CHAPTER VII

GENDER DISPARITIES IN SOCIAL WELL BEING - TOWARDS A THEORY

This chapter reviews the key findings of the preceding chapters and attempts at proposing a theoretical framework to explain female marginalisation within the framework of gender disparities in the key areas of social well being in the rural household.

The basic idea proffered here is that marginalisation from and deprivation in the important aspects of social well being are largely a result of lower social and economic value placed on a subject. The social values ascribed to an individual is determined at two levels that of society and that within the household. Thus female marginalisation and oppression is a two tiered process.

Social value in the societal context is contingent on location in social hierarchy based on social power derived through caste, land ownership or household income. In this context therefore, the problem of female marginalisation could be seen as rooted in the intertwining of three exploitative systems that sustain and reinforce each other. These are the systems of patriarchy where males as a class are better placed than females; the system of caste where the higher castes appropriate for themselves a higher level of well being than the lower castes; and the system of Feudalism where ownership and control over the most important means of production (land) ensures a higher level of social well being. Interestingly, in the Indian scenario each of these systems supports and reinforces the other two. A change in the structure of any one of these systems leads to a change in the prescribed social value and therefore in the levels of well being. Thus in the Uttarakhand region, large scale male outmigration results in a feminisation of the rural milieu and subsequent modification in the structure of patriarchy. This results in a higher level of female well being in this region as compared to the Awadh region. Similarly, minimal caste ramifications in the Uttarakhand region dilute caste based power relations and tend to positively influence the well being of lower castes.

Within the household however, the nature of work carried out (or expected to be carried out in future) by each member determines their social value. An analysis of male and female work has shown that by and large, females tend to be engaged in unpaid work while males tend
towards paid work. Also, while the purpose of male work is ostensibly for sustenance of the household, participation observation shows that a large component of female unpaid work is extra-household work consisting of social networking and creation and sustenance of mutually beneficial ties between households. Similarly, the small component of paid work undertaken by females may often be strongly guided by the motive of self-actualisation rather than sustenance. This is especially the case among a large number of female workers engaged in *chikankari* in the Awadh region. Further, female participation in domestic work is trivialised and seen largely as an extension of, or preparation for the woman’s biological role in child bearing.

The immediate fallout of this gender disparity in the nature of work is that the economic value of females is lower than that of males within the household. Since the economic value of an individual is an important determinant of their social value, the social value of females remains intrinsically lower than that of the males in the household. This lays the foundation for a pro-male bias in both education as well as health and nutrition.

Educational deprivation is an important tool in maintaining unequal gender, caste and class relations and thus perpetuating and sustaining the system and sub-systems of female marginalisation. The analysis of educational inequalities as part of a larger scheme of inequalities perpetuated against women leads to the conclusion that in every social category, females form a subcategory that faces greater deprivation than males of the same group. This is because of their lower social value within the household.

Comparison of pooled and regional aggregates suggests educational deprivation among females and lower castes is stronger in the Awadh plains (region I) which is defined as the patriarchal heartland in this thesis. Due to a feminisation of rural milieu in the wake of male outmigration, the patriarchal structure is diluted and modified in the Uttarakhand region (region II). Thus, in the patriarchal rimland (the Uttarakhand region), strategies to restrict knowledge and perpetuate unequal power relations based on caste and gender lose their potency due to a modification in the structure of patriarchy itself.

Examination of enrolment rates underscores the fact that in the Awadh plains (region I), in each caste, females form a subgroup facing educational deprivation. This deprivation tends to be strongest between the ages of 6 to 14, in the primary and middle stages and among the
lower castes. Similarly, caste based data on drop outs shows that in both regions, among males as well as females, the highest drop out rates are reported from the lower castes. Also, in both regions, those most marginalised from the process of learning opt out of the school system at a stage where lapse into illiteracy is the natural outcome. This vindicates the stand that within the overarching patriarchal set-up, females and lower castes have restricted access to knowledge. In the case of the Awadh plains (region I), such restrictions have greater impact due to a lower social value placed on female labour and tighter caste hierarchy.

Educational profile of the adult population shows that illiteracy tends to increase with decrease in caste hierarchy. Also, more females irrespective of caste allegiance are illiterate than males in comparable caste categories. Further, completed levels of education among adults tend to decline with a decline in the caste hierarchy. Due to a modification of the patriarchal structure, the picture is not as dismal in the Uttarakhand region (region II).

