

EXTENT OF GENDER INEQUALITY IN RURAL INDIA

A STUDY CONDUCTED IN THE STATE OF ODISHA

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Abstract: Man and woman are both equal and both play vital role in the creation and development of their families in particular and the society in general. Indeed, the struggle for legal equality has been one of the major concerns of the women's movement all over the world. In India, since long back, women are considered as oppressed section of the society and they were neglected for centuries. The difference in sex and physical form denotes no difference in status. Woman is the complement of man, and not inferior. Thus, the first task in post-independent India was to provide a constitution to the people, which would not make any distinctions on the basis of sex. The preamble of Indian constitution promises to secure to all its citizens- "Justice- economical, social, and political". The sense of insecurity, humiliation and helplessness always keep a women mum. Our whole socialization is such that for any unsuccessful marriage which results in such violence or divorce, it is always the woman, who is held responsible. It is really important to note that though the Constitution of India is working since more than fifty-seven years – the raising of the status of women to one of equality, freedom and dignity is still a question mark. In India, since independence, a number of laws have been enacted in order to provide protection to women. But, the laws have hardly implemented in their letter and spirit. But in reality there seems a little use of all these laws for the public.

Odisha is one of the states of India where the proportion of women constitutes half of the total population in the state. But they face many issues with present set up of societies. In order to examine this situation of gender inequality, the author has tried in this paper to compare the extent of gender inequalities in two of the most populated blocks of Ganjam District, viz., Digapahandi and Sorada in the state of Odisha.

Index Terms: gender, inequality, mortality, Odisha

I. INTRODUCTION

1.1 BACKGROUND TO THE STUDY:

The afflicted world in which we live is characterized by deeply unequal sharing of the burden of adversities between women and men. Gender Inequality exists in most part of the world, from Japan to Morocco, or from Uzbekistan to United States of America. However, inequality between men and women can take in many different forms. Indeed, gender inequality is not one homogeneous phenomenon, but a collection of disparate and interlinked problems. The issue of gender inequality is one which has been publicly reverberating through society for decades. The problem of inequality in employment is one of the most depressing issues today.

In many parts of the world, women receive less attention and health care than men do, and particularly girls often receive very less support than boys. As a result of this gender bias, the mortality rates of females often exceed those of males in these countries. Mortality inequality has been observed extensively in North Africa and in Asia, including China and South Asia.

Focusing On India

The constitution declares that the equality before the law and the equal protection of laws shall be available for all. Similarly, there shall be no discrimination against any citizen on the ground of sex. Article 15(1)

guarantees equalities of opportunities for all citizens in matters of employment. Article 15(3) provides that the state can make any special provisions for women and children. Besides, directive principle of state policy which concern women directly and have a special bearing on their status directly and have a special bearing on their status include Article 39(a) right to an adequate means of livelihood; (d) equal pay for equal work both men and women, (e) protection of health and strength of workers –men, women, children and Article 42 provides for just and humane conditions of work and maternity relief.

While there is something to cheer in the development there is considerable evidence of a weakened hold of gender disparity in several fields in the subcontinent, there is also, evidence of a movement in the contrary direction, at least in one aspect of gender inequality, namely, natality-inequality. This has been brought out particularly sharply by the results of the 2001 decennial national Census of India, which are now available. Early results indicate that even though the overall female to male ratio has improved slightly for the country as a whole, the female-male ratio for children has had a substantial decline. For India as a whole, the female-male ratio of the population under age 6 has fallen from 94.5 girls for hundred boys in 1991 to 92.7 girls per hundred boys in 2001.

Viewing Odisha:

The proportion of women constitutes half of the total population in Odisha. But they face many issues with present set up of societies. The Constitution of India not only provides equal rights and privileges for women and men but also makes special provision for women. A series of social legislations have been enacted from time to time for raising the status of women in the country. Despite all the development measures and the Constitutional legal guarantees, women have lagged behind men in many sectors. There still exist gaps and inconsistencies in the march of women towards equality.

Gender inequality has its adverse impact on development goals which reduces economic growth. There exist significant gender and regional disparities in this state of Odisha. In the KBK (Kalahandi, Balangir & Koraput) districts, the literacy rate is less than 50 per cent. Gender disparity is more prominent in the rural areas compared to the urban areas.

The proportion of younger female population (0-14) is 32.96% against 33.50% for male counterpart in Odisha. According to the statistical report of 2010, the population proportion for working age group (15-59) for female was 58.99% against 59.03% for male category. However, the female proportion for elderly category (60+) was 8.04%, which was higher compared to male (7.49%). The proportions of adult male and female population completing middle, high school, and higher secondary and above separately are lower as compared to primary level education. Only 8.5 per cent of males and 4.1 per cent females have completed high school level of education. The mean years of schooling for males and females in Odisha were 5.06 and 3.06 respectively, as compared to the all-India averages (5.33 and 3.39, respectively).

1.2 REVIEW OF LITERATURE

Gender is a term being frequently used and heard these days. Government organizations, voluntary organizations, developmental organizations, national and international developmental programmes, donor organizations, UN organizations – all these talk about gender, analyze programmes from a gender perspective and do gender budgeting. What is this gender? Why we should talk about gender – we realize that this is an importance issue, which has deep roots in our society, in our families and in our lives. Let us see what it is.

