL HEALTH EXPENDITURE)

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



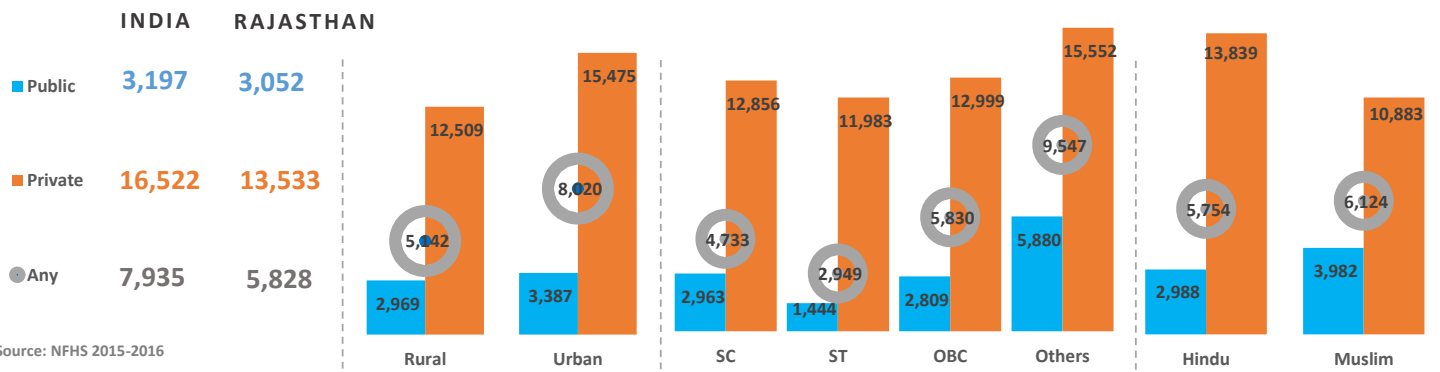
Source: National Health Accounts Estimates for India 2016-17

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

BY LOCATION

BY CASTE

BY RELIGION



Source: NFHS 2015-2016

- Government share in health expenditure is abysmal in both India and Rajasthan. However, Rajasthan fares slightly higher with around 3% difference in comparison to the country in case of government health expenditure.
- With low government share in health expenditure, the state shows higher out of pocket expense (57%). Moreover, while average out of pocket expenditure for delivery in public health facilities is around Rs. 3000/- in the state, it is approximately Rs. 4000/- for Muslims. Abstaining

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	Rajasthan
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

Rajasthan

	India	Rajasthan
Anganwadi Workers	4.7	4.4
ASHA	Surplus	7.9
ANM at Sub Centres	2.8	5.1
ANM at PHCs	26.1	Surplus
Doctors+ at PHCs	6.0	7.2
Specialists at CHCs	81.8	80.1

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

(as on 1st July 2019)

