

# Status of Women in Emerging Social Structure

Edited By  
**Nalini Ghatge**  
**Anuradha Dubey**



International E-Publication  
[www.isca.co.in](http://www.isca.co.in)





**Pravara Rural Education Society's**

**Women's College of Home Science And B.C.A.,  
Loni-413713**

Tal-Rahata Dist-Ahmednagar  
Affiliated to SNTD Women's University, Mumbai  
Accredited By NAAC with 'A' Grade

---

**STATUS OF WOMEN IN EMERGING SOCIAL STRUCTURE**

**Editors**

**Dr. Nalini Ghatge**

Principal, Women's College of Home Science and BCA  
Loni, Tal Rahata, Dist Ahmednagar (MS), India

**Anuradha Dubey**

Assistant Professor, (Human development)  
Women's College of Home Science and BCA  
Loni, Tal Rahata, Dist Ahmednagar (MS), India

**2014**

**International E - Publication**

# **International E - Publication**

427, Palhar Nagar, RAPTC, VIP Road, Indore-452005, (MP) INDIA

Phone : +91-731-2616100, Mobile: +91-80570-83382, E-mail: [contact@isca.co.in](mailto:contact@isca.co.in), website: [www.isca.co.in](http://www.isca.co.in)

*© Copyright Reserved  
2014*

*All rights reserved. No part of this publication may be reproduced, stored, in a retrieval system or transmitted in any form or by any means, electronics, mechanical, photocopying, recording or otherwise, without the prior permission of the publisher.*

**ISBN: 978-93-84648-47-3**

## PREFACE

"You can tell the condition of a Nation by looking at the status of its Women." Jawaharlal Nehru, Leader of India's Independence movement, and India's first Prime Minister.

Women's are most wonderful creation of God. They play an important role in the overall functioning in every society. They are the backbone of every process evolving in society. Women form about half of the population of the world, but their situation has been grim. In spite of the crucial role that they play, they are vulnerable. The vulnerable position of women in the society stems from the fact that there are multicausal factors, that contribute to it. Women face a number of chronic burdens in everyday life as a result of their social status.

Women go through experiences that are often discriminatory from childhood; right from the general preference of male children to facing gender biased behavior throughout childhood to adolescent and later being subjected to domestic violence in/after marriage. There is strong son preference in India, as sons are expected to care for parents in their old age. This son preference along with High dowry costs for daughters resulting in their mistreatment.

Indian women have low levels of both education and formal labour force participation. T.P. Sechan says that there are parts of India where the literacy rate of women today is as low as 3 percent. So stark is the gender inequality in India that it is one of the 43 countries in the world where male literacy rate are at least 15 percent higher than female rates. Educational deprivation is intimately associated with poverty. The UNICEF Executive Director Mr. Carol Bellamy says; "No country has ever emerged from poverty without giving priority to education." (*Indian Currents*, 13 June 2004).

From the part of Economy : On the world level, women and girls together carry two-third of the burden of the world's work yet receive only a tenth of the world's income. They form 40 percent of the paid labor force. Though women constitute half of the world's population yet they own less than one percentage of the world's property (UNDP Human Development Report 1995). According to UN Report (2005): „women constitute half the world's population, perform nearly two-third of its work hours, receive one-tenths of the world's income and own less than one-hundredth of the world's property.

She is also a victim of humiliation, torture and exploitation. There are many episodes like rape, murder, dowry, burning, wife beating and discrimination in the socio-economic and educational fields. Indian society is pre-dominated by men, hence women are a victim of male domination in the respective sphere of life; especially in economic life, for instance, over decision making on resources, on utilization of her earnings and on her body. Hence a woman's life lies between pleasures at one end and danger at other end. In daily life women are routinely defined by sex and they are potential victims of kidnapping and rape.

Apart from this general condition of gender inequalities, the situation seems more miserable in case of Dalit women. They are victims of a double deprivation. One, on the gender front, and the other on the caste front.

This book is collection of scientific papers from professionals throughout the country. The papers included in this book covers nine major aspects such as current health status of women, socio cultural status of women, economic and political status of women, Nutritional and psychological status of women, women and science, women and IT sector and status of women in mass media. Papers highlight Women's issues, and its impact on them and policies to support women in India.

**Nalini Ghatge**  
**Anuradha Dubey**

## INDEX

SR. NO.	Topic	AUTHOR	PAGE NO.
1	One Fewest Consumption Of Soyabean Can Improves Nutritional Status Of Women	Dr. Nalini S. Ghatge	1
2	Status Of Women In The Present Scenario	Prof. Manju Arora	7
3	Emotional Status Of Women In India	Prof. Vishala Patnam	20
4	Women Empowerment Through Entrepreneurship Development	Dr. Ila Jogi	24
5	Women Empowerment, Psychological Obstacles And Management.	Dr.Jaiprakash N. Choube	32
6	Women's Political Participation In India	Dr. Nagare B.R.	39
7	Status Of Women In Indian Mass Media	Bapu B. Chandanshive	41
8	Women Performance In IT Industries - A Review	Mrs. C.S. Galande	48
9	Widows In Slum Of Tiruchirappalli City, Tamil Nadu – A Study	S.Sathia, D.Sellam,	55
10	Cultural Violence And Women's Mental Health	Dr. Punam Rani Shukla	62
11	A Study On Impact Of Socio-Demographic Attributes On Nutritional Status Of Elderly Women Residing In Surat City (A Comparative Study)	Dr. V.N.Solanki Dr. S.L.Kantharia, Mrs. Smita Maniar	68
12	Food Consumption Patterns And Nutritional Status Of Rural Women	Dr. (Mrs.) Singh Ranjana	83
13	Social, Economic And Political Participation- Measures For Ensuring Women's Empowerment.	Ms. Aasia Radiowala	90
14	'Gainfully Working Status Versus Domestic Responsibilities: A Losing Battle For Women'	Dr. Nikhila Bhagwat	102
15	Entrepreneurship: An Effective Way For Women's Socio -Economic Empowerment	Nikhila Rane	110
16	The Ways Of Imparting Value Education For Women Empowerment	Anuradha Dubey	115
17	Community Wise Traditional Head-Dress ( Padar ) For Women In Maharashtra.	Dr. Jyoti A. Thakare	119
18	Current Status Of Indian Women	Dr. Khandat M.S Dr. Nuzhat Sultana	125
19	Mental Health Status Of Indian Women	Dr. S.S.Bhale	131
20	Adequate Nutrient Intake & Health Of Adolescent Girls	Dr.Chetana V. Donglikar	134
21	A Case Study Of Crime Against Women In India	Dr. Sudarshan A. Aher Dr. P.V. Rasal	142

<b>SR. NO.</b>	<b>Topic</b>	<b>AUTHOR</b>	<b>PAGE NO.</b>
22	Marital Adjustment And Job Satisfaction Of Women Teacher And Nurse	Dr. P. V. Rasal Abhimanyu R. Dhormare	149
23	A Study On Health And Nutritional Status Of Rural Woman	Dr. Phatale V.S.	155
24	Women's Nutritional Status	Salma Khamruddin Shaikh	157
25	Over Nutrition In Indian Women	Shilpa P. Khot	159
26	Impact Of Urbanization On Prevalence Of Anaemia Among Slum Women	Anuja D. Kandi	163
27	Health Status Of Indian Women	Swati Ashok Mahajan	169
28	Declining Child Sex Ratio: A Case Study Of Shrirampur Tahsil	Dr. S. P. Cholke Mr. S. B. Sasane	173
29	Difficulties For Girls In Sport: A Perspective On Film Bend It Like Beckham	Vijay A. Khade	180
30	Chimamandangoziadichie: A Contemporary Feminist Voice In African Literature	Rakesh S. Mali	185
31	Nutritional Status Of Yoga Practitioner Female And Non-Practitioner Female	Jaysheela Baswant Manohar	189
32	Polycystic Ovary Syndrome (PCOS) And Its Diet Tips For Indian Women.	Kanchan S. Deshmukh	193
33	Menstrual Problems And Hygiene Among Adolescent Girls In Rural Area	Meenakshi A. Wandhekar Saurabhee Arjun Wandhekar	200
34	A Study On Nutritional Status Of Pregnant Women In Rural Area, Rahata Taluka, District Ahemednager.	Jaya B. Dabarase	206
35	Women And IT Sector	Rajashri M. Nehe Mr. Tambe R. V.	213
36	Women In Mathematical Science	Vaishali R. Korade	217
37	Health Status Of Women In Rural Area	Uttam Damu Anap Dr. Madhuri Wakchaure	220
38	Portrayal Of Women In Media	Sanjay T. Wani Sonia M. Talreja	225
39	Socio Cultural Status And Women Empowerment	Manisha S. Adik Archana S. Ghogare	231
40	Role Of Women As Scientists And Technologists In National Development	Dr. P.S.Vikhe Mr. R.S.Vikhe Mr.Kale S.K.	233
41	Political Status Of Women In India	Priya N. Magar Saroj Kharde	238

SR. NO.	Topic	AUTHOR	PAGE NO.
42	Role Of Women In Protecting The Environment.	Meenakshi A Wandhekar Ms. Makone Komal Ms. Nikam Pooja	243
43	Empowerment Of Women : Plans, Policies And Programmes	Bangal Lata N.	246
44	Role Of Women In Agriculture	R.V.Darade <i>et al</i>	252
45	The Health Status Of Women	Sonia M. Talreja Ms. Deshmukh Yogita T.	262
46	Economic Status Of Women	Sonia M. Talreja Ms.Gondkar Shraddha D.	265
47	Socio-Economic Status Of Women	Sonia M. Talreja Ms. Kulkarni Prachi S.	268
48	Socio-Cultural Status Of Women	Rajashri M. Nehe Anarthe Suwarna Ramnath	272
49	Status Of Women In Mass Media	Rajashri M. Nehe Antre Prajakta Laxman	278
50	Current Health Status Of Women	Rajashri M. Nehe Tambe Karishma K.	280
51	Current Health Status Of Women In India - Issues And Challenges	Dr. Varsha S Zanvar	283
52	महिलाओं की वर्तमान सामाजिक स्थिति : एक यथार्थ	डॉ. सानप शाम बबनराव	287
53	वृद्धावस्थेतील शारीरिक समस्या आणि वर्तन.	डॉ.सीमा अतुल पांडे	297
54	“महाविद्यालयीन मुलींच्या खरेदीवर जाहिरातींचा होणारा परिणाम”	प्रा. रुपाली नवले	294
55	महिलांचा राजकीय दर्जा दृष्टीकोनातून – नगरसेविकांच्या कामांचा अभ्यास	प्रा.जे.व्हि.निकाळजे (म्हस्के), प्रा. एस. के. शेख	297
56	मराठी दलित आत्मकथनातील स्त्री जाणीवा	प्रा. डॉ. नवनाथ अंगद शिंदे,	299
57	“स्त्रीवाद : आणि स्त्रीवादी साहित्य”	डॉ. सी. डी. रुद्राक्ष	303
58	ग्रामीण भागातील महिलांच्या आरोग्याचा दर्जा	प्रा. सय्यद ए.ए.	308
	Media, Advertisement & women (मराठी)	Dr. Suhas Pathak Dr. Bhaskar Bhosale	313

---

## ONE FEWEST CONSUMPTION OF SOYABEAN CAN IMPROVES NUTRITIONAL STATUS OF WOMEN

---

**Dr. Nalini S. Ghatge\***

Nutritional Status': It is the condition of the health of the individual as influenced by the utilization of the nutrients. It can be determined only by the cor-relation of information obtained through a careful medical and dietary history through physical examination and appropriate laboratory investigations.

Several recent scientific studies (**Messina and Barne 1994**) have shown that regular intake of traditional soya foods may help to prevent breast cancer, postrate cancer, colon cancer and menopausal problems of women (**Kaushik and Jaiswal 2010**). Due to presence of isoflavones and phytoesrogen in soyabean, it helps to prevents cancer by inhibiting the growth of existing tumor cells, and the risk of endometrial cancer.

Regular intake of soya product helps to prevent disease by lowering total cholesterol, low density lipoprotein, blood pressure and prevent plague built up in arteries (atherocleorosis) (**Messina 1997**).

Soyabean contains fairly large amount of carbohydrates and very low quantity of starch hence it can be very suitable for diabetic patients. The other health benefits of soyabean are it prevents osteoporosis due to present of isoflavones. It can be use in lactose intolerance conditions. Soyabean is a good source of lecithin which act as a emulsifier and helps to dispose fatty material from vital organs.

### **Significance of Soyabean:**

Soyabean is very much popular food crop in most of the countries of the world where as large number of people is found of soya products are prepared from soya seeds. Soyabean is now getting wide acceptance in India. The soyabean have the potentially to become industrial raw material in dairy products and agricultural stuff. Table 1.2and 1.3 gives and idea about nutritional significance of soyabean.

**\*Principal, Women's College of Home Science and BCA Loni, Tal Rahata, Dist Ahmednagar**

**Table 1.1 Composition and Nutritive Value of Soyabean**

<b>Components</b>	<b>Values</b>
Moisture (per cent/mg)	8.5
Energy (per cent)	416
Protein (per cent)	36.5
Fat (total lipid) (per cent)	19.9
Fat and saturated fatty acid (per cent)	2.9
Fatty acid (per cent)	4.4
Poly unsaturated fatty acids (per cent)	11.3
Carbohydrates (per cent)	30.2
Fiber (per cent)	9.3
ash (per cent)	4.9
Isoflavones (mg)	200.0
calcium (mg)	277.0
Iron (mg)	15.5
Magnesium (mg)	280.0
Phosphorus (mg)	704.0
Sodium (mg)	2.5
Zinc (mg)	409.0
Copper (mg)	1.7
Manganese (mg)	2.5
Potassium (mg)	1797.0
Selenium (mg)	17.8
Vitamin C (mg)	6.0
Thiamine (mg)	0.90
Riboflavin (mg)	0.90
Niacin (mg)	1.6
Pantothanic acid (mg)	0.80
Vitamin B6 (mg)	0.41
Folic acid (mg)	375.0
Vitamin A (mg)	2.0
Vitamin E (mg)	2.0

**Source: Swaminathan, 1998**

**Table 1.2 Amino Acid Profile of Soyabean**

<b>Name of the Amino Acid Total mg/100g</b>	<b>Amount</b>
Arginine	450
Histidine	150
Liysine	400
Tryptohan	80
Phyenylalanine	300
Tyrosilne	210
Methionine	80
Crytine	100
Threnonine	240
Leucine	480
Isoleucine	320
Valine	320

**Source: Gopalan et.al.(2001)**

Soyabean is higher in protein than other legumes and many animal products. The protein derived near by 40 per cent by soyabean. However, the quality of soya protein that is most remarkable health care professionals across the global recognizes. The superiority in quality of soya protein considers equivalent to that of the other high quality protein sources. It has been also significant that the amino acids of the protein of soyabean are much similar to those of cow milk protein (**Carrington,2008**).

The protein of meat, fish, eggs and grains become acid producing while most of the soya proteins are measured alkalizing in their effects which make desirable and substitute as human food. The soya protein is free from nucleoproteins and therefore it does not lead to formation of uric acid, hence it helps to inhibit gout. Soyabean contained sufficient amount of fat soluble vitamins like A, D, E and K where as water soluble vitamins such as B complex vitamins i.e. vitamin B<sub>1</sub>, B<sub>2</sub>, B<sub>3</sub>, B<sub>6</sub> and B<sub>12</sub> which are quite essential for the promotion of growth and reproduction. When soyabean soaked in water and sprouted they contain vitamin C which is found in fresh fruit and green vegetables.

Oil contents in soyabean vary from 15 to 40 per cent. The oil of soyabean is of superior quality. It is low in saturated fat and free from cholesterol. The soya oil decreases LDL and cholesterol and maintain HDL ratio in unsaturated fatty acid. Soyabean contains hardly any starch which is present very small in quantity in certain varieties. The content of starch ranges from 1 to 3 per cent. Yellow soyabean contain very little starch, it contains carbohydrates in small molecules, which ranges from 22 to 29 per cent, which depend on variety and stage of maturity. Soyabean also contain minerals specially calcium, iron, zinc and potassium.

### **Health Benefits of Soyabean and Soy products**

Soyabean is a complete plant protein. Due to its high biological value and content good numbers of essential amino acids it can be use to prevent protein calorie malnutrition among vulnerable groups in the community.

### **Soya based food products:**

There are number of soya products which are prepared by using soyabean as a base which may be categorized as traditional soya food products, advanced soya products and innovative soya products. Extruded soya products are prepared by use of sorghum and defatted soyaflour

(Prasad et.al. 2007).

Traditional soya products are generally prepared by use of germination process. **Soyabean tofu** is a fermented products prepared in Japan and used as a supplementary foods in a daily diet. Fresh tofu can be preserved in refrigerator for a few days. Where as dried tofu keeps well for long period after smoking and readily transported into a cans and other suitable packaging. **Natto** is a another product prepared by fermenting boiled soyabean with bacillus natto culture at 60°C tide in a paddy straw and allowed to ferment for 24 hours, Natto is consumed in a fresh from. **Temphe** is prepared by inoculating with an *A. oryzae* and mycelium is allowed to grow for about 48 hours. Then it is fried sliced and cooked in soups. **Miso** is popular in Japan and consumed along with soup and vegetables. The mixture of soya flour and rice flour paste is made by using water and inoculated with fermented rice and kept for fermentation about 3 to 4 days. **Soya sauce** is consumed widely in Japan. It is a mixture of cooked soyabean and wheat flour which inoculated with *A. oryzae* and incubated at 40°C for 72 hours, salt solution is added and fermentation is allowed for period of 3 months. Soya sauce is then filtered, bottled and kept for longer period. **Soya meal** is a residue obtained after fat extraction, which contains residual solvents which is heated to recover the solvent and to treat the meal. The degree of heating is depends on the use of the meal. **Soya grits** is the roasted residue after soyabean solvent extraction soyafLOUR is produced. When soyabean is ground this has two different forms one as defatted soya flour, while the other is full fat soya flour. **Soya protein concentrate** is a product obtained from good soyabean after removing the oil and water soluble carbohydrates. It contains about 70 per cent protein. **Soyabean isolate** contain major protein functions of soyabean. It contain 90 per cent protein and used in food formulation and meal industry. **Soya protein fiber** is prepared from soy protein isolate by spinning the alkaline solution in acid bath. It is available in frozen from and incorporated in meal products like corned belt, meal loaf and others. **Textured vegetable soya protein** is a popular meat extender used in food industry. It is prepared from flour or soya protein concentrate. It is used in sausages, meat loaf restructured meat and other meat dishes like hamburger, patties etc.

**Soyabean animal feed** is a vital in the development of livestock and poultry industries made from soyabean meal. Soyabean is also used in the industry. Soya protein isolate or concentrate are industrial raw material used for paper coating, insulation foam, glue and textile sizing.

### **Advanced Soya products:**

Milk substitute and infant food supplementary formulas are prepared with the help of soya base. Preparation of milk process consists of grinding decorticling soyabean in hot water straining the milk through fine sieve heating the milk at 14 lb pressure for 30 minutes to destroy inhibitor and ant nutrient and fortifying with sugar minerals and vitamins. Soyamilk is a better milk substitute for lactose intolerance. It consumes in liquid form or can be dried and used for feeding the infants. It also used in weaning process.

Edible soya flour such as full fat, low fat and the defatted soya flour are used in the enrichment of protein content in the preparation of bakery and confectionary such as cake, chocolate and candies products.

Soya flour is used in soup powders. Coffee powder is blending with soya flour. Spices and condiments are used fortified with the contents of soya vitamins and minerals. Where as soya milk powder mixed in skim milk powder (**Swaminathan 1998**) in the dairy industries.

Soyabean has high quality of amino acid, better protein digestibility. It also contains a better lipoxidase activity, lecithin and lipid profile. Due to these qualities in soybean and soya products are used in the dietary treatment of various deficiencies diseases.

However, the processing techniques used in the preparation of these innovative soya products are tedious, complicated, high costing and require skill personals. Generally home based treatment has been recommended during the rehabilitation phase of treatment for malnutrition in areas where follow up is possible (**Ashworth, 2006**). The traditional foods are most familiar in the community. It requires less skill for their preparations. Hence, such traditional and home made based foods are chosen after the value addition and planned to use as a food.

### **Significance of the Study:**

Such type of study has not been conducted in this region. Therefore the data regarding this study is significant model for combating malnutrition problem among people.

Generally farmers in this region are cultivating soyabean as cash crop hence, this study will help in awareness of importance and other health benefits of soyabean.

In further this study had wide scope for improving better nutritional and health status of the family after making them aware about the consumption of prepared soya based food products.

Soyabean is referred as vegetarian meat due to its high quality amino acid profile. It is less expensive legume as well as oil seed crop locally available. Due to excellence source of macro and micro and other biological properties this can be use full formulation of high nutri mix weaning and supplementary foods to combat malnutrition and maintain good health and nutritional status of preschoolers. By keeping this view present research study has been designed.

### **Conclusion:**

One fewest consumption of soyabean daily in any form by human being can prevent dreaded diseases such as breast cancer, colon cancer, prostate cancer, hypertension, menopausal blue. It also prevent malnutrition among preschool children and vulnerable group.

### **References:**

- 1) Ashworth; A (2006). "Effect and effectiveness of community based treatments of severe malnutrition". Food Nutr Bull; 27: S24-S48.
- 2) Gopalan; C., B. V. Rama Serstri and S.C. Balasubramanian. (2001), "Nutritive value of Indian foods". National Institute of Nutrition, ICMR,Hydrabad 500007, India.
- 3) Corrington, M. siddaling (2008) "Bird eye soybean" www.goolge.com 35:145
- 4) Golden, M. H. (2010). " Proposed recommended nutrients densitites for moderately malnourished children." Food Nutr Bull; 30: S267-S342.
- 5) Kaushik; A. and Jaiswal; M. (2010). "A study on effect of soyafLOUR on post menopausal problems women of Gorakhpur District." Research paper presented at UGC National level seminar at Ludhiana (UP) 23<sup>rd</sup> and 24<sup>th</sup> Oct. : 2.
- 6) Messina; M. J. (1997). "Soyfood their role in disease prevention and treatment in Liu Keshun." Editor Soybean chemistry. Technolog and utilization Chapman and Hall, New York: 443-447.
- 7) Messina; M. J. Barne presky; V. (1994). "Soyintake and cancer risk". A critical Review of the literature and invivodata. Nutri cancer (095) 21(2): 113 -131.
- 8) Prasad; N. Narayan, Siddaling swamy M., Babmsha S.T. and Semwal, A.D. (2007). "Prolein quality of sorghum - soy based extrudi snack food." Jr. of food Sci. Technol. 44 (2), 165 - 167.
- 9) Swaminathan; M. S. (1998). "Essentianls of food and nutrition." Volume I. published by The Bangalore Printing and Publishing Co. Ltd., No.88,Mysore Road, Bangalore.

---

## STATUS OF WOMEN IN THE PRESENT SCENARIO

---

**Prof. Manju Arora\***

### **Status Defined :**

- Position of an individual in relation to that of others.
- A social or professional position, condition, or standing to which varying degrees of responsibility, privilege, and esteem are attached.
- Status is simply a position in a social system, such as a child or parent. Status refers to what a person is.
- Status is also referred as a synonym for honor or prestige, when social status denotes the relative position of a person on a publicly recognized scale or hierarchy of social worth.
- A status is simply a rank or position that one holds in a group. One occupies the status of son or daughter, playmate, pupil and so on. Eventually one occupies the status of a husband, mother, and breadwinner and so on; there are so many statuses as there are groups of which one is a member.

There are certain phrases which also throw light on the word Status :

- Above the salt – among the distinguished or honoured guests at a dinner of high rank.
- Born in the Purple – of royal or exalted birth. Upper crust – The highest social stratum; the wealthy.
- Upper crust – The highest social stratum; the wealthy.
- Born with a silver spoon.
- Brown bagger – a person of inferior status.
- Grass root – the common man, the working class.

For analytical purposes, statuses are divided into two basic types – Ascribed and Achieved.

**Ascribed statuses** can be defined as those that are fixed for an individual at birth. Statuses based on inborn characteristics, such as gender, are called **ascribed statuses**, One can be placed in the stratification system by their inherited position, which is called **ascribed status**. Ascribed statuses that exist in all societies include those based upon sex, race, ethnic group and family background.

**\*Professor, Dept. of Ext. Comm. & Mgt, Institute of Home Science ,Agra**

For example, a person born into a wealthy family characterized by traits such as popularity, talents and high values will have many expectations growing up. Therefore, they are given and taught many **social roles** as they are **socially positioned** into a family becoming equipped with all these traits and characteristics.

On the other hand, one can earn their social status by their own achievements, which is known as **achieved status**. Statuses that individuals gained through their own efforts are called **achieved statuses**. Achieved status means what the individual acquires during his or her lifetime as a result of the exercise of knowledge, ability, skill and/or perseverance. Occupation provides an example of status that may be either ascribed or achieved; it can be achieved by one gaining the right knowledge and skill to become socially positioned into a higher position of that job, building a person's social identity within the occupation. Social status is used in many parts of the world.

An *embodied status* is one that is generated by physical characteristics located within our physical selves (such as beauty, physical disability, stature, build). The status that is the most important for an individual at a given time is called **master status**.

### **Historical Perspective Regarding Status of Women**

The status of women in India has been subject to many great changes over the last few decades. The status of women is one of important aspects to study in every era.

#### **Women in Ancient / Vedic Period:**

In Ancient Indian society status of women was to some extent satisfactory,

The position of women in ancient India was taken in high esteem. The historical background of Indian society reveals that in Vedic times a woman was given a high status. It is an old saying, “Where women are honored, gods reside there.”

She was known as ‘Ardhangini’ – one half of husband’s body. She enjoyed equal status with men and was regarded even superior to men. A woman was considered as an equal partner with man in the responsibilities and duties at home.

The women used to take important decisions and were allowed to choose their own husbands through the system of ‘Swayamvara’ At the time of marriage, she as a bride was entitled to procure certain solemn vows from the bridegroom before the ritual fire.

No religious ceremony by the husband could bear fruit without her participation.

Women enjoyed equal status and rights during the early Vedic period.

Women in ancient society were respected and were also given importance and prominent position in the Indian society.

Access to education was possible for the women in ancient times. They participated in educational debates and discussions.

Another evidence of equality of women at par with men in gender relations was that a woman enjoyed freedom of movement and had the same rights and access to reading Vedas, getting education and having a say in the choice of her marriage partner. Thus, during the Vedic periods women actively played in the intellectual and social life of the country.

As a mother, wife and sister the women occupied an honored place. She was regarded as the epitome of courage and boldness, love and affection, sacrifice and suffering.

Traditionally, India had seen a woman as a member of the family or a group and not as an individual with an identity or right of her own. The principle of equality of women and men has been basic to traditional Indian thinking and the Hindu religious philosophy.

**In the Upanishad period** there are references to women as celebrities who attained high intellectual attainments. Gargi Vacaknavi is one of the examples. Maitreyi, the wife of Yajnavalkya is represented as having philosophical discussion with her husband on the relationship of the universal soul (Paramatma) to the individual soul. These examples demonstrate the height of intellectual and spiritual attainments to which as women could rise.

The concept of woman as Shakti, the primal energy force, found expression in the **famous epic Mahabharata**. In this epic woman is glorified as a “light of the house, mother of the universe and supporter of the earth and all its forests”. The Mahabharata further says that there is no guru like the mother. In earlier Vedic age a woman held higher and honored situation in gender relationship.

**Manu**, who was the first to codify the laws in India, writes about the status of women **in his Manusmriti**, “Where women are honored, there the gods rejoice. Where, however, they are not honored, there all sacred rites prove useless.” In addition, he further declared: “In whatever house a woman is not duly honored, that house, with all that belongs to it shall utterly perish.”

In another **epic Ramayana**, when Rama intended to perform the Ashwamedha Yajana in the absence of Sita, the religious norms advised Rama to keep a golden statue of his wife beside

him during the ceremony. This showed that no ceremony could be performed without the presence of women.

These epics through ages have become benchmark with which status of women is compared. While making comparison it is always said that as women participated equally along with men in the religious rituals so women are equal to men.

### **Women in the Later Vedic Age**

The honored status that women enjoyed in the family and society in the Vedic Age began to undergo radical changes. This took place with the pronouncement by Manu, the Hindu law-giver, regarding woman's changing position through her life cycle, states the subordinate position of a women:

**“ In childhood, the women are subjected to their fathers:  
In youth to their husbands, and  
When their husband is dead, to her sons:  
She should never enjoy independence.”**

This deterioration in the status of women was due to the dominance of the male attitude. In this way, the images of woman created by the Hindu lore thus became paradoxical and contradictory to the earlier Vedic Mahabharata and Ramayana days. She became an essentially weak and dependent creature needing the constant guardianship and protection of man.

Marriage, Motherhood and service to the husband were being regarded as the most valuable attributes of the woman, lowering her status. Later Vedic age denied to her reading Vedas and getting education.

### **Women in Medieval Period:**

With time, women started to lose their importance and their status began to wane. There was greater erosion in the status and position of women in medieval period. Around 500 B.C., The status of women began to decline with the invasion of Mughals and later Christianity worsened women's freedom and rights.

During the course of medieval period, women lost their honored place due to social, economic and political factors.

The freedom given to women was curtailed slowly and she was not allowed to voice her opinions in political matters.

Evil practices like Sati, Child Marriages and ban on Widow remarriage came into vogue.

Daughters were considered to be a burden and they were reduced to doing the chores of household. Women were tortured and humiliated and their position and condition degraded.

The Muslim conquest brought about Purdah pratha in the Indian society.

Jauhar was practiced by the Rajputs of Rajasthan.

Dowry system found its roots in the society; this led to decline in women's status inside and outside the home.

Devadasi, temple women, were sexually exploited in some parts of India.

Polgamy was widely practiced by Hindu Kshatriya rulers.

Women were not allowed in Jenana areas.

During the last few years, sexual harassment at work place, eve teasing, abduction and female foeticide gave inclination of the horrible behavior patterns prevailing in the society.

Majority of women lived a life of dependency that did not possess any self-identity.

Thus, during the medieval period, Indian women lost their earlier status and were at the lowest ebb.

**In spite of these conditions, some women excelled in the fields of politics, literature, education and religion.**

- *Razia Sultana became the only woman monarch to have ever ruled Delhi.*
- *The Gond queen Durgavati ruled for fifteen years, before she lost her life in a battle with Mughal emperor Akbar's general Asaf Khan in 1564.*
- *Chand Bibi defended Ahmednagar against the mighty Mughal forces of Akbar in 1590s.*
- *Jehangir's wife NurJehan effectively wielded imperial power and was recognized as the real force behind the Mughal throne.*
- *The Mughal princesses Jahanara and Zebunnissa were well-known poets, and also influenced the ruling administration.*
- *Shivaji's mother, Jijabai was deputed as queen regent, because of her ability as a warrior and an administrator. In South India, many women administered villages, towns, divisions and heralded social and religious institutions.*

## **Women in British India**

The Britishers along with Indian reformers raised their voice to eliminate brutal practices against woman, which had placed them at the marginalized position in the society such as: female infanticide, child marriage, enforced widowhood and sati. Thus, in order to raise the status of Indian women, the British rule led to number of socio- religious reforms in the country along with the Indians.

A. **Reformist organizations** led the fight against women's oppression by condemning such practices as polygamy, early marriage, enforced widowhood and by advocating female literacy. These organizations were:

- *Brahmo Samaj* founded by Raja Ram Mohan Roy in 1828. Raja Rammohan Roy's efforts led to the abolition of the Sati practice under Governor General William Cavendish-Bentinck in 1829.
- *Arya Samaj* set up by Dayanand Saraswati in 1875. Swami Dayanand's main message - "Back to the Vedas" - formed the bedrock of all his thoughts and actions. In fact, he spent a lifetime preaching against many Hindu customs and traditions that were meaningless and oppressive, according to him. These included practices such as untouchability, child marriage and forced widowhood, which were prevalent in the 19th century.
- *Ramakrishna Mission* created by Vivekananda in 1897 worked for the upliftment of women.

B. **Individual male reformers** also took part in the fight to upgrade the status of women, they were:

- *Ishwar Chandra Vidyasagar's* crusade for the improvement in condition of widows led to the *Widow Remarriage Act of 1856*.
- *Ramakrishna Paramahans, Keshab Chandra Sen, Maharishi Kare,*
- *Many women reformers such as Pandita Ramabai also helped the cause of women upliftment.*
- *Mahadev Ranade and Gopal Krishna Gokhale*

### **Women in Freedom Struggle for Independence**

In 1887, the National Social Conference was formed specifically to lead the social reform campaign to further support one of the major objectives of women's emancipation. It created a separate entity known as the Indian Women's Conference.

Gandhiji supported women's induction into public life while asking also that their domestic role be fully honored and valued. His tools of mass agitation politics served him well in getting women out of the private into the public sphere. Thus during the freedom struggle no distinction was made in the participation of either women or men. This gave equal status to gender. In recognizing their contribution the principle of "Gender Equity and Equality" was enshrined in the constitution of free India in 1950.

### **Women in Modern Period**

In recent years the role of women has undergone some drastic changes due to globalization and commercialism. Revolutionary changes have taken place in the position of women in India after independence.

Women have contributed to the progress of humanity in every age. They are the agents of change. They have contributed significantly towards nation making. The status of women is a significant reflection of the social justice in the society.

### ***Constitutional Provisions***

*The constitution of India not only grants equality to women but also empowers the state to adopt measures of positive discrimination in favor of women for neutralizing the cumulative socio-economic, education and political disadvantages faced by them. Fundamental Rights ensure equality before the law and equal protection of law; prohibits discrimination against any citizen on grounds of religion, race, caste, sex or place of birth and guarantee equality of opportunity to all citizens in matters relating to employment.*

The Constitution of India guaranteed certain fundamental rights to the women. Indian women are the beneficiaries of these rights in the same manner as the Indian men.

The Constitution of India provided for special steps to be taken by the government to improve the condition of women by separate institutions.

The constitution of India has incorporated some special provision for increasing the status of women in India. From 1950, with the introduction of the democratic constitution, it has granted

equal social and political rights to women. The constitutional provisions given in favor of women are:

- *Article 14 guarantees that the State shall not deny equality before the law and equal protection of the laws,*
- *Article 15 prohibits discrimination against any citizen on the ground of sex:*
- *Article 16 provides for equality of opportunity in matter of public employment.*
- *Article 39(a) and Article 39(d) states to direct its policy towards securing for men and women equally the right to an adequate means of livelihood and equal pay for equal work for both men and women.*
- *Article 42 states to make provision for securing just and humane conditions of work and for maternity relief.*
- *Article 51(A) (e) promotes harmony and the spirit of common brotherhood amongst all the people of India and to renounce practices derogatory to the dignity of women.*
- *Article 243 D (3) Not less than one-third (including the number of seats reserved for women belonging to the Scheduled Castes and the Scheduled Tribes) of the total number of seats to be filled by direct election in every Panchayat to be reserved for women and such seats to be allotted by rotation to different constituencies in a Panchayat.*
- *Article 243 D (4) Not less than one- third of the total number of offices of Chairpersons*  
In the Panchayats at each level to be reserved for women.
- *Article 243 T (3) Not less than one-third (including the number of seats reserved for women belonging to the Scheduled Castes and the Scheduled Tribes) of the total number of seats to be filled by direct election in every Municipality to be reserved for women and such seats to be allotted by rotation to different constituencies in a Municipality.*
- *Article 243 T (4) Reservation of offices of Chairpersons in Municipalities for the Scheduled Castes, the Scheduled Tribes and women in such manner as the legislature of a State may by law provide.*

### **Legislative Provisions**

*To uphold the Constitutional mandate, the State has enacted various legislative measures intended to ensure equal rights, to counter social discrimination and various forms of violence and atrocities and to provide support services especially to working women.*

Effective changes in the status of women were contemplated in India through social legislations. Various legislative measures intended to ensure equal rights, counter social discrimination and various forms of violence and atrocities and to provide support services especially to working women have been enacted by the government to uphold constitutional mandate.

These legislations have been brought in order to give equal rights and privileges to women with men, to eliminate discriminations against women, remove inequality between sexes, and remove external barriers coming in the way of their self-realization and development. The important Acts passed for the upliftment of the status of women are:

- *The Special Marriage Act 1954*
- *The Hindu Marriage Act 1955*
- *The Hindu Succession Act 1956*
- *The Hindu Adoption and Maintenance Act 1956*
- *The Hindu Minority and Guardianship Act 1956*
- *The Maternity Benefit Act 1961*
- *Dowry Prohibition Act 1961*
- *Medical Termination of Pregnancy Act 1971*
- *The Contract Labour Act 1976*
- *The Hindu Women Right to Property Act 1973*
- *The Equal Remuneration Act 1976*
- *The Child Marriage Restraint Act 1979*
- *Indecent Representation of Women[Prohibition]Act 1986*
- *Commission of Sati[Prevention] Act 1987*
- *Protection of Women under Domestic Violence Act 2005*

### **Special Initiatives for Women**

Some special initiations have been taken for women:

- *National Commission for Women In January 1992- this statutory body with a specific mandate to study and monitor all matters relating to the constitutional and legal safeguards provided for women, review the existing legislation to suggest amendments wherever necessary was set up.*

- *The 72<sup>nd</sup> and 73<sup>rd</sup> Constitutional Amendment Acts passed in 1992 for reservation of women in Local Self Government by Parliament ensured one-third of the total seats for women in all elected offices in all Rural and Urban Local Bodies.*
- *The National Plan of Action for the Girl Child (1991-2000 AD) The Action Plan is to ensure survival, protection and development of Girl Child with the ultimate objective of building up a better future for the girl child.*
- *In 1990, grants from foreign donor agencies enabled the formation of new women-oriented NGOs. Self-help groups and NGOs such as Self Employed Women's Association (SEWA) have played a major role in safeguarding the women's rights in India.*
- *The Government of India declared 2001 as the Year of Women Empowerment (Swashakti).*
- *National Policy for Empowerment of women, 2001 The Department of Women and Child Development in the Ministry of Human Resources Development prepared a 'National policy for Empowerment of Women' in the year 2001. The goal of this policy is to bring about the advancement, development and empowerment of women.*
- *In 2010 March 9, one day after International Women's day, Rajyasabha passed Women's Reservation Bill, ensuring 33% reservation to women in Parliament and state legislative bodies.*

### **Present Scenario of the Status of Women**

#### Some Bright Spots

- *India has world's largest number of professionally qualified women.*
- *India has largest population of working women in the world.*
- *India has more number of doctors, surgeons, scientists, professors than the United States*

### **Women Achievers**

With the help of the social reformers women of India slowly started recognizing their true potential. She started questioning the rules laid down for her by the society. As a result, started breaking barriers and earned a respectable position in the world. Today Indian women have excelled in each and every field from social work to visiting space station. There is no arena, which has remained unconquered by Indian women. Whether it is politics, sports, entertainment, literature, technology everywhere we can hear applauses for her.

## Women for Social Cause

- **Vijayalaxmi Pandit- First woman president of UN General Assembly**  
*Vijayalaxmi Pandit became the first Indian woman to be appointed minister at the Centre.*  
*She was given charge of local self-government and public health in 1937.*  
*She later became the first woman president of United Nations General Assembly in 1953.*  
*She also served as governor of Maharashtra in 1962 and later Indian representative to UN Human Rights Commission.*
- **Ramabai Ranade** (25 January 1863 – 1924) was an Indian social worker and one of the first women's rights activists in the 19th century.
- **Medha Patkar** is a well known social activist of India.
- **Jyotirao Govindrao Phule**, who was a prominent activist, thinker and social reformer from the Indian state of Maharashtra
- **Madhu Kishwar has taken up a number of social justice fights in India**

## Women in Politics

Women of India are highly active today in this area.

- *Sarojini Naidu, Sucheta Kriplani were the torchbearers for the women of India.*
- *Mrs.VijayLkshamiPandit was the first Indian woman to hold a post in the cabinet. Thus paving the way for other women.*
- *The most important name in the category of women politicians was Mrs Indira Gandhi. She was the one who made world stop and notice the talent and potential of Indian women. She was the first women Prime Minister of independent India.*
- *Today her daughter-in law Mrs Sonia Gandhi is following her footsteps and leading the Indian National Congress.*
- *Other women who have made their name in politics of India are Shiela Dixit, Uma Bharti, Jayalalitha, VasundhraRaje ,Mamata Banerjee and Mayawati.*
- **Pratibha Devisingh Patil was the 12th President of the Republic of India and first woman to hold the office.**

## Women in Corporate Field

- *Another name in this list include Vidya Mohan Chhabaria, Chairperson of*
- *Jumbo Group, Naina Lal Kidwai, Vice Chairperson and Managing Director of HSBC Securities and Capital Market, Sullaijja Firodia Motwani and Mallika Srinivasan.*  
*One of the most famous female business success stories is the Shri Mahila Griha Udyog Lijjat Papad. Lalita Gupte and Kalpana Morparia (both were the only businesswomen in India who made the list of the Forbes.*
- ***KiranMajumdar Shaw** is the undisputed corporate queen of India. She is the richest Indian woman. She is the MD of Biocon India. She started the company to make industrial enzymes in her garage with seed capital of Rs.10,000/-.* *Not only is she an astute business woman but is also considered one of Asia's top philanthropist, donating millions to charities that make medicines available to the poor.*
- ***Chitra Ramakrishna** took over the charge as Managing Director and CEO of National Stock Exchange becoming the first women to Head the National Stock Exchange in 2013.*
- ***Shikha Sharma**, Managing Director and CEO, Axis bank is a three decade veteran of national banking and one of the only two women to run a private bank in India.*
- ***Chanda Kochkar**, MD, CEO, ICICI BANK In 2009 she became the youngest CEO, the first woman to head ICICI Bank.*
- *There are many others in the line who have worked for and achieved what they wanted. Lets salute to them and be inspired by them.*

The above picture shows that the status of women has gone through many ups and downs. Women have had equal participation in all spheres of life. She is half of the human race. Still lot of crime is seen in modern society. Constitutional provisions are not only sufficient to get a respectful position in the society. Certain changes inside mind-set of women themselves and everybody in the society is required. Everybody in the society understands there is division of labour in society, some essential role is played by every person in society so why are women considered secondary to men. In modern times technology has developed, globalization and commercialization have come into existence but the status and position of women has not improved to the levels it should have reached. This shows that the women herself is responsible. There has been, in general, a lack of awareness among the women about various legislations and programmes being implemented for the benefit of women. Although the socio-cultural situation,

to a great extent, keeps women isolated. Lately the radio, TV and other mass communication media have exposed them to information and knowledge. However, such exposure has not yet resulted in creating consciousness to the desired extent among women, nor has it succeeded in loosening the hold of tradition-oriented thinking and mores. The significant roles that are vital for women's development in such vital areas as attitudes to education, health and health care, nutrition, reduction of infant mortality; meaningful participation in many skilled jobs in advanced science and technology areas like medicine and medical research, electronics and informatics, education and teaching, energy-conservation and in improving the quality of life, has not yet been grasped fully by society, and especially by the women, at large.

It is the woman who has to wake up, fight for her rights and grasp the position in society which she wants and should hold. Let us all today take a vow that we will fight to achieve the status which is due to us and also will fight for other women to help attain their status.

---

## EMOTIONAL STATUS OF WOMEN IN INDIA

---

**Prof. Vishala Patnam\***

Emotion is a subjective, conscious experience characterized primarily by psycho-physiological expressions, biological reactions and mental states. Emotions are a complex state of feeling that results in physical and psychological changes that influence our behaviour. The emotional status of women is like a see-saw and it varies with the stages of life span. In the 21<sup>st</sup> century women's life is not just limited to four walls of the home but they are involved in various kinds of gainful employment. That's why they have to learn to manage with multiple roles and responsibilities. As they have limited time and energy resources, while doing so, they get some or other kind of anxiety, various types of stress; develop phobia, behavioral and health disorders. It is imperative for women to develop a positive attitude towards life, enhance their knowledge and skills related to the social roles to become empowered and efficient in discharging their duties well and also by paying proper attention to general health for maintaining good mental health. To develop strong self... women must realize that **“what is in me is more valuable than what is on me and what is with me”**. They should develop an attitude of **Woman, without her, man is nothing (looking at her positively)** than developing a negative feeling that **Woman, without her man, is nothing (looking at her negatively)**. The women who take care of only domestic work must learn to introduce themselves as **Home Makers or Domestic Engineers** instead of saying we do nothing. Women must be aware of the developmental milestones of life and the characteristics of mind (it's like water, air and fire) & psycho analysis in order to cope with challenges of life.

Psychological research in post-independence India identified poverty & deprivation, discrimination and inequalities based on caste, religion, region and gender. Gender is being increasingly recognized as a critical issue in societal development. The issues that the women's movement has engaged since the 1970s have ranged from dealing with violence against women, addressing the inequities of gender in education, employment, access to health care and political representation through campaigning for changes in law and policy, and highlighting concerns such as reproductive and sexual rights.

**\*Associate Dean, College of Home Science Vasantrao Naik Marathwada Krishi Vidyapeeth, Parbhani(Maharashtra)**

The factors that determine the emotional status of women in India are majorly

### **Family values and attitudes**

All families have commitments, values, and priorities. Some of these sentiments are explicit and well defined. Our family, friends, community and the experiences we have had all contribute to our sense of who we are and how we view the world. Family values can influence many of the judgments made as well as have an impact on emotional status of women.

### **Socialization practices**

These practices influence the behavior, beliefs and actions of women. It is the process where the women acquire knowledge & skills, imbibe values and develop interests. It plays a key role in women's development.

### **Socio-economic status**

Socio economic status is often measured as a combination of education, income and occupation. When viewed through a social class lens, privilege, power, and control are emphasized. SES affects overall functioning of women , including development across the life span, physical and mental health. Variance in socioeconomic status, including disparities in the distribution of wealth, income, and access to resources, affects them. Women are more often responsible for raising children and are increasingly likely to raise children alone. Reduced income for women coupled with longer life expectancy and increased responsibility to raise children has made it more likely for women to be at emotional risks. Socioeconomic status affects overall well-being and quality of life for women. It focuses on the interface of reproductive health and psychological well-being such as premenstrual distress, menopause, pregnancy etc.

### **Self Esteem of women**

Self esteem means one's own judgment about one's worthiness. It develops and increases based upon psychological centrality, self analysis, social feedback from significant people in life and social comparison. There is lot of research evidence that high self esteem women maintain sound mental health and it is vice versa with low self esteem women.

### **Gender linked attributions**

Acts of violence began in the early years of marriage and were not sporadic but formed a continuous pattern. Most investigations have traced the factors of violence to either economic reasons related to demands for dowry and extended dowry, non-economic reasons such as alleged failure of the wife to fulfill household responsibilities and obligations, sexual control of the wife including suspicion of fidelity of the wife and illicit relations of the husband and domestic conflicts between the daughter-in-law and the mother-in-law (woman-versus-woman antagonism).

### **Reproductive health**

Reproductive health addresses the reproductive processes, functions and system at all stages of a woman's life. It influences the health and emotional well-being from teenage to late adulthood. It includes a broad range of topics such as birth control, sexually transmitted infections, ability to become pregnant and infertility. Reproductive health depends on factors such as age, lifestyle, and overall health.

### **Marriage and motherhood**

Marriage is an important event in a woman's life which acts as a turning point. It is closely linked to motherhood. Women encounter innumerable challenges in upbringing children. It has become all the more challenging in the rapidly changing socio-economic and cultural scenario.

### **Social Support Network (friends, relatives and facilities)**

With the disintegration of joint family system women encounter various types of problems in managing household work and child care. Good support of spouse, friends, relatives and availability of facilities for child care make a big difference in women's life and their emotional status.

### **Work-family interface**

Although women have always worked in various occupations and their earnings are a critical contribution to their families' sustenance Terms such as 'role conflict' in educated working women denoted the stress associated with women stepping out of the 'private' role of domesticity and the competing demands of home and paid work. The implicit assumption was

that the home/family, which was considered the site of women's 'natural' role, was a stress-free sanctuary while the workplace and responding to dual demands of work and family were sources of stress per se. In particular, the addition of paid employment to their existing family roles, it was assumed, led to a number of negative effects on women's and their families' well-being. Subsequent research in the decade of the 1990s has, however, been more nuanced exploring the processes involved in work-family linkages, revealing that these two spheres are highly interdependent and rarely as insulated from each other as it might be believed. Studies have documented the importance of taking into account key mediating variables such as nature of work, child-care arrangements, type of family structure, perception of family environment, attitudes towards wife's employment, extent of involvement in work or family and their impact on mental health outcomes of employed women.

### **Aging and widowhood**

With increase in age, there is reduction in the physical and mental capacities and increase in physical and mental problems which are inevitable. The 21<sup>st</sup> century women are educated and are contributing significantly in some or the other ways to run their families. That is why they are becoming independent individuals. Due to widowhood women get socially isolated, feel lonely and succumbed to emotional problems due to loss of their beloved spouse.

Women have to learn to save adequate money to take care of their old age needs and demands than depending upon their children who would be preoccupied with their own responsibilities. They must take adequate care of their physical and mental fitness throughout their lifespan so that they would become an asset to their grown up children than a burden to them. Such women are most wanted, respected, accepted and welcoming members of their families.

---

## **WOMEN EMPOWERMENT THROUGH ENTREPRENEURSHIP DEVELOPMENT**

---

**Dr. Ila Jogi\***

Empowerment of women is the need of the day, as it is the surest way of making women as "partners" in development and bringing them in the mainstream of development not only as mere "beneficiaries" but also as "Contributors". Women of any nation are the mirror of its civilisation. When women moves forward the family moves, the village moves and the nation moves. The process of women empowerment is conceptualised in terms of personal assertions and confidence ability to protect themselves as women, attaining economic independence, ownership is productive assets provide leadership in women.

Empowerment in real sense would mean when women are actively involved in larger struggle for social change. Women contribute considerably to household income through income generating activities or in cashing existing self employment opportunities. Indian economy is capital short and labour affluent, resulting in widespread unemployment. This problem can be solved by generating employment through entrepreneurship. The women who are poor, unskilled and cannot afford to pay and attend any training programmes for employment are poorest of the poor. These women need supplementary income to improve their lives. Entrepreneurship among women recognise the major initial emphasis on confidence building and ability to negotiate and assist themselves with male suppliers and customers. In modern times women are slowly emerging through their struggle for survival and progress. Women has now established their right as wage earner in competition with male counterparts in the field of entrepreneurship. Through income generation women can supplement family income, give scope to independence, prove themselves as potent economic factors, get the scope for development and choice of a career, and have good impact on their social position and status.

The emergence of women entrepreneurs and their contribution to the national economy is quite visible in India. The number of women entrepreneurs has grown over a period of time, especially in the 1990s. Women entrepreneurs need to be lauded for their increased utilization of modern technology, increased investments, finding a position in the export market, creating a sizable employment for others and setting the trend for other women entrepreneurs in the

**\*Associate Professor, Department of Home Science Mahila Mahavidyalaya, Karad; Dist. Satara; Maharashtra**

organized sector. While women entrepreneurs have demonstrated their potential, the fact remains that they are capable of contributing much more than what they already are. Women's entrepreneurship needs to be studied separately for **two main reasons**. The **first reason** is that women's entrepreneurship has been recognised during the last decade as an important untapped source of economic growth. Women entrepreneurs create new jobs for themselves and others and also by being different. They also provide the society with different solutions to management, organisation and business problems as well as to the exploitation of entrepreneurial opportunities. The **second reason** is that the topic of women in entrepreneurship has been largely neglected both in society in general and in the social sciences. Not only have women lower participation rates in entrepreneurship than men but they also generally choose to start and manage firms in different industries than men tend to do.

Development of the society is directly related with the Income Generation Capacity of its members with agriculture, as the key income generation activity. The entrepreneurship on farm and home can directly affect the income of a major chunk of our population. The growth of modernization processes such as industrialization, technical change; urbanization and migration further encourage it. Entrepreneurship in small scale is the only solution to the problems of unemployment and proper utilization of both human and non-human resources and improving the living condition of the poor masses [Prabha Singh, 2009].

Entrepreneurship is the dynamic process of creating incremental wealth. This wealth is created by individuals who take the major risks in terms of equity, time and career commitment of providing value to some products or services. The product or service itself may or may not be new or unique but value must somehow be infused by the entrepreneur by securing and allocating the necessary skill and resources. [Kuratka and Richard 2001]

The delivery of micro finance to the poor is smooth, effective and less costly if they are organized into SHGs. SHG is promoting micro enterprise through micro-credit intervention. Micro enterprise is an effective instrument of social and economic development. The micro finance is agenda for empowering poor women. Micro enterprises are an integral part of planned strategy for securing balanced development of the economy of the poor women. Rural women's participation in agro-based activities is much more than what statistics reveal. This is mainly

due to the fact that most of the work done by the women at farm and home is disguised as daily chores.

Mechanization and easy availability of labour provide more time to energetic women to engage themselves in self-employment or entrepreneur ventures. Rural women are having human and nonhuman resources to take up an enterprise need one an innovative mind and motivation. Entrepreneurship is the only solution to the growing employment among rural youth. It helps to generate employment for a number of people within their own social system. This is more beneficial for women in rural areas as it enables them to add to the family income while taking care of their own home and livestock centred task. Rural women possess abundant resources to take up enterprises. She has the benefit of easy availability of arm and livestock based raw materials and other resources.

### **Entrepreneurship Development : Role of Home Science in Capacity Building**

Field of Home Science has "Entrepreneurship Development" as an integral part of the curriculum which act as a "Capacity Building" programme for potential entrepreneur in the field of Home Science. The youth or potential entrepreneurs are made aware about the characteristics of successful entrepreneur helped to develop these through a well structured training programme. Home Science is interdisciplinary field .As well known it comprises of five fields of knowledge i. e. Food and Nutrition, Clothing and Textile, Human Development and Family Studies, Home Management, Communication and Extension. Each field of knowledge of Home Science opens the opportunities for entrepreneurship in various areas. Entrepreneurship avenues in Home Science in each specialisation is as following.

#### **Home Management (Family Resource Management):**

The sub-specialisation at undergraduate and post graduate level equip the students to start their own enterprise in the following areas. They can add the novelty in the existing patterns in the market through applying the principles and knowledge gained during their studies.

- "Interior Designer" - planner for residential and commercial space
- :Ergo-designers" for furniture, storage spaces, work centres
- "Landscape Designer" for residential units
- "Florist" - They can add their innovative ideas about bouquet and flower arrangements:  
Bonsai creators and sellers

- "Nursery" for selling saplings of plants, flowers and plant suppliers to industries and institutions
- Consultants for kitchen designs
- "Housekeeping services" (to various institutions, industries, hospitals, hotels) can be started
- "Party Organisers" and "Event Managers"
- "Consumer Guidance Cell" can be started
- "Consumer Research Centre" can be established
- Guidance Centre for Household equipments
- Manufacturing and selling unit for accessories in home decor (painting, wall pieces, key holders, pots and such other items of handicraft)
- Manufacturing/promoting/consultancy for the use of 'Solar energy equipments' can be started
- "Green Building Guidance Cell" can be established for guiding people to build eco-friendly houses
- "Window display designer" for shops
- Consultancy in Family Resource Management including budget planning can be started
- "Entrepreneurship Development Training Centre"
- Household safety consultant
- Hobby centre for children and women
- "Personality Development classes"
- "Travel and Tourism Agency" - tour organiser

**Clothing and Textile Department:**

The department equips them to start enterprise in the following areas:

- Fashion Designer
- Garment manufacturing unit (ranging from tailoring shop to large enterprise)
- Knitting
- Weaving
- carpet manufacturing
- Furnishing material shop

- Furnishing ideas and service providers
- Printing (on cloth) unit with novel designs and colour combinations
- Apparel accessories manufacturing
- Textile testing centre
- Research and Development centre for innovations in textile industries (making cloth from banana/jute/pineapple)
- Coir product design, development and selling
- Eco friendly garments (production and sell)
- Fashion show organiser

**Food and Nutrition Department:**

- Fruits and vegetable preservation
- Chopped/clean/cut/shell vegetable services (for shops and homes)
- Dry snacks
- Ready to cook/serve food
- Salad bar and Fast food centre
- Health and Nutrition Consultancy services. Diet counselling centre (for obesity, people with special needs, age groups, etc.)
- Public Health awareness centres
- Food quality control consultancy
- Packaging industry
- Seafood business
- bakery and confectionary
- Ice-cream parlour
- Canteen
- Catering services (at parties/schools/hospitals/factories/offices,etc.)
- Food processing industries (pickles/jams/papads)
- Cookery classes

**Human Development and Family Studies:**

- Play centre
- Crèche/day care centre

- Nursery school
- School for children with special needs
- Guidance and Counselling centre for children/adolescents/aged people
- IQ testing centre/ Aptitude testing centre
- Senior citizen's home/activity centre
- Women Health Counselling centre
- Career guidance and counselling centre
- Rehabilitation centre for children with impaired senses
- Day care centre for senior citizens

**Extension and Communication:**

- Extension service centre
- NGO extending help to government's welfare programmes
- Enterprise for developing programmes for 'Communication for various media'
- Research centre for assessing impact of government programmes and similar studies
- Multimedia presentation creation
- News letter production for clients, editing and proof reading service centre
- Advertising agency

**Women Empowerment through Home Science Education**

Home Science covers all aspects of life and deals with proper utilisation of human and non-human resources for the betterment of family and society. Home Science has an important place in our educational system today. No other discipline incorporates in its curriculum as many pertinent life skills that will help students succeed independent of their chosen career paths. The most important aspect of Home Science is that students not learn about subject matter that has relevance to their present life but will constantly be of use as they continue to grow. One areas of Home Science that is considered to be among the most essential is the emphasis on personal development, decision making, capacity building and inter-personal communication skills.

Home Science education has played an important role in strengthening the inner ability of our women by enhancing their level of education and imparting financial independence. The employment opportunities for Home Science students are growing in leaps and bounds. Thus one

can take up a job or can start an enterprise in production, industry, service industry, teaching jobs, technical jobs or sales jobs, etc.

The role of Home Science in developing women power and thereby achieving the goals of family life and protecting health of family, community, nation and the world at large cannot be compromised. Today the world demands flexibility and response to change for which many are not prepared. Home Science courses are designed to train women to meet these vital changes with confidence. It promotes one's professional skills, develops insights into home and family living, and prepares to enter into wide range of career options

### **Recommendations:**

1. Now government gives loans for entrepreneurship and income generation activities. Loans can be available for personal, entrepreneurship and income generation under the schemes of Self Help group from banks such as NABARD. Guidance should be provided to women regarding various schemes for entrepreneurship.
2. To become entrepreneur, we should improve their knowledge through skill based activities like bag making, file making, papad and pickle making, rakhi making, masala grinding, best out of waste, soap, detergent and phenyl making etc.
3. We should develop entrepreneurship through better time management of women who can effectively undertake shouldering the dual responsibilities of an entrepreneur and a homemaker.
4. Effective and efficient use of information technology like internet should be encouraged in assimilating knowledge about variety, range and quality of competing products and publicity and marketing of products and services.
5. Training programmes, workshops and seminars should be organised for the official and support agencies and women entrepreneurs to make their relations more fruitful, long lasting and profitable.

### **References:**

1. Mishra .S.P.(1996) Report “Factors Affecting Women Entrepreneurship in Small and Cottage Industries in India” International labour Organisation, Swedish International Development cooperation Agency.
2. Donald F. Kuratko, Richard M. Hodgetts. (1997) “Entrepreneurship”. Dryden Press Series in Entrepreneurship, Hardcover, USA
3. Bhatia Anju (2000) “ Women Development and NGOs”. Rawat Publication, New Delhi.

4. 2nd OECD conference of Ministers Responsible for Small and Medium-Sized enterprises promoting entrepreneurship and innovative SMEs in a Global Economy (2004) Organisation for Economic cooperation and development, Istanbul, Turkey
5. Lalita .N, (2005) "Micro Finance and Rural Development", Gandhi gram Rural Institute, Gandhi gram, Dindigul, Tamilnadu.
6. Meenu Agrawal, Shobana Nelasco (2009) "Empowerment of Rural Women in India" Kanishka Publishers, New Delhi
7. Ram Naresh Thakur (2009). "Rural Women Empowerment in India" in Empowerment of Rural Women in India Kanishka Publishers, New Delhi.
8. Shobana Nelasco & Junofy Antoroazarina (2009) "Rural women empowerment through Self Help Groups" in Empowerment of Rural Women in India Kanishka Publishers, New Delhi.
9. Prabha Singh (2009) "Rural Women and Development of Entrepreneurship with special reference to Punjab" in Empowerment of Rural Women in India Kanishka Publishers, New Delhi.
10. Lipi (2009) "Women Empowerment: Globalization and Opportunities" in Empowerment of Rural Women in India Kanishka Publishers, New Delhi.
11. Case Study , Dindigul District, Tamilnadu, India.
12. Sathiabama. K\* "Rural Women Empowerment and Entrepreneurship
13. Development" \*Research Scholar, Department of Political Science and
14. Development Administration, Gandhigram Rural Institute, Dindigul District.

---

## WOMEN EMPOWERMENT, PSYCHOLOGICAL OBSTACLES AND MANAGEMENT.

---

**Dr.Jaiprakash N. Choube\***

“Woman is the companion of man, gifted with equal mental capacity.” -- **Gandhi**

Empowerment refers to increasing the spiritual, political, social or economic strength of individuals and communities. It often involves the empowered developing confidence in their own capacities.

**Empowerment** is probably the totality of the following or similar capabilities:

1. Having decision-making power of their own
2. Having access to information and resources for taking proper decision
3. Having a range of options from which you can make choices (not just yes/no, either/or.)
4. Ability to exercise assertiveness in collective decision making
5. Having positive thinking on the ability to make change
6. Ability to learn skills for improving one's personal or group power.
7. Ability to change others' perceptions by democratic means.
8. Involving in the growth process and changes that is never ending and self-initiated
9. Increasing one's positive self-image and overcoming stigma

- **Marginalization**

"Marginalized" refers to the overt or covert trends within societies whereby those perceived as lacking desirable traits or deviating from the group norms tend to be excluded by wider society and ostracized as undesirables.

- **Psychological Obstacles In the way of empowerment**

What are these psychological issues standing in the way of women's progress? **Sandberg** identifies internal barriers that include fear, self-doubt, guilt, risk-adverse instincts, acceptance of cultural stereotypes, and sensitivity to the feeling of being disliked. The author cites numerous psychological studies and draws on her considerable personal experience to discuss these issues. The women's revolution is a vital aspect of human progress, of course, yet this revolution could conceivably fizzle out if we don't see more deeply into our psychological issues. I examined some deeper aspects of patriarchal oppression. According to me **fear** is the

**\*Head, Dept. of Psychology, S.G. Patil College, Sakri, Dhule, Maharashtra.**

major problem for many aspiring women.

*Both* men and women have irrational fears, and these fears are produced out of unresolved conflict in our psyche. We benefit greatly from exposing the inner dynamics that produce these fears. Referring back to Sandberg's statement above, let's look more deeply into these dynamics.

### **Fear of not being liked**

Consciously, the individual truly wants to be liked, but unconsciously she's emotionally unresolved with the feeling of being disliked. She lives in some anticipation of being disliked because that negative feeling is a powerful expectation as well as a sense of identity and even an emotional attachment. The fear becomes self-sabotaging because she worries about it and focuses on it, causing the fear to arise even as she thinks, "I'm very fearful of not being liked." In fact, the fear serves as an unconscious psychological defense. We instinctively defend against accusations from our inner critic or superego that we harbor self-defeating wishes or attachments. The defense claims, "I'm not looking to be disliked, I'm not attached to that feeling—Look at how fearful I am of that possibility."

### **Fear of making the wrong choice**

She desperately wants to make good choices, but unconsciously she entertains feelings associated with making a wrong choice. In such an event, she would feel criticized or even condemned by both her inner critic and her coworkers and supervisors. Even without doing anything wrong, she can through her imagination absorb the feeling of criticism and aggression being directed at her. This self-critical impulse lives in our psyche, and often we don't know ourselves or we can't experience ourselves without this inner limitation and torment. Resolving this conflict produces more inner freedom and sense of autonomy.

### **Fear of drawing negative attention**

It's quite common for people to expect to be seen in a negative light. In part, this is how, through our inner critic, we can see ourselves. Our inner critic can be harsh, mocking, and belittling. This makes us quite sensitive to the feeling that others see us in the same light. Again, this means we're emotionally entangled in this negative impression, often to the degree that it becomes part of our identity. It's an axiom of psychology that whatever is unresolved in our psyche is at times going to be felt intensely by us, even when the experience is quite painful.

Our unconscious defense says: I'm not looking for the feeling of being seen in a negative light. Look at how much I fear that possibility! In truth, though, this person does indeed choose unconsciously to feel that she is being seen (or is going to be seen) in a negative light. She might also remember a past incident that was embarrassing or humiliating, and she now feels a need to carefully monitor herself or stifle herself to avoid a repeat occurrence. Another axiom: We fear whatever we are emotionally attached to.

### **Fear of overreaching**

The individual is trying to succeed without overreaching. The implication is that overreaching is a bad thing, allegedly an indication of grandiosity or self-importance. The individual is inwardly sensitive to unfair, demeaning accusations from her inner critic that such behavior is unseemly and arrogant. In contrast, society condones the behaviors of ambitious men who strive aggressively for leadership positions. Our inner critic can attack women more harshly because they don't have the same degree of cultural acceptance for their aggressiveness. As well, their aggressiveness is often mocked and scorned by weak or reactionary men. Of course, the unwillingness to "overreach," whatever that might mean to a person, inhibits one's potential and can also produce failure.

### **Fear of failure**

Someone who consciously wants to succeed might unconsciously expect failure. She might have an inner critic that demeans and belittles her. Her inner critic might mock her ability and talent and, like a caricature of a dysfunctional parent, constantly predict the "likelihood" of her failure. As mentioned, we instinctively defend against our inner critic's accusations that we harbor self-defeating wishes or attachments. Her defense reads, I'm not indulging emotionally in the feeling or the prospect of failure. Look at how much I fear that I might become a failure.

### **Fear of being judged**

She is likely, through the inner critic, to be quite judgmental of herself. She will also be prone to be judgmental of others and sense that others are judging her. Her defense reads, I'm not looking for the feeling of being judged. Look at how much I fear and hate that feeling! Another defense reads, I'm not looking to be judged. In fact, I'm the one who does the judging.

### **Fear of being a bad mother, wife, or daughter**

Again, the inner critic, which is negative by nature, instinctively holds us accountable as it poses as the mistress or master of our personality. It accuses talented women of being selfishly

interested only in their own ambitions and not caring enough about others. For social and cultural reasons, women are particularly vulnerable to this accusation. This accusation, for the most part, is false. We're all entitled to pursue self-fulfillment, and we can trust in our inherent goodness and intelligence to avoid being selfish and to remain sensitive to others. But through self-doubt, we unconsciously give credence to the inner critic's accusations. This acceptance of the accusations is facilitated by a quirk in our psyche that I call inner passivity (an enabler of the inner critic). Both women and men are being inwardly passive when we absorb self-aggression from the inner critic. Our guilt is associated with this inner passivity.

“Nobody can make you feel inferior without your permission.” -- Eleanor Roosevelt

- **Dimensions of Personal Empowerment**

The following ‘dimensions of personal empowerment’ are based on the belief that the greater the range of coping responses an individual develops, the greater their chance of coping effectively with diverse life situations. These dimensions are:

- **Self-Awareness**

Self-awareness involves understanding our individual character and how we are likely to respond to situations. This enables us to build on our positive qualities and be aware of any negative traits which may reduce our effectiveness. Self-aware people make conscious decisions to enhance their lives whenever possible, learning from past experiences.

- **Values**

Values are opinions or beliefs that are important to us but of which we are not always aware. They can be any kind of belief or perceived obligation, anything we prefer and for any reason. The reasons we may prefer one thing over another, or choose one course of action over another, may not always be obvious or known; there may be no apparent reason for our values. Nevertheless our values are important to us as individuals. In order to be self-aware it is necessary to be aware of our values, to critically examine them and to accept that our values may be different from those of others.

- **Skills**

An individual's skills are the main resource which enables them to achieve their desired goals. Skills can be gained through experience, practice, education and training. It is only by developing such skills that individual values can be translated into action.

➤ **Information**

Knowledge or information is necessary in the development of self-awareness and skills. It is an essential skill in itself to know where to find appropriate information. Without information, the choices open to people are limited, both in their personal and working lives. The internet has provided an easy way for everybody to access huge amounts of information very quickly and easily. The problem is then centred around the quality of the information found, and the skill set is concerned with finding accurate and reliable information.

➤ **Goals**

Setting goals is a means by which an individual can take charge of his/her life. The process of setting a goal involves people thinking about their values and the direction that they would like their lives to follow. Choices are made through reflection followed by action. Goals should always be both specific and realistic. Setting personal goals gives us a sense of direction in life, this direction is essential to personal empowerment.

### **Effective Ways to Manage Stress**

Based on research, it is the general consensus that the best way to manage stress is to deal with it the moment that you feel it coming on. Do not put it off until a time when the body would have already activated its stress response.

Seek to create inner balance in your body and realize that positive emotions will create coherent heart rhythms, while on the contrary, negative emotions create erratic, chaotic patterns in the heart beat.

Here now are some ways to effectively manage stress:

**1. Identify the source of your stress** – You can do this by noting on paper the things that pushes you to have negative emotions such as anger, fear, etc. Note also the time of day – whether early morning or closer towards the end of the work day. Next categorize your problems, them based on the list of causes given earlier. It's a good time to remove the source and seek to find a balance.

**2. Check and re-check your to-do list** – You are neither superman nor super woman. Simplify your life, trim the fat off that list and remove things that do not add value or is not directly linked to the outcome of your goals. Delegate responsibility to others where possible.

**3. Set your house in order** – By that I mean you must prioritize. Everything cannot be done all at once. Stop multitasking – it gives a false sense that you are making progress when in reality you are not. Assign each task or project a number and start working on them in order of the one that is most life threatening and so on, so forth.

**4. Laugh, laugh and laugh** – Why laugh so much? Laughter is a good medicine, and humor can heal a soul that is wounded and stressed. It causes your body to release endorphins that quickly improve your mood.

**5. Develop strategies that enable you to think positively** – Being optimistic will enable you to cope much better under stressful conditions. This also include surrounding yourself with positive thinkers, and people who will encourage you to stick with your goals in life.

**6. Avoid negative people** – They demand a lot of your energy. Avoiding them is one way of removing stress and getting rid of toxins and lowering stress causing hormones such as cortisol and adrenaline.

**7. Embrace spirituality** – spirituality is a sure and effective way of filling your life with inner peace and tranquility, while it gives you a clearer sense of your purpose. It helps you to regulate your pace and gives you a more positive outlook on life

**8. Visit your Temple** – Temples are a good place to go. Hearing the word of God brings life and light into your soul and spirit and to gain natural healing in your body. You can also foster and build long lasting relationships with other believers.

**9. Take time out to unplug and re-energize yourself** – Social media has its advantages as it helps you build relationships and friendships but it is not worth dying for.

**10. Lower your expectations** – Give yourself permission to lower your standard of expectation of always getting a perfect score for everything you do. Very quickly, you will rid yourself of the perfectionist in your head that's been refusing to get a less-than-a perfect 10 score.

**11. Turn off the light and sleep** - Your body functions at an optimal level when you get the required number of hours sleep. The fewer hours of sleep your body get, the more of the stress hormone cortisol it produces

**12. Avoid chemical stimulants and sugar** – The more stressed you get the more of these (coffee, coke, sweet muffins, doughnuts) your body will crave but the catch is – the more your body crave them, the more stressed you become.

**13. Set aside time for family bonding** – You need people who love, support and care for you in emotional and stressful times and when times are tough. Sharing what you are going through is a way of releasing stress.

With understanding the exact meaning of empowerment, self abilities and obstacles one can achieve the decided goals in life and it possible with adopting the ways of stress management.

---

## WOMEN'S POLITICAL PARTICIPATION IN INDIA

---

**Dr. Nagare B.R.\***

Women in India Participate in voting, running for Public office,& Political Parties at lower levels than men.

Political activism & voting are the strongest areas of women's Political Participation.

To combat gender inequality in politics the Indian Govt. has instituted reservation for seats in local Govts.

Women turnout during Indian's 2014 Parliamentary general elections was 65.63% compared to 67.09% turn out for men.

According to world Economic Forum's annual global gender gap index studies, India has ranked in top 20 countries world wide for many years with 9th best in 2013 – a score reflecting more women's participation in india's political process than Denmark, Switzerland Germany, France & U.K. Women have held the posts of President & of Prime minister of India, as well as chief ministers of various states. Indian voters have elected women to numerous state legislative assemblies & national Parliament for many decades.

### **Constitutional Rights of Women**

The Constitution of India establishes a parliamentary – system of Govt & guarantees its citizens the rights to be elected, freedom of Speech freedom to assemble & form association, & vote.

The constitution of India attempts to remove gender inequalities by banning discrimination based on sex & class, prohibiting human trafficking & forced labor, & reserving elected position for women .

The Govt of India women directed state & local govt. to promote the equality by class & gender including equal pay & free legal aid, humane working conditions & maternity relief right to work & education, & raising the standard of living.

Women were substantially involved in the Indian Independence movement in the early.

20<sup>th</sup> century and advocated for independence from Britain. Independence brought, Gender equality in the form of constitutional right. but historically women's political participation has remained low.

**\*Vice Principal, S.S.G.M. College ,Kopargaon**

## **Women Participation Voting –**

Rates of participation among women in 1962 were 46.63% Lok Sabha –election & rose to a high in 1984 of 58.60 % male 63.31 % in 1962 & 68.18% in 1984.

The gap between men & women voters has narrowed over time with a difference of 16.7% in 1962 to 4.4% in 2009.

2013 women Participation increased in Assembly Election's

The ratio was as under -

47.4 – Woman

52.5 – Men

260.6 million –woman exercise their right to vote in April may -2014 election for Indian Parliament

The ratio was as under –

65.63 -women

67.09 - Men

1) In 16 out of 29 states - of India, more women voted than men-

In 2012 India had 10.9% women elected representatives in the national parliament which is higher than

Hungary (8.8), Brazil (9.6%), China (9.1%), Malaysia (9.8%)

Women's reservation Bill- 1994 accepted by Government by 108 amendment .

Andaman, Bihar, Chandigarh, Jharkhand, Kerala, Maharashtra, Orissa, Rajasthan Tripura – Uttarakhand -50% reservations accepted for women in local governments.

## **Conclusion**

- There is necessary not only Quantity but qualities also among the women.

4.5% to 25-40 % - Political party –

2013 –Lok Sabha - 11%, 2013 – Rajyasabha - 10.6%, 1920 – Dissuasion, 1930 Accepted –

Britain, 50%-Andaman, Bihar, Chandigarh, Jharkhand, Kerala, Maharashtra, Orissa, Rajasthan

Tripura – Uttarakhand -50%

4.5% to 25-40 % - Political party –

2013 –Lok Sabha - 11%, 2013 – Rajyasabha - 10.6%

---

## STATUS OF WOMEN IN INDIAN MASS MEDIA

---

**Bapu B. Chandanshive\***

**Abstract:**

According to India's constitution, women are legal citizens of the country and have equal rights with men. Because of lack of acceptance from the male dominant society, Indian women suffer immensely. Women are responsible for bearing children, yet they are malnourished and in poor health. Women are also overworked in the field and complete all of the domestic work. Most Indian women are uneducated. Although the country's constitution says women have equal status to men, women are powerless and are mistreated inside and outside the home. In India, women have pushed historically for a place in the news workforce. Gallagher (1995) found Indian women only 12% of the media workforce. This study found women's representation had doubled to 25% of the workforce across companies surveyed. Even with this progress, men still dominated by a 4:1 ratio. Women's salaries are generally lower than men's in the Indian news companies surveyed, particularly in governance, and in senior and top management.

**Key Words:** Mass Media, Soap Opera, Film, Television, Advertisements, Communication, Newspaper etc.

**Women in Indian Society:**

In previous times, the status of women in India was inferior to men in the practical life. However, they had a higher status in scriptures. They are considered as the perfect home maker in the world. With their incomparable quality of calmness of their mind, they can easily handle even toughest situations. Indian women are completely devoted to their families. It's said during ancient India, women enjoyed equivalent status and rights like their male counterparts. Women also had the freedom to select their husbands. This system was known as 'Swayamvar.' This would lend credibility to Joseph's (2005) study of women in Indian journalism in which those she interviewed reported they believed they were paid less than their male colleagues for the same work. The current study found salaries to be more similar in some categories, e.g., middle management and junior professional levels.

**Role of Media in Indian Democracy:**

Media is considered as the fourth pillar of democracy and it is regarded as the mirror of the

**\*Dept. of Communication Studies, New Arts, Commerce and Science College, Ahmednagar**

society because of its accountability towards the society. Statistics suggest that Media has recorded highest growth. Both print and electronic media have made an impact on our lives. It has undoubtedly spread its wings. There were times when the identity of a woman was confined to domestic chores, but the time has changed and women have stepped out to make their presence in each and every field. With their innovative ideas, filled confidence and sheer hard work, women journalists in media have given new dimensions to the media coverage and presentation. Now a days, more and more number of Women Journalists wants to get in to this field and try to prove their talent. The change can be witnessed with watching women presenting news shows in the leading news channels.

### **Women in Global Media:**

When we talk of the representation of women in media, it requires quoting GMMP report on Women Journalists. Global Media Monitoring Project<sup>2</sup> in co-ordination with World Association for Christian Communication (WACC) an international NGO (Promotes communication for social change) carried out a study in 76 countries across the globe. They found that:

1. There has been a steady increase in the percentage of news items reported by women from 28% in 1995, to 31% in 2000, reaching 37% in 2005. Female reporters have gained more ground in radio and television than in newspapers. The press lags far behind the electronic media, with only 29% of stories written by female reporters in 2005.
2. As news presenters, women are more likely to be found in television than radio. With 57% of television items presented by women in 2005, this is the only area in which female outnumber males. In radio 49% of items were presented by women.
3. The on-screen presence of women decreases with age. Up to the age of 34 women are in the majority as both news presenters and reporters on television. By the age of 50, only 17% of reporters and 7% of presenters are female. For women in the profession, a youthful appearance is more highly valued than experience. Male presenters and reporters continue to appear on-screen well into their 50s and even 60s.
4. In most news organizations, local news is deemed less prestigious than national or international news. Female reporters are more likely to work on local stories (44%) than on national (34%) or international stories (32%).

5. Female reporters predominate in only two topics weather reports on television and radio (52%) and stories on poverty, housing and welfare (51%). There is a 50-50 gender balance among reporters in celebrity news, and in stories on consumer issues. In all other topics, male reporters are in the majority. Sports news is the least likely to be reported by women, with just 21% of female reporters.
6. Overall, male journalists report at the so-called 'hard' end of the news spectrum such as politics and government (where women report only 32% of stories). Females are more likely to work on the so-called 'soft' stories such as social and legal issues (40% reported by women). Although many 'soft' news stories are important, they are not always perceived as such in the hierarchy of new values. As a result, the work of female journalists is sometimes under-valued, and women reporters are frequently assigned to stories that are downright trivial—celebrity news (50% reported by women), or arts and entertainment (48%).
7. There are more female news subjects in stories reported by female journalists (25%) than in stories reported by male journalists (20%).

#### **Women in Indian Media:**

During the past decade, advances in information technology have facilitated a global communications network that transcends national boundaries and has an impact on public policy, private attitudes and behavior, especially of children and young adults. Everywhere the potential exists for the media to make a far greater contribution to the advancement of women. More women are involved in careers in the communications sector, but few have attained positions at the decision-making level or serve on governing boards and bodies that influence media policy. The lack of gender sensitivity in the media is evidenced by the failure to eliminate the gender-based stereotyping that can be found in public and private local, national and international media organizations. The continued projection of negative and degrading images of women in media communications - electronic, print, visual and audio - must be changed. Print and electronic media in most countries do not provide a balanced picture of women's diverse lives and contributions to society in a changing world. In addition, violent and degrading or pornographic media products are also negatively affecting women and their participation in society. Programming that reinforces women's traditional roles can be equally limiting. The world- wide trend towards consumerism has created a climate in which advertisements and

commercial messages often portray women primarily as consumers and target girls and women of all ages inappropriately.

### **Print Media:**

The women are still treated only as commodities that can be sold and bought and thrown away if unwanted a reflection of the damnable discrimination and indignity that women suffer in various parts of the country. Second, it highlights the role of media in making it public, however only a few sensational issues are flashed in the newspaper. Normally, it is lamented place in the newspaper. A few newspapers carry women's page which is again the beauty tips, recipes and fashion syndromes. Studies have shown that the image of women that has predominated in magazine advertisements is of weak, childish, deepened, domestic, irrigational, subordinate creature, the producers of children and little else compared with men. Komisar [1971] suggests the audience of advertising could never know the reality of owners lives by looking at advertising, since a "women's place is not only in the home, according to most advertising copywriters and art directors, it is in the kitchen or the laundry room." Komisar also refers to the image created by advertisers in 2000 as a combination sex object, wife and mother who achieves fulfillment by looking beautiful for men. A women is not achieves fulfillment by looking beautiful for men. A woman is not depicted as intelligent, but submissive and subservient to men. If women are not has a job it is as a secretary or an airline hostess. Courtney and Lokeretz [1979] examined imaged of women in magazine advertisements. They reported the following findings: women were rarely shown in out-of-home working roles.