Men and women are different. Society too treats them differently. These differences are evident in their way of dressing, in their work, in the roles they perform and in their behavior. However, men and women are both human beings. Both have lot of similarities. Men and women may have different reproductive organs but both have other similar organs like heart, brain, liver, digestive system etc. While some of the reproductive organs are present outside, others are present inside the body. Apart from these differences men and women do not have any differences by birth. This **physical difference is called ‘sex’** we call men as “male sex” and women as “female sex” however **this is not ‘gender’**. **Gender is the change brought about socially in women and men as they grow. This is a term used to understand the socially constructed differences between men and women.** This is not the same as the differences related to

different reproductive organs. Boys and girls are brought up in a different way in the society as they grow. Parents, relatives, neighbors, every institution in the society like schools, police, courts etc. have a fixed opinion about how men and women should be.

So, **gender refers to the socially constructed and culturally variable roles that women and men play in their daily lives.** These are traits and characteristics. What are these social traits? For example women are supposed to be slender, shy, sensitive, traditional, home bound, not to run or jump around, not to laugh loudly etc. Men are supposed to be bold, strong, tough, confident, talk loudly, not to be shy, not to cry etc. Men and women are not born with these traits. We bring up boys and girls in such a way that they acquire these traits. These are gender related traits.

Meaning of Inequality

Inequality is otherwise known as 'Discrimination'. Discrimination is a sociological term referring to the prejudicial treatment of an individual based solely on their membership (whether voluntary or involuntary) in a certain group or category. Discrimination is the actual behavior towards members of another group. It involves excluding or restricting members of one group from opportunities that are available to other groups. The United Nations explains: "Discriminatory behavior takes many forms, but they all involve some form of exclusion or rejection." Discriminatory laws such as redlining have existed in many countries. In some countries, controversial attempts such as racial quotas have been used to redress negative effects of discrimination. This is also called as positive discrimination today. Discrimination can be direct or indirect and intended or unintended as defined in the CEDAW Convention. This definition spells out in detail the meaning of discrimination against women. It highlights three ways in which different treatment on the grounds of gender can constitute discrimination.

Intentional or unintentional disadvantaging treatment that could be classified as follows:

1. Different treatment leading to non-recognition of human rights of women both in the and public sphere (direct discrimination), for example, the nationality law prohibits women from transmitting citizenship to their children but men can.
2. Different treatment preventing women from exercising their human rights both in the private and public spheres (direct discrimination), for example, only women in a particular country are prohibited from going abroad to work because of the risk of exploitation of foreign workers in many countries.
3. Same treatment preventing women from exercising their human rights in the private and public spheres (indirect discrimination). For example, in a particular institution, playing golf is given a certain number of points for promotion irrespective of whether they are women or men. However, this gives men an advantage as it is mainly men who play golf.

As a result, any act of restriction, exclusion or distinction, whether intentional or unintentional, that impedes the recognition of women's human rights or denies women the exercise of any such right is discrimination.

Facets of Gender Inequality

Nobel Laureate Amartya Sen's work on gender inequality is of seminal importance. His work on the theory of the household represents the household not as an undifferentiated unit, but as a unit of cooperation as well as of inequality and internal discrimination. He has worked on problems of discrimination against women in the development process, on survivorship differentials between men and women under conditions of social discrimination against women, and on women's agency in the process of social development. Along with his academic collaborator Jean Drze, Professor Sen proposed and popularised the concept of "missing women" - estimated to exceed 100 million round the world - which has given us a new way of understanding and mapping the problem.

There are many kinds of gender inequality or gender disparity which are as follows:

1. **Natality inequality:** In this type of inequality a preference is given for boys over girls that many male-dominated societies have, gender inequality can manifest itself in the form of the parents wanting the newborn to be a boy rather than a girl. There was a time when this could be no more than a wish (a daydream or a nightmare, depending on one's perspective), but with the availability of modern techniques to determine the gender of the foetus, sex-selective abortion has become common in many countries. It is

particularly prevalent in East Asia, in China and South Korea in particular, but also in Singapore and Taiwan, and it is beginning to emerge as a statistically significant phenomenon in India and South Asia as well.

2. **Professional or Employment inequality:** In terms of employment as well as promotion in work and occupation, women often face greater handicap than men. A country like Japan and India may be quite egalitarian in matters of demography or basic facilities, and even, to a great extent, in higher education, and yet progress to elevated levels of employment and occupation seems to be much more problematic for women than for men. The example of employment inequality can be explained by saying that men get priority in seeking job than women.

3. **Ownership inequality:** In many societies the ownership of property can also be very unequal. Even basic assets such as homes and land may be very asymmetrically shared. The absence of claims to property can not only reduce the voice of women, but also make it harder for women to enter and flourish in commercial, economic and even some social activities. This type of inequality has existed in most parts of the world, though there are also local variations. For example, even though traditional property rights have favored men in the bulk of India.

4. **Household inequality:** There are often enough, basic inequalities in gender relations within the family or the household, which can take many different forms. Even in cases in which there are no overt signs of anti-female bias in, said, survival or son-preference or education, or even in promotion to higher executive positions, the family arrangements can be quite unequal in terms of sharing the burden of housework and child care. It is, for example, quite common in many societies to take it for granted that while men will naturally work outside the home, women could do it if and only if they could combine it with various inescapable and unequally shared household duties. This is sometimes called "division of labour," though women could be forgiven for seeing it as "accumulation of labour." The reach of this inequality includes not only unequal relations within the family, but also derivative inequalities in employment and recognition in the outside world. Also, the established fixity of this type of "division" or "accumulation" of labour can also have far-reaching effects on the knowledge and understanding of different types of work in professional circles.

