

Gender Equality and Women Empowerment

Dr. Rashmi gupta

Deptt. Of G.P.E.M.

Govt. G.D. College , Alwar , Rajasthan , 301001

ABSTRACT

Gender equality is a human right which entitles all persons irrespective of their gender to live with dignity and with freedom. Gender equality is also a precondition for all round development and reducing poverty. Empowered women make invaluable contribution to the improvement of health conditions and educational status and productivity of whole families and communities, which in turn improve prospects for the next generation. The Millennium Development Goal also puts emphasis on gender equality and empowerment of women. It is now widely accepted that gender equality and women's empowerment are fundamental cornerstones for achieving development results.

KEYWORDS: *gender equality, empowerment, women participation*

I. INTRODUCTION

Gender equality will be achieved only when women and men enjoy the same opportunities, rights and obligations in all spheres of life. This means sharing equally, power and influence, and having equal opportunities in economic and social spheres. Equal claim on education and career prospects will enable women to realize their personal ambitions. Gender equality demands the empowerment of women, with a focus on identifying and redressing power imbalances and giving women more autonomy to manage their own lives. When women are empowered, the whole family benefit, thus benefiting the society as a whole and these benefits often have a ripple effect on future generations.

Over the past decade, gender equality and women's empowerment have been explicitly recognized as key not only to the health of nations, but also to social and economic development. India's National Population Policy 2000 has empowering women for health and nutrition' as one of its crosscutting strategic themes. Additionally, the promotion of gender equality and empowering of women is one of its crosscutting strategic themes. Additionally, the promotion of gender equality and empowering of women is one of the eight Millennium Development Goals (MDG) to which India is a signatory. The pairing of the two concepts of women's empowerment and gender equality into one MDG implicitly recognizes that gender equality and women's empowerment are two sides of the same coin: progress toward gender equality requires women's empowerment and women's empowerment requires increases in gender equality as shown. Since gender inequality and women's disempowerment occur in all the different domains in which women and men interact and function, both concepts are multi-dimensional; consequently, they give rise to a large number of potential indicators. Indicators of gender equality/inequality are typically designed to compare the status of women and men on particular characteristics of interest; whereas, by definition, indicators of empowerment/ disempowerment tend not to be relative. Instead, indicators of empowerment are designed to measure roles, attitudes, and rights of women and sometimes men.

Gender-based inequalities translate into greater value being placed on the health and survival of males than of females. In India, examples of health and population indicators that are driven by gender differences in the perceived worth of males and females include sex ratios at birth, infant and child mortality by sex, and low ages at marriage for women. Further, at the household level, disempowerment of women results in their lowered access to resources such as education, employment, and income, and limits their power over decisionmaking and freedom of movement. Men's power over women can be measured, on the one hand, by assessing the level of women's and men's agreement with norms that give men the right to exercise control over women and, on the other hand, by measuring the extent to which women are subject to spousal violence.

EDUCATION

The achievement of universal primary education has been a key goal of Indian planning since Independence. However, increasing access to primary schooling still leaves the twin questions of educational quality and school retention unanswered. Continued economic development cannot be sustained with a population that has merely completed primary school; it needs a dependable supply of highly educated and skilled human capital for which a high level of educational attainment of both women and men is necessary. However, ensuring a continued supply of skilled human capital to sustain economic growth is only one objective

of reducing gender inequalities in educational attainment: the other is that education, particularly higher education of women, is a key enabler of demographic change, family welfare, and better health and nutrition of women and their families. Higher education has the potential to empower women with knowledge and ways of understanding and manipulating the world around them. Education of women has been shown to be associated with lower fertility, infant mortality, and better child health and nutrition.

MARRIAGE

An early age at marriage of women is an indicator of the low status of women in society; at the individual level too, an early age at marriage for a woman is related to lower empowerment and increased risk of adverse reproductive and other health consequences (Mason, 1986; International Center for Research on Women, 2007). An early age at marriage typically curtails women's access to education and cuts short the time needed to develop and mature unhampered by responsibilities of marriage and children. Young brides also tend to be among the youngest members of their husbands' families and, by virtue of their young age and relationship, are unlikely to be accorded much power or independence. An early age at marriage also has many negative health consequences for women. For one, early ages at marriage typically lead to early childbearing. Having a child when the body is still maturing increases the risk of maternal and child mortality. Further, women married very early are typically sexually immature and inexperienced, but are often married to much older sexually experienced men. This combination of early ages at marriage and large spousal age differences can put women at a higher risk of sexually transmitted infections including HIV (Bruce and Clark, 2004). Specifically, young women married early may be subject to a higher risk of infection because of prior sexual experiences of their older partners combined with their inability to negotiate safe sex due to their own young age and immaturity and, often, the large spousal age difference. This chapter presents the levels of and trends in the age at marriage for women and men and in spousal age difference

