Empowerment of Rural Women through Participation in Village Health Programme in District Barabanki

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Abstract

Empowerment can take place at a hierarchy of different levels –individual, household, community and societal and is facilitated by providing encouraging factors e.g., exposure to new activities, which can build capacities and removing inhibiting factors.The study shows that female empowerment is successfully emerging as very important link between community & health service delivery system. Husband & family support are crucial for women to successfully deliver the tasks. Women of weaker section have strong motivation & economic reasons to learn their tasks. Formal education level has no impact in learning ability for special technical skills. This study also shows that by participation in this programme these VHWs were able to bring changes in social domain and to generate limited income; but these changes have not ensured economic empowerment and still have not gained a position to influence critical decision making related to household decisions.

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Introduction

Women's empowerment is critical to the process of the development of the community. Bringing women into the mainstream of development has been a major concern of the government since independence. Yet, despite significant steps taken by the government, the participation of women in all spheres of life varies in the context of differences in the social, economic, cultural and regional factors. It is being increasingly realised that the goal of poverty alleviation cannot be achieved without the full and active participation of women who constitute a large section of the work force in the country. In order to empower women and bring them into the mainstream, an enabling environment with requisite policies and programmes, institutional mechanisms at various levels and adequate financial resources has been created.

In Asia and the Pacific Conference on Women in Development, Jakarta14 June 1994, New York,identified that "Women represent fifty percent of the population, make up thirty percent of the official labour force, perform sixty percent of all working hours, receive ten percent of the world income, and own less than one percent of the world property."

In BeijingConference 1995 it was realized that, "Women form the backbone of any economy. They are the effectivechannels to build a sustainable, just, and developed society. Theadvancement of women and the achievement of equality betweenwomen and men are a matter of human rights and a preconditionfor social justice. It should not, therefore, be seen in isolation as awomen's issue. It is a developmental issue and bypassing womenin development programmes means leaving almost half of thehuman resources outside development intervention."

With the shift from economic aspects of development along with gender mainstreaming, empowerment of women emerged as the main issue. As a process, it demands a life-cycle approach. It aims at a redistribution of social power and control of resources in favour of women based on development strategy (Christa Wichterich1995). In this approach, empowerment cannot be given; it must be self-generated NailaKabeer has defined empowerment as the processes by which women take control and ownership of their lives through expansion of their choices. It is the process of acquiring the ability to make strategic life choices in a context where this ability has previously been denied. The core elements of empowerment have been defined as agency (the ability to define one s goals and act upon them), awareness of gendered power structures, self-esteem and self-confidence. (Kabeer N 1998).

Human development is the process of enlarging the choices of all people. It is inclusive in nature. It becomes unjust and inequitable if women are excluded from

the benefit participation (HumanDevelopment Report 1995). There are four main elements in the concept of human development: productivity, equity, empowerment, and sustainability. By enhancing capabilities, productivity is increased; people become effective agents of economic growth. This growth has to be inclusive; here should be equitable distribution of its benefits. This should lead to empowerment. This progress has to be sustained. Empowerment is the expansion of freedom of choice and action (AmartyaSen 1985). It means increasing one's authority and control over the resources and decisions that affect one's life. It is also the capacity to mobilize resources to produce beneficial social change (Sen1987). The local terms associated with empowerment include self-strength, control, self-power, self-reliance, own choice, life of dignity in accordance with one's values, capacity to fight for one's rights, independence, own decision-making, being free, awakening, and capability. Empowerment is relevant at the individual and collective levels, and can be economic, social, or political (UNDP, 1995; Rowlands 1997; UNICEF 2001).

In a developing country like India, where the soul of the nation lies in the villages, empowering rural women carries utmost weight and significance. Development experience shows that gender inequalities are a major factor impeding progress. This is particularly true in rural areas, where women are generally involved in productive work but lack access to assets they need to play their roles effectively. As a result of this imbalance, rural women are often more vulnerable to poverty than men, and their limited ability to independently secure assets makes them more likely to be negatively affected by ongoing changes in rural markets and institutions. In order to improve the status and position of women at home and in the society at large, it is necessary to achieve economic independence for women. For women, opportunity for productive work is not merely a means for higher income, but a source of self-respect leading to the development of their personality, and gives a sense of participation in the common purpose of the society. The low status of women in large segments of our society cannot be raised without further opening up of opportunities for independent employment and income. The concept of economic empowerment is, thus, a *sine qua non* for elevating the status of rural women in our society. Ifrural women are economically empowered, it becomes much easier for them to become socially empowered. This realization has been the impetus for the various ruralprogrammes.