5. **Special opportunity inequality:** Even when there is relatively little difference in basic facilities including schooling, the opportunities of higher education may be far fewer for young women than for young men. Indeed, gender bias in higher education and professional training can be observed even in some of the richest countries in the world, in India too.

1.3: IMPORTANCE OF THE STUDY

Mostly women are being neglected in our India. People give more importance to the male children and never want women's participation in any decision making. Particularly this can be widely visible in the rural areas. The study finds out the extent of Gender inequality in the Ganjam District of Odisha which will give knowledge and implications for further studies on this behalf and put a step forward to empower the women and to recognize their productivity.

1.4: METHOD OF STUDY

The comparative study is carried out in two blocks of Ganjam District i.e., the Digapahandi Block and the Sorada Block. These two blocks have high population. Hence the study is conducted in these areas taking into account 50 samples from each block, to know about the extent of gender inequality in the Ganjam District. The population is selected randomly from villages of these two blocks including all the income group of low, middle and high, without any consideration of age, caste, creed or educational qualification. The population will cover only women respondents.

1.5: TOOLS OF DATA COLLECTION

Interview, observation and discussion methods are be used for collection of Primary data from the samples. Reference has been made to secondary data for studying past trend.

II. STATE/ DISTRICT/ BLOCK PROFILE

2.1: THE STATE OF ODISHA: AN OVERVIEW

Demographic Features

The number of females in Odisha in 2001 was 18,094,580, constituting 49.29 per cent of the total population in the state. Compared to the all-India level, in 2011, the state has a relatively favorable sex ratio of 978 females per 1000 males.

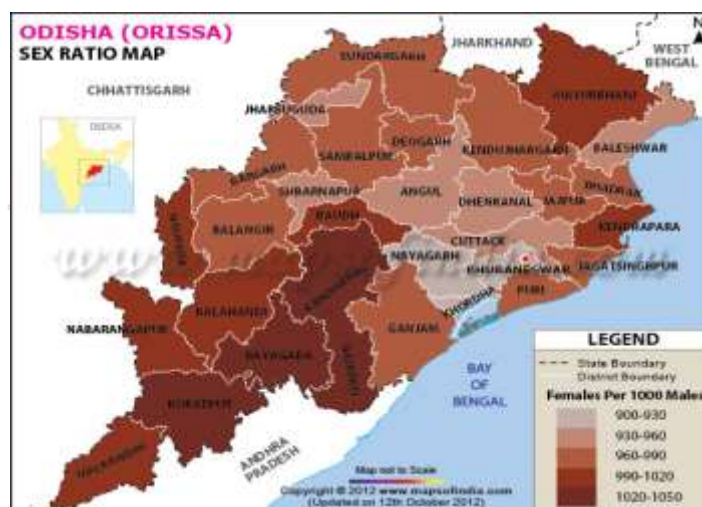


Fig:- 2.1 Map of Odisha

At the state level, while the sex ratio for all age groups of population is 978 females per 1000 males, it comes down to 950 females per 1000 males in the 0–6 year age group of population. At the district level, the situation is worse in the case of developed coastal districts such as Balasore, Bhadrak, Cuttack, Ganjam, Jagatsinghpur, Jajpur, Kendrapara, Khurda, Nayagarh, and Puri, and also in the central land districts of Dhenkanal and Angul. It appears that better access to sex determination tests through ultrasound and amniocentesis techniques has resulted in female infanticides in large numbers during the early stages of pregnancy.

Fig: 2.2: Demographic Profile of Odisha

Current Population of Odisha in 2013	43,122,537
Population of Odisha in 2012	42,534,621
Population of Odisha in 2011	41,947,358
Total Male Population	21,201,678
Total Female Population	20,745,680
Sex Ratio in Odisha	978 females per 1,000 males
Population Density of Odisha	269 /km²

Population of Odisha consists of**Hindus - 94.35%, Christianity - 2.44%, Muslims - 2.07%, Others - 1.14%****Official language of Odisha is Odia.**

Population of Odisha is one of the major states of India both in terms of land area and population wise. The state is ranked at eleventh position in terms of Population in India. The official census of Odisha 2011 was conducted in the state by the Census of India (A Govt. of India undertaking). Apart from other Population statistics, Literacy rate in Odisha has witnesses a major growth and has increased to 73.45 percent according to current Census data.

Sex Ratio of Odisha - According to latest census of 2011, Sex Ratio in the state has increased to 978 females per 1000 males.

Literacy Rate in Odisha - Going by the figures provided by latest Census of India 2011, Odisha Literacy rate has improved by 10% in this decade. Odisha Government has taken significant measures to improve quality of education in the state. Better education facilities are offered to the people especially in the remote cities and towns of Odisha.

2.2: ABOUT GANJAM DISTRICT

Fig:- 2.3: Map of Odisha

The name Ganjam comes from the word Gan-i-aam which means Granary of the World. It is spreading over the geographical area of 8070.60 square km. in Odisha. There are 22 blocks, 475 Grampanchayats, 18 Urban Local bodies, 3229 villages, 29 Police Stations and 13 Assembly Constituencies.

The district of Ganjam is constituted by 19 towns including census town and 3212 villages spread over 8 C.D blocks. It has 31.6 lakh population of which males constitute 50.05 percent and females 49.95 percent. The area of the district is 8206 sq.km and thus, population density works out to be 385. Sex ratio(females per 1000 males) works out to be 998 considering the total population of each sex and that for population of 0-6 years it is 939 indicating relatively higher deficit of females at younger ages. The percentage of population in age group 0-4 years is 9.95 percent and that of age group 5-14 years is 24.4 percent. The population in the working age group of 15-59 is 56.8 percent and old age group and age not stated group together constitute 8.85 percent. The district has 17.6 percent population enumerated in areas classified as urban. The district has 16.3 lakh literates of which 10 lakh are males and 6.2 lakh are females. The total literacy rate works out to be 51.63 percent, the male literacy rate being 61.63 percent and female rate 38.62 indicating substantial gender gap in literacy.