### **Indian Women in Advertisements:**

Advertising occupies a special position within the economic organization of a modern society, and it is not just an economic entity. Advertising deals with ideas, attitudes, and values, giving them "cultural form through its signifying practices". Advertising as "signifying practices" gives meaning to words and images. Through this process, advertising diffuses its meanings into the belief systems of the society. As Schudson (1984) puts, the promotional culture of advertising has worked its way into "what we read, what we care about, the ways we raise our children, our ideas of right and wrong conduct, our attribution of significance to 'image' in both public and private life". Advertising is a social practice, and it does not operate in a vacuum. According to Jhally (1987), the social role of advertising involves a number of interconnected relationships - "those between person and object, use and symbol, symbolism and power, and communication

and satisfaction. In India, advertising has been accused of stereotyping images of women, and they have been targets of various studies. It has been established in previous research that advertising messages about women are often stereotypical (e.g., a woman's place is in the home, women do not make important decisions or do important things, women are dependent and need men's protection, and men regard women primarily as sexual objects). Advertisements have consistently confined women to traditional mother-, home-, or beauty/sex-oriented roles that are not representative of women's diversity. In advertising, one sees an inexplicable element of irrelevance as far as the “use” of women in selling products is concerned. One would understand if a lovely lady shows off diamonds and gives viewer a come-hither look in gorgeous saris. But how does a skimpily clad model fit in an advertisement of a macho bike and a rider with a swagger? Or for that matter, in something that features car batteries, glue-sticks, and music systems? The whiff of tradition is stronger in the world of “tell and sell” than in the movies: women are home-makers, care givers, baby sitters; they buy the right health drinks, the right cholesterol free for chubby husbands, the right detergent for stained clothes (and are shown washing them, too), and the right cosmetics for themselves. They teach us that fair is in, slim is correct, and working to the bone is alright as long as you know the right ointment. There are feeble attempts to show “girl power” and “the modern woman” but the image thrives more on the vehicle that the girl drives and the lipstick that the woman sports.

### **Indian Women in TV Serials:**

When women’s images exhibit traits of strength such as courage, determination, intelligence, self-respect and honesty, the viewers perceptions can be exploited for positive results. But the various serials shown in television have done nothing significant to improve Indian women’s image infect, she is depicted either as a *Sati-Savitri*, totally subordinated to her husband, even if he has all the views in him or as women of easy virtues. Women have been shown as a typically harassed class, thrown out of their own houses if not willing to succumb to the dictates of their husband and soon. Even if the husband ill-treats her and sends her out, towards the end of the serial, she will prostrate before him, begging his pardon. Who is to pardon whom? Highly ridicules. When people perceived stereotypical traits of masculine and feminine nature on a powerful medium like television it indicated that television does highlight gender stereotypes and thereby helps to perpetuate them. Negative stereotypes have been identified the most important asset of women is physical beauty. Women’s place is in the house, their energies and

intellect must be directed to finding the right man and in “keeping” him. Women are women’s worst enemies. The working women are the undesirable exception who must be brought into the marriage fold and made to conform to social norms.

If one shifts attention from the movies to TV serials, the carefully contrived artificiality is even more glaring and obvious. About serials made by Ekta Kapoor, the less said the better. She may have earned laurels for her business acumen, but her jewellery-submerged female artistes are light years away from the present day Indian woman; they are either downcast, suppressed victims of fate and circumstances, or conniving bad-for-everythings who would outdo Lady Macbeth in sheer evil and malice. Most serials today are driven by a weird story-line that meanders endlessly as long as there are sponsors and viewers; there is no sense of focus and no perspective to speak of.

### **Indian Women in Films:**

When Dadasaheb Phalke, the Father of Indian Cinema, released his "Raja Harischandra" in 1913, women used to shun movies and it was left to male artists to play female characters. Times changed by the 1930s. Devika Rani, Zubeidaa, Mehtab, Shobhana Samarth - all women from affluent families -- entered the movie business and changed the face of Indian cinema by redefining the importance of women in films. They were followed by Suraiya, Meena Kumari, Madhubala and Waheeda Rehman, stars who brought about a sea change in attitudes as leading ladies. "Achhut Kanya", "Jeevan Prabhat", "Nirmala", "Alam Ara", "Zarina", "Chitralkha", "Parineeta", among others, are some of the movies with woman-centric themes of that era. In terms of remuneration, status and roles, the leading ladies of that time were on par with their male counterparts.

Women in Indian cinema are born with certain assumptions ranging from cult movies to celluloid blockbusters like Sholay to more recent Fashion that employ themselves as in severe gender issues. They are portrayed either as damsels in distress or demented feminists or simple belly-shaking glam dolls whose sole ambition is to attract the attention of the male gender. In many Indian films it is a common trend to insert ‘item numbers’ which bear no rational connection to the film in anyways but with an assumption that the film is easily associated. As Bindu Nair(2009:53)says, ‘Sometimes the one song ends up making the film a hit, such as ‘Chamma Chamma’ from the film China gate.’ Occasionally, a female being the protagonist of a film than merely being objects of sexual desire. In some cases there appears to be a clash

between 'modern feminism' and 'traditional values'. Indian cinema often acts like an emotional register and is very resourceful while reading the characterization of 'Women'

### **Conclusion:**

An Indian woman is always discriminated in Indian socio-cultural level. Indian traditional as well as mass media always proved the biasness towards the women. Hence, the major objectives of media must be to perform the programmes relating to improvement of women's status that they are free to assert themselves as human beings, co-equal socially, morally and politically with men. There should be positive portrayal of women taking note of their role in all facets of life. Thus it can be concluded that overall effect of the portrayal of women in media is to reinforce rather than reduce prejudices and stereo types. The mass media is to reinforce rather than reduce prejudices and stereo types. The mass media in India has not made adequate efforts to discuss serious issues concerning women and prepare the women to play their rightful and equal role in society. To change this condition, it is necessary to monitor the media and point out the merits and demerits continuously.

### **References:**

1. Bindoo Nair (2009) 'The Female bodies and the Male Gaze: Laura Mulvey and Indian Cinema' in Jasbir Jain and Sudha Rai (ed.) *Films and Feminism*, Jaipur, Rawat Publication.
2. Vrinda Mathur (2009) 'Women in Indian Cinema: Fictional Constructs', in Jasbir Jain and Sudha Rai (ed.) *Films and Feminism*, Jaipur, Rawat Publication.
3. Anshoo Sharma (2009) 'Crossing the Boundaries: Woman in search of Self', in Jasbir Jain and Sudha Rai (ed.) *Films and Feminism*, Jaipur, Rawat Publication.
4. Shoma A. Chatterji (2002) *The Cinema of Aparna Sen*, Calcutta: Parumitha Publication.
5. Mini Nanda (2009) 'Symbolism and Space in Aparna Sen's Paroma and Deepa Mehta's Fire', in Jasbir Jain and Sudha Rai (ed.) *Films and Feminism*, Jaipur, Rawat Publication.
6. Mulvey L. (2975) 'Visual Pleasure and narrative cinema', *Screen*, 16, 3, Autumn
7. THE WOMAN: Portrayal of women in the Indian media – Madhavi Gokhale
8. <http://www.ukessays.com/essays/india/depiction-of-women-inindian.php#ixzz3K9dZ4bgb/25/11/2014>

---

## WOMEN PERFORMANCE IN IT INDUSTRIES - A REVIEW

---

Mrs. C.S. Galande\*

### **Abstract:**

Today, women hold only 27 percent of all computer science jobs, and that number isn't growing. This is unsurprising when we take into account how many women are actually studying computer science in college; less than 20 percent of bachelor's degrees in computer science go to women, even though female graduates hold 60 percent of all bachelor's degrees. The problem starts as early as grade school. Young girls are rarely encouraged to pursue math and science, which is problematic considering studies show a lack of belief in intellectual growth can actually inhibit it. In addition, there exists an unconscious bias that science and math are typically "male" fields while humanities and arts are primarily "female" fields, and these stereotypes further inhibit girls' likelihood of cultivating an interest in math and science. Popular culture plays a role, as well. Girls grow up seeing women in powerful positions as doctors and lawyers on TV, but the media continues to promote stereotypes when it comes to programmers, often portraying them as geeky men.

### **Introduction:**

Day by day world goes in changing the life style. Every industry depends on IT-banking, financial, retail, media, pharma, automobile etc. software solutions have become part of all companies: government bodies, startup firms, small & medium enterprises. New emerging trends and technologies like cloud computing, mobile applications, social media & data analytics give rise to new opportunities in this sector.[1]

Despite holding 41 percent of science and engineering degrees, women barely fill over a quarter of tech jobs. There's up to a 50 percent gap in the number of male and female tech employees, HR&A Advisors, a New York-based economic development consulting firm, wrote in their report. In New York, nearly 80 percent of all developers are men, where women only make up the majority of workers in the medical and clinical lab jobs that pay less.

New York's tech scene grew faster than the industry did nationwide, adding 18 percent more jobs since 2003 compared to 4 percent nationally, the report stated. But despite that growth, the report punctuates the tech industry's continued battle to reach a gender balance as the industry

**\*Vice Principal, PVP College, Loni**

expands. Facing professional retaliation for spurning a male coworkers advances to biased policies that overlook issues such as harassment.

That gender-biased environment has also been a factor in women leaving STEM jobs much sooner than their male counterparts, widening the employment gap. However, New York City has made strides recently that could help counteract the disparities revealed in HR&A's report. Earlier this year, New York City passed a law that requires employers give pregnant women reasonable accommodations, such as breaks and restrictions from manual labor. The city also increased the maximum amount of sick days to 40 hours a year, a move that could keep more women from feeling pressure to leave jobs to take care of their families.

### STEM Fields And The Gender Gap: Where Are The Women?

Technology continues to dominate much of our daily lives, and Silicon Valley companies are thought to hold some of the greatest minds and innovators of our time. But where is the female equivalent of Steve Jobs or Mark Zuckerberg?

The STEM fields—science, technology, engineering, and mathematics—have always had a woman problem. Men tend to dominate in the tech industry, and for women, the numbers aren't growing. A 2011 report by the U.S. Department of Commerce found only one in seven engineers is female. Additionally, women have seen no employment growth in STEM jobs since 2000.

As women continue to make strides in fields like law and medicine, the gap in the tech industry has many wondering exactly what the culprit is. Many chalk up the difference to a lack of female role models in STEM fields to begin with. It's a vicious cycle, says Jocelyn Goldfein, a director of engineering at Facebook.

“The reason there aren't more women computer scientists is because there aren't more women computer scientists,” she told the Associated Press.

So how can we promote female advancement in the STEM fields? Below are a few steps that may reverse the current trend:

1. Create programs that will encourage women to study tech. Many women are reluctant to study STEM fields because they think the boys have all the experience, and they'll look silly when placed in classes with them. But some colleges are creating programs to lure in female software engineers. Administrators at Harvey Mudd College allow their students to choose

between two beginner programming courses—“gold” for those with no prior experience, and “black” for those who have it. College programs that divide students by experience level will help to alleviate fears of women who are inexperienced in tech and thus less likely to pursue it.

2. Rework the K-12 curriculum. An interest in science and technology needs to be cultivated at a young age, but many women are standing on the sidelines as the boys participate in science fairs. K-12 educators should work to encourage young girls to pursue opportunities in STEM by offering more hands-on workshops for girls to learn about science and technology. Schools should also consider bringing female engineers to talk to students about their profession and reach out to young girls.

3. Combat stereotypes. Female engineers are the brains behind a number of Facebook’s features, such as the news feed and the photo viewer. If more women knew this, perhaps they’d be empowered to jump into the field themselves. We need more visibility when it comes to the work female engineers have already accomplished, so young girls know it’s not just men who are behind technology they use in their everyday lives.

These approaches will help to encourage female participation in the STEM fields from a young age, but they aren’t hard-and-fast solutions. Although achieving gender equality can’t be done overnight, what we can do is dedicate ourselves to changing the norms and stereotypes that inhibit women from tapping into their true potential.[2]

Facebook Chief Operating Officer Sheryl Sandberg, Yahoo CEO Marissa Mayer, Meg Whitman, Carly Fiorina, Anne Mulcahy, Marillyn Hewson — all who have served as CEOs of high-power tech In the course of her research, Beninger asked for advice from some successful women in the field. “One said she tells young women to use a black coffee mug, because it doesn’t show lipstick marks. I was floored, but she was dead serious,” Beninger says. “Another highly-placed chief technology officer said she tells young women not to bring notebooks to meetings, because everyone will assume they’re secretaries. That kept happening to her, even as she got more senior.”companies?

Brigid Schulte writes about work-life issues and poverty, seeking to understand what it takes to live The Good Life across race, class and gender.

Jena McGregor writes a daily column analyzing leadership in the news for the Washington Post's On Before she landed at NASA she was a top technologist at other government agencies like the Bureau of Alcohol, Tobacco, and Firearms; Department Leadership section.

Linda Cureton, NASA, CIO Social CIO Linda Cureton has the coolest job. She's the CIO for NASA. And NASA has all the coolest technology in the world from the fastest computer networks to a bunch of stuff used to conduct experiments in outer space. of Energy; and the Department of Justice.

### **Computer science majors need**

1. *To think analytically to devise systems and programs, but also be detail-oriented enough to troubleshoot problems.*
2. *They must be able to interview non-technical people to assess their needs and convey technical information in plain language.*
3. *Creativity*
4. *To have a thirst for learning to keep up with the latest developments.*
5. *Also must be curious about the world around them since programs and systems are applied to every possible area of life and commerce.*
6. *The right job for you will depend on your personal skills, values and interests.*

### **Why women are lagging behind:**

1. *Cost of childcare. Anyonedoesn't make it affordable for women to actually stay with their careers.*
2. *Less confident approach.*
3. *Women tend to be more stressed.*
4. *Getting more women into male-dominated fields and vice versa could help to allay imbalance of women's workplace problems.*
5. *Sexual Harassment.*
6. *Societal expectations and cultural norms regarding the appropriate roles for men and women.*
7. *Inherent biological differences between the sexes.*

Some top jobs in Information technology:

### **1. IT consultant**

Ranking number 13 on CNN's most recent Best Jobs in America list, the work of being an IT consultant is as vague as it sounds. In this position, your job is to evaluate the systems and do the research that no one else entirely understands. As CNN puts it, everyone from local startups to the Fortune 500 companies need IT consultants to help them figure out the cheapest and fastest ways to run computers better.

Education: A bachelor's degree in computer science definitely helps, like most positions on this list. CNN also recommends that an IT consultant specialize in a niche category to help focus on the kind of experience he or she gets. Salary: \$96,400, according to CNN.

### **2. Cloud architect**

You've heard of cloud computing of course. Although that storage space existing in the ether can't be touched literally, it still needs to be organized and given an architecture. That's what this job is for. Education: A bachelor's degree. Salary: \$112,000, making it one of the highest paying IT jobs.

### **3. Computer forensic investigator**

Computer crime detectives – The Best Schools reports that computer forensic investigators search for, identify and evaluate information from computer systems, often for trial evidence.

Education: TBS says that you'll need a degree in computer forensics, information security or cyber security. Certification from a computer examiner board also helps.

Salary: \$64,000 according to TBS.

### **4. Health IT specialist**

Health IT is a blossoming field, especially with major changes going on in healthcare due to the Affordable Care Act and the gradual transition to electronic health records. Health IT specialists will mix computer knowledge with record-keeping skills, but specialties in medical coding, billing and cancer registry are also in demand, according to TBS.

Education: While some health IT jobs require only an associate degree and/or certification, supervisory technician positions call for bachelor's and master's degrees.

Salary: \$45,000, according to TBS.

## **5. Mobile application developer**

Chances are that you and most people you know have smartphones and/or tablet computers. According to CareerRealism, the use of mobile tech is predicted to exceed personal computers at some time in 2013, so businesses are more heavily relying on IT professionals with experience in this field than ever before. Using basic coding languages, developers will create programs for future iOS and Android devices.

Education: A bachelor's in software engineering, computer science, mobile computer or related fields, according to TBS.

Salary: \$90,000 with high growth outlook, reports TBS.

## **6. Web developer**

Web developers are jacks of all trades. They create web pages, web applications and web content, but their skill set requires them to have excellent understanding of what makes a good operating system, what the average surfer finds visually stimulating and how to optimize sites for mobile tech, among numerous other skills. They also need proficiency in Web languages, like HTML and Javascript.

Education: TBS reports that the road to web design can be learned through accredited degree programs, but many web developers are self-taught and use their "portfolios" to win positions.

Salary: \$90,000, according to TBS.

## **7. Software engineer**

Like video games? Want to design the next Facebook? This is for you. Software engineers are behind all the programs we run on our mobile devices and personal computers – and there is a very wide range of niche fields you can work in.

Education: According to TBS, a bachelor's degree in software engineering or a related field is best.

Salary: \$89,000 according to TBS.

## **Women in Mining:**

Employment in mining is often characterized by its remote working environments, hard physical labour and long work shifts. In the past, this has contributed to discouraging women from working on the mines, especially if they have children to take care of. Many Mining companies are working hard to redress these and other issues preventing women's participation.

New opportunities for women are being created through:

Flexible work packages

Parent-friendly work rosters

Female-appropriate uniforms

Onsite childcare

Comfortable working conditions

Excellent pay rates

Gender-inclusive work environments

Extended maternity leave

Breast-feeding facilities

Couples on-site housing

Challenges

IT Roles: As the mining industry evolves, so must its supporting information technology (IT) and software. Women can find work in IT areas including database management, systems engineering, helpdesk, systems support and software programming.[3]

**Opportunities for women can be summarised as below :**

They can approach and prioritize activities in science and technology

They can be innovative in utilising the existing services and technology

They can practice alternative forms of science and technology

They can transform science and technology by implementing international commitments on gender, science & technology.

They can participate in the matters relating to science & technology to benefit the individual women, the community, the economy and the society at large.[4]

## References

1. [1][www.aptecheducation.com](http://www.aptecheducation.com)
2. [2]Heather R. Huhman, “STEM Fields And The Gender Gap”
3. <http://www.miningoilgasjobs.com.au/mining/your-mining-lifestyle-guide/women-in-mining.aspx#sthash.YuCPj9cn.dpuf>
4. [dbtindia.nic.in/women/paper7.html](http://dbtindia.nic.in/women/paper7.html)

---

## WIDOWS IN SLUM OF TIRUCHIRAPPALLI CITY, TAMIL NADU – A STUDY

---

S.Sathia\*, D.Sellam\*\*,

### **Absract**

This paper analyse the socio economic background of the widows in slum and their Quality of Life. The study was conducted among 108 widows in selected slum of Tiruchirappalli district. A self prepared interview schedule was administered to collect the information about the socio economic condition of the respondents. The WHOQOLBREF instrument developed by World Health Organisation was used to measure the quality of life of the respondents. The data were collected during the month of January to March 2010 using census method. The findings of the study reveal that majority of the respondents are in the middle age group, belongs to backward community and one third of them are illiterates. Most of them are engaged in household activities like beedi rolling, fancy work, petty shop, etc. and lost heir husbands due to addiction to alcohol

**Key Words:** Slum – Widows – Quality of life

### **Introduction**

Glaring gender discrimination among Hindus exists in India over the centuries. Among the Brahmins and some higher castes, their heads were shaven, they were made to wear red or white sari without ornaments and eat single meal. Their presence at family and public functions were totally forbidden. The widows slogged in joint families, died unwept and unsung (Kamat, 2010). "Their mere presence is considered inauspicious." (Hema,1995). In India, the persistent efforts taken by Raja Ram Mohan Roy, the practice of sati was banned during the British rule. 'After independence and the successive reforms that followed, the dress-code for widows became less rigorous and has disappeared. However, widowhood is considered still a curse and family support is missing at times' (Kamat , 2010). Various studies have been conducted to study the problems of widows. Gee,(2000) highlighted the differences between married persons, especially women; for widows, living alone significantly reduces quality of life in a number of areas. Fry, (2001) examined the relationship between widowed persons' baseline assessments of

**\*Post Doctoral Fellow Department of Social Work, Bharathidasan University, Tiruchirappalli.**

**\*\* PhD Scholar, Dept of Social Work, Bharathiar University, Coimbatore.**

self-efficacy beliefs and their ratings of perceived health-related quality of life, life satisfactions, and self-esteem. Diener and Diener, (2004) concluded that that the slum dwellers of Calcutta experience a lower sense of life satisfaction than more affluent comparison groups, but are more satisfied than one might expect. Sheykhi (2006) reflected the widows' quality of life, and their satisfaction with life.

### **Method and Participants:**

A slum in the heart of the Tiruchirappalli City was identified with the help of an NGO-SOC-SEAD working in slum. A bench mark survey was conducted to find out the list of widows. Accordingly, 123 widows were identified. Voluntary consent of the participant was obtained. However, 15 were not willing to participate in this study. Hence, the data were collected from 108 widows. To collect information about the quality of life, an instrument, "The WHOQOL-BREF" developed by WHO (2002) was adopted. The reliability coefficient for the present study is alpha 0.6590

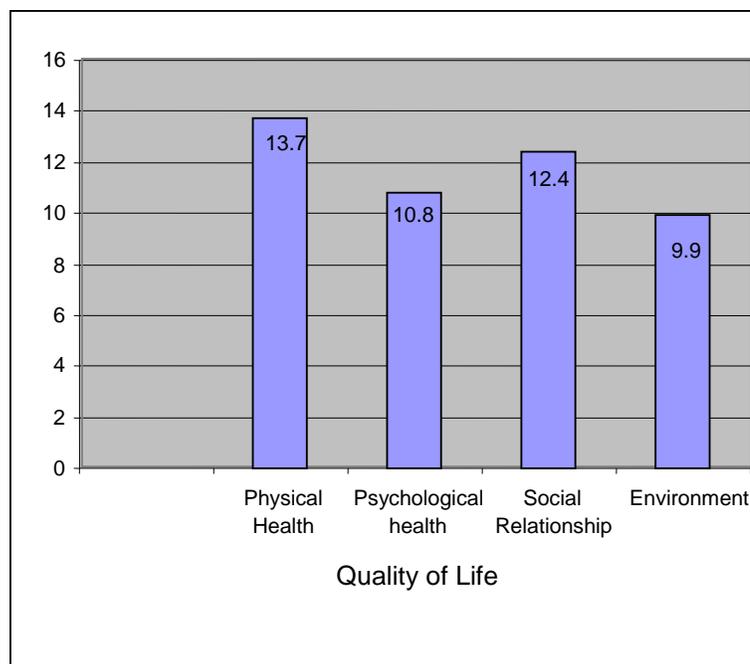
### **Results and Discussions:**

#### **Socio demographic Background of the respondents**

The study reveal that majority of the respondents are in the middle age with a mean age of 49.30 (S.D.10.1) and more than 50 per cent of them are illiterates with a mean education of 2.3 (SD 3.1). Most of them are engaged in household activities like beedi rolling, fancy work, petty shop, etc., with a monthly average income of Rs.791.4. Their average monthly expenditure is Rs.452.3. There is no saving habit among the 89 per cent of the widows living in slum and the remaining saves an average of Rs.44.92 per month. More than 80 per cent of the respondents are living in nuclear families and most of their size of the family constitutes 1-3 members ( $\bar{x}$  2.96, SD 1.6). About one fifth of the respondents are living with their in-laws (husband's family). Two third of them are living in tiled houses and five fourth of them are living in rented houses with essential facilities like electricity, water and toilet. Nearly one third of the respondents have health problems like TB, blood pressure, heart attack, fits etc. Majority of respondents lost their spouse at the mean age of 39.9 (SD11.2) due to addiction to alcohol (29.6%), T.B (25%), heart attack (19.4%), poor health (17.6%) and Jaundice (8.3%). About 50 per cent of the respondents reported that they are maintained a good relationships with their in-laws, parents and also with neighbours. The same percentage of the respondents informed that because of the widowhood

they are neglected in participation of social gathering/functions/ceremonies etc by their relatives, friends and neighbours. With regard to opinion about widow remarriage, majority of them are supporting it. The findings reveal that nearly one third of the respondents are receiving pension meant for widows as well as older persons. The calculated mean score value of each domain of Quality of Life (QOL) viz: physical health, psychological health, social relationships, and environment are 13.7, 10.8, 12.4 and 9.9 respectively (see fig.1). With regard to the Total Quality of Life (TQOL) of the respondents, two third (66%) of them fall under the category of “moderate level” ( $\bar{x}$  46.8, SD 5.6).

**Figure 1 showing the means score of chosen domains of quality of life of widows**



### **Socio demographic variables and Quality of Life:**

The data depicted in table 1.1. Show that the mean scores of TQOL, psychological health and social relationships of the widows in slum are higher among the young age group than their middle and old age counterparts. The ANOVA results show that, these differential in means score by current age are significant at moderate level in psychological (3.5,  $p < .05$ ), social relationships (2.7,  $p < .05$ ) and TQOL (3.2,  $p < .05$ ) of the widows living in slum. However, it is conspicuous to note that, the means score of physical health and environment domains are not significant across their current age under considerations.

**Table: 1 Means score of different domains of Quality of Life of widows in slum by background characteristics**

FACTORS	P H	Psy. H	S R	EN	TQOL	N
	Mean	Mean	Mean	Mean	Mean	
<b>1. Age (in years)</b>						
35 or less	14.29	11.56	13.33	10.71	49.88	12
36-45	14.01	11.94	12.00	10.31	48.26	21
46-59	13.40	10.38	12.78	9.95	46.51	55
60 & >	13.69	10.43	11.20	9.05	44.37	20
<i>F – Ratio p- Level</i>	.994 N.S	<b>3.583</b> <b>.05</b>	<b>2.743</b> <b>.05</b>	1.694 N.S	<b>3.205</b> <b>.05</b>	
<b>2. Caste</b>						
Scheduled Caste	12.29	11.00	10.67	9.75	43.70	2
Backward Caste	13.70	10.82	12.43	9.94	46.89	106
<i>F – Ratio p- Level</i>	1.065 N.S	.014 N.S	.947 N.S	.014 N.S	.638 N.S	
<b>3. Education</b>						
Illiterates	13.55	10.67	12.34	9.71	46.26	63
Primary	13.56	10.72	12.67	10.15	47.10	26
Middle	14.23	11.15	13.70	10.05	49.34	11
High School	13.93	11.92	10.17	10.94	46.95	8
<i>F – Ratio p- Level</i>	.746 N.S	.901 N.S	3.346 <b>.05</b>	.814 N.S	.978 N.S	
<b>4. Occupation</b>						
No Occupation	13.44	11.02	12.83	10.90	48.19	21
Housemaid	13.81	10.67	12.06	9.76	46.30	23
Beedii Rolling	13.70	10.88	12.48	9.63	46.69	47
Petty Trade	13.68	10.63	12.08	9.85	46.24	17
<i>F – Ratio p- Level</i>	.143 N.S	.150 N.S	.438 N.S	1.639 N.S	.551 N.S	
<b>5. Income</b>						
1999 or less	13.39	10.41	12.51	9.19	45.50	42
2000-2999	13.51	10.88	12.39	10.22	47.01	34
3000-3999	14.29	11.20	12.00	10.50	47.99	10
4000 +	14.18	11.33	12.36	10.68	48.56	22
<i>F – Ratio p- Level</i>	1.254 N.S	1.032 N.S	.107 N.S	2.809 <b>.05</b>	1.691 N.S	
<b>6. Size of the family</b>						
Small	13.59	10.67	12.40	9.57	46.22	80
Medium	13.89	11.07	12.20	10.45	47.60	20
Large	14.00	11.75	12.83	12.38	50.96	8
<i>F – Ratio p- Level</i>	.318 N.S	1.082 N.S	.176 N.S	6.818 <b>.01</b>	2.967 NS	
<b>7. Type of the family</b>						
Nuclear	13.59	10.68	12.42	9.69	46.38	91
Joint	14.12	11.57	12.24	11.29	49.22	17
<i>F – Ratio p- Level</i>	1.090 N.S	2.463 N.S	.080 N.S	7.589 <b>.01</b>	3.797 <b>.05</b>	

Panel 2 of table 1 illustrate that the mean scores of TQOL and sub domains of physical health, social relations and environment are found high among the respondents belong to backward castes except in psychological domain where the mean score is found high among the respondents belong scheduled castes. But the ANOVA results are not significant in TQOL as well as the four domains of QOL. The data depicted in panel 3 of table 1 show that, the mean scores of TQOL are not consistent on the expected direction. For example the mean scores of physical and social relations domains besides TQOL are very low among the respondents who studied up to high school level and above when compared with their counterparts who studied only up to middle or lower level of education. The ANOVA results reveal that there is no statistically significant difference in mean scores of various dimensions of QOL widows in slum by the education, except in the domain of social relationships (3.4,  $p < .05$ ). Panel 4 of table 1 represent that, on the whole, the mean scores of all the four domains of QOL are not consistent on the expected streak whoever participated in the higher income generation activities are likely to be higher than their counterparts who are engaged in lower income generation activities. The ANOVA results are also did not turn statistically significant. The results in panel 5 of table 1 reveal that the mean score of TQOL is found higher among the higher income categories than their counterparts in the other income categories with few exceptions. According to the outcomes of ANOVA tests, there are no statistically significant variations among the different domains of QOL by monthly income of the family except in the domain of environment (2.8,  $p < .05$ ). The data depict in the panel 6 of table 1 stress that the mean scores of all the domains of QOL are higher among the widows belong to larger size families. The ANOVA results illustrate that there are no variations in the mean scorers except in environment domain (6.8,  $p < .01$ ). Panel 7 of table 1 exemplify that the mean score of the all the domains except environment is found higher among the widows belong to the joint family system when compared with the nuclear families. The ANOVA results also illustrate much variation in environment (7.6,  $p < .01$ ) and a moderate variation in TQOL (3.8,  $p < .05$ ) except in physical health, psychological health and social relationship.

### 3.3. Relationships between the Socio economic variables and the Quality of Life

**Table 3 Correlation between the Socio economic variables and the Quality of Life with four sub dimensions of the widows living in slum**

Variables	Current Age	Education	Occupation	Family Income	Size of family
Physical Health	-.102	.119	.033	.173 <sup>+</sup>	.076
Psychological Health	-.177 <sup>+</sup>	.149	-.035	.166 <sup>+</sup>	.140
Social Relationship	-.144	-.040	-.059	-.033	.019
Environment	-.188	.155	-.159 <sup>+</sup>	.252**	.330**
Total Quality of Life	-.246*	.143	-.094	.211*	.224*

+  $p < 0.10$ , \*  $p < 0.05$ , \*\*  $p < 0.01$

The correlation table 2 shows that there is a negative relationship between the current age and psychological health (-0.18,  $p < .10$ ) and TQOL of the widows in slum (-.25.  $p < .01$ ) That is, as the age of the widow's increases there is a decrement in their quality of life of the widows in slum. There is also a positive relationship between the family income and the TQOL of the widows in slum except in the sub domain of social relationships. Therefore, the interpretation can be that as there is an increase in the amount on family income of the widows in slum, there is a corresponding increment in their QOL. There is a positive relationship between the type of the family and the environment domain of the widows. There is positive relationships between the size of the family and the environment domain and the TQOL. It means that as the increase in the number of family members, there is a corresponding increment in the QOL of the widows. This may be due to the physical safety and security, home environment, financial resource, and social security of the widows.

#### Conclusions:

After discussing the findings of the study the following conclusions can be drawn: Majority of the widows are in the middle age group, illiterates and engaged in beedi rolling and as housemaid servants. The widows living in slum possess a moderate level of quality of life There are variations between the age group, size and type of the families in the total quality of life of the widows living in slum. The psychological health of the widows living in slum is negatively associated with their age. The psychological health and environment of the widows is positively associated with the income and expenditure of their families. The total quality of life is positively associated with income, expenditure and the number of family members but it is negatively associated with age of the widows living in slum. These findings emphasize the need

for proper intervention programmes for the improvement of the quality of life of the widows living in slum. Like other research in any area of knowledge, the present study has some limitations. The limitations of the study combined with recommendations for future research are: Though the study is conducted on a small sample selected from a slum situated in heart of the city, the findings of the study can only be generalized with confidence to the slum with similar characteristics features. There for, it is suggested that any one interested in pursuing research on this topic, in future should select a sample of widows in their study from across the slum. In this study, only one dependent variable quality of life was studied to determine the quality of life of widows. Therefore, it is suggested that anyone interested in doing research in the area needs to study other psychosocial construct too and not only with quality of life for a clear picture to emerge. The findings of the study have some major implications for Governmental and nongovernmental organizations work for the welfare the welfare of the widows living in urban slum. Need based entrepreneurship/self employment training programmes must be provided to the widows living in slum by the Government or Non Governmental Organizations in order to augment the family income. As the level of psychological health and environment of widows are very low when compared with other domains, there is need for proper counselling through professionals. All the widows in slum below the poverty line must be helped to avail the financial assistance under the widow pension by the government.

#### **References:**

- 1) Diener R.B and Ed Diener (2001) Making the Best of a Bad Situation: Satisfaction in the Slums of Calcutta, *Social Indicator Research*, Vol.55, No.3, September.
- 2) Fry, P.S., (2001) Predictors of Health-Related Quality of Life Perspectives, Self-Esteem, and Life Satisfaction of Older Adults Following Spousal Loss, *The Gerontologist*, Dec. Vol.41, (6) :787-798.
- 3) Gee F.M (2000) *Living arrangements and quality of life among Chinese Canadian Elders* , *Social indicators research* , vol. 51, pp. 309-329
- 4) Hema,S., (1995) Indian widows seek social acceptance in <http://ccat.sas.upenn.edu/plc/prereading/widremar.htm>
- 5) Kamat, J., (2010) Plight of Widows in India, in <http://www.kamat.com/kalranga/women/widows/>
- 6) Sheykhi, M. T. (2006) A Sociological Review of the Reflections and Dimensions of Quality of Life of the Widows in Tehran, *Social Indicators Research*, Vol. 78, November/September, pp. 251-270.

---

## CULTURAL VIOLENCE AND WOMEN'S MENTAL HEALTH

---

**Dr. Punam Rani Shukla\***

**Abstract:-**

Around the World, violence against women is major public health concern and a violation of human rights. Some ancient traditions and customs in different cultures promote various forms of violence against women like domestic violence, foeticide, harmful traditional practices, rape and sexual coercion, and trafficking. All forms of violence affect the physical as well as mental health condition of women. Various research findings indicate that mental health condition of women in South East Asia region is worse. In the above scenario, the present study reviews the mental health condition of women in different cultures of South East Asia region.

**Introduction:-**

Violence is a form of behaviour in which there is intention to hurt or kill somebody. The growing complexity of technology and social organisation in industrialised societies and the chronic poverty in other parts of the world are both accompanied by a greater vulnerability. Violence forms one part of that complexity and is one expression of that vulnerability. It can be physical as well as psychological. The effects of psychological violence by humiliating or harassing an individual can be as devastating as physical violence. Violence can be intentional - occurring to the individual, within the family or within the community. But when the violence occurs with girls and women is known as "Gender based violence" or "Violence against women". The violence done by intimate male partners or husbands is often referred to as Domestic violence or "Wife beating", battering.

Violence against women must be seen in its broadest sense. Violence not only refers to the physical and mental abuse to which women are subjected. It also refers to the hidden violence that women face when they are discriminated against or denied basic human rights such as education, food, medical care and a safe environment in which to live.

Violence affects women throughout their entire life span from the uteroperiod to old age. In some instants, the capacity to determine the sex of a child before it is born has been used to prevent the birth of girl children. In other cases, girls have been subjected to differential feeding practices, which may affect their physical and mental well being for the rest of their lives.

**\*Senior Post Doctoral Fellow, Department of Kayachikitsa, I.M.S., B.H.U., Varanasi**

Discriminatory practices in childrearing, such as keeping girl children away from school to work in the home, can be seen as a form of violence which may be detrimental to the girl's own health and that of their future children. Within the family structure many women across societies suffer various types of abuse at the hands to their partners. Elderly women too, are often the victims of mental and physical abuse within the confines of their family or through the neglect and disinterest show to them by society as a whole.

When a women works outside her home she may encounter different forms of violence from the lack of security on the streets to the overt or hidden violence. Women also face discrimination in her work place but they are afraid to speak out against violence or abuse for fear of losing their position.

Some ancient traditions and customs in different cultures promote various forms of violence against women like domestic violence, foeticide, harmful traditional practices, rape and sexual coercion, and trafficking.

Sex selective abortion or female foeticide is increasing worldwide but the rate is very high in India and China. The Chinese society values the male child more than the female child, as only boys can carry on the family name and honour the ancestors. This preference for male children has led to approximately 10,000 female infants being killed in China each year (1996), and along with the abortion of female fetuses has resulted in a sex ratio of 131 males to 100 females (1997); worldwide the ratio is 105 males to 100 females. In rural areas of China it is even higher; in one county, the ratio of live male births to female in 1995 was 316 to 100. Infanticide in India occurs more among poor, rural populations. Daughters are considered an economic burden because of the high cost of weddings and dowries, while sons provide income, and are seen as type of insurance by their parents. New prenatal sex-determination techniques, such as ultrasound, have led to an increase in the abortion of female fetuses rather than female infanticide.

Some studies reveal the cultures of some countries subject women to dangerous procedures such as female genital mutilation (FGM) purportedly to enhance the self-respect of the girl and her family and to increase marriage opportunities. In 1993, 85 to 114 million women underwent FGM while in 1996, WHO estimated that around 130 million women around the world underwent FGM. The practice is prevalent in parts of Africa and the Middle East and in the Western Pacific Region, it is also practiced in Malaysia. Certain customs and traditions in some

Asian countries which discriminate against women are the binding of the feet of young girls so that their feet would not grow. Tiny feet were regarded as sign of aristocracy and beauty. In some cultures, girls were also married off by their parents long before they become biologically ready for child bearing.

Some women throughout the world seem to be tied down by custom and tradition, and by culture and religious practices that make them take things as the way of life that must be followed and done unquestioningly. There also seems to be inequality even in man-woman intimate relationships. In some countries men are allowed to have several wives and the women allow themselves to be ranked.

In India, the violence against women and girls has increased in past two decade. Wife beating is reportedly widespread. Though the wife battering is a worldwide phenomenon but killing a girl for getting a girl child or for bringing insufficient dowry is probably peculiar in India. Here six major crimes against women are common as rape, molestation, kidnapping, abduction, eve teasing, dowry deaths and cruelty by husbands and in-laws. The vast majority of the studies show the prevalence of wife abuse is widespread in Indian society.

Though, the violence against women is world wide phenomena but the status of women is worse in Asia than rest part of the world. Women in Asia have been downtrodden and exploited section of the society since centuries and women is thought to be weaker sex than men. In most Asian countries, they are considered as subordinate to men. As young girls, they are under the tutelage of their fathers; as wives, they are considered to be under the authority of the husbands, and as widows, they become subject to the decisions of their eldest sons.

The lower status of women in Asia influences their mental health status too. Lack of access to resources, poor decision making power or control, low recognition of their work i.e., low economic worth and their social position as subservient to males or other household members, places their health requirements at a low priority. In fact, often these health needs are not realised or articulated by the women themselves. Their low self-esteem and their socialisation into 'non-entities' prevent them from such articulation. In some countries of South East Asia, women are deprived of their socio-economic and legal rights.

South East Asia region is the most heavily populated and amongst the poorest regions in the world. It faces enormous social, economic, and health challenges, including gender inequality,

violence, political instability and high burden of diseases. When women health has been addressed in this region, activities have tended to focus on issues associated with reproduction, such as family planning and child bearing while women's mental health is relatively neglected. The conception of women's mental health is limited only to protect and promote it. As per WHO report ***“In many countries of the South East Asia Region women are second rate citizens and are denied many rights. Access to health care is often denied to them”***.

All forms of violence affect the physical as well as mental health condition of women. A meta analysis of 13 epidemiological studies in different regions of India revealed an overall prevalence rate of mental disorders in women of 64.8 per 1000. Women had significantly higher prevalence rates for neuroses, affective disorders and organic psychoses than men. A survey carried out in Nepal demonstrated that women had a higher psychiatric morbidity than men, with a sex ratio of 2.8:1 in the health post, and 1.1:1 in the district hospital. A study in Bangladesh showed that the sex ratio for mental disorders was 2:1 and that for suicide was 3:1. One study of China reports that mental health of women follows the international patterns in some areas ie greater incidence of depression in women in comparison to men while in other areas, there is a significant departure from international norms. The suicide rate of young women in rural areas of China is four times that of the urban areas which is partly linked to rapid economic and social change. Women have higher incidence of schizophrenia than men. A study carried out in Pakistan showed that factors associated with depressive disorders in upper and middle class women were martial conflicts (25.5%), conflicts with in laws (13%), financial dependency (10%), lack of meaningful job (14%), and stress of responsibilities at home and work (9%). Another study conducted in the same country revealed that the most frequent factors forcing women to commit suicide were conflicts with husband and in-laws. The women who face domestic violence from husband and in-laws have no way out, because the system considers these acts of violence as acceptable. The police and law enforcement agencies are normally reluctant to intervene, considering it a domestic dispute. If the woman abandons her marriage, she has to face innumerable problems, like non acceptance from society, financial constraints and emotional problems of children growing up without father. The tendency of women to internalise pain and stress, and their lower status with less power over their environment, render them more vulnerable to depression when under stress.

In Sri Lanka a survey at the out-patient department of the North Colombo Teaching Hospital in Ragama, a semi-urban area in the suburbs of Colombo, found that 0.7% of women had been abused by their partners. The abuse was physical as well as verbal, emotional and sexual and most women reacted in a submissive manner: 79% of those abused have stayed in their marriages for more than 10 years. This submissive behaviour could be because Sri Lankan women usually lack the means to leave their husbands and live independently and the fact that society looks down upon such women.

In a study in eastern Sri Lanka, Subramaniam & Sivayogan (2001) reported that most women cited the welfare of their children because of staying in an abusive relationship. Parental separation is considered a risk factor for poor mental health in the offspring. Therefore parents staying together after marriage protect their children from mental health problems.

The violence whether it is physical or psychological affects the mental health of women. Hence the depression, which is the common mental disorder, is more prevalent among women. Depression in women manifests in headaches, sleepless nights, constant tension, detachment, irritability, loss of appetite, dryness of mouth, fear, self blame, lack of concentration, lack of interest, in any kind of activity. In India, due to social stigma women don't want to take treatment of mental illness in mental hospital or psychiatric hospital. Generally women attend the O.P.D of general medicine. First, people with mental illness take treatment from traditional healers. In serious conditions (psychotic state) they contact psychiatrist or admit the case in mental hospital.

Overall it can be said mental health of women in South East Asia is worse. South Asian women are beset by a lifetime social and psychological disadvantage. The data related with mental health of women in South East Asia are not adequately available because researchers from developing countries are often unable to meet the requirements of indexed journals because of limited access to information, lack of advice on research design and statistics, difficulty in writing in a foreign language and overall material, financial, policy, and infrastructural constraints. Most of the studies of low and middle income countries are not published in journals that are not widely distributed and do not figure in the international databases. Hence, there is much need of researches on women's mental health in South East Asia region for improving and promoting the mental health condition and quality of life of women and girls.

**References:**

1. Claude J. Romer : Violence: A preventable disease. World Health, 46th year, No. 1, Jan-Feb, 1993.
2. World Health Organisation : Definition and scope of the problem of violence against women. In: violence against women (information kit). Geneva: WHO Women's Health and Development Programme ;1997.
3. World Health Report : Mental Health: New Understanding, New hope, 2001
4. Women and Mental Health : <http://www.who.int/mediacentre/factsheets/fs248/en/>Print.html. June 2000
5. Women's Mental Health A Public Health Concern : WHO Regional Health Forum, South-East Asia Region, Vol, 5, 1 accessed online at www.who.int, On 16 April, 2006.
6. Shukla, Punam Rani : A Study of Legal Rights of Mentally Sick Women in Mental Hospital of Varanasi. A Project Report Submitted to ICSSR New Delhi. (Unpublished)
7. Reddy MV, Chandrasekhar CR. : Prevalence of mental and behavioural disorders in India: a metanalysis. Indian J Psychiatry; 40:149-57. 1998
8. Wright C, Nepal MK, Bruce Jones WDA : Mental health patients in PHC services in Nepal. J Inst Med; 12:65-74. 1990
9. Ministry of Health and Family Welfare. : Women, health and development country profile Bangladesh. Dhaka: Ministry of Health and Family Welfare, 1999
10. Niaz U :Violence against women: women's rights are human rights. Karachi: Soroptimist Club International, 1995.
11. Khan M. : Suicide and Para suicide in Pakistan. Journal of Crises International and Suicide Prevention; 19:148-51. 1998
12. Veronica pearson :The Mental Health of women in China. The Hong Kong Journal of psychiatry., 8 (1), 3-8 1998
13. Jejeebhoy S. :Wife-beating in rural India: a husband's right? Evidence from survey data. Economic and Political Weekly; 33:855-62. 1998
14. Subramaniam, P. & Sivayogan, S. :The prevalence and pattern of wife beating in the Trincomalee district in eastern Sri Lanka. Southeast Asian Journal of Tropical Medicine and Public Health, 32, 186-195.2001
15. Kumar, S., Jeyaseelan, L., Suresh, S., et al :Domestic violence and its mental health correlate in Indian women. British Journal of Psychiatry, 187, 62- 67.2005
16. Davar B. V. : Mental Health of Indian Women A Feminist agenda . New Delhi: Sage publication 1999

---

## **A STUDY ON IMPACT OF SOCIO-DEMOGRAPHIC ATTRIBUTES ON NUTRITIONAL STATUS OF ELDERLY WOMEN RESIDING IN SURAT CITY (A COMPARATIVE STUDY)**

---

**Dr. V.N.Solanki\*, Dr. S.L.Kantharia\*\*, Mrs. Smita Maniar\*\*\***

### **Abstract**

In India, the term “elderly” has been defined as all individuals of 60 years and above (Government of India, 2011). Ageing is a dynamic process that represents the molecular, biochemical, physiological and structural changes when growth stops. Ageing is the intrinsic, inevitable and irreversible age-related process of loss of viability and increase in vulnerability. Ultimately ageing is associated with functional decline of the systems. Ageing also has a gender perspective. Women are more vulnerable.

Population dynamics are changing world over and in India too with the increasing elderly population. Along with the population ageing, social trends are also changing with increasing number of elderly either living alone or in institution. The present study was undertaken in Surat city to understand the differences in the nutritional status of elderly (Man & Woman) residing in their own homes (non-institutionalized) and those residing in institutions.

The knowledge base with regard to demographic, social, economical and nutritional status of elderly is woefully inadequate (UNFPA, 2011). Hence, it is imperative to undertake studies in various geographic locations and settings to gather information about the elderly to address the needs of this growing segment of population in future. Considering this, the present study was undertaken in Surat city of Gujarat State of India with the following objectives.

\* The broad objective of the study was to assess the socio-demographic profile, nutritional status of the elderly (60 years and above) and compare among those residing in their own home (Free Living or Non-Institutionalized group) and those residing in old age homes (Institutionalized group).

\* **Associate Professor, Department of Foods & Nutrition, Sheth P.T. Mahila College of Arts & Home Science, Vanita Vishram Surat, Gujarat**

\*\* **Professor and Head, Department of Community Medicine, Government Medical College, Veer Narmad South Gujarat University, Surat, Gujarat**

\*\*\* **Consultant Nutritionist, Vadodara, Gujarat.**

\* The specific objectives of the study were to assess the differences among the Free-living and Institutionalized elderly with regard to the following parameters. 1) Socio-demographic profile 2) Nutritional status using anthropometric measurements, Body Mass Index (BMI), Waist circumference, Waist Hip Ratio (WHR), Demispan, Demiquet and Mindex indices.

The study reveals that: Among the 1005 elderly studied, 794 lived in their own homes and remaining 211 lived in old age homes. Majority of the elderly were literate (83%) with a higher proportion of men being literate (86%) as compared to women (80%). More than half (56%) of the elderly belonged to middle income group, one-fourth were from low income group and one-fifth were from high income group. The mean weight, height, waist and hip circumference was significantly higher among free living elderly as compared to institutionalized elderly. Demiquet Index in men and Mindex index in women revealed that free living elderly had higher means of these indices as compared to institutionalized elderly. On the other hand, mean waist hip ratio was higher among institutionalized elderly. Considering recent BMI classification, a significantly higher proportion of elderly from the institutions were underweight and a significantly higher proportion of free living elderly were obese.

<sup>1</sup> Associate Professor, Department of Foods & Nutrition, Sheth P.T. Mahila College of Arts & Home Science, Vanita Vishram Surat, Gujarat. (**Email: vn\_ptmc@yahoo.com**)

<sup>2</sup> Professor and Head, Department of Community Medicine, Government Medical College, Veer Narmad South Gujarat University, Surat, Gujarat

<sup>3</sup> Consultant Nutritionist, Vadodara, Gujarat.

## **Introduction**

Population ageing, defined as an increasing number of people living beyond adulthood, is becoming a major concern all over the world. The world is in a dilemma regarding this changing population dynamics (WHO, 2011). Since decades, young children outnumbered their elders. However, in another decade, elderly will outnumber all other population groups. The falling fertility rates, decrease in mortality leading to increase in life expectancy has led to increase in the elderly population, world over. Population structures worldwide are now transiting from 'pyramid' to 'pillar' with increase in aged population. This upward trend in elderly population is characterized by increasing number of elderly people above 80 years of age. Further, globally, ageing is being feminized, making this population more vulnerable. According to World

Population Prospects: the 2010 Revision, the population above 65 years will be 227 million in 2050, an increase of 280% as compared to the current 60 million (WHO, 2011).

In India, the term “elderly” has been defined as all individuals of 60 years and above (Government of India, 2011). Ageing is a dynamic process that represents the molecular, biochemical, physiological and structural changes when growth stops. Ageing is the intrinsic, inevitable and irreversible age-related process of loss of viability and increase in vulnerability. Ultimately ageing is associated with functional decline of the systems. Ageing also has a gender perspective. Women are more vulnerable.

Changing roles and expectations of women, their concepts of privacy and space, desire not to be burdened by caring responsibilities of old people for long periods, career ambitions, and employment outside the home implies considerably reduced time for care giving for the family as well as elderly, as traditionally done in the Indian culture. Moreover, adoption of small family norms by a growing number of people implies availability of fewer care givers, especially since daughters too in growing number of families, are fully occupied, pursuing their educational or profession career. The position of single persons, particularly females, is more vulnerable in old age as few persons are willing to take care of non-lineal relatives. The situation of widows is also a cause of concern, as an overwhelming majority of these women have no independent source of income, do not own assets and are totally dependent. With declining social support the wellbeing and health of the elderly needs greater consideration.

Nutrition plays a critical role in healthy ageing. It is an important contributing factor to health and functional ability among the elderly. The ageing process affects food preferences, food intake and nutritional requirements (Bagchi, K., 1999). These changes are mainly due to: i) reduced metabolism; ii) loss of teeth and difficulty in mastication; iii) taste buds atrophy; iv) reduction of gastric volume; and v) atrophy of gastro-intestinal tract musculature. Dietary intake during ageing is also affected by the living conditions (old age homes versus own families), economic dependency and social isolation.

Several studies have been conducted in India to assess the dietary intake and nutritional status of the elderly. Studies conducted in free living and institutionalized elderly population reported that energy and protein intake was lower than the recommended dietary allowances (Mehta, 1999). Similar findings were reported in surveys conducted by National Nutrition Monitoring Bureau (NNMB), where the energy intake was less than recommended dietary allowances

(Arlappa et. al., 2003). There is evidence that nutrition is not optimal among the elderly and often underestimated in therapeutic procedures (Baweja S, et. al., 2008). A recent study of the macronutrient status of elderly revealed that except for fat all other macronutrient intake was less than recommended dietary allowances (Kimaya R. & Sharma R., 2013).

The knowledge base with regard to demographic, social, economical and nutritional status of elderly is woefully inadequate (UNFPA, 2011). Hence, it is imperative to undertake studies in various geographic locations and settings to gather information about the elderly to address the needs of this growing segment of population in future.

### **Objectives**

Considering this, the present study was undertaken in Surat city of Gujarat State of India with the following objectives.

\* The broad objective of the study was to assess the socio-demographic profile, nutritional status of the elderly (60 years and above) and compare among those residing in their own home (Free Living or Non-Institutionalized group) and those residing in old age homes (Institutionalized group).

\* The specific objectives of the study were to assess the differences among the Free-living and Institutionalized elderly with regard to the following parameters. 1) Socio-demographic profile 2) Nutritional status using anthropometric measurements, Body Mass Index (BMI), Waist circumference, Waist Hip Ratio (WHR), Demispan, Demiquet and Mindex indices.

### **Methods and Materials**

Keeping in mind the objectives of the study, a semi-structured interview method was used to elicit the information using a detailed questionnaire consisting of various aspects like socio-demographic and health profile of the elderly. Information on health related milestones was collected that included condition of eyes, way of walking, speech, condition of skin and teeth, memory status, condition of ears, condition of bones, condition of hair, flavour perception, condition of throat and social behaviour. The study participants were visited at their place of residence to conduct the interviews. The self-reported information was noted with regard to health status of the elderly.

## **STUDY AREA**

The present study was conducted in Surat city situated in Gujarat State of India (Wikipedia, 2013). It is situated in the southern part of the State on the bank of Tapi river. Surat is Gujarat's second largest city, and India's eighth most populated city. It is at the heart of the world's diamond-polishing industry, which in 2005 cut 92% of the world's diamond pieces and earned India \$15 billion in exports. Surat is known for producing world-class synthetic textiles. Surat is number one manufacturer of clothes in India; you can find Surti dress material in any state of India.

Owing to the booming diamond and textile industry and proximity to metro city Mumbai of Maharashtra, Surat is estimated to be the largest city in Gujarat state. The total population of Surat city was 2,876,374 according to Census, 2001. According to provisional report of Census 2011, the population in Surat city has almost doubled to 4,585,367 of which 2,613,841 are males and 1,971,526 are females.

### **Study Population**

The study population included men and women aged 60 years and above residing in Surat city. Moreover, elderly men and women residing in old-age homes were also included in the study to compare the key indicators of the study among the **institutionalized** and the **free living** elderly population in Surat city.

### **Study Design And Sampling**

A cross-sectional study design was used for the present study. It was aimed to select a sample of 1000 study participants from the city including free living as well as living in old age homes. Two stage stratified random sampling methodology was used for the selection of free living elderly study participants. The city has seven different zones and each of these zones was considered as strata. From each zone / strata a sample of study participants was randomly selected based on proportion of total population of the zone /strata as shown in **Table 1**. The households with at least one elderly person (60 years or above) was the sampling frame. In each strata, the households were randomly visited to complete survey of required number of elderly study participants according to the proportion of population in the zone / strata. In all, 794 elderly were studied from the free living population.

**Table 1: Sampling of Elderly Study Participants Selected From Surat City (Free living)**

Sr. No.	Zone	Population*	Proportion	Number of Study Participants
1	North	416370	11.40%	120
2	South	407980	11.20 %	120
3	East	711516	19.50%	160
4	West	287144	7.80%	80
5	Central	413641	11.70%	120
6	South West	242466	6.60%	74
7	South East	397257	10.80%	120
<b>Total.....</b>		<b>2876374</b>	<b>79.00%</b>	<b>794</b>

\*Source: Census 2001. Zone wise population data was not available for 2011 at the time of the study.

There are six old-age homes in the city, two big old-age homes are run by religious institutions and others are run by non-government organizations. From these, one run by religious institution and two run by non-government organizations were selected randomly and all the elderly willing to participate in the study were included in the survey to form the group of elderly living in institutions. Thus, **211** elderly were included in the study from old age homes. So the total sample size of the study is **1005** elderly.

### **Experimental Tools and Techniques**

The following tools and techniques were used in the study.

- a) *Interview come questionnaire (pre-designed and pre-tested)*
- b) *Socio-demographic profile*
- c) *Nutritional status*
  - *Weight measurement*
  - *Height measurement*
  - *Waist circumference & Waist to Hip Circumference Ratio:*
  - *Body Mass Index (BMI):*
  - *Demispan*
  - *Demiquet and Mindex Indices:*

### **Data Entry and Analysis**

The data entry and analysis was done using Epi-Info software (a statistical package of Centre for Disease Control (CDC), USA and WHO, Geneva). Once the data was stored in computer readable form, the next task was to eliminate the more obvious errors that would have occurred during the data collection, coding and input stages. An edit program was used to look at missing

values, skips, range checks and checks for inconsistency. Since each participant had a unique ID, it was easy to trace back to the forms and edit the data wherever necessary in case of inconsistencies or missing values. Necessary statistical test were applied. The interpretation of results was verified in consultation with biostatisticians to ensure correct interpretation.

## Results and Discussion

### Socio-Demographic Profile Of The Elderly Studied

The socio-demographic profile of the 1005 study participants is given in **Table 2**. A slightly more than one-half were males and the rest females. Men outnumber women in all age group in India (Government of India, 1999). However, a recent survey recent survey indicates that women outnumber men in this elderly age group in India (Government of India, 2011). One-half of the elderly belonged to ‘young old’ age group of 60-69 years and two-fifth were in the 70-79 years old age group, with the mean age being 70 years. Considering the literacy level, two-fifth of the elderly had studied till primary section and one-fourth till secondary level. A little less than one-fifth (17%) were not literate. In a recent survey in seven States of India, one-half of the elderly were literate (UNFPA, 2011).

As shown in **Table 2**, most of the elderly were married (59%) and about one-third were widowed. Considering gender, a significantly higher proportion of elderly men (63.9%) were married as compared to elderly (53.5%) women ( $p < 0.001$ ). More number of women was single as compared to men. A recent ‘*Situational Analysis of Elderly in India*’ reported that in all elderly age-groups the percentage of elderly women married was markedly less than elderly men married. Another recent study by UNFPA (2011) in seven states of India revealed that 60% of elderly were married and 38% were widowed. Majority of the study participants were Hindus (89%) and were Gujarati (88%).

**Table 2: Socio-Demographic Profile Of Elderly According To Place Of Residence**

Sr. No.	Parameter	Free living N=794		Institutionalized N=211		Total N=1005	
		n	%	n	%	n	%
1.	<b>Gender</b>						
	• Male	419	52.8	113	53.6	532	52.9
	• Female	375	47.2	98	46.4	473	47.1
2.	<b>Age (completed years)</b>						
	• 60-69	428	53.9	76	36.0	504	50.1
	• 70-79	282	35.5	87	41.2	369	36.7
	• $\geq 80$	84	10.6	48	22.7	132	13.1
	<b>Mean Age (<math>\pm</math>SE)</b>	69.5		72.8		70.2	

Sr. No.	Parameter	Free living N=794		Institutionalized N=211		Total N=1005	
		(± 0.26)		(±0.61)		(±0.24)	
3.	<b>Education</b>						
	• Not literate	145	18.3	28	13.3	173	17.2
	• Primary	337	42.4	107	50.7	444	44.2
	• Secondary/Metric	184	23.2	51	24.2	235	23.4
	• Graduate	112	14.1	21	10.0	133	13.2
	• Postgraduate	15	1.9	4	1.9	19	1.9
	• Other	1	0.1	0	0.0	1	0.1
4.	<b>Marital Status</b>						
	• Unmarried	23	2.9	53	25.1	76	7.6
	• Married	552	69.5	41	19.4	593	59.0
	• Divorced/Separated	8	1.0	35	16.6	43	4.3
	• Widow/ Widower	211	26.6	82	38.9	293	29.2
5.	<b>Religion</b>						
	• Hindu	701	88.3	197	93.4	898	89.4
	• Muslim	31	3.9	2	0.9	33	3.3
	• Christian	3	0.4	0	0.0	3	0.3
	• Sikh	4	0.5	0	0.0	4	0.4
	• Jain	29	3.7	4	1.9	33	3.3
	• Parsi	1	0.1	8	3.8	9	.9
	• Other	25	3.1	0	0.0	25	2.5
6.	<b>Years of residence in Surat city (Mean ± SE) (1)</b>	39.3±0.82	14.5±1.27	34.5±0.78			
7.	<b>Ethnic group</b>						
	• Gujarati	706	88.9	181	85.8	887	88.3
	• Non-Gujarati	88	11.1	30	14.2	118	11.7
8.	<b>Economic Status</b>						
	• Upper	150	18.9	34	16.1	184	18.3
	• Middle	416	52.4	151	71.6	567	56.4
	• Lower	228	28.7	26	12.3	254	25.3

Response available from Total N= 940 participants.

As indicated in **Table 3**, the mean weight of free living elderly was significantly higher than the institutionalized elderly by about 5 kg ( $p < 0.001$ ). Similarly, the height of the free living elderly was slightly (3 cm) higher than that of the institutionalized elderly ( $p < 0.01$ ). Mean waist and hip circumference was also significantly higher among the free living as compared to institutionalized elderly ( $p < 0.01, p < 0.001$ ). Demispan measurement was more or less similar among both the institutionalized and the free living elderly.

**Table 3: Anthropometric Measurements Of Elderly According To Place Of Residence**

Sr. No.	Measurement (Mean ±SE)	Free living N=785	Institutionalized N=211	Total N=996	't' test value (p-value)
1.	Weight (kg)	64.5±0.44	58.5±0.97	63.2±0.41	6.11 (0.000) ***
2.	Height (cm)	157.5 ± 0.40	155.0± 0.78	157.0± 0.36	2.81 (0.005) **

Sr. No.	Measurement (Mean ±SE)	Free living N=785	Institutionalized N=211	Total N=996	't' test value (p-value)
3.	Waist circumference (cm)	91.6±0.47	88.4±0.88	90.9±0.42	3.18 (0.001) **
4.	Hip Circumference (cm)	96.5±0.47	87.2±0.67	94.5±0.41	9.66 (0.000) ***
5.	Demispan (cm)	81.5±0.25	81.4±0.41	81.5±0.21	0.19 (0.849)

\*\*p<0.01, \*\*\*p<0.001, significant

### *Nutritional Status Assessment*

BMI, Waist Hip Ratio, Demiquet and Mindex indices were calculated from the anthropometric measurements to assess the nutritional status of the elderly (**Table 4**). BMI was significantly higher in free living elderly as compared to institutionalized elderly (p<0.001). A study in Thailand of 2324 elderly (60 years and above) reported the mean BMI of 22.76 in women and 21.54 in men (Assantachai, 2006). On the other hand, waist hip ratio was significantly higher among institutionalized elderly as compare to free living elderly (p<0.001). Although demispan was similar among both institutionalized and free living, Demiquet was significantly higher among the free living elderly men as compared to institutionalized men (p<0.001). As indicated in **Table 4**, Mindex was also significantly higher among the free living elderly women as compared to institutionalized elderly women (p<0.001). A study in Thailand reported mean Demiquet of 86.74 among elderly men, quite lower than that in the present study (Assantachai, 2006).

**Table 4: Nutritional Status Of Elderly According To BMI, WHR, Demiquet And Mindex Indices And According To Place Of Residence**

Sr. No.	Measurement (Mean ±SE)	Free living N=785	Institutionalized N=211	Total N=996	't' test value (p-value)
1.	BMI (kg/m <sup>2</sup> )	26.0±0.16	24.2±0.34	25.6±0.15	5.01 (0.000)***
2.	Waist Hip Ratio	0.95±0.00	1.01±0.01	0.97±0.00	9.67 (0.000)***
	<b>Men</b>	<b>N=417</b>	<b>N=113</b>	<b>N=530</b>	
3.	Demiquet (kg/m <sup>2</sup> )	97.4±1.06	86.3±1.51	95.0±0.92	5.09(0.000) ***
	<b>Women</b>	<b>N=368</b>	<b>N=98</b>	<b>N=466</b>	
4.	Mindex (kg/m)	77.6±0.73	69.7±1.81	76.0±0.70	4.69(0.000) ***

\*\*\*p<0.001, significant

### *Nutritional Status According To Bmi Classification*

As indicated in **Table 5**, a significantly higher proportion of elderly from the institutions were underweight and a significantly higher proportion of free living elderly were obese according to

BMI classification ( $p < 0.001$ ). This correlated with the nutrient intake of the elderly where it was observed that mean fat intake of the free living elderly was significantly higher as compared to institutionalized elderly. Overall, one-fifth elderly were having normal BMI. Two-fifth of the elderly was obese I category and 15% were obese II, indicating high risk to chronic health problems such as hypertension, diabetes, CVD and others.

**Table 5: Distribution Of Elderly According To BMI Classification And According To Place Of Residence**

Sr. No.	BMI (kg/m <sup>2</sup> )	Free living N=785		Institutionalized N=211		Total N=996		Chi-square (p-value)
		n	%	n	%	n	%	
1.	Underweight <18.50	33	4.2	28	13.3	61	6.1	34.58 (0.000) ***
2.	Normal: 18.50-22.99	159	20.3	60	28.4	219	22.0	
3.	Overweight 23.00-24.99	139	17.7	32	15.2	171	17.2	
4.	Obese I 25.00-29.99	328	41.8	66	31.3	394	39.6	
5.	Obese II >30.00	126	16.1	25	11.8	151	15.2	

\*\*\* $p < 0.001$ , significant

When compared between elderly men and women, there was no significant difference in any category of BMI classification except obese II category (**Table 6**). A slightly higher proportion of elderly women were obese (18.2%) as compared to elderly men (12.5%) with a significance of  $p < 0.05$ . Contrastingly, a study in Rajasthan of institutionalized elderly reported that women (28%) were more underweight as compared to men (16%) (Wason & Jain, 2010)

**Table 6: Distribution Of Elderly According To BMI Classification And According To Gender**

Sr. No.	BMI (kg/m <sup>2</sup> )	Male N=530		Female N=466		Total N=996		Chi-square (p-value)
		n	%	n	%	n	%	
1.	Underweight <18.50	35	6.6	26	5.6	61	6.1	9.46 (0.050)
2.	Normal: 18.50-22.99	130	24.5	89	19.1	219	22.0	
3.	Overweight 23.00-24.99	88	16.6	83	17.8	171	17.2	
4.	Obese I 25.00-29.99	211	39.6	183	39.3	394	39.6	
5.	Obese II >30.00	66	12.5	85	18.2	151	15.2	

### Summary and Conclusion

#### ❖ Socio – demographic profile of elderly :

- Among the 1005 elderly studied, 794 lived in their own homes and remaining 211 lived in old age homes. Among the free living, 6.5 % elderly were living alone and 12.7% living

*with spouse only. More or less equal proportion of men and women participated in the study. Considering the age groups, 50% were young-old, 37% were old-old and remaining 13% were oldest-old group. The mean age of the elderly studied was 70 years. Majority of the elderly were literate (83%) with a higher proportion of men being literate (86%) as compared to women (80%). With regard to marital status, 59% were married at the time of the study. The proportion of widowed was higher among elderly women (37%) as compared to men (21%). More than half (56%) of the elderly belonged to middle income group, one-fourth were from low income group and one-fifth were from high income group. Majority of the elderly were Hindus and Gujarati.*

❖ ***Anthropometric measurements and Nutritional status of the elderly :***

- *The anthropometric measurement data revealed that mean weight, height, waist and hip circumference was significantly higher among free living elderly as compared to institutionalized elderly. Demispan measurement was similar among both the groups of elderly. The nutritional status assessment through Body Mass Index, Demiquet Index in men and Mindex index in women revealed that free living elderly had higher means of these indices as compared to institutionalized elderly. On the other hand, mean waist hip ratio was higher among institutionalized elderly.*
- *Considering recent BMI classification, a significantly higher proportion of elderly from the institutions were underweight and a significantly higher proportion of free living elderly were obese. Gender differences were not found, except a higher proportion of women were in Obese II category as compared to men. Considering the three age groups, the data showed that with increasing age, the proportion of elderly decreased in the obese category and increased in the underweight category.*
- *According to recent waist circumference classification, a significantly higher proportion of free living elderly were in substantial risk category as compared to institutionalized elderly. Further, a significantly higher proportion of the elderly women (50%) were in substantially risk category as against of the elderly men (21%). The elderly in young-old age group were significantly more at substantial risk as compared to oldest-old elderly. A significantly higher proportion of the institutionalized elderly men were at substantially increased risk as compared to free living while considering waist hip ratio classification. Among the men and women, no significant difference was found as more or less equal*

*proportion, 85.5% and 82.8%, respectively were at substantially increased risk. No significant difference was found across the age groups considering waist hip ratio classification.*

- *Considering demiquet index classification, a significantly higher proportion of free living elderly men were obese and institutionalized elderly men were underweight. Further, the proportion of underweight elderly men increased with age as per demiquet index classification. As in case of demiquet, indexindex classification for elderly women also indicated that a significantly higher proportion of free living elderly women were obese and institutionalized elderly women were underweight. Both these indices showed a higher prevalence of under nutrition among elderly men and women, respectively as compared to BMI.*

### **Conclusions**

- *Nutritional status according to BMI classification indicated that obesity was more among free living and more institutionalized were underweight. More women were obese as compared to men.*
- *More free living elderly, women and young-old elderly are at substantial risk of suffering from diabetes and cardiovascular diseases according waist circumference classification.*
- *Waist-hip-ratio classification indicated that more institutionalized elderly are at substantial risk.*
- *Similar to BMI, Demiquet index in elderly men and Mindex index in elderly women indicated that obesity was more among the free living and young-old age group.*
- *Demiquet and Mindex indices showed a higher prevalence of underweight among elderly as compared to BMI.*

The study reveals that: Among the 1005 elderly studied, 794 lived in their own homes and remaining 211 lived in old age homes. Majority of the elderly were literate (83%) with a higher proportion of men being literate (86%) as compared to women (80%). More than half (56%) of the elderly belonged to middle income group, one-fourth were from low income group and one-fifth were from high income group. The mean weight, height, waist and hip circumference was significantly higher among free living elderly as compared to institutionalized elderly. Demiquet Index in men and Mindex index in women revealed that free living elderly had higher means of these indices as compared to institutionalized elderly. On the other hand, mean waist hip ratio

was higher among institutionalized elderly. Considering recent BMI classification, a significantly higher proportion of elderly from the institutions were underweight and a significantly higher proportion of free living elderly were obese.

## References

- Acharya, A. (2012). *Depression, Loneliness and Insecurity Feeling among the elderly female, living in old age homes of Agartala*. Indian Journal of Gerontology, 26(4): 524-536.
- Bagchi, K. (1999). Healthy Ageing and Nutrition. In Mehta, P. and Nambiar, V. (Eds.), *Ageing Nutrition and Health, (pp 12-16)*, Based on the deliberations of the National Conference organized as a mark of celebrating the International Year of the Elderly, Department of Foods and Nutrition, Faculty of Home Science, Maharaja Sayajirao University of Baroda, Vadodara, India.
- Basu, M. (2006). *Geriatrics: Its Importance and its Present Status in India*. Indian Journal of Gerontology, 20(4): 359-368.
- Das, NP. and Shah, U. (2004). *Study of old age homes in the care of the elderly in Gujarat*. Project Report press- .in/writerreaderresearchg/416.htm . Retrieved on March, 2012.
- Despres, J. (2007). *Association for weight management and obesity prevention: The American Society for nutrition and the American diabetes association*. American Journal of Clinical Nutrition, 85: 1197-1202.
- Gopalan, C, Rama Sastri, BV. & Balasubramaniam S.C. (2004). Nutritive Value of Indian Foods, National Institute of Nutrition, Indian Council of Medical Research, Hyderabad, India.
- Government of India. (1999). *National Policy on Older persons*, Ministry of Social Justice and Empowerment, Government of India, New Delhi. Retrieved May 12, 2012 from <http://socialjustice.nic.in/hindi/pdf/npopcomplete.pdf>
- Government of India. (2011). *National Policy for Senior Persons*, Ministry of Social Justice and Empowerment, Government of India, New Delhi. Retrieved May 25, 2013 from <http://socialjustice.nic.in/pdf/dnpsc.pdf>
- Government of India. (2011). *Situational Analysis of Elderly in India*, Central Statistics Office, Ministry of Statistics and Programme Implementation, Government of India, New Delhi. Retrieved May 15, 2013 from [http://mospi.nic.in/mospi\\_new/upload/elderly\\_in\\_india.pdf](http://mospi.nic.in/mospi_new/upload/elderly_in_india.pdf)
- Horwath, CC. (1989). *Dietary Intake Studies in Elderly People*. In Bourne, GH(Ed.). Impact of Nutrition on Health and Disease. World Revolutionary Nutrition Diet. Basel, Karger 59: 1-70.
- Indian Council of Medical Research. (1997). *A Report on Mental Health of Elderly*. ICMR, New Delhi, India.
- Islam, Md.R., Rahman, Md.M. and Islam, Md.R. (2010). *Socio-Economic Condition of the rural aged in Bangladesh: A Logistic Regression Analysis*. Indian Journal of Gerontology, 24(2): 225-236.

- Jelliffe, DB. (1966). *The assessment of the nutritional status of the community*. WHO Monograph No. 53, Geneva, Switzerland.
- Joshi, SW, Menson, KS, Sawant, SM., Laxmi, VA. and Dhar, HL. (2006). *Demographic Health Profile in Urban and Rural Elderly Population*. Indian Journal of Gerontology, 20(4): 337-346.
- Kabir, Z., Ferduos, T., Cederholm, T., Khanom, M., Streatfield, K. and Wahlin, A. (2006). *Mini Nutritional Assessment of rural elderly people in Bangladesh: The impact of demographic, socio-economic and health factors*. Public Health Nutrition, 9(8): 968-974.
- Kagansky, N., Berner, Y., Koren-Morag, N., Perelman, L., Knobler, H. and Levy, S. (2006). *Poor nutritional habits are predictors of poor outcome in very old hospitalized patients*. American Journal of Clinical Nutrition, 82(4): 784-791.
- Kan, K., Park, A. and Chang, M. (2000). *A Dynamic Model of Elderly Living Arrangement in Taiwan*. Paper presented at Annual Meeting of Population Association of America, Los Angeles, CA, USA.
- Kasthuri, A., Ramesh, N., Hegde, SKB., Rao, D., D'Souza, G., Reddy, B. and Chandra, M. (2012). *Immunization coverage with selected vaccines in elderly persons in a rural community in southern India*. Indian Journal of Gerontology, 26(4): 451-461.
- Kuppuswamy's SES classification (updated in 2005) viewed from <http://www.scribd.com/doc/18658493/Kuppuswamys-SES-Classification> on April, 2013.
- Mahan, K. and Stump, SE. (2000). *Nutrition in Ageing*. In Saunders (ed.) Food, Nutrition and Diet Therapy, pp 318-337, Elsevier publishing, USA.
- Mehta, P. and Manimala, M. (1996). *A study on dietary modification of hospitalized elderly with swallowing disorders*. Unpublished. M.Sc. Dissertation, department of Food and Nutrition, S. University, Vadodara.
- Mehta, P. and Mehta, M. (2003). *A study on nutrition and disease profile of elderly belonging to three different communities*. Indian Journal of Gerontology, 17(3 and 4): 380-388.
- Mehta, P. and Reddy, P. (1996). *Assessment of health and nutritional status of elderly hospitalized head and neck cancer patients: Diet modification with use of ARF*. Unpublished. M.Sc. Dissertation, department of Food and Nutrition, M. S. University, Vadodara.
- Mehta, P. (1999). *Diet, Nutrition and Health profile of Elderly population of urban Baroda*. In Mehta, P. and Nambiar, V. (Eds.), *Ageing Nutrition and Health*, (pp 12-16), Based on the deliberations of the National Conference organized as a mark of celebrating the International Year of the Elderly, Department of Foods and Nutrition, Faculty of Home Science, Maharaja Sayajirao University of Baroda, Vadodara, India.
- Mehta, P. and Laddu, U. (2001). *A study on diet, nutrition status and disease profile of the elderly suffering from depression*. Indian Journal of Gerontology, 16: 250-257.
- Mehta, P. and Shringarpure, B. (2003). *A study on life style factors, diet profile and impact of Nutrition Health Education in elderly women with breast cancer*. Indian Journal of Gerontology, 17(3 and 4): 366-374.

- Mehta, P., Chauhan, K. and Devi, C. (2007). *Study on food preferences and taste sensitivity of local elderly women residing in Baroda city and evaluation of selected food items for geriatric group*. Indian Journal of Gerontology, 21 (1): 20-29.
- World Health Organization. (2000). *The Asia-Pacific perspective: Re-defining obesity and its treatment*. Regional Office for Western Pacific, International Association for the study of Obesity, Sydney, Australia.
- World Health Organization. (2000a). *Obesity: Preventing and managing the global epidemic*, Report of a WHO Consultation (TRS 894), World Health Organization (WHO), Geneva, Switzerland.
- World Health Organization. (2000b). *Global strategy for the prevention and control of non-communicable diseases*, World Health Organization, Geneva, Switzerland.
- World Health Organization (2001). *Health and Ageing: A discussion paper*. World Health Organization, Geneva, Switzerland.
- World Health Organization. (2004). *Appropriate body mass index for Asian populations and its implications for policy and intervention strategies*. Lancet, 363(9403):157-163.
- World Health Organization. (2006). *Reliability of anthropometric measurements in the WHO Multicentre Growth Reference Study by WHO Multicentre Growth Reference Study Group*. Acta Paediatr Suppl. 2006 Apr; 450:38-46. Viewed from PubMed, <http://www.ncbi.nlm.nih.gov/pubmed/16817677> on May, 2013.
- World Health Organization. (2011). *Global Health and Ageing*. A publication by National Institute on Ageing, National Institute of Health, US., Department of Health and Human Services, NIH Publications No. 11-7737, WHO, Geneva, Switzerland.
- World Health Organization. (2011). *Waist Circumference and Waist-Hip Ratio*, Report of a WHO Expert Consultation, 8-11 December, 2008, WHO, Geneva, Switzerland.

---

## FOOD CONSUMPTION PATTERNS AND NUTRITIONAL STATUS OF RURAL WOMEN

---

Dr. (Mrs.) Singh Ranjana\*

### Abstract

The study was undertaken to assess the, food consumption pattern and nutritional status of 75 rural women of age group 20 to 60 years in the village Mokalpur of Varnasani district. It is a cross-sectional survey. Two sets of questionnaire were utilized. The information regarding general information, food consumption pattern and dietary intake were collected by questionnaire-cum-interview method. The nutrient intake of women-respondent was poor (except fat) the percent adequacy ranges between 70% - 90%. The mean height and weight with SD were (x) = 148.64, SD  $\pm$  3.70<sup>m</sup> and (x) = 41.80, SD  $\pm$  2.72 respectively. The mean BMI is found to be 18.9 with SD  $\pm$  2.57. The meal frequency was found 56% for 3 meals a day and only 26% women take their breakfast regularly. 89% women takes fruit rarely and 85.3 women don't take dry fruits. Efforts to be made to get the women aware about their basic nutritional needs to improve their health status as well as of their family.

Keywords: Socioeconomic status, nutritional status, Rural women, percent adequacy.

### Introduction:

Malnutrition and under nutrition have often been identified as one of the characteristic features of the developing countries in general and of more vulnerable groups e.g. rural households, poor segments of the society, women and children in particular.

As per 2012 census, the total population of India is 1.2 billion out of which 614.4 millions are females. India's 70% of the population resides in a rural area. The typical female advantage in life expectancy is not seen in India and this suggests there are systematic problems in women's health care whereas 75% of health infrastructure medical manpower and other health resources are concentrated in urban area.

The health of Indian women is linked to their status in the society, especially for those who living in a rural area because they are less educated and economically deprive, so their health condition is worse. The role of the women in the field of health of the family responsible for the

\*SRDAK (PG) College Hathras

method adopted for the preparation, cooking and serving of food. But the research into women's status in society has found that the contribution Indian women make to families are often overlooked.

The nutritional status and food consumption pattern is most often a function of income, educational level, socio-economic status and culture-demographic factors lack of knowledge regarding nutritional needs and unhealthy food consumption patterns aggravate the problem of Malnutrition.

According to NFHS III data, more than a third (36%) of women has a BM below 18.5 indicating a high prevalence of nutritional deficiency. Among who are thin, 44% are moderately or severely thin. More than half of the women (55%) are anaemic as depicted by NFHS III survey. Less than one third of women in the lowest wealth quintile consume milk or curd at least once a week, as do less than half of women in the second wealth quintile. More than half of women in the three highest wealth quintiles consume milk or curd at least once a week. In the high wealth quintile, three-quarters of women consume milk or curd at least once a week. The differentials in food consumption are even sharper for the consumption of fruit. Weekly consumption of fruit increases from 16 percent in the lowest wealth quintile to 72 percent in the highest wealth quintile.

An analysis of food consumption pattern and nutritional status of rural women is likely to provide a better insight into the vicious circle of poverty deprivation trap, gender discrimination and preferences keeping all these factors in view I selected this topic for my research survey and selected my own parental village (Mokalpur, (UP)] to conduct the survey.

### **Objectives:**

The main objectives of the research study were:

- To study the food consumption pattern and dietary intakes of rural women. (age gr 20-60).
- To assess the nutritional status of women with the help of anthropometric measurement (age, weight and height) and diet survey (24 hour recall method)

### **Materials and Methods:**

The materials and methods applied in the present study were as follows:

#### **Study Area:**

The present survey was conducted in village Mokalpur of Chiraigaon block in Varanasi District. Uttar Pradesh. The village consists of one main hamlet and a few secondary hamlet.

### Study Sample:

The sample consisted of 75 women randomly selected from different families of the village. The age of sample women ranged from 20 to 60 years. All of them were married.

### Tools of the Study:

In the present survey one sets of questionnaire were used it was designed by Ranjana herself under the guidance of Dr. (Mrs.) Archana Chakravarty. The questionnaire contained two types of questions related to (i) General information (questions 1 to 7) and (ii) Specific Information (Questions 8 to 27) related to food consumption pattern. Anthropometric measurement and diet survey. The questionnaire was pre-tested and modified.

General information and data related to food consumption pattern were collected by the questionnaire- cum- interview method.

Drop down measuring tape was used to measure the height (in cm) and a lever balance was utilized to measure the weight (in kg) of female samples.