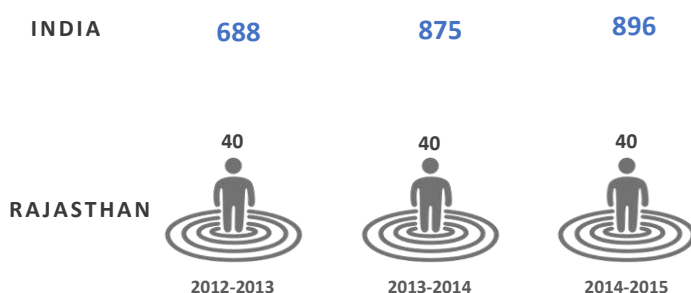
Source: Rural Health Statistics 2019

NUMBER OF AWCs



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

NUMBER OF NUTRITIONAL REHABILITATION CENTRES



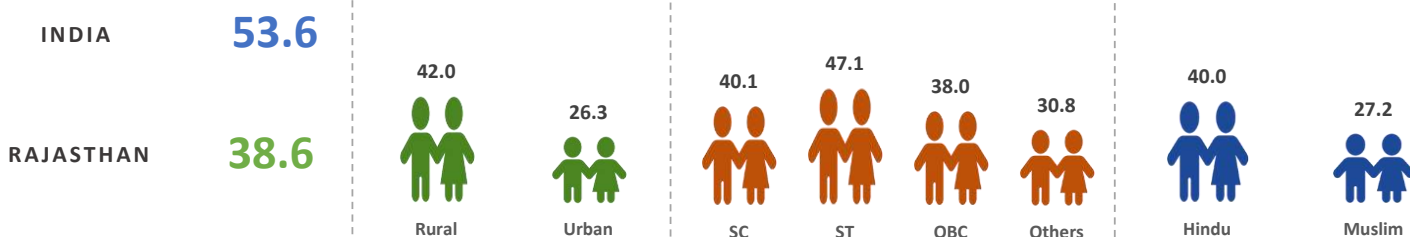
Source: PIB 2012-13 , 2013-14 & 2014-15

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

BY LOCATION

BY CASTE

BY RELIGION



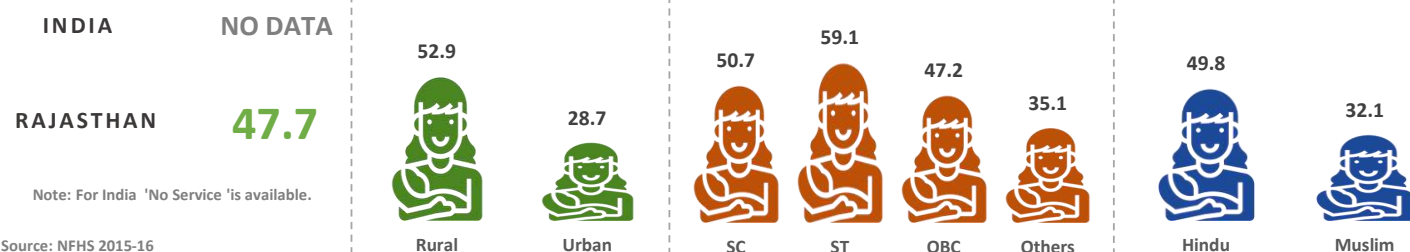
Source: NFHS 2015-16

MOTHERS RECEIVED SERVICES FROM AN AWC DURING PREGNANCY (%)

BY LOCATION

BY CASTE

BY RELIGION

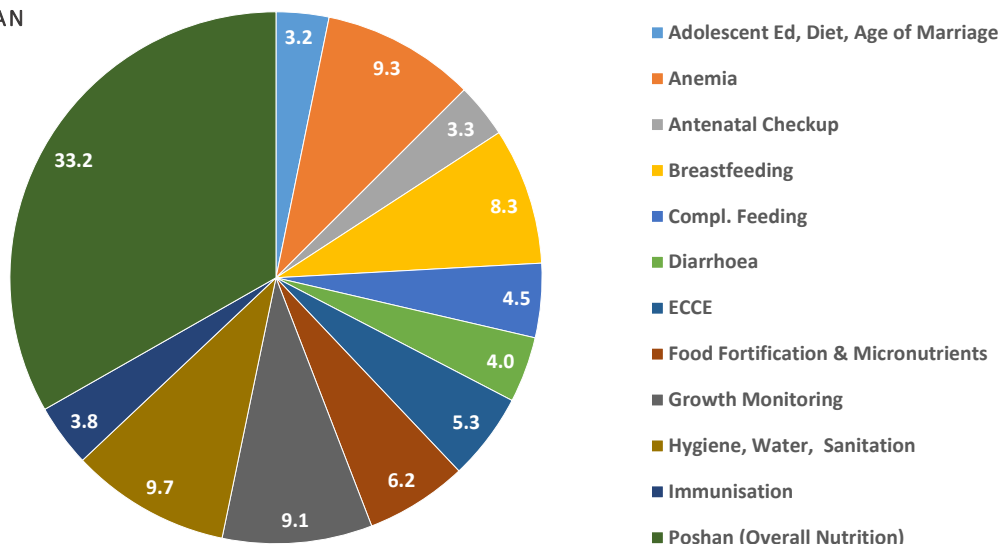


Note: For India 'No Service' is available.

Source: NFHS 2015-16

- The state performs well in the health infrastructure, as there is no shortfall in health care facilities in rural areas. But in contrast, there is some shortfall in healthcare human resources in the state, particularly shortfall of 80% specialists at the CHC level.
- While around 2000 AWCs in the state are not operational, out of those operational another around 2000 AWCs are not providing services.
- More than 60% of the state's children and nearly half of its pregnant women do not receive their entitled services like nutritious food etc. from AWC.

