

Women's Empowerment and Gender Inequality in Education and Health Sector:- A Case Study of Pirchalk (A Cadastral) Chandrakona – 1, Chandrakona, Paschim Medinipur, West Bengal

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Abstract

Women's empowerment and gender inequality are very inter-related matters now a days and they are inversely related. So, if women empowerment is increased then gender inequality is decreased and vice-versa. Women's empowerment and gender inequality are found in various fields of society viz. Economic contribution, education, governance, health sector and media contribution.

This paper describes women's empowerment and gender inequality in the field of education and health sector. It is a case study and was completed in a rural cadastral, Pirchalk belongs to Chandrakona-1 Development Block, Paschim Medinipur, West Bengal.

Various measurement techniques are used to see women's empowerment and gender inequality in the field of education and health sector, these are – Adult Literacy Rate, Drop Out Ratio, Sex Ratio, Adolescent Fertility etc. Beside these various graphs and charts are drawn to fruitful the case study. :-

METHODOLOGY:-

1. Pre-field :-

- ✓ Collection of cadastral map from Mr. Sreedam Ghosh, local surveyor of this locality.
- ✓ Carefully observed this area this is called Pilot Survey.

2. During – Field Work :-

- ✓ Door to door survey to collect educational and health related data of this area.

3. Post – Field Work :-

- ✓ Tabulation of raw data, analysis, diagrammatic representation.

INTRODUCTION:-

» Meaning of Women Empowerment and Gender inequality:-

» Empowerment refers to increasing of spiritual, political, social or economic strength of individual women and all female population. It often involves the empowerment developing confidence in their own capacities.

» As per the United Nations Development Fund for Women (UNIFEM) Empowerment is probably the totality of following similar capacities-

- ❖ Having decision-making power of their own.
- ❖ Having range of options from which they can make choices (Justify, yes or no, either/or)
- ❖ Having positive thinking or ability to make change.
- ❖ Ability to learn skill from improving one personal or group power.
- ❖ Ability to self depends by economy.

Women's empowerment and Gender equality is a modern phenomena that contributes to develop around the world. After World War II, International treaties put focus on human rights; however, as time progressed, it became clear that special attention must be given to women's rights. Issues such as feminization of extreme poverty and disparities in politics, education, and wealth served as the justification for explicit support and recognition of women's empowerment. The Beijing Declaration And Platform for Action in 1995 initiated a move to focus on women's empowerment.

Women's empowerment, a major goal of many development projects, formed a basis to foster growth, reduce poverty, and promote better governance (Malhotra et al. 2002). Numerous government and non-government agencies, including

the United Nations, World Bank, U.S. Agency for International Development (USAID), Pan-American Health Organization, WHO are leaders in women's empowerment project.

Gender inequality refers to unequal treatment or perceptions of individuals based on their gender.

This paper analyzes women's empowerment and gender inequality in the field of education and health sector.

:-SELECTION OF STUDY AREA:-

The Pirchak Mouza (Cadastral- belong to Chandrakona-I Dev. Block, Paschim Medinipur, West Bengal) to be selected as a study area to complete case study area in its unique features as- It is diversified of different caste combination.