EMPLOYMENT STATUS

Employment according to marital status Since women are much more likely to be constrained by marriage and child bearing and rearing than men, Table 5.1 provides information on women's and men's employment within each marital category. Among women, employment varies greatly by marital status. Women who are divorced, separated, deserted, or widowed are much more likely to be employed than currently married women; never married women are least likely to be employed. For men, employment varies little between those who are currently married and those who were formerly married; however, never married men are, as expected, less likely than ever-married men to be employed. Nonetheless, the proportion of never married men who are employed is almost twice as high, at 66%, as the proportion of never married women who are employed, at 37%. Employment by residence Women's employment is likely to be affected by residence, since agricultural work, which accounts for most employment in rural areas, is typically more compatible with women's other responsibilities as well as with low levels of education and skill development. In fact, NFHS-3 finds that women are about two-thirds more likely to be employed in rural than in urban areas. Table 5.1 shows that employment is higher in rural than in urban areas in every marital category, although the differential by residence is greatest, at 23 percentage points, among currently married and never married women. Among men, the differential by residence in employment is negligible across marital categories, with the highest variation, at only 4 percentage points, being among the never married.

FEMALE HOUSEHOLD HEADSHIP: LEVELS AND TRENDS

In the 13 years between NFHS-1 and NFHS-3, the proportion of households with a woman designated as the household head has risen by more than half, from 9% to 14%. Female household heads are, on average, older than male household heads. Female household heads not only have less education than male household heads, but also have less education than the average woman in the population. Female-headed households are over-represented in the lower wealth quintiles and under-represented in the highest wealth quintiles. Together these findings suggest that female-headed households are more likely to be economically vulnerable than male-headed households.

ACCESS TO RESOURCES

Women have, on average, lower per capita resource access than men, since they are over-represented in the lower wealth quintiles and under-represented in the higher wealth quintiles. Among children too, an examination of sex ratios shows that boys are more likely than girls to be growing up in wealthier households. Women have lower access to media than men in every age group. Women's freedom of movement is severely curtailed: only one in three are allowed to go alone to the market, the health centre, and outside the community. Women face a large number of hurdles in accessing health care: of the eight specified hurdles, one in four among all women and 47% of women in the lowest wealth quintile face three or more hurdles. A majority of

women do not have any money of their own that they can use as they wish; this proportion is lowest at about one in four for women in the highest wealth quintile who are working for cash. Less than one in six women have a bank or savings account that they use. Kerala, Delhi, and Goa are the only states where more than one in four women have a bank or savings account that they use

SPOUSAL VIOLENCE

About two in five currently married women age 15-49 have experienced spousal violence in their current marriage, and among women who have ever experienced such violence, more than two in three have experienced violence in the past year. Slapping is the most common form of spousal physical violence. Recent experience of spousal violence varies little by marital duration, but, as expected, ever experience of spousal violence increases with marital duration. Women who report both physical and sexual violence are more likely to have injuries and are subject to more severe forms of physical violence than women who have experienced physical but no sexual violence. Women who make household decisions jointly with their husbands, including decisions about the use of their own earnings, are less likely to experience spousal violence than women who do not have a major say in these decisions or who make the decisions mainly alone. Although women who agree that wife beating is justified have a higher prevalence of violence, one out of three women who do not agree that wife beating is justified have also experienced violence. Higher education and wealth consistently lower women's risk of spousal violence; and husbands' consumption of alcohol and having a mother who was beaten by her spouse significantly increase the risk. The prevalence of violence is higher for women whose mothers' experienced spousal violence than for women who have husbands whose mothers experienced spousal violence. Prevalence of spousal violence is higher for women who are employed than women who are not; however, controlling for wealth and education, employment for cash is related positively only to emotional violence; it is unrelated to physical violence

REFERENCES

- [1]. Bruce, J. and S. Clark. 2004. *The Implications of Early Marriage for HIV/AIDS Policy*. Population Council Inc: New York.
- [2]. Basu, A.M. and G. Brij Koolwal. 2005. Two concepts of female empowerment: Some leads from DHS data on women's status and reproductive health. In S. Kishor (ed.) *A Focus on Gender: Collected Papers on Gender Using DHS Data*. Calverton, Maryland, USA: ORC Macro Das Gupta, M. 1987.
- [3]. Selective discrimination against female children in rural Punjab, India. *Population and Development Review* 13(1): 77-100. Dixon-Mueller, R. B. 1993. *Population Policy and Women's Rights: Transforming Reproductive Choice*. Connecticut