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India still low in human development index

The Human Development Report (HDR) 2010, released by the UNDP today, highlighted India as among the 10 countries that showed the fastest progress in human development, in terms of income-related measures, between 1970 and 2010. In fact, in an indication of the changing geography of economic growth, eight out of the top 10 improvers are from East, Southeast and South Asia (China was first). Botswana and Malta are the only two countries from outside these regions that figure in the list.

However, oddly, the Report clubs India along with 20 other countries where a potential for exposure to "civil war" imposes limitations on "freedom from fear". While Afghanistan, Pakistan, Sri Lanka and Colombia are categorised as countries with "major civil war" threats, India is put into a league with Burundi, Mali, Sudan, Myanmar, Iran and Israel among others in a "minor civil war" threat category (for those with civil conflicts that have resulted in fewer than 1,000 deaths).

India, otherwise, is ranked as a "Medium Human Development"

country, and is 119th of 169 territories listed in the 2010 report. Norway, at the top, has a Human Development Index (HDI) value of 0.938; India's is 0.519. The Report points out that India's ranking has improved by only a single spot between 2005 and 2010. In other words, while income-related factors have done well, India has performed relatively poorly on the other indicators.

Neighbouring China and Nepal have been highlighted as the countries that have made the greatest progress in improving their HDI value. China is ranked 89 and has a middle-level HDI of 0.663. Nepal, at 0.428 is ranked low, at 138. Yet Nepal is the second-best performer in terms of improving the non-income aspects of human development, despite its record of civil insurgency. The Report ascribes this to a "major public policy push". Free primary education from 1971 and secondary education in 2007 meant enrolment and literacy soared; health improved through "the extension of primary healthcare through community participation, local mobilisation of resources and

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Safety net for 60 lakh Indians

In a major push towards social reforms, the Union Cabinet cleared two big ticket schemes — conditional cash transfer for pregnant women and health insurance for street vendors — likely to benefit 18.3 lakh women and 42.19 lakh street vendors respectively. The Indira Gandhi Matritva Sahyog Yojana will be launched in 52 districts as a pilot project where a sum of Rs 4,000 will be paid to pregnant and lactating women over a period of six months on fulfilling certain conditions. The government will pump in Rs 390 crore for 2010-2011 to ensure that pregnancies are registered, women attend an ante-natal check-up and counselling session besides adhering to health norms like immunisation and exclusive breastfeeding. The cash transfer scheme mooted by the ministry of women and child development will be monitored by a committee that will include elected representatives, members of the

gram panchayat besides external audits. "The scheme will cover 492 projects in about 87,000 anganwadis and will address issues of low birth weight, high infant mortality, anaemia and maternal mortality," WCD minister Krishna Tirath said.

The Cabinet also approved the labour ministry's proposal for extension of Rashtriya Swasthya Bima Yojana (RSBY) to street vendors. The RSBY scheme, which presently extends to Below Poverty Line (BPL) families (a unit of five) is a smart card-based cashless health insurance scheme. The government said in a statement that street vendors, who form an important segment of unorganised workers in urban areas, will now be covered under RSBY. "The government proposes to cover all registered street vendors under RSBY by the year 2013-14, out of which 4.21 lakh are proposed to be

covered in the current financial year. The premium for the insurance scheme will be paid by the central and state governments in the ratio of 75:25 and for the northeastern states and Jammu and Kashmir, the expenditure is shared in the ratio of 90:10," said the statement.

The total expenditure on the part of the central government during the current year will be around Rs 20 crore. The recurring expenditure after 2013-14 will be around Rs 200 crore annually.

Beneficiaries under RSBY are entitled to coverage up to Rs 30,000 for most diseases that require hospitalization. Coverage extends to five members of the family, which includes the head of the household, spouse and up to three dependents. "Till October 15, 2010, 27 states are in the process of implementation of the scheme. It has been operationalized in 24 states and more than 1.95 crore smart cards have been issued," it added.

Pakistan edges out India on gender equality

With all its gender stereotypes, Pakistan stands ahead of India in gender equality, concludes the UNDP's Human Development Report 2010, which for the first time measures gender inequality index (GII) and multidimensional poverty index to bare the real face of human development in any nation.