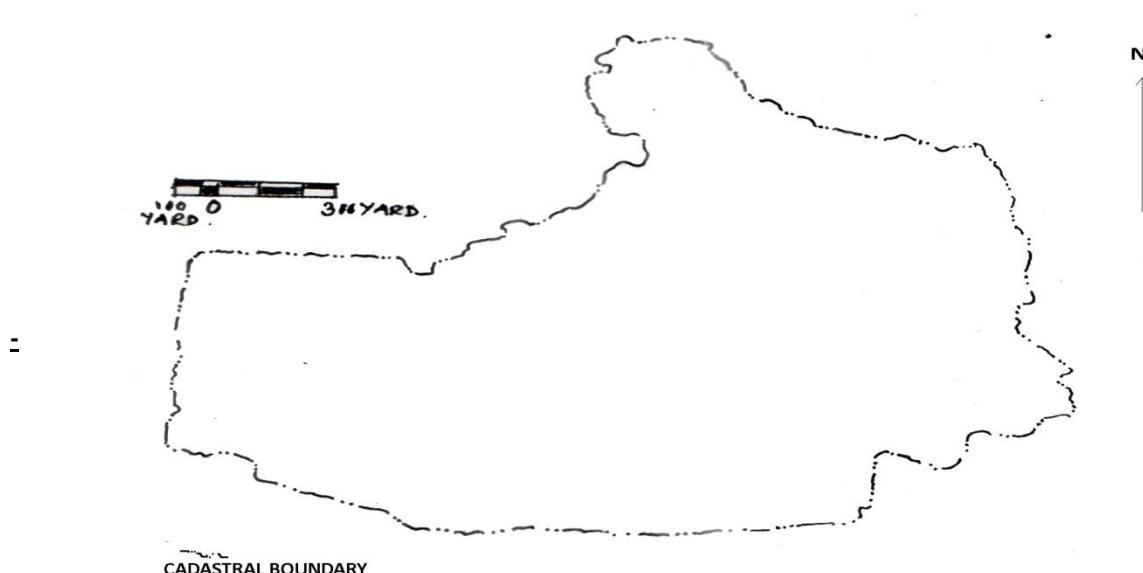
» Location:-

Latitudinal extension- 22° 43'39" N to 22° 42'58" N

Longitudinal extension- 87° 33'11" E to 87° 34'33" E

- ❖ In study area there are three village these are Brambhajharul, Raghunathpur, Jamgeria.
- ❖ Some demographic information of these area are-
 - ✓ Total Population- 1633
 - ✓ Number of total family- 408
 - ✓ Total male population- 835
 - ✓ Total Female population- 798
 - ✓ Total general population- 1216
 - ✓ Total SC population- 204
 - ✓ Total ST population- 213.

:-Cadastral Map of Pirchak:-



:EDUCATION CONTRIBUTION:-

Education is the key of the development of an area. It is also regarded as the index of progress of a nation. Sociologist Smith said that social has use education as the index of well-being of people.

Education as an important instrument for gender-based development and poverty reduction. It increases over all social well fair improving life expectancy, and promoting social cohesion (Luis 2000).

Investment in female education is critical for breaking the cycle of poverty and equalizing wealth distribution, which is truth reinforces social stability.

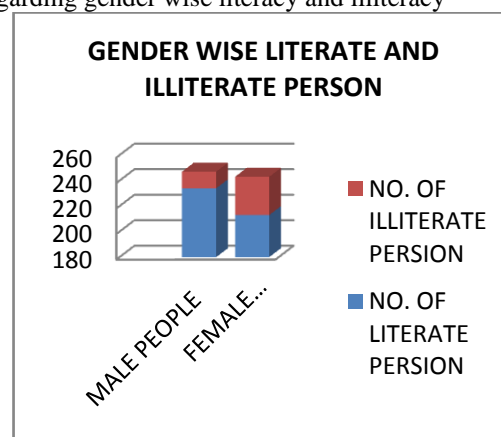
With increased education, women have greater access to resources, enhanced opportunity for employment, improved abilities to make informed decisions about health, marriage and parenting . Other social benefits (e.g., decline in infant mortality and HIV / AIDS Infections and greater education opportunities for children) are positively affected by female education, particularly secondary

To know the education status at women of Pirchak various educational data were collected by door to door survey.

:-GENDER WISE LITERACY AND ILLITERACY:-

» The following data are collected from Pirchalk regarding gender wise literacy and illiteracy

GENDER	NO. OF LITERATE PERSON	NO. OF ILLITERATE PERSON	% OF PERSON	
			MALE Literate	FEMALE Illiterate
MALE PEOPLE	234	13	94	6
FEMALE PEOPLE	213	30	87	13



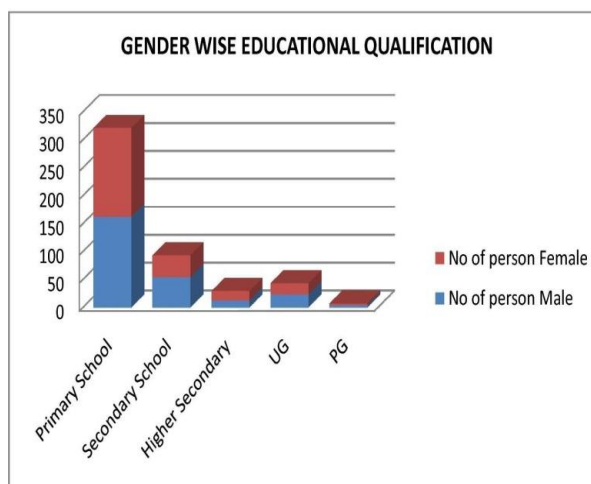
From the above table, it shows that male and female literacy are 94% and 87%. Otherwise male and female illiteracy are 6 and 13% accordingly. So, the

difference between male and female literacy is seven and illiteracy is seven. It shows quite satisfactory woman's empowerment and gender inequality.

GENDER WISE EDUCATIONAL QUALIFICATION:-

» To know the educational status and gender wise its variation different data about it are given below

Qualification	No of person		% of person	
	Male	Female	Male	Female
Primary School	162	159	63	66
Secondary School	54	39	21	16
Higher Secondary	12	17	5	8
UG	23	20	9	9
PG	4	3	2	1



From the above table it is clear that to increase the educational courses the literacy rate of male and female are rapidly decreased. So it do not the excellent educational status of this area.

