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Research Article

EFFECT OF LITERACY ON WOMEN EMPOWERMENT AMONG MARRIED WOMEN IN AN URBAN SLUM OF BHUBANESWAR, ODISHA

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ABSTRACT

Background: Literacy and empowerment have an impact on the lives of women. **Objectives:** 1. To assess the relationship between literacy and women empowerment. 2. To assess the empowerment of women in terms of their participation in household decision-making. **Methodology:** A cross-sectional study was conducted in the urban slums in Niladri Vihar, Bhubaneswar; among the ever-married women in the reproductive age group, using a pre-designed, pre-tested, semi-structured questionnaire from January 2016- April 2016 after ethical clearance. **Data** was entered into Microsoft excel 2007 spreadsheet and analysed using Epi info software. **Results-** The mean age of the study participants was 34.54 ± 9.20 years. 81% of the married women were literate. Women who were literate, could decide on contraceptive use and had higher autonomy in birth control decisions compared to those who were illiterate. Study participants who studied till intermediate (25%) had greater autonomy in taking decisions related to house-hold expenditures and issues related to mobility. 64% of the women had access to bank account. 48.28% women had faced some form of inequality in work place. **Conclusion-** This study showed the importance of literacy in the levels of women's empowerment in terms of their household decision making and decisions related to autonomy over reproductive and contraceptive rights, among the studied slum women. These findings can help us to focus on creating more awareness among women about the importance of literacy. This change can have an impact in changing their lives, thereby empowering them.

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INTRODUCTION

Women empowerment refers to increasing the spiritual, political, social, educational, gender or economic strength of individuals and communities of women. Women empowerment involves the building up of a society, a political environment, wherein women can breathe without the fear of oppression, exploitation, apprehension, discrimination and the general feeling of persecution which goes with being a woman in a traditionally male dominated structure. (Shettar *et al*, 2015)

Indian women are discriminated and marginalized at every level of the society whether it is social participation, political participation, economic participation, access to education, and also reproductive healthcare (Shettar *et al*, 2015).

Of the 587,584,719 Indian women today, the female literacy levels according to the 2011 census was 65.5 per cent whereas the literacy rate among males was 82.1 per cent (Khatri, 2016). According to 2001 census, rate of literacy among men in India was around 76% whereas it was only 54% among women (Shettar *et al*, 2015). Thus, there is increasing trend in the

educational status of women within last decade, this literacy is one of the very important ways to empower them (Shettar *et al*, 2015). Literacy and education are important developmental indicators in a society and play a central role in the overall social-economic development (Khatri, 2016). Social issues like rape, kidnapping of girls, dowry harassment, and so on are among the other reasons, why women need empowerment of all kinds. It not only helps protect them but also secures their dignity. To sum up, women empowerment cannot be possible unless women come forward and help to self-empower themselves (Shettar *et al*, 2015).

Women can be empowered only when they are literate and educated. Education is the key to unlock the golden door of freedom for development (Khatri, 2016). One of the most famous saying said by the Pandit Jawaharlal Nehru is "To awaken the people, it is the women who must be awakened. Once she is on the move, the family moves, the village moves, the nation moves". It is essential as their thought and their value systems lead the development of a good family, good society and ultimately a good nation (Shettar *et al*, 2015).

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Studies on effect of literacy on women empowerment have not been done in this part of Odisha. So we undertook this study in urban slums of NiladriVihar Bhubaneswar to bring out light on their Educational status and decision making power in society.

Objectives

1. To assess the relationship between literacy and women empowerment.
2. To assess the empowerment of women in terms of their participation in household decision-making.

MATERIALS AND METHODS

This descriptive community based, cross-sectional, study was undertaken in the 5 slums under the field practice area of Urban Health & Training Centre [UHTC] of Kalinga Institute of Medical Sciences [KIMS], Bhubaneswar. The total population of the slum is 12,152 (2011 census) with around 3255 household. Sex ratio of Odisha is 978 females per 1000 males, with 15-49 year females constituting 57.4% of the female population. Study population constituted of all the ever-married women in the reproductive age group residing in that slum area, with the following inclusion and exclusion criteria:

Inclusion Criteria

1. Married women more than 18 years of age
2. Residents of the selected area for more than one year.
3. Those who were willing to participate in the study and gave an informed written consent.