Analyses of the report shows that South Asia is characterised by relatively weak female empowerment with an inequality loss of 35 per cent (in HDI value) as compared to 16 per cent in developed countries.

India ranks 122 out of 138 countries on the GIJ based on 2008 data, nine per cent parliamentary seats here are held by women and 27 per cent of adult

women have secondary or higher levels of education compared to 50 per cent adult men. Compare this with Pakistan whose GIJ is 112, better than India's. The latter posts better gender gains than only Afghanistan, where increasing Talibanisation has been pushing women to the margins. Afghanistan ranks 134 on GIJ, while all other South Asian nations are better ranked than India- Bangladesh (116), Nepal (110), Maldives (59) and Sri Lanka (72). China is ranked much better at 38 on the front.

The GIJ, which captures gender gaps in reproductive health, empowerment and workforce participation in 138 countries, further

shows that six countries of East Asia and the Pacific fall in the lower half on gender inequality with Papua New Guinea among the lowest 10.

The top 10 most gender equal nations in the world are The Netherlands (first in the list), followed by Denmark, Sweden, Switzerland, Norway, Belgium, Germany, Finland, Italy and Singapore.

The Multidimensional Poverty Index, which identifies serious simultaneous deprivations in health, education and income on the household level in 104 countries, calculates that South Asia is home to half of the world's multi-dimensionally (on various markers like housing, sanitation, drinking water, etc) poor population or 844 million people.

52 percent adults exposed to passive smoking

Only 10 per cent of the people in Tamil Nadu are exposed to second hand smoking inside their homes as against 97 per cent in Mizoram, reveals a new survey. Despite a ban on smoking, 52 per cent Indian adults are exposed to passive smoking at home; it is higher in rural households (58 per cent) and 39 per cent in urban homes.

The Global Adult Tobacco Survey (GATS), released here this week, said exposure to second hand smoking at work place was the highest (68 per cent) in Jammu and Kashmir and the lowest in Chandigarh (15 per cent). Exposure to passive smoking at workplaces was as high as 30 per cent.

Among those who visited different public places within 30 days prior to the survey, 29 per cent were exposed to second hand smoking: 18 per cent on public transport, 11 per cent in restaurants, 7 per cent in government buildings and 5 per cent at health care facilities. Exposure to second hand smoking at public place ranged from the highest of 54 p.c. in Meghalaya to the lowest of 11 p.c. in Chandigarh. Worse, over 50 per cent of those who visited restaurants during the 30 days prior to the survey had seen a designated non-smoking area in the restaurant and 16 per cent said they observed smoking in such areas. There was a large

variation across States/Union Territories in the proportion of adults who saw a designated non-smoking area in the restaurant. It varied from 17 per cent in Mizoram to 89 per cent in Delhi. The GATS India survey has revealed that more than one-third (35 per cent) of adults in India use tobacco in some form or the other. Among them 21 per cent adults use only smokeless tobacco, 9 per cent only smoke and 5 per cent do both. The overall prevalence of smoking among men is 48 per cent and among women it is 20 per cent. The prevalence of tobacco use ranges from the highest of 67 per cent in Mizoram to the lowest of 9 per cent in Goa.

The report suggests that there should be a national effort to prevent further increase in the prevalence of tobacco use. There should be targeted programmes addressing different types of tobacco use and user groups with focus on cessation. It also recommends strengthening the implementation of the Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade, Commerce, Production, Supply and Distribution) Act, 2003. Speaking on the occasion, Union Health and Family Welfare Minister Ghulam Nabi Azad said that while livelihood of tobacco growing farmers could not be endangered, the focus must be on moving them out of the tobacco industry.

More mobile phones in India than toilets, says UN report

A new UN report says that a far greater number of Indians have access to cell phones than to toilet and basic sanitation. "It is a tragic irony to think that in India, a country now wealthy enough that roughly half of the people own phones, about half cannot afford the basic necessity and dignity of a toilet," said Zafar Adeel, Director of United Nations University Institute for Water, Environment and Health. "Popular education about the health dangers of poor sanitation is also needed. But this simple measure could do more to save lives, especially those of young people, improve health and help pull India and other countries in similar circumstances out of poverty than any alternative investment. It can also serve as a very significant boost to the local economy," he added.

