

WOMEN EMPOVERMENT IN INDIA –AN OVERVIEW

Dr.T.R Leelavathi

Associate Professor

Head of the Department of Economics

Government First Grade College, Koratagere

Tumkur- District, Karnataka State

ABSTRACT

Empowerment has become a widely used word. Empowerment in its meaning is -one which brings up the question of personal agency rather than reliance on intermediaries, one that links action to needs, and one that results in making significant collective change. It is also a concept that does not merely concern personal identity but brings out a broader analysis of human rights and social justice. This paper gives an overview of women empowerment in India.

Key words: Empowerment, Collective change, Human rights, Social justice

INTRODUCTION

Women's empowerment in India is heavily dependent on many different variables that include geographical location, educational status, social status, and age. The past three decades have witnessed a steadily increasing awareness of the need to empower women through measures to increase social, economic and political equity, and broader access to fundamental human rights, improvements in nutrition, basic health and education. Policies on women's empowerment exist at the national, state, and local levels in many sectors, including health, education, economic opportunities, gender-based violence, and political participation. However, there are significant gaps between policy advancements and actual practice at the community level.

One key factor for the gap in implementation of laws and policies to address discrimination, economic disadvantages, and violence against women at the community level is the largely patriarchal structure that governs the community and households in much of India. As such, women and girls have restricted mobility, access to education, access to health facilities, and lower decision-making power, and experience higher rates of violence. Political participation is also hindered at the local governing bodies' level and at the state and national levels, despite existing reservations for women.

Women empowerment in rural India

Women empowerment in rural India is much less visible than in urban areas. This is of particular concern, since much of India is rural despite the high rate of urbanization and expansion of cities. Rural women, as opposed to women in urban settings, face inequality at much higher rates, and in all spheres of life. Urban women and, in particular, urban educated women enjoy relatively higher access to economic opportunities, health and education, and experience less domestic violence. Women (both urban and rural) who have some level of education have higher decision-making power in the household and the community. Furthermore, the level of women's education also has a direct implication on maternal mortality rates, and nutrition and health indicators among children.

In addition to corruption and inadequate resources for implementation of initiatives at the community level, women's empowerment in India is negatively impacted by the pervasive discrimination of women in the family and the community. Discrimination against women in most parts of India emerges from the social and religious construct of women's role and their status. As such, in many parts of India, women are considered to be less than men, occupying a lower status in the family and community, which consequentially restricts equal opportunity in women and girls' access to education, economic possibilities, and mobility.

Empowerment is a process

To change the distribution of power, both in interpersonal relations and in institutions throughout society. Traditionally the state has interpreted women's needs to suit its own preferences. The typical and enduring consideration that women have received from the state has been in their capacity of mothers and wives. Women therefore need to become their own advocates to address problems and situations affecting them that were previously ignored. Empowerment ultimately involves a political process to produce consciousness among policy makers about women and to create pressure to bring about societal change.

Over the past decade, gender equality has been explicitly recognized as important not only to the health of nations, but also to social and economic development. India's National Population Policy has empowering women for health and nutrition as one of its crosscutting strategic themes. Additionally, the promotion of gender equality and empowering of women is one of the eight Millennium Development Goals. Since gender inequality and women's disempowerment occur in

all the different areas in which women and men interact each other. This give rise to a large number of potential indicators. Indicators of gender equality/inequality are typically designed to compare the status of women and men on particular characteristics of interest; whereas, they are designed to measure roles, attitudes, and rights of women and sometimes men. The roles, rights, and obligations assigned to each sex are not just different, but also unequal. There is also a inequality in taking control over societal and household resources and decisions, cultural and religious ideology, and one's own and others' bodies. Importantly, men tend to have greater power than women, and, in some domains, even have power over women.

Most of the states in India sex ratio at birth is below normal. Sex ratios at birth measure gender inequality in terms of the extent to which the number of female births relative to male births deviates from biological expectations and focus attention on whether girls are being discriminated against regarding their right to birth. Even though female child mortality is higher than male child mortality in every wealth quintile, female child mortality drops more sharply with wealth than does male child mortality. As a consequence, the gender gap in child mortality is virtually nonexistent in the highest wealth quintile. Girls born in wealthier households are more likely to survive their early childhood than girls born in poorer households; the gender differential in survival is lower in wealthier households than in poorer households. Thus, girls born in poorer households have a much higher probability of dying than boys in poorer households.

Achievement

The achievement of universal primary education has been a key goal of Indian planning since Independence. Eliminating gender differences in access to education is the key element to attain gender equality and reducing the disempowerment of women. Access to education for girls in some of the states does not only rely on proximity of schools. Access to education is part of a larger structural concern, including the practice of son preference, which creates inherent discriminatory practices. Education initiatives therefore cannot rely solely on building educational infrastructure, but also need to address some of the root causes of discrimination against women and girls which affect the decisions made by parents.

