ORIGINAL ARTICLE

WOMEN EMPOWERMENT AND HEALTH; AN EXPERIENCE IN A RURAL COMMUNITY OF WEST BENGAL

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Abstract

Background: Women empowerment is important and necessary for its own sake; besides it is likely to impact overall development of the family and society. Still, there is little evidence of any standard criteria to measure empowerment, or any study to explore its effects on health and family welfare. **Objectives:** To assess the empowerment status of women in a rural community. To find out its associations with certain pertinent variables affecting health. **Materials and Methods:** Study Type: Cross-sectional, observational and community based study. All ever-married women in 50% of the households of a village (Deshapara, Hooghly) were interviewed by a predesigned and pretested schedule. Records like immunization cards were analyzed. A suitable operational scoring system was developed to measure empowerment, which was arbitrary with value judgement. **Statistical Analysis:** Statistical Software, Program for Epidemiologist (PEPI) Windows compatible Version 4.0 were used. Z and t tests of association were applied. **Results:** Contraceptive use was found to be significantly higher among the husbands of the more empowered women than the less empowered; while school dropout rate, marriage before the age of 18 years and dowry exchange during marriage were significantly lower among the children of more empowered women. Regarding all the other health related variables, there was no significant association with the empowerment level. **Conclusion:** Similar studies should be done in the field of women empowerment to look for its outcomes related to health and development with validation of measurement instrument.

Keywords: Women empowerment, health, rural community

Introduction

Women empowerment may be defined to be a state of women having capability and authority to take important decisions helping community or family development. According to the International Conference on Population and Development (ICPD) Information kit –Story 5, [1] "The empowerment and autonomy of women, and improvements in their political, social, economic and health status, are recognized as highly important ends in themselves. In addition, they are seen as essential for the achievement of sustainable development." It may also be defined as a process of awareness and conscientization, of capacity building leading to greater participation, effective decision-making power and control leading to transformative action. It is also thought as a process by which the one's without power gain greater control over their

lives or as means to gain control over material assets and intellectual resources and ideology e.g. power to, power with and power within.

The ICPD also emphasizes that *education* is one of the most important ways to empower women. This fact is supported by the experience from Kerala state of India, where the female literacy is nearly 88% according to 2001 Census as compared to the national figure of about 54%. Despite the per capita income of this state being lower than many other Indian states, the Infant Mortality Rate is 12 per 1000 live births; compared to the all India figure of 50 in 2009. [2] The role of education as a tool of empowerment is also highlighted by many others, not only in Kerala [3] but also in other communities in India [4, 5]

A responsive and gender-sensitive legal-judicial system is another facilitator of women empowerment. This commonly addresses areas like justice in cases of domestic violence and personal assault; elimination of discrimination against women by changes in personal laws related to work, marriage, divorce, maintenance and guardianship; and encourage changes in laws relating to ownership of property and inheritance by evolving consensus in order to make them gender just.[6] Economic empowerment of women by poverty eradication, micro credits, supportive work environments; thereby leading to their financial independence, is another aspect. The rationale for economically empowering women is compelling both for its own sake (intrinsic) and for other spill over benefits (instrumental). [7] In addition, there could various other unexplained factors. The Government, Judiciary, Mass Media and NGOs need to play a proactive role for realization of women empowerment.

Thus, women empowerment is likely to have positive outcomes like the overall development of family in children's education, health status of all the family members and environmental sanitation; even in the presence of financial constraints. Moreover, the Millennium Development Goal (MDG) 3 [8] aims to promote gender equity and empower women through elimination of gender disparity in primary and secondary education by 2005 and in all levels of education by 2015.

Many researchers in India tried to identify the status of women empowerment in many different communities esp. tribal ones [9, 10] but all these studies are based on some *aggregate* indicators of education, economics, health & family welfare, participation in politics etc. What is especially lacking is a suitable, accepted/standard indicator/index of women empowerment which can be used at *individual* level to demarcate a woman as empowered or not. It is indeed difficult to demarcate such a variable (say, decision-making of the woman in family matters) as a determinant or an outcome of women empowerment. There are other

difficulties as empowerment is context specific and it is considered as a "process" by many, rather than a condition or state. [11]

Having mentioned all the necessities of women empowerment, one should keep in mind the opposite perspective; that is the scope of misuse of the laws and policies empowering women. For example, the Protection of Women against Domestic Violence Act, 2005 is a powerful weapon to decrease injustice against women. However, there is the possibility of abuse of its provisions by levelling false charges against someone. On the other hand, in many lower socio-economic group families, women might be ignorant about such laws and hence unable to make good use when subject to violence.

