CHAPTER II

WOMEN AND THEIR STATUS IN SOCIETY:
A REFLECTION ON ASSAM
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2.1 INTRODUCTION:

In this Chapter the Investigator would like to discuss the status of women in terms of education, health and employment particularly in the state of Assam.

Women constitute half of the total population, yet they suffer from educational rights, economic rights as well as human rights. Women are still relatively deprived of equal rights as enjoyed by men. There are rampant gender differences between men and women in terms of wages specifically in the unorganized sectors. Women are deprived of proportionate job opportunities in the administrative offices. They suffer badly in the educational field which is visible from the very low percentage of their enrolment in higher education. The level of education, rate of work participation, usability and enjoyment of profits etc. are some of the areas which show the lower status of women compared to that of men. Women usually get lower wages than men for the same work. Comparatively, they also suffer from poor health status, low educational status, and lower skill compared to men. In a patriarchal society, the activities of women are considered belonging mainly to the private domain whereas the activities of men are considered part of the public domain. But in India, everyone has the right to enjoy equal rights and opportunity, equal chance to access the various resources constitutionally guaranteed to all. The implementation of the rights under the social sectors such as—right to education, right to employment, right to equal pay for equal work, right of access to health services, right to participate in the political life of one’s community, etc. have been launched for bringing in the necessary upward mobility of the different sections of the people in the country.
But for the long term benefit as well as the development of a country, economic security, social security, educational security, the security of life etc. among the members of the country are very essential. Today one is talking about inclusive growth, formation of human capital, and also about the MDGs. Improving women’s productivity and quality of life implies a multidimensional contribution to the overall growth and development of a country. Women’s earning has a positive correlation with children’s health, nutrition and education. It is rightly opined by Nehru that “you can tell the condition of a nation by looking at the status of its women.” But women in our society are abused economically, educationally, socially, politically, psychologically and so on. Large scale inequalities still prevail in the efforts made for the improvement of their capabilities in different spheres of life. Regarding the status of women as a whole, it has been found that they represent 50 percent of the total population; 30 percent of them are engaged in the labour force, and perform more than 60 percent of all working hours. But they receive only 10 percent of the world’s income and own even less than 1 percent of the world’s property (ILO Report 2006). Besides, there is a big gender gap in terms of literacy between male and female in the different states of India. More than 90 percent women are engaged in the unorganized sectors (HDR, 1994), which are not officially counted. At the same time, their work is rarely recognized. Generally, the activities of women are considered part of the private domain which is not officially considered, recognized, and counted as economically productive. If all activities like maintenance of kitchen, gardens and poultry, grinding food grains, collecting water and firewood, etc. — are taken into account, 88 percent of the rural housewives and 66 percent of the urban housewives can be considered economically productive. Thus, it can be assumed that women are deprived of their human rights as well as socio-economic recognition.

In a patriarchal society, the working capacities of women are subordinated and de-recognized by the male members and the heads of the households. The
activities of women like cooking, cleaning, rearing the child, taking care of the husband, and other types of household works are under-valued and rendered invisible. In the traditional society, it is believed that the major role in the family should be played by men because he is the bread-winner, while women must be careers and nurturers. Women, particularly in the rural areas, often face restrictions while taking decisions on their economic choices herself. They are also unable to take control over the resources. It has also been found that in the employment sector, there prevails sexual division of labour. For instance, women get less wage than men. Men are mostly engaged in the employment of organized sectors. But in case of women, only 17 percent from the total women population are employed in the public sector in Assam (Statistical Hand book of Assam, 2007).

The customary practices prevailing in society also impose a subordinate status to women. In a traditional conservative society, the tradition of taking the left-over food by women at the end, in nearly all houses, is still going on. Preferences to stay at home, negligence of the education for the girl child, poor economic condition of the parents, lack of social exposure, the practices of infanticide and foeticide due to preference to a male heir, thus deeply influence women’s health. Although women have so much potentiality to work, or to empower themselves socially, economically, culturally, the attitudinal concept of social constraints, social traditions, and poor economic condition of the parents create many problems in realizing the potentialities of women.