In India, marriage is virtually universal and for most adults, particularly women, marriage takes place only once in their lifetime. Men are less likely to be currently divorced, separated, deserted, or widowed than women. This is in part because even though they marry later than women, men are more likely than women to remarry after a marital disruption.

An early age at marriage of women is an indicator of the low status of women in society; at the individual level too, an early age at marriage for a woman is related to lower empowerment and increased risk of adverse reproductive and other health consequences. An early age at marriage typically curtails women's access to education and cuts short the time needed to develop and mature unhampered by responsibilities of marriage and children. Young brides also tend to be among the youngest members of their husbands' families and, by virtue of their young age and relationship, are unlikely to be accorded much power or independence. An early age at marriage also has many negative health consequences for women. For one, early ages at marriage typically lead to early childbearing. Having a child when the body is still maturing increases the risk of maternal and child mortality. Further, women married very early are typically sexually immature and inexperienced, but are often married to much older sexually experienced men. This combination of early ages at marriage and large spousal age differences can put women at a higher risk of sexually transmitted infections including HIV. Specifically, young women married early may be subject to a higher risk of infection because of prior sexual experiences of their older partners combined with their inability to negotiate safe sex due to their own young age and immaturity and, often, the large spousal age difference.

Education and Employment

In addition to education, employment can also be an important source of empowerment for women. Employment, particularly for cash and in the formal sector, can empower women by providing financial independence, alternative sources of social identity, and exposure to power structures independent of kin networks .Early ages at marriage and child bearing and limited access to education limit women's ability to participate in the labour market, particularly in the formal sectors. By contrast, male gender roles are compatible with employment and men are typically expected to be employed and be breadwinners for their families. Not surprisingly, men dominate most formal labour markets.

Since women are much more likely to be constrained by marriage and child bearing and rearing than men, therefore women employment varies greatly by marital status. Women who are divorced, separated, deserted, or widowed are much more likely to be employed than currently married women; never married women are least likely to be employed. Women's employment is likely to be affected by residence, since agricultural work, which accounts for most employment in rural areas, is typically more compatible with women's other responsibilities as well as with low

levels of education and skill development. Among women, employment peaks in the age-group 30-39 years in each marital category and is highest, at 76%, in this age group for women who have had a marital disruption. Notably, the majority of never married women age 30 and over are employed. Women who have no education are much more likely to be employed than women with education, irrespective of education level. However, it is notable that employment, after first declining with years of education, increases in every marital category for women with the highest level of education. This suggests that while low levels of education do little to enable women's employment, higher levels contribute to women's increased labour force participation. Employment declines sharply by wealth for women, irrespective of marital status.

It is frequently assumed that household heads will all be male. However, women are often household heads, either in their own right as the main breadwinner, or because the male breadwinner is working elsewhere or has died, or for some other economic or cultural reason. Over the time, the proportion of households for which a female was designated as the head has been growing in India.

CONCLUSION

Gender inequality is one of the reasons that capture women's access to other resources, including financial, health, and media resources, and women's access to spaces outside their homes are presented.

In general, the paper finds that gender inequality is present in every field and women are disempowered both absolutely and relative to men. This implies that the progress towards gender equality and women's empowerment remains very slow. Therefore to overcome from this problem the sex ratio must be decreased. Child or early marriage should be denied. Gender and current use of modern contraception controlling for number of children ever born and other relevant factors, employment, particularly employment for cash, and making decisions mainly alone about large household purchases increase the likelihood that currently married women will be using a modern method of contraception. Most forms of spousal violence only physical violence, only sexual violence, or emotional violence are unrelated to a woman's likelihood of using modern contraception. However, women who have experienced both physical and sexual violence are less likely than women who have not experienced physical or sexual violence to be using modern contraception. To overcome from all these problem education is the best way. Therefore every child

should be educated whether a boy or a girl. This is the best solution to solve the problems which are the obstacles to achieve women empowerment in all the fields.

REFERENCES

1. Das Gupta, M. Selective discrimination against female children in rural Punjab, India. Population and Developmetnt Review.
2. <http://archive.idea.int/women/parl/studies4a.htm>
3. <http://timesofindia.indiatimes.com/articleshow/5663003.cms>
4. <http://www.accountabilityindia.org/pdf/PanchayatBrief1.pdf>
5. <http://www.onlinewomenpolitics.org/india/indian.pdf>
6. International Center for Research on Women. 2010. New Insights on Preventing Child Marriage: A Global Analysis of Factors and Programs. ICRW:
7. Internationl Institute for Population Sciences (IIPS) and Macro International. 2009. National Family Health Survey (NFHS-3), 2005-06: India: Volume I. Mumbai: IIPS.
8. World Bank. . “The Benefits of Education for Women.” Human Resources Development and Operations Policy Dissemination Notes. No.2. March.
9. World Bank. . World Development Indicators.