Finally, in spite of all these discussions, it needs admission that studies directly related to women empowerment at individual and community level and its associations with health and development are not readily available.

With this background, this study was undertaken

1. To assess the empowerment status of women in a rural community
2. To find out its associations with certain pertinent variables affecting health

Material & Method:

This was a cross-sectional, observational and community based study conducted by the students of different public health disciplines of All India Institute of Hygiene and Public Health (AIIH&PH), Kolkata as part of their academic curriculum. Study area was Deshapara, a village located in Singur block of Hooghly District in West Bengal, which is the field practice area of AIIH&PH, Kolkata. The duration of the study was two weeks in the month of November 2009. The village had a population of 1788 in 356 households (2001 census). Without any available standard literature regarding women empowerment, 50% households were considered for sampling. So, every alternate household was selected totalling 178 households. All the ever married women (currently married and widow) in these households were included as study subjects. Verbal informed consent was taken from the respondents after explaining the purpose of the study including confidentiality of personal information. The study technique comprised of interviewing all these women with the help of a pre-designed and pre-tested schedule, observation and analysis of records (like immunization cards and birth certificates of the children) related to the variables included in the study.

These variables were of two categories- firstly, those indicating empowerment status such as education (upto class IV, class V-X, or more), occupation (housewife; part-time worker like service, self-help group or agricultural worker; or full time worker such as service or independent business), monthly income (based on NCD-IDSP,[12] –up to Rs 1000, Rs 1001-3000, or more) bank account (absent/joint and non- functional, joint and functional/single and non-functional, or single and functional) and decision-making of the women (by husband/others, jointly, or self) regarding the number of children in the family, contraceptive use, education of the children, care seeking for any sick family member, day to day family expenditure, any large investment or expenditure. A suitable operational scoring system was developed to measure empowerment, which was arbitrary with value judgement. The women who scored upto 17 were taken to be less empowered and those who scored 18 to 33 were considered as more empowered. (Table No.1)

Secondly, there were associated variables that were considered to be dependent on the empowerment status of the women. These associated variables were again of three categories:

1. Variables related to the women – use of contraceptives (by self as well as husband), family size (no. of children), spacing between children, major conflict with husband/ in-laws in the previous 3 months, any physical torture by husband/ in-laws, care seeking choice in illness (Government or private facility), participation in active politics (a party member/ contested in elections/ takes part in rallies).

2. Variables related to their children- place of delivery (institution/home), child education (school dropout/ left school prematurely), child labour, age of marriage, dowry exchange during marriage, immunization status of children (whether appropriate for age in case of infants giving an allowance of 2 months in excess of the expected time, or whether immunization is complete in case of 1-4 year olds), any acute illness in under fives by two week recall, death of any under-five child of the women.

3. Others like use of sanitary latrine in the family, use of safe water for all purpose, practice of personal hygiene.

The data collected were analysed using standard statistical techniques and tests like tabulation or diagrams, proportion (%), mean / standard deviation and tests of association. Help of Statistical Software Program for Epidemiologist (PEPI version 4.0) Windows XP compatible were taken.

