

**ORIGINAL ARTICLE****A STUDY ON STATUS OF EMPOWERMENT OF WOMEN  
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**ABSTRACT****Background:** Empowerment of women is important for decision making in relation to health seeking, family planning, nutrition and economic issues, for her as well as for the family.**Aim:** To assess the level of empowerment of women in Jamnagar district.**Settings and design:** A cross sectional study was designed in rural and urban areas of Jamnagar district.**Material and methods:** An open-ended questionnaire was used for data collection on parameters relating to women empowerment through house-to-house survey.**Statistical analysis:** Chi-square was used.**Results:** Mean age of participants was  $30.74 \pm 7.65$  years, 14.77% were illiterate, majority of women were housewives, 28.86% were not involved in decision regarding their marriage and 14.09% were not involved in household decisions. About quarter had no say in financial matters of family and 57% didn't hold any bank account. The condition was worse for rural and urban slum women. 21% of the women had experienced some kind of domestic violence, which was higher in case of urban women. About one fifth of the women had no role in decisions related to reproductive health viz; spacing and of number of children, methods of family planning.**Conclusion:** one fifth of the women had no say regarding the reproductive issues and similarly a quarter had no participation in financial decisions. One in every five (21.47%) had faced domestic violence in some form. Education, employment had a positive impact on status of women in relation to empowerment.**Keywords:** women empowerment, domestic violence, participation in financial decision**INTRODUCTION**

The empowerment of women occurs when women are involved in decision making, which leads to their better access to resources, and therefore improved socio-economic status. In recent years, gender equality and women's empowerment have been recognized as crucial to the health and socio-economic development of entire country, not just individual families. This is evident in the fact that promotion of gender equality and empowering women is one of the eight Millennium Development Goals<sup>1</sup>.

Gender based inequalities stem from greater value being placed on the health and survival of males than of females<sup>2</sup>. At the household level, disempowerment of women results in their lower access to education, employment and income and limits their participation in decision making<sup>2</sup>. Men's power over women's lives can be measured by the extent to which women suffer from spousal violence<sup>2</sup>. Disempowerment of women also affects their health as their health needs are often ignored even by themselves as well as by their families.

The UNDP has developed a gender empowerment measure (GEM) which focuses on three variables that reflect women's participation in society-political power or decision-making, education, and health<sup>3</sup>. The indicators of empowerment are designed to measure roles, attitudes, and rights of women in society<sup>2</sup>.

In this backdrop, the present study was endeavored to find out the quantum of participation of women in decisions affecting their own lives, as well as that of their families in Jamnagar district of Gujarat, India.

## OBJECTIVES

The study was undertaken to find out

- 1) Participation of women in household decisions about reproductive health affecting their lives including age at marriage and financial decisions.
- 2) Prevalence of domestic violence.
- 3) Association of socio demographic factors with participation in decision making and domestic violence.

## MATERIALS AND METHODS

A community based, cross sectional study was conducted during December 2009 in the selected villages, urban slums, and urban areas of Jamnagar district in Gujarat state.

The study population comprised of married women of reproductive age group (15-49 years) residing in the study area. Sample size for the study was estimated using proportion of women taking part in household decision making reported in (57%) in NFHS 3 for Gujarat state<sup>4</sup>. With relative precision of 15% and assuming 10% non-response rate, sample size was estimated. It was decided by multistage random sampling method to study 50 women each from rural, slum and non-slum area of urban population of Jamnagar district to make the sample. In each area, the survey was initiated from the household selected from the list by random method and continued in consecutive houses until the required numbers of women were surveyed.

A pre-tested, semi-structured questionnaire was used for data collection by interviewing the women from each household through house-to-house survey. Informed consent was taken from

the participants verbally before the interview. We could interview 149 women as one woman refuse to partake in the study.

The data was entered and analyzed in SPSS version 17. The chi-square applied where required.