**Table 1 Socio- Economic Status of Sample Households**

S.No.	Categories of Socio- Economic Status	No. of Sample House holds	Percentage
1.	Upper	13	17.33
2.	Upper – middle	23	30.67
3.	Middle	8	10.67
4.	Lower – middle	10	13.33
5.	Lower	21	28.00
	Total	75	100.00

**Table 2 Distribution of Respondents According to Age and Types of Work**

S.No.	Age Groups Year	No. of Respondents		No. of Respondents		Total	
		Sedentary	%	Moderate	%	No.	%
1	20 – 25	13	17.33	8	10.66	21	28.00
2	25 - 30	12	16.00	7	9.33	19	25.00
3	30 – 35	8	10.66	5	6.66	13	17.35
4	35 - 40	4	5.33	2	2.66	6	8.00
5	40 – 45	7	9.33	3	4.00	10	13.33
6	45 – 50	1	1.33	-	-	1	1.33
7	50 – 55	3	4.00	-	-	3	4.00
8	55 – 60	1	1.33	-	-	1	1.33
9	60 - 65	1	1.33	-	-	1	1.33
		<b>50</b>	<b>66.64</b>	<b>25</b>	<b>33.31</b>	<b>75</b>	<b>99.67</b>

**Table 3 Educational Status of Respondent**

Classes	Educational status	No. of Respondent	Percentage
<b>A</b>	<b>Illiterates</b>	<b>46</b>	<b>61.33</b>
<b>B</b>	<b>Literates</b>	<b>29</b>	<b>38.67</b>
	1- 8 <sup>th</sup> standard	18	24
	High school	8	10.67
	Intermediate	1	1.33
	Graduate	2	2.67
		75	100.00

**Table – 4 Occupation of Respondents**

S.No.	Occupation	Type of work	No. of Resp.	Percentage
1.	House wife	50 Sedentary	50	66.67
2	Cultivator	15 Moderate	25	33.33
3	Farm Labourer	10		
		75	75	100.00

**Table – 5 Meals: Frequency and Time**

Meal Frequency	No. of Samples	%	Meal time	No. of sample	%
1.	-	-	Morning	20	26.67
2.	29	38.67	Mid day	31	42.33
3.	42	56.00	Afternoon	66	88.00
4.	4	5.33	Evening	9	12.00
5.	-	0	Night	74	98.67
	75	100.00			

**Table – 6 Preference for Food Items**

S. No.	Food Stuffs	More often		Preference				Don't take	
		No	%	Less often		Rarely		No	%
				No	%	No	%		
1.	Cereals	75	100	-	-	-	-	-	-
2.	Pulses	15	20	51	68	9	12	-	-
3.	Green leafy vegetable	9	12	58	77.3	8.0	10.70	-	-
4.	Other Veg.	34	39	39	52.0	2.00	2.70	-	-
5.	Fruits	-	1	1	1.3	67	89.3	7	9.30
6.	Milk & Milk Products	33	44	30	40.0	10	13.3	2	2.70
7.	Dry fruit	-	-	-	-	11	14.7	64	85.3
8.	Tea & Coffee	39	48	4	5.3	3	4.0	32	42.7
9.	Fish & Meat	-	-	-	-	49	65.3	26	34.7
10.	Eggs	-	-	-	-	37	49.3	38	50.7

**Table – 7 Distribution of Respondents According to BMI  
(WHO Classification of BMI 2014)**

Classification	BMI Kg/ M <sup>2</sup> Principle Cut- off point	No. of Respondent	Percentage
Under nutrition	< 18.00		
Sever thinness	< 16.00	9	12.00
Moderate thinness	16.00 – 16.99	10	13.33
Mild thinness	17.00 – 18.49	17	22.66
Normal	18.5 – 24.99	38	50.66
Over weight	≥ 25.00		
Pre obese	25.00 – 29.99	1	1.33
			99.98

BMI Mean (X) = 18.9 SD ± 2.57

**Table – 8 (A) Age and Nutrient Intake of Respondents VIS-À-VIS I.C.M.R. Standard  
Sedentary Worker**

Age Group	Energy (K.Cal)	Protein (gm)	Fat (gm)	Carb. (gm)
20-25	91.47	81.82	150	85.87
25-30	90.79	81.82	165	83.20
30-35	89.84	81.82	155	83.20
35-40	110.11	90.91	200	102.13
40-45	97.11	85.45	185	88.27
45-50	59.53	58.18	155	48.27
50-55	74.95	63.64	120	71.20
55-60	112.00	92.73	240	99.47
60-65	118.05	103.64	215	108.53

**Table – 8 (B) Age and Nutrient Intake of Respondents VIS-À-VIS I.C.M.R. Standard  
Moderate Worker**

Age Group	Energy (K.Cal)	Protein (gm)	Fat (gm)	Carb. (gm)
20-25	80.40	78.18	132	74.22
25-30	81.61	74.55	112	78.70
30-35	81.88	78.18	120	77.58
35-40	92.69	87.27	140	87.44
40-45	87.13	81.82	140	81.17
45-50	80.40	78.18	132	74.22

## Results And Discussion:

### Demographic Details:

Majority of rural women sample belongs to upper middle (30.67%) followed by 28% in lower class, only 10% belongs to middle income group (Table– 1). The mean age of female respondents was (X) = 31.4 with SD ± 5.78, (Table- 2) Majority of females 61.33% were

illiterate only 38% were literate, out of which 24% had studied till 8<sup>th</sup> standard. Only 2 respondents were graduate (Table- 3).

Majority of respondents (66.6%) were house wife followed by 20% were cultivator and 10% were farm labourer. Therefore two third were sedentary worker and one third were moderate worker (Table- 4).

### **Food Consumption Pattern:**

As far as meal frequency is concerned most of the 56% respondents take 3 meals a day followed by 38.67% females take 2 meals a day only 5.33% respondents get 4 meals (Table- 5) Data regarding meal time is mentioned in Table – 5. Majority of women (98.67) taking their dinner on time followed by 88% takes their lunch. Only 26% women having their breakfast.

Preference for food items were mention in table- 6. All of the women consuming cereals daily. 68% respondents prefer dals less often followed by 20% who prefer dal daily. Majority of women consume (77.3%) GLV less often. 89.3% females consume fruits rarely followed by 9.30% don't take fruits. Majority of respondents (85.3%)/ Don't take dry fruits. 44% females consume milk daily followed by 40% who prefer milk less often. As far as non—vegetarians are concerned two third (65.3%) of the respondents rarely consume fish and meat and only half (49.3%) of the respondents consume eggs rarely and rest of 50.7% don't consume eggs.

### **Anthropometric Measurement-**

The height of the respondents varied from 134 cms to 166 cms. The mean and standard deviation of height were 148.64 cm and  $\pm 3.70$  cms respectively. The weight of sample women varied from 30 kg to 56 kg. The mean body weight and standard deviation were 41.8 kg and  $\pm 2.7$  kg respectively.

Table- 7 shows the BMI classification of respondent. The mean and standard deviation of BMI were 18.9 kg/m<sup>2</sup> and  $\pm 2.57$  kg/m<sup>2</sup>. According to WHO BMI classification more than half (50.66) of the sample women were normal followed by 48% were undernourished varied from sever to mild thinness only one respondent found pre obese (overweight).

### **Dietary Intake:**

Table- 8 shows the to percent adequacy of nutrient as compared to RDA (ICMR) 2010. The data revealed that in 35 to 40 years age group the nutrient intake is optimum as compared to

RDA. The fat intake was 1.5 to two times higher than the RDA in all the age groups. As far as energy, protein and carbohydrate's percent adequacy is concerned it varied between 70% to 90% in all the age groups in sedentary worker as well as moderate worker. The NFHS- III data also revealed the similar finding regarding consumption pattern and nutrient intake of rural women.

### **Reference**

- 1) Mittal Megha; To assess the Nutritional status and Morbidity Patterns Among Non-pregnant Non- Lactating Rural Women of Reproductive Age Group (18- 40 years). International J. of Scientific and Res. Pub. Sep. 2013, Vol. 3, Iss. 9.
- 2) Jelliffe D. B.; The Assessment of Nutritional Status of Community, WHO, Geneva, 1966.
- 3) RDA; Revised RDA For Indians 2010 (Report of the Expert Group of ICMR) NIN, Hyderabad.
- 4) NNMB; Diet and Nutritional Status of Rural Population, NIN (2002).
- 5) NFHS- III. Nutrition and Anaemia, ch. 10, Pg. 298-309.
- 6) WHO; Global Database on Body Mass Index (2006) updated 2012.

---

## **SOCIAL, ECONOMIC AND POLITICAL PARTICIPATION-MEASURES FOR ENSURING WOMEN’S EMPOWERMENT.**

---

**Ms. Aasia Radiowala\***

### **Abstract**

Women constitute fifty percent of the population of India (census, 2001). They have an important role to play in the development process of the country. A country can prosper only when women are ‘empowered’. Therefore women empowerment is an important issue of national concern today. The Millennium Development Goals report 2012, (UNDP), also emphasizes gender equality and empowerment of women. Empowerment and development are related. Empowerment leads to development, which further leads to greater empowerment.

Empowerment is a process of building capacities and confidence for taking decisions about one’s own life at an individual and collective level and gaining control over productive resources.

Women’s empowerment can be achieved through creating awareness about ones rights and responsibilities and participation in socio-economic, educational and political opportunities.

The present paper highlights that Social, economic and political empowerment is crucial and interlinked. They cannot be achieved in isolation with each other. They are operational when they go hand in hand. And they are together responsible for bringing about women’s empowerment.

The principle of gender equality is enshrined in the Indian Constitution in its Preamble, Fundamental Rights, Fundamental Duties and Directive Principles. Within the framework of a democratic polity, our laws, development policies, plans and programmes have aimed at women’s advancement in social, political and economic spheres. The Department of women and child development is also implementing various schemes for social and economic empowerment of women. The present paper will attempt to study government efforts for women’s empowerment.

**\*In-Charge Principal, Anjuman-I-Islam’s, Begum Jamila Haji Abdul Haq College of Homescience, Mumbai.(Affiliated to S.N.D.T Women’s University)**

This paper investigates the present status of social, economic and political participation of women which is responsible for her degree of empowerment. This paper studies the factors that hinder women from participating in social, political and economic activities.

This paper suggests the strategies and measures of meaningful participation in social, political and economic activities, which in turn will bring empowerment.

**Keywords:** Gender equality, democratic polity, building capacities, Participation, Empowerment

**Introduction:**

Empowerment is a process which generates changes in our ideas and perceptions and creates awareness about one's rights and opportunities for self-development in all important spheres of life. (D. Das and S.N Mishra, 2001). Empowerment of women involves many things, economic opportunity, property rights, political representation, social equality, personal rights and so on. (Sheetal Sharma, 2006). Virtually Empowerment is a process that enables a "powerless women" to develop autonomy, self-control and confidence and with a group of women and men, a sense of collective influence over oppressive social conditions. (Rotter, 1996) The Fourth World Conference on Women, held in Beijing, China from 4-15 September 1995, resulted in agreement by 189 delegations on a five-year plan to enhance the social, economic and political empowerment of women, improve their health, advance their education and promote their reproductive rights.

The Principle of Gender equality is enshrined in the Indian constitution in its preamble, Fundamental rights, Fundamental Duties and Directive Principles. The constitution not only grants equality to women, but also empowers the state to adopt measures of positive discrimination in favor of women. Within the framework of a democratic polity, our laws, development policies, plans and programmes have aimed at women's advancement in different spheres.

**Need for empowerment of women:**

There is a continued inequality and vulnerability of women in all sectors-economic, social, political, education, health care, nutrition and legal. As women are oppressed in all spheres of life, they need to be empowered in all walks of life. (National Perspective Plan for Women 1988-2000 AD (1988).

Therefore there is a need for women empowerment, which should enable the women to or a group of women to become self-reliant, confident, have access to control resources like capital,

land, property and technology, having equality of opportunities, having gender equality, have control over their own bodies, becoming economically independent, and safe. Empowerment and development are related. Empowerment leads to development, which further leads to greater empowerment.

Kamala Bhasin (1992) believes that women should be empowered because women have and will lead us in our search for a world free of violence and war. She believes that sustainable development has to be women centric.

### **Empowerment of Women and Government Efforts:**

The Principle of Gender equality is enshrined in the Indian constitution in its preamble, Fundamental rights, Fundamental Duties and Directive Principles. The constitution not only grants equality to women, but also empowers the state to adopt measures of positive discrimination in favour of women. Within the framework of a democratic polity, our laws, development policies, plans and programmes have aimed at women's advancement in different spheres.

### **National Policy for the empowerment of women:**

The Government of India has adopted the National Policy for the empowerment of women on 20<sup>th</sup> March, 2001. The main objective of this policy is to bring about the advancement, development and empowerment of women and to eliminate all forms of discrimination against women and to ensure their active participation in all the spheres of public life and activities.

### **The Department of Women and Child Development:**

This is the nodal agency established by the Government of India, in ( ), under the Ministry of Human Resource Development. It is responsible for looking after the social and economic empowerment of women to ensure gender equality, equity. This Department formulates plans, policies, and programmes, enacts and amends legislations related to women with the above mentioned objective. This Department is also implementing various schemes and programmes for women with the support of state government, other government agencies and N.G.O's etc, for social, economic and political empowerment of women. They are like, Swayamsiddha, Swaawlamban, Swa-shakti, Support to Training and Employment Programme for Women (STEP), etc. These programmes encourage women to form self-help groups, and also include provision for education, vocational training, credit marketing linkages, awareness generation regarding health, nutrition, women's legal rights, etc.

Besides this the Department is implementing schemes for rehabilitation of trafficked women/Girls rescued from brothels, victims of sexual crimes, mentally challenged women, orphans/destitute women, etc.

Other organizations and agencies under this department are National Commission for women, Central Social Welfare Board, Rashtriya Mahila Kosh. Their main objectives are, to protect and promote the interests of women and safe guard their legal rights, promoting social welfare activities and and implementing welfare programmes for women and facilitating credit support or micro-finance to poor women to start income generating activities such as dairy, agriculture, shop-keeping, vending, handicrafts, etc.

The Department has been taking several initiatives in the domain of gender budgeting as well. In 2004-2005, the focus has been on mainstreaming gender budgeting initiatives. Detailed guidelines have been prepared and disseminated to all Ministries/ Departments, so as to guide gender positive allocation of resources, review of policies and implementation of schemes. In short, the effort has taken to make gender budgeting as a tool for holistic socio-economic development of women.

#### **The Present Status of Women Empowerment in India:**

The present status of women empowerment in India is not very positive. Using various indicators are like, women's household decision making power, financial autonomy, employment status, freedom of movement, political participation, acceptance of unequal gender role, exposure to media, access to education experience of domestic violence etc, and data was derived from different sources, which highlights that gender gap exists in all the above areas. (Statistics on women in India, 2010, National Institute of Public Cooperation and Child development).

Empowerment of women is a multi-dimensional process. It includes Economic empowerment, social empowerment and political empowerment. The current status of women's empowerment can be studied by investigating the roles played by her in social, economic, and political spheres.

### **Women and social empowerment:**

Social empowerment of women includes various issues that affect the overall status of women. The prominent ones among them are, education, health and nutrition, drinking water and sanitation, housing and shelter, care of women in difficult circumstances, fighting the violence against women, women's rights.

Inequality between men and women and discrimination is prevalent in the society and it affects all the aspects of a woman's life. Education and training is one of the major goals of social empowerment, but it has still not been achieved. Illiteracy is highest among the female population. The literacy rates for Indian males and females are 75.85 percent and 54.16 percent respectively (census, 2001).

Women are facing a lot of problems in the area of health, in all the stages of their life. Our society is highly prejudiced against girl children. Heinous crimes like female foeticides, infanticide are rampant. According to the available statistics, about twelve million girls are born in India every day. Out of these, one and a half million do not live to see their first birthday and within five years another 0.85 million face premature death and by their fifteenth year, only nine million of them remain alive. Thus, one-fourth of the twelve million girls born in India every year do not survive to see their fifteenth birthday. One-third of these deaths occur in the first year of life, while every sixth female death is specifically due to gender discrimination. (census, 2011)

Violence against women is increasing day by day. Indian women also are victims of molestation, rapes, and dowry deaths. In 2006, 32,000 women murder cases, 7,500 dowry casualties, 36,500 molestation records were filed, and over time these rates have only increased. (Census, 2005)

### **Women and Economic Empowerment:**

Economic empowerment is the capacity of women and men to participate in, contribute to and benefit from growth processes in ways which recognize the value of their contributions, respect their dignity and make it possible to negotiate a fairer distribution of the benefits of growth. (Eyben, R and others)(2008). Economic empowerment increases women's access to economic resources and opportunities including jobs, financial services, property and other productive assets, skills development and market information.

Women's economic participation and empowerment are fundamental to strengthening women's rights and enabling women to have control over their lives and exert influence in society. (Sweden, Ministry for Foreign Affairs (2010). It is about creating just and equitable societies.

**Participation of women in economic activities:**

The Global Gender Gap Report by the World Economic Forum in 2009

ranked India 114th out of 134 countries for inequality between men and women in the economy, politics, health, and education. <http://www.weforum.org/pdf/gendergap2009/Indiapdf>).

On equal economic opportunities and women's participation in the labour force, India ranked 127th and 122nd respectively.<sup>27</sup> The number of women in the workforce varies greatly from state to state: 21% in Delhi; 23% in Punjab; 65% in Manipur; 71% Chhattisgarh; 76% in Arunachal Pradesh.

(<https://www.measuredhs.com/pubs/pdf/FRIND3/14chapter14.pdf>).

The diversity of women's economic opportunities between states issue to the cultural, religious, and ethnic diversity of each state. Northern states like Delhi and Punjab lag far behind on gender equality measures, including the alarming sex ratio between men and women (due to son preference and sex-selective abortion), low female literacy levels, and high rates of gender-based violence.

In rural India, women's economic opportunities remain restricted by social, cultural, and religious barriers. Most notably inheritance laws embedded in Hindu and Shariat civil codes continue to marginalize women in the household and the larger community. Rural women, particularly of lower caste and class, have the lowest literacy rates, and therefore do not have the capacity to negotiate pay or contracts and most often engage in the unorganized sector, self-employment, or in small scale industry. (<http://www.edarural.com/documents/shg-study/executive-summary-pdf>)

Rural, low caste and tribal women also make up 70% of domestic workers in India, a sector which is largely unregulated and unorganized. India's growing economy has allowed for many upper and middle-class women to enter the workforce, and while poor rural women have little access to education and training, there is a high demand for domestic workers in urban hubs.

Domestic workers are mostly illiterate, with little or no negotiating power for wage equity, and are highly vulnerable to exploitation and sexual and physical abuse.

(<http://deshkalindia.com/unorganised-labour.htm#working>).

There is a movement at the policy level to organize domestic workers and to create laws to regulate minimum wage, working hours, and other measures such as life and health insurance. Currently a national-level Taskforce on Domestic Workers has been formed that will present recommendations to the central government on better enforcement of rights for the many undocumented domestic workers in India. ( <http://cathnewsindia.com/2010/04/27/govt.plans-policy-on-domestic-workers>).

Women are also very visible in the construction sector in India, and like domestic workers are largely unorganized and rely on daily wagers. Women construction workers are mostly poor and illiterate and have little negotiating power. This sector is also unregulated and highly vulnerable to exploitation. Women workers also earn significantly less than men, although women are the ones who do most of the backbreaking work like carrying bricks and other heavy materials on site.([http://sewaresearch.org/pdf/researches/labouring\\_brick\\_by\\_brick.pdf](http://sewaresearch.org/pdf/researches/labouring_brick_by_brick.pdf)).

On the other end of the spectrum, while India has one of the highest percentages of professional women in the world, those who occupy managerial positions are under 3%. (<http://www.articlesbase.com/careers-articles/attitude-of-corporate-india-towards-working-women-1621984.html>).

Most women work in low administrative positions, and many of the young women migrating to urban centers mostly work in service and retail industries, although more and more women are entering the IT and other technical sectors.(<http://mpira.ub.uni-muenchen.de/4873/1/MPRApaper4873.pdf>)

### **Women and Political Empowerment:**

Political Empowerment of women means, equitable participation of women in decision making structures, and their voice in the formulation of policies affecting them. Initially it was considered that political participation includes only conventional political activities like voting, campaigning in elections, attending public meetings, etc. But recently the concept of participation has been broadened to include all those political acts through which women directly affect political decision-making process. Besides these conventional activities, participation now also includes such activities like petitioning, participation in mass movements,

agitations, strikes, demonstrations, protests, presenting memorandums designed to change political system.

Representation of women in politics began from 1917. By 1930 women had gained the Right to vote, but this was exclusively for the women from elite families. Women came in forefront in their struggles for political and civil rights in India during nationalist movements along with their male counterparts to fight against the common enemy, the Britishers. Women's involvement in nationalist struggles changed their live, in that they gained constitutional and legal rights. But even after the right to vote became a reality for all women, their representation in the parliament, political parties and other decision making bodies remained low even after independence, and after the Indian Constitution came into force in 1950. (Susheela Kaushik: 1993:1996, Veena Mazumdar:1993).

A few women no doubt attained positions as members of parliament and state legislatures and as leaders of opposition, etc. mostly through family dynasties or through male political patronage. However, the percentage of women in legislatures and decision making positions always remained low. Women do not share the power of decision- making and are not involved in policy making in Indian democracy in proportion to their numerical strength. Thus there is a gap between the formal idea of women's participation and their meaningful use of power.(Susheela Kaushik:1993). The quest for greater political representation of women is, therefore, still relevant.(Asha Kapur Mehta et al:2001)

Women in India have lesser opportunities of public influence or for entering politics. Women also lack opportunities to move within the hierarchies without patronage of male leaders or mentors. The women's wings of political parties may have given visibility to women in the form of a platform for participation rather than integrating them into central power structures. Women do not have necessary resources to enter and compete in contemporary political arena.

The average percentage of women's representation in the Parliament, Assemblies and Council of Ministers taken together has been around 10%. (UNIFEM: 2000).

However, in spite of these constitutional and legal provisions, the ground reality is that women have not obtained adequate and proportionate representation in the legislative and other decision-making bodies.

**Social, economic and political empowerment is inter-twined:**

Empowerment of women is a multi-dimensional process. It includes Economic empowerment, social empowerment and political empowerment.

Social empowerment is achieved through public policy and education which liberates women from mistreatment, exploitation and oppression that inhibits women from reaching their full potential. Economic empowerment entails that women have an authority of decision making for use of their resources for the prosperity of their families and communities.

Political empowerment of women includes participation in elections and government, a say in forming policies that affect their lives. Economic empowerment can empower women politically and political empowerment provides women to take control of the policies that will benefit their economic standing. On the other hand social empowerment reinforces the ability to participate economically and politically. All these processes work together to define women's status in society.

Therefore it can be concluded that all these three spheres are mutually reinforcing each other and are responsible for bring about empowerment of women.

**A broad-based, indicative strategy for women's empowerment through meaningful social, economic, and political participation:**

The process of empowerment involves equal participation in decision-making process, control over resources and mechanisms for sustaining these gains, in the following areas:

**1) Greater access to assets and economic opportunities for women:**

**Action steps:**

- *Equal employment opportunities and economic independence.*
- *Organization of informal sectors.*
- Capacity-building and skill development.
- Improved accessibility to financial institutions for women.
- Adherence to core labour standards.
- Development of family-friendly working conditions.
- Promotion of entrepreneurship development among women.
- Strengthening SHGs and micro finance.

## **2) More equality for women in human development areas such as education and Healthcare:**

Action steps:

- Remove gender barriers to education and training.
- Policies/programmes to bring down maternal mortality, female feticides and infanticide, and increase access to reproductive services.
- Improved accessibility to water, energy, sanitation, transport.
- Development of strong primary health care networks, to promote child survival, safe motherhood and reproductive health.

## **3) Increase women's safety and reduce violence against women:**

Action steps:

- Reform and strengthen criminal and civil law.
- Raise awareness of women's rights among the police and judiciary.
- Public information campaigns.
- Support to women's organizations.
- Providing Self-defense training for self-protection and to become self-reliant
- Freedom from violence.

## **4) Advocacy to promote women's participation in Politics, government and civil society:**

Action steps:

- *Participation and greater control on decision-making and leadership roles*
- *Electoral and other reforms to increase women's participation in political affairs, i.e., right to vote, stand for election and hold public or political office.*
- Strengthening the role of civil society organizations in advancing gender equality.
- Public awareness campaigns.
- Create awareness among policymakers and political leaders.

## **5) Promote equality of women under the law:**

Action steps:

- Creating awareness by organizing legal literacy programmes.
- Legal protection and laws against rape, punishment to culprits of dowry and other social evils should be implemented effectively.
- Strengthening legal systems to eliminate all forms of discrimination against women.

- Public information campaigns.
- *for the democratic and constitutional assurances of equal citizenship and rights in the Indian Constitution to become a reality at the operational level.*

#### **6) Gender-sensitive approaches to management of the environment:**

Action steps:

- *Reduce gender stereotyping and bring about changes in social attitudes towards women.*
- *Use of national media and communication efforts to uplift the status of women in media.*
- Gender-aware planning and women's participation in the development of strategies for sustainable development.
- *Research and correct data collection on women issues.*
- Prohibition of gender discrimination in thought and practice.
- Equal access to opportunities for using societies resource

#### **Conclusion:**

Empowerment is a process of building capacities and confidence for taking decisions about one's own life at an individual and collective level and gaining control over productive resources. The empowerment process is facilitated by being aware about ones rights and responsibilities and socio-economic, educational and political opportunities. As far as constitutional rights are concerned women enjoy a very good position. But due to various reasons women have been subjected to subordinate status in the family as well as in the society and have been the victims of various social oppressions. Various programmes, policies and legal provisions have been initiated by the Government for women empowerment, but still a lot more has to be done in this regard, by creating awareness, easy accessibility, providing gender justice and gender sensitization and equal opportunities in all the fields. Women themselves have to come up in forefront and participate in socio-political and economic spheres, and should take the benefits of the programmes and policies by holistic participation.

Once economic empowerment is achieved it will bring about overall empowerment of women. Family relationships and domestic work culture would change resulting in social empowerment there will be equitable participation of women in decision making concerning the family. Active participation and leadership roles in society would improve the political domain and eventually help in successful political empowerment. Political participation of women in turn will result in stronger representation of women in policies and programmes of the nation. All this together

will bring about overall empowerment of women which will bring about sustainable development which is the most important Millennium Development Goal. (UNDP, 2015). Gender equality and empowered women are catalysts for multiplying development efforts. Investments in gender equality yield the highest returns of all development investments. (OECD) (2010).

## References:

### Books:

- 1) Bakshi, S.R, (2002), *Empowerment of Women and Politics of Reservation*, Jaipur, Enclave Publishing House.
- 2) Bhai, L.T., (2000), *Women's Studies in India*, New Delhi, A.P.H Publishing Corporation.
- 3) Gupta M, *Issues related to Women* (2000), New Delhi, Sarup and sons.
- 4) Joseph. M. (1997), *Women Participation and Development Strategies*, New Delhi, Kanishka Publishers.
- 5) K.V. Singh, (2007), *Women Issues-Empowerment and Gender Discrimination*, Delhi, Vista International Publishing House.
- 6) Pillai J.K, (1995), *women and empowerment*, New Delhi, Gyan Publishing House.
- 7) Reddy G.N, Reddy S.N, *Women and Child Development*, (1987), Allahabad, India, Chugh Publications.
- 8) Roy K, *Women and Child Development*, (2000), New Delhi, Common wealth Publishers.
- 9) Ruhela. S, (1999), *Understanding the Indian Women Today: Problems and Challenges*, Delhi, Indian Publishers Distributers.
- 10) Sahay S, (1998), *Women and Empowerment-Approaches and Strategies*, New Delhi, Discovery publishing House.
- 11) Seshadri. K.,(1997) *Political Linkages and Rural Development*, New Delhi, National Publishing house.

### Articles In Edited Books:

- 1) Acharya M. and Thakkar R.N., *Towards Women Empowerment*, in Rameshwari Pandya,(ed), *Women Welfare and Empowerment in India, vision for 21<sup>st</sup> century*,,pp.395-406. New Delhi, New Century publications.
- 2) Harish, (1993), *Womens Participation in Economic Activity*, in Ashok Kumar(ed), *Women in Contemporary Indian Society*, pp.168-178, New Delhi, Anmol Publications.
- 3) Sharma S, Siddhu S.K., *Reproductive Health Status of Women*, Rameshwari Pandya,(ed), *Women Welfare and Empowerment in India, vision for 21<sup>st</sup> century*,,pp.117-123. New Delhi, New Century publications.
- 4) Sugana B and Sandhya Rani G., *Health Status Of Women*, in Rameshwari Pandya,(ed), *Women Welfare and Empowerment in India, vision for 21<sup>st</sup> century*,,pp.111-116.,New Delhi, New Century publications.
- 5) V.K Bansal (1998), *Economic security of women and employment equality*, in R.K. Sapru(edited), *Women and Development*, pp. 1-14, New Delhi, Ashish Publishing House.

### Journals:

- 1) Khan. S.A, (2005), *Decentralization and Women Empowerment: Exploring the Linkages*, *Journal of Political Studies*, Vol.18, Issue !, pp. 61-75.

---

## **‘GAINFULLY WORKING STATUS VERSUS DOMESTIC RESPONSIBILITIES: A LOSING BATTLE FOR WOMEN’**

---

**Dr. Nikhila Bhagwat\***

### **Abstract:**

With changing trends of economy and sociological progression, women in Indian cities need to work outside home to earn extra income in order to have better resources for the family. Most of the middle class women take up employment because their families depend on the money they earn. As a result, women face challenging responsibilities at workplace as well as at home to look after the family. These dual demands generate higher general life stress in women’s lives. We have around fifty percent women in Indian democracy. Higher education and employment is increasingly becoming a common course of life for women in India. These recent sociological developments triggered many changes. It created modifications in socio-economic and educational status of women, her responsibilities, her roles, her life-style, causing excessive demands from women that could easily strain human body and mind.

Working men have the privilege to relax and recoup their energies at home while working women shift from completing their obligations at work from undertaking their duties at home.

The present paper would discuss many relevant issues concerning working women with special reference to the burden of domestic responsibilities on working women causing stress and health problem, to bring due realization of factual situation.

### **Introduction:**

In the olden times, man used to be the sole bread earner in the family. In those days women were not allowed to work outside home and earn. She used to manage the household chores and responsibilities and raise the children. Her worth was evaluated mainly on the basis of her child bearing capacity and her cooking skills. A shy, obedient and submissive woman who was ready to sacrifice her needs and demands was considered ideal universally. Women were emotionally, physically and economically dependent on men. Practices and norms which define womanhood were stringent and most women in Indian society conformed to them.

Now, times have changed. With changing trends of economy and sociological progression,

**\* Assistant Professor, S.M.R.K. - B.K. - A.K. MahilaMahavidyalaya, Nashik**

women in Indian cities need to work outside home to earn extra income in order to have better resources for the family. Their working status has given an economic relief to their families. It has also given women a sense of independence as they became economically independent and have some purchasing power at their disposal. Most of the middle class women work because their families need the money they earn. Now women are becoming economically independent not only in the urban cities but in the rural areas also.

Today, women face competing obligations to work as well as look after the family. And neither leaving work nor remaining at work can completely satisfy these twin demands. There are rewards and drawback of being a working and non-working woman. The life of a working woman is more hectic than a non working woman or homemaker. A working girl has to look after the family, household chores and manage her office work also. While a non-working woman or a homemaker has to manage the household duties and look after herself and her family. It becomes difficult to manage household duties for working women as they cannot devote much time to their families as compared to non working women or homemakers. The working women have less time for themselves. More importance is given to working girls than non working girls in the marriage market. At the time of match making, the parents and the groom normally prefers a working and earning girl to a non working educated girl. However, at the same time they expect that she should look after the home front also. Therefore life is tough for a working girl. These adjustments become inevitable in the Indian set up.

**Burden of domestic responsibilities:**

Indian society is going through a radical shift. We are becoming an advanced society where women too are increasingly earning part of the bread for the family. This is a more common feature of Indian cities but the effects are percolating rapidly into the rural areas also. With rising educational status and worldly awareness, today's working women are more confident and they are walking in the step with men. They fight for equal rights too. They have earned that extra edge because of their working status. It is a general opinion that a working woman will be able to understand financial matters better and so can help plan a better life together. However, non-working women or homemakers have their own identity. They can face the world and meet the challenges of life, too. Non working homemakers can manage the household work better than working girls. But for her it is a 24 hours duty without holidays, which could be sometimes even more tiring than working in the office. Working women have holidays like sick leave,

casual leave, or earned leave which they can enjoy. However, it is a subjective perspective. Sometimes they are burdened with work at home and at office, too.

On one hand, a working woman can develop guilt of not been able to give enough time and attention to her family and kids, owing to the Indian mindset and conditioning. On the other, the self reliance could provide a working woman the basis for action in specific and practical ways to make better decisions regarding how to live, work, decide and express themselves. It is a debatable question whether the life of a working woman is better than a non working woman or a homemaker. Working or not working is a personal and conditional choice and does not make one superior to the other.

The atmosphere and treatment at workplace could be discriminatory many a times adding to the burdens of working status of women. The inequalities in wages, working hours and physical and mental harassment at workplace can make working and earning a difficult ordeal for women.

For a woman to work outside home or not could be a self decision or an imposed one. The decision can hamper ones' satisfaction and role identity. It is indisputable that people's beliefs are not a totally accurate mirror of reality, but rather are subject to numerous perceptual biases and interpretational errors.

### **Statistical Substantiation and discussion:**

According to census 2011 Mandi in Himachal Pradesh tops the list with 54 per cent of the women in the district employed in some form. Languishing at the bottom are North East Delhi and Jajpur in Odisha where only 7 per cent of the female population is working. Chahal (2014) unveils the startling facts from the Sheroes Report about working women. According to her study, India ranked 113 on the World Economic Forum's (WEF) Gender Gap Index (out of 135 countries), measuring economic, health care, education and political issues. As per WEF data,

- There are 24% women in India's workforce, 117 million out of 478 million people.
- Almost 48 percent women in India drop out of the workforce before they reach the middle of their careers due to various motherhood and household reasons. The Asia regional average is 29 %.
- 62 % is the percentage of a male counterpart's salary that a woman earns in India. In the United States, it's about 80 %.

In urban India, women participate in the workforce in impressive numbers. For example, in the software industry 30% of the workforce is female. (Singh, 2010) In rural India in the agriculture and allied industrial sectors, females account for as much as 89.5% of the labour force. In overall farm production, women's average contribution is estimated at 55% to 66% of the total labour. According to a 1991 World Bank report, women accounted for 94% of total employment in dairy production in India. Women constitute 51% of the total employed in forest-based small-scale enterprises. (Wikipedia)

Kumari's recent experiment (2014) found out some common problems of working women; such as mental and physical stress, lack of proper balance between employment and family care, unfair treatment in the workplace, stressful life and work place discrimination etc. But some challenges are age or category specific, like prejudiced and stereotyped thinking, safety and security issues, ego hassles with colleagues, and problem of glass ceiling etc. Jayashankar (2013) discussed the problems that force women to leave the workforce. Women join work in good numbers but very few make it to the top. At every step beyond, they either leave or get pushed out. The reasons are common, such as childcare, unfair share of domestic chores, gender bias at work, extreme work conditions, security, etc. She further added that women make up 24 percent of the workforce in India, which is one of the largest working populations in the world. But only 5 percent of these reach the top layer, compared to a global average of 20 percent. Jayashankar (2014) further unfolded the study by Hewlett which surveyed 3000 college graduates (men and women). It says 36 percent of Indian women will take a break from work. The numbers are similar for Germany and US. But what is different is that Indian women stay out of work for much shorter duration, an average of 11 months compared to 2.7 years in US and 1.9 years in Germany. Almost 91 percent of women who take a break in India want to come back to work. 58 percent are able to rejoin full time work, higher than in Germany and US. Indian women also face smaller salary penalties as compared to their counterparts in US and Germany upon rejoining. However 72 percent of them in India do not want to go back to their previous employer. What is very interesting is that while women everywhere seem to be taking breaks for childcare, in India a large number take time off to look after their elders. Almost 80 percent of women surveyed said they were leaving for eldercare, as compared to 30 percent in US and only 18 percent in Germany. Hewlett states that in India women have learnt to outsource childcare but not elder care. Daughterly guilt is now bigger than motherly guilt.

As per Assocham survey(2013) conducted on 2,800 working women aged between 32-58 years from 120 companies across 11 sectors of the economy in 10 cities of India; 3 out of 4 working women in India suffer from lifestyle, chronic or acute ailments due to the pressure from trying to balance their personal and professional lives. The 42 % of working women were found suffering from lifestyle diseases like backache, obesity, depression, diabetes, hyper-tension and heart ailments; 22% of women surveyed suffered from chronic diseases while 14 % had acute ailments.

According to Yapp (2014) women still have to do the lion's share of housework despite going out to work in ever increasing numbers. He found out that women put in three times more time and energy for domestic chores, such as cooking, cleaning and washing, than their partners, One in five men admitted to doing nothing at all around the home, the average working time at home was 17 hours a week for women as compared to just under six hours for men. However, more than 25% of women spend more than 21 hours a week on domestic chores excluding childcare, which is also traditionally seen as a women domain. He further added that women would not achieve equal opportunities at work until their men-folk contributed more to looking after the home.

Sifferlin's (2014) reveals that on an average day, 83 percent of women and 65 percent of men spent some time doing household activities such as housework, cooking, lawn care, or financial and other household management. On an average day, 19 percent of men did housework—such as cleaning or doing laundry—compared with 49 percent of women. 42 percent of men did food preparation or cleanup, compared with 68 percent of women. On an average day, among adults living in households with children under age 6, women spent 1 hour providing physical care (such as bathing or feeding a child) to household children; by contrast, men spent 26 minutes providing physical care. Strasser (2012) reiterated that in spite of fifty-nine percent of working age women are currently in the American workforce and with [60%](#) of women are either the primary or co-bread winners for their household; most women are still left doing the majority of the house work. This disproportionate burden of housework on women shows that a 'Second Shift' still exists for those women who work. Blom (2011) supported this view with research evidence. She studied the role of self-esteem on burnout process in working women and men. The analyses showed that women had higher self-esteem and higher burnout. She further reported that women had higher general life stress than men.

Bhagwat's (2014) study conducted in Nashik city confirmed that even today in the households of working and earning women some of the backbreaking 'everyday family chores' are not at all done by men. Other low status or tedious domestic chores are done by less than 5% men. On the other hand, as a fact the women did not desert even a single 'everyday family chore' out including maintenance of vehicle and banking transactions, etc.

Surprisingly, according to National Large Sample Survey of 2011-12, across both rural and urban areas, the total female work participation rate (even after declining over the decade) was as high as 86.2 per cent, compared to 79.8 per cent for men.

In Dashora's (2013) view women have to almost always shoulder the burden of household chores in addition to their employment outside. With then increasing need for getting some income for the family, women have to work all the more harder. They have to take up a 9 to 5 job plus handle all the household chores also as a homemaker. She further adds that this status of working outside and in house too has some implications. Women have started sleeping lesser compromising up to 14 hours sleep per week. She tends to work under pressure in order to accomplish both duties in given time of 24 hours. She has to please all the family members including her husband, children and in-laws. In addition, women have to handle harassment's at their work place.

### **Conclusion:**

In India women's participation in the workforce is satisfactory. However, at every step, they either leave or get pushed out. The reasons are common, such as childcare, unfair share of domestic chores, gender bias at work, extreme work conditions, security, etc. Various studies related to working women in India showed that a large number of women take take a break from work to look after their elders. Women even today have to do the lion's share of housework despite going out to work in ever increasing numbers. Women put in more time and energy for domestic chores in addition to their duty hours on regular basis to do cooking, cleaning and washing as also to keep their family members happy including life partners. According to 'Assocham' Secretary General D. S. Rawat "Working women have to double up as valued employees at their work place and home-makers after office hours. This takes a toll on their health." Some common problems of working women are mental and physical stress, lack of proper balance between employment and family care, unfair treatment in the workplace,

stressful life and work place discrimination etc. Working women were found suffering from lifestyle diseases like backache, obesity, depression, diabetes, hyper-tension and heart ailments; as also chronic diseases and acute ailments.

Even though [60%](#) of women are either the primary or co-bread winner for their household, most women are still left doing the majority of the house work. Women had a higher burnout due to this dual work pressure. Women were found having higher general life stress than men. Therefore, women would not achieve equal opportunities at work until their male counterparts contribute more to looking after the home.

### References:

- 1) Assocham survey. ( 2013) <http://indianexpress.com/article/lifestyle/health/78-working-women-in-india-suffer-from-health-disorder-survey/>
- 2) Chahal, Sairee. (2014) 'Workaholic Tuesdays: 7 Facts about Indian Working Women', Tuesday, 10 June 2014 DNA, Mumbai. <http://www.dnaindia.com/lifestyle/report-workaholic-tuesdays-7-facts-about-indian-working-women-1994607>
- 3) Chandrasekhar, C. P. and Ghosh, Jayati. (2014) 'Are women really working less in India?', <http://www.thehindubusinessline.com/opinion/columns/c-p-chandrasekhar/are-women-really-working-less-in-india/article6329215.ece>
- 4) Cohen, D. and Crabtree, B. (2006) 'Qualitative Research Guidelines Project'. <http://www.qualres.org/HomeStra-3813.html>
- 5) Dashora, Kamini. (2014) 'PROBLEMS FACED BY WORKING WOMEN IN INDIA', 'International Journal of Advanced Research in Management and Social Sciences', Vol. 2, No. 8, August 2013, pp- 82.
- 6) Iyengar, Padmaja. (2013) 'Working Women 'still do Housework'', Siliconindia. <http://women.siliconindia.com/women-expert/Working-Women-still-do-Housework-eid-329.html>
- 7) Kumari, V. (2014) 'Problems and challenges faced by urban working women in India', Unpublished MA thesis. <http://ethesis.nitrkl.ac.in/6094/>
- 8) Salaria, Neeru. (2012) 'Meaning of the term- descriptive survey research method', International Journal of Transformations in Business Management, Vol. No. 1, Issue No. 6, Apr-Jun.
  - a. [http://www.ijtbm.com/webmaster/upload/Apr\\_2012\\_NEERU%20SALARIA%202.pdf](http://www.ijtbm.com/webmaster/upload/Apr_2012_NEERU%20SALARIA%202.pdf)

- 9) Singh, Mahendra. (2014) '64% of urban Indian women busy with housework', study reveals, TNN | Oct 13, 2014, 04.19AM IST <http://timesofindia.indiatimes.com/india/64-of-urban-Indian-women-busy-with-housework-study-reveals/articleshow/44796358.cms>
- 10) Singh, S., and Hoge, G. (2010) 'Debating Outcomes for 'Working' Women – Illustration from India', the Journal of Poverty, 14 (2), 197-215.
- 11) Sifferlin, Alexandra. (2014) 'Women Are Still Doing Most of the Housework', Time Magazine, 18 June 2014 <http://time.com/2895235/men-housework-women/>
- 12) Strasser, Annie-rose. (2012) 'More women are breadwinners, but they still can't get out of the kitchen'<http://thinkprogress.org/economy/2012/06/25/506017/women-still-doing-housework-and-working/>
- 13) Yapp, Robin. (2014) 'Working women still do housework', Daily Mail. <http://www.dailymail.co.uk/news/article-206381/Working-women-housework.html>
- 14) Wikipedia, [http://en.wikipedia.org/wiki/Women\\_in\\_India](http://en.wikipedia.org/wiki/Women_in_India)

---

## **ENTREPRENEURSHIP: AN EFFECTIVE WAY FOR WOMEN'S SOCIO - ECONOMIC EMPOWERMENT**

---

**Nikhila Rane\***

***Abstract:***

The status of women in societies like India can change significantly if they are able to gain financial independence. Despite rapid economic growth, the inability of women to play a part in the Indian economy remains as deep and persistent as ever. The fact that women have fewer opportunities in the labor market may contribute to their unequal treatment in the household. Education, vocational training, and skill improvements would increase the capacity for gainful economic participation of women in India. Cultural and societal rules still prevent women from setting up their own businesses without the help of male relatives. Women who are economically empowered contribute more to their families, societies and national economies. It has been shown that women invest extra income in their children, providing a route to sustainable development. The need for a broad-based entrepreneurial class in India arises from the necessity to speed up the process of activating the factors of production, leading to a higher rate of economic growth, creation of employment opportunities, improvement in the standard of living and involvement of all the sections of the society in the process of growth.

***Key Words:*** *women entrepreneurship, equality, society.*

***Introduction:***

“Women are the invisible workforce in India” (United Nations,1997). Without equal access to the job market, women cannot participate in better-paid work so their economic status remains stunted. India has forsaken an untapped human capital resource with high potential. A report by the Ministry of Social Welfare (1987) in India confirmed women’s exploitation in the workplace highlighting women’s low wages, gender biases in the workplace, extended hours, and poor conditions.

Whether we like it or not, money often equals power, so there is growing recognition that the status of women in societies like India can change significantly if they are able to gain financial independence, whether it is through employment where they are adequately compensated or by setting up and running their own businesses. Despite rapid economic growth, the inability of

**\*Assistant Professor, University Dept. Textile Science and Apparel Design S.N.D.T. Women’s University Santacruz**

women to play a part in the Indian economy remains as deep and persistent as ever. Parents have lower aspirations for their daughters than for their sons, and female teenagers themselves have lower aspirations. If women do not work outside the home, there may be a perception that they do not need to be as strong and healthy and that they do not need a formal education.

Without socio-economic equality for women in poor sectors of India, the impacts of efforts at development cannot become fully realized. India must value women as human resource assets and not liabilities. Socio-economic development can both empower women and raise the status of the Indian economy. Women need employment justice. Education, vocational training, and skill improvements would increase the capacity for gainful economic participation of women in India. The needs of women in poor sectors of India should be included in a national approach to workforce development. From a U.S. perspective, Jacobs & Hawley (2003) described workforce development as coordinated policies and programs that collectively “enable individuals the opportunity to realize a sustainable livelihood and organizations to achieve exemplary goals, consistent with the history, culture, and goals of the social context”. Naquin (2002) described workforce development systems as a means of serving needs of organizations, communities, and nations. India is a complex social context – it will require many integrated approaches of private and public systems to serve the pressing needs of women in poor sectors of India.

### ***Defining Women’s Economic Empowerment***

**Definition:** A woman is economically empowered when she has both the ability to succeed and advance economically and the power to make and act on economic decisions.

- *To succeed and advance economically, women need the skills and resources to compete in markets, as well as fair and equal access to economic institutions.*
- *To have the power and agency to benefit from economic activities, women need to have the ability to make and act on decisions and control resources and profits.*

*Women in India have of course always worked, but their work is undervalued. An illiterate woman in an unskilled job earns around Rs. 85 a day (US\$ 1.58), less than half her male counterpart. Cultural and societal rules still prevent women from setting up their own businesses without the help of male relatives.*

The government's recent **pledge** of \$370 million to start a women's bank is a welcome and major step forward, as are recent moves, through the provision of credit and subsidies, to encourage

women to start their own small and medium enterprises. It is a vital momentum that needs to be maintained. Banks and other financial service providers need now, for example, to extend credit beyond the micro credit level to the small and medium business owners. At present, because a micro-credit scheme is often the only option available for a woman who needs further finance for her business, she has to lie about her increase in income in order to access those funds.

The private sector must be given more incentives to hire women at senior as well as junior levels, and together with the government must create better training programmes for women in non-traditional fields. After all, jobs like car maintenance, plumbing, carpentry, and computer maintenance pay more than data entry or sewing jobs. And there must be better institutional support in the form of maternity leave and childcare facilities, the lack of which currently hold back millions of middle and lower middle class women who must choose between jobs and raising children.

Finally, in order to take these steps forward women need support in their own communities. They need support to work in better paid jobs and fields as well as to own land, property and businesses. By forming collectives, networks, and self-help groups, like the Self Employed Women's Association (SEWA), they gain strength. And collective bargaining rights, as well as co-operative credit and savings systems, will create a united voice for communities of women and allow them to support each other.

**Strong reasons to emphasize women's economic empowerment:**

- *Economic empowerment is one of the most powerful routes for women to achieve their potential and advance their rights.*
- *Since women make up the majority of the world's poor, meeting poverty-reduction goals requires addressing women and their economic empowerment.*
- *Discrimination against women is economically inefficient. National economies lose out when a substantial part of the population cannot compete equitably or realize its full potential.*
- *Working with women makes good business sense. When women have the right skills and opportunities, they can help businesses and markets grow.*

- *Women who are economically empowered contribute more to their families, societies and national economies. It has been shown that women invest extra income in their children, providing a route to sustainable development.*

### ***Functions of Women Entrepreneurs***

As an entrepreneur, a woman has also to perform all the functions involved in establishing an enterprise. These include: idea generation and screening, determination of objectives, project preparation, product analysis, and determination of forms of business organization, completion of promotional formalities, raising funds, procuring man, machine and operationalising of the business. Frederic Harbison has enumerated the following 5 functions of woman entrepreneurship:

1. Exploration of the prospects of starting a new business enterprise.
2. Undertaking of the risks and the handling of economic uncertainties involved in business.
3. Introduction of innovations or imitation of innovations.
4. Coordination, administration and control.
5. Supervision and leadership.

Entrepreneurship is one of the essential factors that determine the growth of various industries of a country. Entrepreneurship is essential for increasing production, utilizing materials, employing human resources, and ameliorating the problems of unemployment. The basic objective of developing entrepreneurship is to enable the society generate productive human resources as well as to mobilize and sustain them for the subsequent process of development. The need for a broad-based entrepreneurial class in India arises from the necessity to speed up the process of activating the factors of production, leading to a higher rate of economic growth, creation of employment opportunities, improvement in the standard of living and involvement of all the sections of the society in the process of growth.

### ***References:***

1. <http://economics.mit.edu/files/7417>, <http://dx.doi.org/10.1257/jel.50.4.1051>, <http://files.eric.ed.gov/fulltext/ED492144>, [http://shodhganga.inflibnet.ac.in/bitstream/10603/3427/5/05\\_capter%201](http://shodhganga.inflibnet.ac.in/bitstream/10603/3427/5/05_capter%201)
2. Journal of Economic Literature 2012, 50(4), 1051–1079 Women Empowerment and Economic Development Esther Duflo
3. Understanding and Measuring Women's Economic Empowerment Definition, Framework and Indicators by Anne Marie Golla, Anju Malhotra, Priya Nanda, and Rekha Mehra

4. Frederic Harbison (2009), Entrepreneurial organisation as a factor in economic development Quarterly Journal Of economics, August 1956, Khanka, S. S. (ed), op. cit, p. 19.
5. Socio-economic Development and Gender Inequality in India Meena Razvi ,Gene L. Roth, Northern Illinois University
6. Promoting Women's Economic Participation in India Founder, Cherie Blair Foundation for Women Siddharth Chatterjee

---

## THE WAYS OF IMPARTING VALUE EDUCATION FOR WOMEN EMPOWERMENT

---

**Anuradha Dubey\***

Almost half of the population India is occupied by women. According to Jamet Momsen that women account for roughly half of the world's population ,perform two thirds of hours worked, receive one tenths of world's population and have less than one hundredth of the world's property registered in their names.(Jamet Momsen).

Female deprivation is acute in developing countries with high levels of property though in affluent nations women also suffer low status due to conservative attitudes. There are huge number of crimes against women's reported though majority are not counted due to social stigma .It includes acid throwing ,rape, dowry, trafficking, domestic violence, eve teasing and sexual harassment , female foeticide. All these are the results of Moral Degeneration. The main causes of value degeneration are :

- Lack of respect for the sanctity of human life.
- Break down of parental control of children in families.
- Lack of respect towards people and property.
- Lack of respect for authority seen through the brazen breaking of the law.

To dissolve all these problems faced by 50 % of the population , we need value education for all which can be achieved fast and effective only through women empowerment and their higher education.

Empowerment refers to increasing the spiritual, political, social or economic strength of individual and community. It often involves the empowered developing confidence in their own capacities. It is a process that fosters power in individual for use in their own lives, their communities and in their society by acting on issues that they define as important.

“The role of women in the development of society is of utmost importance. In fact, it is the only thing that determines whether a society is strong and harmonious or otherwise, women are backbone of society.” –Sri Sri Ravishankar

**\*Assistant Professor, (Human development), Women's College of Home Science and BCA, Loni, Tal Rahata, Dist Ahmednagar (MS), India**

To solve all these type problems it is necessary to know the main causes of the problems. We know today's children are tomorrow's citizens . If we give good education to the present day children the future of the next generation will be well. My opinion education is the solution for all types of the problems. If we use science and technology in the proper way , it is not difficult for us, to solve all the problems of the non moral and value things. ( naraginti, reddy)

Hogan 1973 believes that moral behavior is determined by 5 factors.

- 1) Socialization: becoming aware as a child of society is and parents rules of conduct for being good.
- 2) Moral judgment: learning to think reasonably about our own ethics & deliberately deciding on our own moral standards
- 3) Moral feelings : the internalization of our moral beliefs to the degree that we feel shame and guilt when we fell to do what we should
- 4) Empathy: the awareness of other people situation , feelings and needs so that one is compelled to help those in need5 confidence and knowledge knowing the steps involved in helping others and believing that one is responsible for and capable of helping
- 5) Confidence and knowledge: knowing the steps involved in helping others and believing that one is responsible for and capable of helping.

### **How to impart Value education**

Education is an effective weapon, whose effect depends on who holds it are his hand stands at whom it is aimed.

#### **In young children**

- By giving a place for moral values in the curriculum
- Moral values can be explained through stories and illustrations
- Through poetry, novel and stories
- Role plays of good story in lesson
- Through posters , advertisement and dramatization
- Giving course training to students to develop moral values in the society

## **For Teachers**

Teachers play an important role in the nation building by character building of the students. Swami Vivekanand says, “Character is nothing but a bundle of habits formed through Samskaras or past impressions.”

A decade back , the role of teacher was limited to being a source of information. But today, this place is shared by books, coaching classess, multimedia technologies. So the role of teacher is marginalized and has increased manifold. In modern times we are experiencing transition. A teacher has an immense potential of bringing about a sea change in the society by demonstrating essential values of head and heart. Teacher can impart values in students by giving them instructions through discussion, experimentation , lectures and by the following mentioned ways:

Teachers can maintain a case-study register to closely observe the students and note down the positive and negative traits of their personality.

Teachers should also tell the students to maintain a spiritual dairy in which they will surrender themselves to God and take an oath to follow the path shown buy him.

By organizing cultural and sports events values like team spirit, sharing, spirit of cooperation, patience, courtesy etc can be imparted.

National and religious festivals must be celebrated to foster a feeling of homogeneity

“Thought for the Day” should be employed in assemblies. Moral thoughts trigger in them moral thinking.

Teachers should give importance to cooperative learning.

Skits, role plays propagating moral values can be performed by the students under the guidance of teachers.

Teacher must tell the students to go to Libraries-The treasure house of knowledge. Classics available in library are morally rich and inspiring

Teacher must explain importance of meditation and Yoga practices for realization or the attainment of oneness with God

Everyday A Teacher must spend at least five minutes on moral lecturing.

Impart knowledge of foreign languages to make them know different cultures.

Organize games, excursions, visits to places of historical places. Club activities like nature club, literary club, wildlife prevention club, social service camp, blood donation etc.

Suicidal tendencies in students should be curbed. They must be prepared by Teacher to face the challenges of life fearlessly and with courage

First of all educate women in the society . Mother is the first teacher Motivate every women to know about moral values through special course like “Gandhian Studies”

**Watch your:**

Thoughts : They become words

Words : They become actions

Actions : They become Habits

Habits : They become character

Character : It becomes Destiny

**References :**

- 1) Indrani , B. (2012),Importance of value education in modern time. Education India Journal..a Quarterly Refereed Journal of Dialogues on Education, Vol.1, Issue 3.Aug 2012
- 2) Barhate Y S (2014), The role of teacher in imparting value education. IOSR- Journal of Humanities and Social Science., ICAET- 2014 pp 13 – 15.
- 3) Husain F and Jdhav S M (2013) Role of Higher education in women empowerment : A study. International Journal for administration in management , commerce and economics. Issue 1 pp 85- 90.
- 4) Jannet Momsel(1991). Women and Development in Third World: (London:Routledge)1-2.

---

## COMMUNITY WISE TRADITIONAL HEAD-DRESS ( PADAR ) FOR WOMEN IN MAHARASHTRA.

---

Dr. Jyoti A. Thakare\*

### Introduction:

**Headdress** is an important part of costume. It distinguishes person's status and position in society. This gives birth to the idea of Headdress as a *symbol* of dignity distinction and status. It has played a vital role in our personality and prime index of cultural development of society. Now, it is the time to collect the pride, honorable, beautiful, authentic and creditable **Headdresses** . *Though it is symbolic pride of Maharashtra now these Headdresses are going extinct*. It is necessary to do study and preserve its artistic and scientific knowledge We have good examples of wearing Head-dresses, of great National Women personalities. The first Priminister of India, **Indira Gandhi, Pratibhatai Patil**, the President of India and **Sonia Gandhi** the President of Congress Party always have '**Pallu (Padar)**' of sari on their head and show its significance as a Indian culture. They all represented our Indian tradition. In modern politics this tradition is maintained and retained. Padmasri's grand-daughter-in law **Mrs. Shalinitai R. Vikhe Patil**, Z.P. Ex-President also covers her head by using **padar**.

Well-known Female Head-dresses of Maharashtra is "**Padar**". Famous Sari is having decorative portion on one side and it has a part known as Padar. This padar is having different type of decoration, colour, design, material and this part is the main attraction of sari. Type of sari is generally known on its kind of kath or boarder and padar. In old days "**Paithanies**" Padar is having threads of Gold and Silver. Importance, value, richness is fixed on how the padar of sari is rich. This padar is the main Head-dress of woman.

**Odhani** or **chunarri** is used traditionally. It is taken on the head in modern fashion. Bride always covered their head by odhani and **Bindi** is used on forehead.

Women also cover their heads by taking Padar of sari. Padar is called '**Sheva**'. Women cover their head appearing before the elders. Similarly there are many uses of Padar i.e. for protecting head and hair from dust and bright sunlight. Women workers make round folded ring like structure of padar and keep it on head. They carry water pots and weight on it. If there is headache, they bind padar tightly by doing it double. After delivery also they use padar for

\*Head, Home Science Dept., Pravara Kanya Vidya Mandir, Loni.

covering head, forehead and ear tightly. The women who wear 9 meter kashata sari always take padar on head and the woman who wear 6 meter sari occasionally cover the head by taking padar. There is the relationship between politics and tradition. The women who work in politics they cover their head by padar. Kokani women bind the old to red cover and face cover is being used for protecting beauty also. The present study was conducted to study “Traditional Headdress ( Padar ) for women in Maharashtra.” by stating following objectives

- *To study details of Women community wise Traditional Headdress of Maharashtra (padar) in five regions.*
- *To document Women Traditional Headdresses of Maharashtra (padar) in five regions.*

### **Methodology:**

For the present study, five regions i.e. Konkan, Western Maharashtra, Khandesh, Marathwada and Vidarbha from Maharashtra State has been selected as a locale. From each region 50 respondents were selected as population. The interview schedule consisted of 8 questions to obtain background information and personal profile of the respondents and questionnaire of 13 questions with multiple choice were the tools to collect information

### **Review Of Literature :**

The chief female costume of Maratha period was *Lugade* and *Choli* (coli) stitched out of *Khan* (a cloth of particular pattern and border). The *Lugade* had *pallav* on both sides. The inner one was simple and the outer one was richly decorated. Many women adapted the *Sakaccha* mode of wearing (the manner of wearing sari with hind pleats).

Ladies of Maratha and some other classes, too wear their saris in the *overhead* style almost regularly. Women of Brahmin and similar classes used to do on all formal ceremonial occasions and during rituals. (Joshi G.B. 1980)

**Biswas A. (1985)**, Women for the upper part, the ornamental end (padar) is passed round the back, under the right arm across the chest and then over the left shoulder. Maratha ladies generally, and ladies of the Brahmin class on formal occasions, wear the saris in overhead style the women of the working class do not cover their heads.

**Deole Sandhya S. (2006)**, has made a detailed study of the traditional costume of Maharashtra. She highlighted contemporary Maharashtrian costume within the context of a continuous history and tradition. What happens in Maharashtrian fashion and style today? The study has been divided in to two parts historical and empirical. The historical part is studied on the base of

literary and empirical part studied on the base of sample. She explained at brief of social history of the period, its costume which includes Head-dresses. Padar is a part of the Sari and Lugada to cover the head, shoulder and chest. The sari padar portion is taken by its upper corner, passed under the left arm across the back and under the right arm. It is thrown under the right arm to over left should. It is then palled to the right that it has the length of the right arm. Lugade has two padars, the part of Lugade thrown over the head or shoulder, which is the most decorated, it is called pallav or Padar and other end padar, called the oti padar.

## Results and Discussions

### Information regarding Traditional Head-dresses of women in Maharashtra

It is observed that Traditional women covered their head with the help of padar, and modern ladies also used various types of Head-dresses. So that the information regarding Traditional Head-dresses for female also collected.

**Table No. 1 Information regarding Traditional Head-dresses of female**

Information regarding Traditional Head-dresses of female	Region wise distribution of respondents						
	N %	Konkan	Western Maharashtra	Khandesh	Marathwada	Vidarbha	Total
Yes	N	3	6	3	7	6	25
	%	30	60	30	70	60	50
No	N	7	4	7	3	4	25
	%	70	40	70	30	40	50

In this regard 50% female respondent were had information about Traditional Head-dresses.

When region wise consideration was the percentages were different it was as followed Marathwada 70%, Western Maharashtra and Vidarbha 60%, Konkan and Khandesh 30%. Marathwada has maximum responses in this regard.

TRADITIONAL FEMAL (HEADDRESSES) PADAR OF MAHARASHTRA



**Table No.2 Responses for Traditional Head-dress according to community**

Traditional Head-dress according to community	Region wise distribution of respondents						
	N %	Konkan	Western Maharashtra	Khandesh	Marathwada	Vidarbha	Total
<b>Yes</b>	<b>N</b>	8	9	10	8	8	<b>43</b>
	<b>%</b>	80	90	100	80	80	<b>86</b>
<b>No</b>	<b>N</b>	2	1	0	2	2	<b>7</b>
	<b>%</b>	20	10	0	20	20	<b>14</b>

Table No.1 shows that 86% female respondents had information in this regard. When region were considered that it was found the highest percentage was in the Khandesh that is 100%, followed by Western Maharashtra 90%. Vidarbha, Marathwada and Konkan 80% response.

**Brahmin female** -Very rarely Brahmin female take padar over their head. They cover their both shoulders with padar. With the 9 yard sari they use to cover their half portion of head and cover both shoulders.

**Maratha female** - The padar of Maratha females goes up to head parallel to both ears. They pull pader from left side so that their right hand might be covered. (Fig. No. 2)

**Kunbi female** - They cover left ear putting (keeping) padar in front of left cheek and ear. And padar climbs up to head from left shoulder and comes down from right shoulder in straight line direction. (Fig. No. 3)

**Sonar female** - Instead of taking padar on head Sonar ladies takes padar from behind the neck. And padar is allowed to hang and released. (Fig. No. 4)

**Mali female** - Mali Ladies draw their pine up padar from left shoulder. And it is released free from right should leaving front head open. (Fig. No. 5)

**Rajput female** - The padar of Rajput ladies goes straight from left side and cover half portion of black haired head, the padar is released from right shoulder and its end comes down in front of middle of the chest. Both padar crosses each other exactly in the middle region of the chest. (Fig. No. 6)

**Backward female** - Backward female draw padar over head it covers all hairs of the head. It goes from left ear and be released behind the left shoulder. (Fig. No. 7)

**Banjara female**- The padar of banjara female is not attached to dress. It is totally separate cloth .It is kept over head released both end behind head and neck up to both shoulders. It comes rather down the forehead. It can be worn with six yard sari. (Fig. No. 8)

**Pardesi female** - Pardesi padar is diametrically opposed to normal padar. It is pulled down the left shoulder from right shoulder. And it is being released in front of chest. Padar can be worn with six yard sari. (Fig. No. 9)

**Lohar female** - Lohar females take padar high over head. It is kept down parallel to the right hand. (Fig. No. 10)

**Dhangar female** - Dhangar ladies takes padar from left shoulder leaving left ear opened. It goes over head from near right hand. Importance is given to the border of padar and also to bodice. (Fig. No. 11)

**Teil female**- Teli female takes padar over both ears and it is kept on the middle of head. It is not systematic and neat. It has many creases. (Fig. No. 12)



### **Information regarding female of Traditional Headdresses of Maharashtra.**

It is observed that traditional women covered their head with the help of **Padar**, and modern ladies also used various types of headdresses. So that the information regarding traditional headdresses for female also collected.

- *Region wise distributions of the Respondents showing historical knowledge of the Traditional Headdresses. It is clear from the table that 78% respondent had historical knowledge regarding the traditional headdresses. The highest response in this regard was observed for Vidarbha.*
- It is concluded that female respondents who were wearing Traditional headdress (Padar) mentioned that their ancestors were using Traditional headdress regularly.
- **Responses for Traditional Headdress according to community.** It is concluded that female respondents who were wearing Traditional headdress (padar) mentioned that

their ancestors were using Traditional headdress regularly and **it was** different according to different community.

**Conclusion:**

- The study reveals that the younger generation does not use the traditional Head-dresses, only the older generation uses the traditional Head-dresses. When this older generation will pass away, the next generation may not have any knowledge and awareness of the significance of the traditional Head-dresses. This study is relevant from the point of view of helping those of the present generation who are interested in the traditional Head-dresses but have no knowledge of the draping styles. The study also documents and preserves the traditional Head-dresses of Maharashtra in general and draping styles of the drapery Head-dresses in particular for the future generations.
- In India, different castes, creeds and communities have their own distinct traditional Head-dresses. These Head-dresses vary according to the various occasions, personal, social, or religious. .

**References:**

- 1) Biswas A. (1985), Indian Costumes Sales Emporia © Publication Division Ministry Information and Broadcasting Government of India Patella House, New Delhi
- 2) M. Subbamma (1985), Women Tradition and Culture Sterling Publish Private ltd. New Delhi
- 3) Deole S.S. (2006), “Traditional Costume of Maharashtra”. Dept of Home science, Vasantarao Naik Government Institution of Art and Social Science, Nagpur.

**Websites:**

- 1) Google Home –Advertising Programmer-Privacy-AboutGoogal
- 2) Ritu Kumar, Costum and textile of royal India, <http://www.ritukumar.com>

---

## CURRENT STATUS OF INDIAN WOMEN

---

**Dr. Khandat M.S\* and Dr. Nuzhat Sultana\*\***

**Abstract:**

“It is impossible to think about the welfare of the world unless the condition of women is improved. It is impossible to fly on only one wing.”

Swami Vivekananda

India is that country where women were worshipped as incarnations of goddesses, still suffering today from multifaceted problem of status for women.

In the present paper Status of Women in India is discussed. In ancient times, before independence and after independence the change is observed in status of women in India. Women are legal citizens of country and have equal rights in terms of freedom and opportunity as that of men. Maternal mortality rate are the best indicator to judge women's health. Reasons for high MMR and IMR were malnutrition, anemia, child marriage, successive pregnancies and poor utilization of health care facilities. Increasing number of female feticide is a cause of serious concern denying right to life itself. Rising educational awareness and thereby enrollment percentage is one of the positive side. Dowry practices and woman exploitation has a definite role in indicating ill effects on status of women in India.

Lastly, women in India are coming up in all spheres of life. They are entering into all kinds of professions. Sprawling inequalities persisted in their access to health care, education, physical and financial resources and opportunities in political, social and cultural spheres.

**Key words:** Status of women, Indian women, male dominated society, female feticide, child marriage.

**Introduction:**

Men and women are just like the two wheels of a chariot. They are equal in importance and they should work together in life. The one is not superior or inferior to other. Status implies the social and legal position of an individual or, an individual's standing vis-à-vis others. In ancient times, women were treated well. The worst situation has emerged in India during the period of Muslim domination wherein was set the purdah system with all its concomitants. Indian women fought

**\*Associate Prof., Home Science Department, Mrs. K. S. K. College, Beed**

**\*\*Reader & Head, Home Science Department, Mrs. K. S. K. College Beed**

as an equal to men in the independence struggle, the participation of women nationalists was widely acknowledged, but women were not given public space afterwards.

According to India's constitution, no distinction has been made on the basis of religion, caste or sex. The sex ratio of women at the time of independence was slightly better than today, standing 945 females per thousand males. Because of lack of acceptance from male dominated patriarchal society, Indian women suffer immensely. Although the country's constitution says women have equal status to men, women are powerless and are mistreated inside and outside the home.

In the past, women are treated as if they were slaves. It was believed that they belong to the weaker sex, so they should always follow men's orders and should always remain under the thumbs of men. Birth of female child was not celebrated as an occasion of happiness. Only girl child in a family was supposed to be a curse to the family. She was regarded as a decree of millions of rupees on the parents. Further as a wife she always had to obey her husband. Whether their husbands were good or bad, they were always forced to consider him as their lord or god.

**Maternal Mortality Rate (Mmr) And Infant Mortality Rate (Imr):** A woman's ability to bear innumerable children, mostly boys, is what increases or diminishes a woman's position within the marital home and eventually extends to position in society. Her sexual autonomy remains restricted. It is this control over both property and the sexual control of women that defines male power and authority, and the secondary status of women in both the paternal and matrimonial homes.

In rural India, women of the household are required to prepare meal for the men, who eat most of the food. Leftover meager is for females. This creates a major problem with malnutrition, especially for pregnant or nursing women. Very few women seek medical care while pregnant because it is thought of as a temporary condition, also household chores and their pattern of daily wages do not allow to avail health care facilities. This is the main reason of India's high maternal and infant mortality rate. Women go through one pregnancy after the other every time deteriorating their health still worse. There is also risk of possibilities of infection from their spouses.

This led to rampant malnutrition among women and as extremely poor health status. Around 500 women were reported to die every day due to pregnancy related problems due to malnutrition and getting married before 18.

The concern surrounding HIV/AIDS in recent years has had the effect of opening the doors to information on other possible infections too. While vulnerability to misinformation continues to engulf women from poorer sections – many will be deprived of their children and thrown out of their matrimonial homes after having contracted the virus (frequently from their spouses) – a recent judgement has set a positive precedent in stating that a positive mother cannot be deprived from bringing up her child. It serves to remove stereotypes with the virus.

**Anemia:** Right from birth, poor rural uneducated parents and society do not handle girls with attentive health care and commitment as boy. Even a new girl baby would only be breast fed for the shortest period of time barely supplying her with the nutrients she needs. This is because the mother can get pregnant as soon as possible in hope of a son next time. The girl when grown up naturally will be malnourished and anemic. Again anemic women are bound to bear anemic children. It is hardly surprising that 70 per cent of in India in the age group of six to 59 months suffer from it. 63 per cent in the urban areas and 71.5 per cent in the rural areas.

**Missing Girls:** In human practices were normalized by Indian society regarding women as an impact of it the birth of the girl child was considered inauspicious. In villages as well as cities, the girl child was killed either before birth or after it. Even till date practice continues. The United Nations Children's Fund estimated that up to 50 million girls and women are `missing` from India's population because of termination of female fetus or high mortality of the girl child due to lack of proper care.

**Female Foeticide:** Recently women pursued a legal battle against her husband and in-laws for forcing her to abort her fetus after an ultrasound test ostensibly showed that the fetus to be that of a female.

**Education:** Women now represent 48.2 % of the population are getting access to education and then employment. From 5.4 million girls enrolled at the primary level in 1950-51 to 61.1million girls in 2004-05. At the upper primary level the enrolment increased from 0.5 million girls to 22.7 million girls.

Statistics say that close to 245 million Indian women lack the basic capability to read and write, which is a large number.

Even though the constitution guarantees free primary schooling to everyone up to 14 years of age (Indian Parliament), very few females attend school. Only about 39% of all women in India actually attend primary schools.

Girl dropout rates have fallen by 16.5 % between the years 2000 & 2005. Programmes like ‘**Sarva Shiksha Abhiyan**’ and ‘**Saakshar Bharat Mission for female Literacy**’ has helped increase literacy rates from less than 10 % to more than 50 % today.

**Child Marriage:** In the throes of poverty and illiteracy most women find themselves married off at very young age. Even before they are able to understand the real implications of the relationship, they are already into their first, if not second or third pregnancies. Although various state governments struggle over the ethics of sex education in the curriculum of school-going children, many organizations have taken it upon themselves to use sex education as a tool to empower young girls, women and communities in delaying both marriages and pregnancies.

In spite of the Sharda Act which was passed in the 1950s to raise the marital age limit for girls, child marriage particularly in North India was quite prevalent though the average age at marriage for female was increased to 18.

Dowry practice is as common as ever. Since men were better educated than girls, the demands are even more. The dowry Prohibition Act was finally passed in 1961 to protect women and promising severe punishment, but the conviction rate of crime against women was still very low in India.

**Exploitation:** At some level like dowry, crimes like rape, sexual harassment at office or public places, and molestation, eve teasing, even after over sixty years of independence women are still exploited, which is the shame full side of our country

**Employment:** Only 13.9 % women are employed in the urban sector and 29 % in the domestic and agriculture sector, where too majority of women are exploited by the men.

It is obvious that India has world’s largest number of professionally qualified women. In fact that India has the largest population of working women in the world and has more number of doctors, scientists, professors than that of the United States. Despite progress the very fact that women, along with being achievers, also are expected to fulfill their roles as wives, as mothers, prioritizing home against anything else. This view hasn’t changed much.

Today modern women can be easily called as Superwoman, juggling many fronts single handedly. Women are now fiercely ambitious and are proving their metal not only on the home front, but also in their respective professions.

**Lack Of Education And Poor Job Status:** Even if a woman is educated, especially in the poorer regions there is no hope for a job. Most jobs women perform are agricultural or domestic which do not require a formal education. Due to lack of education women cannot hold a prestigious job, they take up the most physically difficult and undesirable jobs. A typical day for woman in agricultural position lasts from 4 am to 8 pm with only an hour break in the middle. Compared to a man's day, which is from 5 am to 10 am and then from 3 pm to 5 pm. Most women are overworking with no maternity leave or special breaks for those who are pregnant. Women do the majority of manual labor that uses a lot of energy compared to the men who do mostly machine operating. Even though women work as many as twice hours the men say that "women eat food and do nothing". This is mainly because the work the women perform does not require a lot of skill and are smaller tasks.

**Conclusion:** Just as land is valuable because it is fertile, women too are for the same reasons. And that sums up the status of women in India and the south Asian region.

In State Assemblies, Parliament and the Upper House, plans have already been framed for the reservation of seats for women. Plenty of government as well as private NGOs are working for the upliftment and development of the status of women in rural areas of India too. These organizations work actively for women and they look after the issues like employment, education, rights and maintaining honor and dignity of women.

Though a number of constitutional amendments were made for women's social, economic and political benefits yet they were effective to bring a radial change in the situation.

**Source:**

- 1) [www.rhrealitycheck.org/blog/2009/01/16](http://www.rhrealitycheck.org/blog/2009/01/16) Article – India's women and Girls' Fight Second class status By– Deepali Gaur Singh.
- 2) [members.tripod.com/global\\_india\\_1/current.htm](http://members.tripod.com/global_india_1/current.htm) Article- Current Status of Women in India
- 3) [www.youthkiawaaz.com/2012/03](http://www.youthkiawaaz.com/2012/03) - December 12, 2012 Here's How The Status of Women has changed in India (Since 1950 till date) – Tanima Banerjee.
- 4) [currentessays.blogspot.in/2008/09](http://currentessays.blogspot.in/2008/09) – Sept 20, 2008 Status of Women in India Today

- 5) [aman.hubpages.com/hub Status of Women in India.](http://aman.hubpages.com/hub/Status%20of%20Women%20in%20India)
- 6) <http://www.indianews.com/content/20080305>
- 7) <http://www.deccanherald.com/content/102008>
- 8) <http://www.hindustantimes.com/story> page and headline

---

## MENTAL HEALTH STATUS OF INDIAN WOMEN

---

**Dr. S.S.Bhale\***

***Abstract:***

*Women through the ages have been subjected to discrimination on the pretext of social, cultural, religious and numerous factors. Too many women in too many countries still have secondary status. Population of women is considered as half of the total population and it is ignored. After sixty five years of independence Indian women faces various problems throughout her life. The role of women as primary custodians of family, her health should be recognized and supported. Currently women in India face a health as well as psychiatric problems which ultimately affect the family and society. There are various determinants of health problems in women that can be reduced by systematic policies and programs by government and with individual efforts.*

***Key words :***women, mental health

According to World Health Organization (1946) health is defined as "a state of complete physical, mental, and social well being and not merely the absence of disease or infirmity." Generally, the context in which an individual lives is of great importance for both his health status and quality of their life. Health is maintained and improved through the advancement and application of health science, and also through the efforts and intelligent lifestyle of the individual and society. Main determinants of health include the social and economic environment, the physical environment, and the person's individual characteristics and behaviors Health is an important factor that contributes to human wellbeing and economic growth.

Mental Health is "a state of well being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". Mental Health is not just the absence of mental illness. (WHO)

Women through the ages have been subjected to discrimination on the pretext of social, cultural, religious and numerous factors. A sound mind in a sound body has been recognized a social ideal for many centuries. Mental health is not exclusively a matter of relation between persons; it is also a matter of relation of the individual towards the community, the society, and the social institutions.

**\* Department of Home Science, K.R.M. Mahila Mahavidyalaya, Nanded**

With the help of secondary data mental health of Indian women is studied.

Too many women in too many countries still have secondary status. Population of women is considered as half of the total population and it is ignored. Too many women in too many countries still have secondary status. Population of women is considered as half of the total population and it is ignored. Gender is one of many *social determinants* include social, economic, and political factors that play a major role in the health outcomes of women in India. Therefore, the high level of gender inequality in India negatively impacts the mental health of women. When a woman is neglected, humanity is deprived of its half portion.

Nutrition plays a major role in an individual's overall health; psychological and physical health status is often dramatically impacted by the presence of malnutrition particularly in women. India currently has one of the highest rates of malnourished women among developing countries. A study in 2000 found that nearly 70 percent of non-pregnant women and 75 percent of pregnant women were anemic in terms of iron-deficiency. One of the main factors of *malnutrition* is gender specific selection of the distribution of food leads to poor mental health of women.

Mental health consists of measurements of mental well being including depression, stress and measurements of self-worth. Various factors affect the prevalence of mental health disorders among women in India, such as older age, unsatisfactory marital status, domestic violence low educational level, empty homes, lack of paid employment and excessive alcoholic spouse, obesity in women, coping with competitive world. There is also evidence to suggest that disadvantages associated with gender increase the risk for mental health disorders. These may lead women to seek fewer help of healthcare, to cope with various mental disorders.

Epidemiologic and anthropological data states clusters of psychiatric disorders and psychological distress among women than among men. The reason of much of the pain and suffering particular to women can be due to the social circumstances of many women's lives. Depression, hopelessness, exhaustion, anger and fear grow out of hunger, overwork, domestic and civil violence, entrapment and economic dependence. The role of women as primary custodians of family, her health should be recognized and supported. Currently women in India face a health as well as psychiatric problems which ultimately affect the family and society

Healthy policies for women are supported by state gender ideologies that enhance the cultural, political and legal status of women by legitimizing equitable public investment in and protection of female. Mental health services have a crucial role to play in psychiatric illnesses, emotional distress, and psychological disorders.

There are various determinants of health problems in women that can be reduced by systematic policies and programs by government and with individual efforts. Women health status can be improved by educating women at all levels of society about the possibilities of mental health services and programs. There should be efforts to establish priorities of mental health in medical education and health policy by-

- Upgrade the quality of mental health services.
- Need of mental health training for workers at all levels, from medical students to graduate physicians, from nurses to community health workers.
- Promote efforts to improve state gender policies, to reduce violence against women, empowering women economically, and emphasis on women in policy planning and implementation of mental health services.
- People should be encouraged to attend to the causes and consequences of collective and interpersonal violence.
- Efforts to prevent mental disorders, and behavioral, psychosocial and neurological disorders.

## References

1 [www.wikipedia](http://www.wikipedia)2 [www.online](http://www.online) 3 Government reports on health data.

---

## **ADEQUATE NUTRIENT INTAKE & HEALTH OF ADOLESCENT GIRLS**

---

**Dr.Chetana V. Donglikar\***

### **Abstract:**

The present study has been conducted to assess nutrient adequacy of adolescent girls from Nanded district of Marathwada region. The group comprised of 120 adolescent girls belonging to three different economic groups, studying in schools and colleges of different talukas of Nanded district. The nutrient adequacy of girls was assessed by 24 hours recall method, using standardized local measures (cups, calories, table spoons and tea spoons). The cooked food was converted into raw foods and the nutrient intake was calculated using the nutritive value tables of ICMR (Gopalan National Institute of nutrition). After statistical analysis, Most of the nutrient adequacies were found below 100% level. In girls nutrient adequacy was seen more in thiamin (124.36%), and vitamin 'C' (171.95%) where as niacin adequacy was non-significant (101.86%). Besides this other nutrient's adequacy such as protein (70.80%), calories (76.80%), iron (82.87%), carotene (78.54%), riboflavin (78.85%) and calcium (68.36%) were below 100% level. On the whole from the table it was noticed that girls were lacking all most all nutrients with significant difference (1% and 5%) when compared with recommended dietary allowances. Which indicates, urgent need for improving overall nutritional status of adolescents through nutrition education, community awareness and supplementation programmes.

**Key Words:** 1.Nutrient intake of adolescent girls, 2.Nutritional status of adolescent girls, 3.Anemia & adolescent girls

### **Introduction:**

When all the essential nutrients are present in a correct proportion as required by our body it is called optimum nutrition or adequate nutrition. The inadequacy of nutrients leads to various nutritional deficiencies, hormonal imbalance, improper growth and development and affects physically as well as mentally, which cause emotional instability severely, to avoid this, adequate nutrient intake of adolescents is necessary.

Adolescence a period of transition between childhood and adulthood, occupies a crucial position in the life of human beings. This period is an important physiological phase of life characterized by an exceptionally rapid rate of growth and development both physical and psychological (1,2).

**\*Head, Home Science Dept. , Kalikadevi Arts, Commerce & Science College, Shirur (ka.) Dist.**

**Beed**

The need for nutrients is increased as body linear mass increases and sexual maturity takes place (2,3). Adolescent's growth and development is closely linked to the diet they receive during childhood and adolescence. Adequate nutrition of any individual is determined by two factors. The first is the adequate availability of food in terms of quantity as well as quality which depends on socio-economic status, food practices, cultural traditions and allocation of the food. The second factor is the ability to digest, absorb and utilize the food in the body.

In a country like India with varying social customs and common beliefs against females there is a high prevalence of malnutrition amongst girls. The nutritional status which is often poor during early life gets worsened as the adolescent growth spurts occurs (4). Recent studies have been taken up to evolve growth standards for the Indian adolescents, including adolescent girls. Research during past five years has shown that adolescent girls have better nutritional status, in terms of "weight-for-age" and body mass index (BMI) than adolescent boys, but there was a slow growth after 13-14 years age, leading to lowering of parameters below the Indian Council of Medical Research (ICMR 5) standard. Research has shown that the calorie and protein intake of adolescent girls was below the recommended level and economic vulnerability of the family increased the extent of nutritional deficit of these macronutrients.