2.3: ABOUT DIGAPAHANDI BLOCK

Digapahandi is a town and a notified area committee in Ganjam district in the state of Odisha, India.

Geography

Digapahandi is located at 19.37°N 84.58°E. It has an average elevation of 53 metres (173 feet).

Demographics

As of 2011 India census, Digapahandi had a population of 10,888. Males constitute 51% of the population and females 49%. Digapahandi has an average literacy rate of 59%, lower than the national average of 59.5%: male literacy is 68% and, female literacy is 50%. In Digapahandi, 12% of the population is under 6 years of age.

2.4: ABOUT SORADA BLOCK

Sorada (also known as "Suruda" or "Sorada") is a town which is a Notified Area Council and it is also a largest Block under the Bhanjanagar Sub-division in Ganjam district in the Indian state of Odisha.

Geography

Sorada is located at 19.75°N 84.43°E.^[1] It has an average elevation of 76 m (249 ft). It is situated at the North-Western side of Ganjam district.

Demographics

As of 2011 India census, Sorada had a population of 14,647. Males constitute 51.2% of the population and females 48.8%. Sorada has an average literacy rate of 63%, higher than the national average of 59.5%: male literacy is 72%, and female literacy is 54%. In Sorada, 14% of the population is under 6 years of age.

III. DATA ANALYSIS

3.1: SEX RATIO OF DIGAPAHANDI BLOCK

As of 2011 India census, Digapahandi had a population of 10,888. Among them, 5,553 are males and 5,335 are females. So, males constitute 51% of the population and females 49%.

Fig. 3.1: Source: Census Data- 2011 from the block

Total Population	10,888
Male Population	5,553
Female Population	5,335

3.2: SEX RATIO OF SORADA BLOCK

Total Population	14,647
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As of 2011 India census, 14,647. Among them 7,499 are So, males constitute 51.2 % of 48.8%.

Male Population	7,499
Female Population	7,148

Sorada had a population of males and 7,148 are females. the population and females

Fig: 3.2: Source: Census Data- 2011 from the block

3.3: ATTITUDE TOWARDS THE BIRTH OF A GIRL CHILD

The collected data shows that, in both the blocks most of the people wish to have a boy child as their new born baby even in the case of third number of delivery. In the Digapahandi block, 73% and in the Sorada block 69% of women showed urge for a boy child.

In Digapahandi block

- 56% of the respondents said that a boy child is necessary for the sake of inheritance.
- 20% said that a girl child is good.
- 9% of women tell that girl children are needed money for their marriage etc. so it's a burden.
- 8% said that a boy can only take care of them in future.
- Only 7% of the respondents said that girl and boy whatever born, both are equal for us.

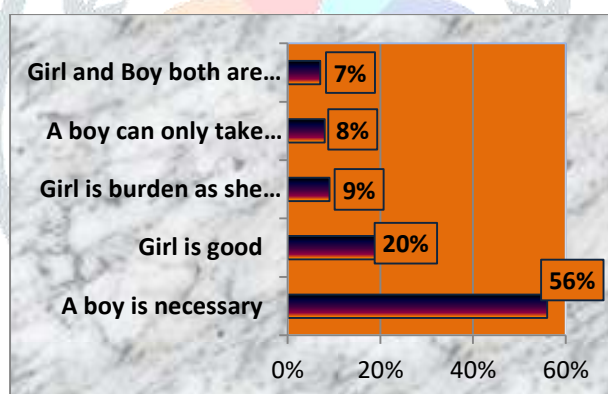


Fig: 3.3: Urge for Boy Child in Digapahandi Block

3.4: WISH FOR A BOY CHILD IN SORADA BLOCK

- 46% of the respondents said that a boy child is necessary for their inheritance.
- 51% said that a girl child is better than boy as boys do not look after parents after their marriage.
- 11% of women tell that it is difficult for them to bear girl children as they need dowry during marriage etc.
- 6% said that a boy can only give them salvation after their death.
- 3% respondents said that they require a boy as he would be with them during their old age whereas girls will get marry and go away from home.
- 3% of women said that both boy and girl are equal for mother.

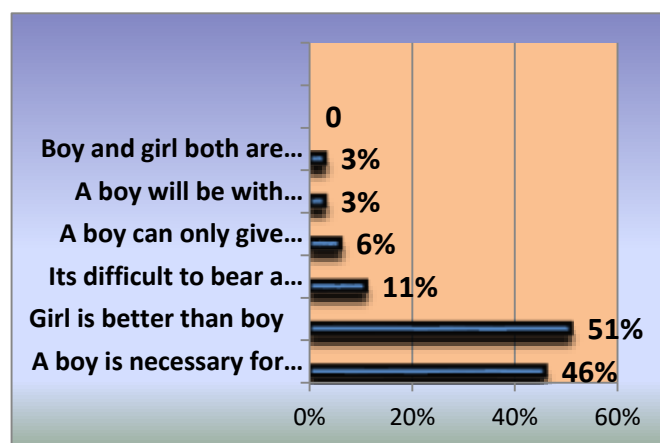


Fig: 3.4: Urge for Boy Child in Sorada Block

3.5: FEMALE INFANT MORTALITY RATE IN DIGAPAHANDI AND SORADA BLOCK

The Infant Mortality Rate is defined as the number of deaths of children from birth to one year of age. As of 2011 India census, in Digapahandi the female infant mortality rate was 11% in comparison to the Sorada block where it is 13%.