Exclusion Criteria

1. Married women who were not available during the period of visit
2. Those with chronic debilitating diseases.
3. Those who were mentally incapacitated.
4. Pregnant lady.

Sample size

Assuming the prevalence of empowerment among women to be 50%, power of 80%, alpha error of 5%, and an absolute precision of 10%, sample size was calculated to be 100.

Study Instrument

A pre-designed, pre-tested, semi-structured questionnaire with details of socio-demographic profile, decision making-opinion regarding: -household matters, house hold expenditure, health seeking, economic issues, autonomy with regards to mobility and their social issues, decision regarding to usages of contraceptive, permission for going out, access to resources like media ,health care ,bank account were asked from the participants. Proforma was translated to local language (Odia) with the help of translator and again back translated.

Study Technique

From the family folders of UHTC, list of all the ever-married women in the reproductive age group, satisfying inclusion criteria, residing in that slum was prepared. 100 women were randomly picked up from this. Interview was done in their respective households, in the absence of their guardian / husband, but in presence of the local female health worker (FHW).

Study period: January 2016- April 2016.

Data was entered into Microsoft excel 2007 spreadsheet. Descriptive measures like frequency and percentages were used to summarize the socio-demographic data of the subjects. Chi-square test was used to test for association between study variable and a p-value of <0.05 was taken as significant. Data was analysed by Epi Info 3.4.3 version.

Ethical clearance was obtained from Institutional Ethics Committee (IEC), KIMS & Pradyumna Bal Memorial hospital (PBM), before the study. Objective of the study were explained to the study subjects before interview and a written informed consent was taken (in this study, none refused to give consent). Assurance about the anonymity and not disclosing the details of interview to husband / guardian was ensured

RESULTS

The mean age of the study participants was 34.54 ± 9.20 years, with maximum (34 %) in the age group of 32-38 years . 68% belonged to nuclear family ,64% were unemployed /house wife (table 1)

Table 1 Socio-demographic profile of the study participants (n=100)

Characteristics	Frequency [in number]	Frequency [in %]
Age group (in yrs)		
18-24	13	13
25-31	28	28
32-38	34	34
39-45	12	12
>46	13	13
Family structure		
Nuclear	68	68
Joint	32	32
Education		
Illiterate	19	19
Literate	81	81
Occupation of women		
Unemployed	64	64
Unskilled	15	15
Semiskilled	13	13
Shop-owner	6	6
Semi profession	2	2
Occupation of husband		
Unemployed	3	3
Unskilled	35	35
Semi skilled	45	45
Shop owner	11	11
Semi profession	5	5
Profession	1	1
Family Income (n=94)*		
<5000	7	7.45
5000-10000	76	80.85
10001-15000	8	8.51
>15001	3	3.19

* (Missing data with regards to family income in case of 6 respondents)

Around 19% of the participants were illiterate (Fig 1)

We compared the decision making participation of women with their level of education (Table 2)

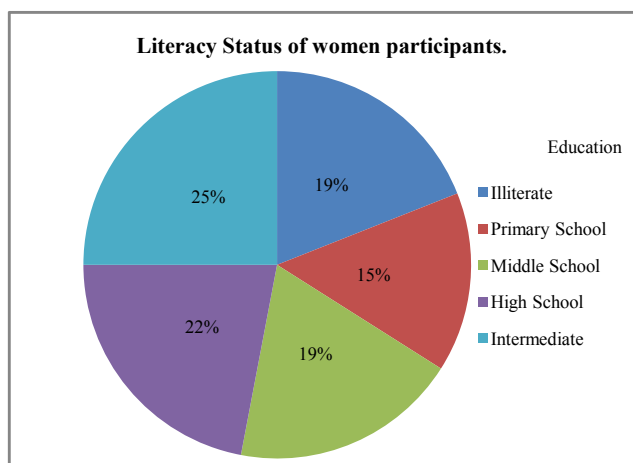


Figure 1 Literacy status of the women participants [n=100]