In most part of rural India, women commonly have less power and autonomy than men in making decisions about their own health care and have unequal access to food, education, and health care, limited opportunities to earn incomes, restricted

access to, and control over, productive resources, and very few effective legal rights (Wichterich, Christa, 1995). Women's autonomy in decision making is associated with her ethnicity, deprivation level, urban/rural classification, education, and number of living children (Kabeer, Naila, 1998).Autonomy is the ability to obtain information and make decisions about one's own concerns (Dyson T, 1983). It facilitates access to material resources such as food, land, income and other forms of wealth, and social resources such as knowledge, power, prestige within the family and community (Dixon RB 1978). Women's autonomy in health-care decision-making is extremely important for better maternal and child health outcomes and as an indicator of women's empowerment discussed in International Conference on Population and Development,1994, Gender-based power inequalities can restrict open communication between partners about reproductive health decisions as well as women's access to reproductive health services. This in turn can contribute to poor health outcomes is mentioned in (Power in Sexual Relationships: An Opening Dialogue Among Reproductive Health Professionals, 2001). Evidences from other developing countries show that women's age and family structure are the strongest determinants of women's authority in decision making(Sathar ZA,2000). Older women and women in nuclear households are more likely than other women to participate in family decisions.

Agarwal (1996) put forward a bargaining theory approach characterizing household decision making as some form of "bargaining". Agarwal pointed out that a rural person s bargaining strength within the family (given the exchange entitlement mapping) depends on ownership of and control over assets, access to employment and other income earning means, access to communal resources such as village commons and forests, access to traditional social support systems such as of patronage, kinship, caste groupings etc., support from NGO s, support from the state, social perceptions about needs, contributions and other determinants of deservedness and social norms. Thus economic empowerment of a person depends on the bargaining strength, mainly on the ownership of economic resources. It can be in the form of ownership and control of property (land, house), bank accounts, shares, jewellery, microenterprises etc. In spite of their participation and contribution in various spheres of life, a myriad of mechanisms work towards snatching away the rights women have over land, property and other economic resources at the individual, household and community level.

The socio-cultural context conditions the relationship of women's individual-level characteristics to decision-making, and autonomy is a key intervening mediator

between women's status and reproductive outcomes (Jeebhoy S, 2000).Women have little autonomy in many cultures, so it is important to get (1) a better understanding of the determinants of their decision-making autonomy; (2) and variations across regions and socio-cultural contexts in the same country. Previous work has shown that women who have a significant say in reproductive matters tend to be more educated, spend more time on household economic activities and marry later (Jin H, 1995).

This paper is an earnest attempt to assess how far these village health programmes have succeeded in effecting women empowerment. This is an attempt to find out the actual situation and identify the reasons for the success and failure, if any, of the village health programmes.

Objectives of the Study:

- To Study the socio-economic profile of village health workers
- To determine the factors responsible for successfully participation of village health workers in village health programme in rural area.
- To assess the status of empowerment of village health workers of rural area.

Methodology:

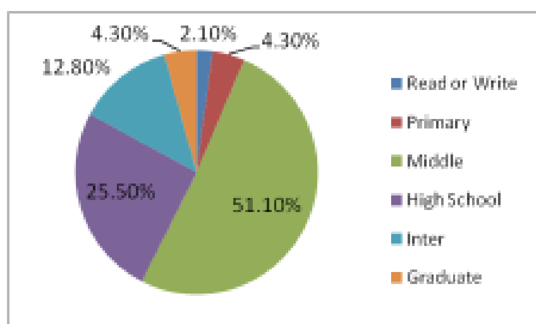
This study is retrospective qualitative study of all 47 Village Health Workers called 'ShishuRakshaks (SR)'. The workers selected were from the Indian Council of Medical Research (ICMR)multicentre community based study entitled "Home Based Management of Young Infants" (HBMYI) which aimed to assess the effectiveness & feasibility of the home based package health interventions provided by an appropriately trained Village Health Workers (VHW) &Anganwadi workers (AWW) & its impact on mortality in neonates & young infants at 5 rural sites located in 5 states of India with high NMR. In U.P. the study was done by HRRC (ICMR), Ob-Gyn Dept., K.G.M,U.Lucknow in Distt. Barabanki.