Fig: 3.5: Census Data- 2011 from the block

Total no.	Digapahandi Block	Sorada Block
Female Population	5,335	7,148
Female Infant mortality in the year 2011	587	929
Percentage Ratio	11%	13%

The main reason for the female infant mortality is the negligence for girl child and wish to have a boy child during delivery. Some other reasons that are found:

- Negligence in the health care of the new born girl
- Improper immunization
- Lack of awareness
- Lack of hospital facilities within the village
- Distance and transportation problem to reach the hospital/ medical etc.

3.6: LITERACY RATIO AND GENDER INEQUALITY IN DIGAPAHANDI BLOCK

Digapahandi has an average literacy rate of 59%, lower than the national average of 59.5%: male literacy is 68% and, female literacy is 50%. (Source: Census data: 2011)

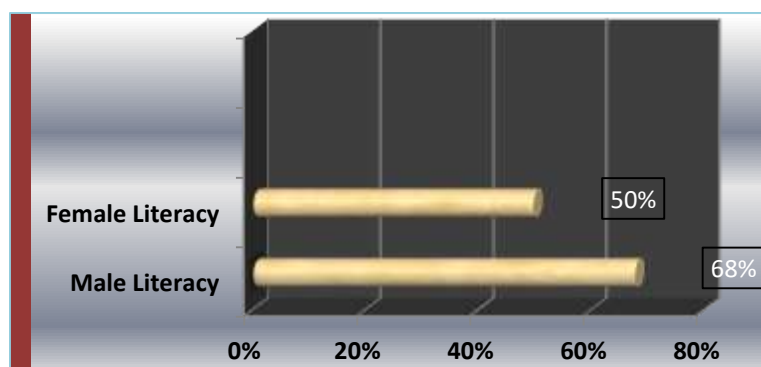


Fig: 3.6: Literacy Ratio and Gender Inequality in Digapahandi Block

3.7: LITERACY RATIO AND GENDER INEQUALITY IN SORADA BLOCK

Sorada has an average literacy rate of 63%, higher than the national average of 59.5%: male literacy is 72%, and female literacy is 54%. (Source: Census data: 2011)

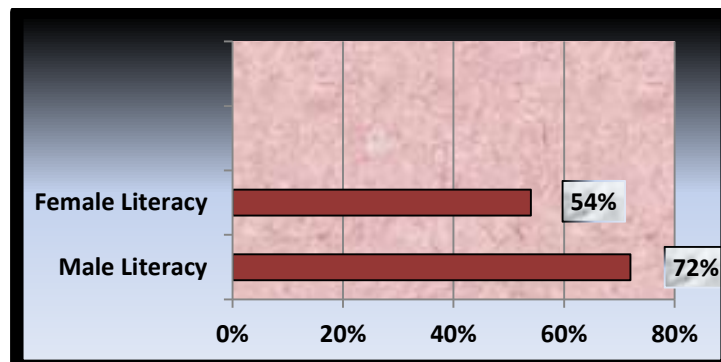


Fig: 3.7: Literacy Ratio and Gender Inequality in Sorada Block

3.8: GROSS ENROLMENT RATIO

The study shows that the enrolment ratios of girls in the two blocks in both primary and secondary schools are lower than that of boys. However, the gender gap is much wider in secondary schools. The data indicates that while enrolment levels are high for both girls and boys in primary schools (although enrolment ratios for girls are lower than those of boys), there is a higher dropout of girl students than of boy students and enrolment ratios are much higher for males than for females in secondary school. The population of Digapahandi block contains about 12% of children under 6 years in the last session. Mostly the children are admitted in primary schools at 5 years of age.

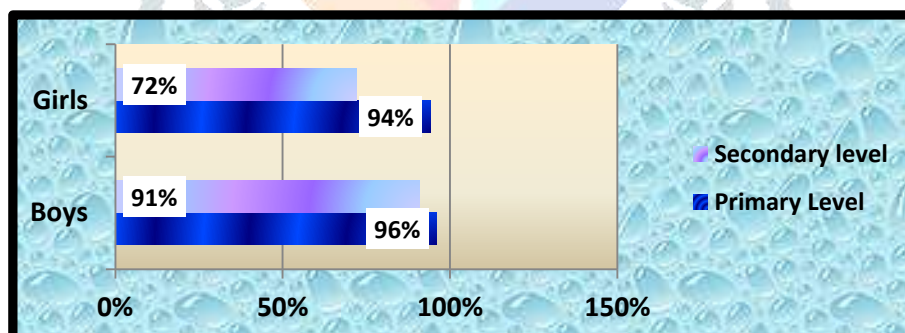


Fig: 3.8: Gross Enrolment Ratio

3.9: ENROLMENT RATIO IN BOTH PRIMARY AND SECONDARY LEVEL IN THE DIGAPAHANDI BLOCK

In Digapahandi block during the session 2016-17, the gross enrolment rate was 96% of boys and 94% of girls in the primary level. But it reduced seemingly to 91% of boys and 72% of girls in the secondary level.