Socio-economic and demographic factors still have an impact on adolescent growth and nutrition, as stunting decreased with increase in per capita income and land holding. Adolescent girls were thinner than adolescent boys. More than one-third of the girls were chronically energy-deficient and underweight. Considering this a study was conducted to assess nutrient intake of adolescent girls from Nanded district and various factors influencing nutritional status.

**Objective of study:**

The present study was conducted with an objective; "To assess Nutritional status and nutrient intake of adolescent girls and factors influencing it."

**Materials and Methods:**

The present study comprised of assessing the nutritional status of adolescent girls belonging to 16-18 years of age group, studying in school and colleges. The study conducted covered different features influencing the nutritional status of adolescents. The different procedures adopted for conducting the study included, baseline survey, diet survey, and socio economic status scale.

**Locale of the Study:**

Nanded is one of the eight district of Marathwada. For the present study samples were selected from various talukas and proper Nanded district. The survey was done in nine talukas. The school and college going adolescents belonging to, 16 to 18 age group were assessed during the survey.

**Selection of Sample:**

A total of 527 school and college going adolescents were selected by stratified random sampling. The subjects were divided mainly on the basis of economic status, sex and age. The total sample consisted 265 girls and 262 boys from 16 to 18 year age group belonging to three income groups.

**Dietary Assessment:**

For dietary assessment of adolescents from the overall sample a selective sample of 120 adolescents were used the Care was taken that at least 60 adolescents should belong to each the group. Further, care was also taken about, equal distribution of adolescents for different income groups. The dietary intake of adolescents included 24 hours recall method, using standardized local measures (cups, catories, table spoons and tea spoons). The information of food consumed was collected in terms of cooked food. The cooked food was converted into row foods and the nutrient intake was calculated using the nutritive value tables of ICMR (Gopalan National Institute of nutrition).

**Assessment of Socio-economic status:**

Socio-economic status scale was designed by Shrivastava (1991). SES have five components i.e. education, occupation, income, cultural living and social participation. Obtained row scores were converted into S.E.S. by scoring scale norms. This scale gave five social classes as upper class, upper middle class, lower middle class, low class and lower, lower class

**Statistical Analysis:**

The different statistical analysis test used were, 't' test. One way ANOVA (Analysis of variance) and correlation coefficients. To find out the influence of different factors, 'T' test was used to compare food intake and nutrient intake of adolescents with the related standards. Co-relation was done to see the relation of nutrient intake with different influencing factors.

**Results:**

Nutrient intake of adolescents was assessed on the basis of food consumption pattern, assessed by one day recall method, to investigate their nutritional status. Also various factors effecting nutrient intake were correlated with essential nutrients, which indicated significant low nutrient intake when compared with recommended dietary allowances

**Table-1: Mean  $\pm$  Sd values of nutrient % Adequacy of female adolescents**

Sr. No.	Nutrient	Mean $\pm$ Sd	Z. values	% Adequacy	Female
1	Protein (gm)	44.6018 $\pm$ 7.362	19.357**	70.80%	63
2	Calories (Kcal)	1582.142 $\pm$ 521.674	7.095**	76.80%	2060
3	Calcium (mg)	341.808 $\pm$ 98.088	12.492**	68.36%	500
4	Iron (mg)	24.8621 $\pm$ 6.1587	6.462**	82.87%	30
5	Carotene ( $\mu$ g)	1884.894 $\pm$ 422.417	9.445**	78.54%	2400
6	Thiamine (mg)	1.368 $\pm$ 0.277	7.49 **	124.36%	1.1
7	Riboflavin (mg)	1.025 $\pm$ 0.247	8.606**	78.85%	1.3
8	Niacin (mg)	15.277 $\pm$ 2.848	0.7548 Ns	101.86%	15
9	Vitamin C (mg)	68.779 $\pm$ 34.451	6.4707**	171.95%	40

NS : Non Significant, Significant at 1 % Level : \*\*

Table 1 presents the **mean  $\pm$  Sd** values of nutrient intake and percent nutrient adequacy of selected adolescent girls. Most of the nutrient adequacies were found below 100% level. In girls nutrient adequacy was seen more in thiamin (124.36%), and vitamin 'C' (171.95%) where as niacin adequacy was non-significant (101.86%) . Besides this other nutrient's adequacy such as protein (70.80%), calories (76.80%), iron (82.87%), carotene (78.54%), riboflavin (78.85%) and calcium (68.36%) were below 100% level. On the whole from the table it was noticed that girls were lacking all most all nutrients with significant difference (1% and 5%) when compared with recommended dietary allowances.

**Table-2: Correlation of different Socio-economic factors and nutrient intake of female adolescents.**

Sr . No.	Socio-economic factors	Protein (gm)	Calories (Kcal)	Calcium (mg)	Iron (mg)	Carotene (µg)	Thiamine (mg)	Riboflavin (mg)	Niacin (mg)	Vit ' C ' (mg)
1	Family Income	0.342**	0.178 Ns	0.545* *	0.406**	0.498* *	0.077 Ns	0.233 Ns	0.116 Ns	0.207
2	No. of family members	0.093 Ns	0.275*	0.332* *	0.129 Ns	0.114	0.574**	0.006	0.226	0.125
3	Fathers education	0.011 Ns	0.203 Ns	0.233 Ns	0.158 Ns	0.249 Ns	0.114	0.066 Ns	0.031	0.575**
4	Mothers education	0.114 Ns	0.357*	0.202 Ns	0.128 Ns	0.426**	0.137 Ns	0.044 Ns	0.225	0.566**

Ns :- Non significant, s :- significant at 1% :\*\*, s :- significant at 5% :- \*

In order to study about inadequate nutrition of selected adolescents, the factors affecting these nutrient intakes were studied by correlating various factors such as, income, family size and fathers and mothers education, (table 2). From which it was noticed that family income, number of family members, parent's education showed significant relation with almost all nutrients. Family income was significantly related with intake of protein (r= 0.342 gm.) calcium (r=0.545 mg.), Iron (r=0.406 mg) and carotene (r=0.498 µg.). Calories (r=0.275 Kcal.) and calcium (r=0.332 mg.) were correlated with no of family members. Also fathers education showed significant relation with vitamin 'c' (r=0.566 mg.) were as mothers education was also significantly correlated with calories (r=0.357 Kcal.) carotene (r=0.426 mg.). and vitamin 'c' (r=0.566 mg.) From table it was noticed that significant correlation were highly evident in girls, when correlated with different factors.

### Discussions:

Adolescence is a crucial period in a woman's life. Health and nutritional status during this phase is critical for the physical maturity, which in turn influences the health of the offspring. It is seen that the rate of low birth weight, prematurity and neonatal and infant mortality is high among children born to malnourished adolescent girls. Adolescents constitute 21.2 per cent of the total

population of India, where malnutrition is an important public health problem among children and adolescents. Adequacy of dietary intake in terms of calorie and protein are important in order to improve the chances of child survival and safe motherhood. (6)

Poor nutritional status during adolescence is an important determinant of health outcomes. Short stature in adolescents resulting from chronic under nutrition is associated with reduced lean body mass and deficiencies in muscular strength and working capacity. In adolescent girls, short stature that persists into adulthood is associated with increased risk of adverse reproductive outcomes. As health systems have accepted life-cycle approach, the health issues of adolescents, like sexually transmitted diseases and reproductive health have been given due importance, but not on their nutritional status. (7)

At present in India several adolescents are mainly suffering with various nutritional deficiencies among which iron deficiency in girls is major. Now a day's government of India has undertaken various nutritional welfare programs for adolescent girls. Adolescence is a transitional period from childhood to adulthood during which certain problems may influence their future health and is considered as the best time to intervene, to assist physical development and to prevent later maternal anemia (8). But unfortunately even in educated families adolescent's health is not a matter of concern. Iron has several functions in the body. It serves as a carrier of Oxygen as hemoglobin and as an integral part of enzyme systems especially of respiration (9). In adolescent girls it occurs due to heavy menstrual blood loss, inadequate iron intake, poor bioavailability and increased need of iron (10)

Iron deficiency anemia (IDA) is the most wide spread nutritional deficiency affecting 3.5 billion people and especially 42.3 percent girls in developing countries (11). IDA in adolescent girls causes reduced physical and mental capacity, diminished concentration in work and educational performance (12) and also poses a major threat to their future safe motherhood. Studies conducted in the past on anemia were mainly focused on children and pregnant women. Work on adolescent girls is scanty and needs attention. The growth spurt during early adolescence mounts pressure on the overall nutritional requirements of adolescent girls and micronutrients too are, therefore, required in higher proportion. The increase in height and the related skeletal growth and increase in blood volume and menarche raise the requirements for dietary calcium and iron among adolescent girls. The major micronutrients of concern in adolescent growth and development are iron,

Calcium, Vit A, C and B complex. Thus, study of consumption of micronutrients in daily diet and nutritional status with respect to micronutrients becomes an important area of concern.

For better absorption of iron It is concluded that the supplementation of iron with absorption enhancers, namely vitamins A and C in the case of adolescent girls resulted in better iron absorption, when compared to the girls who were supplemented with iron alone. The positive impact of vitamin A and C supplementation alongwith iron is a successful approach for combating iron-deficiency anaemia. (13)

### **Conclusion:**

Screening for anaemia, treatment of anaemic women, and availability of food fortification (wheat flour with iron and folic acid), milk sugar and salt with iron to build long term iron stores remains the key to reduce anaemia. Even cooking in cast iron utensils improves iron content in diet (14). The anaemia control programme needs to be implemented more efficiently in these States. The interstate differences observed may guide the health planner to alter the strategies for control of anaemia as per requirement of the state. In many states like Punjab where male female ratio is still alarming, the issue becomes more serious as females are deprived of almost everything from their birth and being affected at the nutritional front is not uncommon. Need is to change the view point and bring women's health at priority not at family level but at state level as maternal iron deficiency and anaemia render the offspring vulnerable for developing iron deficiency and anaemia right from infancy.

According to Capoor, Gade and CHETNA\* Team (15), the Government of India has initiated several supplementary nutrition programmes at the central and state level, to improve the nutritional status of the people and eradicate anaemia. But these programmes made very little impact because of they did not take into account the socio-economic and political reasons of anemia among women. For example, most of the programmes address nutrition during the first six years of life, and then skip directly to pregnancy and lactation. Adolescence, which is the period of additional nutritional requirement, is not addressed through these programmes. Very little space is available to create awareness on the importance of understanding women's nutritional needs throughout various stages of her life, and to ensure that women eat the food that reaches the household.

There is an urgent need for improving overall nutritional status of adolescents through nutrition education, community awareness and supplementation programmes. The need for regular blood tests to check hemoglobin levels is emphasized. Nutrition component needs to be included in the school curriculum. Emphasis is needed for corrective measures of anemia and iron deficiency in girls before they enter into adolescent age group.

**References:**

1. Devadas R.P. and Jaya N. (1984) A text book on child Development.
2. Tanner JM. Growth of Adolescents, 2nd edn. Oxford, Blackwell Scientific Publication, 1962, pp 326-341.
3. Pushpamma P, Geervani P, Lakshmi Devi N. Food intake, nutrient adequacy and anthropometry of adolescents in Andhra Pradesh. Indian J Med Res 1982, 75: 61-67.
4. Senapati SK, Bhattacharya S, Das DK. The girl child: An exposition of their status. Indian J Commun Med 1990, 1:15-19.
5. Indian Council of Medical Research, Micronutrient Profile of Indian Population, New Delhi, 2004.
6. Deshmukh P R, Gupta S S, Bharambe M S, Dongre A R, Maliye C, Kaur S, Garg B S. Indian Journal of Pediatrics, February 2006; 73(2): 139-141
7. Sharma A K, Shukla D, Kannan A T. Indian Journal of Community Medicine, Jan-March 2005; 30(1) : 8-10.
8. Pande. Reducing iron deficiency anemia and changing dietary behaviors among adolescent girls in Maharashtra, India. A project of Internationalcenter for research on women(ICRW).Washington DC.( 2003).
9. Bothwell, T. H. Iron metabolism in Man, Blackwell Scientific Publications,London. (1979).
10. Fomon S, Drulis J, Nelson S, Serfass R, Woodhead J and Ziegler E. Inevitable iron loss by human adolescents, with calculations of the requirement for absorbed iron. J. Nutr. 133,167-172 (2003).
11. WHO, Iron deficiency anemia situation in this region. World Health Organization. Regional Office for Western Pacific(2005).
12. Sen, A. and S. J. Kanani. Deleterious functional impact of anemia on young adolescent school girls. Indian Pediatr. 43: 219-226 (2005).
13. Swarnalatha A, Yegammai C. The Indian Journal of Nutrition and Dietetics, June 2006; 43(6):229-237.
14. D Kapur; KN Agarwal; DK Agarwal, Indian J Pediatr, 2002, 69, 607-616
15. I Capoor; J Gade; CHETNA Team, Paper presented at the World Congress on Women's Health on November 10th, 11th & 12th, 2000 at Science City, Calcutta, 2000.

---

## A CASE STUDY OF CRIME AGAINST WOMEN IN INDIA

---

**Dr. Sudarshan A. Aher\* and Dr. P.V. Rasal\*\***

### **Abstract**

The concept of crime is a relative one and it varies in accordance with the socio-economic development of the society and is reflected in the moral and social values of a community. Every society has to face many problems and crime against women is one of the dynamic problems. Though women are subjected to a series of structural, ontological, epistemological, non-recognition and mal distributive violence and crimes yet no system is ready to accept these as violence against women. In India it recognize and enumerate only legal violence like rape, kidnapping and abduction, dowry death, cruelty by husband and relatives, insult to the modesty of women etc. According to study reported incidents of crime against women has increased 6.4 percent during 2012. In 2012, there were a total of 244270 reported incidents of crime against women, while in 2011, there were 228650 reported incidents. The trend of crime against women is definitely on the rise in the India. The present paper an attempt has been made to study crime against women in India and to place the issue of crime against women in proper point of view by growing deeper and hidden dimensions of crime against women.

**Keywords:** crime, epistemological, rape, incidents, trend.

### **Introduction**

In the ancient Indian women held a high place of respect in the society as mentioned in *Rigveda* and other scriptures. Volumes can be written about the status of our women and their heroic deeds from the *vedic* period to the modern times. But later on, because of social, political and economic changes, women lost their status and were relegated to the background. Many evil customs and traditions stepped in which enslaved the women and tied them to the boundaries of the house. This paper tries to focus on the difficulties and peculiarities that the women in India are affront with, in the beginning of the New Millennium. Under the Indian penal code crimes against women include rape, kidnapping and abduction, homicide for dowry, torture, molestation, sexual harassment, and the importation of girls. Violence against women has become now a common phenomenon. Crime, no doubt is a complex social problem but in the recent decades, it has achieved new dimensions and has brought within its teeth children, youth

\*Asst. Prof., Dept. of Geography, K.G.D.M. College, Niphad.

\*\*Principal, K.G.D.M. College, Niphad.

and women. Crime is as old as the mankind in itself, but in the recent years it has increased in its dimensions and has attained new heights. It is difficult to find a society without deviance. Almost the entire society is directly or indirectly affected by such violence. Women as a separate class are subjected to a greater criminal victimization both inside and outside their homes.

In India, women have been victims of humiliation, torture and exploitation for as long as we have had written records of social organization and family life. The custom of infanticide is similarly responsible even now for no small loss of human life. In India there has been since time immemorial a strong prejudice against the birth of girls. Sons are preferred to daughters. This prejudice has often resulted in the killing of girls. The official statistics showed a declining sex ratio, health status, literacy rate, work participation rate and political participation among women. While on the other hand the spread of social evils like dowry deaths, child marriage, domestic violence, rape, sexual harassment, exploitation of women workers are rampant in different parts of India. Humiliation, rape, kidnapping, molestation, dowry death, torture, wife beating etc. have grown up over the years. The National Crime Record data is also indicative to the fact that women in India are suffering from entrenched discrimination and crimes that are structural in nature and needs critical insights into the structures of the society.

**Objectives :**

The study attempts to examine the increasing rate of crime in India and the reasons for such increase. It also attempts to understand the spatial variations.

**Database and methodology :**

The present study is based on secondary sources. Secondary data were obtained from published and unpublished sources, data like violence and crime against women, nature of violence, predators characteristics etc provided by the National Crime Record Bureau; National Commission for Women, Government of India etc. In this study five major crimes against women were selected to find out the trend of crime in India. Following variables (Table-1) were selected for the trend analysis, namely, raped, kidnapping and abduction, dowry death, cruelty by husband and relatives, insult of the modesty of women to per one lakh population of women (Figure-2).

## Results and Discussion

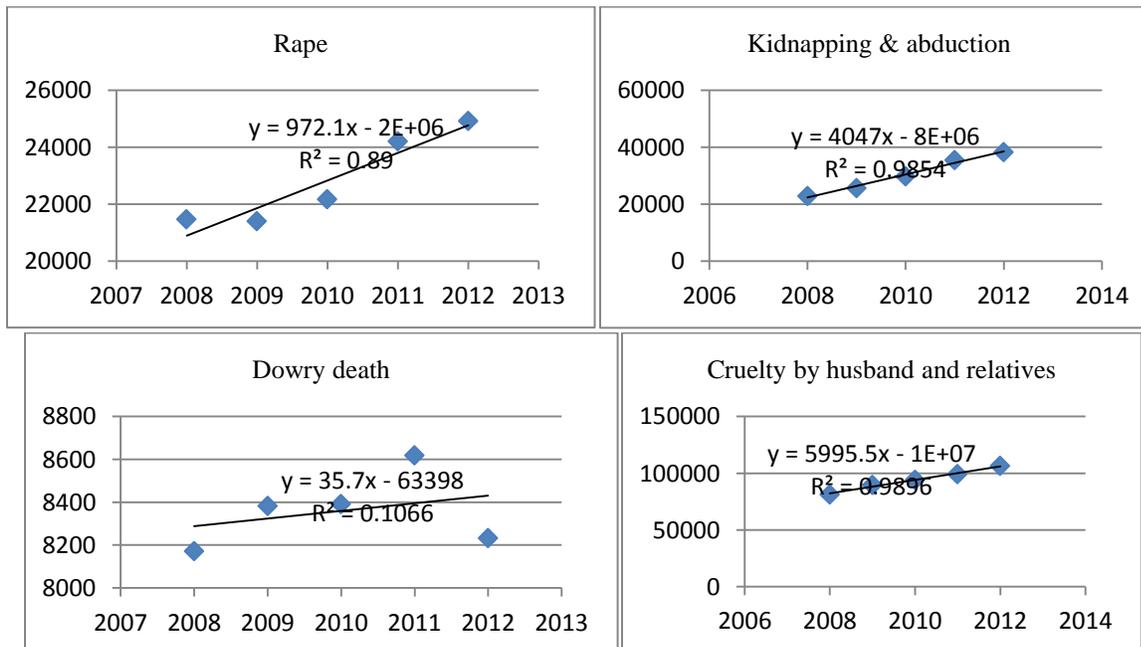
The issue of crime against women in India has drawn significant attention among national governments across the world, irrespective of their development stage, as well as among international agencies, as a part of their concern for human security and more importantly, in the context of the larger issue of human rights. It is paradox that in spite of these measures women still remains a major victim of the violence in India. Law enforcing and other related agencies have no clear idea of the actual volume and magnitude of the problems. It was in this context that this study was undertaken to find out the trend of crime committed against in India. The focus of this study is to find out the various types of crime committed and the legislations pertaining to such crime.

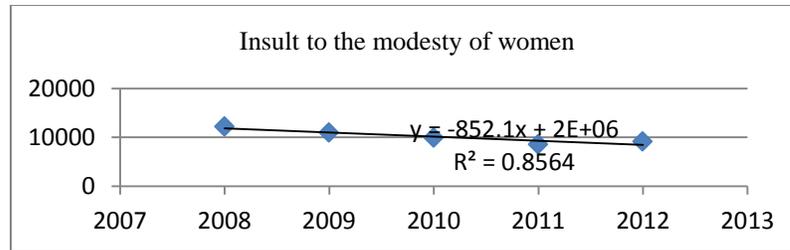
**Table-1: Incidents of Crime Against Women in India, 2008-2012**

Year	Rape	Kidnapping & abduction	Dowry death	Cruelty by husband and relatives	Insult to the modesty of women
2008	21467	22939	8172	81344	12214
2009	21397	25741	8383	89546	11009
2010	22172	29795	8391	94041	9961
2011	24206	35565	8618	99135	8570
2012	24923	38262	8233	106527	9173

Source: National Crime Records Bureau, 2013

**Figure- 1: Incidents of Crimes Against Women in India- Trend**

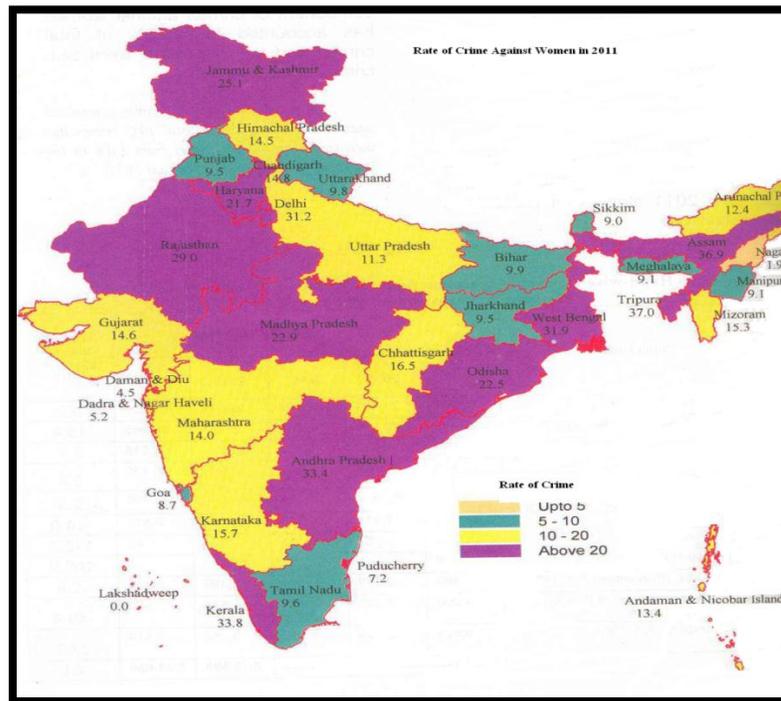




Source: Computing by Author

Incidents of crime data have been analyzed and presented in Figure 1 and Figure 2. The total study period is 2008-2012 and trend analysis was carried out for each crime head. It is evident from the table, Map and the diagram that there is discernible increase in the numbers of all crimes listed against women from 2008 to 2012. Some of the obvious impressions that can be arrived at from these are:

Figure-2: Rate of Crime Against Women in 2011



**Note:** Rate of crime against women means number of crimes against women per one lakh population of women.

- The crime against women during the year 2012 has increased by 24.7 percent over the year 2008.
- Dowry death and rape were the only two crimes registered against women for a long time and these have indicate relatively low magnitudes as against crime like cruelty by husband and relative.

- *Cruelty by husband and relatives is the most dominant form of crime against women followed by modesty and dowry death. There were 81344 cases of cruelty by husband and relatives in 2008 and it increased to 106527 in 2012. Hence domestic violence is the most dominant crimes against women in India.*
- *A decreasing trend in rape cases has been observed during 2008 – 2009. Thereafter an increasing trend in the incidence of rape has been observed during the periods 2009 - 2012. These cases have reported a decline of 0.3% in the year 2009 over 2008, an increase of 3.6% in 2010 over 2009 and an increase of 9.2% in the year 2011 over the year 2010 and further increase of 03% in the year 2012 over 2011. It is observed that there is significant positive trend in 2008-2012 “R<sup>2</sup>” value is 0.89 which is more than 0.81. Madhya Pradesh has reported highest number of rape cases (3,425) accounting for 13.7 percent of total such cases reported in the country. Mizoram has reported the highest crime rate of 20.8 as compared to National average 4.3.*
- *Incident trend of reported kidnapping and abduction of women increased 7.6 percent from 2011 to 2012. It is observed that there is significant positive trend in 2008-2012 “R<sup>2</sup>” value is 0.985 which is more than 0.81. Delhi and Uttar Pradesh has reported the highest crime rate at 25.3 as compared to the National average of 6.5.*
- *Case of dowry deaths has decreased by 4.5 percent from 2011 to 2012. It is observed that there is insignificant positive trend in 2008-2012 “R<sup>2</sup>” value is 0.106 which is less than 0.04. In Uttar Pradesh accounting for 27.3 percent of the dowry deaths. The highest rate of crime 2.7 reported from Bihar as compared to the National average of 1.4.*
- *Cruelty by husband and relatives cases in the country has increased by 7.5 percent from 2011 to 2012. It is observed that there is significant positive trend in 2008-2012 “R<sup>2</sup>” value is 0.989 which is more than 0.81. 18.7 percent of these were reported from West Bengal, followed by Andhra Pradesh 12.6 percent and Rajasthan 12.5 percent. The highest crime rate of 47.8 was reported from Tripura as compared to the National rate of 18.2.*
- *Incidents of insult to the modesty of women in India have increased by 07 percent from 2011 to 2012. It is observed that there is significant positive trend in 2008-2012 “R<sup>2</sup>” value is 0.856 which is more than 0.81. Andhra Pradesh has reported 40.5 percent followed by Maharashtra 14.1 percent. Andhra Pradesh has reported the highest crime rate 8.7 as compared to the National average of 1.6.*

Modernization seems to be positively related with crime against women. There has been significant increase in the number of crimes reporting. Women are no more contend with distributive justice alone rather they want this along with proper recognition. This has threatened the threatened the age-old patriarchic domination. Consequently our society is experiencing a silent but continuous struggle for the gendered space in every spheres of our society. It is also observed that males are more threatened by increasing presence of women in the society than the others. In India having higher percentage of male literacy has reported higher rates of crime against women. In India, it is fact that the higher percentage of workers engaged in the traditional sectors it have reported less rate of crime against women. Rapid urbanization and development become a magnetic pull factor for continuing migration, resulting in strong competitive environment for living and work space. This trend contributes to the expansion of the unsafe city environment, both for men and women, though the first target invariable the women.

### **Conclusion**

Women is not only the bread distributer but she is also as bread winner. She is working shoulder to shoulder with man. Only legislation and law enforcement agencies cannot prevent the incident of crime against women. There is need of social awakening and change in the attitude of masses, so that due respect and equal status is given to women. It is a time when the women need to be given her due. This awakening can be brought by education campaign among youth making them aware of existing social evils and the means to eradicate same. Mass media can play an active role here as in the present days it has reached every corner of the nation. Various NGOs can hold a responsible position here by assigning them with the task of highlighting socio-economic causes leading to such crimes and by disseminating information about their catastrophic effect on the womanhood and the society at large.

### **References**

- 1) *Amir Khan (2014): "Mardangi" An episode in the Satyamev Jayate Season-03 (09 Nov. 014).*
- 2) *Cahabra; K.S. (1982): "Women and the Law", Law Journal of the Guru Nanak Dev University, Vol. 10 No.1 (Mar. 1982).*
- 3) *Census of India (2011): Provisional Population.*
- 4) *Donald R. Traft (1959): "Criminology".*
- 5) *Kinner, Karen L. (2011): Women in Developing Countries: A reference Handbook.*
- 6) *National Crime Record Bureau (2012): "Crime in India Statistics".*
- 7) *National Crime Record Bureau (2013): "Crime Against Women".*
- 8) *Ram Ahuj (1999): "Social Problems in India".*

- 9) *Simhadri Y. C. (1979): "The Ex-criminal Tribes of India"*.
- 10) *Simone de Beauvoir (1983): "The Second Sex", Penguin Book; Harmondsworth.*
- 11) *Tahir, Mary (1996): "Crime in Delhi", NBO, New Delhi.*

---

## MARITAL ADJUSTMENT AND JOB SATISFACTION OF WOMEN TEACHER AND NURSE

---

**Dr. P. V. Rasal\* and Abhimanyu R. Dhormare\*\***

### **Abstract**

Main purpose of this study was to compare the marital adjustment and job satisfaction among women teacher employee and nurse women employee, and second was to find out correlation between marital adjustment and job satisfaction of teacher and nurse working women. A sample of 70 women (35 working as teacher women and 35 working as a nurse woman) was selected through purposive random sampling method of non-probability sampling. For this study marital adjustment inventory developed by Parmod Kumar and Kanchan Rohatagi (1976) and job satisfaction scale developed by Amar Singh and T.R. Sharma (1999) were used for data collection. Mean, SD, 'T'-test, correlation method etc. statistics were used to data analysis and interpreting. In this study the women teacher and women nurse respondents on marital adjustment and job satisfaction shows that, the mean scores of the women teacher respondents for marital adjustment and job satisfaction was higher than the women nurse respondents. Women teacher was well marital adjustment and job satisfaction than women nurse. There is positive and significant correlation between marital adjustment and job satisfaction.

### **Introduction**

In the traditional Indian society, the woman is seen in the traditional role of childbearing and rearing at the domestic front. Consequently, it is erroneously believed in some quarters that educated women tend to be proud, disrespectful to their husbands and parents, do not make good wives and are not interested to their homes. But, according to recent viewpoint in India about the education of a woman not only improves her occupation (such as farming, teaching, nursing, weaving and other various skills) but also improves her childbearing and rearing roles leading to greater marital adjustment.

**\*Principal, K. G. D. M. College Niphad, Dist. - Nasik (Maharashtra)**

**\*\*Babuji Avhad Mahavidyalaya, Pathardi, Dist- Ahmednagar (Maha.)**

## **Marital adjustment**

Marriage imposes certain rights on and duties on both husband and wife. Both are required to support each other and their children. A union of man and women becomes a marital bond when the society gives its approval. It becomes a legal contract. Partners of marriage distribute and divide work among them and perform them. Marriage helps intellectual co-operation among both of them. Marriage develops intense love and affection towards each other and deepens, emotions strengthens the companionship between the two people who love each other, make their relationship public, officially and permanent.

Marital adjustment leads to happiness and satisfaction with their marriage and with each other. Each individual is a complex universe. So in marriage these complex universes come together and these may lead to different problems. Only matured couples adjust together. If there is no adjustment, the relations will not become last longer. There are many areas of adjustment like economy, parenthood, household work, sex, entertainment, social life etc.

Marital adjustment is a lifelong process; although in the early days of marriage one has to give serious consideration marital adjustment, therefore, call for maturity that aspect and understands growth and development in the spouse. Marital adjustment state in which there is an overall feeling in husband and wife of happiness and satisfaction with their marriage and with each other. Sinha and Mukerjee (1990) define marital adjustment as, “the state in which there is an overall feeling between husband and wife, of happiness and satisfaction with their marriage and with each other.”

## **Job Satisfaction**

Job satisfaction is a widely accepted psychological aspect of functioning in any profession. According to Sempene, Rieger & Roodt (2002), “Job satisfaction relates to people’s own evaluation of their jobs against those issues that are important to them”. Job satisfaction is regarded as related to important employee and organizational outcomes, ranging from job performance to health and longevity (Spector, 2003).

Job satisfaction is measured in different ways by different researchers and surveys. There is neither consensus about the best measurement nor a standard measurement of job satisfaction (Cabrita et al, 2006). Some researchers ask respondents (among other things) to rate their satisfaction levels with specific facets of their jobs: promotion prospects, total pay, relations

with supervisors, job security, ability to work on their own initiative, the actual work itself and work hours (Clark, (1997). Other researchers ask individuals to indicate their agreement or disagreement with some statements using Likert-type or other similar scales. Many factors are found to affect job satisfaction, ranging from demographic factors such as age and gender to workplace factors such as organizational involvement and self-esteem. Today, it is understood as empirically well established that people work for many other purposes and reasons beyond just getting paid. It recently has been shown that job satisfaction and general happiness are positively related (Smith, 2007)

These findings and others paved the way for researchers to investigate other factors in job satisfaction. The issue of job satisfaction continues nowadays to be important for workers all over the world, especially for women who are believed to be more easily satisfied than men in the workplace (Dencker, 2008; Bender et al, 2005). Work– family conflict occurs when family roles interfere with an individual’s work life, e.g. the presence of young children, primary responsibility for children, elder care responsibilities, and unsupportive family members. They found nearly half of the polled women stay in jobs that are not satisfying. Women’s job dissatisfaction result from many sources, among which the quality of a person’s working relationship with their boss, is the most significant. It was found dissatisfied women stay in the workplace for different reasons, such as gaining more experience, skills and growth; or being responsible for some work achievement and not wanting to give it up; or don’t want to quit work because they’ve become accustomed to working outside the home; or to continue to have their own careers; or because the job is in part insurance against the possible adverse financial effects of a divorce (Koretz, 1997; Jalilvand, 2000). Women greatly value rapid personal growth and constant learning, and this help them stay at a workplace in spite of their dissatisfaction with numerous work related issues (Lindsey, 2000).

This study was two main purposes. First was to compare the marital adjustment and job satisfaction among women teacher employee and nurse women employee, and second was to find out correlation between marital adjustment and job satisfaction of teacher and nurse working women.

### **Objectives of the study**

1. To compare marital adjustment of women teacher employee and women nurse employee.

2. To compare job satisfaction of women teacher employee and women nurse employee.
3. To find out relationship between marital adjustment and job satisfaction of women teacher employee and women nurse employee.

### **Hypothesis**

1. There is no significant difference between the women teacher employee and nurse employee on marital adjustment.
2. There is no significant difference between the women teacher employee and nurse employee on job satisfaction.
3. There is no significant correlation between marital adjustment and job satisfaction of women teacher employee and women nurse employee.

### **Method**

#### **i) Sample**

For this study, total seventy working women were selected of 20 to 30 age group (35 teacher employee and 35 nurse employee) through purposive random sampling method of non-probability sampling from Niphad Tehsil (Dist.- Nashik, Maharashtra).

#### **ii) Variable**

Independent variable - Women teacher and women nurse

Dependent variable - Marital adjustment and job satisfaction

#### **iii) Research tools**

##### **Marital Adjustment Inventory**

It was developed by Parmod Kumar and Kanchan Rohatgi (1976). Marital adjustment intends to assess the status of marital adjustment of married persons in the age range of 28 to 58 years. In this inventory 25 items about marital adjustment.

##### **Job Satisfaction Scale**

It was developed by Amar Singh and T.R. Sharma (1999) consists of two type statements (job intrinsic statements and job extrinsic statements) of job satisfaction status. In this scale 30 statements about job satisfaction.

#### **iv) Statistics**

In the present research mean, SD, 't' test and correlation method these statistical techniques are used for the data analysis and interpretation.

## Results

**Table 1: Comparison of marital adjustment and job satisfaction of women teacher and women nurse.**

Sr. No	Dependent Variable	Women Teacher			Women Nurse			't' value	p
		M	SD	N	M	SD	N		
1	<b>Marital Adjustment</b>	16	2.78	35	14	2.83	35	<b>2.92</b>	<b>0.01</b>
2	<b>Job Satisfaction</b>	62.51	10.72	35	56.00	10.14	35	<b>3.05</b>	<b>0.01</b>

Table 1 shows job type wise mean and standard deviation of women teacher and women nurse on marital adjustment. The mean score and SD of women teacher (N= 35) having marital adjustment is 16 and 2.78, and of women nurse (N=35) is 14 and 2.83 respectively. And the value of 't' for the variable of marital adjustment 2.92 which is significant at 0.01 level of significance for df 68 ( $df\ 68 = 2.92p < 0.01$ ).

Table 1 shows job type wise mean and standard deviation of women teacher and women nurse on job satisfaction. The mean score and SD of women teacher (N= 35) having job satisfaction is 62.51 and 10.72, and of women nurse (N=35) is 56 and 10.14 respectively. And the value of 't' for the variable of job satisfaction 3.05 which is significant at 0.01 level of significance for df 68 ( $df\ 68 = 3.05p < 0.01$ ).

**Table 2: Correlation between Marital Adjustment and Job Satisfaction of women teacher and women nurse.**

Variable	Marital Adjustment	Job Satisfaction
<b>Marital Adjustment</b>	-	-
<b>Job Satisfaction</b>	.21**	-

The table 2 shows that there are significant positive correlations of marital adjustment with job satisfaction ( $r.21 = P < 0.5$ ).

## Conclusion

The study shows that women teacher and women nurse differ significantly in their marital adjustment and job satisfaction. The analysis of comparison of the women teacher and women nurse respondents on marital adjustment and job satisfaction shows that, the mean scores of the women teacher respondents for marital adjustment and job satisfaction was higher than the women nurse respondents. Women teacher was well marital adjustment as well as job satisfaction than women nurse. Women teacher and women nurse in their marital adjustment

and job satisfaction. There is positive and significant correlation between marital adjustment and job satisfaction.

## References

- 1) Adegoke AA (1987). Female labor force participation and marriage happiness: A study of selected women in Ilorin and Ibadan. *Nig. J. Guid.* 3(1):132-140.
- 2) Assadullah, M., and Fernandez, R. (2008). Work-life balance practices and the gender gap in job satisfaction in the UK: Evidence from matched employer-employee data. IZA Discussion Paper, Germany: Institute for the Study of Labor (IZA).
- 3) Bartley, S., Judge, W. and Judge, S. (2007). Antecedents of marital happiness and career satisfaction: An empirical study of dual-career managers. *J. Business and Public Affairs.* Booth and Vanours. (2008). Job satisfaction and family happiness: The part-time work puzzle. *Economic Journal* 118(526): F77-F99.
- 4) Chikezie, E. (1992). A study of marital adjustment of working class and non-working class women in Owerri Local Government Area: Implication for marriage counselling. Unpublished M. Ed thesis submitted to the Department of Educational Psychology, Guidance and Counseling, Faculty of Education, Univ. Port Harcourt.
- 5) Clark, A.E. (1997). Job satisfaction and gender: Why are women so happy at work? *Labour Economics* 4(4): 341-372.
- 6) Clark, A., and Oswald, A. (1994). Unhappiness and unemployment. *Economic Journal* 104: 648-59.
- 7) Darby, E., Saxbe, R., and Adrienne N. (2008). Marital satisfaction, recovery from work, and diurnal cortisol among men and women. *Journal of Health Psychology.* Vol. 27, No. 1, 15–25.
- 8) Dhanraj Singh (2014). Marital adjustment of working married women and non- working married women of Jammu Province Jammu and Kashmir (India). *GJRA - GLOBAL Journal of Research Analysis*, 78-79.
- 9) Florencia Lopez, Boo Lucia, and Madrigal Pages (2009). Part-time work, gender and job satisfaction: Evidence from a developing country. IZA Discussion Paper No. 3994.
- 10) Mohsin, Atta and et. al. (2013). Role of trust in marital satisfaction among single and dual-career couples. *International Journal of Research Studies in Psychology*, Volume 2, 53-62.
- 11) Nadia Ayub and Shagufta Rafif. (2011). The relationship between motivation and job satisfaction. *Pakistan business review*, 232 -247.
- 12) Randy Hodson (1989). Gender differences in job satisfaction: Why aren't women more dissatisfied? *Sociological Quarterly*, Volume 30. Number 3. 385-399.
- 13) Tamunoimama Jamabo and Sunday N. Ordu (2012). Marital adjustment of working class and non-working class women in Port Harcourt metropolis, Nigeria. *International Journal of Psychology and Counselling* Vol. 4(10), pp. 123-126.

---

## **A STUDY ON HEALTH AND NUTRITIONAL STATUS OF RURAL WOMAN**

---

**Dr. Phatale V.S.\***

**Department of Home Science, NSSRS College Parli-Vaijanath**

### **Introduction**

Woman's poor health and nutritional status in India are inextricably bound up with social, cultural and economic factors. Nutritional status refers to both the types and amounts of nutrients available in the body and the body's utilization. Good nutritional status is necessary for optimal health. Diet and nutrition are important factors in the promotion and maintenance of good health throughout the life cycle. Their role as deterrents of malnutrition and non-communicable disease is well established and thus they occupy a prominent position in nutrition. Hunger and malnutrition remain among the most devastating problems facing the majority of the world's poor and needy people. Nearly 30% of humanity is currently suffering from one or more of the multiple forms of malnutrition. The tragic consequences of malnutrition include death, disability, stunted mental and physical growth and as a consequence a retarded national, social, economic development.

### **Materials and Methods**

Study was conducted in Parli, Dist. Beed. 16 women who were working on daily wage were selected and sample from villages located near our working college. Study was conducted over a period of 4 months. Interview schedule was developed considering specific objectives of the study and data was collected using a pre-tested questionnaire consisting of both open and closed-ended questions on family background, activities of work status of women, measurement, height, weight, 24-hour recall of diet, habits and symptoms of illness. BMI and diet survey by recall method, the haematological assessment was carried out to find out the prevalence of anaemia among the selected group.

### **Result and Discussion**

This study showed a high prevalence of moderately severe anaemia less than 10 g/dl haemoglobin. Majority of working women were maintaining normal BMI. Almost all respondents grumbled about their general health; it may be due to their extra work load and lower nutritional status. It is observed that the overall nutritional status of women and work status

**\*Department of Home Science, NSSRS College Parli-Vaijanath**

family background, education sociological and religion impact all are inter related factors and have greatest impact on health status. The direct effect of poverty that result in low income, limited education and insufficient diet have all being associated with poor health outcome for rural population. Rural poor women are more likely to be anaemic, to be underweight having too many health problem

### **Conclusion**

Any intervention strategy for this study must addresses not only the problem or iron deficiency. Majority of women were suffering with moderate anaemia followed by mid and severe. Also deficiency of other micro nutrient such as B12 calcium, folic acid possible casual factor.

### **References**

1. Chandel S. R. (1972) a hand book of agricultural statistics. 4<sup>th</sup> Edition achal prakashan Mandir. Kanpur. 55-56, 86-92. 166-176,292-297.
2. Chatterjee K.D. (1981). Cause of anemia. Parasitology: protozoology and Helmentology 171-178.
3. Gillis H.M., Watson-williams E.K. and Ball P.A.J (1964) hookworm infection and anemia, Quart Rev med 33.1
4. Hytten F.E., and Leitch, I (1964), the physiology of human pregnancy. Oxford black well.

---

## WOMEN'S NUTRITIONAL STATUS

---

**Salma Khamruddin Shaikh\***

Women are vulnerable to malnutrition for social and Biological reasons. Throughout their life-cycle as children in some parts of the world girls are discriminated against in access to health care, to food and education and in other ways. As Teenagers they risk rarely pregnancy and suffer more risk from retarded growth than Boys. Here we focus on reproduction aged women and make a first attempt to describe the problems. To date much of the emphasis has been on women as mother's indeed rights of motherhood including mortality are secure and intergenerational effects perpetuate growth and developmental failure. But women's malnutrition is also an issue of human rights in itself. In some societies preference for Boys can start even before birth, leading to selective abortion upon ascertaining the sex of the foetus. Beyond that in fact child mortality amongst girls may be higher. For example the sex ratio of females to males is really as low as 900 females per 1,000 males in parts of India and Pakistan. Many reasons have been described for example the less likelihood of girls being brought to term when a loss is involved. Thus in some societies girls leave childhood with more growth retardation than Boys. The major social vulnerability of girls during adolescence is the potential for beginning reproduction too soon after maturity in many societies early marriage is still a common phenomenon although legislation after exists prohibiting it, the practice is still widespread strikingly the world fertility survey found that 25% of 14 year old girls in Bangladesh and 34% of 15 years old girls in Nepal were married although the legal minimum age for marriage is 16 in Both countries formal education for the girl usually ends with marriage and there is pressure to conceive to gain status through fecundity. Data that are available to assess level and trends in women nutritional status are mainly anthropometry anaemia incidences of low Birth weight and maternal mortality. There are four major causes of maternal mortality and for three of these nutrition is involved in rickets the causality is less clear given the high prevalence of anaemia among women in developing countries the severity of hemorrhaging could be reduced through reduction of anaemia around 50% of maternal death in Indonesia in Egypt and our 30% of deaths in India are due to postpartum hemorrhage. Malnutrition and infection are interrelated as has been discussed elsewhere. This relates both to protein energy malnutrition and to even mild deficiencies of micronutrients in this context

**\*Department of Home Science, Arts, Commerce & Science College, Badnapur Dist. Jalna**

particularly iron deficiency related to immune competence finally small stature is a well-known risk factor for obstructed labour in turn related to previous malnutrition in addition perception of this risk can lead to deliberately reduced dietary intake amongst over pregnant women in some cultures. This much has been established by research ones many years. We now aim to bring together available evidence on the extent and where possible trends of malnutrition in women of reproductive age in developing countries. The reproduction year are chosen partly because the Biological role of reproduction introduces additional risk. There data have been assembled from published studies from developing regions but these differ from the result used for child anthropometry in that most of the surveys are not nationally representative but are parts of smaller studies publishing in the scientific literature. The data base was compiled from around 340 studies carried out since the late 1970s. The methods of analysis particularly aggregation are described in the technical notes and the results in terms of levels and certainly trends are less secure than those for child anthropometry nonetheless with these promises it is considered that they give a reasonable estimate of the extent of the problem. The first four results concern anthropometry the stature weight and thickness of women by region in developing countries these results while indicating women's health and well-being use cutoff points while are determined more by pregnancy outcome than by other criteria of welfare. This is due both to practice and data availability and also to the logic that adequate health is probably reasonably indicated by satisfactory pregnancy outcome. The prevalence of short stature in developing regions of the world averaged over the period 1977 to 1990 is shown. The cutoff point of 145 an. Bearing uncertainties in mind it seems likely that this problem is particularly extensive in Asia and above in Latin America in contrast women in the African. Continent are considerably taller mean values of attained height are 157 an. The estimate for China are 158 an on average for comparison European standards give mean height of 161 an with ritually zero prevalence. Below 145 an these comparison emphasis that women are particularly stunted in Asia show relatively little deficit height in Africa. The results presented here are only a first step in assessing women's nutrition in particular it would be important to assess trends similarly to the estimates on children equally it is important to assess who is malnourished and the correlates of their malnutrition.

**References :**

1. United Nations Children's Fund (UNICEF) 2013 Joint Nutrition assessment.

---

## OVER NUTRITION IN INDIAN WOMEN

---

**Shilpa P. Khot\***

### **Abstract**

With the current economic growth, demographic opportunity window, increasing literacy and social transition, the country has an unparalleled opportunity to rapidly improve health and nutritional status of women. Women in relation to India's total population and their distribution also demonstrate not only the potential risks in the future but also trickle down effects on the population. Research in nutrition issues in India may have to focus on the paradoxical co-existence of under weight and overweight problems among women and also efforts need to be directed towards designing appropriate policies for tackling this issue.

### **Introduction**

India is the second most populous country in the world that comprises more than 17% of the world's populations and contribute to 16% of the world's deaths. Nutritional status of the Indian population varies significantly across the regions. Traditionally known for malnutrition, Indians, now report more and more frequently with overweight, obesity and their consequences. Nation is currently facing the double burden of under nutrition as well as over nutrition. Under nutrition is more prevalent in rural areas, where as overweight and obesity are more than three times higher in urban areas. Recent trends in Indian population indicate a rise in obesity both in children as well as adults. Almost 38.65% of adult urban Indians fulfill the criteria for either overweight or obesity. Indians exhibit unique feature of obesity i.e. excess body fat, abdominal adiposity, increased subcutaneous and intra abdominal fat and deposition of fat in ectopic sites. The study that looked at the burden of overweight citizens in six countries Brazil, China, India, Mexico, Russia and South Africa has found that India's overweight rates increased by 20%. Currently almost 1 in 5 men and over 1 in 6 women are overweight. Data regarding the nutritional status of adults in India reveals that BMI Values were similar in men and women, however there were more overweight / obese women than men. The health of women is intrinsically linked to health status in society. Today's women is one who wears many hats and is adept at multitasking at home and at work and in this race to strike a balance, many often tend to ignore their own health and personal well being.

**\*Asst. Prof., Chistiya College of Arts, Khuldabad, Aurangabad.**

According to the National Family Health Survey (NFHS), the percentages of ever married women aged 15-49 years who are overweight or obese increased from 11% in NFHS- 2 to 15% in NFHS-3. Under nutrition and over nutrition are both higher for women than men. It may be due to endocrine basis and societal and cultural norms which prevents women from leading a healthy lifestyle. The prevalence of overweight and obesity is three times higher in women than men. The world wide prevalence of overweight and obesity has doubled in the past 30 years, with approximately 300 million women aged above 20 being classified as overweight. The prevalence of maternal obesity is rising to become a modern day epidemic. A comparison of two major studies in a sample population conducted by NFHS-2 in 1998-99 and NFHS-3 in 2005-06 showed that prevalence of obesity among Indian women has elevated from 10.6% to 12.6% .The prevalence is more profound in the women of age between 40 to 49 years (23.7%) residing in cities (23.5%), having high qualification (23.8%). Highest percentage of obese women is found in Punjab.

#### **Over nutrition and associated morbidity-**

Realistic estimates of over nutrition burden should also be based upon the trends in related morbidities including diabetes mellitus, coronary artery disease, hypertension and metabolic syndromes.

The Jaipur Heart Watch- a combination of multiple cross sectional epidemiologic studies reported increased trend for prevalence of hypertension among women correlating strongly with cardiovascular risk factors.

Longitudinal data from new Delhi Birth cohort document an alarming annual incidence of obesity (22%) diabetes (0.5%) and hypertension (1.8%) for women among middle SES urban women. Burden of over nutrition and associated morbidities is rapidly escalating to alarming proportions, particularly in urban areas and high SES groups.

#### **Over nutrition and socio economic factors-**

Association between national incomes and malnutrition suggest that over nutrition rises most steeply in middle income countries (Popkin, 2002). Higher levels of national income are also associated with a changing distribution of overweight within the country. Higher income inequality has also been linked to an increased risk of overweight and obesity. Over nutrition is

a problem of urban, richer and better educated women in India and has trickled down even to the rural areas, illiterate women and women with lower wealth quintiles. The proportion of overweight women is quite high in Delhi, Punjab and Kerala states in India. Rural Indian women are also becoming victims of overweight and obesity as transport facilities, medical care, food habits, educational status and family income had dramatically improved. A higher prevalence of obesity seen in the urban areas in developing countries is associated with the change from rural to urban lifestyle causing decreased level of physical activity and an increase intake of energy dense diet. Sedentary behavior is significantly associated with obesity among women which may be due to greater economic development.

#### **Over nutrition and food behavior-**

Rapid expansion of food processing and globalization of trade have dramatically influenced dietary consumption patterns particularly in urban areas. Excessive intake of calories through oils, fats and sugars from unhealthy processed food contributes to increase obesity and metabolic syndrome (Drewnowski 2007). Refined grains, added sugars and added fats are inexpensive, good in taste and convenient. Energy dense foods are easily available, cost less per mega joule than nutrient dense foods and also selected by lower income consumers. Social pressure to purchase certain foods, local influence, food advertising and labeling policies, food transport policies, lack of time and energy to cook nutritious home made meals, over eating during holiday, family celebration contributes are also important influencing factors increasing over nutrition among women.

#### **Over nutrition and physical activity -**

Reduction of physical activity is a major factor behind the progressive increase in over nutrition there has been significant decrease in the average amount of physical activity over the past 30 years. The advent of public transportation, employment opportunities, cable television, energy saving household equipments do not require great amount of physical exertion. In the urban affluent segments there has been an increase in energy intake and simultaneous reduction in physical activity as a result they have high prevalence of obesity and associated health hazards. A cross sectional survey from five cities in India covering 6940 subjects (3433 women and 3507 men) of 25 years and older revealed that, the overall prevalence of sedentary behavior was 59.3% among women and 58.5% among men. Both sedentary behavior and mild activity shared

a significant increasing trend in women after the age of 35-44 years. Sedentary behavior was significantly ( $P < 0.001$ ) associated with obesity. They also noted the prevalence of obesity and sedentary behavior was significantly greater in Trivandrum, Calcutta and Bombay compared with Moradabad and Nagpur. The last two decade witnessed tremendous change in lifestyle. Better access to water and fuel both in urban and rural have resulted in substantial reduction in energy expenditure by women on collecting water and fuel.

### **Conclusion :-**

Demographic, economic and dietary transitions seen in India are causing rapid escalation in over nutrition and related morbidities, particularly in urban area and higher income groups. Efforts to improve the nutritional status of entire population do benefit women. Population based prevention strategies are the best to tackle this epidemic. There is an urgent need to educate the urban community on the aspects of healthy food habits and desired lifestyles to prevent overweight and its associated ill effects.

### **References-**

- 1) Popkin B M. The nutrition transition in the developing world. *Development Policy Review* 2003. 21581–597.597
- 2) Drewnowski, A. 2007. “The Real Contribution of Added Sugars and Fats to Obesity.” *Epidemiologic Reviews* 29:160–171
- 3) Trends in Overweight Inequality by Socioeconomic Status among Women Using Repeated Cross-Sectional Surveys from 37 Developing Countries (1989–2007).” *American Journal of Epidemiology* 173 (6): 667–675.
- 4) Ramachandran, A., R. C. Ma, and C. Snehalatha. 2010. “Diabetes in Asia.” *Lancet* 375 (9712): 408–418.
- 5) NFHS-3. 2007 National Family Health Survey (NFHS-3) 2005-06. Mumbai: International Institute of Population Sciences.
- 6) Ramchandran A, Snehalatha C. Rising burden of obesity in Asia. *J Obes* 2010
- 7) Singh RB, Pella D. Prevalence of obesity, physical inactivity and under nutrition, a triple burden of diseases during transition in a developing economy. The Five City Study Group. *Acta Cardiol* 2007; 62: 119-27

---

## IMPACT OF URBANIZATION ON PREVALENCE OF ANAEMIA AMONG SLUM WOMEN

---

**Anuja D. Kandi\***

**Abstract:**

India is the second most populous country with 72.2% rural population. During the last decade, the rate of migration from rural to urban was increased. This lead to growth in urban poor population. As per Census 2001, 28.6 crore people live in urban areas. The urban population has increased to 37.7 crore in 2011. Lacks of basic amenities make this population vulnerable to infections which further compromise the nutrition of those living in the slums. Anaemia is a major killer in India. Statistics reveal that every second Indian woman is anaemic and one in every five maternal deaths is directly due to anaemia. According to NUHM, about 71.4% of prevalence of anaemia among urban poor from urban average 62.9%. Most of the researches stated the positive co-relation between low socio-culture and educational status with the high prevalence of anaemia among slum women. For the enhancement of the nutritional status of slum women, there is an emerging need of specific nutritional intervention measures with nutritional education. At the same time some measures are necessary for improvement of socio-cultural status of slum women in India.

**Key Words:** Anaemia, urbanization, women, nutritional status.

**Introduction:**

Anemia is a major nutritional problem all over the world. Preschool children and females of reproductive age are particularly vulnerable. According to WHO, Anaemia is a condition in which the number of red blood cells or their oxygen-carrying capacity is insufficient to meet physiologic needs, which vary by age, sex, altitude, smoking, and pregnancy status .Iron deficiency is thought to be the most common cause of anaemia globally, although other conditions, such as folate, vitamin B12 and vitamin A deficiencies, chronic inflammation, parasitic infections, and inherited disorders can all cause anaemia.

Globally, anaemia affects 1.62 billion people which correspond to 24.8% of the population. The highest prevalence is in preschool-age children 47.4%, and the lowest prevalence is in men

**\*Asst. Prof., Dagdojirao Deshmukh College, Waluj, Aurangabad.**

(12.7%). However, the population group with the greatest number of individuals affected is non-pregnant women (468.4 million). Nutritional anemia attributes to high maternal mortality, high incidence of low-birth weight babies, high prenatal mortality and fetal wastage.

Prevalence of anaemia in all the groups is higher in India as compared to other developing countries. Anaemia is a major killer in India. Statistics reveal that every second Indian woman is anaemic and one in every five maternal deaths is directly due to anaemia. According to ministry of women and child development It is estimated that about 20%-40% of maternal deaths in India are due to anaemia; India contributes to about 50% of global maternal deaths due to anaemia.

According to NFHS-3, more than half of women in India (55%) are anaemic, including 39% with mild anaemia, 15% with moderate anaemia and 2% with severe anaemia. Anaemia is particularly high for women from scheduled tribes, with no education and women in the two lowest wealth quintiles. Anaemia among pregnant and breastfeeding women during that period has also increased. Even though men are much less likely than women to be anemic, anemia levels in men are at around 24%. Anaemia in India is primarily linked to poor nutrition.

The results on the prevalence and deaths due to anaemia are still staggeringly high despite the government having initiated many health programmes. Anaemia among ever-married women was 52 % already high in NFHS-2 increased to 56 percent in the seven years between the two surveys.

India, with 1.27 billion people is the second most populous country in the world. It contributes almost 17.31% of the world's population, which means one out of six people on this planet live in India. About 72.2% of the population lives in some 638,000 villages and the rest 27.8% in about 5,480 towns and urban.

As a result of globalization and industrialization rapid increase in migration from rural to urban areas is noted. The urban population is rapidly expanding because of large scale migration to cities for a possible better life. The cities and towns are also expanding but sheer volume of people compromises the ability of the city to meet their basic needs. A large proportion of this migrating population ends up residing in slums in inhuman conditions. As a result, urban poverty and hunger are increasing in many developing countries, Shanti, 2004. As per Census 2001, 28.6 crore people live in urban areas. The urban population has increased to 37.7 crore in 2011. Urban growth has led to rapid increase in number of urban poor population, many of

whom live in slums and other squatter settlements. As per Census 2001, 4.26 crore people lived in slums spread over 640 towns/ cities having population of fifty thousand or above. As per the United Nations projections, if urbanization continues at the present rate, then 46% of the total population will be in urban regions of India by 2030. Lack of basic amenities like safe drinking water, proper housing, drainage and excreta disposal make this population vulnerable to infections which further compromises the nutrition of those living in the slums. It is projected that more than half of the Indian population will live in urban areas by 2020 and nearly one third of this urban population will be of slum dwellers. (NFHS-2).

For meeting the basic needs and maintaining living standards, more women are employed outside the home and there are more female-headed households in urban areas. These employment and household patterns have health-related repercussions. An example is that more food is purchased from vendors, which may be less hygienic and less nutritious than home-cooked food. An easy availability of fast food and street food which is nutritionally poor may lead to suffer from nutritional deficiencies. Further, various factors like poverty, lower literacy, poor living condition, repeated births, and limited access to health care facilities make the women living in slums more prone to suffer from this disorder.

According to NUHM, the annual population growth rate of India is 2%, urban India 3%, mega cities 4% and slum population 5-6%. From the slum population 46.8% women were illiterate with urban average 19.3%. About 71.4% of prevalence of anaemia among urban poor; urban average 62.9%.

#### **Studies related to prevalence of anaemia:**

From the above data it is clear that most of the Indian population is residing in rural areas and urban slums. Anaemia is prevalent among women of all the sectors of population. Few studies related to prevalence of anaemia among women in different population of India in percent are coated in Table 1. From the data it can be stated that percent of prevalence is more among urban slum as compared to rural and rest urban women.

**Table 1 - Prevalence of Anaemia among Women in Different Population of India**

Sr. No.	Investigator	Place	Sample size	Age Group	Normal	Anaemic	Mild	Moderate	Severe
1	Hassan & Shukla ;2013	15slums of Allahabad	810	15-49	28.8	71.2	27.4	43.1	0.7
2	Agrawal & Sethi ;2013	data of NFHS-3	PU-3095	15-49	-	-	38.9	17.6	2.4
			RU-7531		-	-	34.9	12.4	1.3
3	Silpishreee et.al. 2012	Sweepers, Midnapur, West Bengal	56	25-60	21.42	66.07	-	-	-
4	Raghuram et.al. 2012	Rural area Dakshina, Karnataka	155	15-45	-	34.82	-	-	-
5	Panigrahi & Saahoo ;2011	Slum,Bhubaneswar, Orrisa	240	15-49	-	60.8	39.6	20	1.2
6	Kaur & Kochar ;2009	Jat Haryana	R-300	40-70	26	88.7	-	-	-
			U-300		42	86	-	-	-
7	Malhatra et.al. 2004	Rural, North India	136	16-70	-	50	30.1	19.1	0.7
8	Bentley& Griffiths :2003	Andhra Pradesh	4032	15-49	-	49.5	32.4	14.9	2.2
9	Ziauddin et.al. 2000	Rural, Bangladesh	-	15-49	-	73.1	52	20	1

\*PU-poor urban, RU-rest urban,R-rural,U-urban

The study by Bentley and Griffiths(2003) stated that high standard living groups have reduced risk of anaemia.Also the prevalence of anaemia was significantly more among normal weight and thin women as compared to overweight.

Prevalence of anaemia was significantly associated with socio-economic and educational status of women. (Panigrahiand Sahoo; 2011)

Along with this the low food consumption by poor, food insecurity and hunger among slum have been reported as more prevalence of anaemia among urban slum women. (Agrawal and Sethi; 2013). According to Hassan and Shukla prevalence of anemia among slum women is very high (71.2 percent).Prevalence of anemia in married women is high than the studied unmarried women. Dietary habit does affect the anemia status, vegetarian are more prone to have anemia in slums women. It is observed that malnutrition and nutritional anemia are major health problems among slum women.

### **Discussion:**

The low dietary intake of iron and folic acid coupled with poor bioavailability of iron is the major factor responsible for very high prevalence of anaemia in the country (NNMB). But it can be stated that the more prevalence of anaemia among women in India is socio-cultural status, economical background and educational level of women.

In the milder form, anaemia is “silent”, without symptoms. In its severe form, anaemia is associated with symptoms like fatigue, weakness, dizziness and drowsiness. If not treated, anaemia can worsen and becomes an underlying cause of chronic ill health, such as impaired fetal development during pregnancy, delayed cognitive development and increased risk of infection in young children, and reduced physical capacity in all people (Hassa and Brownlin; 2001).

### **Conclusion:**

Burden of nutritional anaemia is high among women residing in slum areas and rural areas. Specific intervention measures must be adopted with regard to nutrition education, community awareness. Alternative iron supplementation methods should be identified.

Screening for anaemia, treatment of anaemic women, and availability of food fortification with iron to build long term iron stores remains the key to reduce anaemia.

### **References:**

- Ansuman Panigrahi, Prasun Bikash Sahoo; 2011. Nutritional Anemia and its Epidemiological Correlates among Women of Reproductive Age in an Urban Slum of Bhubaneswar, Orissa. Indian Journal of Public Health, Volume 55, Issue 4, PP318-320. <http://www.ijph.in> on Thursday, December 04, 2014, IP: 116.72.82.119
- JD Haas; TT Brownlie, J Nutr, 2001, 131, 676S–688S
- Kawaljit Kaur; 2014. Anaemia ‘a silent killer’ among women in India: Present scenario
- European Journal of Zoological Research, 3 (1):32-36.  
<http://scholarsresearchlibrary.com/archive.html>
- Md. Amirul Hassan and Vandana Shula; 2013. Nutritional status of women living in slums of Allahabad city, Uttar Pradesh, India. Ind. J. of Food and Nutritional Sciences. Vol2. (1). <http://www.ijfans.com/currentissue.html>
- M Kaur; GK Kochar, Mal J Nutr, 2009, 15(2), 175 – 184.
- ME Bentley and PL Griffiths European; 2003. The burden of anemia among women in India. Journal of Clinical Nutrition 57, 52–60. [www.nature.com/ejcn](http://www.nature.com/ejcn)

- National Urban Health Mission NUHM (May, 2013). Ministry of health & family welfare, Govt. of India.
- National Family Health Survey (NFHS-3), 2005-06 by the Ministry of Health and Family Welfare <http://pib.nic.in/newsite/erelease.aspx?relid=31835> released 11 Oct 2007.
- National Family Health Survey (NFHS-2), India, 1998-99. Mumbai: International Institute for Population Sciences and ORC Macro; 2000.
- National Nutrition Monitoring Bureau. NNMB Micronutrient Survey. National Institute of Nutrition, Hyderabad, 2002.
- Nutrition and urbanization.  
<http://archive.unu.edu/unupress/food/8F094e/8F094E01.htm>.
- P Malhotra; S Kumari; R Kumar; S Varma, JAPI, 2004, 52, 18-20.
- Shanti, G; Dheeraj, S; 2004. Nutritional problems in urban slum children, Indian Pediatrics –Environmental Health Project Special Articles Series, Indian Pediatrics , 41:682-696.<http://www.indiaonlinepages.com/population/india-current-population.html>
- Siddhartha Agarwa and Vani Sethi; 2013. Nutritional Disparities among Women in Urban India. J Health Popul Nutr . Dec; 31(4):531-537.
- Silpishree Pradhan, Sabita Mondal, Rimpa Das, Kazi Monjur Ali, Soumyajit Maiti, Debidas Ghosh ;2012.Nutritional status assessment among women sweepers in midnapore municipalityof West Bengal, India. Asian J Med Res. Vol-1, Issue-3 pp108-111.
- V Raghuram; M Anil; S Jayaram, Int J Biol Med Res, 2012, 3(2), 1482-1484.
- Worldwide prevalence of anaemia 1993-2005. WHO Global Database on Anaemia Geneva, World Health Organization, 2008.  
[http://www.who.int/vmnis/anaemia/prevalence/summary/anaemia\\_data\\_status\\_t2/en/](http://www.who.int/vmnis/anaemia/prevalence/summary/anaemia_data_status_t2/en/)
- Ziauddin H.2000. Anemia among non-pregnant women in rural Bangladesh, Public Health Nutrition: 4(1), 79-83.

---

## HEALTH STATUS OF INDIAN WOMEN

---

Swati Ashok Mahajan\*

### Introduction :

The Health of women depends on their emotional, social and physical wellbeing which are determined by different social, political and economic contents of their lives. In our country we follow disease oriented care system rather than a health oriented care system. India being the second largest populated country in the world. Common health problems are both communicable and non communicable diseases and other public health related problems.

India's burden in terms of maternal, new born and child mortality is one of the highest in the world. India has witnessed significant progress in public health despite significant achievements in other areas. Every individual must have access to basic services, so that to have preventive health and to bring down expenditure on curative care.

### The Goals set for good health :

- Reduce infant mortality rate (IMR) to 28/1000 live births.
- Reduce maternal mortality rate (MMR) to 100/100000 live births.
- Reduce total fertility rate (TFR) to 2.1
- Reduce mal nutrition among children of 0 -3 yrs to half of its present level.
- Reduce anaemia among women and girl by 50%.
- Raising the sex ratio for the age group of 0-6 yrs to 935 by 2011-12, and to 950 by 2016-17.
- Provide clean drinking water to all.

### Current health scenario:

**Communicable diseases** : One of the biggest challenges in the current health scenario is the failure to control communicable disease despite the availability of cost effective and relatively simple technologies. The communicable diseases are small pox, polio, malaria, T.B, Leprosy, diarrhea, HIV . Out of these some diseases are eradicated i.e small pox in 8<sup>th</sup> May 1980. Guinea worm in 15<sup>th</sup> Feb 2001, Polio in 13<sup>th</sup> Jan 2011 but one last case occurred in west Bengal.

Some communicable diseases are failures to control that are,

1. Malaria – according to WHO(2012) 627 000 death caused by malaria. In India 450/1000 death caused by malaria.

\*Smt. Dankunwar Mahila Mahavidyalaya, Jalna

2. T.B. – according to WHO (2012) 9 million people / year affected by T.B. where as 450 000 were found multi drug resistant by T.B.

In 2010: 2.3 million People affected by T.B, and 360 000 patient death, or 1000/day death.

3. HIV- WHO (2013): 11.7 million had access to anti retro viral therapy in low and middle income country.

35 million people were living with HIV.

28 million people eligible for anti retroviral therapy

According (UN 2013) 2.1 million Indian accounted for having HIV, 4 out of 10 people infected with the virus.

### **Non communicable diseases (NCD):**

Non communicable diseases positioned as a major public health challenge, the existing health system will need to be reorganized and reoriented to deliver the expanded mandate of health care involving the prevention, surveillance and management of chronic diseases along with primary and secondary health care. The emerging burden of NCDs poses a special threat to poor due to often prolonged and expensive treatment required for the condition as well as much greater exposure to risk factors like diabetics, cardio vascular disease, chronic respiratory disease and cancer. According to WHO (2012-13) 8.5 million are killed each year out of these 1/3 of these death are pre mature and occurs before the age of 70 years.

The four major NCDs are caused by

1. Tobacco use
2. Un healthy diet
3. Insufficient physical activity
4. Harmful use of alcohol.

NCDs now pose the single biggest threat to women health and development causing 65% of all female deaths. The intergenerational burden of chronic disease and its treatment are often greatest on women.

### **Figures of proportional mortality(2012-13) (percent of total death, all age , both sex).**

1. The total population of India is 124 crores, out of these 31.3% are living in urban area. Total deaths were to the tune of 9816000.

2. NCDs are estimated to account for 60% of total deaths. The proportional representation of data are presented in Table.no.1.

Sr.No	NCD	% affected
1	Cardio vascular disease	26
2	Chronic respiratory disease	13
3	Injury	12
4	Other NCD	12
5	Cancer	7
6	Diabetics	2
	Total	72

Women are highly affected and exposed to all these disorders and their prevalence of suffering(2011) presented in Table. no.2.

Sr.No	Disease	% Urban women	%Rural women
1	Obesity	64	36
2	Diabetics	24	14.5
3	Hypertension	50	33
4	High Cholesterol	25	13
5	Aneamia	25	80
6	Cardiovascular disease	96	76
7	Tobacco consumption	21	41
8	Poor health scenario	48	44

To avoid communicable and NCDs the following measures should be followed.

Demand of urban environments which promote healthy lifestyles and physical activity.

Promote education about foods, their origin and their contents.

Support progressive policies ensuring all communities to have access to affordable and healthy food.

Support and participate in screening programs for early detection and treatments of NCDs.

**Health Key Challenges :**

1. Significant overall gender disparities.
2. High financial burden on poor.
3. Poor quality service by public sector
4. Inadequate service delivery by both public and private sector.
5. Failure to provide clean drinking water.

**Conclusions :**

1. Enhanced investment in drinking water supply, sanitation and sewage systems for prevention and control of water and vector born diseases.
2. National disease control program against certain clearly defined deliverables to provide greater flexibility in the implementation of the programs.
3. Many initiatives have been taken recently for the growth of public health in India. i.e National Rural Health Mission (NRHM).
4. To ensure access, availability and utilization of primary health care to all including urban slums population for which there is need to strengthen the health care in infrastructure, increase in public health work force.
5. Development of community based strategies including comprehensive health education to promote public and personal hygiene and healthy living.
6. Mobilizing women's groups for improved health and nutrition seeking behavior.

**References :**

1. Role of public health system in the present health scenario :Key challenges Dr.G.Anjaneyulu. oration delivered at the 56<sup>th</sup> All India annual conference of India (IPHA) at Kochi(2012).
2. Current health status of women in India. Issues, challenges. Jaishree Ganjjiwale.ISSN.2226-3377.vol.3.issue-2,july-dec 2012.
3. Changing the Indian health system: current issues, future direction-executive summary. pp 15-32.
4. [www.citizen.news.org/2011/014/non-communicable-diseases.ncds.html](http://www.citizen.news.org/2011/014/non-communicable-diseases.ncds.html).
5. <http://prezi.com/alessandro-demaio>.
6. WHO-NCD country profile 2014.

---

## **DECLINING CHILD SEX RATIO: A CASE STUDY OF SHRIRAMPUR TAHSIL**

---

**Dr. S. P. Cholke\* and Mr. S. B. Sasane\*\***

### **Abstract**

Declining child Sex Ratio (CSR) is one of the major problems in India. One out of every four children in the world, who die under the age of one, is an Indian. Though Maharashtra state is highly developed and urbanized state however the Child Sex Ratio (CSR) is sharp declining from 913 in 2001 to 883 in 2011. In this paper attempted to examine changes in Child Sex Ratio (CSR) of Shrirampur tahsil during 2001 and 2011 decade. The sharpest declines in CSR are reported from 25 villages of tahsil, but the most striking villages are Kadit Bk. (549) followed by Matapur (657), Mandve (693), Fatyabad (718), Gondegaon (719), etc

Declining Child Sex Ratio, some of the common reasons observed are gender bias, strong preference given to boy, sex selective abortion, high infant mortality due to less health care nutritional attention, low status of women in society and other socio-cultural practices like dowry in the study region. It is a wakeup call to all of us, to take strong action against the illegal ultrasound centers, improve the girl child chances of survival with providing nutritional food and better health care within the household. It is also required to take the strong action against people demanding and also providing dowry. Awareness in society about declining girl child is needed. Without awareness and participation of society, all steps to improve girl child are meaningless.

**Key words:** Child Sex Ratio, Gender Bias, Son preference, Infant mortality

### **Introduction**

In the last few decades, India has developed both economic and social sector, but the evidence shows that the declining child Sex Ratio (CSR) is one of the major problem which refers simply to the number of females per thousand male populations and influenced by birth rate, death rate and migration. Changes in sex composition largely reflect the underlying socio-economic and cultural patterns of a society. The fall in child sex ratio has been unabated since 1961. As per Census 2011, it has become more skewed to reach an all time low of 914. In the decennial

\* Associate Professor, Department of Geography, R. B. N. B. College, Shrirampur

\*\*Assistant Professor, Department of Geography, R. B. N. B. College, Shrirampur

censuses, the number of girls per 1000 boys aged 0–6 years was 962 in 1981, 945 in 1991, 927 in 2001, and 914 in 2011 and the difference was more sensitive in urban areas from 959 to 906 between 1981 and 2001 than in rural areas 963 to 934 during the same period. India contributes to more than 25 percent of child mortality in the world. One out of every four children in the world, who die under the age of one, is an Indian and about 402 districts of India where, the number of deaths of females up to age five is higher than males, though biologically female babies have better chances of survival than male babies (UNICEF, Report, 2008).

Though Maharashtra state is highly developed and urbanized state however the Child Sex Ratio (CSR) is sharp declining from 978 in 1961, 972 in 1971, 956 in 1981, 917 in 1991, 913 in 2001 and 883 in 2011. According to 2011 Census, the sharpest decline in the sex ratio of the 0-6 year group was found in Bid (801/1000), Jalgaon (829/1000) and Ahmednagar (839/1000) districts. Shrirampur Tahsil is located in the North part of Ahmednagar district

The total geographical area of the tahsil is 579.87sq.km which covers 54 villages. The Child Sex Ratio (CSR) of tahsil is declining from 877 in 2001 to 864 in 2011. It is clearly shown that the Child Sex Ratio declining during last decades at every level.

The main reason of declining Child Sex Ratio in India is gender bias, less health care nutritional attention, low status of women in society and other socio-cultural practices like dowry. Therefore the efforts are required to solve the problem of gender imbalance regarding girl child.

### **Objectives of study**

To analysis the changes in Child Sex Ratio and delimit study region into high, medium and low Child Sex Ratio zone and prepared strategy for improving declining Child Sex Ratio.

### **Database & Methodology**

For the present study tahsil has selected as a basic unit of micro level investigation. The period selected for the present study is during 2001- 2011. The present study is entirely based on secondary data which is collected from the Census Handbook of Ahmednagar 2001 and 2011. Child Sex Ratio was computed by using following formula through MS Excel and SPSS software.

$$\text{Sex Ratio} = \frac{P_f}{P_m} \times 1000$$

$P_m$

Where,

Pf = Population of female

Pm = Population of male

Lastly, on the base of finding, strategy prepared to improve declining Child Sex Ratio.

### Change in Child Sex Ratio Pattern (2001 and 2011)

The village wise change in child sex ratio for 2001 - 2011 is given in the table no.3. All 54 villages of Shrirampur tahsil are delimited in low, medium and high CSR areas, low child sex ratio is observed in the 14 villages, medium in 28 villages and remaining 12 villages has high CSR.

**Table 1. Spatial pattern of Sex Ratio in Shrirampur Tahsil during 2001-2011**

Sr No	Name of Tahsil	Sex Ratio 2001	Sex Ratio 2011	Absolute Change	Change in %	Sr. No	Name of Tahsil	Sex Ratio 2001	Sex Ratio 2011	Absolute Change	Change in %
1	Matulthan	722	824	102	14.12	29	Ainatpur	935	865	-70	-7.48
2	Naygaon	950	826	-124	-13.05	30	Waladgaon	896	778	-118	-13.16
3	Jafrabad	861	971	110	12.77	31	Umbargaon	911	762	-149	-16.35
4	Naur	804	786	-18	-2.23	32	Mahankal Wadgaon	1037	905	-132	-12.72
5	Rampur	961	968	7	0.72	33	Khanapur	649	834	185	28.50
6	Govardhanpur	1054	1146	92	8.72	34	Bhamathan	977	903	-74	-7.57
7	Sarala	918	985	67	7.29	35	Kamalpur	1115	766	-349	-31.30
8	Malewadi	741	819	78	10.52	36	Ghumandeo	866	1053	187	21.59
9	Gondegaon	809	719	-90	-11.12	37	Malwadgaon	857	879	22	2.56
10	Nimgaon Khairi	881	840	-41	-4.65	38	Muthe wadgaon	806	914	108	13.39
11	Dighi	908	894	-14	-1.54	39	Wadala Mahadeo	882	839	-43	-4.87
12	Khandala	857	893	36	4.20	40	Bhokar	851	952	101	11.86
13	Undirgaon	791	854	63	7.96	41	Takalibhan	868	879	11	1.26
14	Haregaon	1076	886	-190	-17.65	42	Khokar	755	827	72	9.53
15	Gondhavani	880	889	9	1.02	43	Nipani Wadgaon	742	804	62	8.35
16	Bramhangaon Vetat	706	800	94	13.31	44	Matapur	817	657	-160	-19.58
17	Shirasgaon	833	865	32	3.84	45	Karegaon	964	784	-180	-18.67
18	Kadit Kh.	905	800	-105	-11.60	46	Padhegaon	912	909	-3	-0.32
19	Kadit Bk.	677	549	-128	-18.90	47	Kanhegaon	836	849	13	1.55
20	Mandve	804	693	-111	-13.80	48	Ladgaon	721	785	64	8.87
21	Fatyabad	953	718	-235	-24.65	49	Malunje Bk.	969	934	-35	-3.61
22	Kuranpur	870	783	-87	-10	50	Bherdapur	1016	876	-140	-13.77
23	Galnimb	899	945	46	5.11	51	Wangi	934	770	-164	-17.55
24	Ukkalgaon	988	807	-181	-18.31	52	Wangi Kh.	1076	940	-136	-12.63
25	Ekalahare	1106	832	-274	-24.77	53	Gurjarwadi	810	857	47	5.80
26	Belapur Kh.	773	996	223	28.84	54	Khirdi	803	794	-9	-1.12
27	Narsari (N.V.)	754	886	132	17.50	55	Shrirampur Tahsil	877	864	-13	-1.48
28	Belapur Bk.	818	910	92	11.24						

(Source: Census of India and Computed by Researcher)

### Negative Absolute Change in Child Sex Ratio during 2001 to 2011

Child sex ratio in Maharashtra, Ahmednagar district and Shrirampur tahsil has undergone a significant negative change in between 2001-2011 decade i.e. -30, -45, -13 girls missing respectively. Table No.2 shows the negative change in child sex ratio in during 2001-2011. It was observed that child sex ratio in 25 villages was negative, very high negative changes exist i.e. – 349 girls Kamalpur followed by Ekalahare (-274), Fatyabad (-235), Haregaon (-190), Ukkalgaon (-181), Karegaon (-180), Wangi (-164), Matapur (-160), Umbargaon (-149), Bherdapur (-140).

This is due to gender bias, yet girl child neglected in family and strong preference given to boy, sex selective abortion by ultrasonography techniques, high infant mortality due to less health care nutritional attention, low status of women in society and other socio-cultural practices like dowry.

**Table 2: Negative Absolute Change in Child Sex Ratio**

Sr. No.	Name of the villages	CSR (2001)	CSR (2011)	Absolute Change
1	Kamalpur	1115	766	-349
2	Ekalahare	1106	832	-274
3	Fatyabad	953	718	-235
4	Haregaon	1076	886	-190
5	Ukkalgaon	988	807	-181
6	Karegaon	964	784	-180
7	Wangi	934	770	-164
8	Matapur	817	657	-160
9	Umbargaon	911	762	-149
10	Bherdapur	1016	876	-140

(Source: Census of India and Computed by Researcher)

### Positive Absolute Change in Child Sex Ratio during 2001 to 2011

The positive changes in child sex ratio have been observed in 19 villages. Table No.3 indicates the change in child sex ratio in during 2001-2011. The highest positive change was observed in Belalpur Kh. (223) followed by Ghumandeo (187), Khanapur (185), Narsari (132), Jafrabad (110), Muthewadgaon (108), Matulthan (102), Bhokar (101), Bramhangaon Vetar (94), Govardhanpur (92). Child sex ratio increased in these villages due to increase in infant mortality rate because of better health facilities, awareness in people.

**Table 3: Positive Absolute Change in Child Sex Ratio**

Sr. No.	Name of the villages	CSR (2001)	CSR (2011)	Absolute Change
1	Belapur Kh.	773	996	223
2	Ghumandeo	866	1053	187
3	Khanapur	649	834	185
4	Narsari (N.V.)	754	886	132
5	Jafrabad	861	971	110
6	Muthewadgaon	806	914	108
7	Matulthan	722	824	102
8	Bhokar	851	952	101
9	Bramhangaon Vetal	706	800	94
10	Govardhanpur	1054	1146	92

(Source: Census of India and Computed by Researcher)

**Lowest & Highest Child Sex Ratio villages in Shrirampur Tahsil (2011)**

The sharpest declines in CSR are reported from all over the tahsil, but the most striking villages are Kadit Bk. which was only 549 girl child per 1000 boys followed by Matapur (657), Mandve (693), Fatyabad (718), Gondegaon (719), etc due to strong son preference, sex selective abortion and low status of women in society. While highest CSR was observed in Govardhanpur (1146), Ghumandeo (1053), Belapur Kh.( 996), Sarala (985), Jafrabad (971).