## RESULTS

**Table 1:** Socio demographic characteristics of the study population

Characteristics	Frequency (%)
<b>Age in years</b>	
15-25	45 (30.2)
25-35	66 (44.2)
35-49	38 (25.5)
<b>Residence</b>	
Rural	52 (34.9)
Urban	50 (33.5)
Slum	47 (31.5)
<b>Type of family</b>	
Nuclear	86 (57.7)
Joint	63 (42.2)
<b>Religion</b>	
Hindu	127 (85.2)
Muslim	18 (12.0)
Others	4 (2.6)
<b>Socio-economic class</b>	
Upper	2 (1.3)
Middle	77 (51.6)
Lower	70 (46.9)
<b>Education</b>	
Illiterate	22 (14.7)
Primary	41 (27.5)
Secondary	51 (34.2)
Higher secondary	7 (4.6)
Graduate and above	28 (18.7)
<b>Occupation</b>	
Help her husband	8 (5.3)
Job	7 (4.7)
Self employed	12 (8)
Unemployed	122 (81.8)
<b>Age at marriage</b>	
Less than 18	20 (13.4)
18-24	122 (81.8)
25-35	7 (4.7)

Table 1 shows the socio-demographic characteristics of the study population. The mean age of the study participants was 30.74 ± 7.65 years. Majority of the women were educated up to secondary level, while 14.77 %

women were illiterate. Among the study group, only 40.94% women were satisfied with their educational status. Reasons for leaving studies were enquired into from those who left the studies (n=88). The most common reason for leaving school was denial by parents and housework (39.77%). The next important reason was poverty accounting for 27.27% of the study group. As many as 11.36 % women got married at an early age due to which they could not complete studies. The other reasons were weak in study (11.36%), school not approachable (7.95%) and others (2.27%).

The majority of the women were housewives (81.88%). On enquiring about their wish to engage in gainful employment 57.38% women were willing to work but could not due to family responsibility of small children and elderly relatives (35.71%), while 32.85% women could not spare time from house hold work. The other reasons were family denial (11.43%), low education status (8.57%), and others (11.43%).

The mean age at marriage was  $20.36 \pm 3.15$  years. As many as 28.86% women were not involved in the decision regarding their marriage. Rest 71.14% were involved in some way but not fully in the decision related their marriage.

**Table 2:** Women's participation in decision making

Decisions	Frequency (%)
<b>Decision of marriage</b>	
Yes	106 (71.1)
No	43 (28.8)
<b>In household decisions</b>	
Yes	128 (85.9)
No	21 (14.0)
<b>Major financial decisions of family</b>	
Yes	116 (77.8)
No	33 (22.1)
<b>Rights over reproductive health</b>	
<b>Say no for sex</b>	
Yes	124 (83.2)
No	21 (14.0)
Can't say	4 (2.6)
<b>Decision on family planning</b>	
Yes	116 (77.8)
No	30 (20.1)
Can't say	3 (2.0)

Table 2 shows the participation of women in decision making regarding different aspects of their life. Majority of the women (85.91%) participated in making household decisions. Woman's age affects their participation in household decision making (Table 3). Older women (mean age  $31.61 \pm 7.66$  years) have more say in these matters compared to younger women (mean age  $25.42 \pm 5.06$  years). The difference observed was statistically significant ( $p < 0.0001$ ).

**Table 3:** Women's participation in household matters

Variables	House hold decision		p value
	Yes (%)	No (%)	
<b>Area of study</b>			
Rural	42(80.8)	10(19.2)	0.248
Slums	41(87.2)	6(12.8)	
Urban	46(92.0)	4(8.0)	
<b>Education</b>			
Above secondary	33(94.28)	2(5.7)	0.032
Secondary	46(90.2)	5(9.8)	
primary	35(85.4)	6(14.6)	
illiterate	15(68.2)	7(31.8)	
<b>Employment</b>			
Yes	25(92.6)	2(7.4)	0.311
No	104(85.2)	18(14.8)	

When the participation of the women in house hold decision making compared to their place of residence, an interesting trend emerged. More women living in urban areas (92%) participate in these decisions compared to those living in urban slums (87.2%) and in rural areas (80.8%), however the difference was not statistically significant ( $p = 0.24$ ).

With education, there is marked improvement in their participation in household decision making, with almost 100% women educated up to higher secondary or more participating in household decision making. The participation of women decreases with decrease in the number of years of schooling they have received, 90.2% secondary educated women, 85.4% primary educated women, 68.2% illiterate women had some say in household decision ( $p < 0.059$ ).