THEMES-WISE ACTIVITIES IN POSHAN
MAAH (SEPTEMBER 2019)



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

CONTRIBUTION OF ACTIVITIES IN POSHAN MAAH (SEPTEMBER 2019)

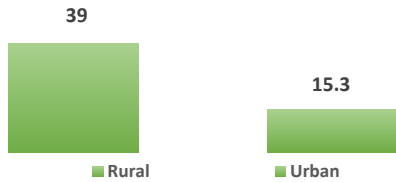
Activity type	State Value (%)	India Value (%)
Home Visits	67.0	14.4
Anemia Camp	1.3	1.5
CBE-Community Based Events (ICDS)	2.6	22.3
Community Radio Activities	0.3	0.3
Cooperative/Federation	0.4	0.2
Cycle Rally	0.6	0.3
DAY-NRLM SHG Meet	1.9	1.9
Defeat Diarrhoea Campaign (D2)	0.0	No Data
Farmer Club Meeting	1.2	0.2
Haat Bazaar Activities	1.2	0.4
Harvest Festival	0.3	0.2
Local Leader Meeting	0.3	0.5
Nukkad natak/Folk Shows	0.3	0.4
Other Activities	7.1	34.7
Panchayat Meeting	0.8	1.0
Poshan Mela	2.8	8.2
Poshan Rally	2.0	2.6
Poshan Walk	1.4	1.5
Poshan Workshop/Seminar	1.2	4.1
Prabhat Faree	1.1	1.1
Providing Water to the Toilets	0.2	0.3
Safe Drinking Water in Anganwadi Centres	0.9	0.7
Safe Drinking Water in Schools	0.3	0.2
School Based Activities	3.0	2.9
VHSND	1.2	No Data
Youth Group Meeting	0.7	No Data

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

WOMEN EMPOWERMENT

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

INDIA **25.0** RAJASTHAN **32.8**



Source: Annual Report PLFS 2018-19

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

INDIA **26.5** RAJASTHAN **20.3**



Source: Annual Report PLFS 2018-19

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

INDIA **5.5** RAJASTHAN **3.9**



Source: Annual Report PLFS 2018-19

WOMEN HEADED ESTABLISHMENTS

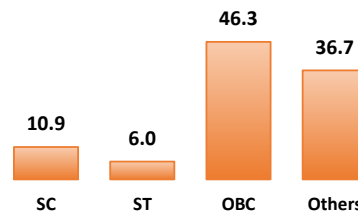
INDIA **8,050,819** RAJASTHAN **247,992**

3.1% Out of India's Women Headed Establishments

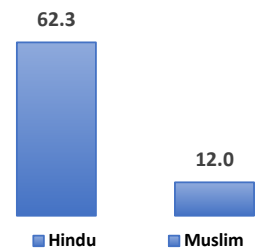
8.6% Out of State's Total Establishments- Agriculture & Non-Agriculture

Source: All India Report of Sixth Economics Census 2016

BY CASTE



BY RELIGION

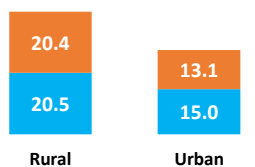


MEN AND WOMEN AGED 15-49 YEARS WHO WANT MORE SONS THAN DAUGHTERS (%)