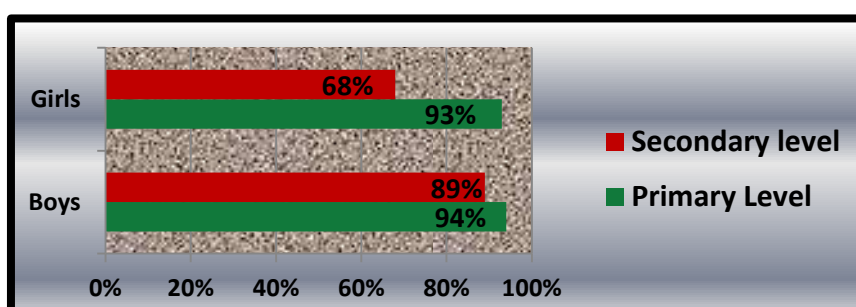


Fig: 3.9: Enrolment Ratio in Both Primary and Secondary level in the Sorada Block

Similarly in the Sorada block the gross enrolment rate for boys was 94% in the Primary level and 89% in the secondary level whereas for girls, it was about 93% in the primary level and 68% in the secondary level. Mainly the reason was found that, due to the prevalence of co-education system in the nearby village schools the parents of girl children do not wish to leave their girls for studying at secondary level. Another reason also found that, the aged persons of the family deny to send the girls to study at secondary level, as according to them it would be difficult to find proper match for marriage as per their traditional believe.

3.10: AGE AT MARRIAGE

Marriage before age 18 continues to be common among women in Odisha. Men, however, are less likely to be married at young ages.

In Digapahandi Block

- 41% said that their age at marriage was 18 years.
- 36% of the respondents said that they have married at the age of 17 years.
- 11% of women tell that they have married at the age of 19 years.
- 6% said that they married at 20 years of age.
- 6% of the women answered that they are married after 20 years of age.

In Sorada Block

- 41% said that their age at marriage was 18 years.
- 31% of the respondents said that they have married at the age of 17 years.
- 20% of women told that they have married at the age of 19 years.
- 5% said that they married at 20 years of age.
- 3% of the women answered that they are married after 20 years of age.

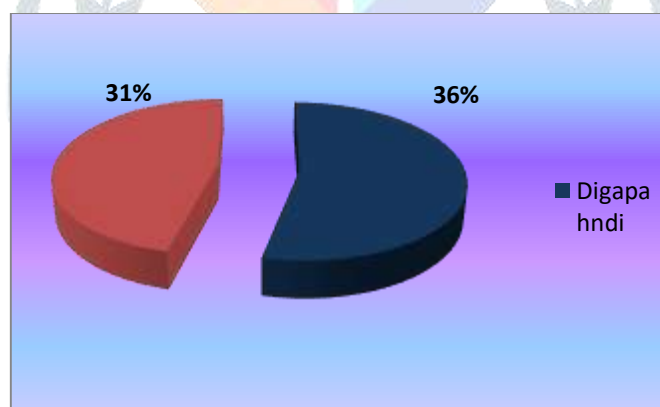


Fig: 3.10: Age at marriage of girls before 18 years

These marriages at the age below 18 years create many problems in the life of the women like:

▪ Early maternal deaths

Girls who marry earlier in life are less likely to be informed about reproductive issues, and because of this, pregnancy-related deaths are known to be the leading cause of mortality among married girls between 15 and 19 years of age. These girls are twice more likely to die in childbirth than girls between 20 and 24 years of age.

▪ Infant health

Infants born to mothers under the age of 18 are 60% more likely to die in their first year than to mothers over the age of 19. If the children survive, they are more likely to suffer from low birth weight, malnutrition, and late physical and cognitive development.

▪ Fertility outcomes

Fertility rates are higher in these marriages before the age of 18 years.

▪ Violence

Young girls in a child marriage are more likely to experience domestic violence in their marriages as opposed to older women. Young brides often show symptoms of sexual abuse and post-traumatic stress.

3.11: GENDER INEQUALITY IN ACCESS TO HEALTH CARE

Factors that limit women's access to health care at the household level can be gender-related, purely economic, or supply driven. Four critical areas of women's health and physical wellbeing deserve special attention: discrimination against girls resulting in higher female mortality; poor nutrition; poor reproductive health; and lower use of medical services when sick.

The data shows that in the Digapahandi block, 51% women said that there is a Baidya (village doctor) in the village. If fever remains more than 2 days then they go to him and gets cure.

- Only about 21% of women said that they get immediate action for medical treatment when they fall sick.
- 17% of the respondents said that the family members bring medicines for them from nearby shop.
- 11% answers that if they get ill for a longer period then goes to nearby hospital.

Whereas in the Sorada block

- 48% women said that they go to the village Baidya for treatment.
- 24% of the respondents said that the family members bring medicines for them from nearby shop.
- Only about 14% of women responded that they get immediate action for medical treatment when they fall sick.
- 14% of women said that if they get ill for a longer period then go to nearby hospital.