Right from the time of Independence, the Government of India has stated: “Yes, the health of the Indians is our responsibility.” Article 47 of the Indian Constitution states: “The State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties.” Even in the NHP 2002, the Government has acknowledged that it has a key role to play in providing and financing health. Therefore, after this policy effect, various provisions and schemes are made and
implemented for protecting, preventing and promoting the health-related issues for the citizens of India. After the Bhore Committee report of 1946, and Alma Ata conference in 1978, health has been considered an important aspect for human development in our country. Although the life expectancy of the people of India has increased and the mortality rate has fallen, India still remains the host to many communicable diseases. In this regard, financing is the most important factor for implementing a policy in the proper form. But the national health-budget allocations are steadily decreasing. In 1986, the Government’s allocation of funds for the health sector was more than 1.5 percent from the total budget in a year. But gradually, the importance declined from 1987 to 2000, as the allocation was limited only to 0.9 percent which was one of the lowest in the world. Countries like Bangladesh and Sub-Saharan Africa spend about 3 percent of their GDP on health. In 2002, the Common Minimum Programme was expected to raise the government health expenditure to at least 2 percent of the GDP. The recently released report of SRS (2011) by the Registrar General of India is a large-scale demographic survey that provides annual estimates of birth rate, death rate, and other fertility and mortality indicators at the national and sub-national levels. It has put India’s infant mortality rate at 47 per 1000 live births in 2011.

As per December 2011 SRS report, the national IMR has dropped by three points from 50 to 47 nos of deaths. The national IMR in the rural areas has also dropped by four points from 55 to 51 per 1000 live births, while in the urban areas it has come down to 31, from previous 34 per 1000 births. Although the rate has declined, the degree of achievement in this demographic area in a decade-long period is certainly too small compared to the efforts and expenditure the Government has incurred on health care and family welfare. Apart from this, if we particularly focus on the inter-state variation with respect to IMR, Assam still has a high-mortality rate compared to many of its counterparts. Thus, as per field investigation based on continuous enumeration of births and deaths in selected sample units and sample registration system, for every 1000 live births
in Assam, 58 infants die and this is one of the highest infant mortality rates in the country. According to the Survey Report the birth rate in the state is 23.2 while the death rate is 8.2, and the natural growth rate is 14.9. The IMR of the State is 60 in the rural areas, and 36 in the urban. Although the IMR in Assam has decreased from 61 to 58 in the last decade, it still continues to be much above the national average of 47 per thousand live births. The most progressive state in this respect continues to be Goa which still has the lowest IMR which is 10 infant deaths per 1000 live births, followed by Kerala with 13 infant deaths. While Madhya Pradesh has the highest IMR which is 62 per 1000 live births, followed by Uttar Pradesh and Orissa with 61.

Along with Assam, the other states having a higher IMR are Bihar, Chandigarh, Haryana, Rajasthan, and Meghalaya. The 2011 Census shows that the child sex ratio of India has massively declined from 927 for every 1000 males in 2001 to 914 in 2011. It is important to note that even in the prosperous agrarian states like Haryana, Punjab or the industrialized states like Maharashtra and Gujarat, the child sex ratio has become a matter of concern. This proves that higher income does not always yield higher human development, likewise higher human development does not always mean equal benefit to men and women, and cannot remove the age old societal bias against girls. There is also the question of the application of proper education and social attitude of the people in society. Proper education can form the positive sentiment in the minds of the people towards their children without any bias. In this regard, we can cite an example of the improvement of health in Sri Lanka where education plays a vital role. One third of the Sri Lankan population live on less than two dollars a day, but the country’s MMR is among the lowest in the world. Now 96 percent deliveries are attended by skilled birth attendants, and 90 percent births take place under proper health care. This has been possible because public health services are provided free of cost. Now in Sri Lanka, almost every household lives less than 1.5 km
away from the nearest health centre. These measures are well supported by the educational policies that provide free education to girls up to the university level.