Table 1: Variables and Scoring to determine Empowerment of Ever married women

Variables	Scoring[#]		
	1	2	3
1. Education	Up to class IV	Class V-X	More than class X
2. Occupation	Housewife	Part time worker (Service, Self help group member, Agricultural worker)	Full time worker (Service, Independent Business)
3. Income * (Rupees per month)	Up to 1000	1001-3000	>3000
4. Bank Account	No / Joint (Non functional)	Joint(Functional) /Single (Non-functional)	Single (Functional)
5. Decisions for the followings are made by:			
a. Family size	Husband/ others	Joint	Self
b. Contraceptive use	Husband/ others	Joint	Self
c. Child education	Husband/ others	Joint	Self
d. Care seeking for sick child/family members	Husband/ others	Joint	Self
e. Daily expenditure	Husband/ others	Joint	Self
f. Gift in social ceremonies	Husband/ others	Joint	Self
g. Large investment/ expenditure	Husband/ others	Joint	Self

 # Maximum Score = 33. Less Empowerment = Up to 17 More Empowerment = 18-33 ***** As per NCD-IDSP. [12]

Results:

Two hundred and sixteen (216) ever married women were studied in 178 households of which majority of women (206, 95.4%) had children. 146 women had at least two children. Sixty two (62) respondents were mother in laws. (Table 2)

Table 2: Background Characteristics of the Study Community

1. Family Type:	Nuclear (58.8%)	Joint -(41.2%)
2. a. Total number of ever married women - **216**		
b. Age distribution:	**Age group (years)**	**Number (%)**
	Up to 18	07 (3.24)
	19-30	69 (31.94)
	31-40	59 (27.32)
	41-50	49 (22.69)
	51-60	14 (6.48)
	≥ 61	18 (3.33)
c. Education Distribution:	**Educational status**	
	Illiterate	47 (21.76)
	Class I-IV	28 (12.96)
	Class V-VIII	74 (34.26)
	Class IX-XII	62 (28.71)
	Graduate and above	05 (2.31)
d. Occupation distribution	**Occupation**	
	Housewife	190(87.96)
	Non-housewife	26 (12.04)
	Service	23(10.66)
	Agricultural worker	2 (0.92)
	Business	1 (0.46)
3. a. Total number of mothers – **206** (95.4%)		
b. Age of marriage - Mean – 16.74 years Minimum – 9 years Maximum – 30 years Marriage before 18 years of age - **148** (68.52%)		
c. Mothers with	Infants	15 (7.28)
	At least 2 children	146(70.87)
	1-4 year old children	26 (12.62)
	5-14 year old children	72 (34.95)
	Married children	62 (30.1)
4. a. Total number of children		**469**
b. Infants		15
c. Under five children		45
d. 5 years and above		415
e. 6 years and above		400
f. Married children		161
5. Distribution of women according to empowerment level		
Empowerment level (score)		
Less empowered (up to 17)		111(51.38)
More empowered (18-33)		105(48.62)

Among the total 469 children, there were 45 under fives and 161 married. Two hundred and forty two (242, 51.6%) children were born to women who were less empowered and 227(48.4%) to more empowered women. The average number of children per woman was 2.17 (Table 2).

Maximum number (69, 32%) of women belonged to 19-30 years age group. Mean age of marriage was 16.74 years and a higher proportion (148, 68.52%) of women were married before the age of 18 years. (Table 2).

A higher proportion (58.2%) of these women lived in nuclear families. Nearly one fifth of women were illiterate. Majority (88%) of the women were homemakers. Overall, 111(51.38%) women were less empowered and 105(48.62%) were more empowered (Table 2)

Association of women empowerment and pertinent variables was depicted in Table 3a & 3b. Use of contraceptives by the women was similar in both groups but contraceptive use by their *husbands* was significantly higher (p=0.000) among the more empowered women (Table 3a). No significant difference was noted regarding the choice of private facility for care seeking in illness, family hygiene e.g. use of safe water for all purposes and sanitary latrine, family size (mean number of children) and spacing between children (Table 3a)

Table 3a :Association of Women Empowerment with pertinent variables related to Women and Mothers