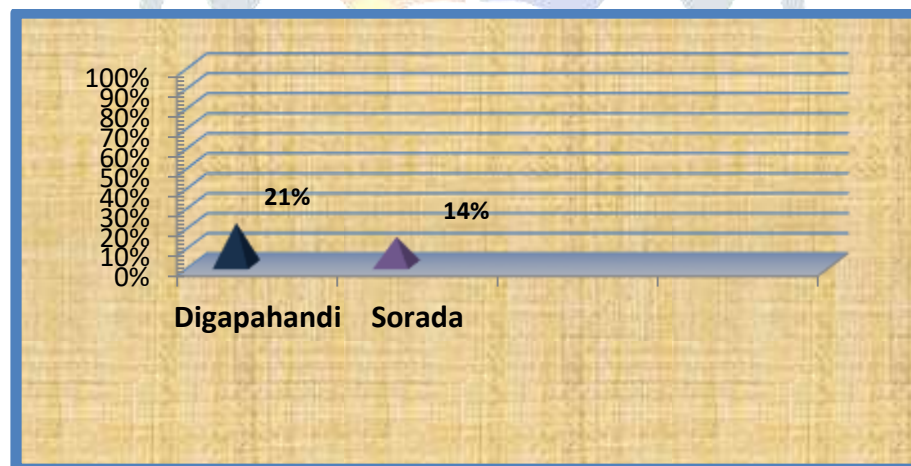


Fig: 3.11: Women's Immediate Access to Health Care

The causes of these inequalities in access to health care are mainly due to:

- Poverty
- Lack of awareness
- Negligence towards girls/ women
- Not wishing to spend money for the girls/ women

3.12: ACCESS TO EMPLOYMENT AND HOUSEHOLD WORKS

Women's employment is restricted in the vicinity of the village, since agricultural work, which accounts for most employment in rural areas, is typically more compatible with women's other responsibilities at home as well as with low levels of education and skill development. Women who have no education are much

more likely to be employed than women with education, irrespective of education level. This is because of the reason that agricultural and wage sector do not require any education.

In both the blocks although a large proportion of women participate in economically productive work, along with domestic work as male participation in such domestic tasks as cooking, cleaning house, fetching water, and cleaning and grinding grain is extremely limited. Additionally, relatively few men participate in child care. Most of the domestic works and works involved in caring for young children are undertaken by women. Men concentrate mainly on income-earning activities. Furthermore, in both the blocks women continue to be discriminated against in the formal labor markets, mainly through (1) labor market segmentation resulting in limited and low paying employment opportunities for women; and (2) lower wages compared to men in the same occupation despite the equal remuneration act.

3.13: ACCESS TO A BANK OR SAVINGS ACCOUNT WOMEN USE THEMSELVES

While having a bank or savings account can be thought of as the privilege of wealth, having and using a bank or savings account, irrespective of wealth, is an indicator of women's ability to manage money, as well as interact successfully with modern institutions. In the Digapahandi block only 25% of women aged in 18-49 years have a bank or savings account that they use. In the Sorada block, percentage of women who have a bank or savings account is only 17%.

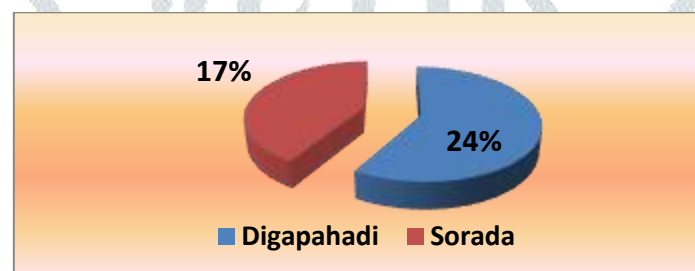
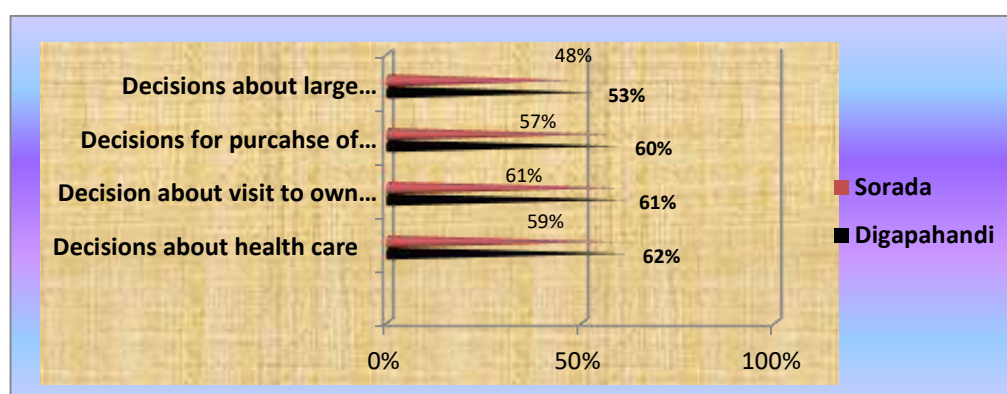


Fig: 3.12: Access to a Bank or Savings Account that Women Themselves Use

3.14: WOMEN'S PARTICIPATION IN SPECIFIC HOUSEHOLD DECISIONS

Questions were asked about the respondents' participation in decisions about health care of themselves and their children, large household purchases, purchases for daily needs, and visits to her family and relatives. The data shows that in the Digapahandi block, women are most likely to participate in decisions about their own health care (62%), followed closely by decisions about visits to own family or relatives (61%) and decisions about purchases for daily needs (60%). Women are least likely to participate in decisions about large household purchases (53%). Despite fairly similar levels were found in overall participation in these decisions, whether women make the decisions alone or jointly with their husbands.

In contrast, in the Sorada block 59% of women are most likely to participate in decisions about their own health care, 61% take decisions about visits to own family or relatives and about 57% of women take decisions about purchases for daily needs. Only about 48% of women are least likely to participate in decisions about large household purchases.



3.13: Women's Participation in Specific Household Decisions

3.15: WOMEN'S PARTICIPATION IN POLITICAL ASPECTS

In both the blocks women are aware that, they have the right to vote. But generally they vote for the person to whom their family members particularly spouse wants to rather than of their own wish. In Digapahandi block 47% of women said that participate in voting whereas in the Sorada Block 53% of women give vote in the elections.