The District Barabanki two Additional PHCs Dahilla&Mittai was selectedby ICMR for project intervention area due its high neonatal mortality rate & home deliveries. The project intervention was delivered by 47 local females who were selected as Village Health Worker called ShishuRakshak for home based management of young infants (upto 60 days) in 1000 population. The selection criteria of these women were that she should be local, have reading and writing skills and should be willing to work in community. These health workers have been trained as newborn care worker in 7 training workshops spanned over one year period in step ladder fashion. All acquired skills of registering pregnant women, health education to pregnant women, present during home delivery,identifying newborn problems & provide treatment immediately.

The paper is based on the in- depth interview which was done by using open ended structured questionnaire to know VHWs views & experiences in relation to their empowerment status and factors for successful participation in programme.

Results:

The total respondents were 47(N) .In their general profile their age ranged from 24 to 55 years with the mean age of 39.7 yrs .Majority i.e. 76.6% women were from OBC (51.1%) & SC (25.5%) group while only 23.6% women were from general category. All except 2 women had children with mean parity 3.3.Seventy one(71%) percent women were living in nuclear family with only 29% women having joint family with mean family size of 6.6. Most (76.6 %) of the women were in lower strata, two (4.3%) females had no land & 72.3% had 1-4 bigha land & only 23.4 % had >= 10 bigha land. The husband's profile, only 28.3% were in service while rest i.e. 71.7% did agriculture work either in their own land or in others land.



Educational level of VHWs ranged from literate to graduate.55.4% women had formal schooling upto 8th , 25.4% up to 10th& 12.8% were 12th standard & two VHWs were graduates while one was only literate. 6.5% husbands were illiterate & primary, 76.1% were from 8th to 10th& 11% were graduates.

Table 2.Education Status of VHWs

	Not involved	Partially involved	Completely involved
	No. & %	No. & %	No. & %
Regarding obtaining health care	20 (42.6)	16 (34.0)	11 (23.0)
Regarding purchasing jewellery/own clothes	18 (38.3)	11 (23.4)	18 (38.3)
Regarding going or staying with parents or siblings	12 (25.5)	17 (36.2)	18 (38.3)
Purchases for daily household needs	18 (38.3)	12 (25.5)	17 (36.2)

Qualitative analysis: The results about their views & experience show the following findings.

· **Motivation to work** - Only 29.8(14) VHWs joined project work on their own while 40.4 % (19) females were motivated by their husbands & in 19.1% (9) case it was one of the family members.

· **Active support** of husband was evident as for in-house training at Lucknow***55.3 %(26)*** husband accompanied their wives & took care of youngest child during training.In delivering the interventions, mobility to attend delivery was a major problem /issue. In overcoming this 36% (17) husband's accompanied or provided transportation while in 64% (30) cases husband & family allowed the female to go with the attendant of delivering women who came to call them.

· **Sharing Household responsibility:** Their household responsibilities in their absence were shared by mother-in-law in 38.4% (18), by husband in 23.4% & in 30 % elder daughter's were there. Only 8.5% females took help from their parents.

· **Reasons for support to VHWs for joining project***:* Upon enquiring about why their husband & family allowed them to join the project, 51% said that it was for economic benefits**.** In 49% cases they & their family felt that this training & project experience can increase their chance of getting government or NGO job in future.

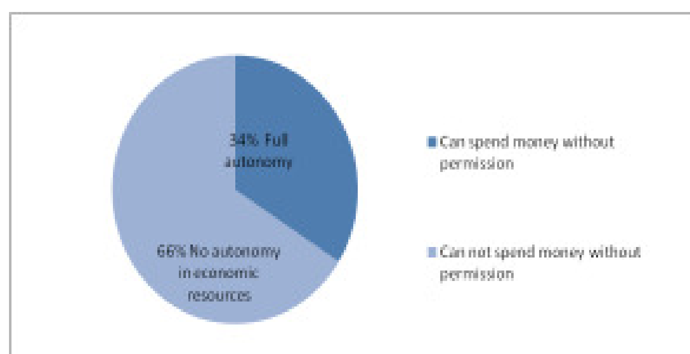


Table 3.Participation of VHWs

Area of money utilization	Yes	%	No	%
On Cloths	29	61.7	18	38.3
Give money to husband	14	29.7	33	70.3
Save money for future	9	19.2	38	80.8