The overall picture of educational deprivation based on caste as a unit of social hierarchy clearly reinforces the hypothesis that the socially dominant groups or higher castes, systematically appropriate knowledge and restrict access to the same among the lower castes. Thus within the school age as well as adult population, it is the lower castes that bear the brunt of educational deprivation. Further, within each caste category, females tend to form a sub category that is more marginalised from acquiring knowledge than males in the same caste category.

Viewing social hierarchy through land ownership yields that the socially dominant groups are those who own larger holdings. Socially weaker sections are typified by landlessness and ownership of marginal holdings. A tendency for male and female literacy to decline with a decline in the size of holdings highlights the fact that access to knowledge is directly proportional to the degree of power wielded through the ownership of the most important means of production. A tendency for male literacy to exceed female literacy in both regions among most land ownership groups indicates that within each social category demarcated by land ownership, females form a subset that is further marginalised from access to knowledge.

The educational profile of school age population shows a clear association between increasing non enrolment and decreasing size of family holdings in both regions. This pattern is sharper for males and distorted among females in both regions- possibly due to the effect of
intervention strategies. In the Awadh plains (region I), more females than males are never enrolled in each land ownership category. However, in the Uttarakhand region (region II), the pattern is reversed among small land holding and landless households. This is suggestive of the stronger effect of marginalising forces on literacy in general and female literacy in particular in the Awadh plains (region I).

Analysis of enrolment rates shows that especially for males, in both regions, access to knowledge is directly related to ownership of the means of production and economic class. The same trend is discernible among females at primary and middle levels, but is distorted at the high school level. Similarly, data on incidence of drop outs reveals a marked tendency for drop out rates to be inversely related to the holding size in both regions. This trend is sharper among males. A review of the regional aggregates of drop out rates shows that in the Awadh plains (region I), among males it is the landless and among females those from medium land owning households who are the most marginalised in terms reporting the highest drop out rates. In both cases, the bulk of such drop outs occur before completing primary school- in fact in the case of females- before completing even two years of primary education. In the Uttarakhand region (region II), lack of ownership of means of production acts as the greatest deterrent in the process of acquiring knowledge as the highest drop out rates are reported from males and females from landless households. Again, the bulk of such drop outs tend to occur before completing primary school.

The educational profile of the adult population reveals that among adults, illiteracy is inversely related to holding size. Further, in each category of land ownership, more females than males are illiterate reiterating the argument that females form a sub set facing increased deprivation within each deprived category. A comparison of regional and pooled aggregates shows that the incidence of adult illiteracy is higher in the Awadh plains (region I) as compared to the Uttarakhand region (region II). This supports the hypothesis that marginalising forces lose much of their impact in the Uttarakhand region (region II). Analysis of the level of completed education among adults shows a tenuous link between social hierarchy and higher modal levels of education in the Awadh plains (region I).

Social hierarchy based on household income identifies the dominant groups as those with higher household incomes while those with lower income constitute the deprived sections. A tendency for literacy rates to decline with a decline in the level of income especially in the case
of males shows that access to knowledge is directly related to economic power in both regions. The fact that male literacy is higher than female in each category of household income in both regions only serves to highlight that irrespective of the degree of economic power wielded by the household, females continue to be restricted from access to knowledge within each income category. A comparison of regional and pooled aggregates of literacy rates suggests that the power relations determining access to knowledge are stronger and sharper between genders and economic groups in the Awadh plains (region I) or the patriarchal heartland as compared to the Uttarakhand region (region II) which is identified as the patriarchal rimland.

The educational profile of school age population suggests a pattern of increasing non-enrolment at declining levels of household income. This trend is sharpest in the Awadh plains (region I). In the Uttarakhand region (region II) however, more males than females are not enrolled in school. This is the result of the loss of potency of marginalising forces on females in the wake of a feminisation of milieu.

Analysis of enrolment rates show that at each level, both male and female school enrolments decline with a decrease in the level of income. Within each category of household income, male enrolments tend to exceed females at each level of income. Entry to the high school level reverses female educational deprivation. Such deprivation is also averted in the Uttarakhand region (region II).