The report is produced by experts who prescribe ways to meet the Millennium Development Goal (MDG) on sanitation by 2015. The research shows roughly 366 million people (31 per cent of the population) in India had access to improved sanitation in 2008. Other data, meanwhile, shows 545 million cellphones are now in service in India's emerging economy.

Highest pneumonia mortality in India

After evidence that India is lagging behind on the Millennium Development Goal (MDG) of reducing Infant Mortality Rate by 2015, it now turns out that it is faltering on the child survival MDG as well. The first-ever report tracking global progress against pneumonia, the leading killer of children under five years of age, finds that India is witnessing the highest number of pneumonia-related child deaths in the world. The infection is killing 16 lakh children under five every year, more than 3.7 lakh in India alone. Released by the International Vaccine Access Centre (IVAC) on behalf of the Global Coalition against Child Pneumonia, the report warns India of the immediate steps needed to reach committed levels of coverage for the life-saving interventions that can protect children against pneumonia.

The survey looks at prevention, protection and treatment efforts in

India and 14 countries (that report the most child pneumonia deaths) against the pneumonia intervention targets fixed in the Global Action Plan for the Prevention and Control of Pneumonia (GAPP), issued by WHO and UNICEF last year. The GAPP had said two-thirds of child pneumonia deaths globally could be prevented if children had access to seven simple interventions: prevention measures — including the use of measles, pertussis, pneumococcal and Hib vaccines — protection measures including rates of exclusive breastfeeding in the first six months of life and treatment, namely the rates of children with suspected pneumonia being taken to a health facility and of children with pneumonia receiving treatment with antibiotics. Though GAPP had recommended that all countries reach 90 per cent coverage on these interventions by 2015 to achieve the MDG targets

for child survival, the new report shows India in the lower end of the spectrum, with only 38 per cent coverage. The report advises India to introduce pneumococcal and Hib vaccines, proven to be the safest to reduce children dying from pneumonia. The Health Ministry is yet to introduce these vaccines. On the global release of the report, Orin Levine, Executive Director, International Vaccine Access Center (IVAC) at the Johns Hopkins Bloomberg School of Public Health, said that the most affected countries planned to introduce new pneumonia vaccines and India needed to do the same. Back home, the Indian Association of Pediatrics (IAP) has received the report with concern. IAP national president Panna Choudhry says, “Too many children have died before my eyes because they can’t get to a health facility in time or once they arrive they don’t have access to antibiotics.”

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India still low.....

decentralisation.” Pakistan, meanwhile, has been ranked 6 places below India, with an HDI of 0.490. The 2010 report introduced the inequality-adjusted HDI (IHDI), described as measuring human development after accounting for inequality in the distribution of health, education and income. While the average loss in the HDI value when adjusted for inequality is about 22 per cent, India loses about 30 per cent of its HDI value, from 0.519 to 0.365. The Report says 40 per cent of this loss is because of inequality in education, while over 31 per cent is inequality in health. Income inequality slices off only about 15 per cent. The Report also highlights

variations within India, comparing the level of “multi-dimensional poverty” — in which the poor also lack access to health and education — across regions and castes. Delhi is comparable to Iraq or Vietnam, while Bihar is like war-torn Sierra Leone. Meanwhile, 81 per cent of Scheduled Tribes are multi-dimensionally poor, compared to one-third of upper-caste households, who collectively are at the HDI level of middle-income Honduras. The “intensity and incidence” of poverty, the Report says, is greater in South Asia than in any other region. The Report makes a case for extending the domain of economic policy to all forms of well-being, including political participation. The NREGA, in a section authored by Jean

Dreze and Reetika Khera, finds a mention. Interestingly, the Report tackles the “income-first” approach of China, an intellectual challenge to HDI-based thinking, head-on. It points out that early in China’s reform period “public social services deteriorated and in some places even collapsed.” It goes on to argue that in the last decade, China has changed focus. In 2002, Amartya Sen’s *Development as Freedom*, an attack on China-style policies, was translated into Chinese; and, when healthcare was being reformed in 2005, a crucial expert-group at the ministry of health was asked to read the book, the most prominent exposition of the Sen-Haq thesis that human capabilities and opportunities are what matter.