Even in terms of self-employment, regular salaried employment, and casual employment, there is a vast difference between men and women in the rural areas. In the employment sectors, men still occupy better position than women. About 77 percent of the rural women are not employed at all. 7.1 percent women are employed for less than 183 days, and around 16 percent are employed in productive activities for a minimum of 183 days during a year (NSSO 2004). Thus, regarding the economic condition of women, it has been rightly observed by the ILO in its report that although women constitute 50 percent of the world population, they contribute to only 2/3rd of the world’s work hours, receive one-tenth of women’s income, and own less than 1 percent of world’s property. It is important to note that women in Assam have more knowledge of micro credit programme (41.7 percent) than the women at all India level (38.6 percent). But, the involvement of women in other sectors like access to money and its use, bank account and its use, taking loans from micro credit programme, is comparatively less than the women of all India level. Besides, the percentage of women or group of women taking loans for starting small or micro business is merely 1.4 percent only, which shows the heartening picture of the actual involvement of women in the economic activities and enterprises.

AVENUES FOR WOMEN ENTREPRENEURSHIP IN ASSAM:

The changes in time as well as the explosion of industrialization and globalization have created various avenues for women to become entrepreneur. Besides, the spread of education and awareness have developed in women the feeling of self-consciousness about their status as well as independence.

Thus, the development of entrepreneurship among women could be a suitable approach for the economic empowerment of women. Through
entrepreneurship development, a woman or a group of women can operate a small or big enterprise, be able to take risk for any loss or profit of the enterprises that promote her control over resources and develop ownership in markets. By developing entrepreneurship facilities, women can develop the sense of practicability on micro-credit. It develops not only their self-confidence but also their status at home as well as in society. With reference to this, it is rightly mentioned by the Indian Women Clients of Rashtriya Seva Samiti (RASS) that by developing micro-credit through entrepreneurship, and their financial contribution to the family could improve their negotiating powers with their husband, avoiding family quarrel over money, and gain respect from extended family and in-laws.

In the recent years, the concept of entrepreneurship has gained popularity all over the world. An ILO Report in 1980 stated that in India the share of women-owned enterprises grew from 1.58 percent in 1971-1980 to 9.65 percent in 1991-1996. The changes in time as well as in the choices of women enabled them to become entrepreneurs from three Ps—Pickle, Powder and Papad to modern three Es—Engineering, Electrical and Electronics. This has happened since the later part of the 1980s, with women entrepreneurship subsequently replacing traditional occupation like piggery farming, boiler farming, handloom, pottery, vegetable production, pickles, papads, tailoring etc. with non-traditional occupation like engineering, beauty parlours, jewellery, handicraft, electrical, electronics, chemical, food possessing, doll making, candle making, and other manufacturing activities. Apart from these, there are women who have performed well in both organized and un-organised sectors. Examples can be cited of Kiran Majumdar Shaw, Shahnaz Hussain, Ekta Kapoor who started their business as small firms and achieved remarkable heights of success in subsequent times. (Kurukshetra, Feb. 2009). In Assam too, organizations like Small Industries Service Institute (SISI), National Institute for Small Industries Extension Training, North Eastern Industrial and Technical Consultancy Organisation
Limited (NEITCO) organize entrepreneurship development programmes for
empowering women economically that envisages trade related training,
information and counseling, extension activities related to trades, products,
services etc.

PROMOTING SELF HELP GROUPS AS STRONG AVENUES FOR
ECONOMIC EMPOWERMENT OF WOMEN IN ASSAM:

For the long term benefit and the development of a country, the economic
security to each member of the country is very essential. Therefore, the
Government had tried to make women entrepreneurs by spreading education and
launching various women-centric awareness programmes and schemes. Due to
the changes of time and explosion of industrialization and globalization, every
human being must have the capacity to produce something for the betterment of
the society. Providing the avenues of entrepreneurship to the women in rural
areas is the key factor for protecting economic security for women. Economic
empowerment makes women self-reliant, self-dependent and self-controlled.
Today, SHGs have played a vital role in the rural areas by developing
entrepreneurial skills and micro-finance in the country.

The positive externalities of SHGs in the rural India help more than 17
million women from the villages to improve their incomes, educate their
children, and buy assets. Regarding SHGs, women SHGs are more dominant in
the NER. For example in Assam, out of total 1, 70,779 SHGs, more than 93
thousand belong to women. Through these SHGs, women have gradually
developed self confidence, self-dependence as well as competence in the decision
making process both inside and outside their house. The most effective form of
SHGs in the country can create the concept of women’s credit and also
encourage those hard workers who want to start small business with innovative
ideas such as making handicraft items. Thus, the scheme of SHGs is one of the most influential ways to make women empowered economically.