Employment increases the participation of women in household decision making. 92.6% employed women participated in household decisions, while 85.2% housewives were participating in these decisions. The difference was not statistically significant ( $p = 0.31$ ).

More than three fourth (77.85%) women had some say in decisions related to financial matters. Most women (89.93%) could make purchases for daily needs by themselves. On enquiring about having a bank account in their name or a joint account with their husband, it was found that only 42.95% women had such an account. Rest of the women (57.05%) did not have any bank account. On enquiring about having some money to spend by them, it was found that 26.17% women had no money which they could spend according to their wish. Rest (73.83%) had some money which they could use according to their wish. Only 51.68% women had say in the decision on how the household earnings should be spent (Table 4).

**Table 4:** Women's participation in decision on earning spent

Variables	Decision on earning spent		P value
	Yes (%)	No (%)	
<b>Area of study</b>			
Rural	24(46.2)	28(53.8)	0.005
Slums	18(38.3)	29(61.7)	
Urban	35(70.0)	15(30.0)	
<b>Education</b>			
Above secondary	25(71.42)	10(28.58)	0.016
Secondary	28(54.9)	23(45.1)	
primary	16(39.0)	25(61.0)	
illiterate	8(36.4)	14(63.6)	
<b>Employment</b>			
Yes	22(81.5)	5(18.5)	0.001
No	55(45.1)	67(54.9)	

On looking at the distribution of women according to place of residence and their participation in how household earnings are spent, it was found that majority of the urban (70%) women had some say in it, while only 38.3% women residing in slums and 46.2% in villages participated in this decision. This difference is statistically significant ( $p < 0.005$ ).

When the same decision was seen against the educational status of the women it was found that, the participation increases with the increase in level of education, 71.42% women with education of Higher secondary and above participated in the decision, compared to women having secondary (54.9%) or primary level of education (39%), and those who are illiterate (36.4%). This difference was found to be statistically significant ( $p < 0.002$ ).

Employment status of women has significant impact on decision regarding spending on the household activities. Majority of the employed women (81.5%) participated in this decision, while less than half of the un-employed women (45.1%) had any say in this decision ( $p < 0.001$ ).

The women in our study were asked about their experience of domestic violence. One in every five (21.47%) women admitted having suffered from some kind of domestic violence. One in four women suffered physical violence ( $n = 32$ ) and the rest (75%) non physical i.e. mental and/or emotional violence.

On looking at the distribution of women according to place of residence and their experiencing domestic violence (table-5), we found that more urban women (36%) have suffered from domestic violence than women living in urban slums (12.8%) and villages (15.4%) and the difference is statistically significant ( $p < 0.001$ ).

**Table 5:** Prevalence of domestic violence

Variables	Domestic violence		p value
	Yes (%)	No (%)	
<b>Area of study</b>			
Rural	8(15.4)	44(84.6)	0.009
slums	6(12.8)	41(87.2)	
urban	18(36.0)	32(64)	
<b>Education</b>			
Above secondary	11(31.42)	24(68.57)	0.364
Secondary	8(15.7)	43(84.3)	
Primary	8(19.5)	33(80.5)	
Illiterate	5(22.7)	17(77.3)	
<b>Employment</b>			
Yes	1(3.7)	26(96.3)	0.013
No	31(25.4)	91(74.6)	

When we distribute the study subjects according to their education and domestic violence, we found that domestic violence is most prevalent among women having education of higher secondary and above and in illiterate women. It decreases with rise in education level except in women having education level of Higher secondary and above in whom the prevalence is 31.42%, which is higher than in any of the other classes, however the difference is not significant ( $p < 0.36$ ).

Experience of domestic violence is related with employment status of women. We found that being employed accords some protection to women against domestic violence, as only 3.7%

employed women suffered from some kind of domestic violence, whereas almost a quarter (25.4%) of the housewives reported suffering from some kind of violence. This difference was found to be statistically significant ( $p < 0.013$ ).