Prime Minister stresses on population control

Stressing the need to bring back population control on the national discourse without reminding people of the Emergency days, Prime Minister Manmohan Singh called for a holistic approach to deal with the issue. Speaking at a meeting of the National Commission on Population – held after a gap of five years – Dr. Singh said the Centre and States had to be joint partners in dealing with the issue of population control.

He said the Centre and the States should initiate ways initiating the discourse on population control, in addition to a political campaign. Pointing out that population control could not be seen in isolation as just women's empowerment, Dr. Singh said it had to be dealt in a holistic way that should include a healthy population and food security.

Prime Minister directed the Union Health and Family Welfare Minister Ghulam Nabi Azad to initiate measures where the Centre and States could work jointly for the purpose. Mr. Azad said implementation was the responsibility of the States and hence they had an equally important role to play. The National Commission on Population was set up in 2000 to monitor and give directions for the implementation of the National Population Policy, to meet the goals set out in the Policy, and to promote synergy between demographic, educational, environmental and developmental programmes so as to hasten population stabilisation.

UNESCO and Nokia sign partnership to use mobile technologies to further goals of Education For All

The Director-General of UNESCO, Irina Bokova, and Esko Aho, Executive Vice President, Corporate Relations and Responsibility, of the telecommunications company Nokia, have signed an agreement to promote the use of mobile technologies to further the objectives of Education For All.

Under the initial three-year agreement, Nokia will contribute between five and ten million dollars which will be invested in three types of projects. In a first phase, research will be conducted to identify possible applications of mobile technology to support Education For All. The results will be transmitted in the form of guidelines to education ministries and policy-makers in developing countries.

The second part of the agreement concerns teachers. It will promote the use of mobile technologies to support training and capacity-building, as well as the management of educational institutions, particularly in gathering data on staff, pupils and school facilities.

The third part of the agreement covers the

development of new mobile applications that have educational potential. "Mobile technologies offer access to information and enrich learning environments. UNESCO wants to make sure they are used to promote the delivery of quality education based on the sharing of knowledge," said the Director-General.

"In education mobile technology is a great enabler for empowerment," says Esko Aho, Executive Vice President, Nokia. "We believe that as a society we have barely scratched the surface of what mobile communications can achieve. Through cooperation with UNESCO we can accelerate the transformation that mobile communications can bring to the availability and quality of education especially in developing countries."

Nokia is a member of the Global Compact, a United Nations initiative to encourage businesses worldwide to adopt sustainable and socially responsible policies. Since June 2010, Nokia has been supporting sustainable tourism in UNESCO's World Heritage sites.

Woman forced to abort 8-month-old fetus in China

A pregnant woman in south China was detained, beaten and forced to have an abortion just a month before her due date because the baby would have violated the country's one-child limit, her husband said.

Construction worker Luo Yanquan said his wife was taken kicking and screaming from their home by more than a dozen people on October 10 and detained in a clinic for three days by family planning officials, then taken to a hospital and injected with a drug that killed her baby.

Family planning officials told the couple that they weren't allowed to have the child because they already have a 9-year-old daughter, Luo said.

For the last 30 years, China has limited most urban couples to just one child in a bid to curb population growth and conserve its limited resources. China has the world's largest population, with more than 1.3 billion people. Couples that flout the rules face hefty fines, seizure of their property and loss of their jobs.

The case is an extreme example of the coercive measures Chinese officials sometimes use to comply with the strict family planning regulations.

Though illegal, police and judicial authorities often look the other way when forced abortion

cases are reported and the heavily censored state media shy away from such news.

But in recent years, victims have begun to speak out about their ordeals with the help of the internet and text messaging.

Aiding them are social campaigners and lawyers who have documented cases of forced late-term abortions. Similar abuses have been reported in Hebei and Shandong provinces and in the Guangxi region.