Small loans can be a good source for enhancing the sense of business among the women in rural areas. Although SHGs themselves are not enough for developing the scope for entrepreneurship, women have benefitted a lot from micro-finance because it builds the attitude of independence from which they get inspiration to generate wealth and become self-reliant in a society. The women who themselves have developed economic credit enjoy better life, better access of food, shelter, health care and education, and feel more comfortable compared to the non-earning members of the family and the society they live in.

But the problem is that, in our society women are ill-treated in their workplace. They also suffer from acute problems like domestic violence. Child selective abortion is still practiced in every nook and corner of the state. As a result, one can see that the child sex ratio is massively declining in the sex ratio above the age group of 6 years. Even in India, as per Census 2011, due to the mal-practices of sex selective abortion, the sex ratio has massively declined over the years (in 1961 it was 976, in 2001 it was 927, in 2011 it was 914). This is also true in the context of the other states in India. In 2001, the child sex ratio in Assam was 965 which had declined to 957 in 2011. It proves that parents are still not willing to prefer girl child as they are considered to be a big liability for them. The practice of preferential treatment of boys and negligence to girls in intra-household allocations in terms of health care, nutrition and related needs are indeed some of the factors for the declining nature of child sex ratio in our state. The role of patriarchy, religion, poverty, caste system, or some other customary practices make women appear under-privileged, and sometimes even oppressed in society. Besides, women trafficking is on the rise like never before. This shows the stark reality of our patriarchal society with its gender inequality due to ethical blindness and lack of humanity often resulting in women being accorded a
lower social status. In some cases, such experiences make women socially excluded as a whole.

Although we are frequently talking about gender justice or social justice, women do not enjoy the right to equal pay for equal work, the right to participate in the decision making process of the community or the political life. They generally do not have much say in enlarging their choices, and very often they cannot even raise voice against domestic violence. From the economic point of view, women are less exposed to skills than men, and are largely engaged in unorganized sectors. Today the world has the target to meet inclusive growth, the progress towards MDGs, and the formation of human capital. Subsequently, empowering women and reducing gender inequality are becoming big challenges for the world as a whole. By acknowledging the fact about the vulnerability of women, particularly in the rural areas, the Government of India, from time to time, has implemented several schemes and programmes for enhancing the capacity of women. Therefore, it is high time one analysed the prevailing socio-economic and cultural condition of a society or a community, and checked if the programmes had been actually implemented for the empowerment of women.

2.2 GENDER-RELATED DEVELOPMENT INDEX (GDI) AND GENDER EMPOWERMENT MEASURE (GEM): AN OVERVIEW

Development means enlargement of the people's choices, their skills, capacities, attitudes etc. (UNDP Report, 1996).

Besides these indicators of development as a whole, for measuring women empowerment there are separate indices for women themselves. The Human Development Report of 1998 contains two gender aware measurements i.e. GDI, and GEM. The GDI indicates three variables of HDI for measuring the status of women regarding their life expectancy, educational attainment, and standard of living. GEM takes the representation of women in the parliament, women's share in managerial and professional jobs, and in the national income.

While aiming at the fulfillment of these targets, it is the right time to analyse the actual progress of women in terms of human resource development which is measured by HDI.

2.3 THE PRESENT STATUS OF WOMEN IN ASSAM: A CRITICAL ANALYSIS:

The economy of Assam is mainly agro based. The population of the state is 26.66 million of which 12.85 million are female. As regards to sex ratio, it is 935 females per 1000 males (Census of India, 2001) which has increased to 954 females per 1000 males in the census of 2011.

There is a value loaded concept that women in Assam are more liberal, freer from the various social constraints and ills like dowry, purdha system etc. than those in states like Bihar, Rajasthan or those in the states from Northern and Southern belt of India. The predominance of tribal economy or a long standing influence of tribal work pattern, where economy revolves around women labour, is the major factor for which the mobility of women in Assam and the North East in general, is considered far higher than that of the other parts of India. However, this does not mean that women in Assam are on an equal footing with men.
Because, the capacity building among women in Assam still remains a bigger challenge following the rampant gender disparity in all human development sectors.