**Table 4: Lowest & Highest Child Sex Ratio villages in Shrirampur Tahsil (2011)**

Sr. No.	Lowest		Sr. No.	Highest	
	Name of the villages	Child Sex Ratio		Name of the villages	Child Sex Ratio
1	Kadit Bk.	549	1	Govardhanpur	1146
2	Matapur	657	2	Ghumandeo	1053
3	Mandve	693	3	Belapur Kh.	996
4	Fatyabad	718	4	Sarala	985
5	Gondegaon	719	5	Jafrabad	971
6	Umbargaon	762	6	Rampur	968
7	Kamalpur	766	7	Bhokar	952
8	Wangi	770	8	Galnimb	945
9	Waladgaon	778	9	Wangi Kh.	940
10	Kuranpur	783	10	Malunje Bk.	934

(Source: Census of India and Computed by Researcher)

**Causes of Decline Sex Ratio**

There are several causes of decline the number of girls child in the Shrirampur tahsil.

- **Strong son preference:** In Indian societies, sons are expected to provide economic support for their parents as well as only source of security in old age and in contrast, daughters may represent a large economic burden due to the dowry system.
- **Sex selective abortion:** Sexes selective abortion is major one cause in decline CSR the study region. Today, it is so easy to find out sex of the child before birth, with use of ultrasound techniques as well as cryonic biopsy. If female has girl child in her womb then she will pressurized to abort the girl child. As a result, the baby girls are killed in womb before birth
- **Discrimination against females child :** It has been observed that excessive mortality of female child relatively to males is found to be due to the discrimination against females in the allocation of food and health care within the household.
- **Dowry system:** In Indian societies, a widespread practice of demanding and providing dowry is still one of the major causes of declining girl number.
- **Government population policies:** In India rapid fertility decline has been an achievement of population policy (Hum Do Humare Do) such policies usually concentrate on reducing the total fertility rate or the numbers of children per woman due to these policies people are preferring boy.
- **Consequences of decline sex ratio-:** When the proportion of females is small then it leads to the emergence of many social and moral problems.
- **Decline Crude Birth Rate :** The scarcity of either women or men of adult age will reduce the marriage rate; and this will affect the crude birth rate.
- **Increase in Crime against woman :** If females become scarce, it may be an increase in sex related crimes and violence as well as homosexual activities.

### **Concluding remarks and suggestion**

It is a wakeup call to all of us, that among 54 villages of Shrirampur tahsil 25 villages was recorded negative CSR during 2001-2011. But the most striking villages are Kadit Bk. (549), Matapur (657), Mandve (693), Fatyabad (718), Gondegaon (719), Umbargaon (762), Kamalpur (766), Wangi (770), Waladgaon (778), Kuranpur (783). Therefore it is need for hour to take action for improve the Child Sex Ratio.

It is time to take strong action against the illegal ultrasound centers in study area.

It is necessary for improve the girl child chances of survival with providing nutritional food and better health care within the household.

It need to raise women's status in society with guaranteeing better access to opportunities in education , in work outside the home and in decision making processes, all of which will result in the reduction of sex preference.

In Indian societies, a widespread practice of demanding and providing dowry is increasing day by day; so that it is required the strong act and action against people demanding and also providing dowry.

It has been observed that in our society son preference (Wanshcha Diwa) is common; therefore awareness in society about declining girl child is needed. Without awareness and participation of society, all steps to improve girl child are meaningless.

### References

- 1) Agnihotri, Satish B. (2002): Changes in Sex Ratio Patterns in Orissa: 1991-2001: Is there an epi-centre of female deficit? Demography India, Vol. 31, No. 2(2002), pp 179-194.
- 2) Asha Bhende and Tara Kanitkar (2011): Population Studies, Himalaya publishing house, Bombay. Pp.139-154.
- 3) Barakade AJ. Declining Sex Ratio (2012): An analysis with special reference to Maharashtra state. Geoscience research. 2012; 3(1):92-95.
- 4) Bhat, Mari P. N. and A. J. Francis Xavier (2003): Fertility Decline and Gender Bias in Northern India Demography, Vol. 40, No. 4 (2003), pp 637-657
- 5) Census of India, Maharashtra, 2001, 2011
- 6) C. M. Lakshmana (2008): The Decadal Variations of Child Population Growth in Karnataka State, the Deccan Geographer, Vol.46, No.2. Pp.11-23
- 7) Chandna, R. C. (1986) : Geography of Population – Concept, Determinants and Patterns, Kalyani Publishers, New Delhi, p.100, 188
- 8) Gulati, S. C. (1975): Component Analysis of the Change in the Sex Ratio: 1951-1961 Demography India, Vol. 4, No. 2, (1975) pp 289-304
- 9) Mayer, Peter (1999): India's Falling Sex Ratios Population and Development Review, Vol. 25, No. 2 (1999), pp 323-343
- 10) Miller BD. Changing Patterns of Juvenile Sex Ratios in Rural India, 1961 to 1971. Economic and Political weekly. 1989; 1229-36.
- 11) S.N. Pawar & D.G. Gatade: "Spatial Pattern of Sex Ratio in Ahmednagar District of Maharashtra", Proceeding of the Three day National Conference on Population, Environment & Tourism, Oct. 2011. Pp. 27-34.

---

## DIFFICULTIES FOR GIRLS IN SPORT: A PERSPECTIVE ON FILM

### *BEND IT LIKE BECKHAM*

---

Vijay A. Khade\*

#### **Abstract:**

*Bend It Like Beckham* revolves around Jasminder Kaur Bhamra (Jess), a London born Indian, belongs to Sikh religion, middle class, and her struggle to beat the odds to play professional football. This film, good comedy tell the story of Jess's struggle and victory, struggle means her efforts to let realize her dream and love to patriarchal stereotyped family at home and racism on the field and victory means that she was going to play professional football. This paper sheds light on various unpleasant and traumatic moments faced by girl when she chooses to play football and how those problems got resolved.

Film *Bend It Like Beckham* is written and Directed by Gurinder Chadha. It was released in 2002. It is a colourful British Comedy, revolves around ambitious 18 year old girl Jessminder Bhamra (in Short Jess). She is crazy for football and ambitious to play professionally like her idol David Beckham. There are various themes and issues such as friendship, gender discrimination, familial relationships and cultural clashes etc. in the film.

The film's title refers to the skill used by David Beckham when kicking the ball. However, it is used here as a metaphor which refers to the breaking and adjusting the traditional rules and values in order to get what Jess wants. This research paper is based on the analysis of film in perspective of difficulties faced by the Jess. The major focus will be British and Indian culture and their way of life. These cultural values are the chief burdensome factors faced by Jess.

Major characters in the movie are Jasminder Kaur Bhamra (Jess), a London born Indian, belongs to sikh religion. Juliete Paxton (Jules), friend and co- player of Jess belongs to English nationality. Joe is a football coach and he too belongs to English Nationality.

The director has shown keen interest in presenting people's immigration and deep attachment to their homeland. Cultural disorientation is a condition of affecting someone who is suddenly exposed to an unfamiliar culture or way of life or set of attitudes. It sometimes leads to mental confusion or impaired awareness, especially regarding place, time, or personal identity. People, who are migrated, experience psychological discomfort, feeling of surprise and disorientation of

\* Arts Science and Commerce College Kolhar, Tal- Rahata, Dist- Ahmednagar

adjusting to a new cultural situation and practices of new culture which are different from their own. In many cases immigrant parents abide by their tradition and homeland laws and the children especially the girls like to lead a "new" life. They are observed lost somewhere in the middle. They do not want to part with their roots and yet want to be free, which their families can't tolerate.

This movie begins with the interview of the Jess's mother Mrs. Bhamra with sport analysts on the television. When interviewer asks her about the success of Jess as a football player and might be very proud of her daughter. Then Mrs. Bhamra replies *"Not at all! She shouldn't be running around with all these men showing her bare legs to 70,000 people! She's bringing shame on the family. And you three shouldn't encourage her! Jesminder, you get back home now!"*

Her mother considers that Jess's football playing is against her tradition. She has traditional Panjabi expectations from her daughter. But being born and brought up in London, Jess's mindset is different. She is completely devoted to her passion for football. She and her sister Pinky has accepted the western values and speaking tone too, but they always live in between the Indian culture and the British culture because of the parents burden. Their parents don't want to leave their native traditional values and want that their daughters should follow the same.

Another scene is when Jess's mother Mrs. Bhamra sees Jess playing football with boys. She becomes agitated and scolds Jess.

**Jess's Mother:** *Chi Chi Chi. He was touching you all over! Put his hands on your bare legs! You're not a young girl anymore! And showing the world your scar!*

**Jess's Father:** *Jessie, now that your sister has got engaged, it's different. - You know how people talk.*

**Jess:** *- She's the one getting married, not me!*

**Jess's Mother:** *I was married at your age! You don't even want to learn to cook dhal!*

**Jess:** *- I'm not playing with boys any more.*

**Jess's Mother:** *- Good! End of matter!*

**Jess:** *I'm joining a girls' team, they want me to play in proper matches. The coach said I could go far.*

**Jess's Mother:** *Go far? Go far to where? Jessie. We let you play all you wanted when you were young, huh? - You've played enough.*

**Jess:** *- That's not fair! He selected me!*

**Jess's Mother:** *He?! She said it was girls!*

**Jess:** *- The coach, Joe.*

**Jess's Mother:** *- See how she lies? I don't want you running around half naked in front of men, huh? Look how dark you've become, playing in the sun!*

Jess's parents don't want their daughter to follow the western culture but adhere to their own. The clash between the essentially Western values of freedom of choice, personal fulfillment and self-development and the Asian values of loyalty and obedience to the family and the limited domestic view of women's roles is extensively explored in the movie. Many times Mrs. Bhamra says to her daughters that they should know at least cooking of meat and vegetables and be suitable for the job of house wife. She also selects cloths for her daughters which are acceptable in Indian culture.

When Jess was laughing and hugging with her friend Jules, her sister Pinky's to be mother-in-law is passing by there, she misunderstands that Jess is romancing with the white boy, which leads in the breakup of Pinky's marriage. When Jess returns home everyone blames her. Her father then asks her to swear on Babaji's name. This gesture shows how important Babaji is in their daily lives and that they turn to him in times like this. This entire scene shows the importance of morals in Sikh/Indian culture. If Jess was actually kissing a boy, this shows consequences of such an action. Her sister's wedding would be cancelled. It seems that though, Bhamra and other Indian families are living in London for a long time but are unable to assimilate with the host culture. They still follow their Indian values.

This older generation of Indians immigrated in England hates the host culture because there is deep rooted hatred and feeling of alienation. They want their children should follow the same otherwise they will regret one day. Jess Father's concerns for her flashbacks his own experience of racism and rejection when he tried to join a white cricket team. However, time has changed and he has kept to his own communal values and tradition. When Joe, Coach of Jess comes to Bhamra house to plead Mr. Bhamra to let Jess to play the tournament, the interaction between Mr. Bhamra and Joe clearly shows it.

**Coach having tea with Bhamras:** Thanks Jess. I'm sorry to barge in on you like this, Mr and Mrs Bhamra but I wanted to talk to you in person. I only found out today that you didn't know Jess was playing for us.

**Jess's Mother:** *No, we didn't.*

**Coach:** *I apologise. If I'd known, I would have encouraged Jess to tell you because I believe she's got tremendous potential.*

**Jess's Father:** *I think we know better our daughter's potential. Jess has no time for games. - She'll be starting university soon.*

**Jess:** *- But playing for the team is an honour!*

**Jess's Mother:** *What bigger honour is there - than respecting your elders?*

**Jess's Father:** *- Young man, when I was a teenager in Nairobi, I was the best fast bowler in our school. Our team even won the East African Cup. But when I came to this country, nothing. I was not allowed to play in any of the teams, and the bloody goras in their clubhouses made fun of my turban and sent me off packing!*

**Coach:** *I'm sorry, Mr Bhamra.....but now it's...*

**Jess's Father:** *- Now what? None of our boys are in any of the football leagues. You think they will let our girls? I don't want you to build up Jesminder's hopes. She will only end up disappointed like me.*

**Jess:** *But Father, it's all changing now. Look at Nasser Hussein He's captain of the England cricket team - and he's Asian.*

**Jess's Mother:** *- Hussein's a Muslim name. Their families are different.*

**Jess:** *Mother!*

Joe and Jess both want to tell that now situation is changed a lot but Mr. and Mrs. Bhamra are unable to change their mindset. They want Jess to behave like typical Indian sikh girl and not to mix up with western values. In the Hounslow Harriers (Stadium) changing rooms she tells her team mates, *'Indian girls aren't supposed to play football'*. When one remarks, *'That's a bit backwards,'* she replies, *'it's just culture that's all'*. Jess and her sister are ready to sacrifice their own happiness for the sake of parents. Pinky, being accepted western values opposes the idea and meekly supports her parents. But Pinky too seems in tension.

Mr. Bhamra seems loving father. He appreciates his daughter's next generational sense of rights and freedom and allows her to play. He wants his daughter might not get regretted by giving up her favorite play like him. See the speech of Jess Father....

**Jess's Father:** When those bloody English cricket players threw me out of their club like a dog..... I never complained. On the contrary, I vowed that I will never play again. Who suffered? Me. But I don't want Jessie to suffer. I don't want her to make the same mistakes that her father made of accepting life, accepting situations. I want her to fight. And I want her to win..... because I've seen her play. She is, she is brilliant! I don't think anybody has the right of stopping her. Two daughters made happy in one day. What else can a father ask for?

The Film ends with Jess's parent's acceptance not only her athleticism, but also her love for a white boy, Joe. The scene of Mr. Bhamra and Joe happily playing football is symbolic which suggest immigrants' assimilation and acceptance of western values. Thus, the Indian culture and values are displayed very convincingly throughout film. We feel importance of family to Indian people and everything is second to it. Conflicts in which British and Indian values cross each other are very close to real-life. The generation conflicts within one culture which are shown in the film are due to cultural disorientation. It is hard for the new generations of immigrants to find common grounds with their family and the country they grew up.

#### **References:**

1. Bend It Like Beckham. Dir. Gurinder Chadha. By Gurinder Chadha. Redbus Film Distribution (UK) and Fox Searchlight Pictures (US), 2002. DVD.
2. Tylor, E.B. "Culture Defined" in Closer L. & Rosenberg B. (eds.) Sociological Theory. London: Macmillan, 1891.
3. Chacko, Mary Ann. "Bend It Like Beckham: Dribbling the Self through a Cross-Cultural Space." National Association for Multicultural Education 12.2 (2010): 81-86. Wwww.academia.edu. Web. 30 Nov. 2014.
4. "Culture Shock." *The Free Dictionary*. Farlex, n.d. Web. 30 Nov. 2014.

---

## **CHIMAMANDANGOZIADICHIE: A CONTEMPORARY FEMINIST VOICE IN AFRICAN LITERATURE**

---

**Rakesh S. Mali\***

### **Abstract**

The prime hypothesis of this paper is that the emerging African writer, Chimamanda Ngozi Adichie, reflects contemporary women issues through her creative writing. So the researcher applies feminist theory to evaluate the literary works of the Adichie. Being a feminist, Adichie has a different outlook towards contemporary feminism, she represents reformist feminist viewpoint through her writing rather than to prefer radical feminism. Finally, the study is an attempt to show the contemporary feminine/womanist perspective of Africa, which is projected in Chimamanda Ngozi Adichie literary works. 'The Cambridge Dictionary Online: Free English Dictionary and Thesaurus defines the term 'feminism' as "Feminism is a collection of movements and ideologies aimed at defining, establishing, and defending equal political, economic, and social rights for women" Sotunsa M. (2008) asserts: "feminism is a historically diverse and culturally varied international movement probing the 'question of woman'". Cuddon J.A (1991) says: "feminism is an attempt to describe and interpret women's experience as depicted in various kinds of literature". Feminism emerged in Africa during the coming of the whites to Africa. The Feminist Movement started in Nigeria in 1929 during the Aba women's riot. Flora Nwapa (1930-1993) was the first published Nigerian and African female writer. Her writing interest was women and her motive for writing was to correct the disparaged image of women in male-authored novels. We have other feminists in Africa, striving to get back the right of women, like Buchi Emecheta, Dangaremba, Mugo, Nawal el Saadawi, Ama Ata Aidoo and Zaynab Alkali. Over the period of time, many African Women writers have explored the subjugation of women in their societies in a variety of ways. Among whom in contemporary African literature Chimamanda Ngozi Adichie is notable. She firmly represented women's condition of Igbo society through her literary works. Chimamanda Ngozi Adichie was born on 15 September, 1977 in Enugu, Nigeria. She spent her childhood in the university town of Nsukka, in a house previously inhabited by Chinua Achebe, whose work she began to read from an early age. She was thinking of herself as a writer from the age of six and even published a

**\*Asst. Prof., Dept. of English, Arts, Sci. & Comm. College, Kolhar, Tal-Rahata, Dist-A.Nagar**

book of poetry at sixteen. Adichie has written an early play, *For Love of Biafra* (1998) where she registers the broken hopes of a Nigerian family during the Nigerian civil war. The play recounts the painful experiences of a young Igbo woman, Adaobi, and her family, at the time of the Nigerian civil war of the late 1960s. The family's initial optimism about the creation of an independent and peaceful Biafran nation in Eastern Nigeria, after the region's secession from the rest of the country, ends in disillusionment. Daily massacres, hunger and disease claim several members of Adaobi's family and shatter the Biafran hopes. Her first novel '*Purple Hibiscus*' was published in October 2003 and was shortlisted for the Orange Prize in 2004, the John Llewellyn Rhys Prize and long-listed for the Man Booker Prize and won the 2005 Commonwealth Writers Award for best first book and the Hurston/Wright Legacy Award for the debut fiction. The book was also chosen as Book of the Year by the San Francisco Chronicle. After the publication of *Purple Hibiscus*, one critic called the author "Chinua Achebe's twenty-first-century daughter". It is set in Nigeria against the background of the late 1990s political turmoil, the story centers on Kambili Achike, a fifteen-year-old schoolgirl, and her family. Kambili's father, Eugene, is a complex character: a devout Catholic and a political rights activist, he also rules his household with a heavy hand. The narrative, told from the perspective of young Kambili, explores the adolescents' and her brother Jaja's responses to their father's authoritarian attitude, as alternative models are provided by their more liberal aunt Ifeoma and their Igbo traditionalist grandfather, whom Eugene dismisses as a "heathen". Family, religion, politics and tolerance thus appear to be the central themes of this outstanding novel, which has already received considerable critical attention. Her short story "Half of a Yellow Sun" won the PEN/David Wong Short Story Award in 2003 and she expanded it to her second novel, "Half of a Yellow Sun" (2007). The book won the Orange Broadband Prize for Fiction 2007 and was a finalist for the National Book Critics Circle Award. It is set before and during the Biafran war and is told from the perspectives of three different characters: first, Ugwu, a teenage boy who, at the beginning of the narrative, arrives in the university town of Nsukka, in south-eastern Nigeria, to work as a houseboy for Odenigbo, a mathematician who lectures at the local university; second, Olanna, a rich and educated young woman who becomes Odenigbo's wife; and third, Richard, a white Englishman who is obsessed with the roped pots of Igbo-Ukwu art and falls in love with Olanna's less attractive twin sister Kainene. The novel raises political questions as well as many challenging issues like gender, race and class. While

Adichie does not shy away from depicting the devastating effects of the Biafran war, she also shows her reader that people not only die, but also live, love and dream, in times of war. Her collection of short stories, *The Thing Around Your Neck* (2009) was also recognized for its excellence: it was shortlisted for the 2009 John Llewellyn-Rhys Memorial Prize and the 2010 Commonwealth Writers Prize for the best book from the African region. It is her third book and collection of twelve dazzling stories that explore the ties that bind men and women, parents and children, Africa and the United States. In the short story “Tomorrow is Too Far,” a woman unlocks the devastating secret that surrounds her brother’s death. The young mother at the center of “Imitation” finds her comfortable life in Philadelphia threatened when she learns that her husband has moved his mistress into their Lagos home. In ‘*The Thing Around Your Neck*’ Adichie shows in most of short stories woman as a center character. Her latest book, *Americanah* (2013), tells the story of a young Nigerian woman who moves to the US to pursue her university education. ‘*Americanah*’ is the Nigerian word used for those who leave in search for a better life in America. In March 2014, the novel won a prestigious US National Book Critics Circle Award. The editors of the ‘New York Times Book Review’ selected the ‘*Americanah*’ as one of 10 Best Books of 2013. Adichie’s writing is identified as a contemporary voice from the marginal, which requires serious consideration as the African society grapples with gender, class, ethnic and other social inequalities. Finally, the study is an attempt to illustrate Chimamanda Ngozi Adichie as a staunch contemporary feminist writer in African literature. Adichie’s works identify racism, colonialism, neocolonialism, misrule, dictatorship, ethnicity, civil conflicts, poverty and religious fundamentalism as bad practices in the African context of patriarchy. She, however, calls for understanding, complementation, conciliation, collaboration and constructive gender engagement as men and women deal with dehumanizing problems affecting people in the Third World countries.

### References

1. Adichie, Chimamanda Ngozi. *Americanah*. London: Fourth Estate, 2013.
2. For Love of Biafra. Ibadan: Spectrum Books, 1998., Half of a Yellow Sun. London: Fourth Estate, 2006..Purple Hibiscus. Chapel Hill: Algonquin Books of Chapel Hill, 2003. *The Thing Around Your Neck*. London: Fourth Estate, 2009.
3. Amadiume, I. (2000). The Politics of Memory: Biafra and Intellectual Responsibility. In *The Politics of Memory: Truth, Healing and Social Justice*. (Amadiume, I. & Abdullahi, A. eds.). London: Zed Books, 2000.

4. Cuddon, J.A. A Dictionary of Literary Terms and Literary Theory<sup>3rd</sup> edition. Oxford: Blackwell, 1999.
5. 'Interview: Nigerian author Chimamanda Adichie', by Sonakshi Babber, Hindustan Times, 25 January 2011.
6. Irele, Abiola. The African Imagination: Literature in Africa and the Black Diaspora. New York: Oxford UP, 2001.
7. Sotunsa, M. Feminism and Gender Discourse, the African Experience. Published by Asaba Publication: Ojoko-Biri Kale Press, Sagamu, 2008.

---

## NUTRITIONAL STATUS OF YOGA PRACTITIONER FEMALE AND NON-PRACTITIONER FEMALE

---

**Jaysheela Baswant Manohar\***

Yoga health are two words which are very closely related. The yoga health benefits is widely known. Yog Sadhana is there to aid both your physical and mental health. Therefore, yogic in yog sadhana do so for health reasons. They want to case their back pain or want to know a method to release stress.

### **Research Methodology:**

- 1) ***Specific objective of the study:** To asses nutritional status of the yoga practitioner female and non-practitioner female.*
- 2) ***Preparation of interview schedule:** Keeping the objectives of the study in view, structured interview schedule was prepared. Schedule consists of the questions framed for seeking the information about food practice nutrition.*
- 3) ***Three Day Recall Method:** For the education of directly pattern of the respondents three day recall method was used during both the period of time i.e. before and after nutrition education programme. The respondents were asked to recalle what food variety and how much quantity they had taken it ad different intervals i.e. breakfast, lunch, snack time and dinner. Nutrients were calculated in terms of quantity of food item which they had taken.*

### **Objective of the present study:**

To study the yoga practice pattern among subjects, To study the dietary pattern and nutrients intake profile of subjects, To assess nutritional status of yoga practitioner female and non-yoga practitioner female, To assess the nutrient adequacy of the diets consumed by subject to comparing the result with RDAs.

### **Limitation of the present study:**

- 1) The study is limited to the people living in a Solapur District.
- 2) To study is limited to the yoga practitioner of 35-65 years of age only.

**\*Assistant Professor, FSN, Smt. Ratnaprabhadevi Mohite-Patil College of Home Science for Women, Akluj, Tal. Malshiras, Dist. Solapur (M.S.)**

**Table No. 1** Dietary information of yoga practitioner female and non-yoga practitioner female

<i>Group</i>	<i>N</i>	<i>Mean</i>	<i>S.D.</i>	<i>Df.</i>	<i>t value</i>
Yoga practitioner female	75	60.87	4.4519	148	20.923
Non- Yoga practitioner female	75	34.16	10.1196		

Tabulated t = 1.960 \*Significant at 0.05 level

From the above table it is observed that the calculated ‘t’ value 20.923 is significant at 0.05 level of confidence for 148 degree of freedom because it is greater than the table value 1.960. The mean dietary information of yoga practitioner female is 60.87 and non-yoga practitioner female is 34.16. It shows that there is significant difference in the dietary information of yoga practitioner female and non-yoga practitioner female. From the findings of table No. 1, it can be inferred that yoga practitioner and non-yoga practitioner differ significantly in respect to their dietary information. The dietary information of yoga practitioner is found better than the non-yoga practitioner. It may be due to the fact that, yoga practitioner female perform regular yoga sadhana.

**Table No. 2:** Mean Energy of Yoga practitioner and Non-Yoga practitioner

<i>Group</i>	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>d.f.</i>	<i>t' value</i>
Yoga practitioner	75	1998.21	163.9396	148	5.479*
Non-Yoga practitioner	75	1685.82	465.8084		

Tabulated t = 1.960 \* Significant at 0.05 level

From the above table it is observed that the calculated 't' value 5.479 is significant at 0.05 level of confidence for 148 degree of freedom because it is greater than the table value 1.960. The mean energy of Yoga practitioner is 1998.21 and Non-Yoga practitioner 1685.82. It shows that there is significant difference in the energy of Yoga practitioner and Non-Yoga practitioner.

**Table No. 3** Mean Protein of Yoga practitioner and Non-Yoga practitioner

<i>Group</i>	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>d.f.</i>	<i>t' value</i>
Yoga practitioner	75	56.64	7.0974	148	12.861*
Non-Yoga practitioner	75	40.51	8.2218		

Tabulated t = 1.960 \* Significant at 0.05 level

From the above table it is observed that the calculated 't' value 12.861 is significant at 0.05 level of confidence for 148 degree of freedom because it is greater than the table value 1.960. The mean Protein of Yoga practitioner is 56.64 and Non-Yoga practitioner is 40.51. It shows that there is significant difference in the Protein of Yoga practitioner and Non-Yoga practitioner.

**Table No. 4 Mean Iron of Yoga practitioner and Non-Yoga practitioner**

<i>Group</i>	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>d.f.</i>	<i>'t' value</i>
Yoga practitioner	75	35.40	4.8001	148	22.016*
Non-Yoga practitioner	75	19.76	3.8483		

Tabulated t = 1.960

\* Significant at 0.05 level

From the above table it is observed that the calculated 't' value 22.016 is significant at 0.05 level of confidence for 148 degree of freedom because it is greater than the table value 1.960. The mean Iron of Yoga practitioner is 35.40 and Non-Yoga practitioner is 19.76. It shows that there is significant difference in the Iron of Yoga practitioner and Non-Yoga practitioner

**Table No. 5 Mean Fat of Yoga practitioner and Non-Yoga practitioner**

<i>Group</i>	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>d.f.</i>	<i>'t' value</i>
Yoga practitioner	75	22.10	1.4393	148	18.552*
Non-Yoga practitioner	75	49.63	12.7703		

Tabulated t = 1.960

\* Significant at 0.05 level

From the above table it is observed that the calculated 't' value 18.552 is significant at 0.05 level of confidence for 148 degree of freedom because it is greater than the table value 1.960. The mean Fat of Yoga practitioner is 22.10 and Non-Yoga practitioner is 49.63. It shows that there is significant difference in the Fat of Yoga practitioner and Non-Yoga practitioner .

**Table No. 6 Mean Calcium of Yoga practitioner and Non-Yoga practitioner**

<i>Group</i>	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>d.f.</i>	<i>'t' value</i>
Yoga practitioner	75	412.17	53.9050	148	6.977*
Non-Yoga practitioner	75	325.88	92.5488		

Tabulated t = 1.960

\* Significant at 0.05 level

From the above table it is observed that the calculated 't' value 6.977 is significant at 0.05 level of confidence for 148 degree of freedom because it is greater than the table value 1.960. The mean calcium of Yoga practitioner is 412.17 and Non-Yoga practitioner is 325.88. It shows that there is significant difference in the calcium of Yoga practitioner and Non-Yoga practitioner .

### **Conclusion:**

Yoga female Practitioners have more information regarding diet, health, exercise than non practitioner

### **Bibliography**

1. Bhole, M.V. (1982) study of respiratory functions during kapalbsathi part II, yoga Review, 2 page No. 217 – 222.
2. Handbook of food and Nutrition, M. Swaminathan, The Bangalore Printing and Publishing, Bangalore, Page No. 206 – 208.

3. Fundamentals of Foods and Nutrition, Fourth Edition, Sumati R. Mudambi, M. V. Rajagopal, New Delhi, Page No. 4-6.
4. Textbook of Human Nutrition, Third Edition, Mahtab Bamji, Kamala Krishnaswamy, G.N.V. Brahman, Oxford and IBH Publishing Co. Pvt. Ltd., New Delhi, Page No. 266-267.
5. Food, Nutrition and Health, Dr. Shashi Goyal, Pooja Gupta, S. Chand and Company Ltd., New Delhi, First Edition, 2012, Page No. 106-111.

---

## **POLYCYSTIC OVARY SYNDROME (PCOS) AND ITS DIET TIPS FOR INDIAN WOMEN.**

---

**Kanchan S. Deshmukh\***

### **Abstract**

PCOS is a condition that affects women's ovaries. It is caused by an imbalance of a woman's sex hormones which may lead to menstrual cycle change, overweight unwanted hair growth, Infertility etc. PCOS is affecting 2.2-26% of young girls in their reproductive age due to the adoption of unhealthy eating habits and a sedentary lifestyle, therefore there is need to evoke awareness in the society on the ways to combat this disease. Women with PCOS are at a higher risk for a number of illnesses, including high blood pressure, diabetes, heart disease, and cancer of the uterus (endometrial cancer) and breast cancer. Knowing the right foods to eat as well as the kinds of food to limit can improve PCOS symptoms, therefore the main object for presenting this *article* is to evoke awareness in the society about PCOS and provide clear guideline for what to eat or not to eat.

Key word-PCOS( Polycystic Ovary Syndrome)

### **Introduction**

PCOS is currently considered as a lifestyle disorder affecting 2.2-26% of young girls in their reproductive age in India. A study conducted on 460 girls in the age group of 15-18 years from a residential college of Andhra Pradesh reported a prevalence of 9.13% in Indian adolescents<sup>1</sup>. Though globally it has an alarming incidence, its diagnosis is difficult as it manifests as a spectrum of symptoms than a specific one. It is primarily characterized by an extremely irregular menstrual cycle in which ovulation may not occur<sup>2</sup>.

PCOS is on a rise among the adolescent girls now days, due to unhealthy lifestyle practices, therefore there is need to evoke awareness in the society on the ways to combat this disease. Women with PCOS are at a higher risk for a number of illnesses, including high blood pressure, diabetes, heart disease, and cancer of the uterus (endometrial cancer) and breast cancer<sup>3</sup>.

Nearly 50% of women with PCOS are overweight or obese. Improving your diet and exercise program by making lifestyle changes may reduce your risk for developing chronic diseases

\* **Asst. Prof., Women's College of Home Science and BCA Loni, Tal Rahata, Dist A.Nagar (MS),**

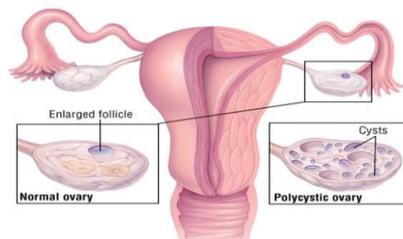
associated with PCOS such as diabetes, heart disease and endometrial cancer<sup>4</sup>.

According to Dr G.Ganguly Mukherjee<sup>5</sup> there are two main reasons for the increase of PCOS diagnoses in Indian women: the adoption of unhealthy eating habits and a sedentary lifestyle. Whereas older generations of Indian women eat traditional, lower calorie foods with less sugar, many young Indian girls today eat a steady diet of junk food. When these bad habits are combined with an extremely aggressive academic load, young girls simply cannot burn off the increased calories to maintain a healthy weight. Diet and exercise are important parts of managing PCOS. This is because young women with PCOS often have higher levels of insulin (a hormone) in their blood, and many have trouble maintaining a healthy weight. Knowing the right foods to eat as well as the kinds of food to limit can improve the way you feel. It will also help you lose weight. Eating well, staying active, and maintaining a healthy weight (or losing even a small amount of weight if you're overweight) can improve PCOS symptoms<sup>6</sup>.

Considering above researcher's reviews eating well can help manage some of the long term complications of Polycystic Ovary Syndrome (PCOS), therefore the main object for presenting this *article* is to evoke awareness in the society about PCOS and provide clear guideline for what to eat or not to eat.

**PCOS:** PCOS is a condition that affects women's ovaries. It is caused by an imbalance of a woman's sex hormones which may lead to:

- Menstrual cycle changes, Skin problems such as acne.
- Increased hair growth on the face and body, Cysts in the ovaries and
- Trouble getting pregnant. Ovaries in an ultrasound may look enlarged and contain many "small cysts" located on the outer edge of each ovary, Failure in the release of eggs from the ovary.
- Higher level of male hormones than normal, or male hormones that are more active than normal



## Polycystic Ovary Syndrome

### PCOS happens

The cause is not yet known, But mostly It may be genetic since women with PCOS are likely to have a mother or sister with PCOS. or seen in families where members are suffering from diabetes, high cholesterol and obesity. PCOS affects up to 10 percent of women.

### PCOS be diagnosed

No single test can show that you have polycystic ovary syndrome (PCOS). Your doctor will talk to you about your medical history, do a physical exam, and run some tests.

**Physical exam:-** During your physical exam, your doctor will note several key pieces of information and ask you a lot of questions about your menstrual cycle and your general health including your height, weight and blood pressure.

**Pelvic exam:-** During a pelvic exam, your doctor visually and manually inspects your reproductive organs for signs of masses, growths or other abnormalities.

**Blood tests :-** You will most likely need to have a blood test to check your hormone levels, blood sugar, and lipids (including cholesterol).

**Ultrasound:-** You may have a pelvic ultrasound, which might show enlarged ovaries with small cysts. These are signs of PCOS. But many women with PCOS don't have these signs.

**Symptoms of PCOS:** Irregular periods, Excessive facial and body hair (hirsutism), Weight gain, Problems in getting pregnant, Acne, Hair fall and hair thinning

Insulin resistance – means the inability of body to use insulin effectively. This will result in high blood insulin levels causing PCOS.

### PCOS and weight gain

If you have PCOS, your body makes too much androgen. Androgen is often called the "male hormone," but small amounts are made in women's bodies too. If your body makes too much

androgen, it can lead to weight gain, especially around the belly area. This type of weight gain can increase the risk of:

High cholesterol, High blood pressure, High blood sugar, High triglycerides, Heart disease and Diabetes

### **Tips for maintaining a healthy weight with PCOS**

Nearly 50% of women with PCOS are overweight or obese. Improving your diet and exercise program by making lifestyle changes may reduce your risk for developing chronic diseases associated with PCOS such as diabetes, heart disease and endometrial cancer. Currently there is no scientific evidence to support one particular diet for PCOS. Evidence-based recommendations suggest that women with PCOS should focus on balance and moderation.

### **Recommended lifestyle changes include:**

- Weight loss of 5-10% if overweight or obese in 3 months.
- Decreased caloric intake if weight loss is desired.
- Decreased intake of enriched carbohydrates.
- Increased fiber intake including fruits, vegetables, and beans.
- Decreased fat intake, particularly saturated fat.
- Smaller, more frequent meals (every 2-4 hours) to help control blood glucose levels. Balanced meals including carbohydrates, protein, and fat.
- At least 150 minutes of moderate or vigorous activity per week for diabetes prevention.

### **Diet for Polycystic Ovary Syndrome (PCOS)**

PCOS is a complex constellation of endocrine and metabolic interactions that create an unbalanced hormone profile resulting in ovarian hyper stimulation. Fortunately, it has been shown that improving baseline nutrition and losing weight (if needed) can do a lot to improve both the symptoms and the underlying disorder. Focusing on a higher protein and lower carbohydrate nutrition profile is important. Making primarily plant-based food choices and changing your eating patterns to regular small meals with healthy snacks between can re-establish a balanced blood sugar and hormonal response leading to improved fertility.

## **Important Changes**

### **Reduce sweets and sweeteners:-**

Foods containing too much sugar cause rapid spikes in your blood sugar levels, placing unnecessary stress on your body. Over time this leads to the development of insulin resistance syndrome. Insulin Resistance Syndrome is condition marked by poor blood sugar control. Insulin resistance is a major factor that drives PCOS. This blood sugar control problem affects most women suffering PCOS, even when they are not overweigh. Hence Avoid refined carbohydrates such as soft drinks (soda), ice cream, cookies, cakes, chocolate, sweets and processed breakfast, Avoid foods containing sugar compounds such as high-fructose corn syrup, sorbitol, fructose, mannitol, maltitol, isomalt & glycerol. Avoid foods containing harmful artificial sweeteners. Stevia is a natural sweetener that can be used freely. Small amounts (1-2 tsp) of raw honey or maple syrup are also ok 2-3 times a week.

### **Eliminate processed grain products:-**

Avoid Chinese food, pasta, crackers, breads, wheat, white rice, and all other processed flour products. Potatoes are also best mostly eliminated as their starch is converted to sugar very quickly in the body. After 3 weeks on this diet, high fiber non-wheat crackers, gluten free (sugar free) breads or whole grain rice cakes can be used 1-2 times a week.

### **Choose better fats:-**

Too much saturated and trans fat in the diet can lead to weight gain, high blood pressure and high cholesterol. Limit foods that contain saturated and trans fats. Instead of these bad fats, choose smaller amounts of healthy unsaturated fats, which are found in vegetable oils like canola and olive oil and nuts. Aim for a total of 30 to 45ml

(2 to 3 Tbsp) of healthy fats each day. You can learn more about choosing healthy fats here. Corn, soy, cottonseed, and grapeseed oils should be avoided.

**Reduce unhealthy fats:** Eliminate packaged baked goods, deep fried foods, high fat dairy products like cream and sour cream and margarine.

**Eating more fiber:** Eating more fiber can help maintain blood sugar levels and lower your cholesterol. Plus, fiber helps make you feel full, so you tend to eat less. This can help with weight control. Aim for 21 to 25 grams per day. Here are some high fiber foods to try:Fruit –

especially consume vitamin C-rich food by eating plenty of fruits like orange, lemon, sweet lime, grape fruit, and grapes. Eat whole fruit instead of fruit juice will maintain insulin and blood sugar levels.

- Vegetables – especially green vegetables as it contains a lot of folic acid in them. Folic acid is often advised by gynecologists to women who are planning to conceive or who are pregnant.
- Whole grains – Eat wholegrain foods instead of processed, refined foods such as wheat flour (maida).
- Legumes – Eat such as lentils, chickpeas, soybeans and kidney beans.

### **Enjoy protein:-**

Similar to fiber, protein also helps you feel full for longer, so you will eat less. This is a great way to help control your weight. Make sure that you have some protein at every meal and snack. Instead of always choosing meat, you can also try chicken or fish. Or, try vegetarian options such as legumes, raw seeds and nuts, finger millet (Nachani), soya paneer and other soy products, lentils, chickpeas, black beans, and all other beans. Milk and low fat yogurt are also good sources of protein.

**Optimal Habits:-Make breakfast.** Avoid the breads and coffee, and eat a cooked, warm breakfast that includes some fruit or vegetable and protein. If you are rushed, prepare breakfast the night before and heat it in the morning.

**Eat substantial snacks.** Plan ahead with humus with raw vegetables, rice cakes with nut butter, raw almonds, fresh fruit, raw nuts and seeds, spelt flatbreads. Eliminate chips, bready treats, sugar, coffees and cold drinks.

**Don't go hungry:** Eat every 2-4 hours. Getting over-hungry leads to poor food choices and wreaks havoc with insulin control. Start with breakfast and schedule small snacks between moderate meals for best blood sugar regulation.

**Sit down and eat.** Eat consistently, quietly and chew a lot (35 times per bite is recommended by macrobiotics.) Eat comfortably and enjoy your meal. Don't walk, read, stand or do other activities while eating. Give yourself at least 15 minutes down-time to relax and enjoy your meal.

**Be active:-**

Try to get at least 2 ½ hours of exercise each week. Start with 10 minutes of activity and work up to longer times as your body adjusts. Even if you don't lose weight, exercise can help control your blood sugar and cholesterol levels and lower your risk for heart disease and diabetes.

**Bottom line:**

There is no specific diet that can prevent or treat PCOS. However, eating well and being active can help manage some of the long term complications of PCOS. An eating plan that is high in fiber and low in saturated and trans fat can help lower the risk of heart disease and diabetes.

**References**

- 1) Nidhi R, Padmalatha V, Nagarathna R, Amritanshu R. Prevalence of polycystic ovarian syndrome in Indian adolescents. 2011 Aug;24(4):223-7.
- 2) Azziz R et al. The prevalence and features of Polycystic Ovarian Syndrome in an unselected population. *Obstetrics and Gynaecology* 2004 Jun;89(6):2745-2749.
- 3) Stöppler, M. C. (2010, February 22). PCOS. Retrieved July 23, 2011, from Medicinenet: [http://www.medicinenet.com/polycystic\\_ovary/article.htm#symptos](http://www.medicinenet.com/polycystic_ovary/article.htm#symptos).
- 4) [www.mckinley.illinois.edu/handouts/pcos](http://www.mckinley.illinois.edu/handouts/pcos). Nutrition Therapy for Polycystic Ovary Syndrome (PCOS).
- 5) Dr Gita Ganguly Mukherjee, et al (2007) "Current Obstetrics and Gynecology"
- 6) Phaedra Thomas et al booklet /Center for Young Women's Health Boston Children's Hospital League/[www.youngwomenshealth.org](http://www.youngwomenshealth.org)
- 7) [www.eatrightontario.ca](http://www.eatrightontario.ca). Women's Health issues *Nutrition tips for Polycystic Ovary Syndrome*.
- 8) Minisha August 28, 2013 by [www.fitnessvsweightloss.com](http://www.fitnessvsweightloss.com), 'PCOS Diet For Indian Women', How To Deal With PCOS.
- 9) Farshchi H<sup>1</sup>, Rane A, Love A, Kennedy RL (2007). Diet and nutrition in polycystic ovary syndrome (PCOS): pointers for nutritional management.
- 10) [www.mayoclinic.org/diseases-conditions/pcos/...diagnosis](http://www.mayoclinic.org/diseases-conditions/pcos/...diagnosis).

---

## MENSTRUAL PROBLEMS AND HYGIENE AMONG ADOLESCENT GIRLS IN RURAL AREA

---

Meenakshi A. Wandhekar\* and Saurabhee Arjun Wandhekar\*\*

### Abstract:

Menstrual Health is women's sexual and reproductive health. She is responsible for the miracle of birth. Though menstruation is a normal physiological cycle it is often associated with genital infections and disorders due to some cultural traditions, myth, lack of information or awareness about external genitalia cleanliness specially in rural areas. Hence it is necessary to educate the girls with scientific knowledge and encouraging safe and hygienic practices for safeguarding themselves against various infections.

The present study was planned to find out the menstrual pattern of girls in rural region, as well as to determine their menstrual hygienic practices. 57 girls were interviewed from rural area of Ahmednagar District.

### Introduction

A Woman has been the torchbearer of the society for centuries. She is responsible for the miracle of birth. She is the image of the society and considered the guardian of the respect and corner stone of a family. As life goes on, there are lot of changes occur in women's life cycle. Major concern in woman's life is reproductive health, and need much attention than the counter parts.<sup>[1]</sup> Menarche and menopause are the turning point in the life of a woman. The word adolescent derived from of the Latin word, *adolescere* meaning "growing to maturity"[2]. WHO defines this phase from 10 years of age to 19 years Menstruation, an important part of female reproductive cycle but menstrual dysfunction in adolescent girls may affect normal life of adolescent. Menstruation is women's monthly bleeding when woman menstruate, her body sheds the lining of uterus. Menstrual blood flow from uterus through the small opening in the cervix and passes out of the body through vagina. In the Indian context, the age of onset of menstruation or menarche is generally between 11-15 years with a mean age of 13 years [3] Slight variations in the age of menarche may occur according to the nutritional status, hereditary pattern, and climate difference. After menarche, common menstrual abnormalities that the

\* Women's College of Home Science & BCA, Loni

\*\*Smt.Kashibai Navale Engg.College,Pune

female adolescent may encounter include dysmenorrhoea, irregularities in menstrual flow and premenstrual symptoms. 75% of girls experience some problems associated with menstruation [4]. Generally rural girls are rarely informed about menstruation specifically about menstrual hygienic practices. It is mostly a distressing experience for them. Some girls show negative responses such as shame, fear, anxiety and depression. If the girls are well informed about menstruation, well in advance, it will help them in future. Though there is a relative openness in the society as well as commercialization has increased, the menstrual hygienic practices have not changed much in rural area. Mostly it is because of a sense of hesitation and to an extent, because of financial restraints and also several traditions, myths, misconceptions, mystery and superstition prevailing about menstruation in Indian culture. The present study was planned to find out the menstrual pattern of girls in rural region, as well as to determine their menstrual hygienic practices.

### **Methodology**

The present study was carried out among the adolescent girls in the age group of 13- 17 years in rural area of Ahmednagar district.

By doing house to house survey adolescent girls with their mother interviewed with the help of questionnaire .The adolescent girls were explained about the purpose of the study, and assured of confidentiality. Total 57 girls were participated in this study. The questionnaire was self administered and prepared in local Marathi languages .The questionnaire include Details on menstrual history included age of menarche, average length of menstrual cycle, duration of menstrual flow, menstrual hygienic practices.

### **Result:**

**Menarche and menstrual pattern-** As per records from 57 responses, the mean age of menarche came to 13.39 Range of age of menarche was 12- 14.6 years

**Table 1 Age at Menarche**

Age at Menarche	No. of girls	Percentage
10-11	04	7.02
11-12	07	12.28
12-13	08	14.04
13-14	19	33.33
14-15	10	17.54
15-16	09	15.79
Total	57	100

Menstrual cycle duration is normally 3 to 4 days. Majority of girls i.e. 75.44% had their duration of menstruation normal, 3.51% had less than normal and 15.79% had more than normal.

**Table 2 Duration of Menstruation**

Duration	No. of Girls	Percentage
<=2 Days	02	3.51
3-5 Days	43	75.44
5-7 Days	09	15.79
Others	03	5.26
Total	57	100

**General information about Menstruation**

Majority of girls received information regarding menstruation from their mothers (54.39%) followed by Sister (24.56%) and friends (10.53%) and other family members (7.02%) Only 3.51% girls got information from their teacher. Not a single girl received information from books and magazine. Regarding restrictions, 89.47% of the girls responded that they do not attend religious functions during menstruation, and 36.84% girls do not attend the schools. Surprisingly in physical activities 82.46% girls do not take part in playing but other domestic physical activities like brooming, washing cloths, floor cleaning etc. and farm work .89.47% girls attend the above activities. 10.53% girls do not follow any restrictions .

**Table 3. General Information about Menstruation**

A			B		
Information source	No of responses	Percentages	Restrictions during menstruation	No of responses	Percentages
Mother	31	54.39	Religious occasion	51	89.47
Sister	14	24.56	Physical activity Playing other	47 06	82.46 10.53
School/Teacher	02	3.51	Schooling	21	36.84
Friend	06	10.53	Attending family functions	29	50.88
Other Relatives	04	7.02	No Restrictions at all	06	10.53
Magazine/Books	00	00			

(Multiple answers were allowed)

## Menstrual Hygiene

Only 10.53% girls were using sanitary napkins available in the market, but maximum girls i.e. about 89.47% girls were using old cloths among them 80.87% girls reuse the cloths while 8.77% were using cloths one time only. Cleaning of external genitalia was not satisfactory .only 24.56% i.e.14 girls were using soap or antiseptic.

**Table 4 Menstrual Hygiene**

Use of material during Menstruation	Sanitary Pads	06	10.53
	Old cloths	46	80.70
	New Cloths	05	8.77
Material used for cleaning External Genitalia	Only water	43	75.44
	Soap & water	08	14.03
	Water and antiseptic	06	10.53
Methods of disposal	Throwing it in routine way	00	00
	Burn it	08	14.04
	Washing and reusing	46	80.70
	other	03	5.26

### Menstrual disorders:

Out of 57 girls 70.18% found their menstruation to be regular and among only 29.82% girl's menstruation was irregular. 75.44% girls perceived the menstrual flow within normal limits, while 8.77 % considered it to be less than normal and 15.89 % more than normal. Multiple responses were allowed. Out of 57 girls, 31(54.38%) were having dysmenorrhea

**Table 5 Menstrual disorders**

Menstrual disorder	No of girls	percentage
Dysmenorrhea refers to the lower abdominal pain accompanying the menstrual cycle.	31	54.38
Excessive blood flow.	9	15.89
Scanty blood flow.	5	8.77
Irregular menstruation	17	29.82

## 4. Discussion

mean age of menarche in our study was found to be 13.39 The results are almost same as by Singh M.M. et al[5]. In their study, the mean age of menarche was 13.6. In another study in rural Orissa[6], the mean age of menarche was found to be 12.97. In our study found that majority of girls had their menstruation cycle normal.

At home girls do more physical activities during their menstrual cycle than normal days but only avoids playing and maximum number of girls did not attend religious functions during their menstrual cycle and girls remained absent from schools during menstruation .It may be due to restrictions imposed by elders, fear of leakage of menstrual blood while transit, or lack of awareness about remedial measures

Most of the participants had poor knowledge regarding menstrual hygiene and physiology. Girls did not have complete and accurate information. This signifies the lack of knowledge and hesitation of parents to talk about reproductive health with their children.

The study reveals that most of the girls used cloth as a menstrual pad, and they reused the cloth after washing it with soap and water and discarded the cloth by burning it after using it at least for 5 – 6 months. Very few girls use sanitary napkins available in the market; possibly due to low socioeconomic status, less availability at rural areas and lack of awareness. The study [7] also reported that more than three fourth of girls use cotton clothes and reuse them after washing. Though separate toilets for girls and boys are available at school, the lack of cleanliness and poor / intermittent water supply makes it difficult for the girls to maintain genital hygiene and an excuse to stay at home during menstruation. Cleanliness of external genitalia was unsatisfactory .about 73.58% girls were using only water as they are not aware about importance of reproductive health and about infectious problems.

The most common menstrual problem was dysmenorrhea (54.38%), [8,9,10] followed by irregular menses (29.82%). Though the dysmenorrhea was common, out of those 31 discussed with their mother or other family members and sought for help r to a doctor and 17 girls had irregular menstruation problem ,only 03 sought for help to a doctor Remaining accepted it by thinking that in future all things related to menstruation will become normal and if not that will be their bad luck. Other studies have also found the dysmenorrhea the most common menstrual disorder. Amount of blood loss during period was normal in 75.44% girls,15.89% of girls had excess bleeding.

### **Conclusion and Recommendation:**

It is essential to emphasize on personal hygiene during this period Girls should be counseled well in advance about the menstruation, It is very necessary to encourage safe and hygienic practices among the adolescent girls, educating them about issues related to menstruation and

bring them out of traditional beliefs, misconceptions and restrictions regarding menstruation. There is need for proper professional counseling to girls as well as their mothers which help the girls to take this turning point in their life positively.

## REFERENCES:

1. About Importance of women's life. URL: <http://www.articlebase.com/news-and-society-articles/881925.html>.
2. "Adolescence" Merriam-Webster.com. 2012. Available online on <http://www.merriamwebster.com/dictionary/adolescence>.  
Access Article | [www.njcmindia.org](http://www.njcmindia.org) pISSN 0976 3325 | eISSN 2229 6816 National Journal of Community Medicine | Volume 4 | Issue 2 | Apr – June 2013 Page 240
3. Mehra S. (Ed.). (1995). Adolescent Girl: An Indian Perspective. Mamata Health Institute for Mother and Child, New Delhi.
4. Narayan K.A. et al: "Puberty Rituals, Reproductive Knowledge and Health of Adolescent Schoolgirls in South India.", Asia Pacific Population Journal, Vol. 16, No. 2, 224-236.
5. Singh M.M. et al "Awareness and health seeking behaviour of rural adolescent school girls on menstrual and reproductive health problems", I.J.M.R., 1999. Vol. 53, Issue 10, 439-443.
6. Dutta Himansu Sekhar, "Sexual health status of adolescent girls in rural Orissa", <http://www.orissavha.org/studies/shstudy/202001-2.doc>
7. Quazi S.Z., Gaidhane A., & Singh D. (2006). Beliefs and Practices regarding menstruation among adolescent girls of high school and Junior college of rural areas of Thane district.. Journal of DMIMSU, Dec 2006, Vol 2, Page 67-71
8. Thakre SB, Thakre SS, Ghade SU, Thakre AD. Urban-Rural differences in Menstrual Problems and Practices of Girl students in Nagpur, India. Indian Pediatr [Internet]. 2012
9. Verma PB, Pandya CM, Ramanuj VA, Singh MP. Menstrual Pattern of Adolescent School Girls of Bhavnagar (Gujarat). NJIRM [Internet] 2011[
10. A Cross-sectional Study on Awareness Regarding Safe and Hygienic Practices amongst School Going Adolescent Girls in Rural Area of Wardha District, India. Abhay Bhausaheb Mudey Naveeta Kesharwani Gargi Abhay Mudey Ramchandra C. Goyal (Internet)
11. A study of Menstrual Problems among the Female Junior College Students from Rural Area of Sangli District. Vivek B Waghachavare, Vishwajeet M Chavan, Girish B Dhumale

---

## **A STUDY ON NUTRITIONAL STATUS OF PREGNANT WOMEN IN RURAL AREA, RAHATA TALUKA, DISTRICT AHMEDNAGER.**

---

**Jaya B. Dabarase\***

### **Introduction**

Nutritional problems have serious public health significance impacting psychological, physical, developmental, behavioral and work performance of pregnant women. Iron deficiency is the Commonest nutritional cause of anemia. It may be associated with folate deficiency, especially during Pregnancy. Pregnant women form a large high-risk group requiring special care. Women is regarded as the nerve centre of the family and society maternal nutrition and health is consider as the most important regulator of human fetal growth (Ventura 2008). A healthy mother can produce a healthy child. Pregnancy is the period of dynamic change for a mother requiring a lot of care.

During this period the fetus is nourished directly by the mother through placenta. A woman's normal nutritional requirement increases during pregnancy in order to meet the needs of the growing fetus and of maternal issues associated with pregnancy (Lisa, 2009). In pregnancy anemia has a significant effect on the health of the fetus and the mother. According to Agarwal (1991) maternal anemia resulted in 12 to 28% of fetal loss, 30% of prenatal and 7 to 10% of neonatal death. Anemia in pregnancy is also associated with increased maternal morbidity and mortality. About two third of pregnant women in India are estimated to suffer from anemia. Rahata Taluka is an economically, educationally backward area. Women of this area were not aware about the additional nutritional requirements during pregnancy. Hence the present study is an attempt to assess their health and nutritional status of pregnant women in rural area.

The study has following objectives;

To study the socio-economic status of the selected samples, To know the food consumption pattern of the selected samples, To assess the health and nutritional status of the selected samples.

### **Materials and Methods**

The present study was carrying out pregnant women in third trimester of pregnancy belonging to rural area of Rahata Taluka. Hundred pregnant women from various hospitals constitute the  
**\*Asst. Prof. (FSN), Women's College of Home Sci. and BCA ,Loni, Tal Rahata, Dist A.nagar (MS)**

sample Respondents. Sampling method was adopted for surveying the sample. The list of pregnant women was collected from Government Hospital, Pravara Rural Medical, Loni and Private Hospital.

The collection of data includes socio-economic survey, food consumption pattern and anthropometric measurements. Information on hemoglobin level was collected from their doctor's prescriptions. The study followed the (WHO [1989]) standard of hemoglobin below 11 gm/dl during pregnancy is an indication of anaemia.

**Table I: Distribution of responders on the basis of demographic characteristics**

<b>Respondents</b>	<b>No.of samples</b>	<b>Percentage</b>
<b>Age</b>		
15 to 20 years	25	25
21 – 25 years	66	66
26 – 30 years	6	6
Above 31 years	3	3
<b>Family size</b>		
1 – 3 members	32	32
4 -7 members	55	55
Above 7 members	13	13
<b>Respondent's Education</b>		
Illiterates	--	-
up to primary school	6	6
up to Higher school	46	46
up to Higher secondary school	38	38
up to graduates	10	10
<b>Monthly Income</b>		
2000 – 4500	67	67
4501 – 7800	14	14
Above 7801	19	19
<b>Age of marriage</b>		
up to 20 years	53	53
21 – 25 years	37	37
Above 25 years	10	10

**Table II: The health status bared on height and weight during pregnancy**

<b>Respondents</b>	<b>No.of samples</b>	<b>Percentage</b>
<b>Height(cm)</b>		
Below140	2	2
141-150	50	50
151-160	43	43
Above160	5	5
<b>Weight (kg)</b>		
Up to 50	30	30
51-60	58	58
61-70	11	11
Above70	1	1
<b>Weight gained last Trimeste(kg)</b>		
4-6	11	11
6-8	44	44
8-10	40	40
Above10	5	5

**Table III: Indicated that the food consumption pattern of the selected samples**

<b>Sr.No</b>	<b>Name of Food</b>	<b>Percentage of samples</b>		
		Daily	Weekly	Monthly
1	Cereals	100	-	-
2	Pulses	-	100	-
3	Leafy vegetables	90	10	-
4	Roots &Tubers	-	100	-
5	Other vegetables	-	100	-
6	Fruits	-	78	12
7	Milk	100	-	-
8	Non-vegetarian	-	54	46

**Table IV: Average nutrition intake by pregnant women incomparison with RDA**

<b>Nutrients</b>	<b>RDA</b>	<b>Actual Intake Mean</b>
Protein(g)	82.2	71.36
Energy(kCal)	2250	2067.45
Calcium(mg)	1200	805.75
Iron(mg)	35	16.64
Carotene(mg)	2400	809.59
Thiamine(mg)	1.2	1.12
Ruboflavin(mg )	1.3	1.19
Niacin(mg)	14	13.59
Vitamine C(mg)	60	57.74
Folic acid(mg)	400	58.44

**Table V: Clinical picture of the respondents**

Sr. No.	Criteria	Marks	Number of marks	Percentage
1.	General appearance	Good	51	51
		Fair	29	29
		Poor	15	15
		Very poor	5	5
2	Eyes	Normal	59	59
		Slight discolouration	36	36
		Severe discoloration	5	5
3.	Tongue	Normal	62	62
		Pale but coated	22	22
		Red and raw	16	16
4.	Hair	Normal	69	69
		Loss of Luster	16	16
		Discolored and dry	15	15
5.	Nail	Normal	83	83
		Up normal	17	17

**Table VI: Bio –chemical Assessment of the selected samples**

S.No.	Heamoglobin level (g/dl)	No of the respondents	%
1	8 – 9	19	19
2	9 – 10	33	33
3	10 – 11	23	23
4	11 – 12	21	21
5	Above-12	4	4

## Results and Discussions

### Socio-economic status

It was observed that 66% of the samples belonged to the age group 21-25 years, 6% of them were under the age of 26-30 years, 25% of them belongs to the age group between 15-20 years and only 3% of the sample were in the age group above 30 years. Nearly 32 families had 1-3 members, 55 families have 4-7 members and only 13 families had above 7 members. Educational status determines the quality of life of an individual. Literate can be well differentiated from illiterate by their way of doing things. It is inferred that 00% of them were illiterates and 100% of them were literates. Among them 6% of them studied up to primary school level, 46% of them were studied up to higher school level and 38% of them were studied up to higher secondary school and only 10% of them were studied up to college level.

Respondents were divided in to three income groups according to monthly income. It was observed that 67% earned between Rs.2000-4500, whereas 14% earned between Rs.4501 – 7800 and 19% earned Rs.7801 and above per month. 53% respondents got married within 20 years of age 37% respondents got married between 21-25 years of age and only 10% respondents got married above 25 years of age.

### **Health status of the selected samples**

Health of an individual can be easily identified by their height and weight ratio. Table (II) indicated that the health status based on the height and weight during pregnancy. Fifty percent of the respondents were found to be in the height range between 141-150cm Forty Three percent of the respondents were found to be in the height range between 151- 160cm, five percent of the respondents were found to be in the weight range above 160cm and two percentage of the respondents were found to be the height range below 140cm Table(II) also indicated that fifty eight percent of the respondents were found to be in the weight range between 50-60kg, thirty percent of the respondents were found to be in weight range up to 50kg one percent of the respondents were found to be in weight range above 70kg. Table (II) also represented the weight gained last trimester during pregnancy of the respondents. Forty percent of the respondents were found to gained weight range between 8- 10kg, forty four percent of the respondents were found to be gained weight range between 6-8kg. above 10kg weight was gained during last trimester for five percent of the samples remaining eleven percent gained weight 4-6kg. The dietary pattern of the samples revealed that nineteen percent of them were non-vegetarians and eighty one percent of them consumed vegetarian foods

### **Iron Tablet and Tonic consumption**

Apart from these regular foods, iron tonics and tablets were consumed regularly by eighty four percent of the respondents to combat the iron need during pregnancy as prescribed by physicians, other sixteen percent of the samples were consumed occasionally.

### **Nutrient intake of the respondents:**

Table IV indicated that the average intake mean of different nutrients in comparision to the recommended dietary allowance (RDA). RDA is the intake of nutrients derived from the diet that keeps nearly all people in food health. It takes in to account the individual variation in nutrient needs and also availability of nutrients, which may vary from diet to diet.**(RDA Suggested by ICMR-2010)** As per RDA Nutrient intake of selected pregnant women is

presented in Table IV It is clear from table that the pregnant women was deficient in most of the nutrients such as energy,protein,calcium,iron,folicacid, vitamin c,niacin which were less than the RDA.

### **Bio –chemical Assessment of the selected samples**

According to chandicharan chatterjee haemoglobin is essential for oxygen carriage. It plays an important role in carbon di oxide transport and constitutes one of the important buffers of blood and helps to maintain its acid – base balance. Table VI indicated the haemoglobin level of the respondents

Twenty one percent of the sample had the haemoglobin level 11-12 g/dl twenty three percent of the sample has the haemoglobin level 10-11g/dl, where as Thirty three of the respondents had the haemoglobin level 9-10g/dl four percent of respondents has above 12g/dl, remaining nineteen percent of the respondents had 8-9 g/dl of haemoglobin level.

### **Conclusion**

It was found that the nutrient intake of the respondent was significantly less as compared to RDA. The malnutrition problems among pregnant women are very complex. A judicious combination of various food groups required to ensure that nutrient demands of individuals are fully met. It was also found that the mean daily dietary intake of iron and folic acid of the anaemic pregnant women was

significantly lower than those of the non-anaemic pregnant women. In spite of better education and highly monthly income, nutrition intake was lower than RDA. This might have been due to poor knowledge on nutrition and ignorance about healthy by these women. Dietician and home science extension officers should encourage the rural women to cultivate low fact nutrients fruits, vegetables etc, and popularize the same for consumption in the rural families.

### **References**

1. Mudambi S.R & Rajgopal M.V.2007 Fundamental of foods, Nutrition and Diet Therapy. Fifth Edition, New age International Ltd publisher Inc,129.
2. Agarwal K.N. 1991. Function consequences of nutritional anemia. Proc. Nutri. Soc. India, 37, 127-132.
3. Gopalan C., Ramasastru B.V. and Balasubramani S.C. 2002.Nutritive Value of Indian foods. ICMR, Hydrabad.
4. Mridula, D, Mishra C.P. and Chakravorty, A. 2003. Dietary
5. Intake of Expectant Mother, Indian Journal of Nutrition and Dietetics, 40(1), 24-30.

6. Nutrition Surveys and Calculations. Nutrisurvey 2007.exe software. Country specific food database for India. Available from: URL: <http://www.nutrisurvey.de/>
7. Huma rathore. Maternal Nutrition In pregnancy And Lactation. Available from: URL:[http://www.academia.edu/353599/MATERNAL\\_NUTRITION\\_IN\\_PREGNANCY\\_AND\\_LACTATION](http://www.academia.edu/353599/MATERNAL_NUTRITION_IN_PREGNANCY_AND_LACTATION)
8. NNMB Technical Report No. 24. National Nutrition Monitoring Bureau (NNMB). Diet and nutritional status of population and prevalence of hypertension among adults in rural areas. National Institute of Nutrition, Indian Council of Medical Research, Hyderabad, India, 2006

---

## WOMEN AND IT SECTOR

---

**Rajashri M. Nehe\* and Mr. Tambe R. V.\*\***

### **Introduction:**

India has one of well recognized developing countries which serving the Globe with its Information Technology Industry contribution. Women personalities like Indra Nooyi (CEO, PepsiCo), Chanda Kochar (CEO ICICI Bank), Naina Lal Kidwai, Group General Manager and Country Head of HSBC India, Arundhati Bhattacharya is an Indian banker. She is the first woman to be the Chairperson of State Bank of India. In 2014, she was listed as the 36th most powerful woman in the world by Forbes, made India proud by leading from the front and they are the backbone of the recognition that India has achieved in ICT business. A silent revolution is taking place with evolution of women empowerment in the knowledge era. They are getting the best access to Information and Communication Technology (ICT) education, employment opportunity & becoming owners of IT companies.

### **ICT access & emerging trend in education:**

In the India economy was more determined by Agricultural & Industrial sector growth. But last 15 Years especially from 1995, the dependency on Information Technology for building its economy is very explicitly visible. Now IT industry turnover is higher. Now the question is that Can Indian men alone could have got the economy spiral to this extent? The answer is an obvious “NO”. In our country where near about 50% of the population is women, who else could have supported this revolution. The obvious answer is “Indian Women in IT”.

In the early days means in 85’s there were hardly few students who took to Computer Science, Computer Applications, Computer Engg. etc. Women amongst them were very handful. Communication infrastructure and Curriculum support for literacy in computer was at a growing stage at that time. Access to Information and Communication Technology itself was limited and was available only to those who could afford its cost. For example getting a telephone line, purchasing a computer & software were not that easy to reach the masses in India.

Twenty years down the line there has been dramatic and systematic change in access to ICT. Affordability, Reach, Current Technology, Academic support, Human Resource training,

**\*Asst. Prof.(BCA), Women’s College of Home Sci. and BCA ,Loni, Tal Rahata, Dist A.nagar (MS)**

**\*\*Asso. Prof., Pravara Rural Engineering College,Loni, Tal Rahata, Dist A.nagar (MS)**

Employment opportunity, Global Connectivity etc in ICT segment have been rapidly transforming Indian economy and its citizen's way of life. Educated Women have had significant breakthrough by breaking the traditional household, child rearing, socially oppressed life style, because of access to ICT. Testimony to this is the enrollment in engineering education and the growing literacy level even amongst the rural women. Government of India through its "National Programme for Education of Girls in Elementary Level (NPEGEL) reach in 21 States has created enough synergy to improve rural female literacy and gender gap in the educationally backward blocks. Co-education in almost all schools, colleges and exclusive women academic institutions has shown the door for more girls to pursue studies of their interest. Prominent amongst the preferred education currently is ICT field. This emerging trend is basically due to "WOMEN" being equally recognized for their ability and contribution in "KNOWLEDGE" oriented industry with less of physical and masculine demands for execution of work.

#### **Employment in IT Sector:-**

The Indian IT-BPO industry has emerged as the largest private sector employer in the country with direct employment of about 2.23 million professionals. The percentage of female employees, over the years, has steadily increased up to 60 to 70%.

The important factors that encourage women workforce to participate in IT sector are for embracing a white-collar job with comparatively high salary, easy international mobility, gender-neutral policy based on knowledge-centric skills possession, flexible work routine and physically less demanding work process in comfortable indoor work-environment. The gateway of getting into this sector is through higher and technical education. As such, growing female participation rate in this sector has raised the claim that it has encouraged women into professional, technical and higher education. High employment potentiality in this industry inspired a large number of girls to go for professional education, especially for the computer engineering courses. It transpires from the NASSCOM - Mencher, 2009 report that only 5 to 8 per cent of female engineering graduates were in the IT industry during 1980s whereas this figure has shot up drastically to 70 to 80 per cent currently. Women working in this sector become socially mobile to live in other cities away from their male relatives and families for the sake of their jobs. They no longer constrain themselves to opt for jobs which are near to their home town alone. Direct opportunities offered by the IT industry for advancement of women careers increases the agency i.e. they take decisions of their own and within limited terms.

The effects of women's entry into the IT Sector have augmented their household income enlarging their bargaining power within the households. Besides, larger quantum of work participation rate among the women furthers their social mobility. In IT sector, individualization capacities are enhanced as the women employees need to make decisions very often on their own and that too instantly, thus, offering greater scope for boosting up their agency.

Women with basic education & literacy in computer have started handling ICT for simple applications. Well educated women are worked in multinational companies on higher salaries.

- ❖ They worked in departmental stores for billing, as a data entry operators, etc just after schooling
- ❖ From this elementary level of working with ICT, educated women are employed in managing Kiosks & in Call centers as part of ITES industry.
- ❖ They are employed in ICT training institutes to teach applications of computers and communication.
- ❖ Women have grown up to handle ICT functions in organization such as HR, software developers and programmers in the user Organizations
- ❖ They are employed in Banks and Financial institutes handling ICT for various applications.
- ❖ They represent in sizeable numbers as Project Managers, Project Leaders, System Analyst, System Designers and Quality Assurance functions in IT industry
- ❖ They are employed as highly qualified DSP engineers and designers, telecommunication application software engineers in the hi-tech IT value added industries
- ❖ They have reached the senior executive level to manage IT industry
- ❖ They have become Entrepreneurs, owning and managing IT industry.

#### **Technology Advance Women in Economically:**

The important factors that encourage women workforce to participate in IT sector are for embracing a white-collar job with comparatively high salary, easy international mobility, gender-neutral policy based on knowledge-centric skills possession, flexible work routine and physically less demanding work process in comfortable indoor work environment. It observes that women professionals have enhanced their social status in terms of having economic capital - high income, foreign travels, and social capital - role model and greater prospects of marriage and symbolic capital - prestige attached to profession.

“ Financial independency “ improves women employees their larger social acceptance in male dominated society. Women work on managerial position, Software developers, Architectures, Tech leads, Consultants, Project managers, Project leaders, Programmers, Operators etc. and get high salary.

**Conclusion:**

Today’s successful women are examples of having had the courage and will power to withstand the “Marriage-Baby phase” and build a career. Emerging trend in Indian IT Industry indicates that women have spread their wings into various segments with prominent presence in Financial, Human Resource, Quality, Facility creation and ITES work. As our famous Nobel Laureate and world renowned economist Dr. Amartya Sen mentioned, the word “gender equality” is a terrible evil and social failure. Indian women require both cultural and economic independence to take their own decisions. They should play major part in the economic growth outside the family to visualize INDIA as a developed nation. Women in IT shall contribute to this vision of India. The emerging trends are just not indicators but sure sign of “WOMEN IN IT-INDIA” transforming their life style and positioning INDIA in the globe. The current generation is realizing the benefits of the IT

**References:**

1. "The World's 100 Most Powerful Women". *Forbes*. Forbes. Retrieved 24 June 2014.
2. Jump up^ "The World's 100 Most Powerful Women 2013". *Forbes*. May 2013.
3. Jump up^ "Fortune names ICICI's Chanda Kochhar as most-powerful Indian woman in business". *India Today*. 16 November 2012.
4. Emerging Trends of Women in the IT Profession – India by R.Rajalakshmi Director Software Technology Parks of India, Tamilnadu
5. [www.google.com](http://www.google.com)
6. Women in Indian Information Technology (IT) sector: A Sociological Analysis  
*By Asmita Bhattacharyya and Dr. Bhola Nath Ghosh*

---

## WOMEN IN MATHEMATICAL SCIENCE

---

**Vaishali R. Korade\***

### **Introduction:**

Mathematics as a field of science or philosophy was largely closed to women before the twentieth century. However, from ancient times through the nineteenth century and into the early twentieth century, a few women have achieved notably in mathematics. Here are few women of note in early math -- their life stories and their achievements documented in the article.

**1 Hypatia Alexandria:** Hypatia was the daughter of Theon of Alexandria who was a teacher of mathematics with the Museum of Alexandria in Egypt. A center of Greek intellectual and cultural life, the Museum included many independent schools and the great library of Alexandria.

Hypatia studied with her father, and with many others including Plutarch the Younger. She herself taught at the Neo-platonist school of philosophy. She became the salaried director of this school in 400. She probably wrote on mathematics, astronomy and philosophy, including about the motions of the planets, about number theory and about conic sections..

Hypatia dressed in the clothing of a scholar or teacher, rather than in women's clothing. She moved about freely, driving her own chariot, contrary to the norm for women's public behavior. She exerted considerable political influence in the city.

She represented heretical teachings, including experimental science and pagan religion. And she was a woman who didn't know her place.

### **2 Elena Cornaro Piscopia**

Elena Cornaro Piscopia was born in 1646 into this family. Her father was a public official who educated his children personally. A parish priest recognized Elena as a child prodigy when she was seven, and then she began to study with tutors in Latin, Greek, music, theology, and mathematics. She eventually learned Hebrew, Arabic, Chaldaic, and also French, English, and Spanish. She studied philosophy, and astronomy. Musically talented, by the time she was 17

**\*\*Asst. Prof.(BCA), Women's College of Home Sci. and BCA ,Loni, Tal Rahata, Dist A.nagar (MS)**

years old she could sing, compose, and play such instruments as the violin, harp, and harpsichord.

Her achievements attracted the attention of many, including clerics, royals, and scientists. Many came to Venice to meet and speak with her.

Although some other women had studied science and math at the university level in Italy in her time, Elena Piscopia was the first to apply in theology. She studied there from 1672-1678, and in 1678, she received her master's and doctorate of philosophy degrees. The ceremony awarding her these degrees had to be held in the cathedral to accommodate the crowd that came to see her receive them.

Elena Piscopia became a lecturer in mathematics at the University, where she served until her early death in 1684.

She was honored after her death as a woman of learning. The University of Padua has a marble statue of her. Vassar College in New York has a stained glass window depicting her achievement. Her achievement did not immediately open doors for many others, though. No other woman earned a doctorate at the University of Padua until the late twentieth century

### **3. Maria Agnesi :**

Maria Agnesi's father was Pietro Agnesi, a wealthy nobleman and a professor of mathematics at the University of Bologna. It was normal in that time for the daughters of noble families to be taught in convents, and to receive instruction in religion, household management and dressmaking. A few Italian families educated daughters in more academic subjects; a few attended lectures at the university or even lectured there.

Pietro Agnesi recognized the talents and intelligence of his daughter Maria. Treated as a child prodigy, she was given tutors to learn five languages (Greek, Hebrew, Latin, French and Spanish) and also philosophy and science.

The father invited groups of his colleagues to gatherings at their home, and had Maria Agnesi present speeches to the assembled men. By age 13, Maria could debate in the language of the French and Spanish guests, or she could debate in Latin, the language of the educated. She didn't like this performing, but she could not persuade her father to let her out of the task until she was twenty years old.

In that year, 1738, Maria Agnesi assembled almost 200 of the speeches she had presented to her father's gatherings, and published them in Latin as *Propositiones philosophicae* -- in English, *Philosophical Propositions*. But the topics went beyond philosophy as we think of the topic today, and included scientific topics like celestial mechanics, Isaac Newton's gravitation theory, and elasticity.

Also in 1783, wanting to do the best job of communicating up-to-date mathematics to her younger brothers, Maria Agnesi began to write a mathematics textbook, which absorbed her for ten years.

The *Instituzioni Analitiche* was published in 1748 in two volumes, over one thousand pages. The first volume covered arithmetic, algebra, trigonometry, analytic geometry and calculus. The second volume covered infinite series and differential equations. No one before had published a text on calculus that included the methods of calculus of both Isaac Newton and Gottfried Leibnitz.

Maria Agnesi brought together ideas from many contemporary mathematical thinkers -- made easier by her ability to read in many languages and integrated many of the ideas in a novel way that impressed the mathematicians and other scholars of her day.

As recognition of her achievement, in 1750 she was appointed to the chair of mathematics and natural philosophy at the University of Bologna by an act of [Pope Benedict XIV](#). She was also recognized by the Habsburg Empress Maria Theresa of Austria.

Maria Agnesi's name lives on in the name that English mathematician John Colson gave to a mathematical problem -- finding the equation for a certain bell-shaped curve. Colson confused the word in Italian for "curve" for a somewhat similar word for "witch," and so today this problem and equation still carries the name "witch of Agnesi."

She used her wealth and her time to help those less fortunate. She established in 1759 a home for the poor. In 1771 she headed up a home for the poor and ill. By 1783 she was made director of a home for the elderly, where she lived among those she served. She had given away everything she owned by the time she died in 1799

### **Reference:**

Search through trovi software

---

## HEALTH STATUS OF WOMEN IN RURAL AREA

---

Uttam Damu Anap \* and Dr. Madhuri Wakchaure\*\*

### Abstract

This Paper is focus on Health of rural women If health is defined ‘as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’, it follows that existence is a necessary condition for aspiring for health. The girl child in India is increasingly under threat. In recent decades, there has been an alarming decrease in the child sex ratio (0-4 years) in the country. Access to technological advances of ultra sonography and India’s relatively liberal laws on abortion have been misused to eliminate female foetuses. From 958 girls to every 1000 boys in 1991, the ratio has declined to 934 girls to 1000 boys in 2001. In some states in western and north western India, there are less than 900 girls to 1000 boys. The sex ratio is at its worst in the states of Punjab, Haryana, Himachal Pradesh and Gujarat, where severe practices of seclusion and deprivation prevail. Often in contiguous areas in these states, the ratio dips distressingly below 800 girls to every 1000 boys (RGI, MOHFW, UNFPA, 2003). Annexure I gives the child sex ratio in different states and union territories of India as per the 2001 census. The Present paper analysis the Nutrition and women health in India.

**Keywords:** Women, Health, Nutrition Problems.

### Introduction

The health of Indian women is intrinsically linked to their status in society. Research on women’s status has found that the contributions Indian women make to families often are overlooked, and instead they are viewed as economic burdens. There is a strong son preference in India, as sons are expected to care for parents as they age. This son preference, along with high dowry costs for daughters, sometimes results in the mistreatment of daughters. Further, Indian women have low levels of both education and formal labor force participation. They typically have little autonomy, living under the control of first their fathers, then their husbands, and finally their sons<sup>1</sup>. All of these factors exert a negative impact on the health status of Indian women. Poor health has repercussions not only for women but also their families. Women in poor health are more likely to give birth to low weight infants. They also are less likely to be able to provide food and adequate care for their children. Finally, a woman’s health affects the

\*Sport Director, Women’s College of Home Sci. and BCA ,Loni, Tal Rahata, Dist A.nagar (MS)

\*\*Reader, College of Physical Education, Pune

household economic well-being, as a woman in poor health will be less productive in the labor force. While women in India face many serious health concerns, this profile focuses on only five key issues: reproductive health, violence against women, nutritional status, unequal treatment of girls and boys, and HIV/AIDS. Because of the wide variation in cultures, religions, and levels of development among India's 25 states and 7 union territories, it is not surprising that women's health also varies greatly from state to state. To give a more detailed picture, data for the major states will be presented whenever possible.

***World Health Organization (WHO) defines health as:***

- *"A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".*
- *As health is a multidimensional phenomenon, other dimensions were added to the physical, mental and social. These are: societal, economic, spiritual and economic*

***Health Education*** comprises consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health.

**Who are the rural women?**

Rural women represent the female population living in rural areas. According to article 24 of the Law on Agriculture and Rural Development (no. 134/2007) rural areas are defined as "geographic area that is defined by the following criteria: small number of population or low density of population; specific socio economic characteristics 10 ". The criteria are in detail defined in a Government's ordinance, according to which a list of rural habitats is published in the Official Gazette. Cross-analyzing that list of localities with the official statistical data from the last available census from 2002, we have deducted that 45.2% of the total population (or 915,665 inhabitants) in Macedonia lives in rural areas. Correspondingly, the majority 54.8% of the population lives in urban areas. According to the Jakimovski study which operates with data from the 1994 census the biggest number of rural women are in age groups 40-49 and 30-39 years old. The majority of rural men, on the other side, are in age group 20-29 and 30-39 years old.

**Table 1: Rural women and men by age group and gender**

Age	Total per-cent	Male per-cent	Female per-cent	Total
	100			100%
0-19	5.9	5.3	8.1	
20-29	22.0	23.2	18.1	
30-39	21.6	22.1	19.8	
40-49	18.4	17.4	21.9	
50-59	19.1	18.9	19.8	
Unknown	12.8	13	12.1	

Source: The status and the role of Rural Women, (Jakimovski & Matilov 2002)

It should be noted that the 2002 census presents the data per municipality and not village and since the ordinance of the Government defines the list of rural villages, we couldn't deduct the same socio-demographic data as in Dr. Jakimovski and Dr. Matilov's study. Nevertheless the CRPM Survey of rural women and men 2011 gathered data relevant for education of rural women and men. Other relevant data such as life-expectancy and health status are provisioned by the Institute of Public Health but do not present the rural/urban differences of the Macedonian population. Being not relevant for the focus of this research, this data are not presented in this study

### **Women Health in India**

Health is complex and dependent on a host of factors. The dynamic interplay of social and environmental factors have profound and multifaceted implications on health. Women's lived experiences as gendered beings result in multiple and, significantly, interrelated health needs. But gender identities are played out from various location positions like caste and class. The multiple burdens of 'production and reproduction' borne from a position of disadvantage has telling consequences on women's well-being. The present section on women's health in India systematizes existing evidence on the topic. Different aspects of women's health are *thematically* presented as a matter of presentation and the themes are not to be construed as mutually exclusive and water tight compartments. The conditions of women's lives shape their health in more ways than one.

### **Nutrition**

Nutrition is a determinant of health. A well balanced diet increases the body's resistance to infection, thus warding off a host of infections as well as helping the body fight existing infection. Depending on the nutrient in question, nutritional efficiency can manifest in an array

of its orders like protein energy malnutrition, night blindness, and iodine deficiency disorders, anaemia, stunting, low Body Mass Index and low birth weight. Improper nutritional intake is also responsible for its diseases like coronary heart disease, hypertension, non-insulin dependent diabetes mellitus and cancer, among others. Nutritional deficiency disorders of different types are widely prevalent in the countries of South East Asia, with some pockets showing infelicity in certain types of disorders. Iodine deficiency disorder is endemic to the Himalayan and several tribal areas and anaemia is a pervasive problem across most socio-economic groups of the country.