	No.	%
Motivated by		
Husband	19	40.4
Family Member	9	19.1
Village Member	1	2.1
Self	14	29.8
Other	4	8.5
Active support during training		
Husband	26	55.3
Family Member	5	10.6
Village Member	4	8.5
Self	10	21.3
Other	2	4.3
Household responsibilities in their absence shared by		
Husband	11	23.4
Mother in Law	18	38.3
Village Member	4	8.5
Other	14	29.8
Providing assistance in delivering the interventions		
Husband	17	36.1
Other family member	5	10.6
Neighbors/Villagers/attendants	25	53.3
Family given support for		
Getting Money	24	51
Acquiring Knowledge	10	21.2
For Future job	13	27.8

Area of money utilization	**Yes**	**%**	**No**	**%**
On Cloths	29	61.7	18	38.3
Give money to husband	14	29.7	33	70.3
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Empowermentstatus of VHWs by participation in project:

Women empowerment is a process through which they start gaining more power and control over their own lives The Autonomy /empowerment has been measured in terms of household decision making power, access to the economic resources, mobility status.

i. Decision making power: Control over decision-making is a fundamental component to the concept of empowerment/autonomy. Women empowerment/ autonomy in decision making refers to the women's ability to share or to control over the decision processes regarding domestic matters with husband or other male family members. It would uplift the status, control over resources, meeting the basic needs and altogether improving self-reliance, thereby reducing women's economic

subordination. Some specific questions asked the respondents to assess their decision-making autonomy within their household. They are - who makes decision on her healthcare, who decides on buying jewelry , who decides on her going and staying with parents or siblings, or purchase of daily households with options such as- a)Not involved b) Partially involved, c) Completely involved,

1) Healthcare Autonomy: The health care pattern in rural area shows that only 23% females were allowed to take decision by themselves in obtaining health care while 34 % females take decision with husband or other family members & 42.6 % are not involved in decision making means they don't have any health care autonomy.

2) Decision making on buying jewelry*:* Though full and partial autonomy on this decision making had almost equal impact on participation in project, but still 38.3% VHWs have full autonomy in this decision while same 38.3% VHWs have no autonomy in this decision and rest 23.4 % VHWs have partial autonomy .

3) Decision on going and staying with parents or siblings*:* The proportion of VHWs who had autonomy to take this decision independently was only 38.4%,

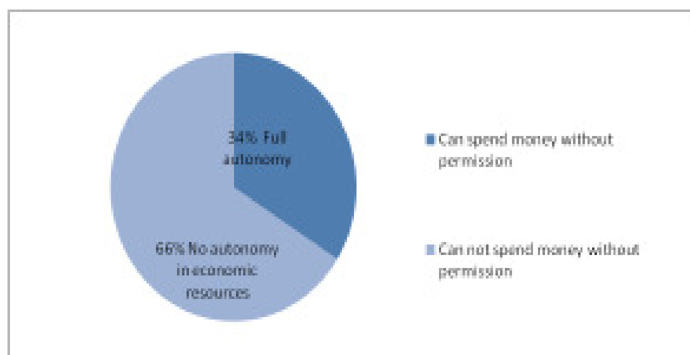
4) Purchases for daily household needs: 38.3% respondent have full autonomy in purchasing household, whereas 36.2% respondents have no autonomy.**(Table 4)**

Table 4.Decision making power of VHWs by participation in project

	Not involved	**Partially involved**	**Completely involved**
	No. & %	No. & %	No. & %
Regarding obtaining health care	20 (42.6)	16 (34.0)	11 (23.0)
Regarding purchasing jewellery/own clothes	18 (38.3)	11 (23.4)	18 (38.3)
Regarding going or staying with parents or siblings	12 (25.5)	17 (36.2)	18 (38.3)
Purchases for daily household needs	18 (38.3)	12 (25.5)	17 (36.2)

ii. Autonomy in Economic Resources: The access to resource is measured by asking whether they can spend money without permission means (full autonomy), respondent who spend money jointly with husband or someone else in the family (partial autonomy). In this study it was found only 34% respondent have control over money, rest 66% cannot spend money without permission.

Table 5 a.Autonomy in Economic Resources of VHWs by participation in project



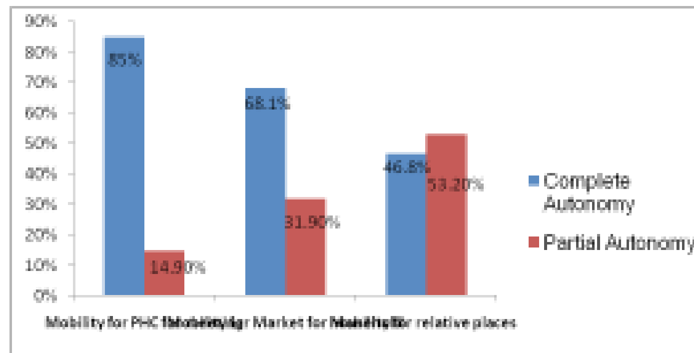
a) Area of money utilization: Data in table 5bshows how VHWs spends her money. The questions were asked whether they purchase cloth for herself or not, or she gives her money to husband or she saves money for future, it was measured by asking answer in Yes or NO. The analysis shows that only 61%VHWs spend money on cloth purchasing, 30% female's gives money to her husband, where as only 19% respondents saves money for future.**(Table 5 b)**

