WOMEN EMPOWERMENT IN INDIA: A CRTICAL STUDY WITH REFRENCES TO EMPLOYMENT, HEALTH AND EDUCATION

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ABSTRACT

This paper examines the relationship of empowerment to women's self-reported general health status and women's self-reported health during pregnancy in low-income communities in Mumbai. The data on which this paper is based were collected in three study communities located in a marginalized area of Mumbai. We draw on two data sources: in-depth qualitative interviews conducted with 66 married women and a survey sample of 260 married women. Our analysis shows that empowerment functions differently in relation to women's reproductive status. Non-pregnant women with higher levels of empowerment experience greater general health problems, while pregnant women with higher levels of empowerment are less likely to experience pregnancy related health problems. We explain this non-intuitive finding and suggest that a globally defined empowerment measure for women may be less useful that one that is contextually and situationally defined.[1]

Keywords: Empowerment, women, health, pregnancy, India

INTRODUCTION

The Women rights are the means by which a dignified living is ensured thereby safeguarding her privileges. Thus the basic fundamental rights of speech, freedom and decision-making are her basic rights as an individual and citizen. The right for education and employment are significant for women development and national development in the wider sense. As Jawaharlal Nehru well said, “You can tell the condition of the nation by looking at the status of women.” The power and freedom to exercise these rights is Women empowerment. The key underlying concepts that define women’s empowerment relate to choices, control, and power (1). The study of women’s empowerment has raised a lot of concerns and issues that are associated with other demographic and health outcomes. Women’s health is of crucial importance, which is greatly affected by the ways in which they are treated and the status they are given in the society as a whole. In present scenario, until the policy makers take a focused and long term interest in the advancement of women by ensuring reproductive rights and quality health care services, it will not achieve a breakthrough on the process of women empowerment. Women need to become empowered to ensure equal opportunities

[1] Alsop R, Heinsohn N. Measuring empowerment in practice: Structuring analysis and framing indicators. Washington, DC: World Bank; 2005

for training and promotion and equal wages for equal status. By providing better health services we can improve the quality of life of woman which in turn helps in empowering the woman. India‟s National Population Policy 2000 has been empowering women for health and nutrition as one of its crosscutting strategic themes.

WOMEN EMPOWERMENT

It is challenging, to measure women's empowerment because the term itself is often poorly defined [2]. In broader sense Women's empowerment means women's access to and control over resources, which extends to their decision-making capabilities regarding household decisions, employment, income, household assets and expenditure, fertility, sexuality, and freedom of movement (physical mobility) and their control over material and intangible resources such as property, information and time; their position within the household vis-a-vis other male and female household members; their experience of domestic violence; and their education [3]. In another view it is true that women already have power to change society, empowerment is only to aware them about its use. Empowerment is not giving people power; people already have plenty of power, in the wealth of their knowledge and motivation, to do their jobs magnificently. Here we can use this statement for women; we can define empowerment as letting this power out. Failure to provide information, services and conditions to help women protect their reproduction health may be due to gender-based discrimination.

It violates the women's rights to health and life. For women's empowerment and equality women should control their own fertility which is absolutely fundamental to women's right. If reproductive rights of women including the right to decide the number, timing and spacing of her children, and to make decisions regarding reproduction free of discrimination and violence are promoted and protected, she can participate more fully and equally in society significant co-relation between spread of female literacy and decline of fertility has been observed throughout the country although there are regions where fertility has declined despite prevalence of illiteracy. It is argued that until the policy makers take a focused and long term interest in the

advancement of women by ensuring reproductive rights backed by quality health care services, it will be rather difficult to achieve a breakthrough on the process of women empowerment[4].

[2] Mason, K.O. 1986. The status of women: Conceptual and methodological issues in demographic studies .J. Sociological Forum 1:284-300.

[3] Gurumurthy, a (1998). women's Rights and Status: Questions of Analysis and Measurement". Gender in Development Monograph 7.

[4] International Center for Research on Women (2007). New Insights on Preventing Child Marriage: A Global Analysis of Factors and Programs. ICRW: Washington D.C.

EMPOWERMENT AND HEALTH AMONG INDIAN WOMEN

Several factors contribute to Indian women's relative lack of empowerment including the patriarchal nature of Indian society, constrained mobility, limited work opportunities, and low levels of social, political and economic participation (Hashemi, Schuler, and Riley 1996; Kantor 2003). Lack of empowerment results in negative [5]consequences, such as poor health, disparities in allocation of household resources, medical care and education, and increased burden of strenuous physical tasks (Velkokk and Adlakha 1998). According to Patel et al. (2006), gender disadvantage is the main determinant of the poor health status of many Indian women.