### **Types of health:-**

There are five types of health; mental, physical, emotional, social and spiritual

- mental health, to be of sound mind or to be sane
- physical health, to be in good physical condition or no broken bones
- social health, to be able to communicate with friends and acquaintances successfully
- emotional health, to be able to control your emotions so that you don't just have a crying or laughing fit randomly.
- spiritual health, is when you believe that everything is or will get better for you.

many people believe that you have to eat really organic and fresh food to be healthy, this by itself is not being healthy, you need to be of sound mind, body and soul and to be this you need to have the five types of health.

### **Conclusion:-**

This paper has discussed the theoretical underpinnings of a health education curriculum which is designed to facilitate a personally liberating pedagogical process. Such a document will inform and encourage a *health-literate* society where the critical analysis of public policies and practices is encouraged, and where the learning outcomes generated by health education contribute to the nurturing of autonomous individuals and an empowered populace. The aim of such a society would be to promote health and wellbeing for all its people. The tension between these analytical foundations in health education and the current political climate of economic rationalism and fiscal restraint which shapes all education policy has also been acknowledged. When the curriculum document is finally released one has to ask, Will the pressures impinging upon health educators in this climate be similar to those exerted by the New Zealand Business Roundtable in 1996 following the publication of the social studies revised draft. This group

argued that the subject should revert to its discipline bases of history and geography, so as to deflect attention away from what was claimed to be the critique of equity and social issues encouraged by the document.

Health education attracts controversy by its very nature. Current curriculum developments and concerns can be summarized by asking a number of broad questions. How strongly can the vested interests of pressure groups compete with the pressing educational needs of our children and adolescents? When it *finally* emerges from the Ministry of Education, will the *Draft Health and Physical Education Curriculum Statement* (1996) demonstrate a commitment to the integrity of the extensive consultative process that led to its development? Will the statement reflect a theoretical commitment to health for all in the twenty first century or will it be a step backwards to the individualism of the past? Perhaps the key question to ask in a context in which the development of market relations in all areas of our social and economic life appears paramount is, Whose interests will it serve?

**Reference:**

1. Chatterjee Meera, Indian Women: Their Health and Economic Productivity, World Bank Discussion Papers 109, Washington, DC. (1990)
2. Shetty P.S., *Food and nutrition. In Detels, R., J. McEwen, R. Beaglehole and H. Tanaka (eds.) Oxford Textbook of Public Health (fourth edition), New York: Oxford University Press, 149-170 (2004)*
3. Duggal R., *Health and nutrition in Maharashtra. In Government of Maharashtra (2002). Human Development Report: Maharashtra, New Delhi: Oxford University Press, 53-77 (2002)*
4. Basu A. and Kurz. K., *Reproductive health seeking by married adolescent girls in Maharashtra, India, Reproductive Health Matters, 9(17), 52-62 (2001)*
5. Madhiwalla N., Nandraj S. and Sinha R., *Health households and women's lives: A study of illness and childbearing among women in Nashik district, Maharashtra. Mumbai: Centre for Enquiry into Health and*

---

## PORTRAYAL OF WOMEN IN MEDIA

---

**Sanjay T. Wani\* and Sonia M. Talreja\*\***

“There is no chance of the welfare of the world unless the condition of women is improved. It is not possible for a bird to fly on one wing”

**- Swami Vivekanand**

### **Introduction**

The primary goal for women empowerment is to improve the quality of life of women but it has also deep ramifications in social, economic and political scenario of body polity. The media through its reach to people at large has been instrumental though not to the extent desired in supporting the movement for women emancipation by focusing neglect and marginalization of the position of the women in society. The woman in India has been relegated to a secondary position. It would be a sad commentary on the subordinate role of women in India when woman is ideally viewed as *Shakti* (Power), the origin of power itself but in reality found as helpless, hapless woman without any identity except that of a wife, or the mother who has very little voice in decision making and has very little by way of her own basic choice. Although discrimination against and exploitation of women are global phenomena, their consequences are more tragic in the some parts of the globe particularly in under developed countries where, ignorance, deprivation of the basic necessities of life, and the ever-growing pressure of transition from tradition to modernity- all combine to aggravate the inequalities that women suffer to a point at which their existence is reduced to a continuous battle for survival. Improving the status of women is regarded as the key to narrowing the gender gap and achieving a better quality of life.

### **Gender Inequality**

A vast majority of Indian women work throughout their lives but the fact is that it is not officially recognized. Statistics on work force shows low figure of women workers. There is a serious underestimation of women's contribution as workers even though when given a chance they have convincingly proved their ability. Women's workforce participation - the percentage of adult women who are actually working is accepted indicator of women's status and

**\*Asst. Prof.(BCA), Women's College of Home Sci. and BCA ,Loni, Tal Rahata, Dist A.nagar (MS)**

**\*\*Asst. Prof.(BCA), Women's College of Home Sci. and BCA ,Loni, Tal Rahata, Dist A.nagar (MS)**

component of the Gender Empowerment Measure (GEM) used in GNDP Human Development Reports. According to a survey over 1200 women in both organized and unorganized sector it has been found that 50% experienced gender discrimination by way of physical and mental harassment of women at work.

### **Wage discrimination**

Women generally earn a far lower wage than men doing the same work. In no state in India women and men earn equal wage in agriculture. This is equally applicable to other areas of works such as mining, transport services etc. In the various work sectors average wages earned by male is more than the wages earned by female. The media can certainly bring some of these biases in to light. Specially, women journalists must take up this cause. The Indian constitution makes it mandatory to give equal protection to every citizen. Thus sympathetic media, judiciary and executive should stand for this together.

### **Crime against women**

The soaring crime rates and violence against women in the country reflects women as weaker sex who are being dominated and exploited. They face violence inside and outside the family throughout their lives. The Crime Record Bureau of India's website shows that in the year 2006 total crime reported against women was 1, 91731. Police record shows that a woman is molested in the country every 20 minutes; a rape occurs every 34 minutes and every 43 minutes an incident of sexual harassment takes place. Every 43 minutes a woman is kidnapped and every 93 minutes, a woman is killed.

Before empowerment of women can be achieved it is necessary to enable women to give voice to their experience, their sufferings, and for society to understand them as human being and respond to them with sensitivity.

### **Health**

Millions of Indian women simply lack the freedom to go out of the house in search of health services they need. According to National Health Survey – 2 only 52% women in India are not even consulted on decision about their own health. The National Health Survey – 2 estimate mentions that some 1,00,000 to 1,20,000 women die every year due to pregnancy related causes. In some States death rate is quite high and alarming. The rate in India is quite higher than the maternal mortality rate surveyed in Cuba, China, Srilanka and Vietnam.

The majority of women go through life in state of nutritional stress. They are anemic and malnourished. Girls and women face discrimination within the family; eating last and least.

### **Gap on Male-Female Ratio**

Men outnumber women in India, unlike in many countries where the case is otherwise. The main cause of the gap in the male female ratio is prevailing practice of female fetus killing especially high in Punjab, Haryana and Rajasthan. In these states, the ratio is shockingly low as compared to other Indian states. Female infant mortality rates are higher than male infant mortality rates. The mass media needs to focus on this health issue of women. The various scheme incorporated by the government requires wider coverage so that women especially from economically weaker section can be benefitted from them

### **Media's Role in empowerment of women in India**

Communication is extremely important for women's development and mass media play significant role. It is to be noted that growth of women's education and their entry into employment have contributed to the growth of media. In all spheres of life whether for controlling population growth, spread of literacy or improving quality of life for vast masses, women have crucial role to play. However, women can be expected to play this role when they become conscious of their strength and are not deliberately marginalized by male domination. In this context, media has an important role to play – to create awakening in women to achieve their potential as the prime movers of change in society. In today's world, print and electronic media play a vital role in effectively conveying message that needs to be conveyed.

### **Portrayal of women by the Media**

The media scene in India is that media does not address serious issues about exploitation and in equal treatment to women in different spheres but is keen in reporting sex related incidents by way of sensationalizing news of atrocities on women. Thus instead of highlighting the exploitation of woman they end up becoming one of the reasons in increase of violence as their coverage more often than not tend to glorify the crime against women. It is true that media has brought to light, as never before, certain misdemeanors against women but in a very subtle manner it also perpetuated the stereotyped image of woman as a householder and an inconsequential entity in the traditional value system. Generally, women's problems never figure on the front page of a newspaper unless it is a gruesome murder or a case of rape.

Newspapers even on women's page does not usually address relevant issues for women empowerment but reporting is concerned with beauty tips recipes, fashion syndrome etc.

It is unfortunate that there is lack of sensitivity among the newspapers in general to women and their. The Media Advocacy Group made the following recommendations on reporting violence against the women.

- (i) It also has to be instrumental in creating awareness among civil society of the causes and nature of the crime itself, and of the preventive measures.
- (ii) Media needs to take an extended, broader view of crimes against women. It has to be instrumental in conducting a social audit on factors responsible for increasing crimes, particularly against women and children, including indifferent investigative procedures, miscarriage of justice, and growing social impunity of the perpetrators of crime.

### **Limited coverage in Media**

Newspapers cover women's problems drawing the attention of policymakers to issues requiring immediate attention such as the adverse sex ratio, infant and maternal mortality, crime against women and the effects of poverty on women and their families. But this coverage is very limited with the rest of the space occupied by cinema actresses, models, video jockeys (veejays) and the rich women and their hobbies. Many of the women's magazines are devoted to fashion, glamour, beauty aids, weight reduction, cookery and how to sharpen 'feminine instincts' to keep men and their in-laws happy. There are comparatively fewer articles on career opportunities, health awareness, entrepreneurship, legal aid, counseling services, childcare services and financial management. In the television serials women are the central characters, but they are portrayed largely as tormentors or the victims while the men very often take sideline and just seem caught in a web of unfavorable circumstances. Television culture has portrayed a breed of weak, indecisive men ensnared by sexy women when in reality men also play an active role in oppressing women in various ways including subjecting them to physical assault, rape, pushing them into the sex trade and even abandoning them. It is only desirable that serials should be close to reality and give message to the viewers where and how the society is going wrong.

This portrayal of women in media has led the National Commission for Women to recommend amendment in the Indecent Representation of Women (Prohibition Act), 1986. National Commission for Women has stated that "women are either being portrayed as Sita (Ramayana) or as Kaikayee (Ramayana) and there seems to be nothing in between the two extreme

characters being shown in Soaps. Divorces, adultery are highlighted frequently in Soaps where characters break the law without repercussion.” Negative images or just portraying reality is not enough. Infact, it can often be harmful. It has been observed that sheer duplication of the dark side of life can often lead to apathy and passivity. This can be avoided by depicting the positive images or success stories of women in whatever sphere they happen.

### **Women Journalist in Media**

In such a rapidly changing environment, women in media have a large responsibility in not only changing attitude towards women but also shaping public opinion. With women holding responsible position in newspapers or electronic media, their competency should extend to a wider area and a range of issues. More importantly, a woman journalist is expected to show more sensitivity to issues relating to women and to more meaningful insights and perspectives.

It is noticed that more and more young graduates are joining the journalism degree and diploma courses, with an ambition to make a mark in the profession, and quite a good proportion of them are girls. With the rapid expansion, almost a proliferation of the electronic media through satellite channels, with the popularity of the FM on the radio and with the growth of the print media, notwithstanding the electronic media, now there is a good scope for absorption of both men and women qualified journalists in various media outlets. Women, young and old, are prepared to weather the risks. The society, therefore, must make arrangements to provide adequate security to the vulnerable section of women in the media to promote their participation at all levels.

Everywhere the media has the potential to make a far greater contribution to the advancement of women. They can create self-regulatory mechanisms that can help to eliminate misleading and improper gender based programming. Media, which wields immense power in a democracy - a power which is only expanding and not diminishing, needs carrying out a focused attention about women- related issues and the portrayal of women. It is, perhaps, necessary that the stabilizing force of women must be brought home to the Indian people. In every family and society, there is an ethical and spiritual space, which has been traditionally dominated by women. The principal character in Bernard Shaw’s Pygmalion bemoans, ‘why can’t woman be like man!’ The media can play a salutary and a liberating role to give to the women the distinctive and the exclusive space, which must belong to them to enable them to generate the ethical and moralizing impulses for the entire society.

The subject Women and Media is quite relevant in the present day context. From this platform the discussion on the subject is being initiated. The debate on this issue is being proposed to be discussed at the State level and the Press Council is keen that seminars and workshops on this subject are organised at different States and at different levels. I sincerely hope that this initiative will be fruitful. Let this beginning be auspicious (Aiomaramba Subhaya Bhab)

**References:**

1. *K.V. Singh, (2007), Women Issues-Empowerment and GenderDiscrimination, Delhi, Pillai 2) J.K, (1995), women and empowerment, New Delhi,*

**Websites :**

www.google.co.in    www.articlebase.com

---

## SOCIO CULTURAL STATUS AND WOMEN EMPOWERMENT

---

**Manisha S. Adik\* and Archana S. Ghogare\*\***

### **Abstract**

To equip or supply with an ability to women. WOMEN EMPOWERMENT is the ability of women to exercise full control over one's actions. Empowerment is increasing the spiritual, political, social or economic strength of individuals and communities and often involves developing confidence in one's own capacities.

### **Introduction**

Women's empowerment is not a Northern concept. Women all over the world, including countries in the South, have been challenging and changing gender inequalities since the beginnings of history. These struggles have also been supported by many men who have been outraged at injustices against women.

According to the UN definition, women's empowerment has five components. Women's sense of self-worth. Right to have and to determine choices. Right to have access to opportunities and resources. Right to have the power to control their own lives, both within and outside the home. Ability to influence the direction of social change to create more social and economic order, nationally and internationally.

- *To give certain rights or authority.*
- *To invest with power, especially legal power or official authority.*
- The empowerment of a person or group of people is the process of giving them power and status in a particular situation (Collins Dictionary).

Reflecting into the "Vedas purana" of Indian culture, woman is being worshiped such as LAXMI MAA, goddess of wealth; SARASWATI MAA, for wisdom; DURGA MAA, for power. The status of women in India, particularly in rural areas needs to address the issues of empowering women. Leaving a major number of urban and suburban women, the Indian women are still crying for simple justice. Which is not even allowed to have been accessed to them. Ironically, women have not actively participated in their own emancipation mainly due to low

**\*Asst. Prof.(BCA), Women's College of Home Sci. and BCA ,Loni, Tal Rahata, Dist A.nagar (MS)**

**\*\*Asst. Prof.(BCA), Women's College of Home Sci. and BCA ,Loni, Tal Rahata, Dist A.nagar (MS)**

economic independence. With their age, they have been raped, kicked, killed, subdued & humiliated almost daily.

- *Lack of education,*
- *Financial constraint*
- *Family responsibility*
- *Low mobility*
- *Low ability to bear risk*
- *Low need for achievement*
- *Absence of ambition for the achievement*
- *Social status.*

#### **How to achieve it?**

- *Promoting self-employment, through credit & training.*
- *Providing lean season wage employment.*
- *Addressing minimum needs such as nutrition, health, sanitation, housing & education.*
- *Direct involvement of women who are likely to be affected by development programme.*
- *Providing saving habit among them.*
- *One of the strategies is “EDUCATION” that builds a positive self-image and boosts self-confidence among them & develops their ability to think critically*

#### **Efforts**

Sarva shiksha abhiyan: the flagship programme of elementary education has special focus on girl child. Jawahar Navodayas Vidyalayas, Pratibha Vikas Vidyalayas In every district of the country with fair representation for girl child would contribute enormously in national level development through women empowerment. National Rural Employment Guarantee Programme (NREGP) Development of women and child in rural areas (DWCRA): Implemented during 1982. Women Entrepreneur Development Programme: Given top priority in 1997-98.

#### **Conclusion**

When women move forward the family moves, the village moves and the nation moves”.

It is essential as their thought & their value systems lead the development of a good family, good society & ultimately a good nation”.

#### **References**

[www.google.com](http://www.google.com), [www.slideshare.com](http://www.slideshare.com)

---

## ROLE OF WOMEN AS SCIENTISTS AND TECHNOLOGISTS IN NATIONAL DEVELOPMENT

---

**Dr. P.S.Vikhe\*, Mr. R.S.Vikhe\*\* and Mr.Kale S.K.\*\*\***

### **Abstract**

Increasing the participation of women in Technology and increasing the positive impact of Technology on women are two sides of the coin . They are beginning to step out and establish their own identity. More and more women are opting for courses in science and engineering. There is change in attitude of society Women's development is now inextricably linked with technology. In addition to encouraging education of girls, young mothers in the rural India should be given basic science education. They are determined to overcome these stumbling blocks and believe that with training and exposure they will be further enabled. Governmental schemes are to be intensified both for technology transfer in improving lifestyles and for upgrading skills to achieve greater productivity. More than anything, scientific, technical training is essential in capacity building and empowerment of women will play important role in developing India.

**Keyword:** Technologists, stumbling, inextricably

### **Introduction**

India, along with Italy and Egypt, has the largest number of women scientists compared to some of the western countries. This could be because men are moving from the universities to higher paid jobs in the private sectors. Most of us - women scientists, doctors and engineers, have been fortunate to be born into families which encourage education of women and do not discriminate against women; neither has there been discrimination at our work places in terms of salary, resources and benefits, unlike many of the universities and institutes in the west. We have an excellent Human Resource (men and women power) in our country, which can be developed to achieve very high level of productivity by proper education, training and guidance. Both studies and evaluations of the real world indicate that when resources are given to women they are likely to be used for the betterment of the entire community. This is true whether the resources are education or money. The environment must assure that women of all backgrounds can bring

**\* Dept. of Botany, Arts Science and Commerce College, Kolhar**

**\*\*Asst. Prof.(BCA), Women's College of Home Sci. and BCA ,Loni,**

**\*\*\*Asst. Prof.(BCA), Women's College of Home Sci. and BCA ,Loni,**

the full richness of their experience to their own work. Increasing the participation of women in Technology and increasing the positive impact of Technology on women are two sides of the coin. The Government policies should be worked out to create opportunities for more women to participate fully in the definition and creation of new technologies. Involving women actively in technology policy, design, development and deployment will create a better world for everyone. Science and technology are basic components of human activity. Scientific literacy - an everyday working knowledge of science at the grass-root level, will help promote the development of a capable workforce and physical well being of the nation.

### **Positive Approach Of Society**

The change in attitude of the society and the increasing demands and awareness has made more and more women participants to step into engineering field apart from Science and Medicine. Acceptance of women and their ability is in the increasing trend. Earlier, medicine was the only field where women professionals were accepted and could contribute to a very large extent. But now the scenario has changed. The parents, particularly the "Mother" is ready to motivate her daughter to become a hard core Engineer. The positive approach towards "Women at work" is attracting a large number of women to take up Technical career, which is an amazing change in our society. Gone are the days when women could only cling on to her household chores. The modern "woman" is made aware of her inherent qualities and capabilities with which she is trying to make her place well justified in every walk of her life

### **Encouragement To Womens Participants/ Engineers**

Women's equality in power sharing and active participation in decision-making is as important as their entry into Engineering field. Women should be encouraged to participate in all forums and necessary training required for such posts shall be charted out. All measures should be taken to guarantee women equal access to and participation in decision making bodies at every level, including the legislative, executive, judicial, corporate, statutory bodies, the advisory commissions committees, recruitment group boards, trusts etc. Working Women Professionals are like "High Performance Computers". They are able to carryout "Multitasking" at any given time more efficiently. The need of the hour is providing policies and support services to encourage more Women Participants/ Engineers to take part in developmental activities that will have direct impact on the society. It can be achieved by adopting the following important

techniques' Creating an environment for full development of women to enable them to realize their full potential. Equal access to participation and decision making of women in social, political, economic and science and technological development activities of the nation. Equal access to women health, quality education at all levels, career and vocational guidance, employment, remuneration, occupational safety, social security etc. Appropriate procedures to enable women to work during night shifts in factories, companies. Women-friendly personnel strategies to be drawn up to encourage women to participate effectively in the developmental process. The provision of support services for women, like child care facilities, including crèches art work places and educational institutions, homes for the aged and the disabled should be expanded and improved to create an enabling environment and to ensure their full cooperation in social, political and economic life.

### **Role Models**

More and more women participants should be motivated to take up Engineering Career. It is necessary to make them interact with successful women engineers in various areas, organizations, technical educational Institutions and share their valuable experience in moulding themselves to face the competitive and challenging future ahead. The number of girls pursuing Math and Science education must increase to equivalence with boys.

### **To Strengthen Gender Outlook through Technology**

The expected course of action is to set up a gender outlook on technology. "Any technology that is not apt for women is not truly appropriate technology." The concern raised in this expression is applicable to all walks of life where technology is an eminent and powerful tool that can bring about a change. The gender and technology concept comprises many dimensions, (Goonawardena Chandra (ed) 1995). Technology to facilitate women's productivity, Technology to reduce women's hard work, Technology to empower women, to take away obstacles of women's growth, Role of women in technological, scientific fields skill of women in managing technology. Decision-making capacity of women in technology-related problems revelation of women to technological scenarios at national and international levels. A nation that wants to progress cannot afford to ignore competence building and empowerment of women. Gender sensitivity is the requirement that must prevail and be strengthened at all levels. The staffing in the various university shows that the evident relationship between technology and masculinity is so ingrained that women are excluded from technical education and hence, from

technical jobs. Women's development is now inextricably linked with technology. Thus, technological intervention assumes a greater and more vital role, especially when viewed globally. Its potential to sweep crosspolitical, geographical, financial and social hurdles is just the control that women need to build for themselves a new uniqueness and a more honourable place in society.

### **Rural Women and Technology**

As has been experienced the world over, women have limited access to technologies in India. However, there are now enough experiences to show that when women are trained, they show remarkable understanding and control in using technologies effectively. In India, women comprise a large portion of the rural population and play a substantial role in the rural sector. Their involvement in a number of productive activities is generally overlooked.

But technical information was presented in such complicated terms that it mystified even technical workers. It is from the United Nations Fund for Women's Development, an expert team of veterinarians worked on simplifying them annuals and drawing up pictorial charts. The manuals and charts listed the do's and don'ts for practitioners in the field. Large groups of women in the dairy industry welcomed this information as it empowered them with relevant know In Himachal Pradesh, women mid-school dropouts repair water pumps and manage computer data for the maintenance of the pumps. The rural women use audio and video equipment to communicate effectively. It is pertinent to point out that women in India have a thirst for knowledge and access to the new technologies. Flower vendors in Tamil Nadu, though illiterate, were aware of technological advances in many fields. Their question was whether they could be informed of methods by which they could keep flowers fresh for a longer period of time.

### **Conclusion**

The contribution of Women Scientists and Technologists towards sustainable development is quite significant in the past decade. There is no doubt that the future days are going to be better for the younger girls as the elders have already started carving their "footsteps" in the field of engineering for them to follow. Both studies and evaluations of the real world indicate that when resources are given to women they are likely to be used for the betterment of the entire community. This is true whether the resources are education or money.

## References

1. HYPERLINK "http://www.articlesbase.com/women"  
<http://www.articlesbase.com/women> career <http://www.onlinewomeninpolitics.org>
2. HYPERLINK "http:// www. sciencefocus. com" [http://www. Scienc\\_efocus. com](http://www.Scienc_efocus.com)  
<http://en.wikipedia.org/wiki/Empowerment>

---

## POLITICAL STATUS OF WOMEN IN INDIA

---

**Priya N. Magar and Saroj Kharde\***

### **Introduction:**

Women in India participate in voting, running for public office, and political parties at lower levels than men. Political activism and voting are the strongest areas of women's political participation. To combat gender inequality in politics, the Indian Government has instituted reservations for seats in local governments. Women turnout during India's 2014 parliamentary general elections was 65.63%, compared to 67.09% turnout for men

According to World Economic Forum's annual global gender gap index studies, India has ranked in top 20 countries worldwide for many years, with 9th best in 2013 - a score reflecting more women's participation in India's political process than Denmark, Switzerland, Germany, France and United Kingdom.

### **Constitutional rights of women**

The Constitution of India establishes a parliamentary system of government, and guarantees its citizens the right to be elected, freedom of speech, freedom to assemble and form associations, and vote. The Constitution of India attempts to remove gender inequalities by banning discrimination based on sex and class, prohibiting human trafficking and forced labor, and reserving elected positions for women. The Government of India directed state and local governments to promote equality by class and gender including equal pay and free legal aid, humane working conditions and maternity relief, rights to work and education, and raising the standard of living.

### **Women Participation**

**Voting:** The movement for women's suffrage began in the early 1900s in response to a national movement for suffrage, even though vast majority of neither men nor women had a right to vote during the British colonial rule before 1947. After Indian independence from Britain, the Indian Constitution in 1950 officially granted women and men suffrage. Prior to universal suffrage, provincial legislatures had granted women the right to vote.

Madras was the first to grant women's suffrage in 1921, but only to those men and women who owned land property according to British administration's records. Other legislatures followed

\* **Women's College of Home Sci. and BCA ,Loni, Tal Rahata, Dist A.nagar (MS)**

shortly after, but like Madras, the political rights were granted by British Raj to select few, and the London appointed Governor of each province had the right to overrule and nullify any law enacted by the elected men and women. The rights granted in response to the movement towards suffrage were limited to qualifications of literacy and property ownership, including property ownership of husbands. This excluded vast majority of Indian women and men from voting, because they were poor. This changed in 1950 when universal suffrage was granted to all adult Indian citizens. In 1950, universal suffrage granted voting rights to all women. India is a parliamentary system with two houses: Lok Sabha (lower house) and Rajya Sabha (upper house). Rates of participation among women in 1962 were 46.63% for Lok Sabha elections and rose to a high in 1984 of 58.60%. Male turnout during that same period was 63.31% in 1962 and 68.18% in 1984. The gap between men and women voters has narrowed over time with a difference of 16.7% in 1962 to 4.4% in 2009. Voter turnout for national elections in the past 50 years has remained stagnant with turnout ranging between 50 to 60%. State elections have seen a growing trend in women's participation, and in some cases women's turnout is exceeding male turnout. Increased turnout of women was reported for the 2012 Vidhan Sabha elections (legislative/state assemblies) with states such as Uttar Pradesh reporting 58.82% to 60.29% turnout. In the 2013 assembly elections, women's overall turnout was reported to be 47.4%, and male turnout was 52.5%. Indian states of Arunachal Pradesh, Goa, Kerala, Manipur, Meghalaya, Mizoram, Daman and Diu, and Puducherry all reported higher turnouts among women than men in 2013. Increased participation is occurring in both rich and poor states in India. The sex ratio of voters has improved from 715 female voters for every 1,000 male voters in the 1960s to 883 female voters in the 2000s. The Election Commission of India (ECI) has sought to increase voter turnout by cleaning up electoral rolls and removing missing or deceased members. Voter outreach has included door-to-door voter registration, and in 2014 elections, voters will be issued a photo id with polling station information to increase voter turnout. Increased voter turnout in India is also partially due to the women voters. ECI has sought to encourage voter registration among women and participation through education and outreach on college and university campuses. Growing participation has also been attributed to increased security at polling stations.

**2014 elections:** Women turnout during India's 2014 parliamentary general elections was 65.63%, compared to 67.09% turnout for men. In 16 out of 29 states of India, more women voted than men. A total of 260.6 million women exercised their right to vote in April-May 2014 elections for India's parliament.

**Political parties:** India has a multi-party system with the 24 registered parties at the national level. The three largest parties in India are the Indian National Congress (INC), the Bharatiya Janata Party (BJP), and the Communist Party of India (CPI). Political parties have increased outreach among women voters as India's party system has become more competitive. This has included the creation of women's wings in the largest parties. The BJP's wing is the BJP Mahila Morcha, the INC's wing is All India Mahila Congress, and the CPI's wing is the National Federation of Indian Women.

Women's involvement in political parties is tied to the increasing demand for equal rights. The INC held power until the 1990s. As the INC moved away from welfare politics, other parties arose to challenge the INC using poverty as the center of their agenda. The INC regained power in 2004 with the help of women's participation. The INC has increased women's participation by instituting a 33% quota for women in all levels of the party. In June 2009, the INC nominated a woman to become first speaker of Lok Sabha, and also supported the election of Pratibha Patil, India's first female president. Women were involved in the early establishment of the BJP. The BJP has encouraged greater representation of women by developing women's leadership programs, financial assistance for women candidates, and implementing a 33% reservation for women in party leadership positions. BJP has received women's support by focusing on issues such as the Uniform Civil Code to extend equal rights to women and men regardless of religion. They have also spoken out against violence against Indian women. The CPI has also supported gender inequality issues including addressing issues of violence through the National Federation of Indian Women. Women's participation in political parties remained low in the 1990s with 10-12% membership consisting of women. Indian women have also taken the initiative to form their own political parties, and in 2007, the United Women Front party was created, and has advocated for increasing the reservation of seats for women in parliament to 50%. Women only govern four of India's political parties. From 1980-1970, 4.3% of candidates and 70% of electoral races had no women candidates at all. As of 2013, it has been reported of the members of parliament 11% were women in Lok Sabha and 10.6% in Rajya Sabha.

**Political activism:** Women's organizations in India first began to emerge in the early 1900s, and later in the 1970s after a period of limited activity from the 1950s to 1970s. One of the earliest women's organizations, Bharat Stree Mahamandal, formed in 1910 and focused on helping women escape oppression from men. Women's associations had traditionally begun with the help of men giving few women access to work and education, while limiting the expansion of traditional gender roles. In 1927, the All India Women's Conference (AIWC) was formed to advocate for women's education and was helpful in the passage of the Hindu Code of Bills between 1952 and 1960. Women were also active in the freedom movement in protesting British colonial rule over Indian holding protests and public meetings in support of independence. The new wave of feminism in the 1970s was in response to gender inequality issues and stagnant development in India. The Committee on the Status of Women in India released a report in 1974, and had a significant influence in the reemergence of activism towards gender equality. The report highlighted the significant differences between men and women in India, including the disparity in thesex ratio, mortality rates, employment, literacy, and wage discrimination. Women's organizations in India address a variety of issues from the environment, poverty, empowerment, and violence against women. One of the most prominent women's organizations in India is the AIWC, which was established in 1927, focusing on empowering and educating Indian women. The AIWC has over 100,000 members and 500 branches in India, and has helped with the passage of the Sarada Act, Maternity Benefit Act, and Hindu Code Bills. Indian women are significantly involved at the grass roots level of activism. The Chipko movement that arose in the 1970s is one example of success among the women's movement in India, as women protested the deforestation in Uttarkhand leading to the protection of the region. Since the Indian independence, women's organizations have focused on issues of violence towards women. Women's movements have focused on rape, female mortality rates, female foeticide, dowry deaths, sati, and domestic abuse. Tragedies such as the Mathura rape case in 1972, the dowry death of Tarvinder Kaur in 1979, the death of Roop Kanwar by practice of sati in 1987, the gang rape of Bhanwari Devi in 1992, and the New Delhi gang rape case in 2012, have kept the movement focused on rape and given rise to many women's organizations at the local and national level.

**Illiteracy:** India has one of the largest illiterate populations. In January 2014, the United Nations reported 287 million adults in India are illiterate. Literacy among Indian women is 53.7%,

which is much lower than literacy among men reported at 75.3%. Illiteracy limits the ability of women to understand the political system and issues. " Studies conducted by Niraja Jayal and Nirmala Buch found women are "persistently mocked and devalued in the panchayats if they are illiterate." Nussbaum also found literacy can play a key role in the dignification and independence of women in politics by giving them access to communications, such as memos and newspapers, they can become better informed on political issues.

### **Overcoming barriers to participation**

To overcome issues of discrimination and violence, women's organizations have focused on the empowerment of Indian women. Empowerment is tied to the support of family and improved status within the household, which is undermined by the threat of domestic and sexual violence. Socio-economic conditions, such as poverty and illiteracy, prevent the entrance of women into running for public office, and even voting. Inability to understand the rules of Panchayat Raj undermines the self-confidence to participation in public office.[ Empowerment of Indian women can also occur through "bridging gaps in education, renegotiating gender roles, the gender division of labour and addressing biased attitudes." Women can also be empowered to participate by family, and when familial support is present they are more likely to run for office. The Government of India passed the National Policy for the Empowerment of Women. The policy focuses on "the advancement, development, and empowerment of women." Specifically, the policy focuses on ending gender inequality and violence against women. The United Nations has also encouraged empowerment among India women by campaigning to end violence against women in India. Non-governmental organizations (NGOs) have also tried to empower women focusing on issues of education, violence, and leadership. NGOs working towards women empowerment in India include Sammaan Foundation, Deepalaya, and CARE India.

### **References**

1. *abc* State-Wise Voter Turnout in General Elections 2014 Government of India (2014)
2. The Global Gender Gap Report 2013, World Economic Forum, Switzerland, Table 3b and 5, page 13 and 19
3. The Global Gender Gap Report 2012, World Economic Forum, Switzerland, page 16
4. Government of India. "The Constitution of India". Ministry of Law and Justice. Retrieved 22 March 2014.
5. Constitution of India. "Directive Principles of State Policy". Government of India. Retrieved 22 March 2014
- 6 . Search through Wikipedia, the free encyclopedia.

---

## **ROLE OF WOMEN IN PROTECTING THE ENVIRONMENT.**

---

**Meenakshi A Wandhekar.\*, Ms. Makone Komal, Ms. Nikam Pooja**

Growing technological advancement and increasing population are continuously putting a burden on country's natural resources. Our duty is to conserve and handover these resources to our next generation. In India women played a leadership role for protection of environment. The interaction of women with the environment as a farmers, food producers and household managers has a direct impact on the wellbeing of the nature. A lot of studies on women and environment have shown that women are significant actor in natural resource management and they are major contributors to environment rehabilitation and conservation. All wild animals were nourished with food and protected from intruders by the women of Bishnoi community. "Medha Patkar is the leading personality in 'Narmada Bachao Andolan'. Arundhati Roy is also linked with Narmada Bachao Andolan. Women have always played a significant role in the environmental protection. Furthermore too women can help control population explosion which has been one of the major factors in environments dreadful conditions. Women are in the best position to make maximum contribution in family planning. Women have always played a critical role in meeting household and community energy needs. Inadequate energy resources and a lack of access to efficient technologies of energy utilization force the people to depend on their own labour, animal power and bio-mass energy to meet their daily requirements. With adequate environmental education and awareness women can conserve energy resources far more efficiently as compared to men. Women are responsible for the cleanliness of the household, on which depends the health and wealth of the family members. With proper education and training one can minimize the experiences and incidences of most of the water, food and airborne diseases. Traditionally women were kept away from the powers of decision making. Their unequal access to education and lack of decision making authority at all levels has lowered their position in the society. As a result it has had adverse affects on income, nutrition, health, social support networks and domestic knowledge. Practically being close to nature, women are always able to realize environmental issues better. Since women are the prospective users of the facilities, it is necessary to consider their views in planning to save the environment and implementing projects for the same. The direct concern of Indian women with environment protection can be traced long back to 1731 A D , when Amrita Bai of Khejaralli

**\*Asst. Prof., Women's College of Home Sci. and BCA ,Loni, Tal Rahata, Dist A.nagar (MS)**

village of Jodhpur District of Rajasthan sacrificed her life for saving the trees of her village She is the founder of the modern „Chipko Movement“ In order to save the trees, she embraced the trees and was cut as per the orders of the then Maharaja Her three daughters and later her husband came forward and one by one 363 people were killed and the trees remained untouched because of villagers strong resistance. **Medha Patkar**- A popular environmentalist, she is known for her active role in the Narmada Bachao Andolan (NBA) – a powerful mass movement against the construction of a large dam on the Narmada River. The proposed Sardar Sarovar Dam is a multi-crore project and would have displaced more than 320,000 people. It was alleged that foreign funds were being used to hamper rehabilitation. Medha Patkar was also concerned that the people living there had no idea about the project. She formed the NBA in 1989, and has been involved since. As a peaceful means to protest, she took up fasting several times. NBA has subsequently created high level awareness. She has also been involved in protesting against corruption along with Anna Hazare. **Sunita Narain**- She is the Director General of Centre for Science and Environment (CSE), and publisher of Down To Earth. She began her work in the 1980s along with Anil Agarwal, another prominent environmentalist, and co-edited State of India’s environment report. After the loss of tigers in Sariska, Sunita chaired the Tiger Task Force for conservation in 2005. She is a member of the Prime Minister’s Council for Climate Change and National Ganga River Basin Authority (which employ practices to clean the river). In 2005, 2008 and 2009 she was featured on the world’s 100 public intellectuals list, by US journal Foreign Policy. Also, Sunita has been awarded the Padma Shri. Her research interests are global democracy (emphasizing on climate change) and local democracy (forest resource management and water related issues). **Maneka Gandhi**- She was wife of the famous (now deceased) Indian politician, Sanjay Gandhi. But Maneka Gandhi is known for reasons different from above. She is an animal rights leader as well as an environmentalist. In 1994, she founded People for Animals, the largest organisation for animals welfare in India. She believed in *ahimsa* and the fact that India was in need of a movement to stop the cruel treatment meted out to animals. So she anchored a TV program “*Heads and Tails*” and authored a book under the same title. She now chairs the Jury of International Energy Globe Foundation which annually awards the best environmental innovations of the year. For her revolutionary work among animals, she went on to receive some of the highest awards in the

world. Not only Environmentalists but every women of every class can play their role in protection of environment in many ways.Mother is the first teacher. She plays an important role in the development of the personality of the child .She can instill in future generations a respect for nature and the value of bio-diversity She can develop good habits in the child from the very beginning as:

To have love and respect for the nature; Not to spoil and harm the plants/trees, during their visits to gardens, public ,Not to allow the children to waste the paper – the children are usually in habit of tearing away papers from their note books, a mother can keep a check on this bad habit of the child. She can make them understand that for paper production, the wood is used and deforestation can bring unhappiness by disturbing the eco-system. Our women can come forward by developing hobby of gardening They can at least keep the environment of their houses healthy Plants add to the beauty of the houses, provide freshness to the eyes and are helpful in keeping the nearby environment clean Tulsi plant is being worshipped since long, It is a good source of oxygen as well as this plant has medicinal value .women can make use of their management ability by using empty cans, bottles, tins etc. as pots for growing the plants

India has limited resources of conventional energy Dependency of our mass population for fuel on forests is another additional cause for the vanishing forest wealth and disturbing eco-systems In developing countries, like India, women are collecting fuel wood from nearby forests, carrying it for domestic purposes and also selling it elsewhere to supplement their family incomes Our women can again contribute in this direction and come forward by using solar lights, solar geyser, solar cooker, smokeless chulhas etc. Today, the greatest problem which the world community is confronting is the problem of population explosion. It is the root cause of all other problems. If we follow the small family norm, we will be able to check the environment pollution also.

#### **References:**

- 1) **EXCEL** International Journal of Multidisciplinary Management Studies Vol.1 Issue 2, November Onlineavailable at <http://zenithresearch.org.in/> www.zenithresearch.org.in
- 2) Role of women in environmental conservation Renu Sharma,Dr.Baljit KaushikInvolvement of women in natural resources conservation Neeta Khandelwal, V.P.Sharma and Chitranjan Sharma

---

## EMPOWERMENT OF WOMEN : PLANS, POLICIES AND PROGRAMMES

---

**Bangal Lata N.\***

**Abstract:**

Planned development has been considered to be the most effective way of solving the numerous problems come in the way of eradicating poverty, reducing imbalances and preventing discriminations among vast number of poor people living in rural areas, especially of rural poor women folk. In this process various policies and programmes intended for empowerment of women have been implemented for which special budget allocations are made in Five Year Plans.

**Key words:** empowerment, swa-shakti, swawalamban, swadhar.

The constitution of India has given special attention to the needs of women to enable them to exercise their rights on equal footing with men and participate in national development<sup>1</sup>. It aims at creation of an entirely new social order where all citizens are given equal opportunities for growth and development and that no discrimination takes place on the basis of race, religion, caste, sex, etc. The Government of India declared 2001 as Women's Empowerment year. The national policy of empowerment of women was set with certain clear-cut goals and objectives. The policy aims at upliftment, development and empowerment in socio-economic and politico-cultural aspects, by creating in them awareness on various issues in relation to their empowerment.

The following are the specific objectives of National Policies particularly of rural folk on Empowerment of women in India.

- i. Creating an environment through positive economic and social policies for full development of women to enable them to realize their full potential.
- ii. The de-jure and de-facto enjoyments of all human rights and fundamental freedom by women on equal basis with men in all political, economic, social, cultural and civil spheres.

\* **Women's College of Home Sci. and BCA ,Loni, Tal Rahata, Dist A.nagar (MS)**

- iii. Equal access to participation and decision making of women in social political and economic life of the nation.
- iv. Equal access to women to health care, quality education at all levels, career and vocational guidance, employment, equal remuneration, occupational health and safety, social security and public life etc.,
- v. Strengthening legal systems aimed at elimination of all forms of discrimination against women.
- vi. Changing societal attitudes and community practices by active participation and involvement of both men and women.
- vii. Ministering a gender perspective in the development process.
- viii. Elimination of discrimination and all forms of violence against women and the girl child.
- ix. Building and strengthening partnerships with civil society, particularly women's organizations.

The National policy for empowerment of women envisaged introduction of a gender perspective in the budgeting process as an operational strategy. A few laws and legislations are enforced strictly for effective an proper implementation of this policy<sup>2</sup>.

### **Schemes For Economic Empowerment**

**1. Swa-Shakti** :The project jointly founded by IFAD, World Bank and the Government of India was launched in October, 1999 and culminated on 30th June, 2005. The objective of the program was to bring out socio-economic development and empowerment of women through promotion of women SHGs, micro credit and income generating activities. The project was conceived as a Pilot Project implemented in 335 blocks of 57 districts in 9 states. The project established 17,647 SHGs covering about 2, 44,000 women. This was a Centrally Sponsored Project.

**2. Swayamsiddha** :This was an integrated scheme for women empowerment through formation of Self Help Groups (SHGs) launched in February, 2001. The long term objective of the programme was holistic empowerment of women through a sustained process of mobilization and convergence of all the on going sectoral programmes by improving access of women to micro-credit, economic resources, etc. This is a Centrally Sponsored Scheme. The Scheme had been able to provide a forum for women empowerment, collective reflection and united action.

The scheme was culminated in March, 2007. The programme was implemented in 650 blocks of the country and 67971 women SHGs have been formed benefiting 9, 89,485 beneficiaries. The scheme came to an end in March 2007. The estimated requirement during the XI Plan period for both phase II of Swayamsidha as well as the IFAD Project is Rs. 3000 crore.

**3. Swawlamban Programme:** Swawlamban Programme, previously known as NORAD/Women's Economic Programme, was launched in 1982-83 with assistance from the Norwegian Agency for Development Corporation (NORAD). NORAD assistance was availed till 1996 – 97 after which the programme is being run with Government of India funds. The objective of the programme is to provide training and skills to women to facilitate them to obtain employment or self employment on sustained basis. The target groups under the scheme are the poor and needy women, women from weaker sections of the society such as Scheduled Castes and Scheduled Tribes etc. In order to ensure more effective implementation and for better monitoring/evaluation of the scheme, it has been transferred to the State governments from 1st April 2006 with the approval of Planning Commission.

**4. Support to Training and Employment Programme (STEP) :** This programme seeks to provide skills and new knowledge to poor and assetless women in the traditional sectors. Under this project, women beneficiaries are organized into viable and cohesive groups or cooperatives. A comprehensive package of services such as health care, elementary education, crèche facility, market linkages, etc. are provided besides access to credit. Skill development is provided in ten traditional skills amongst women. This is a Central Scheme launched in 1987. The Ministry is at present getting the programme evaluated. Based on the results of the evaluation, the scheme is proposed to be revamped. Further, the possibilities of providing training and skills to women both in traditional and non-traditional sectors and integrating with Rashtriya Mahila Kosh for credit linkages are being considered. A sum of Rs. 240 crore is proposed for the scheme in the XI Plan.

### **5. Support services: Construction of Working Women Hostels**

Under the scheme, financial assistance is provided to NGOs, Co-operative Bodies and other agencies for construction/renting of building for Working Women Hostels with day care centre for children to provide them safe and affordable accommodation. This is a central scheme. The utilization of funds under the scheme has been unsatisfactory during the Tenth Plan period

because NGOs are not able to avail funds due to strict norms of funding and lack of suitable proposals from the organizations.

**Creches** :The Ministry runs a scheme of crèches that caters to the children of poor working women or ailing mothers. This provides a great help to women who are working as their children are being provided a safe environment when they are at work. The scheme is being covered in the Report of the Working Group on Child Development of this Ministry.

## **6. Relief, Protection and Rehabilitation to Women in Difficult Circumstances**

**Swadhar** :This scheme was launched in 2001-2002 for providing relief and rehabilitation to women in difficult circumstances. The main objectives of the scheme are as follows:

- i. To provide primary need of shelter, food, clothing and care to the marginalized women/girls living in difficult circumstances who are without any social and economic support.
- ii. To provide emotional support and counselling to women.
- iii. To rehabilitate destitute women socially and economically through education, awareness, skill upgradation and personality development.
- iv. To arrange for specific clinical, legal and other support for women/girls in need of those interventions by linking and networking with other organizations in both Government and non-Government sectors on case to case basis.
- v. To provide Help line or other facilities.

Beneficiaries covered under the scheme are widows deserted by their families, women prisoners released from jail, women survivors of nature disaster, trafficked women, women victims of terrorist/extremist violence, mentally challenged and women with HIV/AIDS etc. At present 129 shelter homes are functioning in the country.

The root cause of most of problems being faced by women is lack of economic independence among women. Providing training and skills in various vocations to women living in shelter homes will facilitate them to obtain employment on sustained basis. Though the scheme in the current form provides for vocational training, no separate funds are being provided for the purpose. Organisations are expected to seek convergence of the benefits of schemes like STEP, Swawlamban etc. In the XI Plan, it is proposed to allocate funds for vocational training to the women as a part of the scheme. It is also proposed to revise the norms for food, medical

expenses, clothing, rent etc. under the scheme. A provision of Rs. 1000 crore is proposed in the XI Plan to set up more shelter homes as also to revise the norms of the scheme.

**6. Compensation to Rape Victims** :The Hon'ble Supreme Court in Delhi Domestic Working Women's Forum Vs. Union of India and others writ petition (CRL) No. 362/93 had directed the National Commission for Women to evolve a 'scheme so as to wipe out the tears of unfortunate victims of rape'.

Accordingly NCW has drafted a scheme titled "Relief to and Rehabilitation of Rape Victims". It is proposed to initiate the scheme in the XI Plan. The budgetary requirement for the scheme in the XI Plan is estimated as Rs. 250 crore.

**Implementation Of Protection From Domestic Violence Act and Other Acts Of the Ministry** :The protection of Women from Domestic Violence Act came into force on 26th October 2006. In the XI Plan it is proposed to take up the following for effective implementation of the PWDVA:

- i. Set up the required infrastructure and requirements to make the Act effective.
- ii. Provide training, sensitisation and capacity building of Protection Officers, Service Providers, members of the judiciary, police, medical professionals, counsellors, lawyers etc on the issue of domestic violence and the use of law (PWDVA and other criminal and civil laws) to redress the same.
- iii. Monitoring the appointment of Protection Officers by regular feedback from the various states.
- iv. Setup an effective MIS to monitor its implementation.
- v. Give wide publicity to the Act.

To sum up, planned development has been considered to be the most effective way of solving the numerous problems come in the way of eradicating poverty, reducing imbalances and preventing discriminations among vast number of poor people living in rural areas, especially of rural poor women folk. In this process various policies and programmes intended for empowerment of women have been implemented for which special budget allocations are made in Five Year Plans. Besides, various schemes are being implemented to uplift socio-economic status of rural poor women and paving a path for their empowerment. Thus the government has been making sincere efforts to empower women in socio-economic and politico-cultural aspects, so that a welfare state and a prosperous nation can be built.

**Bibliography:**

- 1) Kitchlu T.N., '**Women rights, Legislative Measures**' in Yojana, Nov. 15, 1991, vol. 35, No. 20, Publication Division, Government of India, New Delhi, p. 16.
- 2) Kapil Deep Singh and Jayanty K Sinha (2006), **The Indian Economic Association 89th Annual Conference** Volume Part – 2, pp. 1070 – 1071.

---

## ROLE OF WOMEN IN AGRICULTURE

---

**R.V.Darade , A.A. Walunj, M.R.Shelke ,Fargade,S.A and Gadhe. S.K\***

**College of Agriculture, Loni Email- darade.rohini@gmail.com**

The women is the backbone of agricultural workforce but worldwide her hard work has mostly been unpaid. She does the most tedious and back-breaking tasks in agriculture, animal husbandry and homes. The research efforts at the ICAR institutes have been tried to relieve her of the drudgery by providing time and labour saving tools. Vocational trainings are also being conducted, to impart skills to undertake different avocations. In extension activities the women is now the centre point and activities are being planned keeping her in view. Her enlightenment will change the face of rural India. Several programmes started at the National Centre for Women in Agriculture and Krishi Vigyan Kendras, are the right steps in this direction

### **National Research Centre for Women in Agriculture (NRCWA)**

The National Research Centre for Women in Agriculture (NRCWA) has been functioning at Bhubaneswar, Orissa, for developing methodologies, for identification of gender implications in farming systems approach and to develop women specific technologies under different production systems. There are 16 on going research projects in the areas of gender study on agriculture and household economy, management of coastal agro-eco system, extension methods for farm women, standardization of women specific field practices, occupational health hazards, reducing drudgery of women in agricultural operations, improvement of farming system suited to farm women, eco-friendly pest management technologies for vegetables among farm women, evaluation of interactive learning modules, technological needs in empowering women in rural aquaculture, and improvement in storage practices of seeds and grains.

Under *Mission Mode NATP Empowerment of women in agriculture*, 540 farm women were grouped into 36 Self Help Groups for starting different enterprises based on the needs and preference of farm women, resources available and marketing potentiality in the area. Trainings were organized for capacity building of farm women of the SHGs in the enterprises. The members of Self Help Groups were also trained to handle different equipments. Empowerment of women Self Help Groups have been made by skill training and orientation to project management aspects. All the members of SHGs started enterprises as per their interest.

**\* Students ,College of Agriculture, Loni**

The women have started generating income from enterprises. Under the project *Involving rural women in aquaculture* – A step towards ensuring economic and nutritional security 56 backyard ponds of Puri and Khurda district were selected for fish culture and nursery raising through the active involvement of rural women. Baseline information of the participating women, water analysis of the ponds and trainings on pond preparation, nursery rearing of rohu and catla, cleaning of weeds, removal of weed fishes, manuring and lime application were undertaken. Nursery rearing of rohu and catla spawn for 1 to 1 ½ month produced healthy and quality fries.

### **Extension activities**

The centre organized 2 trainers' training programmers for the benefit of 22 beneficiaries. Forty-nine trainings for farm women were organized through which 1,850 farm women were benefited in value addition, organic farming, nutrition and gardening. In addition one *Kisan Mela* was also organized for the 150 farm women. On this occasion exhibition, *mahila goshti* and quiz were organized. Six radio talks were also delivered by the scientists

### **Krishi Vigyan Kendra (KVK)**

*Training:* The KVKs organized 28,544 training programmes for 1.97 lakh farm women, rural girls and women extension personnel including 64,601 SC/ST beneficiaries. *Extension activities:* The KVKs have organized 6,576 extension programmes including field days, *kisan melas*, exhibitions, exposure visits etc., in which 73,152 farm women participated

### **Self help groups of women**

Self help groups (SHG) were formed by KVK Gadag with 2,167 members from 5 blocks. It has also conducted training programmes for the members on concept of SHG and thrift besides arranging exposure visits to successful SHGs. The thrift and credit activities of the SHGs include Rs 28.50 lakh savings by the SHGs during the year and Internal lending of Rs 22.00 lakh to the members.

Self Help Groups . Viable Micro Credit Institutions in Ahmednagar, Maharashtra

The lack of knowledge resources, lack of communication, and linkages with other agencies are causes of large gaps in adoption of new technologies in crop production, dairy management, post harvest management. To provide critical skills and technologies, the KVK organized women farmers clubs. The total amount collected by the SHGs was Rs 6.50 lakh with bank loan of Rs 2.50 lakhs with amount available for internal lending of Rs 9.00 lakh. The activities taken

up by the SHGs include dairy (49), backyard poultry (13), vermicompost unit (5), tailoring unit (7), processing unit (2), goat unit (9), and other enterprises (12)

Twenty-six training programmes on various income generating activities were conducted by the KVK for 599 SHG members. Many of the SHGs were linked to the financial institutions and other government agencies (SC/ ST development corporation, Zilla Panchayat etc.) for financial assistance. The total revolving fund of the groups was Rs 66.38 lakh.

<b>Financial Linkages under Different Projects</b>					
Particulars	Zilla Panchayat	Backward Community Development Corporation	Pragatimitra (NGO)	Rural Banks	Total
No of SHGs	10	128	30	174	342
Total savings (Rs in lakh)	2.70	1.29	4.73	26.51	35.23
Bank loan (Rs in lakh)	14.03	7.20	4.51	5.45	31.19
Total revolving fund (Rs in lakh)	66.42				

The income generating activities taken up by the SHGs included home made products, bakery products, small business, tailoring/embroidery, goat/buffalo rearing and vermicomposting. *Innovative marketing outlets for SHGs (Saturday and Sunday Bazars):* The KVK initiated the concept of Saturday Bazar in Gadag town to encourage the SHG members by providing suitable market outlet. The farmers and farmwomen belonging to SHG groups only were allowed to sell the goods in Saturday bazaar after they undergo training at the KVK and the KVK home scientist verifies the quality of their products. They were also issued identity cards by the KVK. The products in the market included fresh fruits, vegetables, pickles, crisp rotis of jowar, and bajra. On an average 50 SHG members participated in the bazaar every week and the weekly transaction of the bazaar varied from Rs 15,000-20,000. Based on the consumer demand another market, Sunday Bazaar was started by the KVK at another place. Currently the KVK is performing role of a facilitator to ensure smooth running of the markets.

*Production of vermiculture by women farmers:* The Andhra Pradesh Mahila Samatha Society, Karimnagar and Adilabad district has started their Samatha Dharani Programme, which is a joint farming programme of food crops by the SC, ST and weaker section women. The programme envisages production of food crops through safe methods of agriculture. Earthworms (4 kg) of mixed culture were supplied to these women beneficiaries and established units at Godishala, Husnabad, Potharam and Bejjanki; 100 women started the project and produced 128 tonnes of vermicompost.

Details of Enterprises / SHGs		
Name of Taluka	Total SHGs	No. of members
Rahuri	4	50
Kopargaon	2	26
Shrirampur	8	127
Sangmner	16	285
Rahata	76	10
Total	106	498



goat rearing, bakery,

**Vermicomposting. An income generation activity taken up by women in SHGs**

backyard poultry, floriculture, processing unit



Saturday and Sunday bazars—innovative marketing outlets for SHGs



**Income generating activities involved papad making and mushroom cultivation**

*Women in Cyber Extension:* The KVK, Ahmednagar, Maharashtra, with the support of the host organization established high-speed computer network linking its ten institutions (health, humanities, engineering, agriculture etc.) through wireless radio frequency and the institutions located within 5km radius with a wide area network (WAN). The Krishi Vigyan Kendra apart from having the Internet access from the Pravara Network and internal network linking all the Subject Matter Specialists (SMS) with all the villages in the network had access to internet as well. All the SMSs of the KVK frequently build up the information repository for agriculture extension at its server, which is available for all those connected to the wireless LAN in the Pravara Network. The local website in the wide area network provides textual information on 17 important fruits, 16 vegetables, 6 flowers, 5 improved technologies, 6 soil related problems, one IPM, 16 field crops and one on processing. Apart from this the KVK has also prepared visual material accessible for the farmers that comprises 14-multi media presentation and one audio presentation called Tomato Extension and Training Information System. The information that is required by the farmers has been compiled specifically in Marathi for the farmers to facilitate easy understanding of the improved crop cultivation practices related to various crops grown by them. In all 646 women farmers from 4 villages availed the facilities of IT Centres for information which include 246 for technology, 98 for market information, 33 for weather and 269 for other information.

### **Impact of training on farm women**

The KVK, Mahboobnagar, Andhra Pradesh, conducted various training programmes for farm women of which some of the important programmes are as follows.

*Dairy development:* The KVK, Baramati, Pune, Maharashtra, identified 9 villages mainly rainfed villages where dairy farming was the main source of income generation for the poor farmers and where the resources were extremely poor. The KVK made collaborative efforts with the local Cooperative Milk Union and the local processing unit so as to train women. The KVK monitored 40 dairy units, the average milk yield increased from 380 to 610 litres per dairy with a net increase in profit of Rs 3,200.00 to Rs 5,800.00 per unit per annum. Women were trained on first aid and artificial insemination in cows so that they could work as paraveterinarians in villages. Many of the participants started practicing as para-veterinarians in their villages and achieved self-reliance. They also solved the problem of non-availability of veterinary services in remote villages, and successfully managed the dairy. They diagnosed the

common ailments and carried out treatments. Many of them are able to carry out insemination in cattle. They managed the fodder in a better way and even started cultivating fodder crops and have made their own well knit milk union. This has revolutionized the dairy industry of the area.



#### Impact of Training on Farm Women

Name of the activity	Impact
Non pesticidal management	<i>Heliothis</i> pest control on pigeonpea and chickpea with botanical pesticides is in use in 300 farms owned by women sangha.
Vermiculture	559 Vermiculture units have been established in 49 villages with production of 279 tonnes
Wasteland development	Women sanghams have developed over 1,000 acres of common land in and around their villages by raising neighbourhood forests in 28 villages. They have now owned tree pattas
Herbal medicines	Village level medicinal garden were established in 28 villages

<b>Identification of topics for training</b>		
Training	No. of programmes	No. of participants
Prevention of diseases in dairy animals	15	629
Non conventional feeds for milking animals	9	403
Reproductive health management	16	635
Clean milk production	8	343
Record keeping in dairy	8	357
Total	56	2367

### **Aicrp on Home Science for Women's Empowerment**

An important component of empowerment in Third World Countries comprises rural women who play multiple crucial roles in all spheres of development activities. In the recent past added emphasis has been laid on acknowledging and preparing database on multidimensional role sets of women where their roles have become an inbuilt factor for input-output system of empowerment. In this process, the All India Coordinated Research Project (AICRP) on Home Science aims at developing resource base of rural women for empowering them to become subsistence-generating units for sustaining development and improving quality of life.

### **Moving towards women's empowerment**

At the initial stage of the project, the prescriptive approach was used which dealt with exploring information for providing a package of instruction regarding what rural women should do to endure health security, food security, economic security and livelihood security. Gradually the project thrust shifted towards integrated and participatory approaches for working with rural women in they're own context. For this, the nutrition component laid emphasis on nutritional security for human health in agrarian ecosystem. The component focused attention on documenting uncommon foods for its wider acceptability by determining nutritional quality of

identified food sources, development of recipes and nutrition guide. The nutrition guide is user - friendly computer software for knowledge empowerment of nutrition educators and its subsequent transfer at grassroot level. The nutrition component has also strived to identify micro-nutrient deficiencies with the aim to suggest diet modifications and establish nutrition gardens as approaches to health and nutrition security.

The Human Development component which initially focused attention on data generation for developing growth norms of rural children is now empowering rural mothers for optimal development of children through interventions on scientific child care practices. The establishments of farm creche for comprehensive child care facilities in supplementary feeding and development of child through creative play materials. The training of creche workers through training materials on child care practices empowers them to be efficient caretakers. The ergonomic management of drudgery undertaken by Family Resource Management component aims at introducing women- friendly drudgery reducing technologies related to farm, home and allied activities.

The ergonomic cost is being calculated for respective tool/ technology as a measure for suggesting improvements in tool/technology that will promote health empowerment. The clothing and textile component since its inception has focussed attention on economic feasibility of use of locally available agro and animal based fibres and exploration of indigenous dyes textile product preparation. A large wealth of natural dyes has been explored for use on wool and silk and the interventions have been conducted to empower rural women and weavers with knowledge and skill. The economic empowerment is also being assured by transferring technologies of natural dyes to rural women for preparing textile handicrafts

The database on rural women and indigenous knowledge being undertaken by Extension component has suggested several pathways for empowerment of rural women with reference to their participation and decision making roles in farming and allied activities as per indicators of qualitative data. The pathways have highlighted on empowerment of knowledge, skill, decision making; economic and social empowerment. The data base on indigenous knowledge has strongly suggested for empowering women with knowledge on locally available plant sources for ensuring health security.

### **Strategies used for empowerment**

- *Development of technology kits and media mixes for promoting knowledge and skill empowerment on various topics related to farming and household practices.*
- *Development of software as 'Nutriguide' based on regional foods for food and therapeutic purposes.*
- *Establishment of nutrition garden in rural households as cost-effective solution for micronutrient malnutrition and nutritional upliftment of rural population.*
- *Development of software and a compendium on natural dyes and its subsequent use in agro and animal based fibres for textile product preparation.*
- *Development of software and a compendium on natural dye sources for use by weavers and women entrepreneurs.*
- *Organizing stimulation programme in farm creche for enhancing psycho-motor, mental, social and emotional development of rural children and educational interventions to rural mothers for providing conducive home environment to children.*
- *Providing supplementary feeding to infants and toddlers in farm creche for healthy security.*
- *Conducting field trials on drudgery reducing technologies for assessing ergonomic based physiological cost and work efficiency of rural women.*
- *Conducting out-reach programmes through radio and television talks; publication of scientific articles in newspapers, magazines.*
- *Adoption of one village by each AICRP centre and using Participatory Rural Appraisal (PRA) techniques for sustainable, self reliant and people centered development that is socially just, economically efficient and ecologically sound for empowering rural women.*

### **End result of empowerment**

The five component of AICRP on Home Science have moved towards empowerment of rural women through their respective thrust of research. The end result as evident from research endeavor are as follows:

***Mobilization of self help groups (SHG) and creation of learning environment:*** In the adopted villages the rural women have been mobilized to form SHG and opportunities have been

provided to undertake income generating activities and enhance knowledge on various aspects of family life. Emphasis has been also laid on increasing decision making capabilities, improving skill and thereby, the project is contributing towards women in economic, cognitive and decision making spheres.

**Strengthening empowerment processes:** The empowerment process through educational interventions, Transfer of technologies, the feasibility trials and the out-reach programmes has contributed to significant gain in knowledge, adoption of women-friendly technologies for improving work efficiency, acceptance of technology for economic gain and improving various parameters of quality of life are the reflections of women's environment.

**Assessing empowerment gains for women:** Empirical evidences have revealed that women have moved from beneficiaries to active partners in shaping empowerment. The information strategies used by different components under AICRP on Home Science have encouraged women to play key role in micro - level planning, designing community infrastructure for information dissemination and mobilization of community resources - both human and material to gain benefits from the project.

To conclude it can be acknowledged that the project is leading towards empowering rural women by broadening the trust of research of each component and expanding the horizon by including more number of Home Science

#### **Cafeteria for women in agriculture**

Mainstreaming gender is an important component of the Policy Framework for Agricultural extension (PFAE) developed by the Ministry of Agriculture (Government of India). The Centre developed a cafeteria for the Ministry of Agriculture for offering it to states to guide the development of new programmes for women in agriculture. New Programmes for women in agriculture should be developed based on the following key principles identified in the cafeteria.

- New programmes that are proposed should expand their definition of agriculture beyond crop production and should be based on site specific needs assessments.
- New projects that are proposed should build on groups, networks, organizational capacity and resources already in place and functioning from existing project initiatives and should take on and build on lessons from existing projects.
- Apart from extending agricultural technologies on production and post harvest to women farmers, new programmes should concentrate their efforts in providing crucial back-up services and support (backward and forward linkages) to help women groups to successfully adopt new techniques, crops and enterprises to increase their incomes and employment opportunities.
- New programmes should be planned with adequate resources for mobilizing women, forming groups, improving capacity and capability in technical, organizational and commercial (business/micro-enterprises) sectors and support systems (credit, raw material and markets).
- These should be prepared jointly in consultations with other organizations (public, private and voluntary) that can potentially complement and supplement the efforts of the state Department of Agriculture.

---

## THE HEALTH STATUS OF WOMEN

---

**Sonia M. Talreja\* and Ms. Deshmukh Yogita T.**

### **Introduction**

**Women's health in India** can be examined in terms of multiple indicators, which vary by geography, socioeconomic standing and culture. To adequately improve the health of women in India multiple dimensions of wellbeing must be analysed in relation to global health averages and also in comparison to men in India. Health is an important factor that contributes to human wellbeing and economic growth.

Every day, approximately 1000 women die due to complications of pregnancy and childbirth — nearly all of these deaths are preventable. Access to family planning is also known to play an important role in reducing maternal mortality. Health services include all services dealing with the diagnosis and treatment of disease, or the promotion, maintenance and restoration of health. They include personal and non-personal health services. Every year, 99% of maternal deaths occur in developing countries. Despite the increase in contraceptive use over the past 30 years, significant unmet needs remain in all regions. For example, in sub-Saharan Africa, one in four women who wish to delay or stop childbearing does not use any family planning method. According to WHO, improving access, coverage and quality of services depends on the key resources being available; on the ways services are organized and managed, and on incentives influencing providers and users. This article highlights some of the basic issues of the women community in India and their remedies.

### **Gender bias in access to healthcare**

Gender inequality in India is exemplified by women's lower likelihood of being literate, continuing their education and participating in the labour force. Gender is one of many social determinants of health—which include social, economic, and political factors—that play a major role in the health outcomes of women in India. Therefore, the high level of gender inequality in India negatively impacts the health of women.

The role that gender plays in health care access can be determined by examining resource allocation within the household and public sphere. Gender discrimination begins before birth; females are the most commonly aborted sex in India. If a female fetus is not aborted, the

**\*Asst. Prof.(BCA), Women's College of Home Sci. and BCA ,Loni, Tal Rahata, Dist A.nagar (MS)**

mother's pregnancy can be a stressful experience, due to her family's preference for a son. Once born, daughters are prone to being fed less than sons, especially when there are multiple girls already in the household. As women mature into adulthood, many of the barriers preventing them from achieving equitable levels of health stem from the low status of women and girls in Indian society, particularly in the rural and poverty-affected areas.

The low status of—and subsequent discrimination against—women in India can be attributed to many cultural norms. Societal forces of patriarchy, hierarchy and multigenerational families contribute to Indian gender roles. Men use greater privileges and superior rights to create an unequal society that leaves women with little to no power. This societal structure is exemplified with women's low participation within India's national parliament and the labour force.

Women are also seen as less valuable to a family due to marriage obligations. Although illegal, Indian cultural norms often force payment of a dowry to the husband's family. The higher future financial burden of daughters creates a power structure that favours sons in household formation. Additionally, women are often perceived as being incapable of taking care of parents in old age, which creates even greater preference for sons over daughters.

### **Mental health**

Mental health consists of a broad scope of measurements of mental well being including depression, stress and measurements of self-worth. Numerous factors affect the prevalence of mental health disorders among women in India, including older age, low educational attainment, fewer children in the home, lack of paid employment and excessive spousal alcohol use. There is also evidence to suggest that disadvantages associated with gender increase the risk for mental health disorders. Women who find it acceptable for men to use violence against female partners may view themselves as less valuable than men. In turn, this may lead women to seek out fewer avenues of healthcare inhibiting their ability to cope with various mental disorders.

One of the most common disorders that disproportionately affect women in low-income countries is depression. Indian women suffer from depression at higher rates than Indian men. Indian women who are faced with greater degrees of poverty and gender disadvantage show a higher rate of depression. The difficulties associated with interpersonal relationships—most

often marital relationships—and economic disparities have been cited as the main social drivers of depression.

It was found that Indian women typically describe the somatic symptoms rather than the emotional and psychological stressors that trigger the symptoms of depression. This often makes it difficult to accurately assess depression among women in India in light of no admonition of depression. Gender plays a major role in postnatal depression among Indian women. Mothers are often blamed for the birth of a female child. Furthermore, women who already have a female child often face additional pressures to have male children that add to their overall stress level.

### **Reproductive health**

Reproductive health: parental awareness class for women in Kerala.

The lack of maternal health contributes to future economic disparities for mothers and their children. Poor maternal health often affects a child's health in adverse ways and also decreases a woman's ability to participate in economic activities. Therefore, national health programmes such as the National Rural Health Mission (NRHM) and the Family Welfare Programme have been created to address the maternal health care needs of women across India.

### **Conclusion:**

The country has seen an increased percentage of literacy among women, and women are allowed to enter into professional fields, while on the other hand the practices of female infanticide, poor health conditions and lack of education still persisting still continue. When the Indian Constitution was formulated, it granted equal rights to women, considering them legal citizens of the country and as an equal to men in terms of freedom and opportunity. The sex ratio of women at this time was slightly better than what it is today. Women of India slowly started recognizing her true potential. She has started questioning the rules laid down for her by the society. As a result, she has started breaking barriers and earned a respectable position in the world

### **References**

- 1) Ariana, Proochista and Arif Naveed. An Introduction to the Human Development Capability Approach: Freedom and Agency. London: Earthscan, 2009. 228-245. Print.
- 2) United Nations. "Sustainability and Equity: A Better Future for All." Human Development Report 2011. (2011): n. page. Web. 12 April 2013.
- 3) www.google.com, www.wikipedia.org www.members.tripad.com
- 4) www.medind.nic.in, <http://www.cehat.org/humanrights/mansee.pdf>  
[http://www.aelsindia.com/vol1august\\_2013/12.pdf](http://www.aelsindia.com/vol1august_2013/12.pdf)

---

## ECONOMIC STATUS OF WOMEN

---

**Sonia M. Talreja\* and Ms.Gondkar Shraddha D.**

### **Introduction**

Women have made tremendous progress toward gaining economic equality during the last several decades. Nonetheless, throughout the United States, women earn less, are less likely to own a business, and are more likely to live in poverty than men. Even in areas where there have been significant advances in women's status, there is still ample room for improvement. For example, at the rate of progress achieved between 1989 and 2002, women would not achieve wage parity for more than 50 years.

In addition, the economic opportunities available to women differ tremendously indifferent regions and states. Even more profoundly, race and ethnicity continue to shape women's economic opportunities. These disparities remain central to women's economic status across the country.

There are several aspects of women's economic status: women's earnings, the female/male earnings ratio, the occupations and industries in which women work, women's business ownership, and women's poverty. Each of these factors contributes to the overall economic well-being of women and their families. Women's earnings have become increasingly important to families' financial status and often shield them from poverty. The occupations and industries in which women work have a strong influence on their earnings, benefits, and opportunities for growth. *"The commission shall study and report to the legislature on all matters relating to the economic status of women in Minnesota "*

The Office on the Economic Status of Women (OESW) advises the legislature and provides information and statistics on women in Minnesota. The office gathers information on population characteristics, educational attainment and enrolments, marital and parental status, household characteristics, labour force status and employment characteristics, and basic information on women's legal and economic rights.

### **The Issue: Women's Economic Empowerment**

Women have the potential to change their own economic status, as well as that of the communities and countries in which they live. Yet more often than not, women's economic

**\*Asst. Prof.(BCA), Women's College of Home Sci. and BCA ,Loni, Tal Rahata, Dist A.nagar (MS)**

contributions go unrecognized, their work undervalued and their promise un nourished. Unequal opportunities between women and men continue to hamper women's ability to lift themselves from poverty and gain more options to improve their lives. Research shows that inequalities persist in the way paid and unpaid work is divided between women and men; in the fact that women remain the sole caregivers at home, and in their limited access to resources.

**Consider some of the positive outcomes of women's economic empowerment:**

- Where women's participation in the labour force grew fastest, the economy experienced the largest reduction in poverty rates.
- When women farmers can access the resources they need, their production increases, making it less likely that their families are hungry and malnourished.
- When women own property and earn money from it, they may have more bargaining power at home. This in turn can help reduce their vulnerability to domestic violence and HIV infection.
- When women have access to time-saving technologies – such as a foot-pedaled water pump or a motorized scooter – economic benefits can follow. ICRW research has found that technology helps women increase their productivity as well as launch income-generating pursuits and entrepreneurial ventures. Those kind of outcomes empower women to become stronger leaders and to more effectively contribute financially to their families, communities and countries.

**Income and Earning Ability**

Historically and presently in the United States, men are paid more than women, even when they have the same level of education and are in the same occupational field. Reduced income for women coupled with longer life expectancy and increased responsibility to raise children make it more likely for women to be at an economic disadvantage.

- *According to findings of the 2006 American Community Survey (ACS), salaries of American women are about 77.3 percent of that of American men. In some states, women make as little as 66% of men's earnings.*
- *Findings of the ACS indicate that among individuals possessing a graduate or professional degree, on average, the women earned about 66.4% of what the men earned.*
- *While they make less money, women are more likely to be single heads of household than men, thus bearing the responsibility of raising children with fewer economic resources.*

*In 2006, there were about 14 million female heads of household, compared to 5 million male heads of household in the United States .*

- *About 18% of U.S. children live below the poverty line.*
- *Women with fewer economic resources may be less likely to marry and benefit from dual or higher household incomes .*

### **Conclusion**

Without socio-economic equality for women in poor sectors of India, the impacts of efforts at development cannot become fully realized. India must value women as human resource assets and not liabilities. Socio-Economic development can both empower women and raise the status of the Indian economy. Women need employment justice. Education, vocational training, and skill improvements would increase the capacity for gainful economic participation of women in India. The needs of women in poor sectors of India should be included in a national approach to workforce development.

### **References:**

#### **Websites :**

1. <https://ibgeographylancaster.wikispaces.com/file/view/development+and+gender+inequality+in+india.pdf>
2. [www.iwpr.org](http://www.iwpr.org), <http://www.apa.org/pi/ses/resources/publications/factsheet-women.aspx>
3. <http://www.wzzm13.com>, [www.leg.com](http://www.leg.com), [www.Icrw.org](http://www.Icrw.org)

---

## SOCIO-ECONOMIC STATUS OF WOMEN

---

**Sonia M. Talreja\* and Ms. Kulkarni Prachi S.**

### **Introduction:**

Any assessment of the status of women has to start from the social framework, social structures, cultural norms and value systems that influence social expectations regarding the behaviour of both men and women and determine women's roles.

However during the course of history women lost their honoured place due to social, economic and political factors. Evil customs like sati, Purdah, child marriage. reveals that in Vedic times a woman was given a high status. It is an old saying, **“Where women are honoured, gods reside there.” She was known as Ardhangini’**. Enforced widowhood, dowry system, crept in the society and this led to decline in women's status inside and outside the home. During the last few years, sexual harassment at work place, eve teasing, abduction and female foeticide has given an inclination of the horrible behaviour patterns prevailing in the society. Struggle for equality, justice and parity between women and men continues with more and more literature appearing on the subject on empowerment of women.

**‘Matru Devo Bhavo’** (Mother of Goddess) is an old sentiment shared by the Indians. From time immemorial, women have been considered as goddesses like Durga, Parvati, Kali, Shakti, Vaishnomata, Bhairavi so on and so forth. Indians put them on the pedestal and offer prayers and sacrifices.

In contrast, more ‘goddesses’ are being killed in womb, burnt alive for dowry, harassed in workplaces and streets, raped, abducted, exploited and discriminated. Indian citizens venerate and salute this country as ‘Janani’ or mother. On one hand, they worship this mother and on the other hand, they disregard their sisters, mothers and wives.

### **The Status Of Women :**

Before independence ,women were prey to many abhorrent customs, traditional rigidities and vices due to which their status in the society touched its nadir and their situation was all round bleak. They were victims of widespread illiteracy, segregation in the dark and dingy rooms in the name of purdah laws, heavy domestic work, forced child marriage, indeterminable

**\*Asst. Prof.(BCA), Women's College of Home Sci. and BCA ,Loni, Tal Rahata, Dist A.nagar (MS)**

widowhood, rigidity of fidelity and opposition to remarriage of widows turning many of them into prostitutes, polygamy, female infanticide, violence and force to follow Sati, and the complete denial of individuality.

The religious traditions and social institutions have a deep bearing on the role and status of women. A multitude of derogatory attributes have been ascribed to Hindu women by the writers of the Smritis. Like the **Shudras**, she is forbidden to study the **Vedas** or perform any sacrifices. According to Manu, **“In childhood a woman must be subject to her father, in youth to her husband and when her lord is dead, to her sons. A woman must never be independent.”** . She is viewed solely as mother and wife and never as a woman or a person, and these roles were idealized. Practices like giving away of daughters in marriage and the importance attached to sons for maintaining the continuity of the line have strengthened the patrilineal social structure of Hinduism. A widow is regarded as inauspicious. She cannot participate in social -religious ceremonies. Re-marriage was not permitted for high caste widows. But the Hindu male is not subject to such restrictions .Protest movements within the Hindu fold.

Like Buddhism, improvement in the status of women, particularly in regard to religious activities. However, they continued to regard women primarily as mothers and wives, and inferior to men in society. The advent of Islam brought further then deterioration in the status of women. Even in the early British period her condition remained as before. From the middle of the nineteenth century reform movements like Brahma Samaj, Arya Samaj, Ramakrishna Mission, etc., championed the cause of women, but nothing concrete could be achieved.

### **The Vulnerability Of Rural Women**

The condition of women is more miserable in the rural India with respect to various socio-economic aspects.

#### **a) Poverty**

Rural poverty is one of the important characteristics of India and nearly 45 percent of rural people are below poverty line. Most of them are just surviving with day-to-day earnings. If we take International poverty line (1994) into consideration in India there were 47 percent of the population at below \$ 1 a day category and 87.5 percent at below \$ 2 at a day category. Under such circumstances, within the family, the worst sufferers are needless to say women and girl children. For this category of women, neither credit nor skill training is accessible. Better health

care and higher educational opportunities are far reaching dreams for their children and there is no need to say about the status of girl child in such families.

**b) Violence** Indian society has been bound by culture and tradition since ancient times. The patriarchal system and the gender stereotypes in the family and society have always showed a preference for the male child. Sons were regarded as a means of social security and women remained under male domination. Due to her subordinated position, she has suffered years of discrimination, exploitation and subjugation. She became the victim of several evils like child marriage, sati, polygamy, Purdah system, female infanticide, forced pregnancy, rape etc.

***c) Economic Exploitation***

On the world level, women and girls together carry two-third of the burden of the world's work yet receive only a tenth of the world's income. They form 40 percent of the paid labour force. Though women constitute half of the world's population yet they own less than one percentage of the world's property.

***d) Educational Deprivation***

In India the literacy rate of women is much lower than men because boys receive more schooling than girls. Stark is the gender inequality in India that it is one of the 43 countries in the world where male literacy rate are at least 15 percent higher than female rates. Educational deprivation is intimately associated with poverty.

**The following factors accentuate the negative self**

image that the women have inherited along the way. Women are considered as Shudras., Menstrual blood is dirty and polluting, Late marriage begets shame to her family., Women's sexuality is dangerous to society. It is woman's fault if she gives birth to a girl child.

***Conclusion***

The review of the status of women in India tells the story of a fall in the status of women to an abysmally low position from a relatively high status and nobility of the Vedic times. The fall in status has led to a socio- economic and religion-cultural deprivation of women. From the womb to tomb women are victims of violence and deprivations. The vulnerability of women in rural India and that too in Uttar Pradesh is worse compared to the all India levels.

Of course, there are certain initiatives in the country, especially after the Independence towards raising the status of women. However there are miles to go in order to reach the goal of gender equality. Apart from this general condition of gender inequalities, the situation seems more miserable in case of Dalit women. They are victims of a double deprivation. One, on the gender front, and the other on the caste front.

**References:**

- *School of Social sciences ' Gender and Human Rights '.*
- *28.Elizabeth, Dr.V.S.*
- *A Review of Gender Justice since Independence, Lawyers' Club India.*
- [www.google.com](http://www.google.com)[www.revolutionaryfrontlines.wordpress.com](http://www.revolutionaryfrontlines.wordpress.com),  
[www.shodhganga.infibnet](http://www.shodhganga.infibnet).

---

## **SOCIO-CULTURAL STATUS OF WOMEN**

---

**Rajashri M. Nehe\* and Anarthe Suwarna Ramnath**

### **Introduction:**

The lives of women shaped crucial way by the social and cultural world. In today's world, the being women depends on the person's socio-culture context. Culture can be regarded as the unwritten social and psychological dictionary that each person has memorized and through which each person unwittingly interprets themselves and other. From the paper we can identify ways in which specific features of culture influence specific aspects of the lives of women. Social life consists of two different places: Inside and outside the home. Women leave the outside world to the men, generally remaining in the home. Women get married at an earlier age than men and settle into their role of housewife and home maker. As the education level of women increases, the fertility rate decreases.

Effects of socio-culture factor on women's behavior:

The girls not staying with parents after marriage were the major reason for son preference. The study found that education place of residence and cultural factor play a role in son preference factor education study have found that a number of social, cultural and economic factor influence the relative benefits and cost of sons and daughter and ultimately effects parents gender preference. studies have also identify some factors like economic factor discontinuous from the natal family after marriage marriage related problems of daughter which act as barriers for daughter preference.

### **Harmful culture and traditional practices:**

Cultural values and tradition are important to community but it is important to realize that they can't be continued at the cost of right to health of individual. Indeed underdeveloped country the women is considered and treated as property of her husband. At paternal house, a girl is absolutely subdued to the head of the house and other member of family. The Women's Socio-Cultural Council (WSCC) is an institute established for major policy-making and planning in women's cultural and social issues in the Islamic Republic of Iran. The department of the Supreme Council of the Cultural Revolution (SCCR) and WSCC is also charged with creating the necessary coordination between these affairs. The Web based Women's Information and

**\*Asst. Prof.(BCA), Women's College of Home Sci. and BCA ,Loni, Tal Rahata, Dist A.nagar (MS)**

Statistics Center (WISC) containing statistics, research, articles, bibliography, publications, laws and regulations, news, speeches, religious decrees and personalities on women's issues was created.