Table 5 b. Money utilization by VHWs

Area of money utilization	Yes	%	No	%
On Cloths	29	61.7	18	38.3
Give money to husband	14	29.7	33	70.3
Save money for future	9	19.2	38	80.8

iii. Empowerment /Autonomy in physical Movement: Empowerment/ autonomy in physical movement refers to the freedom of women to move to their necessary places without being escorted. Several studies have revealed that promotion of women's freedom of movement is necessary to make them capable of making their own choices, to change their attitudes, to improve their social networks. Here, we measure women empowerment/autonomy in physical movement by asking questions about whether they can go outside the village/town/city or to hospital alone and whether they can visit their relative's house alone. Data in table 6 shows that a large proportion of respondent (85.1%/) have high mobility autonomy for going PHC for meetings or work ,but for visiting relative places the mobility autonomy is very low i.e. only 46.8% ,where as for purchasing of house hold items the market mobility is on higher side i.e.68.1%.

Table 6 Autonomy in physical Movement of VHWs



Conclusions:

Women's empowerment is critical to the processof the development of the community.Bringing women into the mainstream of developmenthas been a major concern of the government sinceindependence. Yet, despite significant steps takenby the government, the participation of women inall spheres of life varies in the context of differencesin the social, economic, cultural andregional factors. Various studies shows that income generating activities among women would transform them from "being alive" to "living with dignity". Development of women's groups is thus a strategy adopted to expand women's access to economic inputs. UNDP (2001) has highlighted two vital processes for empowerment of women in this context firstly mobilization consciously and secondly, the process of social mobilization needs to be accompanied and complemented by economic security. As long as the disadvantaged suffer from economic deprivation and livelihood insecurity, they will not be in a position to mobilize. Women's Empowerment is critical to ensure the socio-economic development of any community. In order to bring women into the mainstream and to encourage their participation in the process of national development has, therefore, been a major concern of the Government.

This study has shown that female empowerment is successfully emerging as very important link between community & health service delivery system.For acquiring technical skills increasing age &caste are no constraints. Women of weaker section have strong motivation & economic reasons to learn & perform tasks.Formal education level has no impact in learning ability for special technical skills.In rural area the husband & families are supportive for the women to pursue their job responsibilities.Husband & family support are crucial for women to successfully deliver the tasks. And families are supportive for the women to pursue their job responsibilities are for the improvement in income and living conditions. This study

also shows that by participation in this programme these VHWs were able to bring changes in social domain and to generate limited income; but these changes have not ensured economic empowerment as women still have not gained a position to influence critical decision making related to their income or valuable household decisions.

As the one of the indicator of empowerment is freedom in mobility, study shows that for job responsibilities VHWs have maximum autonomy in going PHC for attending meetings or job work , is in itself an achievement for empowering women, meeting at one place in organized way is a significant avenue for them to express their needs and interests .Through this mobilization some VHWs have developed leadership skills and started to participate in community and in local political affairs like canvassing for Gram Panchayat election etc. Now they feel comfortable to talk about issues of welfare and service delivery in their community. In this sense, participation in project has set women free from the confinement of their home. Rural community is showing positive deviance towards working females.Hence we can say that by giving employment opportunities and unprecedented work to rural women, by government & NGOs , is bringing changes in the role and status of rural women. The latent capacities of these women are developed to enable them to become competent to their full potential, improving their capacity and commitment. Participatory involvement of VHWs in delivering intervention package in villages shows that they have motivation, dedication & capacity to run the programmes successfully. For achieving the empowerment what is needed is a holistic approach combining within it measures towards economic independence, gender justice, and equal access to education and health services and freedom from socio-cultural inhibitions. Another prerequisite is that society should give due respect and regard to women along with social security, and they should no longer be depended on their husband & family member, they should be made independence in all sphere of life. For this as there is need to change the mindset& attitude of men to achieve empowerment as well as women should also change her mind set to utilize her own potential and feel herself empowered.

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