The fact is that, social exclusion in Assam is basically for the class system rather than the caste. Women having poor economic status in Assam still suffer a lot. Tribal women are comparatively more excluded or deprived of getting the social status than the non-tribal women. Those women who are enjoying economically better position use a louder voice against social discrimination or exclusion than those undergoing poor economic condition. Even within the same class, there is also gender discrimination. Regarding the social discrimination against women, a practice prevailing in the Mishing society can be cited here. In the performance during religious rituals like ‘Dobur’ in the Mishing society, which is basically celebrated for better harvest, women are not permitted to participate in the ceremony. Besides, only the male members are entitled for the duty of priest, called ‘miboo’ in the ritual ceremony. During the course of such ritual, the Mishing women prepare apong- a kind of rice beer, which is used during the ritual. Thus, the participation of women in the ritual is restricted to preparing and serving apong only. It implies that they are deprived of their rights although the Indian Constitution guarantees religious rights to all the citizens of the country without any kind of discrimination.

2.3.1 Women are Socially Excluded:

Social exclusion means excluding those people who are deprived of all social benefits and are left behind in terms of social recognition. Socially excluded group is that group most deprived of the privileges and opportunities that the Constitution of India has guaranteed. Today, we are very much concerned about rights, duties and other social benefits in order to live a life with
dignity and equity. One often talks about human rights but one is also much concerned with social justice. In a democratic country everyone has the right to live, to enjoy all opportunities in equal manner as stakeholders in the affairs of the country. Still, women are socially excluded in terms of education, health and employment. Inequality, poverty, social and economic discrimination, prevailing social prejudices, superstitions, oppression by caste, creed and religion, untouchability—are some of the responsible factors for social exclusion taking place in the society of the present times.

Women in the North East are excluded on several grounds. It may be due to economic exploitation, social discrimination, patriarchy, illiteracy, ignorance towards the innovative ideas and thoughts, firm belief in the customary traditional practices like witch craft, female infanticide and foeticide etc. Even, in the political field, women face discrimination compared to men. Unlike men, they often lag far behind in terms of political participation. In India the percentage of women participating in active politics is less than 10 percent. Although in the Panchayat election, the rate of women participation is equal to that of men, in some states, the percentage is even higher than men. It is because, in India, 33 percent seats are reserved for women in the Panchayat level election, while in Parliamentary election the reservation is still a dream. Apart from these, in Assam there are the problems like women trafficking mostly found in the Kokrajhar district, ethnic conflict mainly seen in the NC Hills, massive impact of routine occurrence of floods as in Dhemaji and Lakhimpur districts and so on. All such factors particularly impact women who lose their identity, respect, and dignity of life, suffer economic devastation that render a serious bearing on their own educational and social upbringing.
2.4 INDICATORS OF WOMEN EMPOWERMENT MEASURE AND ITS REALITY:

Whenever one rationalizes the socio-economic status of women in terms of development, one gets a negative picture in terms of the progress towards achieving the challenges of inclusive growth, the MDGs and human capital growth. In Assam, there is a vast gender disparity in all the spheres of socio-economic growth and development.

2.4.1 Educational Status of Women in Assam:

Out of the total literacy rate in Assam (64.3 percent), the male literacy percentage is 71.9, whereas the female literacy percentage is 56 with the gap of 15.9 percent (Census of India 2001), although during 1991-2001 the annual average growth rate of female literacy (1.3 per cent) was more than that of male literacy rate (0.99 per cent). According to the Census of 2011, from the total literacy (73.18 percent) male literacy percentage is 78.81, whereas female literacy occupies 67.27 percent with the gap of 11.54 percent. Again, female enrolment is increasing in the primary and elementary level, but the enrolment rate of women in secondary and higher education segment is still less than 33 per cent.

2.4.2 Work Participation Rate:

In the rate of work force participation, there is also a significant gap, with the male occupying 49.87 percent and the female 20.71 percent, with the gap of 29.16 percent. The trend of female work participation rate is fluctuating in nature. The participation rate of female was 4.66 per cent in 1971, and it increased to 21.61 per cent in 1991, but again it declined to 20.71 percent in 2001 (Assam Human Development Report, 2003).
2.4.3 Women’s Access to Credit System:

If one takes access to credit system into account as an indicator of economic empowerment of women, it is less than 12 percent in the state of Assam. In case of economic activities, the percentage of the male workers is 70.26 percent whereas the female constitutes 29.74 percent only (Assam Human Development Report, 2003).