### **Educational socio-cultural status of women:**

The main aim of this study is to analyze and examine the socio-economic and cultural constraints of women in the rural areas. The socio-economic cultural status of women was very poor due to lack of education. This lack of education and low literacy level contributed to women's ignorance in the society in term of decision making employment. People think, as the education level of women increases, the fertility rate decreases. The low level of economic status of women was due to lack availability.

Education is a factor of enlightening people and key to empower both men and women and improve their socio cultural status and quality of life. Therefore women should have an equal access to education and educational opportunities women educational status is lower than man as indicated by their lower literacy rate.

### **Socio-cultural Perspectives on the Lives of Women:**

Consider the behavior of women in two very different environments in Los Angeles. At the University of California, Los Angeles (UCLA), women constitute about half the student body. UCLA students come from ethnically and culturally diverse backgrounds, but they share a belief in the value of education and a commitment to academic achievement. Although UCLA women may argue a point vigorously in class or yell angrily at a friend, physical fights between women on campus are rare. Just a few miles from UCLA in an economically depressed section of the city, other young women live in a very different social world. In the culture of urban gangs, "gang girls" must be tough, fearless, and willing to fight (Sikes, 1997). According to research by Mary Harris (1994), gang girls often come from troubled families, drop out of school, and turn to gang membership for a sense of identity and belonging. Violence is a way of life. Gang girls get into fights and use weapons to hurt or even kill their enemies. As one gang girl, Maryann, explained, "It's not that you like to fight. You have to fight. But I like fighting" (p. 296). Girls living in dangerous neighborhoods gain a sense of support, knowing that other gang members will "back youup" in case of trouble. According to another gang member, Cindy, "We had to hurt

others to take care of ourselves. Mostly I carried a switchblade in my sock" (p. 297). It is estimated that there are more than 7,000 female gang members in Los Angeles (Sikes, 1997). Are women aggressive? Women on college campuses seldom use physical violence, but in urban ghettos, gang girls are prepared to fight for their lives. As this example indicates, there is no generic or typical woman whose life reflects the essential experiences of all women. Spelman (1988) correctly observed that "all women are women, but there is no being who is only a woman" (p. 102). All people are simultaneously affected by their gender and their socio-cultural context. The Spanish language conveys the inseparability of gender and culture more clearly than English: a Chicana is simultaneously a female and a person of Mexican American heritage; a Chicano is a Mexican American male. What it means to be a woman (or a man) depends on the person's socio-cultural context, which includes the person's cultural, ethnic, and social class experiences and environment. In this reading we identify key elements in a socio-cultural analysis of gender.

#### **-Family Life in Greece**

Households consisting of several generations are still the norm in Greece, even after many families migrated from rural areas to cities. Living quarters are modest, in city apartments or equally small country houses. Children often live with their parents until they get married, which the overwhelming majority of Greeks do. The birth of the first child is an important event, and the child is showered with attention, with relatives coaxing him to eat. Relationships with family members remain close throughout life.

#### **-Social Life**

The concept of *philotimi* holds a unique place in Greek social culture. It indicates a notion of public honor and social responsibility by which Greeks are measured in the eyes of society. It incorporates hospitality, which for Greeks is both a privilege and a duty. Visitors will bring gifts of sweets and liquor to their hosts and hosts will return in kind. Gatherings will incorporate eating, drinking, music, dancing and lively discussion, though never drunkenness. The goal is to attain *kefi*, a collective feeling of happiness and relaxation.

**In Germany**, as in other modern societies, there has been tremendous progress with regard to the equal rights for women stipulated in the Basic Law. As such, with regard to education girls have not only drawn level with, but have indeed now overtaken boys. At grammar schools they

account for 56 percent of graduates; the share of young women embarking on higher education totals almost 50 percent, and 42 percent of doctorates are awarded to women.

And more and more women are embarking on careers. And the alimony laws in the case of divorce in force since 2008 make it all the more important for women to be employed, and indeed almost 70 percent of women are. Yet whereas men are primarily in full-time employment women, especially those with pre-school children, work part time.

**As Turkey** Having begun in Arabic countries in 7C AD, Islam was influenced by the traditions and customs of these countries is essentially an Islamic country, Islam plays an important role in the lives of women. and the way in which women were treated. Men could marry or live with as many women as they liked, kill women and even bury new born girls alive. When Islam made marriage laws and put a limit on the number of wives allowed, it was accepted as the first system to give some economic rights to women by saving them from the sole sovereignty of their husbands.

According to Hinduism, the female was created by Brahman as part of the duality in creation, to provide company to men and facilitate procreation, progeny and continuation of family lineage. The Vedas suggest that a women's primary duty is to help husband and in performing obligatory duties and enable him to continue his family tradition. Her primary duty is to give birth to his children and take care of them. Women like Sita, Satyawati, Draupadi, Ganga, Kunti, Shakuntala, Menka, Amba, Anusaya, Damayanti, played an important role in exemplifying the ideal conduct of women in private and in public.

### **Law and Women in the Middle East:**

The legal status of women in the modern Middle East has been in transition since the early part of the twentieth century. Customary laws, Islamic laws, imported European laws, and reformed versions of Islamic laws affect women in" Varying degrees in the different Middle Eastern legal systems, and the status of women does not seem to have been settled in any of them.

Often legal changes have been far in advance of the state of social evolution; it may take many years before some segments of Middle Eastern societies feel the impact. While reform may be immediately significant for educated women in major urban centers, illiterate women, particularly those in nomadic or rural communities, may not understand their legal rights or

enjoy the independence and resources required to benefit from legal reform. Thus, the effects of legal changes in these societies tend to trickle down gradually.

White Islamic law schools have differed in the details of their rules of divorce, women often could not obtain a divorce unless their husbands cooperated. In contrast, a husband was able to divorce a wife anytime simply by uttering a divorce formula. Observation of actual cases suggests that many husbands tended to abuse this extremely easy method of divorce, which led to a great deal of insecurity and anxiety for many wives. Divorced women often found themselves in poverty, because Islamic law required the husband to support children from the marriage permanently, but his divorced wife only until the expiration of three menstrual cycles after the pronouncement of the divorce (or delivery of a baby if she were pregnant). In addition, women inherited only one-half the amount of males. This discrimination is somewhat mitigated by the fact that males alone were supposed to bear the expenses of maintaining their wives, children and households, and seems less severe when one recalls that under many of the regimes of customary law that have prevailed to this day in the Middle East, women inherit nothing.

### **A new law proposition**

A package called "Democratization of the family" is a new law proposition awaiting parliamentary discussion and enactment and it will include changes in the position of women, some of which are as follows:

- The cancellation of former obligatory permission from their husbands for women to work.
- Equality in the case of adultery.
- In the case of divorce, equality in the sharing of belongings which were acquired after marriage.

In 1926, a new code of Turkish civil law was adopted which suddenly changed the family structure. Polygamy was abolished along with religious marriages and divorce and child custody became the right of both women and men. A minimum age for marriage was fixed at 15 for girls and 17 for boys. Perhaps most importantly, the equality of inheritance was accepted as well as the equality of testimony before a court of law; previously, under Islamic law, the testimony of two women was equal to that of one man. With the secularization of the educational system, women gained equal rights with men in the field of education as well and no longer had to wear

the veils and long garments required by the old religious beliefs. The right to vote for women was granted at the municipal level in 1930 and nationwide in 1934. Theoretically, Turkish women were far ahead of many of their western sisters at that time, for instance in France where women only gained the right to vote in 1944.

**References :**

- 1) <http://www.trustineducation.org>
- 2) <http://www.tatsachen-ueber-deutschland.de/en/society/main-content-08/women-and-men-in-working-life.html>
- 3) <http://uk.ask.com>
- 4) <http://www.turkishodyssey.com>
- 5) <http://www.hinduwebsite.com>
- 6) <http://www.google.com>
- 7) <http://www.timesofindia.com>
- 8) Child Marriage as A Violation of Human Rights
- 9) Article 16(2) of Convention on the Elimination of All Form of Discrimination of Women
- 10) "Ministry of Law and Justice - About Us". Ministry of Law and Justice. Retrieved 29 May 2014.
- 11) "About Ministry of Law and Justice (More information)". Ministry of Law and Justice. Retrieved 29 May 2014.
- 12) "Government of India (Allocation of Business) Rules of 1961". Parliament of India. Retrieved 29 May 2014.

---

## STATUS OF WOMEN IN MASS MEDIA

---

**Rajashri M. Nehe\* and Antre Prajakta Laxman**

### **Introduction:**

Mass media is one of the fastest medium of exchange of information that captures audience attention and interest. Television and radio are the major source of mass media that provide vast information towards people. It should be able to accessible to the target audience and able to hold their attention. Considering the women, media have been reflectors of dominant values and work as an active agency aiming at reinforcing and strengthening dominant value structure. There is no doubt that mass media like TVs, film, newspaper and magazines mould opinion, thinking, attitudes and behavior. As usual we know they are more powerful as their impact is greater than that of other media. Mass media do give coverage to women and their issues but truly damage done by media to women is somewhat more than help offered to them. It should focus on work, devotion, achievements and needs of women in 21<sup>st</sup> century.

### **Impact Of Mass Media Communication On The Development Of Rural Women:**

In the developing country like India, access to communication and technology, mass media paves way for modernization and social change. Being the important factory in the process of development the mass media not only serve as the media of intimation and entertainment but also act as an agent of social change and pass new ideas and information. Although, the country has made great strides in many fields since it attained independence, the literacy rate is still authentically low. Analysis of the female population in India reveals that rural women comprise the bulk of female population and as many as 80 percent are engaged in agriculture. It becomes imperative to use the print and broadcast media effectively to motivate them to participate in development of country. Here mass media plays a very important role in serving the information to these women.

### **Women In Film Media:**

First lady Florence Harding operates a film camera on the White House Lawn. It shows how popular film had become by the 1920s and how women remained involved in and out of the film studio. Women have influenced the trajectory of the film industry.

**\*Asst. Prof.(BCA), Women's College of Home Sci. and BCA ,Loni, Tal Rahata, Dist A.nagar (MS)**

The special feature of cinema, television is that they serve both literates and illiterates. They also entertain people in remote areas.

### **Sudanese Women And Sudan Media:**

Few days earlier, a critical and analytical study of the portrayal of Sudanese women in printed media were observed. This study examines how Sudanese women are portrayed in the mass media. The Independent newspaper for Al-Umma Party, a Muslim Nationalist Islamic Front Party, a Communist Party, a Bathist Party and many more are the newspapers whose editors are only women. Women magazines are published by women only. Women are not extensively featured or photographed in either newspaper or magazines. This shows how Sudanese women are targeted and made them feel insecure, the reason behind this is, most of Sudanese women are illiterate. Near about 85% women are busy in their household chores only.

### **Goals:**

The report also found that 43% of teen girls on television are target of exploitive jokes compared to 33 % of adult women. Governments, educational institutes, non-governmental organization are responsible for prevention of all forms of discrimination against women. Because the effect of media is very large in the dissemination and interpretation of lot of knowledge, innovation and news. Almost everyone benefits from mass media as it constitutes big part of our lives.

### **Conclusion:**

The role of media in the development of women and enhancement of their status in the society is very low. All mass media is blamed for this. Instead the agents try to focus women in meaningful, respectable and positive manner, surely women would stand firmly and can handle any situation in her environment. Expectations from mass media are only to represent reality with accuracy which is most important.

### **References:**

- 1) [www.google.com](http://www.google.com)
- 2) [www.unication-development-rural-development.com](http://www.unication-development-rural-development.com)
- 3) [www.123helpme.com](http://www.123helpme.com), [www.agropedialabs.iitk.ac.com](http://www.agropedialabs.iitk.ac.com)
- 4) Newspaper: Sakal, Sarvamat, India Times.

---

## CURRENT HEALTH STATUS OF WOMEN

---

**Rajashri M. Nehe\* and Tambe Karishma K.**

### **Introduction**

India is one of the few countries in the world where women and men have nearly the same life expectancy at birth. The fact that the typical female advantage in life expectancy is not seen in India suggests there are systematic problems with women's health. Indian women have high mortality rates, particularly during childhood and in their reproductive years. The health of women depends on their emotional, social and physical well-being which are determined by different social, political and economic contexts of their lives. India being large country, has a diverse population- socially, culturally and economically; yet, the common major problem that women here face in availing healthcare, is inequality, between men and women; among women of different geographical regions, social classes and indigenous and ethnic groups across the country. In many areas women's health issues mirror those of the population as a whole, in other areas there are important differences. It includes trends in illness and disease, use of clinical preventive services, and trends in personal behaviors. It shows how women are doing in key areas, and allows us to compare to the nation and to *Healthy Vermonters 2010* public health goals.

### **General Information**

In India, gender-based health indicators have shown improvement over time, however, these developments are still far from optimal. In comparison to the European states, the difference in gender based indicators is enormous. For example, among cause-specific mortality rates, maternal mortality rate in India is 16.6 times, TB among the HIV positive population is 2.8 times, and age-standardized mortality rate from non-communicable diseases is 1.2 times the comparable rates in Europe. There are wide variations among cultures, religions and levels of development among India's 25 states and seven union territories. Hence, women's health also varies greatly from state to state. India is a massive country in terms of its diversity and cultural practices.

**\*Asst. Prof.(BCA), Women's College of Home Sci. and BCA ,Loni, Tal Rahata, Dist A.nagar (MS)**

## Differential In Health Status Among States

Social Determinants of Urban Indian Women's Health Status by Jyotsana Shukla, Amity University, India, according to her survey

Sector	Population BPL (%)	<5Mortality per 1000 (NFHS II)	MMR/Lakh (Annual Report 2000)
India	26.1	94.9	408
<b>Better Performing States</b>			
Kerala	12.72	18.8	87
Maharashtra	25.02	58.1	135
Tamilnadu	21.12	63.3	79
<b>Low Performing States</b>			
Orissa	47.15	103.3	498
Bihar	42.60	105.1	707
Rajasthan	15.28	114.9	607
UP	31.15	122.5	707
MP	37.43	137.6	498

## Issues about women's empowerment

There is a strong relationship between women's empowerment and health. According to NFHS-3 (2005-06), (National Family Health Survey), only 27.1% of women in India seem to be able to make a decision about their own health care, while 30.1% of decisions are made by husbands. While 62.2% of women decide on their own or jointly with their husbands about their health care, this seems to improve with education levels (NFHS-3, 2005-06). Only 60.3% of urban women and 41.5% of rural women are allowed to go alone to a health facility. However, the situation seems to improve with age, education and employment status, especially with employment for pay. All this indicates that there is a need for economic and educational empowerment of women in order to improve their basic access to health care.

## Policy suggestion

Economic growth needs to be followed with progress on family health and female education, to achieve the millennium development goals (MDGs) by 2015. In order to ensure that public money is spent properly, civil society groups and local communities will be required to play a larger and a more meaningful role.

## Popularizing regular medical checkups:

Regular and thorough medical check-ups of women need to be popularized through awareness campaigns. Working women should be given off-time, without sacrificing their pay, for regularly consulting their doctors regarding their health. Lifestyle coaching for women in schools, colleges, work places, and at community meetings need to be organized to create health consciousness at all levels.

### **Over 100,000 Indian women die each year from pregnancy related causes**

Maternal mortality and morbidity are two health concerns that are related to high levels of fertility. India has a high maternal mortality ratio—approximately 453 deaths per 100,000 births in 1993. This ratio is 57 times the ratio in the United States. The World Health Organization (WHO) and United Nations Children’s Fund (UNICEF) estimate that India’s maternal mortality ratio is lower than ratios for Bangladesh and Nepal but higher than those for Pakistan and Sri-Lanka (WHO, 1996). This differential maternal mortality is most likely related to differences in the socioeconomic status of women and access to health care services among the states.

### **Every 5 minutes, a violent crime against a women is reported**

Research by Heise (1994) has shown that violence against women is a health problem that is often ignored by authorities who view such behavior as beyond their purview while violence is a serious health issue for Indian women; it is difficult to say how widespread it is. The data that are available show that much of the violence to which women are subjected occurs in the home and/or is carried out by relatives. For instance, the majority of reported rapes are committed by family members. Many of the victims are young women; 30 percent of all reported rapes happened to girls who were age 16 or younger (National Crime Records Bureau (NCRB), 1995).

### **Conclusion**

**Women's health** can be examined in terms of multiple indicators, which vary by geography, socio economic standing and culture. To adequately improve the health of women in India multiple dimensions of wellbeing must be analyzed in relation to global health averages and also in comparison to men in India. Health is an important factor that contributes to human wellbeing and economic growth. Gender is one of many social determinants of health, which include social, economic, and political factors that play a major role in the health outcomes of women in India. Therefore, the high level of gender inequality in India negatively impacts the health of women.

### **References**

1. Social Determinants of Urban Indian Women’s Health Status by Jyotsana Shukla, Amity University, India. Current Health Status Of Women In India-Issues and Challenges by Jaishree Ganjiwale, Assistant professor(Biostatistics),Dept. of Community Medicine, PS Medical College, Karmsad
2. The Importance of Women’s Health, (2005).
3. [www.globalhealth.org/women’s\\_health](http://www.globalhealth.org/women’s_health). (Retrieved December 2010),[www.google.com](http://www.google.com)
4. Research by Victoria A. Velkoff and Arjun Adlakah – International Programme Center

---

## **CURRENT HEALTH STATUS OF WOMEN IN INDIA - ISSUES AND CHALLENGES**

---

**Dr. Varsha S Zanvar\***

Empowerment means the ability to exercise full control over one's actions. The status of women in India has been subject to many great changes over the past few millennia. The purpose of this paper is to explore the status of women empowerment in India and its effect on health indicators through various related factors. The health of women depends on their emotional, social and physical well-being which are determined by different social, political and economic contexts of their lives. India being large country, has a diverse population- socially, culturally and economically; yet, the common major problem that women here face in availing healthcare, is inequality, between men and women; among women of different geographical regions, social classes and indigenous and ethnic groups across the country. There are several factors responsible for the current status of women, one is the culture itself. Women are subjected to selective malnourishment from birth. There is strong preference for the male child in several states promoting illegal sex determination and female foeticide. This not only poses threat to the expectant mother's physical and mental health but also imbalances the sex ratio, thereby giving rise to several other social problems.

1. The girl child is treated as a financial burden on the family because of customs like dowry at the time of marriage. This is a major reason why sex determination and female foeticide is rampant in some places.
2. Many a times women are not free to control their fertility and decision regarding medical termination of pregnancy is influenced by husband or other family members. There are states with remarkable decline in the fertility rates of females, yet female foeticide continues and strong preference for male child remains.
3. In the patriarchal societies like Indian, women on an average have less power, status, autonomy, independence and financial resources. They are mostly the caregivers, providing both domestic labor and health care for husband, children and elders whenever required. The male child preference exists mainly because of the patrilineal nature of these societies where the property and title are inherited by only the male lineage.

**\* Asst.Prof. Dept. of Home Science, Shri Yoganand Swami Arts College, BasmatDist. Hingoli**

4. Despite all odds, the backbones of the family are women. The family health issues relate to various phases involving fertility and pregnancy, infancy, childhood, adolescence, adulthood, and old-age along with the familial relationships. Poor pregnancy outcomes affect not only the mother but also the child, family, and the community physically, mentally and economically.
5. In Indian society where women's rights are repressed, the health of women and children suffers significantly. The major gender specific cause of death in India continues to be the maternal mortality, despite this being one of the key agenda in the national health care programs. The maternal mortality rate is 212 per 1000 which is almost 6 folds higher than that of china.
6. Women's post natal health appears to take second place for all once the process of child birth is over.
7. The percentage of women receiving post natal care within two days of delivery across states gives a glimpse of the same.
8. The mothers who do not avail antenatal care and / or give birth unattended by the trained personnel, invariably indulge in to wrong practices related to child care and hence the child health complications adding to the infant mortality rate (IMR Early marriage and early child bearing are important factors adding to maternal mortality rate (MMR) and IMR. Every third girl in the developing countries (excluding China) is getting married at the age before 18. Early marriage is observed to compromise the sexual and reproductive health of young women and the adverse consequences are borne not only by young women but also by the child they bear.
9. The indicator 'Domestic violence' reflects lots about the status of women in society. Women marrying at a later age than 18, are seen less prone to domestic violence, may be for their improved awareness about marital life, sexual behavior and its consequences along with the physical and mental development with time. In addition the women are seen to be participating in deciding about their marriage if they marry at a later age.
10. Mother experiencing intimate partner violence is found significantly associated to infant mortality.

- 11.** Experiencing marital violence not only damages the women's physical being, but also has serious negative impact on the multiple aspects of women's reproductive health.<sup>13</sup> Moreover, it is observed that the marital physical violence by the husband and acceptance of the justification for such violence are significantly associated with decreased chance of seeking care.
- 12.** The gender inequality and mortality analysis reveals that the life expectancy of male and female in India are comparable (65.77 for males and 67.95 for females - 2011 estimates). This small difference also refers to the low social status of the women in the country. As education holds the key to development, women education should be considered more seriously. Comparing the health indicators and empowerment indicators across states, the effect of women

A common perception about women in India is that their status has always been low compared with women in advanced countries. Contemporary Indian culture reflects a strong connection to its ancient history. India's past provides insights to the current status of Indian women in society.

This patriarchal view of women continues to dominate and influence Indian society in the 21st century. Because majority of women in India (74.2%) live in rural areas (Census of India, 2001), they suffer many social and cultural. Traditions are upheld more deeply in rural areas. social and cultural restrictions women would break if there were no community "ridicule or alienation". Women responded by saying they would break early marriage traditions, remove pressures of bearing sons, demand equal work and equal pay, demand access to non-traditional medicine, refuse to neglect girls, and refuse to accept inequality in the family. Although women are consciously aware of their oppression, fear of community retaliation silences their objections. Poor women's lives are restricted within families also. Rural and urban homes resembled the same basic patterns to accommodate social settings. India is a collectivist society where individual needs are sacrificed for the benefit of the group. Joint families from several generations often occupy the same house until it becomes impossible to manage. Caste and class affect the location of each house within the community. The Manu smriti was the harbinger of patriarchy in India. It provides a gender biased philosophical and pragmatic approach to life in India that determines the lives of many women in India. One result is that the female to male ratio in India has been declining. The 1991 census reported the lowest rate at 927 females per

1000 males (Census of India, 1991). Twenty-five percent of female children in India die before the age of fifteen. At least one-sixth of these die because of gender discrimination.

### **References**

1. Sen, A. 1992. Missing Women. *British Medical Journal* 304: 587-588
2. Ahmed, 2010."Female Feticide in India." *Issues in Law & medicine*. 26(1) pp 13-29.
3. Nadia diamond, Nancy L & Stephen M. 2008." Too many girls, too much dowry': son preference and daughter aversion in rural Tamil Nadu, India." *Culture, health and sexuality*. 10(7): pp 697-708.
4. Thomas, Hillary. 1998." Reproductive healthneeds across the lifespan." Pp. 39-53 in L. Doyal (ed.),

## महिलाओं की वर्तमान सामाजिक स्थिति : एक यथार्थ

डॉ. सानप शाम बबनराव\*

प्रकृति में सब जीव एक दूसरे पर निर्भर हैं। अपनी विभिन्न आवश्यकताओं के लिए इस निर्भरता के कारण ही संसार के सभी जीवों की प्रजातियों की संख्या में स्थिरता है। एक - दूसरे पर निर्भर होते हुए भी सभी अपने-अपने में पूर्ण रूप से स्वतंत्र हैं। स्वतंत्रता सभी का मूलभूत अधिकार है। मनुष्य भी अपने अस्तित्व को स्वतंत्र रखने के साथ ही साथ अपने व्यक्तित्व का पूर्ण रूप से विकास भी चाहता है। इसके लिए मनुष्य को कुछ ऐसी परिस्थितियों की आवश्यकता थी जिनके बिना ना तो उसका स्वतंत्र अस्तित्व रह सकता था और न ही वह पूर्ण विकास कर सकता था। जब तक मनुष्य अपने को प्रकृति का एक अंग समझता रहा, पृथ्वी पर एक संतुलन बना रहा, लेकिन अपनी बुद्धि के बल पर वह अपने को प्रकृतिका स्वामी समझने लगा। धीरे-धीरे मनुष्य का विकास होता चला गया। उसने अपनी बुद्धि के बल से अपनी सुख-सुविधा के साधन जुटा लिए और स्वयं को पूरी तरह से भौतिकवादी युग में धकेल दिया। समयगत श्रृंखला में पुरुष की अभिलाषाओं में तो सदैव बढ़ोतरी हुई किन्तु नारी शनैः-शनैः समय और विचारधाराओं के परिवर्तन से ज्ञात और अज्ञात कारणों से घर की ऊँची-ऊँची चार दिवारी में बन्द होकर अविधान एवं अज्ञान के अंधकार में डुबकियाँ लगाने लगी। उसका पग-पग पर अपमान होता रहा तथा लगातार ठुकराए जाने के बावजूद भी वह जीवन की अन्तिम श्वास तक सामाजिक यातनाओं को चुपचाप सहन करती रही। बाल विवाह, पर्दा-प्रथा, विधवाओं की दीन-हीन दशा, सती-प्रथा, कन्या पक्ष का नीचा समझ जाना, नारी की उच्च शिक्षा का बहिष्कार, उत्तराधिकार से वंचित होना और आर्थिक परतंत्रता जैसी सामाजिक कुरीतियों ने पराधीन भारत को इतना निम्न बनाया जाता रहा है कि वह नारी की पीड़ा को समझ न सका और आज स्वतंत्रता के वर्षों बाद भी बार-बार सचेत किए जाने पर भी भारत में पूर्णरूपेण नारी जागृति नहीं हो पाई है।

21 वीं सदी में कदम रखने वाले भारतीय समाज में नारी को आज भी वह दर्जा प्राप्त नहीं हुआ है जो कि उसे बहुत पहले मिल जाना चाहिए था। वधू-दहन आज भी निर्भयता पूर्वक होता है, तलाक नारी के लिए कलंक व पुरुष के लिए आजादी है, जहाँ बालिका भ्रूण हत्या एक लैटेस्ट फैशन है। एक ऐसे अमानवीय, पतनशील समाज में स्त्री फिर भी जीवित है, यह , क्या किसी आश्चर्य से कम है। नारी ने पूरी शिध्दत के साथ विपरीत और विषमतर परिस्थितियों में भी अपनी पहचान और महत्ता को सिध्द किया है। निश्चय ही नारी शक्ति, शौर्य और सामर्थ्य का दूसरा नाम है।

एक राजस्थानी कहावत है कि सत्तर साल में तो कूल्टी (जहाँ गाँव भर का कूड़ा डाला जाता है) के भी दिन फिरते हैं। इसके लिए महिलाओं के सम्बन्ध में चाहे इतनी ही दशाब्दियाँ लगी हो लेकिन लगता है अब महिलाओं की स्थिति में भी परिवर्तन अवश्यम्भावी सा हो गया है। पंचायती राज व्यवस्था में महिलाओं के आरक्षण, राज व्यवस्था में उनकी बढ़ती भूमिका, महिला संगठनों के फैलते जा रहे प्रभाव, महिला हितों के सम्बन्ध में पिछले दिनों में आये कानूनी बदलाव, पुलिस व सामान्य प्रशासन में बढ़ती जा रही उनकी भागीदारी और सबसे महत्वपूर्ण विचारों में आ रहे व्यापक बदलाव से तो कुछ ऐसा ही लगता है। इस बदलाव के लिये संचार साधनों, साक्षरता के प्रतिशत में हो रही वृद्धि, विविध प्रचार माध्यमों, भौतिकवाद संस्कृति, संयुक्त परिवारों की टूटन, कार्यशील महिलाओं की बढ़ती संख्या, महिला मतों को आकर्षित करने की राजनैतिक दलों की मजबूरी, नव-धनाढ्य एवं उच्च मध्यम वर्ग परिवारों

\*विभागाध्यक्ष, कालिकादेवी कला, वाणिज्य एवं विज्ञान महाविद्यालय, शिरूर (का.), जि. - बीड.पीन 413249

की बढ़ती संख्या, स्वर्गीय इंदिरा गांधी व जयललिता की राजनैतिक हैसियत जैसे कई कारण उत्तरदायी रहे हैं। आज ऊपरी तौर पर समाज में महिलाओं का स्थान बनता सा नजर आने लगा है। आज पर्दा प्रथा, विधवा उत्पीड़न, स्त्री निरक्षरता, कौमार्यता, बालिका विवाह समाज व परिवार में उपेक्षा, बेमेल विवाह, विधवा विवाह निषेध जैसी समस्याएँ उतनी भयानक नहीं रही हैं। एकल परिवार व्यवस्था ने महिलाओं को परिवार व समाज के सीमित दायरे से निकाला है। परिवर्तन की हवा संसार माध्यमों से ग्रामीण क्षेत्रों तक भी पहुँची है। अब हम कुंवारी कन्या द्वारा लिपिस्टिक लगाने, पायल व चुटकी पहनने, सजधज कर आने-जाने, फिल्मों की बातें करने, भावी पति के सम्बन्ध में विचार रखने, ससुर व जेठ से बतलाने, सबके सामने अपने ही पति से बातें करने व शयनकक्ष में चले जाने को सहन करने लगे हैं। मौहल्ले में किसी पुरुष के सामने मिलते ही तुरन्त वहीं बैठ जाने, बालक देवर से भी घूँघट निकालने, वृद्ध पुरुष के सामने से निकलते हुये चप्पले हाथ में लेकर चलने, पति की मृत्यु के बाद महीनों कमरे के एक ही कोने में बैठे रहने, निसंतान औरत को शुभ कार्य में नहीं बुलाने, पिता की उम्र के पुरुष से शादी को मजबूर होने, कन्या पैदा होते ही उसे खुलेआम मार देने जैसी पीडादायक घटनाएँ तो अब अपवादस्वरूप ही होती हैं। परिवार में उसकी निर्णय क्षमता, अभिव्यक्ति के अवसरों, बच्चों पर अधिकार व प्रश्न करने की क्षमता में निरन्तर वृद्धि हो रही है। एक पिता

अब लडकी के साथ भेदभाव करने, उसे पढ़ाई से वंचित करने, पैसे लेकर शादी करने, सार्वजनिक रूप से पिटाई करने, लडकी पैदा होने पर मातम मनाने, डंडे के जोर से बेमेल विवाह करने में झिझक व हीन भावना महसूस करने लगा है। यही हालत कामचोर, शराबी व अनकमाऊ पति की भी है।

कामकाजी महिलाएँ अब अपने सहकर्मियों को घर बुलाने, कमाई को अपने पास रखने, पति को गृहकार्य में सहभागी बनाने, पति से पहले सो जाने, प्रातः देरी से उठने, इच्छा न होने पर काम से मना करने, पति के बिना सभा सम्मेलनों में जाने, यूनियनबाजी करने सहित कई स्वतंत्र निर्णय करने की हकदार होती जा रही है। शहरी क्षेत्रों में महिला द्वारा स्कूटर या कार चलाना अब कौतुहल का विषय नहीं रहा है। कामकाजी महिलाएँ अकेली रहने व यात्रा तक करने लगी है। प्रश्न उठता है क्या इसको ही हम महिलाओं की स्थिति में परिवर्तन मान लें? यदि यही परिवर्तन है तो क्या इससे संतुष्ट हुआ जा सकता है? इस विषय पर विवेचना करने से पूर्व उन परिवर्तनों की ओर भी दृष्टिपात करने की आवश्यकता है जो नारी स्वतंत्रता अंदोलन के नाम पर हो रहे व पहले से भी अधिक नारकीय जीवन की परिस्थितियाँ पैदा कर रहे हैं। नारी स्वतंत्र होने के स्थान पर पहले से अधिक घुटन व स्वयं को भ्रमित महसूस कर रही है। अधिक आधुनिक प्रगतिवादी व स्वतंत्र कही जाने वाली महिलाएँ सिगरेट व शराब पीने, नाइट क्लबों में जाने, अविवाहित रहने, जरा सी बात पर विवाह विच्छेद कर लेने, बच्चों से परहेज करने, शारीरिक श्रम से दूर रहने, स्वजनों से रिश्ते काट लेने, विवाहेत्तर यौन सम्बन्धों की और प्रवृत्त होने, शरीर का खुला प्रदर्शन करने की मानसिकता से ग्रसित होती जा रही है। पुरुष व सरकार की हर बात में दोष निकालना, सांस्कृतिक मूल्यों, प्राचीन परम्पराओं व सामाजिक रीतिरिवाजों की खिल्ली उड़ाना, हर काम में पुरुष की बराबरी करना, हर संस्था में महिला संगठन बना लेना, हर क्षेत्र में आरक्षण की मांग करना इनकी लत सी हो गयी है।

आज अब तो स्थिति यहां तक आ गयी है कि कुछ अति-आधुनिक महिलाओं व उन्हीं के संगठनों द्वारा धार्मिक ग्रन्थों का उपहास उड़ाने, विवाह व्यवस्था को नकारने, स्वच्छंद भाव से यौन सम्बन्ध स्थापित करने, एक्सचेंज क्लबों का सदस्य बनने, नारी ही बच्चे पैदा क्यों करे जैसे प्रश्न उठाने, अपने नाम के साथ पिता या पति का नाम नहीं लगाने,

जैसा दुःसाहस दिखाया जा रहा है। यही कारण है कि फैन्टेसी व बी.एम.एड्स जैसी स्वच्छंद यौनेत्तर संस्कृति को बढ़ावा देने वाली पत्रिकाओं की प्रसार संख्या लाखों में होती जा रही है। जिनमें महिलाएँ भी हजारों रुपये व्यय कर उत्तेजक भाषा में रति क्रियाओं के लिए उपयुक्त पुरुषों को आमंत्रित करने हेतु विज्ञापन देती हैं

और मुद्रित विज्ञापनों का 'लाभ' भी उठाती हैं। इस भयावह यर्थाथ का प्रमाण देते हुए लेखक मान चन्द खंडेला लिखते हैं कि, "आज विवाहेत्तर सम्बन्ध और कुंआरे मातृत्व का चलन असामान्य दर से बढ़ रहा है जिसका अधिकांशा मामलों में नकारात्मक प्रभाव कहा जाता है जो कि महिला पर ही अधिक पड़ता है। यहाँ प्रश्न उठता है क्या इन सबके लिए पुरुष ही दोषी हैं? क्या केवल कानून बनाकर ऐसी समस्याओं का निदान किया जा सकता है?"<sup>1</sup> पॉश कही जाने वाली कॉलोनियों व ऊंचे माने जाने वाले परिवारों में अश्लील फिल्मों को सामूहिक रूप से देखने, सम्मिलित रूप से भोग विलास करने, उन्मुक्त वातावरण वाली शराब पार्टियों को आमंत्रित करने, पति की आँखों के सामने ही दूसरों की बाहों में झूलने जैसी प्रवृत्तियाँ आज तेज गति से बढ़ रही हैं।

एक तरफ जहाँ सारा विश्व अन्तराष्ट्रीय महिला दिवस मना रहा है वही भारत में सती प्रथा अभी भी बदस्तूर जारी है। दहेज की वजह से मौते बढ़ी हैं और महिला उत्पीड़न की समस्या भी विकराल होती जा रही है। यह एक कड़वी सच्चाई है। पिछले साल देश में महिलाओं के सती करने की चार घटनाये दर्ज की गयी हैं जबकी उसके पहले एक घटना हुई थी और उससे पहले एक भी नहीं। "इसके आलावा दहेज प्रथा की वजह से होने वाली महिलाओं को मार दिये जाने की घटनाये सन 2000 में 1999 के मुकाबले 3.92 फीसदी बढ़ी हैं और महिला उत्पीड़न की घटनायें 1.25 फीसदी बढ़ी हैं। इस दौरान महिलाओं के यौन उत्पीड़न के मामले तेजी से बढ़ रहे हैं। 1999 में जहाँ ऐसे केवल 8858 मामले सामने आये थे 2000 में यह 14034 तक पहुँच गये 2001 में भी 12898 मामले दर्ज हो चुके हैं जबकि पति व अन्य ससुराल के रिश्तेदारों द्वारा पिटाई व बलात्कार आदि के मामले भी कम होने का नाम नहीं ले रहे हैं।"<sup>2</sup> क्या इन सब वर्तमान स्थितियों में नारी जाती प्रगति की और बढ़ रही है? निश्चय ही नहीं। बल्कि हाल में राष्ट्रीय अपराध अभिलेख ब्यूरो (एनसीआरबी) ने 2005 के आंकड़े घोषित किए हैं - "जिसमें हार चौथे मिनट पर एक महिला का उत्पीड़न, हर 15 मिनट पर एक महिला से छेड़छाड़, हर 53 मिनट पर एक यौन उत्पीड़न, हर 9 मिनट पर पति या संबंधी से उत्पीड़न, हर 17 मिनट पर एक दहेज हत्या, हर 29 मिनट पर एक बलात्कार जैसा आलेख प्रकाशित किया है।"<sup>3</sup> इस रिपोर्ट के अनुसार विगत वर्ष संपूर्ण देश में नारी उत्पीड़न के 1.55 लाख प्रकरण पंजीयत हुए जो कुछ दर्ज अपराधों में 14 प्रतिशत से अधिक थे। विगत दो दशकों से महिला उत्पीड़न रोकने के लिए अनेक कानून बने तथा ये कानून पुरुषों को भयभीत करने के लिए काफी समझे जाते रहे। अविवाहित, तलाकशुदा, परितक्ता व कुंवारी माताओं की बढ़ती जा रही संख्या, छिन्न भिन्न होते जा रहे परिवारों, बढ़ती जा रही अवैध संतानों, महिलाओं के लिये बन रही लाइट सिगरेटों की बढ़ती बिक्री, बंद होती जा रही रसोइयों, खुलते

जा रहे फास्ट फ्रूट सेंटरर्स व नाच गृहों को परिवर्तन तो मानना ही होगा लेकिन प्रगति बिल्कुल नहीं।

तो फिर प्रश्न उठता है ऐसे परिवर्तन कौन-से हैं जिनसे महिलाओं में सावत्रिक प्रगति आ सकती है? इसके लिए समस्या के मूल पर चोट करने की आवश्यकता है। नारी की दुर्दशा, उत्पीड़न, उपेक्षा व कष्टों के मुख्य कारण हैं उसके पास राजनैतिक, प्रशासनिक, आर्थिक व बौद्धिक शक्ति की न्यूनता। इस न्यूनता को अधिकता या कहा जाये पर्याप्तता में बदल कर ही बिना किन्हीं साइड इफैक्ट्स के सकारात्मक परिवर्तन लाये जा सकते हैं। इस सम्बन्ध में पंचायती राज कानूनों को आदर्श मान कर संसद व विधानसभा सहित सभी बोर्डों, समितियों, सलाहकार परिषदों आदि में महिलाओं को न्यूनतम तीस प्रतिशत आरक्षण देने की कानूनी व्यवस्था करने की आवश्यकता है।

तब ही अखिल भारतीय व राज्य स्तरीय प्रशासनिक पुलिस व सामान्य सेवाओं में इसी अनुपात में आरक्षण की बात मनवायी जा सकती है। महिला साक्षरता के लिए व्यापक, व्यावहारिक व औपचारिक कार्यक्रम बना कर तथा उसी के अनुरूप मानवीय व वित्तीय साधन उपलब्ध करवा कर, एक साथ अज्ञानता, रुढ़िवादिता, संकीर्ण सोच, झिझक की मानसिकता के विरुद्ध लड़ा जाना आसान हो सकता है। निश्चय ही यह कार्य केवल सरकार पर निर्भर रहने, उसे दोषी ठहराते रहने या पुरुष प्रशासकों को कोसते रहने से पूरा होने वाला नहीं है। इसके लिए विशेष रूप से महिला संगठनों व सामान्यतया सभी स्वैच्छिक संगठनों को आगे आकर इस महायज्ञ में अपनी क्षमता व योग्यतानुसार आहूति देने की आवश्यकता है। केवल समय गुजारने, प्रचारित होने व सरकारी मदद को हड़पने के उद्देश्य से महिला संगठन चला रही कान्फेन्ट संस्कृति वाली पदाधिकारियों को भी समझ लेना चाहिये कि यह उद्देश्य केवल सभा सम्मेलन, संगोष्ठी व कार्यशाला आयोजित कर समाचारपत्रों में खबर छपा देने मात्र से पूर्ण नहीं हो सकता है।

#### **सारांश :**

महिलाओं के शोषण में जितना समाज दोषी है, उतना ही स्वयं महिलाओं की अपनी मानसिक दुर्बलता एवं हीनभावना भी है। राष्ट्रीय एवं अंतरराष्ट्रीय स्तर पर आज महिला दिवस मनाए जाते हैं, लेकिन इन सबके बाद भी कन्या भ्रूण हत्या पर रोक नहीं लग पायी है। आज ग्राम पंचायतों में तीस प्रतिशत सरपंच महिला हैं पर उनका शोषण बंद नहीं हुआ है। भले ही आज महिलाएं कलेक्टर हो या पुलिस अधीक्षक, हमारी मानसिकता आज भी नहीं बदली है। महिला दिवस पर महिलाओं के लिए लंबे-चौड़े भाषण देना, आँसू बहाना आम बात है, पर उनके उन्नति के लिये कोई काम करना नहीं चाहता है। महिला सशक्तिकरण की बात करना और बात है, पर वाकई में सशक्त बनाना हँसी-खेल नहीं है। विश्व महिला सम्मेलन हुए या महिला सम्मेलन आयोजित हुए, पर महिलाओं की स्थिति में कोई सुधार नहीं हुआ है। हर साल महिला दिवस पर विज्ञापन प्रकाशित होते हैं। गोष्ठियाँ और सम्मेलन आयोजित होते हैं। महिला उत्थान के लिये लंबे-चौड़े वायदे किये जाते हैं, 8 मार्च निकल भी जाता है। आगले साल फिर वही प्रक्रिया दोहराई जाती है, पर महिलाएं वहीं की वहीं रह गयी है। बस...बस यही है आज का भयावह सामाजिक यर्थाथ।

#### **संदर्भ :**

- 1) महिला सशक्तिकरण : मान चन्द खंडेला, पृ. 07
- 2) नारी चेतना और सामाजिक विधान : डॉ. मीनाक्षी व्यास, पृ. 59
- 3) महिला सशक्तिकरण : रमा शर्मा, पृ. 23

## वृद्धावस्थेतील शारीरिक समस्या आणि वर्तन.

डॉ.सीमा अतुल पांडे\*

सुदृढ आरोग्य वृद्धावस्थेत महिलांना स्वावलंबी ठेवून त्यांचे सामाजिक स्वास्थ्य टिकवते आणि त्यांना उत्तम गुणवत्तापूर्ण जीवन देते.युनायटेड नेशन्सच्या माहितीनुसार,भारतामध्ये १९४७ मध्ये ६० वर्षावरील व्यक्तीचे प्रमाण १.९ करोड होते.२००१ मध्ये त्यांचे प्रमाण एकूण लोकसंख्येच्या १० टक्के इतके झाले.२०२० मध्ये ते १५ करोड पर्यंत जाणे अपेक्षित आहे.यांवरून भारतातील आयुर्मर्यादा वाढती आहे हे लक्षात येते.१९९६ ते २००१ दरम्यान जनगणनेवरून झालेल्या संशोधन अहवालानुसार जेष्ठ नागरिकांचे प्रमाण खालीलप्रमाणे होते.

Census year	Total	Male	Female	Rural	Urban
1961	5.63	5.46	5.80	5.82	4.73
1971	5.97	5.94	5.99	6.21	4.97
1981	6.32	6.23	6.41	6.83	5.36
1991	6.70	6.69	6.71	7.10	5.75
2001	7.44	7.09	7.82	7.74	6.70

Source Registrar General & Census Commissioner,India (1996,2006)

Percent distribution of persons aged 60yrs & above by gender and place of residence in India  
1961-2001



यांवरून असे निदर्शनास येते की पुरुष आणि महिला दोघांच्याही आयुर्मर्यादेत वाढ स्पष्ट दिसते.परंतु वाढलेले वय हे निरोगी आणि हसतखेळत जाणे आवश्यक असते.कारण या वयात पुरुष आणि महिलांना कांही गंभीर समस्यांना सामोरे जावे लागते.याची जाणीव आणि तशी क्षमता (शारीरिक व मानसिक ) तयार करणे आवश्यक असते. जागतिक आरोग्य संघटनेच्या २००९ च्या आकडेवारीनुसार जगात ८.७ टक्के वृद्धापकाळातील मृत्यु स्मोकिंगमुळे होतात.५.५ टक्के मृत्यु शारीरिक क्रिया न केल्याने होतात.तर ३.८ टक्के मृत्यु हे अतिमद्यपान केल्याने होतात.या समस्यांचे महिलांना ज्ञान असेल,त्याविषयी जागरूकता असेल तर वृद्धावस्थेतील जीवनही महिलांसाठी सुखकर ठरू शकते.

\* गृहअर्थशास्त्र विभाग, असिस्टंट प्रोफसर,व्ही.एम.व्ही,जे.एम.टी,जे.जे.पी.कॉलेज,नागपूर.

## आरोग्यविषयक गंभीर तक्रारी आणि वर्तन

### १) धुम्रपान

जगात २५ कोटी महिला स्मोकिंग करतात.त्यातील २ कोटी ३० लाख महिला स्मोकर एकट्या अमेरिकेत आहेत.तर चीनमध्ये १ कोटी ३० लाख महिला स्मोकर आहेत.भारतातही स्मोकिंग करणाऱ्या महिलांचे प्रमाण वाढत आहे.महिला स्मोकरांच्या संख्येआधारे तयार करण्यात आलेल्या जागतिक क्रमवारीत अमेरिका पहिल्या,चीन दुसऱ्या तर भारत तिसऱ्या क्रमांकावर असल्याचे आढळून आले.दरवर्षी धुम्रपान करण्यामुळे ६० लाख जणांचा मृत्यु होत आहे.त्यात दर तीन मृतांमध्ये एका महिलेचा समावेश आहे.व्यक्तिची धुम्रपानाची सवय कर्करोग, हृदयरोग, फुफुसांचे रोग अशा अनेक रोगांना आमंत्रित करत असते.अमेरिकेत १९५९ ते ६५,१९८२ ते ८८ आणि २००० ते २०१० या तीन कालावधीमधील महिलांच्या धुम्रपानात झालेल्या वाढीचा सविस्तर अध्यास करून असा निष्कर्ष काढला आहे की,धुम्रपानाच्या वाढत्या प्रमाणामुळे यकृताच्या कर्करोगाने मरण्याची स्त्रियांमधील जोखीम चौपटीने वाढली आहे.

### २) मद्यपान

धुम्रपान करण्याबरोबरच मद्यपान करण्याची सवय महिलांमध्ये वाढली आहे.बॉटलींग इट अप: द नेक्स्ट जनरेशन या प्रबंधात असा दावा करण्यात आला आहे की अति मद्यपान करणाऱ्या पालकांसोबत ब्रिटनमधील २६ लाख मुले राहतात.अतिमद्यपान केल्याने आरोग्याच्या गंभीर तक्रारी जसे लिवर सिरॉसिस,कॅन्सर,हायपरटेन्शन,मानसिक तक्रारी उद्भवतात

### ३)लड्डपणा

अनेक गंभीर आरोग्य तक्रारींना घेऊन येणारी समस्या म्हणजे लड्डपणा. १९८८ ते १९९४ या काळातील संशोधनात इतर वयोगटाच्या तुलनेत ६५ किंवा त्यापेक्षा अधिक वयात येणारा लड्डपणा वाढलेला दिसून आला.२००३ ते २००४ या काळात ६५ते ७४ वर्ष वयोगटातील महिलांमध्ये ३६ टक्के प्रमाण तर ७५ व त्यापेक्षा अधिक वयोगटात महिलांना येणाऱ्या लड्डपणाचे प्रमाण २४ टक्के निदर्शनास आले.परंतु १९९९-२००० आणि २००३-२००४या काळात झालेल्या संशोधनातून वृद्धापकाळातील महिलांमधील लड्डपणाच्या आकडेवारीत कोणतेही सांख्यिकीय बदल दिसून आले नाहीत.मधुमेह प्रकार-२,विविध प्रकारचे कॅन्सर,

### ४)शारीरिक क्रिया

दैनिक शारीरिक क्रियांमधील सहभाग अनेक गंभीर समस्यांचा धोका कमी करतो.जसे उच्चरक्तदाब,मधुमेह.आणिहृदयरोग. महिलांपेक्षा पुरुषांमध्ये व्यायाम करण्याचे प्रमाण अधिक आहे.संशोधनानुसार महिलांचे शारीरिक क्रिया करण्याचे प्रमाण २० टक्के तर पुरुषांचे प्रमाण२५ टक्के आहे.

आरोग्यसेवा सर्वेक्षणानुसार असे दिसून येते की वृद्धावस्थेतील महिला वैद्यकीय तपासणीसाठी जात नाहीत.३ टक्के महिलांना मागील १२ महिन्यांपासून आर्थिक समस्येमुळे वैद्यकीय सेवा मिळू शकली नाही.

वृद्धावस्था म्हणजे दुखणी आणि ताणतणाव हे समीकरण बदलण्यासाठी महिलांनी कांही प्रयत्न करणे गरजेचे आहे.समस्यांबाबतची जागरूकता ही समस्यांवर नियंत्रण मिळविण्यासाठी उपयोगी ठरते. नुकत्याच झालेल्या संशोधनानुसार महिला या पुरुषांपेक्षा अधिक आनंदी असतात.एक चतुर्थांश स्त्रियांमध्ये डिप्रेसन दिसून येते.कारण त्या महिलांमध्ये अधिक भावनाप्रधानता दिसून येते.चाळीशीनंतरही निरोगी,सुखी,समाधानी जीवन व्यतीत करणे सहज शक्य आहे.त्यासाठी कांही सूचना.

१)आपली शरीरप्रणाली मंद होत आहे. मासिक स्नाव अनियमित होत आहे हे जाणवल्यावर स्त्रियांनी स्त्रीरोग तज्ञांकडून तपासणी करणे आवश्यक आहे.

२) शरीरकार्य सुरळीतपणे सुरु राहण्यासाठी व्यायाम करणे आवश्यक आहे.आणि सर्वात चांगला व्यायाम म्हणजे चालणे.

३)आहारातील तेलकट,मसालेदार गोष्टी कमी करून फळे व भाज्यांचे प्रमाण वाढवावे.

- ४) एखादा छंद लावून घ्यावा.साधारण चाळीशीनंतर स्त्रियांनी आपल्याला काय आवडते याची यादी करावी.व त्यातील एक एक ,एक गोष्ट करण्याचा प्रयत्न करावा.
- ५)सकारात्मक दृष्टीकोन ठेवावा.
- ६) धूम्रपान करू नये
- ७) ताण-तणावावर नियंत्रण मिळविण्यासाठी संवाद ठेवावा.सामाजिक कार्यात सहभागी होण्याचा प्रयत्न करावा.

संदर्भ

1. Aging : What to expect, by Mayo clinic staff.
2. Women And Health, WHO Report 2009.
3. The U band of life,www.economist.com.

## “महाविद्यालयीन मुलींच्या खरेदीवर जाहिरातींचा होणारा परिणाम”

रुपाली नवले\*

**प्रस्तावना (Introduction) :-** आजचे युग हे जाहिरातीचे युग म्हटले जाते. आजच्या 21 व्या शतकामध्ये मनुष्यावर सर्वात जास्त परिणाम हा जाहिरातींचा होतो. सकाळी उठल्यापासून झोपेपर्यंत हजारो जाहिराती वेगवेगळ्या माध्यमातून उपभोक्त्यापर्यंत पोहचविल्या जातात.

सुरुवातीचे काळात जाहिरातीचे काम फक्त माहिती देणे हे होते, परंतु बदलत्या जिवन शैलीनुसार जाहिरात म्हणजे माहिती पुरविण्याबरोबरच आपला माल विकत घेण्यास ग्राहकास प्रवृत्त करणे व नविन नविन बाजारपेठा तयार करणे हा उद्देश जाहिरातीचा झाला आहे.

सि.एल.बोलींग यांचे मते, “ वस्तु आणि सेवेकरीता मागणी निर्माण करणा-या कलेला जाहिरात असे म्हणतात ”

नॅशनल असोसिएशन ऑफ मार्केटिंग रिसर्च ऑफ अमेरिका यांनी केलेल्या व्याख्येनुसार, “ किंमत देवून वैयक्तीक माध्यमातून कल्पना, वस्तु किंवा सेवा खात्रीलायकरित्या प्रस्तुत करण्याच्या प्रकाराला जाहिरात असे म्हणतात.” जाहिरातीला आपल्या आयुष्यात महत्वाचे स्थान आहे. जाहिराती ग्राहकांना वस्तु खरेदी करतांना माहितीपुर्व निवड करण्यात मदत करतात.आजची बाजारपेठ मर्यादीत नसल्याने दुरदुरचा माल विक्रीसाठी उपलब्ध होतो.मालबःलची माहिती असल्याशिवाय आपल्या जवळील पैसा कशावर खर्च करावा हे कळणे कठिण आहे. जाहिरातीचे महत्व वाढण्याचे सर्वात महत्वाचे आणि पहिले कारण म्हणजे बाजारपेठांचा वाढता आकार, आज बाजारपेठा संख्येने आणि भौगोलिक क्षेत्राने सारख्या वाढत आहेत. समाजशिक्षण व समाजकल्याण यामध्येही जाहिरात कलेचा फार मोठा वाटा आहे.समाज परिवर्तन आणि समाजाची घडण तयार करण्यात जाहिरातीचा उपयोग करता येतो.अनेक सामाजिक प्रश्न जाहिरातीद्वारे जनतेसमोर मांडता येतात.जनतेला समजावून सांगता येतात. उदा : कुटुंबनियोजन, अल्पबचत, पोलिओ निर्मुलन,एड्स,स्वच्छ भारत, रक्तदान इ.

आजच्या घडीला एका विशिष्ट समुहाला समोर धरून जाहिरात केली जाते. महाविद्यालयीन जाणा-या मुलींच्या खरेदीवर जाहिरातींचा कसा परिणाम होतो हे जाणून घेण्यासाठी काही सेकंदाची जाहिरात बघून वस्तुची खरेदी केली जाते का? मासिक उत्पन्नाचाही खरेदीवर परिणाम होतो का? खरेदी करतांना पुर्वानुभव, मैत्रिणींची मदत होते का ? याचा अभ्यास केला.

प्रस्तुत अभ्यास हा महाराष्ट्र राज्यातील अहमदनगर जिल्हयापुरता मर्यादित असून नमुना निवडीसाठी 100 महाविद्यालयीन विद्यार्थीनीची निवड केली.

### **साहित्यांचा आढावा (Review of Literature) :-**

जाहिरात हा शब्द लॅटिन भाषेतून आलेला असून त्याला Advertiser म्हणतात- त्याचा अर्थ “लोकांचे मन वाळविणे ”असा होतो.

“जागतिकरणाचा जाहिरातीवर होणारा परिणाम ” या विषयाचे संशोधन प्रा. हरी प्रेमा, अविनाश लिंगम डि युनिव्हर्सिटी फॉर वुमेन कोईम्बतूर यांनी आपल्या अभ्यासामध्ये जाहिरातीमध्ये वास्तविकतेपेक्षा दिखाव्यावर जास्त भर दिला जातो. जाहिरातीमध्ये छापिल व टेलीव्हीजन या माध्यमांचा मोठा परिणाम जागतिकीकरणावर झालेला दिसून येतो. ग्राहक खरेदी करतांना गरजेनुसार वस्तुंची खरेदी करतात. ग्राहक जागृकता हा सर्वात मोठा जागतिकीकरणाचा परिणाम आहे.

(HSIOI, 2005)

अस्मिता कोल्हे आणि सुभलक्ष्मी, पी.जी.डिपार्टमेंट ऑफ होमसायन्स, राष्ट्र संत तुकडोजी महाराज, नागपुर विद्यापिठ, नागपुर यांचा अभ्यासाचा विषय “गृहीणीमार्फत स्वच्छतेसाठी खरेदी करण्यात येणा-या साधनांवर जाहिरातींचा होणारा परिणाम ” हा होता. या मध्ये प्रश्नावलींच्या माध्यमातून 200 गृहिणींची ढोबळ मानाने निवड करून माहिती मिळवली. यामध्ये गृहीणी खरेदी केलेल्या उत्पादनावर समाधानी होत्या. कारण त्यांचा दर्जा, परिणामकारकता आणि किंमत या सर्व गोष्टी त्यांना परवडणा-या होत्या. त्यांच्या दृष्टीकोनातून टेलीव्हीजन हे माध्यम खरेदीसाठी सर्वात मोठा स्रोत होता. (HSAI XXV 2003)

\* गृहविज्ञान विभाग ,महिला गृहविज्ञान व संगणक महाविद्यालय, लोणी, ता. राहाता, जि. अहमदनगर.

**जाहिरातीचे महत्त्व व कार्ये :-**

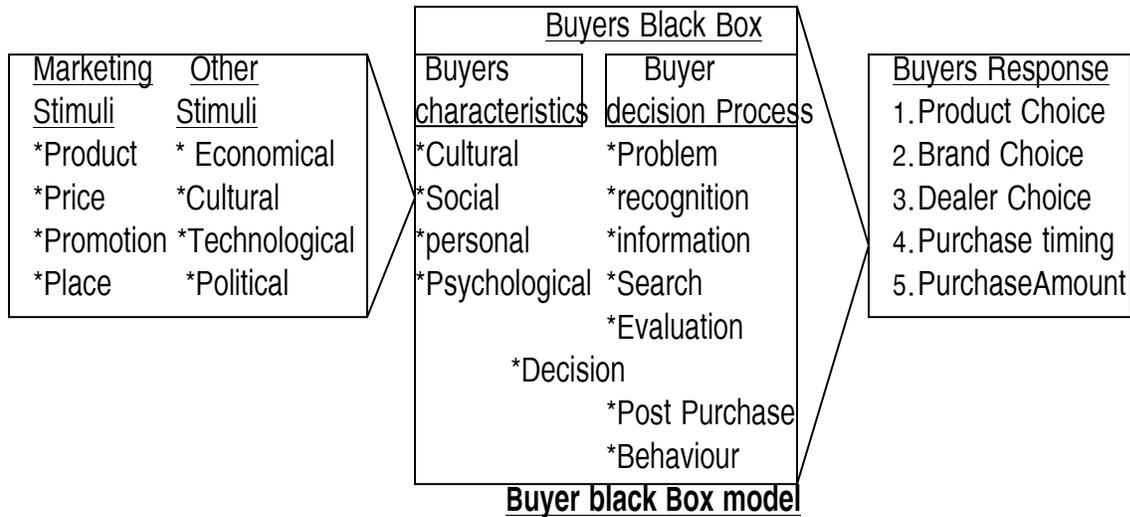
1. नविन बाजारपेठ निर्माण करणे
2. उत्पादनाला उत्तेजन देणे.
3. जीवनाचा दर्जा सुधारणे.
4. समुह संदेशाचे माध्यम.
5. राहणीमानाचा दर्जा सुधारणे.
6. शैक्षणिक मुल्य.
7. उपभोग्य वस्तुचे ज्ञान वाढविणे.
8. रोजगाराच्या संधी उपलब्ध करणे.
9. वस्तुंची उपयोगिता वाढविणे.
10. समाजाचे प्रबोधन
11. जनमत तयार करण्याचे प्रभावी तंत्र

**जाहिरातीची माध्यमे (Media of Advertisement )**

- 1) छापील माध्यमे (Press Media)
- 2) बाह्य माध्यमे (Mural Media)
- 3) प्रक्षेपण माध्यमे (Broadcasting Media)
- 4) इतर माध्यमे (Other Advertisement)

**जाहिरातीबाबत आचार संहिता :-**

The Advertisement standards Councils of India (ASCI) हि संस्था जाहिरातीची आचारसंहिता ठरविते. याची अंमलबजावणी Consumer complaint call (CCC) कडून केली जाते. ग्राहकांकडून आलेल्या तक्रारीची शहानिशा करून उत्पादकाचे नाव प्रसिध्द केले जाते, त्यामुळे उत्पादक तडजोड करण्यास लगेच तयार होवून जाहिरातीमधील आक्षेपार्ह भाग वगळतो, सुधारतो वा ती जाहीरात दाखविणे बंद करतो.



**उद्देश (Objective) :-**

- 1) जाहिरातीचा प्रभाव तपासणे
- 2) जाहिरातीचा मुलींच्या खरेदीवर होणारे परिणाम
- 3) मुलींच्या महिन्याच्या खर्चाच्या प्रमाणाची तपासणी करणे
- 4) खरेदीतुन मिळणारे मानसिक समाधान तपासणे

### **पध्दतीशास्त्र (Methodology):-**

माहिती गोळा करण्यासाठी प्रश्नावलीच्या सहाय्याने मुलाखत पध्दतीचा वापर करून ढोबळ मानाने माहिती मिळविली.त्यासाठी महाविद्यालयामध्ये जाणा-या लोणी गावातील विविध महाविद्यालयातील होस्टेलमध्ये रहाणा-या 100 मुलींची नमुना म्हणुन निवड केली. प्राथमिक माहिती प्रश्नावली मधुन तर दुय्यम माहिती विविध पुस्तके, वृत्तपत्रे,संशोधन अभ्यासातुन मिळविली. संशोधनाच्या उद्देशानुसार माहितीचे वर्गीकरण करून विविध आलेखानुसार चर्चा करून निष्कर्ष काढण्यात आला.

### **निष्कर्ष (Conclusion) :-**

जाहिरातींचा उद्देश ग्राहकांचे लक्ष वेधुन जाहिरातीद्वारे मालाचे महत्व, श्रेष्ठत्व ग्राहकांच्या मनावर बिंबवुन तो माल घेण्यास प्रवृत्त करणे हा असून प्रस्तुत अभ्यासात पुढील निष्कर्ष आढळुन आले. प्रभावी माध्यम म्हणुन जाहिरातीसाठी टेलीव्हिजन हे 100% वापरले जात असून त्या खालोखाल मैत्रिणी,रेडीओ,मासिके, वृत्तपत्रे व मोबाईल यांचा समावेश होतो.तसेच मुलींच्या खरेदी ही जीवनावश्यक वस्तुंवर 35% तर सौंदर्यप्रसाधने 21% व खाद्यपदार्थ 17% याप्रमाणे वस्तुंची खरेदी होते. महिन्याला 400/- रुपये खर्च करण्या-या 69% तर 800/- रुपये खर्च करणा-या 31% इतके प्रमाणे आहे.

वस्तु खरेदी करतांना किंमत ब्रॅन्ड, एक्सपायरीडेट हे बघुन व वस्तुंचा भाव करून मगच खरेदी केली जाते. जाहिरातीमधुन वस्तुंविषयी आवश्यक माहिती मिळविण्यासाठी 87% मुली मदत घेतात तर सोशियल स्टेटस टिकविण्यासाठी 70% मुली खरेदी करतांना आढळुन आल्या. जाहिरातीमधुन सामाजिक संदेश 95% मुली घेतात. जाहिरात बघुन वस्तु खरेदी करून तिचा उपयोग घेतल्यानंतर 98 टक्के मुलींना मानसिक समाधान मिळते. तसेच नविन उत्पादनाविषयी माहिती मिळविण्याचे जाहिरात प्रभावी साधन आहे. हे अभ्यासामध्ये आढळुन आले. आवडत्या जाहिरातीमध्ये Idea फोन, सर्फएक्सल, Slice, LUX साबन तर प्रभावी जाहिरातीमध्ये LIC पॉलिसी, पोलिओ, एड्स, रक्तदान याचा समावेश होतो.

### **संदर्भसूची (Bibliography) :-**

- 1) "Consumer behaviour and Advertisement Management", Matin Khan,2006, New Age International Publisher, Delhi.
- 2) "Introduction to consumer Studies", Mrs.Hemani Malhotra, 2005,Himalaya Publishing House, Mumbai.
- 3) "The Home Science Association of India, 2003 Nagpur and 2005 Pune.
- 4) "गृहव्यवस्थापन" सुमती कुकडे, माधुरी रत्नपारखी, डॉ. गीता सुंदरेश,2006,सेठ पब्लिशर्स मुंबई.
- 5) "गृहव्यवस्थापन", डॉ. इंदिरा खडसे, 2006, हिमालया पब्लिशिंग हाऊस, मुंबई.
- 6) Family Resource Management and interior Decoration" Dr. Bela Bhargava, 2005 M/s University. Book House, P.L.T.D.Jaypur.

## महिलांचा राजकीय दर्जा दृष्टीकोनातून – नगरसेविकांच्या कामांचा अभ्यास

जे.व्ही.निकाळजे (म्हस्के)\*

एस. के. शेख\*\*

कोणत्याही समाजातील महिलांच्या दर्जाचे मुल्यांकन हे त्या समाजामध्ये विशिष्ट चौकटीच्या संदर्भातच झाले पाहिजे. समाजिक रचना चा महिला व पुरुषांच्या वर्तनावर प्रभाव पडतो. एवढेच नव्हे तर महिलांची समाजातील भूमिका व तिचे समाजातील स्थान हे या समाजरचनेवरूनच ठरत असते. महिलांच्या जीवनावर महत्त्वपूर्ण असा प्रभाव टाकणा-या महत्त्वाच्या संस्था म्हणजे कुटूंब व विवाह संस्था, वंश व वारसा व्यवस्था, धार्मिक परंपरा होय. महिलांचे अधिकार आणि त्यांची कर्तव्य या बाबत याच सामाजिक रचनेकडून वैचारिक व नैतिक आधार मिळतो. आजच्या आधुनिक काळात शैक्षणिक प्रगती, शहरीकरण, वाढती लोकसंख्या, वाढती महागाई व बदलते राहणीमान इ.मुळे समाज व्यवस्थेत या त-हेने बदल घडून येतो. त्याच गतीने व्यक्ती वर्तनात बदल घडून येत नाही हा फरक लक्षात घेतल्यास कायदा आणि शैक्षणिक धोरण हे घटक सामाजिक अभिवृत्तीवर प्रभाव पाडण्यात अपयशी ठरतात. भारतीय महिलांचा खरा सामाजिक दर्जा हे राज्यघटनेने व कायद्याने तिला प्रदान केलेले स्थान व तिची भूमिका आणि समाजाने लादलेले स्थान व त्यानुसार तिला पार पाडावी लागणारी भूमिका यांच्यामधील अंतर दाखविणारे एक उदाहरण आहे.

समाजात, घरात आणि राजकीय पक्षांमधील पुरुषी वर्चस्व आणि मानसिकतेमुळे स्त्रियांना राजकारणापासून दूर ठेवण्यात आले आहे यामुळे राजकारणातील सक्रिय सहभाग, निवडणुका लढवणं किंवा धोरणं ठरवणा-या संस्थामध्ये सहभागी होणं आणि नेतृत्व करणं अशा सर्वच बाबतीत स्त्रियांना ब-याच अडथळ्यांना सामोरं जावं लागतं. त्याचसोबत घरकाम, प्रजनन आणि मुलाचं संगोपन व अर्थार्जन अशा कामांच्या तिहेरी बोजामुळे स्त्रियांकडे इतर कामांसाठी पुरेसा वेळही नसतो. जात, वर्ग आणि लिंग अशा सर्वच उतरंडीवरील दुय्यम स्थानामुळे त्यांच्या आर्थिक तसंच ज्ञानाच्या क्षमतांवरही मर्यादा येतात. याचा परिणाम म्हणजे परावलंबन आणि वापरलं जाण्याचा किंवा त्यांच्यावर सत्ता गाजवली जाण्याचा अधिक धोका. राजकारणातील वाढती गुन्हेगारी, पैशाचा वापर आणि हिंसेमुळेही स्त्रियांच्या राजकीय सहभागामध्ये अडथळे निर्माण होतात.

महिलांचा राजकीय सहभाग वाढवण्याचा प्रयत्न म्हणजे ७३ वी आणि ७४ वी घटनादुरुस्ती. विधानसभेत आणि संसदेमध्ये स्त्रियांसाठी आरक्षित जागा ठेवणारे विधेयक सर्वच सरकारांनी कित्येक वर्षे अडवून ठेवले आहे. परंतु स्थानिक स्वराज्य संस्थामधील महिलांच्या गेल्या दोन दशकातल्या अस्तित्वाने त्यांच्या राजकीय सहभागामधील सामर्थ्य आणि आव्हाने पुढे आणली आहेत. गावपातळीवरील राजकारणातील संख्येने महत्त्वपूर्ण असणा-या या स्त्री नेतृत्वाने राजकीय पक्षामध्ये वर जाण्यासाठी तयार होण्याची मोठी संधी निर्माण केली आहे. तसंच राजकीय निर्णय प्रक्रियेत स्त्रियांच्या सहभागाला काही अंशी समाजमान्यता मिळत आहे. ज्यामुळे महिलांच्या राजकीय आकांक्षा प्रत्यक्षात येत आहेत व त्या आपल्या क्षमता उत्तमरित्या सिध्द करत आहेत परिणामी काही पक्षांनी तरी पक्षातर्फे स्त्री उमेदवारांना तिकीट देण्याची तयारी दाखवली आहे.

राजकारणात निवडणुकीत जिंकून आलेल्या महिला उमेदवारांना मोठ्या विरोधाला आणि अडथळ्यांना सामोर जावं लागते हेही सत्य लपत नाही. जसे पुरुष उमेदवार किंवा नातेवाईकांकडून स्त्रियांचा बाहुलीसारखा वापर, सामाजिक दबाव आणि राजकीय डावपेचद्वारे स्त्रियांना प्रत्यक्ष निर्णय प्रक्रियेत सहभागी होण्यास विरोध. महिला उमेदवारांच्या विरोधात अविश्वास ठरावांचा वापर पहिल्यांदाच राजकारणात आलेल्या महिला प्रतिनिधी आणि उमेदवारांच्या क्षमता नाकारून त्यांना राजकीय नेते आणि सनदी अधिका-यांकडून दुय्यम दर्जाची वागणूक हयासारखी परिस्थिती लक्षात

\*विभागप्रमुख, गृहविज्ञान विभाग, कला, विज्ञान व वाणिज्य महाविद्यालय, ता.बदनापूर, जि.जालना

\*\*सहाय्यक प्राध्यापिका गृहविज्ञान विभाग, कला, विज्ञान व वाणिज्य महाविद्यालय, ता.बदनापूर, जि.जालना

घेवून महिलांच्या राजकीय सहभाग वाढण्यासाठी व त्यांच्या अधिकाधिक संधी उपलब्धतेसाठी काही प्रयत्न करणे आवश्यक आहे.

### महिलांचा राजकीय सहभाग वाढण्यासाठी योजना -

1. स्थानिक स्वराज्य संस्थांप्रमाणे संसदेत आणि विधानसभेत महिलांना आरक्षण देणारे विधेयक पारित करण्यासाठी प्रयत्न व्हावेत.
2. कार्यरत महिला सदस्या आणि प्रातिनिधींची कार्यक्षमता वाढवण्यासाठी सखोल आणि सर्वसमावेशक प्रशिक्षण कार्यक्रम घेतले जावेत.
3. महिला सदस्या आणि प्रातिनिधींना कामात अडथळे येत असतील तर पक्ष, प्रशासन व इतर सदस्यांनी त्यांनी मदत करावी.
4. महिला प्रातिनिधींच्या विरोधात्मक कृती मग ती अविश्वासाचा ठराव असो, हिंसाचाराच्या घटना असो, कामात अडथळ्यासाठीचा दबावतंत्र, धमक्या असोत. अशा घटनांची विनाविलंब दक्षता पूर्वक चौकशी करून संबंधितांवर योग्य कार्यवाही करावी.
5. आरक्षणाव्यतिरिक्त ही महिलांना या क्षेत्रात येता यावे यासाठी प्रयत्न करावे.
6. राजकारणातील महिलांच्या कार्याला प्रसिध्दी देवून त्यांच्या सारख्या इतर महिलांना पूढे येण्यासाठी प्रोत्साहित करावे.
7. राजकारणाविषयीच्या पूर्वग्रह दुषित प्रतिमा उजळ्याव्यात व या क्षेत्राकडे ही करिअर क्षेत्र म्हणून बघितले जावे.

स्त्री पुरुष समानतेच्या दृष्टिने विचार केल्यास प्रगत व मागास देशातही बरीचशी तफावत दिसून येते. मानवी स्वातंत्र्य आणि लोकशाहीचा पुरस्कर्ता मानणा-या अमेरिकेचे राष्ट्रप्रमुखपद अजुनपर्यंत एकदाही महिलांकडे आलेले नाही. या उलट भारत, पाकिस्तान, बांगलादेश, इंग्लंड, श्रीलंका, इंडोनेशिया इत्यादी आशिया खंडातील अविकसित देशातील जनतेने राष्ट्रप्रमुखाचे पद स्त्रियांकडे अनेकवेळा सोपविल्याची उदाहरणे आहेत.

भारताचा विचार केला तर अनेक प्रभावी व्यक्तीमत्त्व असणा-या महिला ह्या वेगवेगळ्या पक्षांतर्गत महत्त्वपूर्ण पदावर कार्यरत आहेत. आज त्यांची संख्या ही कमी दिसते परंतू महिलांचा राजकीय प्रवेश व प्रवास सुलभ व्हावा यासाठी सर्व स्तरातून प्रयत्न होणे गरजेचे आहे.

### संदर्भ सुची -

- 1) भोळे लक्ष्मण - भारतीय गणराज्याचे शासन आणि राजकारण
- 2) डॉ. नाईक - भारतीय गणराज्याचे शासन
- 3) डॉ. पाटील - स्थानिक स्वराज्य संस्था

## मराठी दलित आत्मकथनातील स्त्री जाणीवा

डॉ. नवनाथ अंगद शिंदे\*

‘स्त्रीवाद’ किंवा ‘फेमिनिझम’ ही महत्वाची संकल्पना आहे. एक विचारसरणी आहे. ती मूळ पाश्चात्य कल्पना आहे. स्त्रीवाद ही केवळ साहित्यिक चळवळ नाही. या विचारसरणीची पाळेमुळे सामाजिक, सांस्कृतिक व्यवस्थेत दडलेली आहेत. स्त्रीवादाचा कोणी एक उद्गाता नाही १९६० नंतर अमेरिकेत स्त्रीवादाचा प्रचार झाला आणि हळूहळू आपल्याकडेही ‘स्त्रीवाद’ ही विचारसरणी स्वीकारली गेली. केवळ सामाजिक व सांस्कृतिक व्यवस्थेत नव्हे तर सर्वच कला प्रकारामध्ये स्त्रीवादाच्या अनुषंगाने विचार केला जाऊ लागला.

‘मी स्त्री - मुक्तीसाठी, स्त्री उन्नतीसाठी लढणारा एक योद्धा आहे. स्त्रियांची प्रतिष्ठा वाढविण्यासाठी आवश्यक जो संघर्ष केला त्याचा मला सार्थ अभिमान आहे’. असे डॉ. बाबासाहेबांनी रमाबाई आंबेडकरांना लिहिलेल्या पत्रात म्हटले आहे. मराठी साहित्यामध्ये १९६० नंतर खऱ्या अर्थाने दलित साहित्याचा प्रारंभ झालेला दिसतो. भारतरत्न डॉ. बाबासाहेब आंबेडकरांच्या विचारांनी प्रेरणा घेऊन दलितांनी सर्वत्र मुक्तिलढा उभारला. अनेक क्षेत्रात स्वतःचा ठसा उमटवला. दलित साहित्य त्याचाच एक भाग होय. पहिल्या पिढीतील बाबुराव बागुल, शंकरराव खरात, डॉ. भालचंद्र फडके, डॉ. गंगाधर पानतावणे, डॉ. यशवंत मनोहर अशा अनेक साहित्यिकांनी दलित साहित्य हिच संज्ञा स्वीकारून त्याची मांडणी केली आहे. दलित साहित्याकडे केवळ एक वाङ्मयीन चळवळ म्हणून पाहता येत नाही. तर ती एक जीवनदृष्टी आहे. एकाच जातीच्या लेखकांचे ते साहित्य नाही. त्याची प्रेरणा ही विश्वात्मक आहे. जातीपेक्षा इथे लेखकाची दलित जाणीव महत्त्वाची असते.

१९ व्या शतकात खऱ्या अर्थाने स्त्री परिवर्तनाला सुरुवात झाली. या बाबतीत ब्रिटीशांचे आगमन महत्त्वाचे ठरले. महात्मा फुले, सावित्रीबाई फुले, महर्षी कर्वे, न्या. रानडे, पंडिता रमाबाई, आगरकर इत्यादींनी स्त्री-शिक्षणासाठी प्रयत्न केले. पण डॉ. बाबासाहेब आंबेडकरांच्या विचारधारने प्रभावित होऊन जी दलित चळवळ उभी राहिली, तिने मराठी साहित्यात स्वतःचा असा वेगळा ठसा उमटविला आहे.

दलित साहित्यामध्ये प्रथमतः ‘कविता’ हा वाङ्मय प्रकार मोठ्या प्रमाणात लिहिला गेला. पुढे कथा, कांदबरी, आत्मकथन यातूनही दलित लेखक-लेखिका स्वतःला व्यक्त करू लागल्या. त्यामध्ये कविता आणि आत्मकथन यावर मोठ्या प्रमाणावर लेखन झालेले दिसते. दलित कवितेबरोबरच आत्मकथनेही स्वानुभावातून मांडली गेली. बहुतांशी दलित आत्मकथने ही वयाच्या ३५ ते ४० च्या आसपास लिहिली गेली आहेत. दलित साहित्यामध्ये पुरुषांप्रमाणेच स्त्रियांनीही मोठ्या प्रमाणात लेखन केलेले दिसते. त्यामध्ये शांताबाई काळे, जनाबाई गिन्हे, सिंधूताई सपकाळ, कुमुद पावडे, उर्मिला पवार, नंदा मेश्राम इत्यादींनी बिनधास्तपणे आपल्या व्यथा मांडल्या आहेत. दलित स्त्रिया आणि सवर्ण स्त्रिया यांच्या जीवनात फार मोठा फरक आहे. दलित स्त्रिया फक्त घर, संसार व पतीचे जीवन रेखाटतात. असे अनेक वेळा म्हटले जाते. पण त्याला खोडून काढण्याचे काम या स्त्रियांनी केले आहे. खरेतर दलित स्त्रिया खुप कष्ट, दैन्य, दारिद्र्य भोगतात. समाजाशी सतत त्यांचा संघर्ष चालू असतो. उदा. ‘जीणं आमचं’ हे बेबी कांबळे यांचे आत्मकथन. या स्त्रिया स्वतःवर होणारे अत्याचार, अन्याय, व्यथा, वेदना, जगण्याची लढाई, भाकरीची लढाई रेखाटतात. त्याचप्रमाणे स्वतःचे जीवन, राजकीय, सामाजिक, शैक्षणिक जीवनही रेखाटतात.

दया पवारांचे ‘बलुतं’, लक्ष्मण मानेचे ‘उपरा’, लक्ष्मण गायकवाडांचे ‘उचल्या’, प्र. ई. सोनकांबळेचे ‘आठवणींचे पक्षी’ अशा अनेक आत्मकथनांनी आणि त्यातल्या भयान वास्तवाने मराठी साहित्यात खळबळ उडाली. दलित साहित्याने शोषित पीडित माणसाचे जीवनचित्रण पहिल्यांदा घडवले. आत्मकथन या वाङ्मय प्रकारात विपुल लेखन झाले. पण यामध्ये मात्र स्त्री उपेक्षितच राहिली. तिला स्वतःचे अस्तित्व दिसत नाही. फक्त एक उपभोग्य वस्तू म्हणून पाहिले जाते. स्त्री ही कोणाची तरी माता आहे, बहीण आहे, बायको आहे. स्त्री ही पुरुषप्रधान संस्कृतीची बळी गेलेली

\*मराठी विभाग, प्रवरा ग्रामीण शिक्षण संस्थेचे, कला, विज्ञान व वाणिज्य महाविद्यालय, कोल्हार, ता. राहाता, जि. अहमदनगर

आहे. दलित साहित्यात देखिल तिच्या वाट्याला हे दुःख कमी-अधिक प्रमाणात आलेले आहे. स्त्रीकडे स्त्री म्हणून नाही, तर माणूस म्हणून पाहिले पाहिजे. दलित साहित्यामधील स्त्री रूढी, परंपरा यातच अडकलेली दिसते. अनेकदा तर पराभूत झालेलीच दाखवली जाते.

महात्मा फुले, ताराबाई शिंदे, आगरकर, डॉ. बाबासाहेब आंबेडकर यांनी लेखनी हातात घेऊन स्त्रियांना लिहिण्याचे बळ दिले. त्यांच्या मूक वेदनांना त्यांनी वाट करून दिली. आंबेडकरांनी त्यांना 'मानवतावाद' शिकवला. दलितांसाठी बाबासाहेबांनी संपूर्ण आयुष्य झिजवले. त्यांनी उभारलेल्या समाज परिवर्तनाच्या चळवळीत स्त्रियांनाही सहभागी करून घेतले. स्त्रीनेही पुरुषाच्या बरोबरीने सक्षम झाले पाहिजे. तिच्या अस्तित्वाची जाणीव बाबासाहेबांनी करून दिली. १९२७ चा महाडचा सत्याग्रह, १९३० चा काळाराम मंदिर सत्याग्रह यांत सहभागी स्त्रियांनी तुरुंगवास भोगला आहे. तरी त्या डगमगल्या नाही. डॉ. बाबासाहेब आंबेडकरांच्या विचारांनी त्यांना आत्मभान आले. त्यांनी तिच्यातील सामर्थ्य जागे केले. तिला आत्मसन्मान दिला. तिच्या लढाऊ बाण्याचे दर्शन घडवले.