ADULT LITERACY RATE:-

» Adult literacy rate (ADR) means the percentage of people aged 18 year and above who can read and write a simple sentence. It reflects the total educational status of this area. The ADR of Pirchalk is given below.

Adult Literacy Rate =

$$\begin{aligned}
 &= \frac{\text{No. Of literacy of the above 18 year old}}{\text{TOTAL LITERACY}} \times 100 \\
 &= \frac{367}{447} \times 100
 \end{aligned}$$

= 82

DROP OUT RATIO:-

» Drop out ratio means leaving a school for practical reasons, necessities or disillusionment with the system from which the individual in question leaves.

The drop out ratio is shown below.

$$\begin{aligned} \text{❖ Drop Out} &= \frac{\text{No. Of drop out students}}{\text{Total No. Of student in 18 years old}} \times 100 \\ &= \frac{33}{80} \times 100 = 41 \end{aligned}$$

It is not good for society.

:-HEALTH STATES:-

» Health is a determinant of a population's well-being, labour market participation, worker productivity, savings and fertility. As a key component for strong human capital, this paper shows that health directly influences economic growth and development. Bloom et al. (2004) find that a one year increase in a population's life expectancy increases real gross domestic product by 4%. Jamison et al. (2007) find that health improvements account for 11% of growth, through higher income level. Women's health affects both individual household and national economic welfare due to gender role.

» A women's ability to lead a healthy and productive life is crucial for a country's well-being because women account for almost 75% of food production in low-income and middle – income countries (Tsu and Levin 2008). In general, women tend to live longer than men and have lower mortality rates than men at any age, but this trend does not imply that women are healthier or better able to access health – care resource. Mortality rates reveal extreme damages to health and do not take into account other, large health difference between men and women (Pan American Health Organization 2005).

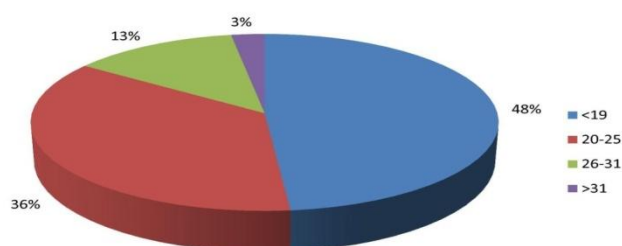
» So, this paper are explain some beneficial effects of women's health and differ from men, and for this some technique are applied.

AGE AT FIRST CHILD :-

» The health of Infant child and mother are mostly depend on age of first child of women. The following data is given below.

Age at first child of women (year)	No of Female	% of Female
<19	76	48

FIRST CHILD OF WOMEN AT DIFFERENT AGE



20-25	57	36
26-31	20	12
>31	4	4

From the above table it Show that 48% female are becomes mother under 19 years old. It is alarming for society and it indicate low women`s empowerment.

ADOLECENT FERTILITY RATE:-

» Adolescent Fertility Rate (AFR) is the number of births per 1000 women age group 15-19. The AFR of study area are given below –

$$\begin{aligned} \text{Adolescent Fertility Rate (AFR)} &= \frac{\text{No of women in age group 15-19 of fertile}}{\text{Total women of reproductive age group}} \times 100 \\ &= \frac{76}{157} \times 100 \\ &= 48.4 \end{aligned}$$

It is too bad for society.

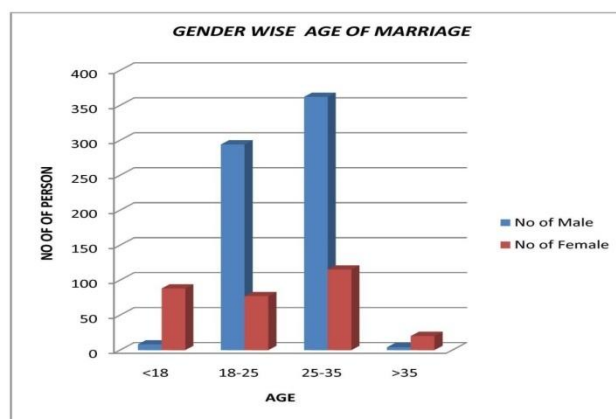
AGE AT MARRIAGE:-

» According to Indian law the marriage age for male is 24 years old and for female is 18 year old. The impact of marriage is highly effective on female`s health and their child. So it is very sensitive to female at

marriage age. It has negative impact and low women`s empowerment.

» Following data has been collected about marriage age of male and female of case study area from sample survey.