Among the adult population, the incidence of illiteracy increases with a decline in household income. Also, within each category of household income, more females than males are illiterate—illustrating the fact that females form a sub group more marginalised within each economic group. In both regions, the highest modal levels of completed education are reported from the higher income groups while the lower income groups report lower modal levels of completed education. Further, in the Uttarakhand region (region II), modal levels of completed education among females are consistently higher than those of males within comparable economic categories.

Health is a function of the nutritional status and the management of morbidity in the household. The former is largely influenced by intra household distribution of food. The latter consists of immunisations and medical care in event of illness. Both distribution of food and
management of morbidity at household level tend to favour the more valued members and therefore are most strongly influenced by Social Worth. Thus, those most marginalised in terms of health status are those with lower social value and power. These comprise subjects belonging to the lowest castes, landless and marginal income households.

Data on the current nutritional status suggests that the lower the caste of a subject, the more likely is the incidence of severe wastage and wastage testifying abject deprivation in terms of nutrition and health care. Further, within each social category in both regions, more females than males suffer greater nutritional deprivation. Again, a subject is more likely to suffer from poor health if household land ownership is low. On an average, subjects belonging to large land owning households are less prone to suffering from health and nutritional deprivation in comparison to subjects from households in other categories of land ownership. Further, females in each land ownership suffer greater nutritional deprivation than males in the same group. In the same vein, subjects belonging to higher income households are less likely to suffer acute health and nutritional deprivation while those from lower income households are more likely to do so. Within each income category, females suffer a poorer level of health than their male counterparts in the same category.

Data on the most favoured members in terms of intra household food allocation suggests that in the Awadh plains (region I), a systematic bias favours adult males in the eating order followed by most households. This bias is diluted with a decrease in caste hierarchy, household land ownership and income. Further, no such bias favouring adult males is discerned in the Uttarakhand region (region II).

Data on consumption of special diet during the nutritionally critical phases of pregnancy and lactation suggests that female nutritional deprivation is inversely linked to caste hierarchy, household income and land ownership during these critical phases.

Management of morbidity at the household level is the other important determinant of health. Data on the immunisation status of population below fifteen reveals the impact of welfare schemes and policies which have ensured a fair proportion of immunisations even among the socially less powerful groups. However in the Awadh plains (region I) in each caste, land ownership and household income category, more males than females are immunised, testifying to their higher social value. This trend is distorted in the Uttarakhand region (region II) with
female immunisations exceeding males among certain caste, income and land ownership groups. This may be attributed to the success of intervention strategies on the one hand and a higher social value placed on females in the wake of male outmigration and subsequent change in the structure of patriarchy on the other.

Data on the incidence of morbidity suggests that in each socio economic group in both regions, the incidence of morbidity is higher among females as compared to males within the same caste category. This substantiates the argument that within each social group, females form a sub group that faces greater deprivation than males within the same group (due to lower social value). Further, the incidence of morbidity seems to be inversely related to social power derived from caste, land ownership and household income. This trend is sharper in the Awadh plains (region I) and is diluted in the Uttarakhand region (region II) due to a modification in the structure of patriarchy itself.

Analysis of morbidity management shows that more females than males are likely to receive no treatment in illness. Allopathic treatment in illness is the preserve of males from socially more powerful groups while managing morbidity through the use of home remedies, *ayurvedic* and *unani* medicines is more commonly associated with females. Among these, females from socially less powerful categories exceed those from more powerful groups. Males and females from the same social groups receive treatment at the same stage of illness. However, those from socially more powerful groups receive treatment earlier than those from less powerful groups. This trend is clearer in the Awadh plains (region I).

Data on medical help during pregnancy suggests a tenuous positive link between caste hierarchy and medical care in pregnancy in the Awadh plains (region I). Similarly, a positive link between the size of family holding and household income is also revealed.