दलित साहित्यिकांनीही स्वतःच्या लेखनात स्त्रिचित्रण केले आहे. पण ती स्त्री रूढी, परंपरा ग्रस्त, पराभूत मनःप्रवृत्तीची आणि दुय्यमस्थानी अशीच वाणिनी आहे. स्त्रीच्या मनाचा विचारच त्यांनी केलेला नाही. दलित आत्मकथनातील स्त्रियांचे शोषण इतर वर्गातील लोक तर करतातच पण, दलित लोकही स्त्रीचे शोषण करतात. दलित स्त्री प्रस्थापित स्त्रीच्या तुलनेत माणूसकीच्या हक्कांसाठी उभारलेल्या संघर्षात अग्रस्थानी आहे. लक्ष्मण मानेंच्या 'उपरामध्ये' स्त्रीला जनावरांप्रमाणे वागणूक दिली जाते. तिची विटंबना केली जाते. तिची खरेदी-विक्री केली जाते. पैसे घेऊन तिला गहाणही ठेवले जाते. स्त्रीचे सुंदर दिसणे सुध्दा तिला शापच आहे. त्याचा प्रत्यय उपरामधील पारुमामीच्या व्यक्तिरेखेवरून दिसून येतो. दया पवारांच्या 'बालुतं' मधील स्त्री सुध्दा दारिद्र्यात पिचलेली आहे. पण ती मध्यमवर्गीय स्त्रीपेक्षा धीट आहे. मध्यमवर्गाच्या संस्काराचे अणुकरणही करताना ती दिसते. त्याचबरोबर ह्या स्त्रिया हिंदू मूल्य जपण्याचा प्रयत्न करताना दिसतात. दगडूची आई व आजी विधवेचं जीवन वाट्याला येऊनही पुनर्विवाह करत नाही. जी जमनामावशी दया पवारांसाठी देहविक्रय करते. तिच्याकडे दया पवार मोठे झाल्यावर दुर्लक्ष करताना दिसतात.

एकंदरीत दलित आत्मकथनातील स्त्रीवर, तिच्या जीवनावर नजर टाकली तर असे दिसून येते की दलित स्त्री ही अठराविश्व दारिद्र्यात भरडली गेली आहे. तिचे शारीरिक आणि मानसिक शोषण होताना दिसते. तिच्या वाट्याला मारझोड, काबाडकष्टच आलेले दिसतात. पुरुष दारू पिऊन तिला मारहाण करतात. तिच्या कष्टावर जगतात. सर्वच स्तरांवर तिचे शोषण होताना दिसते. डॉ. बाबासाहेब आंबेडकरांना जो समाज अभिप्रेत होता, जे परिवर्तन हवे होते ते येथे आत्मकथनात जाणवत नाही. स्त्रियांचे शोषणच पाहावयास मिळते.

'मुक्काम पोस्ट देवाचे गोठणे', 'तराळ-अंतराळ', 'आठवणींचे पक्षी' या आत्मकथनातील स्त्रियांच्या वाट्यालाही असेच दुःख आलेले आहे. भारतीय राज्यघटनेने स्त्रीला मूलभूत हक्क दिले. समतेचे तत्त्व दिले. पण ही 'समता' तिला अनुभवायला मिळत नाही. स्त्रिला माणूस म्हणून वागणूक मिळत नाही. तिला सतत संघर्षच करावा लागतो आहे. पण बाबुराव बागुल यांच्या साहित्यातील स्त्री मात्र विद्रोही भूमिका घेताना दिसते. 'सूड' या दीर्घकथेतील नायिका जानकी स्वतःचे स्त्रीत्वच नाकारते. स्वतःचे बाईपण ती नाकारते. स्त्रीचे माणूसपण बागुल अधोरेखित करतात. ज्या पुरुषी व्यवस्थेने स्त्रिच्या देहाचा चोळामोळा केला. त्या पुरुषी व्यवस्थेलाच ती धडा शिकवताना दिसते. त्याचप्रमाणे स्त्री लेखिकांनीही आपल्या लेखणीद्वारे स्वतःचे जीवन चित्रण रेखाटले आहे. बेबी कांबळे काव्य पंक्तीच्या आधारे डॉ. बाबासाहेब आंबेडकरांबद्दल आदर व्यक्त करतात.

“माझ्या जवळ आहेच काय वाहू भीमा तुला  
तुझ्याच चरणी वहाती पुष्प फोडली वाचा दुःखाला  
फल वाहते एक एक सगळे स्फुल्लिंग दुःखाचे  
डोळ्यातून पडते थेंब धुते पाय भीमा तुझे  
आत्म्यातून भडकती आग त्याचीत पेटवली ही ज्योत

धडधडत्या ह्या ज्योतीतून बुध्द भीमच दिसतात.”

‘मरणकळा’ मध्ये जनाबाई गिऱ्हे यांनी गोपाळ समाजाच्या वेदनेला वाट करून दिली आहे. एका भटक्या स्त्रीच्या मनातील हुंदके, दुःख, आसवांची गाथा आहे. एकूणच डॉ. बाबासाहेब आंबेडकरांना स्वातंत्र्य, समता, बंधुता या त्रयींचा स्वीकार करणारी, विषमता नाकारणारी स्त्री अपेक्षित आहे. स्त्री मुळेच पृथ्वीतलावर मानवाचे अस्तित्त्व आहे. ती जगाची निर्माती आहे. माता आहे. ह्या विचारांची दलित साहित्यिकांनी जोपासना केली पाहिजे.

समाजव्यवस्थेच्या जोखडाखाली दबलेला, पिचलेला, दलित समाज या समाजाची स्त्री म्हणजे ‘दासाची दास’ अशी अवस्था झालेली दिसते. आडाणी, अंधश्रद्धा जोपासणारी, अन्नाचा शोध घेणारी, पोटाला पीळ देऊन मुलांचे भरण पोषण करणारी, गावकुसाबाहेरील जीवन जगताना अन्न, वस्त्र, निवारा या मूलभूत गरजापासून वंचीत राहणारी दलित स्त्री दिसते. आपल्या वाट्याला जे भोग आलेत ते आपल्या मुलांच्या वाट्याला येऊ नये म्हणून ती त्यांना शिका असेही म्हणते. भारतरत्न डॉ. बाबासाहेब आंबेडकरांच्या विचारांनी आत्मप्रेरीत झालेली दिसते.

दलित स्त्रीयांच्या आत्मकथनातून त्यांचे स्त्रीनुभव प्रकट झालेले आहे, ‘आयदान’ मध्ये उर्मिला पवारांनी स्त्री देहाचे अनुभव अत्यंत धीटपणे आणि मनमोकळेपणाने सांगताना आपल्या देहाचे आणि मनाचे पदर उलगडून दाखवलेले आहेत. स्त्री देहाच्या भावना आणि वासना अत्यंत प्रामाणिकपणे व्यक्त केलेल्या आहेत. इथल्या पुरुषप्रधान संस्कृतीता स्त्रियांना दुय्यम स्थान दिले आहे. आजही समाजात मोठ्या प्रमाणात स्त्री भ्रूणहत्या होताना दिसतात. ह्या पार्श्वभूमीवर ‘माझ्या जन्माची चित्तरकथा’ मध्ये शांताबाई कांबळे यांचे जीवनानुभव सांगतात. लेखिकेच्या जन्मावेळीचे जन्मदात्या बापाचे विधान म्हणजे मुलगा हा वंशाचा दिवा, तर मुलगी हे परक्याचे धन अशा कमालीच्या कोत्या मनाचे द्योतक आहे. बेबी कांबळे, मुक्ता सर्वगोड, नजूबाई गावीत, शांताबाई गिऱ्हे, कुमुद पावडे यांच्या आत्मकथनातूनही स्त्रीनुभव प्रकट झाल्याचे दिसतात.

शिक्षणाने शिक्षित झालेली स्त्री म्हणून तिची स्वतःची ओळख स्त्रीत्वाचे अनुभव, पुरुषांच्या वखवखलेल्या नजरा, परित्यक्तता, एक स्त्री म्हणून वाढणारे दुहेरी दुःख अन्यायाविरुद्ध प्रसंगी त्यांचा आक्रमकपणा, विद्रोही सुर ही आत्मकथनांमध्ये निश्चितच जाणवतो. नोकरी करणाऱ्या स्त्रीयांना नोकरीच्या ठिकाणी एक स्त्री म्हणून येणाऱ्या अनेक प्रश्नांना सामोरे जावे लागते. नोकरदार स्त्रीयांचे दुःख या आत्मकथनामध्ये येते. उदा. ‘माझ्या जल्माची चित्तरकथेत’ शांताबाई कांबळे यांना हा अनुभव येतो. कौटुंबिक संघर्ष, मानसिक संघर्ष प्रत्ययास येतो. स्त्रीयांचे कुटुंबातील, समाजातील स्थान, तिचे व्यक्ति स्वातंत्र्य, दलित स्त्रियांचे दुहेरी दुःख अशा महत्त्वाच्या विषयाकडे वाचकांचे लक्ष वेधले आहे. हे आत्मकथने केवळ दुःखाच्या गाथाच कवटाळत नाहीत तर स्वत्वाची जाणीव घेऊन अन्यायाविरुद्ध प्रतिकाराची भूमिका घेताना दिसतात. दलित स्त्रियांच्या आत्मकथनाची व्यथा आणि कथा ही १२ व्या शतकात सुध्दा कशी होती याचे वर्णन संत चोखामेळा यांची पत्नी सोयराबाई हिने केले आहे.

हिन दिन म्हणोनी कागा मोकलिले ।

परी म्या धरिले पदरी तुमच्या ॥१॥

आता मोकलिला नव्हे नीत बरी ।

थोरा साजे थोरी थोरपणे ॥२॥

शरण आलीया दावितासी पाठी ।

काय थोर गोष्टी वानू तुझ्या ॥३॥

सोयरा म्हणे अहो पंढरी निवासा ।

तुमचा तो ठसा त्रिभुवनी ॥४॥

स्त्री मनाला १२ व्या शतकात कशा वेदना होत होत्या याचे करुणाजनक वर्णन या अंभगात आहे. माणसं जर परमेश्वराची लेकरे आहेत, तर भेद-भाव का ? म्हणून चोखोबांना असे म्हणावे लागले. असा विद्रोह आणि नकार सर्वच दलित आत्मकथनात दिसून येतो.

**संदर्भ ग्रंथ :-**

१. डॉ. मनोहर जाधव, दलित स्त्रियांची आत्मकथने: स्वरूप आणि चिकित्सा, सुविधा प्रकाशन, पुणे, प्रथमावृत्ती, २००६.
२. डॉ. अविनाश सांगोलेकर, दलित साहित्य : प्रवाह आणि प्रकार, प्रतिमा प्रकाशन, पुणे, प्रथमावृत्ती, २००९.
३. डॉ. योगेंद्र मेश्राम, दलित साहित्य : उद्गम आणि विकास, श्रीमंगेश प्रकाशन, नागपूर, प्रथमावृत्ती, १९९८.
४. भालचंद्र फडके, दलित साहित्य : वेदना व विद्रोह, श्री विद्या प्रकाशन, पुणे, द्वितीय आवृत्ती, १९८९.
५. मोतीराम कटारे, मूल्यशोध, स्वरूप प्रकाशन, औरंगाबाद, प्रथमावृत्ती, डिसेंबर २०००.

## “स्त्रीवाद : आणि स्त्रीवादी साहित्य”

डॉ. सी. डी. रुद्राक्ष\*

### प्रस्तावना :

महायुद्धानंतर समग्र साहित्याचा आवाका बदलला. त्याचा परिणाम मराठी साहित्यात १९४५ नंतर नवनवीन प्रवाहांचा उद्भव सुरु झाला. वास्तविक तत्पूर्वीही साहित्याच्या क्षेत्रात वास्तव जाणिवेचा चित्रित करताना मानवी भावभावनांबरोबरच विविध सामाजिक स्तरांनाही चितारण्याचा प्रयत्न झाला आहे. ग्रामीण जाणिवेचा चित्रित करताना : ग्रामाचे प्रश्न मोठ्या प्रमाणात मांडले जाऊ लागले. गांवगाड्याच्या परिघात राहणा-या शेतकरी, शेतमजुर, सावकार, अलुतेदार-बलुतेदार, छोटे मोठे व्यावसायिक या सर्वांनाच साहित्याचा विषय होण्याचा भाग्य लाभलं. अठरापगड जातीच्या प्रश्नांची गुंतवळ मांडताना महामानव डॉ.बाबासाहेबांच्या शिका,संघटीत व्हा, आणि संघर्ष करा या प्रबोधनकारी वैचारिक चळवळीने प्रेरित, शिक्षित झालेला दलितसमाजही आपल्या समाजाचे प्रश्न चित्रित करू लागला, साहजिकच ग्रामीण - दलित साहित्याच्या रूपाने एका नव्या साहित्य चळवळीला प्रारंभ झाला. आपले माणूसपण हिरावून घेणा-या व्यवस्थेच्या विरोधात रणशिंग फुंकणा-या धडाकेबाज साहित्याची नवरुपात होत असलेली निर्मिती अखिल माणसाच्या हक्काचा आणि अधिकाराचा पुरस्कार करू लागली. शिक्षणाने शहाणी झालेली पिढी, नोकरी व्यवसायाबरोबरच साहित्याच्या प्रांतात आपले अस्सल अनुभव मांडताना समता स्वातंत्र्य, न्याय या मूल्यांचा पुरस्कार तर करतेच शिवाय पिढ्यानपिढ्यांचा दबला दाबलेला आवाजही मुखर करू लागली आहे. स्त्रीवादी साहित्याचा अविष्कार याच प्रेरणेतून होत असलेला दिसतो. स्त्रीच्या माणूसपणाचा विचार हा स्त्रीवादी विचारसरणीचा पाया आहे. स्त्री ही प्रथम माणूस आहे. माणूस म्हणून जन्माला आलेल्या स्त्रीकडे समाज माणूस म्हणून न पाहता बाई म्हणून पाहतो. तिला बाईपणाच्या चौकटीत ढकलून अखंड आयुष्य बाई म्हणून घालविण्यास कारण ठरतो.

### स्त्रीवाद :-

स्त्रीला बाई म्हणून वागविणा-या पुरुषप्रधान समाजव्यवस्थेच्या या कृतीविरुद्ध आवाज उठविणे आणि स्त्रीचे माणूस म्हणून अस्तित्व मानणे ही स्त्रीवादी विचारसरणी मानावी लागते. या विचाराने प्रेरित होऊन अनेक स्त्रिया आपल्या अनुभूतीचा स्वतंत्रपणे अविष्कार करताना दिसत आहे. त्यातूनच स्त्रीवादी साहित्याची संकल्पना पुढे आलेली दिसते.

पुरुषसत्ताक समाज व्यवस्थेत मुलगी जन्माला आल्यापासूनच तिच्याकडे बाई म्हणून पाहण्यात येते. या बाईपणाचे संस्कार तिच्यावर केले जातात. या पाठीमागे स्त्रीवर पुरुषी वर्चस्व ठेवण्याचा हेतू असतो. कालबाह्य ठरलेल्या या अनिष्ट प्रथांना पायबंद घालणे, स्त्रीला माणूस म्हणून जगता यावे. ही स्त्रीवादाची प्रतिज्ञा आहे. म्हणूनच स्त्रीवाद म्हणजे पुरुषापासून फारकत घेऊन स्त्रीने आपला स्वतःचा स्वतंत्र सवता सुभा उभा करणे नसून स्वतःच्या सामर्थ्याचा शोध घेऊन स्वतःला ओळखून स्वविकासासाठी पुरुषाच्या खांद्याला खांदा लावून प्रचलित असलेल्या परंपरांचा विमोड करत नव्या मार्गाचा अवलंब करणे होय. स्वत्वाची जाणीव होऊन-मी कोण आहे ? आणि मला काय हवे आहे याच्या शोधार्थ निघालेल्या स्त्रीचा भविष्यकालीन विकास स्त्रीवादाला अपेक्षित आहे. एक माणूस म्हणून आपला स्वीकार व्हावा. संसारात आणि समाजात आपले स्थान पुरुषाइतकेच महत्त्वाचे आहे. संसारात दोगांनाही तेवढेच महत्त्व असूनदेखील केवळ चार भिंतीच्या आत डांबून ठेवून एक भोगवादी वस्तू म्हणून आपल्याकडे पाहिले जाते. चुल आणि मूल एवढेच आपले कार्यक्षेत्र नसून त्याही पलीकडे शिक्षण, अर्थार्जन, व्यवसाय, उद्योग, राजकारण, या क्षेत्रासाठी आपण पुरुषांप्रमाणेच कार्य करू शकतो किंवा पुरुषांपेक्षा आपण जराही कमी नाही, असे असूनही केवळ संसारात गुरफटून टाकल्याने आपला कोणता आणि कसला विकास होऊ शकतो, फक्त जनावरांप्रमाणे खुंटयाला बांधून टाकलेले जीवन जगणे म्हणजे संसार नाही. आपल्या कर्तृत्वाला ही संधी मिळावी. पुरुषांप्रमाणेच आपल्यालाही मन आहे, भावना आहे. आणि मुख्य म्हणजे आपणही माणूस आहोत. असे आत्मभान प्राप्त झालेल्या आधुनिक स्त्रियांनी परंपरागत बंधनातून स्त्रियांची मुक्तता होवून तिलाही माणूस म्हणून जगता यावे या दृष्टीने स्त्री मुक्तीचळवळीला सुरुवात झाली.

\*प्रमुख, मराठी विभाग, कला, विज्ञान व वाणिज्य महाविद्यालय, कोल्हार ता. राहाता, जिल्हा-अहमदनगर

## स्त्रीवादाची सुरुवात :-

स्त्रीवादाची सुरुवात केव्हा व कोठे झाली हे पाहणे महत्वाचे ठरते. स्त्री वादाची सुरुवात प्रथम स्त्री मनात झाली, तशी ती पुरुषांच्याही मनात होणे शक्य आहे. शिक्षणाने आत्मभान लाभलेल्या स्त्रीला स्वतःची ओळख होणे यातच स्त्रीवादाची पाळेमुळे दडली आहेत. स्वतःचे अस्तित्व हरवून गेलेल्या स्त्रीने शिक्षणाने आत्मभान प्राप्त झाल्यामुळे स्वतःकडे डोळे उघडून पहायला सुरुवात केल्यावर प्रस्थापितांकडून, पितृसत्ताक व्यवस्थेकडून आपली अवहेलना होत आहे. माणूस असूनही जनावराप्रमाणे गुलामीने भरलेलं जीवन जगणे भाग पडत आहे. एकूणच समाजाचा आपण एक महत्वाचा घटक असूनही मुख्यप्रवाहापासून आपण दूर फेकलो गेल्याची जाणीव झाल्यावर आपले अस्तित्व टिकवून ठेवण्याचा विचार तिच्या मनात आला. त्यासाठी सर्व सामर्थ्यानिशी तिने त्याप्रमाणे वागायला सुरुवात केली. तेथूनच स्त्रीवादाची सुरुवात झाली असे म्हणावे लागते. असे असले तरी प्रत्यक्षदर्शनी स्त्रीवादी विचारसरणीला प्रथम पाश्चिमात्य देशात सुरुवात झाली. अर्थात ही सुरुवात स्त्रीमुक्ती चळवळीच्या रूपाने झाली.

अमेरिका, रशिया, फ्रान्स, ब्रिटन या देशात स्त्रीवादाला विशेष चालना मिळाली. स्त्रीवादाचा पुरस्कार करणा-या साहित्यिक विचारवंतांनी स्त्रीवाद व स्त्रीमुक्ती यांविषयी काही सिध्दांत मांडले. त्यातून काही नवविचार प्रवाहांचा व जीवन विषयक जाणिवांचा जन्म झाला. उदा.समान विचार धारा, समतेचा पुरस्कार, इ. पहा. यावरून स्त्रीवादाच्या उदयाची कारणे, स्त्रीवादाचे स्वरूप, आणि स्त्रीविषयक विविध प्रश्न उजेडात आले. स्त्रीवादी विचारसरणीला नवे तेज, रूप मिळाले. जवळपास १९६० पासून स्त्रीवादाचा पुरस्कार जगातल्या प्रगत देशाने केला.

स्त्रीवादी विचारसरणीनुसार जोपर्यंत स्त्री आपल्या सर्व सामर्थ्यानिशी माणूस म्हणून विकसित होत नाही, तोपर्यंत तिच्या अस्तित्वाला, जीवनाला जगण्याला अर्थ प्राप्त होत नाही, त्यासाठी स्त्रीने स्वतःच्या सामर्थ्याचा शोध घेणे, अर्थपूर्ण जीवन जगण्यासाठी आपल्याला काय हवे आहे ?, ते मिळविण्याचे मार्ग काणते ?, आजपर्यंत आपल्याला पुरुषांच्या तुलनेत विकासाच्या संधी का नाकारण्यात आल्या ? याचा शोध घेऊन या सर्व गोष्टींना जबाबदार असलेल्या व्यवस्थेविरुद्ध बंड करून उठत नाही तोवर तिच्या जगण्याला अर्थ नाही. तिचे समाजाच्या सर्व क्षेत्रातील स्थान हे दुय्यमच राहणार आहे. त्यामुळे प्रचलित आणि प्रस्थापित समाज व्यवस्थेविरुद्ध सर्व शक्ती व सामर्थ्यानिशी तिने उभे रहावे या उद्येशाने स्त्रीवादाचा पुरस्कार हा महत्वाचा आहे.

## स्त्रियांनी प्रस्थापिता विरुद्ध बंड का करावे :-

भारतीय स्त्री जीवनाचा इतिहास पाहिला तर असे दिसते की, स्थिर कृषिसंस्कृतीपासून पुरुष प्रधान संस्कृती अस्तित्वात येऊन स्त्रीला गौण स्थान दिले गेले, चूल आणि मूल हेच तिचे कार्यक्षेत्र बनले. पुरुषांच्या अधिपत्याखाली राहून तिने घर सांभाळावे, पुरुषांच्या अंकीत राहून त्याच्या मर्जीप्रमाणे आपले जीवन कंठावे, अशी तिची अवस्था होती. एक उपभोगाची वस्तू म्हणूनच तिच्याकडे पाहिले जाई. शारीरिक गरजा पालिकडे माणसाच्या आणखीही इतर काही गरजा असतात हे स्त्रियांच्या बाबतीत टाळले गेले, त्यामुळे तिचा विकास तिच्या शरीरापर्यंत येऊन थांबला, आत्मगौरव, आत्मविश्वास, स्वाभिमान, स्वावलंबन, स्वातंत्र्य आणि सामाजिक कार्यात तिचा सक्रिय सहभाग इत्यादी माणसांप्रमाणेच तिच्याही धारणा आहेत याची जाणीव पुरुषप्रधान व्यवस्थेला कधी झालीच नाही. त्यामुळे स्त्रीचा कोंडमारा होत असे. त्यातूनच तिच्या नशिबी परावलंबत्व आले आहे. खरेतर समाजव्यवस्थेला तेच अपेक्षित होते. पातिव्रत्य, धर्माचरण, सदाचरण या सारख्या पुरुषांच्या दृष्टीने फायदेशीर असणा-या बंधनांनी स्त्रीला जखडून टाकले. तिच्यावरचे त्याचे वर्चस्व अबाधित राहिले. पुरुषापुढे शारीरिक शरणागती हा भाव कायम राहिला. तिची ही परिस्थिती बदलण्याची गरज स्त्री सुधारकांच्या मनात निर्माण झाली. स्वातंत्र्य, समान हक्क, आणि समान दर्जा स्त्रियांनाही मिळणे गरजेचे वाटू लागले. समाजानेही त्यांना ते दिले पाहिजे आणि देत नसेल तर त्या विरुद्ध स्त्रीने आणि स्त्री सुधारणावाद्यांनी बंड केले पाहिजे.

स्त्रीची परतंत्रता आणि अगतिकता हे पुरुषसत्ताक संस्कृतीचे धोरण 'न स्त्री स्वातंत्र्यम् अर्हति' या मनुस्मृतीच्या वचनात दडलेले आहे. मनुच्या या वचनाचा स्वीकार गेली अडीच हजार वर्षे झाली तसा समाजाने स्विकारला आहे. तो आजही भारतीयांच्या मनावर आपले वर्चस्व ठेवून आहे. मनुस्मृतीकालीन समाज व्यवस्था आजही स्वातंत्र्यानंतर तग धरून असल्याचे दिसते.

स्त्रीला मानसिकदृष्ट्या दुबळी करण्यात पितृसत्ताक समाजव्यवस्थेने प्राचीन काळापासून प्रयत्न केलेले आहेत. भारतीयच काय पाश्चिमात्य देशातील पितृसत्ताक समाजव्यवस्था मूल जन्माला आल्यापासून त्याला पारंपरिक चौकटीत बसविते. पुढे या मुलालाही हीच आपली चौकट आहे असे वाटू लागते व त्याप्रमाणे ते जीवन जगू जागते. स्त्रीलिंगी अपत्य जन्माला आले की, त्याला बाईपणाच्या चौकटीत बसविले जाते. त्या स्त्रिलिंगी अपत्याला बाई बनविण्याचे कार्य समाजव्यवस्थाच करीत असते.

स्त्री देवता, माता, पत्नी, दासी, कामिनी, स्त्री म्हणजे अबला, नाजुक, लाजरी, भित्री, निसर्गतःच दुबळी पुरुषांवर अवलंबून असणारी अशी काही विशेषणे आणि प्रतिमा योजून स्त्रीला 'स्त्री' म्हणूनच मानणारा हा समाज तिचे माणूसपण कुठेच विचारात घेत नाही. या सर्व संकल्पनातून स्त्रीने बाहेर पडावे, माणूस म्हणून जगावे या विचारांना स्त्रीवादात महत्त्व आहे. समाजव्यवस्थेनेही तिच्याकडे 'बाई' म्हणून बघण्यापेक्षा माणूस म्हणून पहावे या विचारांनी रुढ झालेला स्त्रीवाद साहित्याच्या पानापानातून हेच सूचित करताना दिसतो.

### स्त्रीवादी साहित्य :-

स्त्रीवादी विचारसरणी जसजशी रुजत गेली तसतशी स्त्रीवादी साहित्याची निर्मिती होऊ लागली. हे जरी खरे असले तरी अजूनही म्हणावे तसे स्त्रीवादी साहित्य निर्माण झालेले नाही. ज्या साहित्यातून स्त्रीवादाने अपेक्षिलेली स्त्रीविषयक विचारांची बिजे अंकूर घेतील त्या साहित्याला आपण स्त्रीवादी साहित्य म्हणू शकतो. मग ते साहित्य स्त्रीयांबरोबरच पुरुषांनीही निर्माण केले असले तरी चांलेल. म्हणून स्त्रीवादी साहित्य म्हणजे काय ? साहित्य म्हणजे काय ? याचा विचार महत्त्वाचा ठरतो. "पुरुषप्रधान समाजाने दडपून टाकलेल्या, कोंडमारा केलेल्या स्त्रीमनाचा, स्त्री जीवनाचा त्या समाजव्यवस्थेविरुद्ध दिलेल्या संघर्षाचा अविष्कार घडविणारे साहित्य म्हणजे स्त्रीवादी साहित्य" होय. स्त्रीने माणूस म्हणून जगण्याच्या केलेल्या प्रयत्नातून ती जे जीवन जगते त्या जीवनाचा अविष्कार घडविणा-या साहित्याचा आपल्याला येथे विचार करता येईल. एखादी साहित्यकृती स्त्रीवादी आहे किंवा नाही याचा विचार करताना त्या साहित्यातील स्त्री प्रतिमा कशी साकारली आहे याचा साकल्याने विचार करावा लागतो. जर त्यातील स्त्री प्रतिमा पारंपरिक जीवन जगणारी असेल तर ती साहित्यकृती स्त्री केंद्रित असूनही तिच्यातील जाणीवजागृती अभावी ती स्त्रीवादी साहित्यात समाविष्ट करता येणार नाही. थोडक्यात स्त्री जाणीवा, तिची संदेनशीलता, तिचे खास अनुभव तिची मनासिकता, परंपरेविरुद्ध लढा देण्याची तिची बंडखोर वृत्ती हा स्त्रीवादी साहित्याचा प्रांत आहे. स्वतःचा शोध घेणा-या शोधक स्त्रीचे दर्शन घडविण्यावर स्त्रीवादी साहित्याचा भर असतो. असे साहित्य सामाजिक, सांस्कृतिक व राजकीय परिवर्तनाच्या चळवळीला पूरक ठरणारे साहित्य असते.

आरंभकाळात कादंबरीच्या क्षेत्रात लेखन करणा-या स्त्रीयांमध्ये काही मोजकीच नावे आपल्याला सांगता येतील. त्यांच्या तुलनेत पुरुष लेखकांनी स्त्री जीवनावर भरभरून लिहिण्याचा प्रयत्न केला. हा प्रयत्न सामाजिक अंगाने जसा झाला तसा काल्पनिक विश्व रंगविण्याच्या माध्यमातूनही आला. साधारणतः १८५० ते १९५० या शंभर वर्षांच्या काळात अनेक पुरुष लेखकांनी आणि थोड्याफार प्रमाणात स्त्री लेखिकांनी स्त्रीजीवन चित्रित करताना कुटुंबकथा सांगण्याचा प्रयत्न केला. प्रेमासारखा विषय चढवण्यात काहीना धन्यता वाटली, तर काहीनी स्त्री सौंदर्याची भलावण करण्यात आपली लेखणी झिजवली. ना.सी.फडके, वि.स.खांडेकर यांच्या प्रभावातून घडलेल्या कुमुदिनी रांगणेकर, लीला देशमुख, यांच्या कादंब-यांचा त्या दृष्टीने विचार करता येईल. पण पुढे मात्र स्त्रीच्या वास्तव जीवनातील अनुभवांचे विविधांगी दर्शन घडवण्यावर लक्ष केंद्रित करून लेखन करणा-या लेखक लेखिकांची एक मोठी फळीच पुढे आली. त्यात ह.ना.आमटे, वा.म.जोशी, श्री.व्यं.केतकर या कादंबरीकारांचे योगदान मोठे आहे. अनेकांनी स्त्रीच्या पारंपरिक, केविलवाण्या, अभागी, स्थितीचे वर्णन केले. ते करताना नशिवाचा भोग म्हणून त्यांचे पिचलेपण प्रामुख्याने मांडण्यावरच त्यांचा भर होता. आपल्या परिस्थितीशरण, डावलल्या गेलेल्या अस्तिवाचे, माणूसपणाचे ठोसर चित्र रेखाटणा-या यशोदाबाई भट यांची 'मुलांचे बंड' ही कादंबरी आपल्यातल्या स्त्रीपणाचा, वात्सल्य, क्षमाशीलवृत्ती आणि समंजसपणाचा वेध घेताना दिसते. साळुबाई तांबवेकर सारख्या आद्य स्त्री कादंबरी कर्तीने स्त्रियांना शिक्षणाचे महत्त्व पटवून देण्यावर भर देत धार्मिक सुधारणांचा आणि धर्म निष्ठा वाढविणा-या विचारांचा प्रचार व प्रसार करणा-या कादंब-याची निर्मिती केली. त्यांची चंद्रप्रभावरिवर्णन ही मनोरंजनपर कादंबरी आणि 'हिंदुस्थानातील तारा' ही कादंबरी त्याची साक्ष देतात. या काळात स्त्री सुधारण्या बरोबरच स्त्रीशिक्षणा विषयी नेटाने व नेकीने कार्य करणा-या पंडिता रमाबाई, सावित्रीबाई फुले, रमाबाई रानडे, काशिबाई कानिटकर, इ. महिलांच्या कार्याचा आदर्श समाजात बळावत होता. त्या कार्याचे पडसाद व प्रतिबिंब कादंबरीतून उमटने शक्य होते. काशिबाई कानिटकरांनी लिहिलेल्या 'रंगराव', 'पालखीला गोंडा' या कादंब-यातून स्त्री विषयक पुरोगामी मतांचा पुरस्कार केला आहे. स्त्री शिक्षण, समानता, विवाहविषयक रुढी यांचा खरपूस समाचार घेताना स्त्री सुधारणेचा स्पष्ट विचार व्यक्त करताना दिसतात.

जानकीबाई देसाई यांनी गृहलक्ष्मी (१९१५), प्रेमळ सवत (१९१७), सौभाग्यातीलक (१९१८), पत्नीव्रताची कसोटी (१९२१), अघोर पातक (१९२४), मुकनायिका (१९२५) इत्यादी कादंब-यांचे लेखन केले. स्त्रीच्या पारंपरिक जीवन चित्रणाबरोबर समाजात आणि कुटुंबातही स्त्रीच्या पारंपरिक जीवन चित्रणाबरोबर समाजात आणि कुटुंबातही स्त्रीच्या दुय्यम स्थाना विषयीचे जळजळीत

विचार त्या येथे व्यक्त करतात. त्यांनीही स्त्री शिक्षणाचे महत्त्व पटवून देण्यावरच आपली भिस्त ठेवली आहे. आपल्या स्त्री जाणिव्या व्यक्त करतानाच समाज प्रबोधनाचा पुरस्कार हे या स्त्री लेखिकेचे एक वैशिष्ट्यच म्हणावे लागेल.

यशोदाबाई भट, कमलाबाई सोहनी, पिरोज आनंदकर, शांताबाई नाशिककर, कमलाबाई बंबेवाले, इंदिराबाई सहस्त्रबुध्दे इत्यादी स्त्री लेखिका स्त्रियांच्या पारंपरिक स्थितीचा विचार मांडताना स्त्रिशिक्षणाचाही विचार मांडतात. सामाजिक समता, बंधुभाव, अस्पृश्योद्धार, स्त्रीचे संसारातील स्थान, महत्त्व, वर्ग कलह, कामगार प्रश्न, चळवळी इत्यादी विषयांवर नेमके व अचूक बोट ठेवून ते विषय समाज मनात घोळायला लावतात.

विभावरी शिरूरकर या स्त्रीवादी साहित्य निर्मितीकाराच्या अग्रणी ठरतात. आजच्या काळातील सुशिक्षित स्त्री व तिच्या समोर मोठ्या उमेदीने संसार करित असताना निर्माण झालेले प्रश्न, त्या संसारात तिचे माणूस म्हणून स्थान, महत्त्व कोठे व किती आहे ? माणूस म्हणून तिला जगता येईल काय ? इत्यादी प्रश्न चिंतनीय तर आहेतच शिवाय तिने उभा केलेला संसार, संसारासाठी करावे लागणारे अर्थार्जन, तिचे मातृत्व, तिच्यापुढे उभे राहिलेले मुलाचे प्रश्न या सर्वातून तिने जपलेली मूल्य, नव्या आधुनिक विचारसरणीला सामोरे जाताना जुन्या नव्याच्या वादात सापडलेली तिची मनःस्थिती या विविधांगी स्त्री जीवनाचा वेध घेताना विभावरी शिरूरकरांनी समग्र स्त्री समस्यांवर प्रकाश टाकला आहे. एका मोठ्या अशा संक्रमण काळातील जुन्या नव्याच्या वादात ताणल्या गेलेल्या मानवी मनाचे कलात्मक चित्रण करताना व्यापक समाज दर्शन घडविणे हे विभावरी साहित्याचे वैशिष्ट्य ठरते. बाबांचा संसार माझा कसा होणार असे म्हणणारी त्यांची स्त्री 'माझा संसार माझा कसा होईल आणि त्यात माझे स्थान काय असेल असा प्रश्न घेऊन पुढे येते. त्यामुळे विभावरी शिरूरकरांच्या स्त्रीवादी भूमिकेतून लिहिल्या गेलेल्या सर्वच साहित्यातून स्त्री मनाचा घांडोळा घेतलेला दिसतो. प्रौढ कुमारिकांची कुंचबणा, नव्या समाज जीवनाचे निर्माण केलेली दुःख अतिशय धीट व काहीशा बंडखोर वृत्तीने त्यांनी मांडली. त्यांचे 'कळ्यांचे निःश्वास (१९३३)' आणि 'दोघांचे विश्व' (१९५७) हे दोन कथासंग्रह अशा स्त्री मनाचे जीवंत, रसरशीत आविष्कार आहेत. १९३४ ते १९९३ या काळात विभावरी बाईंच्या सात कादंब-या प्रसिध्द झाल्या. त्यापैकी 'बळी' (१९५०) ही कादंबरी दलित, झोपडपट्टी, कामगार, आदि मागासलेल्या वर्गाचे प्रश्न चित्रित करते. तर 'खरे मास्तर' (१९९३) ही चरित्रात्मक कादंबरी आहे. 'हिंदोळ्यावर' (१९३४) या कादंबरीत परित्यक्ता स्त्रियांचा प्रश्न कादंबरीचा विषय झाला आहे. 'विरलेले स्वप्न' (१९५५) या कादंबरीत स्त्री आणि पुरुष यांच्या सहजीवनाचा पाया प्रेमात आहे, सामाजिक रुढीमध्ये आहे, की आर्थिक स्थितीमध्ये आहे. याचा शोध घेतला आहे. 'जाई' (१९५२) या कादंबरीत सोनार जातीत जन्मलेल्या, शिकून आपल्या सुखी संसाराचं चित्र रेखाटणा-या जाईच्या वैवाहिक जीवनातील विलक्षण समस्या मनाला चटका लावतील या पातळीवर चित्रित केल्या आहेत, 'उमा'(१९६६) ही कादंबरी नव-याशी न पटल्याने संसाराचा त्याग करून असहाय्य अवस्थेत वाढवा-यात भटकणा-या स्त्रीचे जीवन चित्रित करते. 'शबरी' ही विभावरी शिरूरकरांची पुरस्कारप्राप्त कादंबरी आहे. स्त्रियांनी आत्मसन्मानाने जगावयाचे असेल तर त्यांनी शिकले पाहिजे. स्वतःच्या पायावर उभे राहिले पाहिजे. आर्थिक स्वावलंबन ही स्त्रीमुक्तीची एक प्रबळ दिशा आहे. या प्रेरणांनी प्रदयुक्त झालेली 'शबरी' ही या कादंबरीची नायिका आपल्या संसारातच आपल्याला 'पोत-या एवढेही स्थान नसेल तर अशा संसारात का राहायचे ?' 'बायका म्हणजे केवळ धान्य पोटात घेऊन झोडपल्या जाणा-या ऑंब्या' या समाज विचाराचा धक्कार करून आपल्यालाही मन आहे, भावना आहे, आपणही माणूस आहोत. या माणूसपणाच्या शोधात संसाराचा सारीपाट सहज सोडण्याच्या विचारात असतानाच नव्या उमेदीने पुन्हा संसारात रममान होताना दिसते.

थोडक्यात स्त्री जीवनातील विविध समस्या प्रभावीपणे मांडणा-या विभावरी शिरूरकर या ख-या स्त्रीवादी लेखिका मानाव्या लागतात. प्रतिभा रानडे या अलिकडच्या स्त्री समस्या चित्रीत करणा-या कादंबरीकार. त्यांची 'रेघोटया' ही कादंबरी स्त्री दुःखे चित्रित तर करतेच शिवाय, स्त्री मनातील संघर्ष, स्त्रीचे संसारातील स्थान, तिचे स्त्रीत्व या बदललेले नव्याने स्त्रीपुढे उभे राहिलेले प्रश्न चित्रित करून जाते. कमल देसाई, शांता गोखले, रेखा बैजल, सानिया, गौरी देशपांडे, आशा बडे, इत्यादी लेखिका रुढ संकेतापासून मुक्त होवून आधुनिक स्त्रीच्या मुक्त जीवनाचा वास्तव आविष्कार करताना दिसतात. इंदिराबाई आंबेगांवकर यांची 'उजळलेली दिशा' १९३१ मध्ये मनोरमा ग्रंथ मालेतून प्रकाशित झाली. 'स्त्रियांना काय पाहिजे ते त्यांनी बोलून दाखविले पाहिजे, इतकेच काय पुरुषांबरोबर भांडून आपले हक्क स्त्रियांनी मिळविले पाहिजेत. अशा आशयाचे सूतोवाच या कादंबरीतून लेखिकेने केले आहे.

इंदिराबाई सहस्त्रबुध्दे यांच्या 'बाळूताई धडा घे' (१९३१) या कादंबरीत 'स्त्री ही पुरुषा प्रमाणेच भावना विचार, बुद्धी असणारी स्वतंत्र व्यक्ती आहे. तेव्हा समाजाने लग्नसंस्थेत बदल करावे असे नायिकेच्या तोंडून स्त्री सुधारणे बरोबर समाजाच्या विचारातील परिवर्तना विषयी धाडसाने बोलते.

सरस्वतीबाई दाभोळकर यांनी 'हृदयाचे कड' (१९३९) मध्ये ही पुरुषाच्या दुबार विवाहाने स्त्रीवर होणा-या अन्याय अत्याचाराचे चित्रण केले आहे. शालिनी तुळपुळे यांच्या 'लपलेले गुन्हेगार' (१९४१) मध्ये स्त्रीकडे केवळ भोग्यवस्तू म्हणून पहाणा-या पुरुषी प्रतिष्ठीतांना धारेवर धरण्याचा प्रयत्न केला आहे. लीला देशमुख यांनी 'मधुबोल' (१९४९) या आपल्या कादंबरीत स्त्रीचे शील म्हणजे सर्वस्व नाही परस्पर विश्वास महत्वाचा आहे आणि म्हणून बलात्कारा सारखी भीषण घटना ही अपघात मानावा असा नवा विचार समाजासमोर ठेवते. नलिनी मुळगांवकर यांची 'तृष्णा' (१९४२) ही कादंबरी नव-याशी न पटलेल्या स्त्रीचे घराबाहेर पडणे, आणि बाहेरच्या भीषण जगाचा ती बळी ठरते. प्रमाणा पेक्षाही जास्त मिळालेल्या स्वातंत्र्याचा स्त्रीवर काय व कसा परिणाम होतो याचे चित्र रेखाटले आहे.

स्वातंत्र्योत्तर काळात स्त्रीयांच्या कादंबरी लेखनात प्रचंड वाढ झाली. मालती दोडेकर, कुमुदिनी रांगणेकर, योगिनी जोगळेकर, शैलजा राजे, शकुंतला गोगटे, इंद्रायणी सावकार, ज्योत्सना देवधर, अनुराधा वैद्य, निर्मला देशपांडे, लीला दीक्षित, लिला श्रीवास्तव, गिरिजा कीर, चंद्रप्रभा जोगळेकर, योगिनी जोगळेकर, विनया खडपेकर, शांता शेळके, वैजयंती काळे, मंगला निगुडकर, सुमती क्षेत्रमाडे, रत्नाप्रभा जोशी, जयश्री खिरे, शांता किलोस्कर, वसुंधरा पटवर्धन इत्यादी लेखिकांनी लिहिलेल्या स्त्रीजवनाचे जाणिवपूर्वक चित्रण हा हया लेखिकांचा पिंड आहे. स्त्रियांचे अनुभव विश्व आता मर्यादित राहिले नसून त्याचा व्याप व विस्तार वाढतो आहे. कुटुंब, नाते, बाह्य समाज, राजकारण, अर्थविस्तार, शिक्षण, इत्यादि सर्वच बाबतीत होणारे परिवर्तन आणि त्यातून जीवनाला येत असलेला नवा अर्थ शोधण्याचा प्रयत्न करतानाच आपले माणूसपण ही या लेखिकांच्या कादंब-यातून झालेला दिसतो, बाह्यविश्वातली स्पर्धा, नौकरीच्या निमित्ताने पुरुषांशी वाढलेले संबंध, प्रेमभावना, प्रेमविवाह, विषम व आंतर जातीय विवाह, या बाबत होत असलेले परिवर्तन सहज टिपताना आपल्या अधिकाराचा, हक्काचा आणि अस्तित्वाचाही या लेखिका पुरस्कार करताना दिसतात. एकूणच परंपरने बांधून जखडून टाकलेल्या स्त्रीला मिळालेल्या स्वातंत्र्याने स्वेच्छेने जीवन जागताना आपल्या स्त्री पणाचा वाटणारा अडसर त्या सहज बाजूला सारताना दिसतात, कुटुंबाच्या प्रश्नासाठी उत्कर्षासाठी झगडू लागलेली स्त्री आपले अबलापण विसरत आहे. आपणही पुरुषांच्या तुलनेत मागे नाही ही जाण त्यांच्यात येऊ लागली असल्याची चिन्ह या लेखिकांच्या कादंब-यातून जाणवतात.

थोडक्यात स्त्रीच्या परंपरागत जीवनाला आधुनिक रूप प्राप्त होत आहे. स्वातंत्र्य, समता, अधिकार, हक्क आणि समाजातील आपले स्थान, महत्त्व, शोधण्याचा त्या कटाक्षाने प्रयत्न करू लागल्या. शिक्षणाचे महत्त्व पटलेल्या स्त्रियांनी स्त्री जातीच्या उत्कर्षाला शिक्षणाशिवाय तरणोपाय नाही असा विचार समाजात प्रसविण्याचा प्रयत्न केला. स्त्री मुक्ती चळवळ, सुधारकांचे प्रयत्न, शिक्षणाचा प्रसार, औद्योगिकीकरण, नवे राजकीय वादळ या सर्वांचा परिपाक आज स्त्री मुक्तीच्या टप्प्यावर येवून थांबला आहे. संसाराचा मोह, भौतिक जीवनाचे आकर्षण कुटुंब, मुलेबाळे पती, सगे सोयरे, या सर्वांच्या बरोबरच आपले माणूसपणही तिला जपायचे आहे. या दृष्टीने स्त्री म्हणून आलेल्या अनुभवाचा सारीपाट मांडताना निर्माण झालेल्या कादंब-याचा विचार स्त्रीवादी दृष्टीनेच करावा लागतो.

शब्दाची मर्यादा विचारात घेऊन येथे केवळ कादंबरी या वाङ्मय प्रकाराचा विचार केला आहे. इतर वाङ्मय प्रकाराच्या तुलनेत जीवनदर्शनासाठी मोठा आवाका लाभलेला कादंबरी हा वाङ्मय प्रकार स्त्रियांनी मोठ्या प्रमाणात हाताळला आहे. तुलनेने नाट्यादी वाङ्मय प्रकाराकडे त्यांचा फारसा कल दिसत नाही.

संदर्भ ग्रंथ

- (१) डॉ. अ.ना. देशपांडे, 'अर्वाचिन मराठी वाङ्मयाचा इतिहास, खंड २', व्हीनस प्रकाशन, पुणे .
- (२) अ. अं. कलकर्णी, (रुंदा.), 'प्रदक्षिणा' भाग, १ व २,
- (३) सरोजिनी वैद्य (रुंदा), (स्त्री साहित्याचा मागोवा) साहित्य प्रेमी भगिनी मंडळ, पुणे.
- (४) वरखेडे मंगला, स्त्रियांची नवकथा, वाटा आणि वळणे, नाशिक, कैलास राणा प्रकाशन.
- (५) लिंबाळे शरणकुमार, मराठी वाङ्मयातील नवीन प्रवाह, पुणे, दिलीपराज प्रकाशन,
- (६) पवार / हातकंगलेकर, (संपा) मराठी साहित्य प्रेरणा व स्वरूप,
- (७) कुलकर्णी गो. म. कुलकर्णी व. दि. , मराठी वाङ्मयाचा इतिहास भाग- १, २

## ग्रामीण भागातील महिलांच्या आरोग्याचा दर्जा

प्रा. सय्यद ए.ए.\*

**प्रस्तावणा :-**

**स्त्रियांचा दर्जा :**

यंत्र नार्यस्तु पुजन्ते., रमन्ते तत्र देवता अर्थात जेथे नारीची पुजा केली जाते. तसेच देवतावास करतात समृतीमध्ये नारीचे सांगितलेले महत्व प्राचीन महिलांचा सर्वोच्च दर्जा, सिध्द करते. आधुनिक काळात मात्र महिलांचा सामाजिक, आर्थिक व राजकीय दर्जा कमी आणि महिलांवरील वाढते अत्याचार यामुळे देवी समजल्या जाणा-या स्त्रियांची स्थिती फारच दयनीय झाली आहे कादयानुसार स्त्रियांना पुरुषांचा बरोबरीने अधिकार व स्थान मिळाले आहे. नव्या व्यवस्थेने स्त्रियांना समानतेचे अधिकार प्रदान केले. स्त्री, सहभागाच्या मोठमोठया गप्या मारल्या तरीही सत्य परिस्थितीत समानता मात्र प्राप्त झाली नाही. ही समानता भारतातच नव्हे तर जगात कोठेही निर्माण होऊ शकली नाही. याला जबाबदार म्हणजे समाजाची मानसीकता होय.

कोणत्याही विकसित वा विकसनशील देशाच्या ग्रामीण समुहांचे प्रश्न सोडविल्याखेरिज राष्ट्राचा विकास होऊ शकत नाही. ग्रामीण समाजरचना ही पारंपारिक रुढी प्रश्नांना प्राधान्य देणारी जातीव्यवस्थेवर उभारलेली असल्याने गुंतागुतीची आहे आर्थिक दारिद्र्य निरक्षरता पारंपारिकता अंधश्रद्धांचे प्राबल्य धर्माधता जातीयवाद, विधीचे प्राबल्य सामाजिक धार्मिक कार्य क्रमांवर अनुत्पादक स्वरूपाचा प्रचंड खर्च, कर्जबाजारीपना अज्ञान हे त्याच प्रमाणे ग्रामीण भागातील महिला मध्ये खालावत चाललेला आरोग्याचा दर्जा व अज्ञान. हे भारतीय ग्रामीण समाजाचे महत्वाचे प्रश्न आहेत. या समस्यांच्या निराकरणासाठी समस्याचे स्वरूप समजावून घेणे आणि त्यावर उपाय शोधणे महत्वाचे आहे.

**\* स्त्रियांचे स्थान :-**

नागरी समाजात स्त्रियांच्या सामाजिक स्थितीमध्ये परिवर्तन होत आहे सामाजिक स्थान दर्जा, यामध्ये खुप बदल झाला नसला तरी आर्थिक स्वातंत्र्य प्राप्त झाले असल्याने काही अशी व काही संदर्भात निर्णय स्वातंत्र्य प्राप्त झाले आहे. याउलट ग्रामीण क्षेत्रात आजही स्त्रीचे कार्यक्षेत्र चुल व मुल हेच आहे. पुरुषांच्या तुलनेत स्त्रीचे स्थान आजही दुय्यम आहे. ग्रामीण भागातील प्रथा परंपरा स्त्री-शिक्षणाला प्रोत्साहन देताना आढळत नाही.

काही अंशी प्रोत्साहन भेटले तरी सुध्दा अर्थाजनासाठी जेने करुन कुटुंबाच्या खर्चाला तिचा हातभार असावा या करता परंतु हे सर्व करत असतांना कुटुंब व कुटुंबा बाहेरचे कार्यक्षेत्र विस्तारले असल्याने स्त्रीचे दुहेरी शोषण सुरु झाले आहे. आहार व आरोग्याकडे दुर्लक्ष होतांना दिसत आहे.

स्त्री पुरुष ही समाजरथाची दोन चाके आहे ती समांतर चालली तरच समाजरथ सुरळीतपणे चालतो भारतीय समाज रचनेत सर्वचदृष्टया दुर्लक्षितलेली स्त्री ही दुबळी राहिली. त्यामुळे स्त्रियांचे मानसिक, आरोग्य विषयक सबलीकरण होऊ शकले नाही. स्त्रियांना आज ख-या अर्थाने सबल करायचे असेल तर त्यांच्यात आरोग्य विषयक सक्षमता आणणे अत्यंत महत्वाचे आहे. स्त्री ही सजूनशीलतेचे प्रतिक आहे. नव्या पिढीला जन्म देणारी ही नवसृजशील माताच जर सदृढ किंवा निरोगी नसेल तर समाज सदृढ कसा बनतार वर्तमान भारतीय समाजातील स्त्रियांमध्ये विविध आजारांचा प्रभाव मोठया प्रमाणात झालेला दिसतो. त्यामध्ये अंतितिया ग्रामीण भागातील युवती महिला मध्ये, जास्त प्रमाणात आढळणारा रोग झाला आहे. जो जन्माला येणा-या नवीन पिढीचे अनेक दृष्टीने नुकसान करणारे आहेत. मृत्यू किंवा कायमस्वरूपाच्या अपंगत्वापर्यंतचे दुष्परिणाम घडविणारे आहेत.

\*गृह विज्ञान विभाग, कालिकादेवी कला, वाणिज्य व विज्ञान महाविद्यालय, शिरूर ता. शिरूर कासार, जि. बीड.

**\* ग्रामीण भागात आढळलेल्या आरोग्याच्या प्रमुख समस्या :-**

**1] अॅनिमिया :-**

रक्तातील हिमोग्लोबिनचे व फोलिक अॅसिडचे प्रमाण कमी झाल्याने निर्माण होणारी परिस्थिती म्हणजे अॅनिमिया होय. सध्या ग्रामीण भागातील मुली व महिला मध्ये अॅनिमियाचे प्रमाण खुप वाढले आहे. त्याची कारणे पुढील प्रमाणे आहे.

- 1] शारिरिक वाढीचा महत्वपूर्ण वयोगट असल्याने आयर्नची जास्त आवश्यकता असते.
- 2] मासिक पाळीमधील रक्तस्त्रावामुळे निर्माण होणारी आयर्नची कमतरता.
- 3] खाण्याच्या चुकीच्या पध्दती किंवा चुकीचे आहार घटक यामुळे निर्माण होणारी कमतरता.
- 4] ग्रामीण भागातील अज्ञान अशिक्षित पणा तसेच अंधश्रध्दा.
- 5] वैयक्तिक अस्वच्छतेमुळे पोटात होणारा जंतुचा प्रादूर्भाव.
- 6] मुला मुलींमधील आहारा संबंधी होणारा भेदभाव व त्यामुळे आवश्यक पोषक अन्नघटकांचा निर्माण होणारा आभाव.

**लक्षणे :-**

वरिल सर्व तसेच इतर अन्य अनेक कारणामुळे ग्रामीण भागातील महिला अनारोग्याला सामोरे जात आहे. त्यामुळे त्यांची शारिरिक व मानसिक वाढ कमी होत आहे. रोजच्या कामातील एकाग्रता व आकलन क्षमता कमी होते. भुक कमी लागते मासिक पाळीतील अनियमितता, शारीरिक अकार्यक्षमता सततचा जंतु प्रादुर्भाव या परिणामांमुळे मुलीचे शिक्षणात दुर्लक्ष व अनियमितता निर्माण होते. परिणामी त्यांची प्रगती खुटंती, अश्या मुलीच्या पोटी कुपोषित पिढी, जन्माला येते.

**-: हिमोग्लोबिनच्या प्रमाणानुसार अॅनिमियाची तीव्रता :-**

- |    |                        |          |
|----|------------------------|----------|
| 1] | 8 ग्रॅम [ ] च्या खाली. | Severe   |
| 2] | 8 ते 10 ग्रॅम [ ]      | Modevate |
| 3] | 10 ते 12 ग्रॅम [ ]     | Mild     |

**उपाय :-**

- 1] पोष्टीक व संतुलित आहार विषयक जागृती.
- 2] लोह व फॉलिक अॅसिडच्या गोळयांचा वापर.
- 3] जंतनाराक गोळयांचा वापर.
- 4] उपचारा बाबत पाठ पुरावा करणे.
- 5] नियमित वैद्यकिय तपासणी.

**\* आरोग्य व आहारातील महत्वाच्या बाबी**

**आरोग्य :** महिलांचे आरोग्य उत्तम राहण्याकरिता आहार आणि आरोग्यविषयक सेवा या चांगल्या प्रकारच्या असावयास हव्यात व त्याकरिता महिलांच्या व मुलींच्या विविध अवस्थांमध्ये त्यांच्या आहाराकडे विशेष लक्ष देणे आवश्यक आहे. मानवी विकास निर्देशांकामधील शिशु मृत्युदर [Infant mortality & maternal mortality] यामध्ये झालेला घट ही लक्षात घेण्यासारखी आहे.

महिलांना दर्जेदार अशा आरोग्यविषयक सेवा त्यांना परवडतील अशा स्वरूपात किंवा ग्रामीण भागात अथवा गरीब महिलांना मोफत सहज उपलब्ध व्हायला पाहिजेत. त्यांच्यामध्ये आढळणा-या सामान्य आरोग्यविषयक तक्रारी उदा. रक्तक्षय कंवा संसर्गजन्य रोग -मलेरिया, क्षय , अशुध्द पाण्यामुळे आढळणा-या आरोग्यविषयक तक्रारी इत्यादींबाबत

काळजी घेणे आवश्यक आहे. बालविवाह, वारंवारची बाळंतपणे, यामुळे अपुरा आहार व भरपूर कष्ट - घरीही आणि घराबाहेरील - यामुळे तिच्या आरोग्यावर विपरीत परिणाम होऊ नये याकरिता विशेष काळजी घेणे आवश्यक आहे.

\* **आहार :-** महिलांमधील कुपोषण व इतर आरोग्यविषयक तक्रारी - ज्यांचा महिलांना विकासाच्या विविध टप्प्यांमध्ये - जसे की शिशुअवस्था, बाल्यावस्था, किशोरावस्था व प्रजनन अवस्था यांमध्ये धोका असतो, त्याकरिता त्यांच्या आहाराकडे विशेष लक्ष द्यावयास पाहिजे. पोषक घटकांच्या अभावाचे दुष्परिणाम टाळण्याकरिता विशेषतः गर्भावस्था, दुग्धसर्जन काळात विशेष काळजी घ्यावयास पाहिजे व सर्व पोषक घटक वाढलेल्या प्रमाणात मिळावयास पाहिजेत. आहारविषयक जागरूकता निर्माण करण्याकरिता व उत्तम आरोग्याकरिता आहाराचे महत्व पटवून देण्यासाठी पोषण - शिक्षणविषयक कार्यक्रम विविध ठिकाणी विशेषतः ज्या ठिकाणी कुपोषण अधिक प्रमाणात आढळते - आयोजित करावयास पाहिजेत. यामुळे मुलांमधील व मातांमधील किंवा किशोरींमधील कुपोषणाचे प्रमाणे कमी होण्यास मदत होईल.

ग्रामीण भागात तांदूळ आणि तांदळाचा कोंडा यापासून निराळा करता येतात. भाताची तुसे पचनशील नसतात, परंतु भाताचा कोंडा फार पोष्टीक असतो. त्यात प्रथिने 'ब' जिवनसत्वे, खनिजे व मेद हे तेल उत्तम प्रतिचे आहे व त्याची रक्तात वाढलेली कोलेस्टेरॉलचे प्रमाण करण्याची क्षमता जास्त आहे हे संशोधनाअंती सिध्द झाले आहे. तसेच तांदळाच्या कोंड्याचेपीठ निरनिराळ्या त-हेने वापरता येते. ते कणीक किंवा ज्वारी, बाजरीच्या पिठात मिसळून भाकरी करता येतात या भाकरी पालेभाज्याबरोबर सेवन केल्यास पूर्ण मिळू शकते. त्याच बरोबर नाचनीचे पीठ, शेंगदान्याचे कुठ, गहु, ज्वारी, बाजरी, पीठे योग्य प्रमाणात उपयोग करून सुलभ त-हेने घर बसल्या करता येते. हे काम विशेषतः ग्रामीण भागातील महिला आरामशिर करू शकतात हे फार पौष्टीक तर असतातच स्वस्तही असतात. तान्हया मुलांना पुरक व उत्तम विनिंग फुड म्हणूनही उपयोगी पडतात. म्हणूनच अशी विविध त-हेची मिश्रणे मोठया प्रमाणावर करून, पॅकबंद करून विकायला ठेवल्यास एक मोठी सुवीधा ग्रामीण जनतेला मिळेल. व एका छोटया उद्योगास उत्तेजन मिळेल.

**आरोग्यदायक असे आहारातचे काही विशेष खाद्यपदार्थ :-**

**केळी :** केळी पोटाच्या आतील चामडी [Liniing] बळकट करतात. त्यामुळे अॅसिड किंवा अल्सरपासून संरक्षण मिळते. केळ्याचा अॅन्टिबायोटिकप्रमाणे उपयोग होतो. केळ्यामध्ये पोटॅशियम जास्त प्रमाणात असल्यामुळे त्याचा अती रक्तदाब काबूत ठेवायला मदत मिळते.

**आवळा :** जीवनसत्व 'क' चे सगळ्यात मोठे भांडार. यात प्रतिशत 600 मि.ग्रॅ. जीवनसत्व 'क' असते. त्यामुळे रक्तातला चांगला कोलेस्टेरॉल [HDL] वाढायला मदत मिळते व हृदयाचे आरोग नीट राहते. आवळ्यात पोटॅशियमचे प्रमाण फार मोठे आहे. ते म्हणजे प्रतिशत 225 मि.ग्रॅ. जास्त पोटॅशियममुळे अति रक्तदाब काबूत ठेवायला मदत मिळते.

**कलिंगड :** कलिंगडात टोमॅटोप्रमाणे लायकोपिनचे प्रमाण जास्त असते. लायकोपिन antioxidant असल्यामुळे कर्करोग दूर ठेवायला उपयुक्त ठरते.

**संत्रा :** संत्र्यात कर्करोग रोखून ठेवणा-या घटकां एक गटूच असतो. यात जीवनसत्व 'क' भरपूर प्रमाणात असते व हे सर्व पॅनक्रिअस कर्करोगाची लागणीचे प्रमाण कमी करण्यास उपयोगी पडतात; तसेच स्तनाचा व पोटाचा कर्करोग , अस्थमा टाळता येतात.

**द्राक्षे :-** antioxidant घटकांचे कोठार आहे. काळ्या द्राक्ष्यांत क्वर्सेटिन [quercetin ] नावाचा antioxidant फार मोठया प्रमाणात असतो. काळ्या द्राक्ष्यांच्या सालीतला एक घटक रक्तातला वाईट कोलेस्टेरॉल [LDL] कमी करतो.

**गाजर :** बिटा कॅरोटिनचे मोठे भांडार. बिटा कॅरोटिनपासून शरीरात जीवनसत्व 'अ' तयार होते. व ते आरोग्याला धोकादायक अशा आजारांना आळा घालते. एका प्रयोगात असे आढळून आले की रोज 1 वाटी गाजर खाल्याने स्त्रियांमधले पक्षघाताचे प्रमाण 40 टक्के कमी झाले. हृदयरोगाचे झटके 22

टक्क्यांनी कमी झाले तसेच रोज एक मध्यम आकाराचे गाजर खाल्याने धुम्रपान करणा-यांमध्ये फुफुसाच्या कर्करोगाचे प्रमाण 50 टक्के कमी झाले. गाजर डोळ्यांच्या आजारावर फार गुणकारी ठरले. जर मोतीबिंदूला सुरुवात झाली असेल, तर रोज गाजर खाल्याने मोतीबिंदू बरा होतो किंवा त्याची वाढ जास्त होऊ देत नाही.

**रताळी :** यात बिटा कॅरोटिन व फायबर फार मोठ्या प्रमाणात. दोन्ही शरीराचे आरोग्य राखायला उपयुक्त ठरतात.

**आले:** जवजवळ 100 वर्षांपासून आल्याचा मळमळीवर वापर यशस्वी त-हेने केला गेला. आल्यामुळे Rhumaloeed arthritis व Osteoarthritis मुळे आलेली सूज व वेदना कमी होतात.

**कांदा :** कांद्यामध्ये क्वर्सेटिन नावाचे antioxidant असल्यामुळे रक्तातल्या चांगल्या कोलेस्टेरॉलची [HDL] वाढ होते. कांदा रक्तात होणाऱ्या गुठळ्या [Colt] होऊ न देणे व atherosclerosis होऊ न देण्यात मदत करतो. कांदा सुक्ष्म जंतू व विषाणूंचा नाश करण्यात उपयोगी पडतो.

**लसून :** सूक्ष्म जंतू व बुरशीचा नाश करते. रक्तात वाढलेला कोलेस्टेरॉल कमी करते. लसणीत ब-याच त-हेचे कर्करोग टाळणारे, नाश करणारे घटक आहेत ; तसेच सर्दी, खोकल्यावर लसून फार उपयुक्त ठरते.

**दालचिनी :** रक्तात गुठळ्या होण्याचे टाळू शकते. मधुमेहीना शरीरात जास्त इन्शुलिन तयार व्हायला मदत करते.

**टोमॅटो :** रक्तात antioxidant लायकोपिनमुळे काही त-हेचे कर्करोग होण्याचे प्रमाण कमी झाले.

**गवार :** गवारीच्या शेंगा भारतात सर्वत्र वर्षभर मिळतात. गवारीच्या बियांपासून गवारगम तयार करतात. सध्या गवारगमचे महत्व फार वाढले आहे. सर्व जगभर गवारगम रक्तातल्या कोलेस्टेरॉल मर्यादित राहावा म्हणून आइस्क्रीम वगैरे निरनिराळ्या लोकप्रिय खाद्यपदार्थात वापरला जातो. गवारगम फार महाग आहे व तो सामान्यांना परवडणारा नाही, तर त्यांनी गवारीच्या शेंगा जास्त वेळा वापरल्यात.

**कोबी, कॉलिफ्लॉवर वगैरे कूझिफेरस कुळातील भाज्या :** यात गंधक असलेले घटक मोठ्या प्रमाणावर असतात, जे Antioxidant असल्यामुळे कर्करोगापासून [फुफुसाचा, स्तनाचा कर्करोग] सुटका होण्यास मदत करतात. यात फायबर जास्त प्रमाणात आहे व तेही याबाबतीत उपयोगी पडते. काही संशोधनामुळे असे आढळून आले की, कोबी आठवड्यातून एकदा खाल्यावर पुरुषांमध्ये आतड्याचा कर्करोगाचे प्रमाण 66 टक्क्यांनी घडले.

**लाल भोपळा :** यात बिटा कॅरोटिन फार मोठ्या प्रमाणात असते.

**पालेभाज्या :** यात भरपूर प्रमाणात लोह, चुना वगैरे खनिजे. बिटा कॅरोटिन, जीवनसत्व 'क' असतात. त्यामुळे त्या कर्करोगाचे प्रमाण कमी व्हायला उपयोगी पडतात. इथे शेवग्याच्या पानांचे उदाहरण देता येईल. यात प्रतिशत बिटाकॅरोटिन 6700 मायको ग्रॅम, चुना 440 मिग्रॅ., जीवनसत्व 220 मि.ग्रॅ.,

**कडधान्ये :** रक्तातल्या वाढलेला कोलेस्टेरॉल कमी करायला मदत करतात. रोज 1/2 वाटी शिजविलेली कडधान्ये खाल्लीत तर कोलेस्टेरॉल 10 टक्क्यांनी कमी होतो; तसेच प्रोस्ट्रेट ग्रंथी व स्तनाच्या कर्करोगाचे प्रमाण कमी होते ; तसेच कडधान्यामुळे रक्तातील साखर योग्य प्रमाणात ठेवायला मदत होते. यांच्यात फायबर जास्त प्रमाणात असतो. मोड काढलेली कडधान्ये यातील प्रथिने पचायला सोपी असतात. यात जीवनसत्व 'क' असते व 'ब' जीवनसत्वाचे प्रमाण वाढलेले असते.

**ओटस :** रक्तातला वाढलेला कोलेस्टेरॉल कमी करते व रक्तातल्या साखरेचे प्रमाण योग्य प्रमाणात राखायला मदत करते.

**खाद्यतेले :** भुईमुगाचे तेल, तिळाचे तेल, ऑलिव्ह ऑइल यांच्यात मोनो अन्सॅच्युरेटेड मेदाम्ले असतात. ती रक्तातल्या चांगल्या कोलेस्टेरॉल [HDL] चे प्रमाण कमी न करता वाईट कोलेस्टेरॉलचे [LDL] प्रमाण मात्र कमी

करतात. त्यामुळे हृदयरोग होण्याचे टाळता येते व हृदयरोग्याचे आरोग्य नीट ठेवायला मदत होते. याच्यात जीवनसत्व 'ई' पण असते.

**सुकामेवा :** [बदाम, अक्रोड, काजू, जर्दाळू] यात जीवनसत्व 'ई' भरपूर प्रमाणात असते व ते सिलेनियमबरोबर antioxidant म्हणून काम करते. त्यामुळे कर्करोग व हृदयरोग टाळण्यासाठी ते उपयुक्त ठरते.

**निष्कर्ष :**

सर्वसाधारण ग्रामीण आहारात भाज्यांची कमतरता असते. त्यामुळे जीवनसत्वे 'अ' 'ब' 'क' आणि लोहाची तुट आढळते व त्यामुळे उध्दभवणारे रोग : अंधत्व, पंडुरोग वगैरे मोठया प्रमाणावर ग्रामीण जतेत दिसून येतात. ही कमतरता घालविण्यासाठी दोन इलाज करावे. एक डाळीऐवजी मोड काढलेल्या कडधान्यांचा उपयोग करणे व दूसरा इलाज म्हणजे प्रत्येक घराच्या बाजूला छोटया परसातल्या बागा तयार करणे. अशा बागांतून सर्व त-हेच्या पालेभाज्या उदा.: पालक, मेथी चवळी, राजगिरा, माठ, कोथिंबीर वगैरे लावाव्यात, शेवग्याची झाडे, आवळयाची [मोर आवळा] झाडे, लाल भोपळा, पपई, माड वगैरे झाडांची लागवड मोठया प्रमाणावर करावी. ही झाडे विशेष मशागत न करता वाढतात. पालेभाज्या स्वस्त असून त्यांच्यात जीवनसत्वे 'अ' 'ब' 'क' आणि लोह मोठया प्रमाणावर असते. शेवग्याच्या शेगात जीवनसत्व 'क' व शेवग्याच्या पानांत जीवनसत्वे 'अ' व 'क' लोह भरपूर प्रमाणात असतात. आवळयात तर जीवनसत्व 'क' एवढया मोठया प्रमाणात असते की, पाच जणांच्या एका कुटुंबाची जीवनसत्व 'क' ची एका दिवसाची गरज एक आवळा पुरू शकतो. पपईत जीवनसत्व, 'अ' असते. हे सर्व पदार्थ आहारात वापरले तर पंडुरोग, अंधत्व यासारखे रोग, जे ग्रामीण जनतेत फार मोठया प्रमाणावर आढळतात ते टाळता येतील.

**संदर्भ ग्रंथ :-**

- 1] सामुदायिक विकास, विस्तार शिक्षण व महीला सबलीकरण - -डॉ.उज्वला वैरागडे /प्रा.विद्युल्लता मुळे
- 2] ग्रामीण समाजशास्त्र - - प्रतिभा आहिरे
- 3] आहार -गाथा आहार व आरोग्य विचार - - डॉ.कमला सोनवने
- 4] सप्रे निलीमा व पाटील प्रिती व ज्योती पाटील [2009] “ गतिमान शिक्षणासाठी विचार प्रवाह”
- 5] अन्न संरक्षण - राजकुमार कांबळे

## प्रसारमाध्यमे, जाहिरात आणि महिला

डॉ. सुहास पाठक,  
(सहाय्यक प्राध्यापक, माध्यमशास्त्र संकुल,  
स्वा.रा.ती.म.विद्यापीठ नांदेड)  
डॉ. भास्कर भोसले  
(संशोधक)

सध्या नवे सहस्त्रक आलेले असून त्या दृष्टिने नव्या संवेदना तसेच नवनवीन जीवनमूल्यांमुळे मानवी जीवनाला एक नवी कलाटणी मिळालेली आहे. जगभरातच सध्या दृक-श्राव्य माध्यमांचे महत्त्व अधिकाधिक वाढू लागले आहे. कृषी क्षेत्रातील क्रांती असो की, उद्योग क्षेत्रातील क्रांती असो त्यापेक्षा अधिक स्तरावर माहिती क्षेत्रातील क्रांतीने मानवी जीवनाला किंवा मानवी समाज मनाचा चेहरा-मोहराच बदलून टाकण्याचे काम केलेले आहे. विकसनशील देशांमध्ये एकाच पातळीवर विविध क्षेत्रातील माहिती आपल्यासमोर येवून घडकत आहे. एकाचवेळी घडणाऱ्या या तिहेरी प्रक्रियेमधून जी पोकाळी निर्माण होत आहे, त्यामुळे अनेक अनर्थ घडत आहे. त्यामध्ये चंगळवाद हे एक कारण होय. आजच्या प्रसारमाध्यमांतून अशा प्रकारच्या चंगळवादाला खतपाणी घालण्याचे काम होत असल्याचे येथे नमूद करावेसे वाटते. प्रसारमाध्यमांतील जाहिरात क्षेत्रात आज कुठल्याही जाहिरातींमध्ये महिला असावीच असा सर्वांचाच प्रयत्न असतो, त्याला काही प्रमाणात अपवाद आहे, हे ही आपण लक्षात घ्यायला हवे. प्रसार माध्यमांतून कार्याच्या दोषाचे बारकाईने आकलन केल्यास समाज शास्त्रीय अध्ययन केले असता या बिकट असलेल्या प्रश्नांवर आपण चोहोबाजूंनी प्रकाश टाकू शकतो.

माहिती क्रांतीचे अॅलवीन टॉफ्लर यांनी "तिसरी लाट" अशा शब्दात वर्णन केलेले आहे. ते म्हणतात "Special interest media, including diversity - producing cable and casttee television, will bring each of us more varied images through many more channel and that less and less of culture will be shared" आचार्य विनोबा भावे यांनी सांगितल्याप्रमाणे चित्रवाणी माध्यम हे केवळ मनोरंजनच नवे तर मनोभंजन करण्याचे माध्यम ठरत आहे. जय ब्लॅक यांच्यामध्ये "Toftter said we will live in a blip culture bombards us with unrelated chips of blips of data. forced individualy to fabricant our own images of reality from these blips, we will cry out us a cultural of systhesis" आता जग सांस्कृतिक एक्यासाठी हाका देत आहे.

साधारणतः सौंदर्य दिसून किंवा ठळकपणे नजरेसमोर येते असे म्हटले जाते. परंतु एकविसाव्या शतकाकडे झेप घेताना जरासा विरुद्ध दिशेने जाणारा प्रवाह आढळतो. साधेपणातल्या सौंदर्य जेव्हा दिखावपणासारखे दिसते, त्यावेळी ते अधिक आकर्षक, उठावदार असते, असा गैरसमजच आपल्याकडे पसरलेला आहे. हा गैरसमज मागील अनेक वर्षांपासून प्रचलित तर झालेला आहेच. परंतु त्याची वेळावेळी व प्रत्येक ठिकाणी अंमलबजावणी झाल्याचे दिसून येते.

जाहिरात हे एक सर्वसामान्य व्यक्तीच्या थेट मनाशी संवाद साधणारे माध्यम म्हणून ओळखले जाते. टीव्हीवरील जाहिरात हे एक दृश्य व श्राव्य माध्यम असल्याने ते प्रभावीपणे सर्वासमोर येते. त्याचा प्रभाव मानसशास्त्रज्ञांच्या मते कमीतकमी पंधरा सेकंद तर अधिकाधिक संबंधित वस्तू अगर प्रोडक्ट बाजारपेठांमध्ये उपलब्ध होईस्तोवर होतो. जाहिरातीची परिणामकारकता ग्राहकांची आवड, निवड, उत्साह, वस्तुचा आकार, रंग, खरेदी का करावी त्यामागे असलेली प्रेरणा, त्याची निकड, अभिवृत्ती, आवडीचा ब्रँड, गुणवत्ता, एखाद्या वस्तुच्या मागणीचा अंदाज, जनतेच्या आर्थिक अपेक्षा, त्याची जनमाणसातील प्रतिमा आदी बाबींवर ग्राहकवर्ग जाहिरातींमध्ये अधिक लक्ष घालतो. किंवा अधिकपणाने त्यात गुंतून जात असतो.

औद्योगिक मानसशास्त्रज्ञ लुकास म्हणतात की, जाहिरातीची परिणामकारकता दोन गोष्टींवरून कळते. 1) जाहिरातीची लांबी, व्याप्ती इ. 2) जाहिरातीचे माध्यम (श्राव्य, दृक्श्राव्य, दृक्) इ. याचबरोबर जाहिरातीच्या आशयाला अत्यंत प्रभावी मानले गेले आहे. वॉशिंग मशीन, शिलाई मशीन, मिक्सर, विद्युत उपकरणे अशा प्रकारच्या जाहिरातीमध्ये महिलांचा असणारा सहभाग योग्य मानायला हवा. परंतु संबंधित जाहिरातीच्या उत्पादनाच्या छायाचित्रांपेक्षा महिलांच्याच छायाचित्राने अधिकची जागा व्यापलेली असते. पुरुषी वस्त्रांच्या जाहिरातीतही पुरुषांपेक्षा महिलांनाच अधिकचे महत्व दिल्याचे आढळून येते. उदा.लक्स साबणांच्या जाहिराती, हिंदी चित्रपट क्षेत्रातील सर्वच प्रसिद्ध अभिनेत्रींचा अधिक सहभाग राहिलेला आहे. लक्स साबण महिलांसोबत पुरुष मंडळीही वापरतात. त्याचे प्रमाण कमी-अधिक असू शकते. परंतु महिलांचा वापर अधिक होतो. हे अनेकदा वेळावेळी सिद्ध झालेले आहे. नव्हे तर हे सर्वपरिचित आहे.

दुसरे म्हणजे जाहिरातीतील महिलांच्या उपस्थितीमुळे समाजावर होणारा परिणाम पाहता काही विशिष्ट जाहिरातीमधून महिलांचा उपयोग किंवा सहभाग घेणे तितकेच अनिवार्य म्हणा की, उपयुक्तता अधिक त्या-त्या वेळी योग्य ठरत असते. आपल्या समाजामध्ये रुढी, परंपरा चालत आलेल्या आहेत. विवाह पद्धती, शिक्षण, याबद्दलचे अनेक प्रश्न आहेत. त्याचे यथार्थ चित्रणही आजच्या स्थितीत खेडयापाडयातून आढळून येते. हे चित्र बदलण्याकरीता शासनाने साक्षरतेची जाहिरात केली. या जाहिरातीमध्येही एक महिला, दुसऱ्या महिलेला साक्षर करण्याचे काम करत आहे, हे एक मोठे यश मानले जाते.

जाहिरातीमधील महिला विषयक भूमिकेचा विचार करतेवेळी चर्चेत समाविष्ट उदाहरणांचा पाया अधिक भक्कम वाटतो. केवळ महिला सबलीकरण असून चालणार नाही तर ते केवळ आर्थिक असू नये, शारीरिक व मानसिक असणारे सबलीकरण असायला हवे, तरच जाहिरामधील महिलांच्या भूमिकेची होणारी अवहेलना रोखली जाईल. जाहिरात आणि महिला हे सूत्र सध्या रुढ झालेले आहे. जाहिरातीत महिलेचा सहभाग म्हणजे उत्पादन विक्री वाढेल अशी धारणाच मुळात चुकीची आहे. परिणामी जाहिरातीमध्ये अनावश्यक असलेला वापर रोखता आला पाहिजे. त्यामुळेच शालिनता टिकवून ठेवण्याला फार मोठे बळ प्राप्त होऊ शकेल.

आजच्या जगात चंगळवाद फोफावल्याची अनेक उदाहरणे देता येतील. चंगळवाद ही एक अपप्रवृत्ती आहे. मुंबईमध्ये मायकल जॅक्सनचा नृत्य शो पाहण्याकरीता हजारो युवक आले होते. परंतु एम.टी.व्ही ने केलेली पार्श्वभूमी त्यास कारणीभूत होती. हे येथे लक्षात घ्यायला हवे. दूरगामी परिणामाचा विवेकी विचार नसणे व वस्तू, सेवांचा उपभोग घेणे ही चंगळवादी मानसिकता असते. या मानसिकतेला खतपाणी घालण्याचे काम स्थानिक प्राधान्यक्रम, सांस्कृतिक जाणिवांचा विचार न करता परदेशी कार्यक्रम प्रसारित केले जातात. यासाठी काटेकोर अशी आचारसंहिता असायला हवी. चंगळवादांमुळे कुटुंबव्यवस्था मोडकळीस येवू लागली आहे. त्यात घटस्फोट, महानगरांकडे असलेला ओढा, हिंसाचार, गुन्हेगारीकरण आदी वाढलेले दिसून येते. चित्रपट-चित्रवाणी माध्यमांतील गुढपट-भयपट पाहणारा एक नवा महानगरीय प्रेक्षक उदयाला आलेला आहे. त्याच्या अंगी समाजाप्रती ना संवेदना आहे ना त्याची विचारांची मानसिकता आहे. अशा प्रकारामुळे एकमेकांशी जोडलेला समाज तुटू किंवा विलग होवू पाहत आहे. तो जोडलेलाच रहावा यासाठी विविध पातळ्यांवर प्रयत्नांची पराकाष्ठा करण्याची नितांत गरज वाटते, हे नक्की,

संदर्भ :

1. जनसंवाद सिद्धांत  
डॉ.वि.ल.धारुरकर, चैतन्य प्रकाशन, आवृत्ती पहिली 2008, औरंगाबाद.
2. प्रसारमाध्यमांतील नवे प्रवाह  
प्रा.मारोती कसाब- मारोती गायकवाड,  
मुक्तरंग प्रकाशन, 118, यशवंतराव चव्हाण व्यापारी संकुल, लातूर.
3. पत्रकारिता विद्या  
संपादन किरण गोखले, आवृत्ती दुसरी, मार्च 2008,  
मॅजिस्टीक प्रकाशन, गिरगाव, मुंबई.



## **Nalini Sahebrao Ghatge**

M.Sc. Ph.D. Food Science & Nutrition.

**Dr. Nalini Sahebrao Ghatge** presently working as a Principal, Women's College of Home Science and BCA , Loni . She has research experience more than 12 years. She has more than 50 international papers in her credit .As well as she had guided more than 180 research projects at UG and PG level.

She is recognized Ph.D. Guide in Allied Sciences at Pravara Institute of Medical Sciences. She is the life member of several academic and research bodies. Recently she has received patent for "Formulation of an Antioxidant and nutrient rich soya based food products to combat malnutrition and dreaded Disease".

The Lambert Publishing company German Publish Reference Book on THERAPIES of soyabean to over come malnutrition

She is NAAC Assessor at Bangalore.



## **Anuradha Dubey**

M.Sc.(Human Development),SET

**Anuradha Dubey** is an Assistant Professor in Women's College of Home Science & BCA,Loni. She have 15 years of teaching and research experience. She has published four research papers and contributed chapters for YCMOU study material. Presentaly,she is pursuing Ph.D. at Shivaji University,Kolhapur. She is the Life member of Indian Academy of Applied Psychology.



Women education in India plays a very important role in the development of overall country. It is not only helps in the development of half human resources, but in improving the quality of life at home and outside. Higher education of women is the most powerful tool to change the women's status in society and very much helpful for taking right decisions and becoming stronger part of the economy. Higher education to women means empowering women with knowledge, skills and self confidence which is necessary to participate fully in the development process her status and improving her status. I congratulate the organizer for conducting the academic discussion on status of



International E-Publication  
[www.isca.co.in](http://www.isca.co.in)