Table 2 Women participation in decision making with level of education

Give opinion to husband Education	YES (%)	NO (%)	P value
Illiterate (n=19)	13 (68.42)	6 (31.57)	0.0244
Primary School (n=15)	14 (93.33)	1 (6.66)	
Middle school (n=19)	17 (89.47)	2 (10.52)	
High School (n=22)	17 (77.27)	5 (22.72)	
Intermediate School (n=25)	25 (100)	0 (0)	
Value of wife suggestion Education			0.0002
Illiterate (n=19)	11 (57.89)	8 (42.10)	
Primary School (n=15)	13 (86.66)	2 (13.33)	
Middle school (n=19)	19 (100)	0 (0)	
High School (n=22)	20 (90.90)	2 (9.09)	
Intermediate School (n=25)	25 (100)	0 (0)	
Decision of contraception uses Education			0.089
Illiterate (n=19)	9 (47.36)	10 (52.63)	
Primary School (n=15)	12 (80)	3 (20)	
Middle school (n=19)	6 (31.57)	13 (68.42)	
High School (n=22)	11 (50)	11 (50)	
Intermediate School (n=25)	12 (48)	13 (52)	
Birth control decision Education			0.0158
Illiterate (n=19)	8 (42.10)	11 (57.89)	
Primary School (n=15)	13 (86.66)	2 (13.33)	
Middle school (n=19)	13 (68.42)	6 (31.57)	
High School (n=22)	11 (50)	11 (50)	
Intermediate (n=25)	20 (80)	5 (20)	
Decision on Expenditure Education			0.0002
Illiterate (n=19)	7 (36.84)	12 (63.15)	
Primary School (n=15)	10 (66.66)	5 (33.33)	
Middle school (n=19)	14 (73.68)	5 (26.31)	
High School (n=22)	12 (54.54)	10 (45.45)	
Intermediate School (n=25)	25 (100)	0 (0)	
Need permission to go out Education			0.406
Illiterate (n=19)	16 (84.21)	3 (15.78)	
Primary School (n=15)	14 (93.33)	1 (6.66)	
Middle school (n=19)	18 (94.73)	1 (5.26)	
High School (n=22)	18 (81.81)	4 (18.18)	
Intermediate School (n=25)	24 (96)	1 (4)	

We found out that “wife’s opinion to husband” was found to have a significant association with their level of education. Similarly “value of wife suggestion” and “decision on

expenditure” and level of education was highly significant statically. When asked about their access to various resources, 62 women participants said they had access to various media.

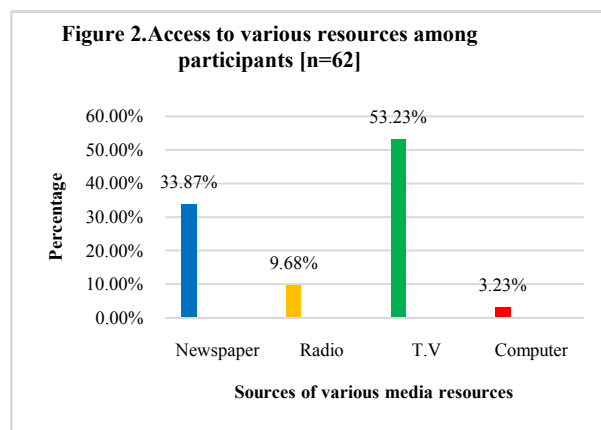


Figure 2 shows access of women to various media resources.

54% had access to other groups like mahila mandal. All (100%) agreed that health care was accessible to them. 63% agreed that they had autonomy and could decide how to spend the money given to them, while 64% had an access to bank account.

Of the 100 participants, 29 were working outside their home, of whom 14 (48.28%) said that they faced some form of inequality at work place.

The study participants were asked certain questions on social issues. When they were asked their opinion on “what a woman should do if her husband abused her on regular basis”, 6% said they would accept it, 84% said they would try to correct him, 9% said they would leave him. 6% of the respondent said that education is important for girl child, 4% for boy child and 89% said education is important for both, 1% were not sure. On asking their opinion about “If a girl has a good job, who should decide whether she continues her career after she marries?” about 7% said that it should be women only, 40% said husband family only, 49% said both should take together, 4% were not unsure.

DISCUSSION

This study among the women of the urban slums of Niladrivihar, Bhubaneswar gives us a snapshot of the challenges in women empowerment still prevalent in our community. Even after 70 years of independence, women are still not empowered to take even their own house-hold decisions.

The empowerment of women occurs when women are involved in decision-making, which leads to their better access to resources, and therefore improved socio-economic status.

Gender equality and women’s empowerment are recognized as crucial not only for health and socio-economic development of an individual but the entire country (Yadav Sudha B et al, 2011).