A variety of symptoms and syndromes among Indian women in low-income rural and urban communities have been described in the literature as contributing to women's negative health status. *Tenshun* (derived from the English word "tension" for example, is a culturally defined health problem associated with high levels of poverty, low education, excessive household chores, husband's alcoholism, low empowerment, domestic violence and marital difficulties (Patel and Oomman 1999; Ramasubban and Rishyasringa 2001).

A similar syndrome is *kamjori*, which includes a wide range of general bodily complaints such as pain related to menses, pain in joints (hands and legs), dizziness, loss of appetite and chronic fatigue (Nichter 1989; Kostick et al. 2010). The most common physical symptom that women present to health care providers is *safed pani* ("white water") or vaginal discharge, which has been associated with psychosocial problems and negative life situations (Patel et al. 2002; Kostick et al. 2010). *Tenshun, kamjori* and *safed pani* are associated with gender-based inequalities, social burdens and pressures, and related low self-esteem and are associated with low levels of empowerment (Jejeebhoy and Koenig 2003; Patel and Oomman 1999).

PREGNANCY RELATED TO HEALTH

The survey asked women about which problems they experienced during their last pregnancy. The most commonly experienced problems were anemia, dizziness lack of sexual desire and backaches. Nausea and white discharge and pain during intercourse were less frequently experienced pregnancy-related problems. The least commonly reported pregnancy related health problem was excessive bleeding, with 30 women reporting experiencing this problem during their last pregnancy.[6]

[5] Beegle K, Frankenberg E, Thomas D. Bargaining power within couples and use of prenatal and delivery care in Indonesia. Studies in Family Planning. 1998;32(2):130. doi: 10.1111/j.1728-4465.2001.00130.x

[6] Somnath, Roy (2010). Primary Health care in India. Health and Population- Perspectives & Issues 8(3): 135-167.

PRIMARY HEALTH CARE AND WOMEN

Women empowerment and Women‟s health is of crucial importance, both complement each other as if women are empowered they can access health facilities and if health facilities are provided to them women can be empowered.

Primary health care is the first level of contact of the individuals, the family and the community with the national health system bringing health care as close as possible to where the people live and work: It should be based on practical, scientifically sound and socially acceptable methods and technology.

Apart from the regular medical treatments, PHCs in India have some special focuses.

Infant immunization programs: National immunization program is dispensed through the PHCs. It is fully subsidized and for newborns Immunization.

Anti-epidemic programs: The PHCs act as the primary epidemic diagnostic and control centers for the rural India. Whenever a local epidemic breaks out, the system's doctors are trained for diagnosis.

Birth control programs: National birth control programs are dispensed through the PHCs. Sterilization surgeries such as vasectomy and tubectomy are done and are fully subsidised.

Pregnancy and related care: A major focus of the PHC system is medical care for pregnancy and child birth in rural India. This is because people from rural India resist approaching doctors for pregnancy care which increases neonatal death.

Emergencies: All the PHCs store drugs for medical emergencies which could be expected in rural areas.

The Government of India's initiative to create and expand the presences of Primary Health Centers throughout the country is consistent with the eight elements of primary health care (19). These are listed below:

- Provision of medical care
- Maternal-child health including family planningϖ Safe water supply and basic sanitation
- Prevention and control of locally endemic diseasesϖ Collection and reporting of vital statistics
- Education about health
- National health programmes, as relevant Training of health guides, health workers, local dais and health assistants. Basic laboratory workers
- Referral services

PHC Primary Health Centre (PHC) is the first contact point between village community and the Medical Officer. One PHC is to cover a population of 20000 in Hilly/ Tribal / Difficult areas and 30000 in Plain areas. The activities of PHC involve curative, preventive, promotive and Family Welfare Services [7].

LEGISLATION AND ENFORCE POLICY REFORM

The implementation of policy reform in any sector is complicated, especially when policies run counter to conservative gender norms. This is especially true when the status quo is perceived to be challenged and the constituencies who benefit are poor and politically marginalised women. Understanding institutions and stakeholder positions helps to devise a tailored and successful implementation. The Pakistan Lady Health Workers programme (LHWP), successfully gave female health workers credibility and authority in their communities and helped to overcome conservative norms which restricted women's mobility (see case study). Mainstreaming gender in budgets is also crucial to ensure enabling the implementation the gender sensitive policies.