<table>
<thead>
<tr>
<th>Village</th>
<th>Children B.M.I</th>
<th>Children Immunised</th>
<th>Treatment at Onset of Illness</th>
<th>Sex Literacy</th>
<th>Attendance at Primary School</th>
<th>Enrolment at Middle School</th>
<th>Enrolment at High School</th>
<th>Index of Gender Disparity</th>
</tr>
</thead>
<tbody>
<tr>
<td>V1</td>
<td>0.89</td>
<td>0.46</td>
<td>0.17</td>
<td>0.36</td>
<td>0.6</td>
<td>0.46</td>
<td>1.64</td>
<td>-0.75</td>
</tr>
<tr>
<td>V2</td>
<td>1.43</td>
<td>0.07</td>
<td>*</td>
<td>0.55</td>
<td>0.16</td>
<td>0.36</td>
<td>0.73</td>
<td>-0.53</td>
</tr>
<tr>
<td>V3</td>
<td>0.06</td>
<td>0.21</td>
<td>0.51</td>
<td>0.15</td>
<td>0.73</td>
<td>-0.01</td>
<td>-0.72</td>
<td>-0.18</td>
</tr>
<tr>
<td>V4</td>
<td>0.71</td>
<td>-0.04</td>
<td>*</td>
<td>0.17</td>
<td>-0.15</td>
<td>-0.01</td>
<td>-0.13</td>
<td>0.19</td>
</tr>
</tbody>
</table>
Construction of a simple index of gender disparity in social well being in the areas of health and education reveals that gender disparities in well being are higher in the Awadh plains as compared to the Uttarakhand region. This bears out the argument that modification in the structures of Patriarchy and the dilution of caste based power relations in the Uttarakhand region have lowered gender disparity in the key areas of well being. Further, in each region, the gender disparities tend to be reinforced in the better developed villages.

Figure VII.1: Two Tiered Functional Model of Female Marginalisation and Gender Disparities in Well Being
This only reiterates the view that inequalities are of lesser magnitude at lower levels of development and tend to first increase and then stabilise with an increase in the level of development.

In conclusion, a theoretical model based on the premises and findings of this study is attempted. This model has been graphically represented in figure VII.1. As shown, both health status and access to knowledge (education) are influenced by social value. Social value is determined by the nature of work as well as that ascribed by the systems of Patriarchy, Caste and Feudalism. Thus social value ascribed by Patriarchy is determined at birth by gender and is a biological constant. Those assigned by Caste and Feudalism are contingent on caste of birth or marriage and land ownership. The social values assigned to an individual within each of these systems together with his or her social value within the household (determined by the nature of work) act and react to influence the determinants of health status and education. The dynamics of such an interaction effectively determines the level of social well being of an individual. A change in any one of the systems (i.e., that of Patriarchy, Caste or Feudalism results in a consequent modification of the social value and therefore also in the levels of social well being. Similarly, a higher value on the nature of work undertaken by a subject would positively influence her social value within the household and result in enhanced level of well being.

Earlier theories to explain female marginalisation bypass the root of the problem and tend to be reductionist in nature. Thus, Simone de' Beauvoir (1968)\(^2\), Cisler (1970)\(^3\), Sanday (1973)\(^4\), and Firestone (1974)\(^5\) locate female oppression in their biological role in childbearing. Others such as Ember and Ember (1971)\(^6\), Huntington (1975)\(^7\), Beechey (1979)\(^8\) and Hartmann

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(1979)\(^1\): while recognising the importance of female work on their status, bypass the roots of the problem by ignoring the household level dynamics and failing to provide a functional model to understand the twin processes of female oppression within the household and within society as a whole. Further, the ground realities of the Indian subcontinent do not always match up to western-centric theorisations such as Walby's (1990)\(^{10}\).

Infact, the lack of Indo centric theories on women's oppression has resulted in a failure to correctly grasp the roots of the problem of female oppression and devise corrective strategies for the same. Due to this, most welfare schemes continue to remain gender blind, populist measures providing at best cosmetic relief. It is here that the functional model supported by evidences gained from the field is relevant.

The policy implications of this functional model are twofold. While short term measures may be more direct and aimed at correcting the imbalances in health and educational status, such measures must be backed by a sustained long term policy to enhance the social value of females and oppressed groups. The media (especially audio-visual media) emerges as an important vehicle for such policy measures. Gender sensitisation schemes aimed at recognising the value of domestic work, increasing the social value of females by imparting of income generating skills to them are some of the more workable suggestions to this end.

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\(^1\) Heccey V (1979) 'On Patriarchy', Feminist Review, No 3

\(^9\) Hartmann H. (1979) 'The Unhappy marriage of Marxism And Feminism : Capital And Class', No 8

\(^{10}\) Walby S,(1990),Theorizing Patriarchy', Basil Blackwell