2.4.4 Women in Decision Making Process:

Decision making capacity is perhaps the ladder for empowering women. It means that women should have the capacity to have control over the resources, and enlarge their choices as per their required demands. But in reality, 26.9 percent of the total women population in Assam take decisions by themselves regarding the use of their own earnings as compared to almost 50 percent women in case of India. However, an awareness about micro credit programme is slightly higher in Assam (41.7 percent) than in India (38.6 percent). Yet, an insignificant percentage of women are able to pursue loan from micro credit programme both in India (4 percent) and Assam (1.4 percent). This statistics reveals how women are yet to come into the forefront for ensuring the various entrepreneurial activities with the help of micro credit programmes.

2.4.5 Women in Professional and Administrative Sector:

The total percentage of women employees in the public sector is 16.65 in 2007, whereas it was 14.98 percent in the year of 1994. In the administrative sector, the total number of female IAS and IPS (as in 2000) is 10 and 2 respectively, whereas the number of male is 216 and 134. But in Assam, the number of women in Assam Civil Services has increased as it was recorded that out of 30 ACS officers, 14 were men and 16 women in the year 2010. The lower
employment rate of women in the public sector may be due to the discrimination towards women, lack of skills, or knowledge of the much needed techniques due to lack of timely education.

2.4.6 Health Status of Women:

In the context of health, various preventive, protective, and promoting measures have been taken after the recommendation of Bhore Committee in 1946, the Alma Ata Declaration of 1978, National Health Policy 1983 and 2002 on the Public Health System and so on. Despite having various Government Centric as well as State-Centric Schemes on health, still there is a high rate of IMR, MMR, Birth and Death Rate found in the state. The IMR of Assam in 2009, it was 61 percent where the male percentage was 58 and the female 64 against per thousand live births in Assam. In India, out of the 50 percent IMR, the male occupied 49 percent and female occupied 52 percent. In terms of the IMR, there is a big gap between rural and urban areas. In the Rural area, it is 64 percent, and in the urban areas it is 37 percent in the year of 2009. In case of the MMR, Assam has the highest number followed by Uttar Pradesh. In Assam, the MMR fell from 480 per 100,000 live births in 2004-06 to 390 in 2007-09. It is not possible for a woman to deliver at home to get the comprehensive health care for the mother and the child. This is one of the primary reasons for such high maternal mortality in the state. In Assam, 22.4 percent was recorded as institutional delivery whereas 77.5 percent was recorded as home delivery in 2005-06 (India Human Development Report 2011). These can be seen as serious concerns for the state.

2.4.7 Women’s Involvement in Political Field:

In a democratic country, capacity building for women also reflects whether women are able to enjoy their rights in terms of political participation. It
is because women's political participation is another input to their empowerment. Empowered women have political freedom which in turn translates into their decision making capacity both at the community and the national level. Although the involvement of women in politics is growing, the representative percentage in Legislative Assembly is still less than 15 in the whole world. In India the figure is less than 10. In Assam, the figure that constituted 0.8 percent in 1978 has increased to 10.31 percent in the last assembly election i.e. the year of 2011 (Election Commission in India). Thus, it becomes clear that in order to promote the involvement of women in the decision making process, the political participation rate or awareness of women regarding politics should be strengthened in Assam as well as in other parts of the country.

2.5 FINDINGS:

Thus, the above-mentioned indicators regarding the capacity building of women or their level of empowerment are to be seriously examined. For this, the demands of the present challenges of Inclusive Growth, the formation of human capital and the achievement towards MDGs can be considered important. It is found that the women in Assam are yet to achieve empowerment in the real sense of the term. The HDR 2011 places Assam at the 16th place in terms of HDI value out of 23 Indian states, at the 26th place among the 35 states compared in terms of the GDI, and at the 28th place among the 35 states compared in terms of GEM which is below the states like Manipur, Meghalaya, Mizoram, and Nagaland.