OPPORTUNITIES TO ENGAGE

The discussions on the post-2015 development framework provide a key opportunity to engage policymakers on the importance of women's empowerment for women's and children's health outcomes. Gender should be a central part of the Inequalities thematic group, but should also cross-cut discussions in all other groups, so that the overall approach to the new framework is equity-focused and gender-sensitive. The annual World Health Assembly provides an excellent global forum to discuss the importance of gender equality for the health outcomes of all. Gender-related conferences such as the Women's Health Annual Congress (next one in April 2014), the Commission on the Status of Women organized by UN Women provide an excellent opportunity for policymakers from any sector to understand the issues at the nexus of gender and health. The International Conference on Population and Development Beyond 2014 Review is also a key opportunity to influence the future of global population and development policy at national, regional and global levels.[8]

APPROACHES TO EMPOWERMENT

The position of women in society is still low compared to their counterparts. Particularly in developing countries women have to face "the glass ceiling". The major reason being the discrimination between man and woman on the basis of sex has created various types of gender biases. Hence, efforts were made to remove discrimination against females and to establish equality has become the part of the global movement emphasized in all the four World Conferences on Women including the Beijing Conference in 1995. The

[7] Park, K.(2009). Park's Textbook of Preventive & Social Medicine. Jabalpur: M/s Banarsidas Bhanot. p. 805.

[8] Green, D. (2013) Pakistan's Lady Health Workers – empowerment + healthcare. Blog. http://www.oxfamblogs.org/fp2p/?p=15388

World Bank has identified empowerment as one of the key constituent elements of poverty reduction and as a primary development assistance goal. The promotion of women's empowerment as a development goal is based on the dual argument that social justice is an important aspect of human welfare. The Policy Research Report of the World Bank has also identified gender equality both as a development objective and as a means to promote growth, reduce poverty and promote better governance. Beijing Declaration (1995) presented women's empowerment as a key strategy for development and stated that "women's full participation on the basis of equality in all spheres of society, including participation in the decision making process and access to power are fundamental for the achievement of equality, development and peace.

JUDICIAL APPROACH

Case Study: Economic And Social Empowerment Through Employment Opportunities For Women In Healthcare And Supporting Free Movement. The Pakistan Lady Health Workers programme (LHWP) is a major public sector initiative to provide reproductive healthcare to women. It employs almost 100,000 women as community health workers who address women's reproductive healthcare needs by providing information, basic services and access to further care. The programme has had substantial positive impacts on family planning, antenatal care, neo-natal check-ups and immunisation rates in the communities it serves. It has also had significant effects on the lives of the health workers. [9]

They receive training, are knowledgeable and gain respect, earn an income, and have become more visible and mobile within their communities. An evaluation has shown that the women are more empowered: they have greater say in intra-household decision-making, including family planning and health-seeking behaviour. One driver of success is that the initiative builds on existing processes of socio-economic, including rapid urbanization, and increasing acceptance of female education. Moreover, the government has clearly promoted it as a government job, and has given it considerable media coverage, giving the women needed credibility in their communities. The new status of these women and their authority in their communities has no doubt contributed to the programme's ability to improve women's and children's health outcomes.

[9] Pathways of Women's Empowerment (2011) Empowerment: A Journey not a Destination, Brighton: Pathways. http://www.pathwaysofempowerment.org/PathwaysSynthesisReport.pdf

CONCLUSION

Women's empowerment is vital to sustainable development and the realization of human rights for all. Empowering the women also leads to better health facilities as women's health is of crucial importance, which is greatly affected by the ways in which they are treated and the status they are given in the society as a whole. India is moving towards creating a public health system that is sensitive to the needs of women. Important role of PHCs is to provide health education emphasizing family planning, hygiene, sanitation, and prevention of communicable diseases. PHCs involve the local population in the operation and in the community outreach programs and encourages cultural activities, self-help programs, and health education through the PHCs. For many village women, PHC offers their first opportunity ever to be educated. It relies on home self-help, community participation, and technology that the people find acceptable, appropriate, and affordable. [10]

Primary health care /center is not only making a difference on the local level, it is having an impact on health planning at the national and international levels. Primary health care needs to be adapted to varying circumstances at local and national levels. Any country that establishes a solid basis for PHC both provides for the needs of its most vulnerable and needy populations and, at the same time, empowers its most neglected resource - women. There is a need for the people in the field of health and other related socio-economic development sectors to be motivated and to create awareness among people for the empowerment of women and raise health issues for the betterment of women and society as a whole. Swami Vivekananda had said "That country and that nation which doesn't respect women will never become great now and nor will ever in future" and in pursuit of making India a great nation, let us work towards giving women their much deserved status.

[10] Ariana, Proochista and Arif Naveed(2009). An Introduction to the Human Development Capability Approach: Freedom and Agency. London: Earthscan. 228-245

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