Variables	Less empowered (n=111)	More empowered (n=105)	Total	Association (z/t value, p)
A. Women and her family (N=216)				
1. Marriage below 18 years	83(74.78%)	65 (61.9%)	148(68.5%)	z = 1.89 p = 0.058
2. a. Contraceptive use (self)	50 (45.0%)	56 (50.4%)	106(49.1%)	z = 0.66 p = 0.511
b. Contraceptive use (husband)	7(6.3%)	26 (24.8%)	33 (15.3%)	z = 3.56 p = 0.000 ($3.78*10^{-4}$)
3. Care seeking choice in illness (private facility)	57 (51.3%)	53 (50.5%)	110(51.0%)	z = 0.01 p = 1
4. Major conflict with husband/in laws (last 3 mths)	9 (8.1%)	12 (11.4%)	21 (9.7%)	z = 0.59 p = 0.556
5. Family Hygiene: a. Safe water use for all purposes	72 (64.8%)	62(59.05%)	134(62.0%)	z = 0.73 p = 0.465
b. Use sanitary latrine	86 (77.5%)	73 (69.5%)	159(73.6%)	z = 1.18 p = 0.238
B. Mothers (N=206)				
6. Family size (Mean number of children)	2.18	2.13		t = 0.36 (df 204) p = 0.717
C. Mothers with at least 2 children (N=146)				
7. Spacing between children (Mean years)	3.5	4.0		t = 1.43 (df 144) p = 0.156

Table 3b:Association of Women Empowerment with pertinent variables Related to Children

Variables	Less empowered	More empowered	Total	Association (z/t value, p)
A. All children	**(n=242)**	**(n=227)**	**(N=469)**	
1. Institutional delivery	189(78.0%)	163 (71.8%)	352 (75.1%)	z = 1.44 p = 0.149
2. Under five deaths	10 (4.1%)	8(3.5%)	18 (3.8%)	z = 0.1 p = 0.922
B. Present under five children *	**(n=31)**	**(n=23)**	**(N=54)**	
3. Acute Illness (2 weeks recall)	12 (38.7%)	6 (26.0%)	18 (33.3%)	z= 0.69 p= 0.492
C. Children ≥6 years	**(n=202)**	**(n=198)**	**(N=400)**	
4. School drop out	119 (59.0%)	72 (36.4%)	191 (48.0%)	z= 4.42, p=0.000 ($9.69*10^{-6}$)
5. Child Labour (past and present)	1 (0.49%)	7 (3.5%)	8 (2.0%)	z=1.00, p=0.072
D. Married Children	**(n=97)**	**(n=64)**	**(N=161)**	
6. Mean age of marriage (years)	21.0	19.9	20.5	t=1.45 (df 159), p=0.148
7. Marriage before 18 years of age	23(23.71%)	5 (7.8%)	28(17.4%)	z = 2.39, p = 0.017
8. Dowry Exchange during marriage	97 (100%)	50(78.1%)	147(91.3%)	z= 4.46 p=0.00 ($5.68*10^{6}$)

*****Regarding Complete Immunization of 1-4 Yr. Children (n=39) and Age appropriate Immunization of Infants (n=15), all were **100%** for both groups.

Regarding matters on child health, no significant difference was noted for institutional deliveries, under-five deaths and acute illness among present under-five children belonging to the women of less empowered and more empowered groups.(Table 3b) However, school drop out, early marriage(before 18 years) and dowry exchange during marriage were significantly higher among children belonging to the less empowered women.(Table 3b)

Discussion:

The present study reveals that the mean age of marriage (16.7 yrs) of the respondents was below the legal limit of 18 yrs for girls in India [13]. Only 12% of the women were working women. The average number of children per woman was greater than 2 (2.17). Only a single woman participated in active politics. Most of the women (nearly 60%) lived in nuclear families. More than one-fifth (22%) of the women were illiterate and about two thirds had studied up to primary school. With this level of education, it is very difficult to achieve women empowerment esp. in the context of MDG 3. Although the MDG report 2012 [14] gives an optimistic picture in developing countries regarding gender disparity in primary and secondary education but the figures primarily pertains to gross enrolment only with less thrust on continuing education by girls.

More than 30% of all the married children had been married before the age of 18 years. Dowry exchange was done during marriage among all the children of less empowered women and more than 75% of the children of more empowered women. The overall sanitary latrine use in the families of these 216 women was nearly 75%.