An official with the Siming district family planning commission, which oversees Luo's neighborhood, confirmed there was a record of Luo's wife, Xiao Aiyong, undergoing an abortion recently but said the procedure was voluntary and that she was about six months instead of eight months pregnant at the time. Like many Chinese bureaucrats, he refused to give his name.

China bans forced abortions, but doesn't prohibit or clearly define late-term abortion.

The Siming official said Xiao's husband had approved the abortion, a claim Luo denied.

"I never signed anything. No one in our family did," he said by telephone from Xiamen. "I called the police but they said family planning issues weren't their responsibility. I want to sue, but

lawyers I've asked here say they can't help me and the media won't report on our case."

Luo set up a blog last week to let people know what had happened to his wife, and satellite broadcaster Al-Jazeera posted a report about the couple's case on its website.

Photos displayed on the blog show a pained-looking, and clearly pregnant, Xiao sitting on a hospital bed after the injection but before the baby was stillborn 40 hours later.

Other images show a large purple bruise on her arm and scratches on her leg, which Luo said were caused when family planning officials hit and kicked her as she struggled to get away.

Ordinary Chinese reacted with anger and disgust to Luo's online account, posting comments that called the family planning officials cruel and inhuman.

Xiao delivered the dead baby on October 14 but remains hospitalized and may require emergency surgery to remove pieces of placenta still in her uterus, Luo said. The couple, both 36, were not informed of the sex of the aborted baby, Luo said.

A man who answered the phone at the obstetrics ward of the Siming No 1 Hospital confirmed that Xiao was still a patient there. He refused to provide more details or give his name.

Baggaley, Jon and Belawati, Tian ed. **Distance education technologies in Asia**. Delhi, Sage, 2010: 308p.

In Asia, Distance Education (DE) is providing major solutions in the areas of education and training. DE methods that are standard in other parts of the world, however, have yet to demonstrate their full potential in Asia. Covering nine DE projects by 39 researchers from 13 countries, this book analyses the DE scenario in Asia, the successes, the failures and the reasons behind them.

This book is a collation of the results of studies of educational technologies across an extensive network of Asian countries. It also provides a useful snapshot of DE's development in Asia in the early years of the 21st century. The surveys reported cover different DE contexts, methodologies, and levels of generalisability, and add to the existing scholarship on the subject by providing previously unavailable firm evidence about DE's prospects in Asia.

Jarvis, Peter. **Globalisation, lifelong learning and the learning society: sociological perspectives**. Londong, Routledge. 2007: 238 p.

This book critically assesses the learning that is required and provided within a learning society and gives a detailed sociological

analysis of the emerging role of lifelong learning with examples from around the globe. Divided into three clear parts the book:

- looks at the development of the knowledge economy
- provides a critique of lifelong learning and the learning society
- focuses on the changing nature of research in the learning society.

Luchsinger, Gretchen ed. **Power, voice and rights: A turning point for gender equality in Asia and the Pacific**.



Delhi, Macmillan, United Nations Development Programme. 2010: 238p.

The report focuses on the critical question of advancing gender equality, as seen through the prism of women's unequal power, voice, and rights. Despite the region's many economic gains, the Report chronicles how in many instances women across the region continue to be held back and disadvantaged. Even as many women have benefited from their countries' improved education, health, and prosperity, they continue to face barriers to the same opportunities available to men.

The Report makes it clear that achieving gender equality promotes human development—not only for women, but for whole societies, and is central to achieving the Millennium Development Goals. Where we see progress towards these goals lagging the most is often where the needs and status of women and girls are accorded low priority. While recognizing that each country is unique and needs to develop its own responses, the Report calls upon policy makers to correct gender imbalances through a broad “agenda for action” across three areas: supporting the economic empowerment of women, promoting women's political voice, and advancing women's legal rights. Central to undertaking such efforts, the Report argues for unwavering political leadership across the board, and highlights also the need for men and boys to help foster attitudes and take actions to empower women.

Rao, Nirmala and Sun, Jin. **World conference on early childhood care and education regional report: Asia and the pacific**. United Nations Educational, Scientific and Cultural Organization. 2010: 95p.

This report considers progress made in the Asia Pacific region over the last few years toward meeting Goal 1 of the Education for All goals, namely “to expand and improve