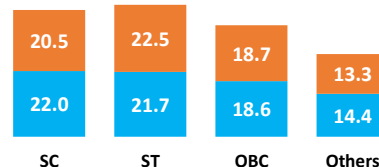
INDIA RAJASTHAN

MALE **18.7** **19.0**
FEMALE **18.8** **18.5**

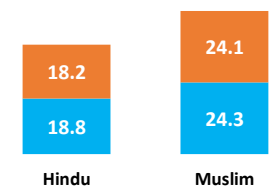
BY LOCATION



BY CASTE



BY RELIGION



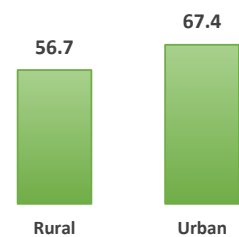
Source: NFHS 2015-2016

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

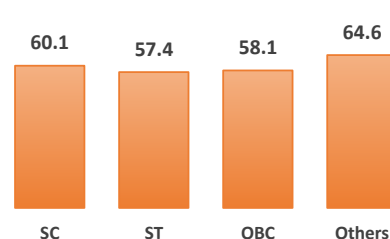
INDIA **63.0**

RAJASTHAN **59.4**

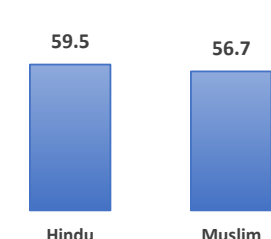
BY LOCATION



BY CASTE



BY RELIGION



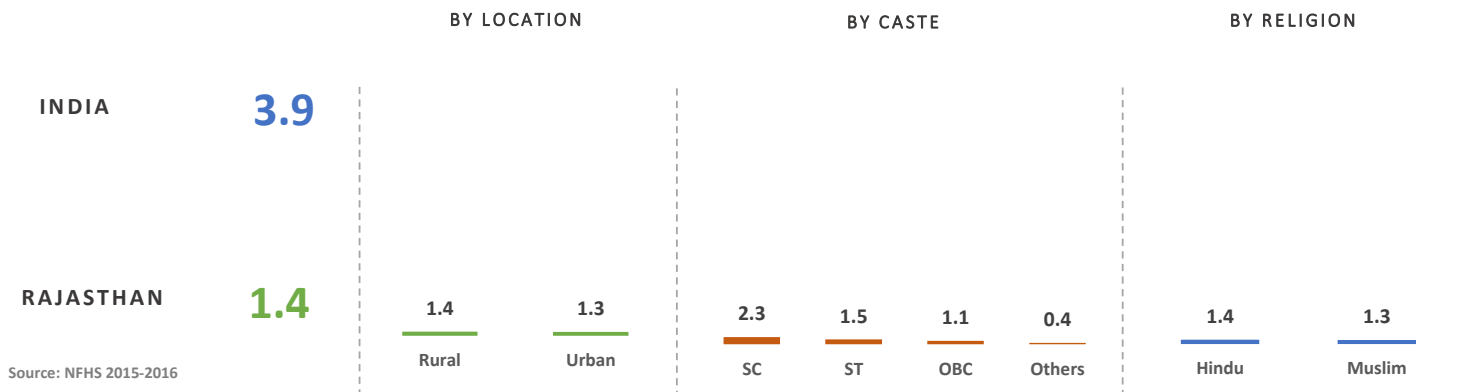
* Three Decisions

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

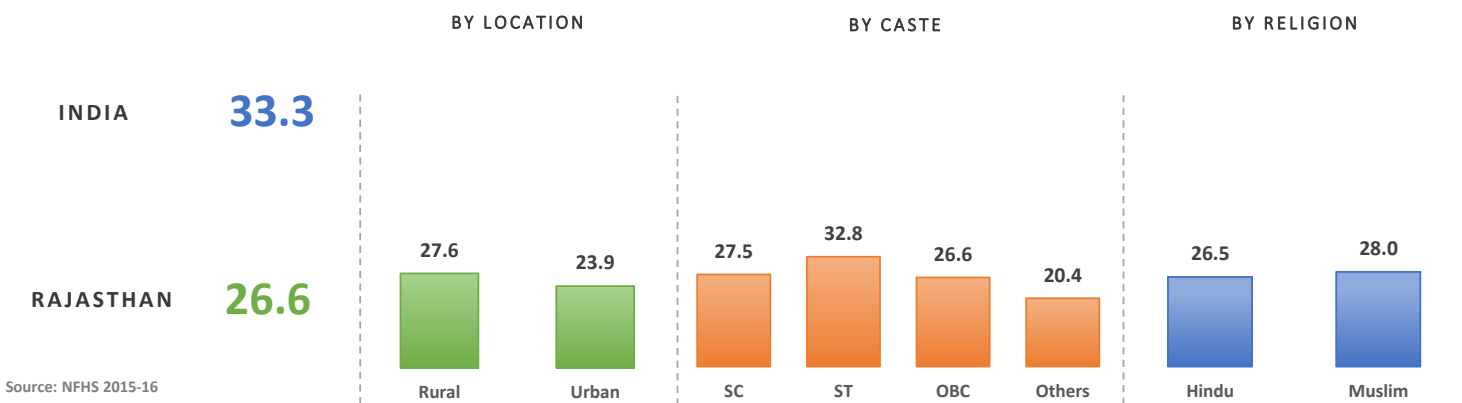
Source: NFHS 2015-16

- The state has higher female worker population ratio and female labour force participation rate in comparison to national average which signifies that the state has somewhat better work opportunities for women.
- Only 9% state's establishments are women headed with SC, ST and Muslims contributing the least in this.