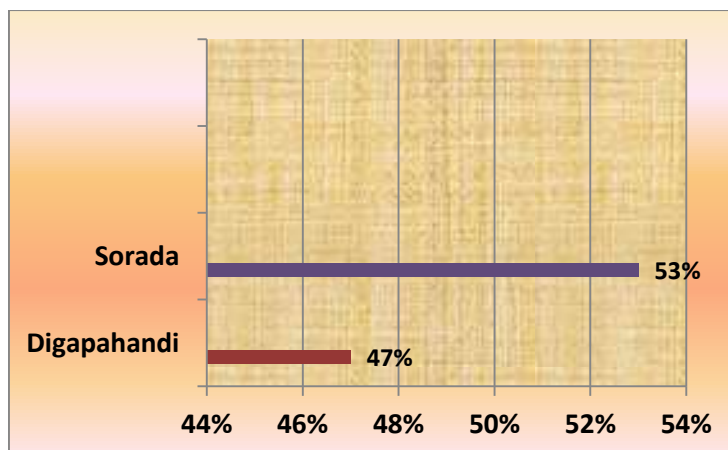
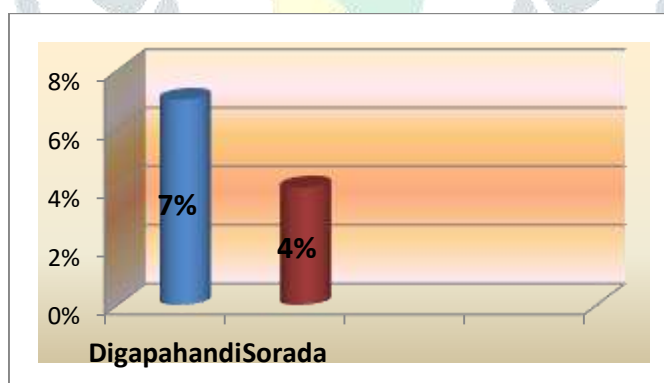


Fig: 3.14: Participation of women in giving votes

3.16: PARTICIPATION OF WOMEN AS REPRESENTATIVES IN PANCHAYAT ELECTIONS

In both the blocks very few no. of women i.e. about 7% of women in Digapahandi block and about 4% of women in the Sorada block represent in the Panchayat elections which were having the provision of women's quota. Mostly the respondents said that they have never been encouraged by the family members on this behalf.



3.15: Participation of Women as Representatives in Panchayat Elections

Thus, the above are all about the analysis of the collected data form Digapahandi Block and the Sorada Block.

IV. MAJOR FINDINGS

- As of 2011 India census, Digapahandi had a population of 10,888. Males constitute 51% of the population and females 49% and Sorada had a population of 14,647. Males constitute 51.2 % of the population and females 48.8%.

- In both the blocks most of the people wish to have a boy child as their new born baby even in the case of third number of delivery. It seems to be burden to bear a girl child. In Even though women have an internal urge for girl child but they wish boy child for the sake of their family and to reduce burden.
- There is the wide prevalence of female infant mortality rate. The main reason for this is the negligence for girl child and wish to have a boy child during delivery. Some other reasons are neglect in the health care of the new born girl and improper immunization.
- The study shows that the enrolment ratios of females in the two blocks in both primary and secondary schools are lower than that of males. However, the gender gap is much wider in secondary schools. Mainly the reason was found that, due to the prevalence of co-education system in the nearby village schools the parents of girl children do not wish to leave their girls for studying at secondary level.
- In both the blocks there is the evidence of more marriages of girls before 18 years of age.
- In both the blocks very limited women get immediate action for medical treatment when they fall sick. A large proportion of women go nearby village baidyas for relief. Generally they do not prefer to go to medical till affected seriously.
- Women's employment is likely to be affected by residence. Women in both the blocks are more engaged in agricultural work, since it is typically more compatible with women's other responsibilities as well as with low levels of education and skill development. Although a large proportion of women participate in economically productive work, male participation in the domestic tasks are extremely limited. Most of the domestic work and work involved in caring for young children is undertaken by women. Men concentrate mainly on income-earning activities.
- Furthermore, in both the blocks women continue to be discriminated against in the formal labor markets, mainly through (1) labor market segmentation resulting in limited and low paying employment opportunities for women; and (2) lower wages compared to men in the same occupation despite the equal remuneration act.
- In both the blocks, women are most likely to participate in decisions about their own health care, visits to own family or relatives and decisions about purchases for daily needs. Women are least likely to participate in decisions about large household purchases.
- In both the blocks women are aware that, they have the right to vote. But generally they vote for the person to whom their family members particularly spouse wants to rather than of their own wish.
- In both the blocks women are not encouraged to represent in election. Only a very few no. of women represent in the Panchayat elections.

V. CONCLUSION

The primary objective of this study was to know about the extent of Gender inequality in the Ganjam District of Odisha. The major areas investigated included son preference, education, age at marriage, employment, female infant mortality rate, women's access to health care facilities participation in decision making, and women's participation in the politics.

In general, the study finds that gender inequality is persistent in every domain and women are disempowered in comparison to men.

VI. RECOMMENDATIONS

The gender inequality can be eradicated by creating awareness among people. This awareness can be developed by discussion with people particularly in backward and rural areas through various training programmes and focused group discussions. Particularly women should be given training to know about their rights and to empower their girl children. The male population should encourage the women to lead in every sector. As Government of India has taken various initiatives towards women empowerment the advantages of theses should be accurately taken off.

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