Marriage age (year)	No of male	% of male	No of female	% of female
<18	8	5	88	49
18-25	94	56	77	43
25-35	62	37	15	8
>35	4	2	0	0

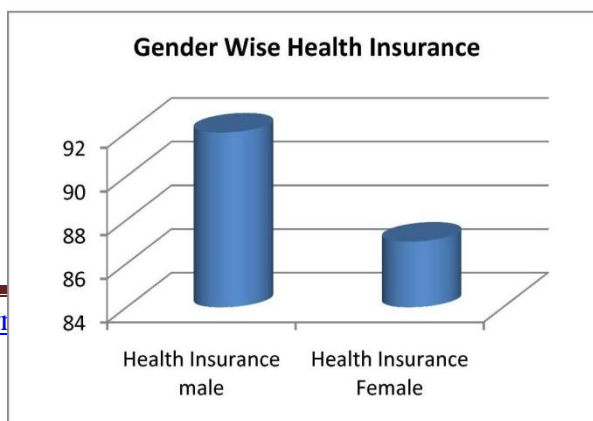


HEALTH INSUARANCE:-

» Women are generally underrepresented in positions of power and decision making capacity in health sector (Pan American Health Organization). Health Insurance refers the health care management position.

» The following data are obtain from sample survey of study area

Gender	No of Person	% of Person
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Health Insurance male	92	51
Health Insurance Female	87	49

SEX RATIO:-

» Sex Composition is one of the basic demographic characteristics of population. Sex composition is expressed with the help of ratio known as sex ratio. The sex ratio of Pirchalk is given below.

$$\begin{aligned} \text{❖ Sex Ratio} &= \frac{\text{No of Female}}{\text{No of Male}} \times 1000 \\ &= \frac{291}{293} \times 1000 \\ &= 933 \end{aligned}$$

» It so that per 1000 male the female number is 933. It is quite satisfactory because seven female are short to 1000 male. So here women's empowerment is good and gender inequality is low.

» The most critical component of Women's empowerment is found to be education. It leads to improved economic growth, low fertility rate, health and sanitation and an awareness of factors that disempowered women.

:-CONCLUSION:-

» Women's empowerment and Gender inequality are closely interrelated. Empowering women will bring about changes in decision – making, which will a direct impact on gender inequality. Women's leads to improvement in some aspects of children's welfare. This suggest that neither Women's empowerment nor gender equality is the magic bullet it is sometimes made out to be.

» Empowerment of women's means.....

- ✓ Developing a sense of self-worth, a belief in one's ability to secure desired changes and the right to control one's life.
- ✓ Gaining the ability to general choices and exercise bargaining power.
- ✓ Developing the ability to organize and influence the direction of social change, to create a more just social and economic order, nationally and internationally.

» Women's health is an important component of Women's empowerment. However the accumulated study evidences show that the achievement level in providing better health care and motherhood for women, especially for rural women, is not at expected level. In study area highest number of first child of women is bellow 19 years old is recorded. Beside in higher education level the literacy rate of women is very low, one person.

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:-SOURCE OF DATA:-

1. All educational and health related data has been collected by door to door survey – 100 samples.

Data obtain from sample survey (100 samples) in case study area

Items		Male population	Female population
No of person		293	291
No of literate		234	213
No of illiterate		13	30
Educational qualification	P	162	159
	S	54	39
	H.S	12	17
	UG	23	20
	PG	4	3
Drop out		33	
Age at first child (year)	<19	*	76
	20-25	*	57
	26-31	*	20
	>31	*	4
Age at marriage(year)	<18	8	88
	18-25	94	77
	26-31	62	15
	>31	4	0
Health insurance person		92	87

P- Primary

S –Secondary

H.S-Higher Secondary

U.G-Under graduate


P.G- Post Gradual

2. Some data are collected form Manik kundu Gram panchyat.

MANIKKUNDU GRAM PANCHAYAT

Chandrakona-I Panchayat Samity
Vill. + P.O. - Hematpur :: Dist.- Paschim Medinipur

Memo No. 317 Date. 10.02.15



Pirchak Mouza (Brahmajharul, Raghunathpur, Jamgeria).

i)	Total Population :-	1633 nos.
ii)	Total Family :-	408 nos.
iii)	Total Male Population :-	835 nos.
iv)	Total Female Population :-	798 nos.
v)	Total General Population :-	1216 nos.
vi)	Total SC Population :-	204 nos.
vii)	Total ST Population :-	213 nos.
viii)	SHG Group	

[Signature] 16/2/15
Pradhan
Manikkundu Gram Panchayat
Chandrakona-I Block
Hematpur, Paschim Medinipur