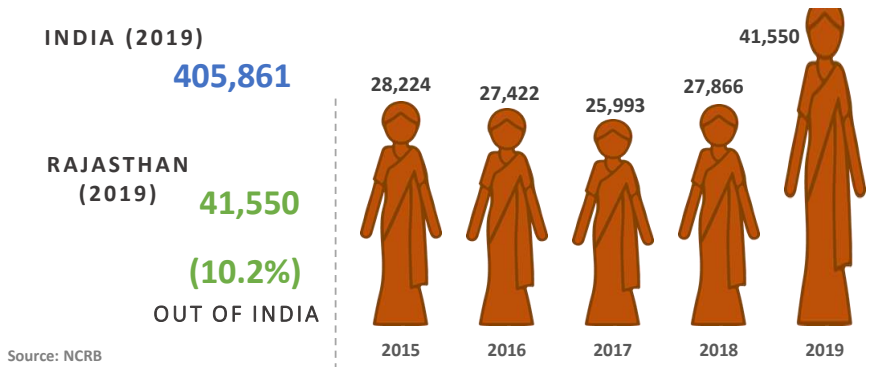
WOMEN WHO HAVE EXPERIENCED VIOLENCE DURING ANY PREGNANCY (%)



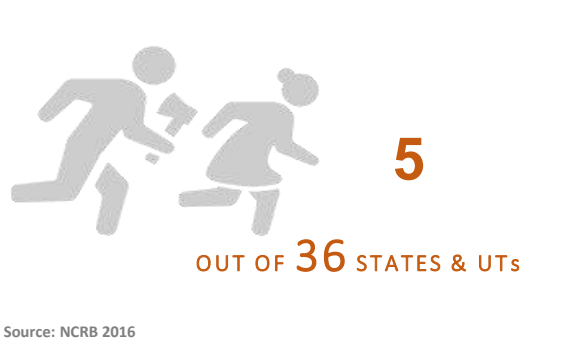
WOMEN WHO HAVE EVER EXPERIENCED EMOTIONAL, PHYSICAL OR SEXUAL VIOLENCE COMMITTED BY THEIR HUSBAND (%)



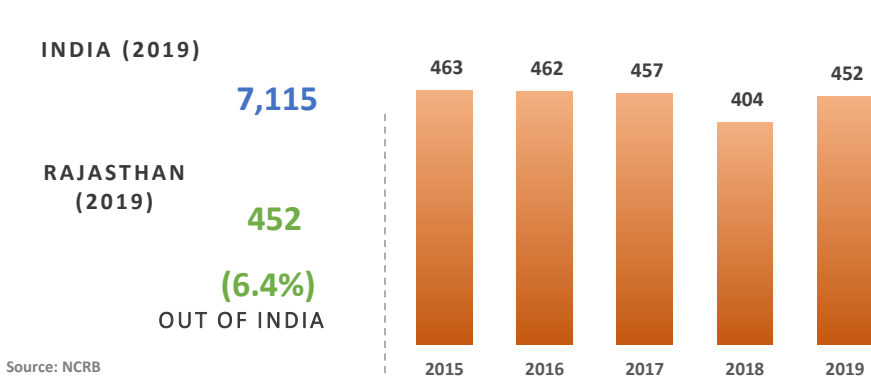
CRIMES AGAINST WOMEN (IPC + SLL) (No.)



STATE RANK BASED ON CRIME RATE AGAINST WOMEN (RANK)



DOWRY DEATHS REPORTED (No.)



WOMEN TRAFFICKING CASES REPORTED (No.)



FEMALE SUICIDE CASES (No.)

INDIA	41,493
RAJASTHAN	1,229

Source: ADSI 2019

FOETICIDES & INFANTICIDES REPORTED (No.)