SDG 5- “Achieve gender equality and empower all women and girls” also focuses on same (Nations et al. 2017). At the household level, disempowerment of women results in their lower access to education, employment and income and limits

their participation in decision making (Yadav Sudha B *et al*, 2011).

In our study mean age of the participants was 34.54 ± 9.20 years; in a study done by Yadav Sudha (Yadav Sudha B *et al*, 2011) in Jamnagar district the mean age of the study participants was 30.74 ± 7.65 years (Yadav Sudha B *et al*, 2011). In our study 68% belonged to nuclear families, in a study by Yadav Sudha, 57.7% belonged to nuclear families (Yadav Sudha B *et al*, 2011).

In our study 81% of the married women were literate, which is nearly similar to the findings of NFHS 4, where women who were literate was 81.4% in urban, and in 68.4% in total ("National Family Health Survey - 4", 2015). In NFHS 3 the literacy rate among urban women was 74.8%. Similarly, the education level in Odisha is 52.2 (NFHS-3, 2005-06). This gap can be explained because of the difference may be due to the time gap of around 10 years. In our study, women who were educated till intermediate mostly gave opinion on household decision making and their husbands also valued their opinion, whereas in those who were illiterate it was quite low and this was also found to be statistically significant. In our study 64% of the study respondent were housewives, in a study done by Yadav Sudha B *et al* 2011 Jamnagar (Yadav Sudha B *et al*, 2011) as high as 81.88% were housewives this difference may be due to the different geographical location where the study was done. In our study women who were literate could decide on contraceptive use and had higher autonomy in birth control decisions than those who were illiterate. In NFHS 3 ("National Family Health Survey - 4", 2015) 56.3% of women were using family planning method whereas in NFHS 4 ("National Family Health Survey - 4", 2015) 57.2% used some form of family planning method, in another study done by Kiran G Makade in slums in Mumbai 68.42% of respondent used contraceptives. In a study done by Yadav Sudha B *et al* 2011 Jamnagar (Yadav Sudha B *et al*, 2011) as high as 77.8% made decisions on family planning. In our study participants who studied till intermediate 25% mostly could take decisions. On household expenditures, In NFHS 3 ("National Family Health Survey - 4", 2015) 76.5% participated in house hold decision making, and in NFHS 4 ("National Family Health Survey - 4", 2015) 85.8% take their house hold decision. In a study by in Yadav Sudha B *et al* 2011 Jamnagar (Yadav Sudha B, 2011) 87.2 % participates in house hold decision making. In another study done by Dev R Acharya (Acharya *et al.*, 2010) in Nepal (odd of 1.28) women with higher education could take own major decision in house hold purchase. In our study 64% women had access to bank account, in NFHS 3 about 15.1% women had saving account, in NFHS 4 about 61.0% women had their own bank account, Yadav Sudha B *et al* 2011 Jamnagar (Yadav Sudha B *et al*, 2011) 42.95% women had bank account. In our study 48.28% women faced some form of inequality in work place, study done in gender equality in the workplace India [8] women earned 25% less than men in 2013, 45% less in 2007. India ranks 132 out of 187 countries on the gender inequality index-lower than Pakistan (123), according to the United Nations Development Program's Human Development Report 2013 (Thomas 2013). Only 29% of Indian women above the age of 15 in 2011 were a part of the country's labour force, compared to 80.7% men. In Parliament, only 10.9% of

lawmakers are women, while in Pakistan 21.1% are women. (Thomas 2013), in 2001 there was a gender gap of 30.0, and in 2011 gender gap was 22.7 (Waris and Viraktamath 2013).

Our study had few limitations; as the study was based on self-reported opinions there could be issues of under or over reporting of decision making issues by women due to more of male dominance and family pressure. Secondly as it was a cross-sectional study the causality of the factors could not be proved.

CONCLUSION

The study conducted in the urban slums of Bhubaneswar city highlighted that literacy plays a key role in women's life in terms of house hold decision, contraception, and decision over expenditure. It overall increases her respect in society and her suggestions are valued more, this not only has a positive impact on her life but also on her family, in bringing of her children and makes an imprint on the society that education is a key right of each and every individual. This study focuses on creating more awareness on women literacy and making them aware on impact of education in changing their lives.

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