Women's participation in decision making in matters related to their reproductive health was explored. It was found that about 1 in every 5 women (18.79%) had no participation in decision regarding spacing of children, number of children (19.46%) and use of contraceptive methods (20.13%). On asking the women about whose responsibility family planning is, 73.82% women said it was the woman's responsibility. This is further reflected in the finding that only 10.06% women felt that their husbands could also go for the family planning operation instead.

Lastly, the women were asked about their wish to be reborn as a female child. Only 21.48% women did not wish to reborn as a girl child. Although 6.04% did not comment on this while 72.48% women expressed a desire to be reborn as a female child.

## DISCUSSION

Society in India has traditionally been patriarchal, except a few communities in south India where it is matriarchal. Traditionally women are considered subordinate to men and incapable of taking any major decisions. Their role in family is that of a home maker and it is expected of them to leave the decision making regarding finances, major purchases and other household issues as well as health to men. The study of Kishor and Gupta (2004) revealed that average women in India were disempowered relative to men, and there had been little change in her empowerment over time.<sup>5</sup>

In this study, majority of women were found to be having limited access to education. They were pushed into assuming responsibilities of the family from a very young age due to family circumstances. Less education means less opportunity for employment and early marriage. Though the mean age at marriage in India has increased from 16.1 yrs (NFHS 1) to 16.8 years (NFHS 3), still there is scope for much improvement<sup>2</sup>. The situation among the study group was slightly better with the mean age being 20.36 years, still as many as 13.42% women got married before legal age of marriage 18 years. Past studies have shown that the mean

age at marriage in various parts in India is still less than 18 years<sup>6</sup>. As many as 29% women had no say in the decision of their marriage. Their decision is still the prerogative of elders in the family. The observation of 71% women having at least some say in the decision is encouraging which should be promoted.

Less education is both the cause and effect of early marriage. Other reasons include negative attitude of family members towards women's education, economic pressures, non-availability of schools and academic failure etc. these findings corroborate the youth study undertaken by IIPS<sup>7</sup>.

Past studies have confirmed that women have limited access to knowledge, restricted control over resources and constrained authority to make independent decisions. They lack physical mobility and are unable to forge equitable power relationship within families<sup>8</sup>.

Similarly, in this study it was found that though majority of women were participating in various decisions, they were not taking these independently. In addition, it is well recognized that employment leads to empowerment. In general, employed women have a greater say in family matter and in financial decision also. Employed women are as better educated so aware of health issues. In this study, majority of the women were housewives who wished to work but were unable to do so due to various familial and household pressures.

We have seen education and employment together lead to increased participation of women in various household, financial decisions with decreased occurrences of domestic violence. Our study also suggests that older women have greater say in household decisions than younger women. This is keeping line of the nature of joint family system in India wherein the wife of the head of the family has more decision making power. And also more urban, educated, and working women participate in these decisions. This may be due to greater awareness of their rights and duties.

While still men make most of the financial decisions in our society, our study found that most women had some say in these matters. Still majority of women did not have any bank accounts, which reveal their financial dependency on other family members. It was observed that education, employment as well as

urban residence have better association with financial decision making.

Domestic violence is a violation of a woman's basic human rights. According to NFHS 3, the prevalence of domestic violence in Gujarat is 27.6%<sup>2</sup>. However, in the present study, the level is little less than NFHS 3, still 21% is an unacceptable number. Only being gainfully employed, living in rural areas accorded some protection against acts of violence by husband. Contributing to the family's income; increases the respects for women in family. Perhaps stress and strain of urban living, with breaking up joint families, migration from villages and race for materialistic things have led to lesser tolerance for erring spouse<sup>9</sup>.

Family planning is not discussed openly among couples. It is seen as a woman's prerogative. Even women seem to believe so, which reflects their acceptance of subordinate role of wife. Various studies have also shown that age group of women, education, occupation, place of residence, standard of living were major factors affecting awareness on reproductive health issues including Family planning<sup>10</sup>.

## CONCLUSION

The study concluded that though the situation of women employment in Jamnagar District is better than rest of Gujarat, there is scope for improvement. Better education, opportunities for employment and a shift in the attitude of society in general towards women will lead to their empowerment. Education of girls should be made national priority. Men often ignore women's issues. Empowerment of women will go a long way in improving the health and quality of life of women and families and will lead to accelerated development of our society.

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