	INDIA	RAJASTHAN
FOETICIDES	137	22
INFANTICIDES	73	5

Source: NCRB 2019

- Near about 3 out of 10 women in the state face different types of spousal violence.
- There has been an increase of nearly 60% in crime against women since 2017 and the state stands at the 5th position in the country while ranking the crime rate against women in 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



175,518

SHGs HAVING BANK ACCOUNT* (%)



80.0

SHGs HAVING CREDIT LINKED (%)



37.9

TOTAL VILLAGE ORGANIZATIONS FORMED



12,367

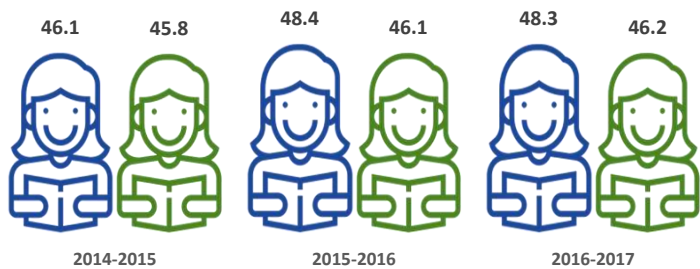
TOTAL CLUSTER LEVEL FEDERATIONS



434

GIRLS ENROLMENT IN ELEMENTARY EDUCATION (%)

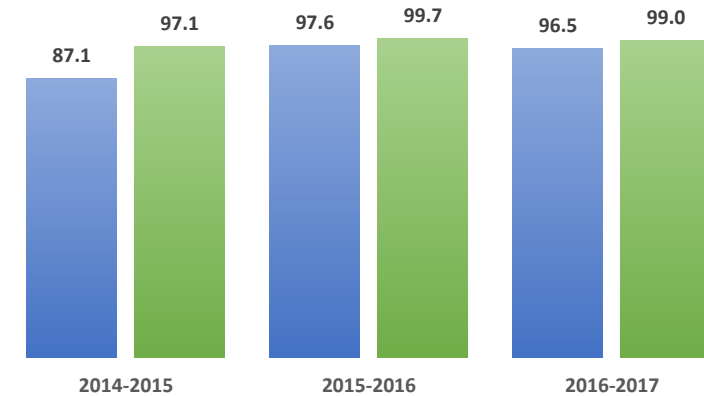
INDIA RAJASTHAN



Source: U-Dise

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

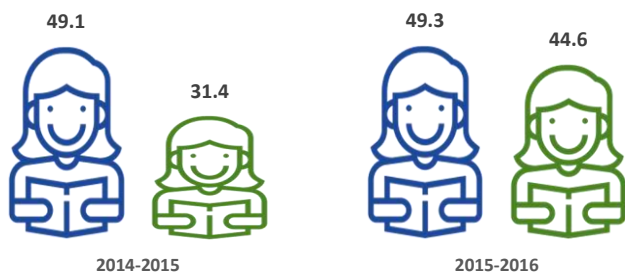
INDIA RAJASTHAN



Source: U-Dise

GIRLS ENROLMENT IN SECONDARY EDUCATION (%)

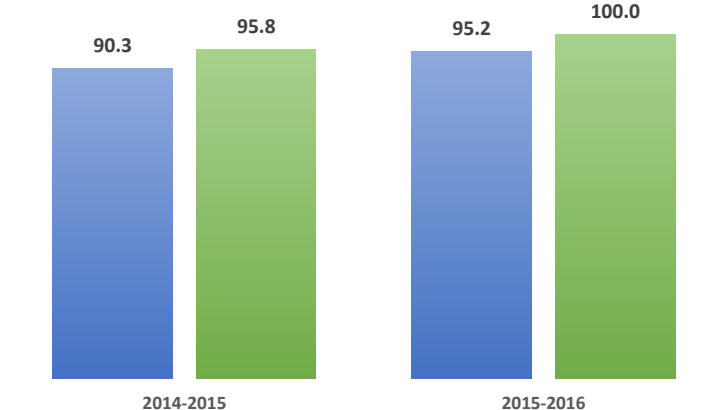
INDIA RAJASTHAN



Source: U-Dise

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

INDIA RAJASTHAN



Source: U-Dise

- There has been almost no improvement in girls' enrolment in elementary level for Rajasthan as well as for the entire country since 2014 to 2017. Though there is an improvement of 13 percentile points in girls' enrolment in secondary level since 2014 to 2016, the U-DISE state report card doesn't provide data for 2017 in this case.
- Almost all elementary and secondary schools in the state have girls' toilet. Toilets being one of the major contributors for improving girl's enrolment has shown an improvement for both Rajasthan and India particularly in secondary level since 2014.