It must be pointed out that any direct study on women empowerment and its effect on health and family welfare was not available even after all possible literature review. A significant difference was found between the less and the more empowered women in the areas of contraceptive use by husband, school dropout rate of children, marriage of children before the age of 18 years and dowry exchange during children's' marriage. Contraceptive use was more among the husbands of more empowered women; while school dropout rate and dowry exchange rates were lower for the children of more empowered women. This can be attributed to their higher literacy status, awareness for contraceptive use and involvement in decision making regarding contraceptive use and sending children regularly to school as compared to the women of less empowered group.

For the variables where statistically significant association was not found, some important findings deserve to be mentioned. The choice of private facility in illness was relatively higher among less empowered women. It could be because of lack of awareness regarding government facilities and over reliance on quacks. Conflict with husbands or in-laws in the previous three months was more among the more empowered, which might be because more empowered women were likely to express their opinions instead of mere submission. One point that is difficult to explain is the lower proportion of institutional delivery among the more empowered, if all the answers provided by the respondents are believed to be true. Same can be stated about the findings of higher proportion of child labour and lower mean age of marriage of the children of the more empowered women.

Limitations:

1. The study being done in a small population, its results cannot not be generalized.
2. The criteria for women empowerment used were arbitrary with value judgement which might have included some more relevant variables. It would have definitely been better if any standard empowerment criteria could be followed, if any such criterion at all exists.

Conclusion: Having not found any other study directly related to women empowerment and its association with health related variables even after intensive literature review, the results could not be compared with any similar kind of study. This study showed statistically significant difference in contraceptive use by

husband, school dropout rate of children, proportion of children married before the age of 18 years and dowry exchange during children's' marriage between the less and more empowered women. Similar studies should be done in the field of women empowerment to look for its outcomes related to health and development with validation of measurement instruments if possible.

References

1. Women, empowerment and health: International Conference on Population Development (ICPD held in Cairo, Egypt from 5-13 September 1994) information kit, story 5, available at http://www.un.org/popin/icpd/infokit/infokit.eng/5women.html last visited on 02.04.2013

2. Sinha K: It is best to be born in Goa: The Times of India, Feb. 3, 2011 available at http://timesofindia.indiatimes.com/india/Its-best-to-be-born-in-Goa/articleshow/7420318.cms, last visited on 02-04-2013.
3. Dominie B & Jothi CA: Education-a tool of women empowerment; Historical study based on Kerala society: Int. J. Scientific & Research Publications; v-2, issue-4, April 2012: p 1-4
4. Rani GS: Women's education in India-An analysis: Asia-pacific j. of Social Sciences, v-II(1), Jan-June 2010: p 106-24
5. Suguna M: Education and women empowerment in India: Int. J. of Multi-disciplinary Research; v-1, issue-8, Dec 2011: p 198-204
6. National Policy for the Empowerment of Women 2001, available at http://wcd.nic.in/empwomen.htm last visited on 02-04-2013.

7. Report of Working Group on Empowerment of Women for the XIth Plan: Ministry of Women and Child Development, Govt. of India: available from http://wcd.nic.in/wgfinalreport.pdf last visited on 02-04-2013
8. United Nations: The Millennium Development Goals Report 2012: p 20
9. Mahanta B: Women empowerment in Assam, a human development approach: M. Phil. synopsis submitted to the dept. of Economics, North Eastern Hill University, Shillong: Dec. 2008
10. Das SK: An analysis of constraints in women empowerment in tribal area; Evidences from Assam: Asian J. of Research in Social Sciences and Humanities; v-2 issue-4 April 2012: p 61-74
11. Malhotra A, Schuler SR & Boender C: Measuring Women's Empowerment as a Variable in International Development- Background Paper Prepared for the World Bank Workshop on Poverty and Gender: New Perspectives: June 2002: p-8
12. Surveillance of Risk Factors of Non-communicable Diseases: Operational Manual for District Surveillance Unit, Integrated Disease Surveillance Project: Director General of Health Services, Ministry of Health & Family Welfare, Govt. of India; Nirman Bhavan, New Delhi: 2006, Section 8, p 118
13. Age at Marriage (2001 census): UNICEF India, available from http://www.unicef.org/india/Media_AGE_AT_MARRIAGE_in.pdf last visited on 02-04-13
14. United Nations: The Millennium Development Goals Report 2012:p 20-2