



REVIEW OF RESEARCH

ISSN: 2249-894X

IMPACT FACTOR : 5.7631 (UIF)

UGC APPROVED JOURNAL NO. 48514

VOLUME - 8 | ISSUE - 9 | JUNE - 2019



DALIT WOMEN SOCIAL EMPOWERMENT

Rajashekhhar B. Naronakar

Research Scholar , Dept of Womens Studies , Gulbarga University Kalaburagi.

ABSTRACT:

Social Empowerment of Dalit Women the Social Empowerment of Women includes equal access to Education, Health, Environment, Shelter, Nutrition, etc. Equal access to education for women and girls will be ensured. Special measures will be taken to eliminate discrimination, universalize education, eradicate illiteracy, create a gender-sensitive educational system, increase enrolment and retention rates of girls and improve the quality of education to facilitate life-long learning as well as development of occupation/vocation/technical skills by women. Reducing the gender gap in secondary and higher education would be a focus area. Sectoral time targets in existing policies will be achieved, with a special focus on girls and women, particularly those belonging to weaker sections including the Scheduled Castes/Scheduled Tribes Other Backward Classes/Minorities. Gender sensitive curricula would be developed at all levels of educational system in order to address sex stereotyping as one of the causes of gender discrimination.



A holistic approach to women's health which includes both nutrition and health services will be adopted and special attention will be given to the needs of women and the girl at all stages of the life cycle. The reduction of infant mortality and maternal mortality, which are sensitive indicators of human development, is a priority concern. This policy reiterates the national demographic goals for Infant Mortality Rate (IMR), Maternal Mortality Rate (MMR) set out in the National Population Policy 2000. Women should have access to comprehensive, affordable and quality health care. Measures will be adopted that take into account the reproductive rights of women to enable them to exercise informed choices, their vulnerability to sexual and health problems together with endemic, infectious and communicable diseases such as malaria, TB, and water borne diseases as well as hypertension and cardio-pulmonary diseases.

KEYWORDS: : Social Empowerment , Dalit Women , Environment, Shelter, Nutrition.

INTRODUCTION

Social Empowerment of Dalit Women the Social Empowerment of Women includes equal access to Education, Health, Environment, Shelter, Nutrition, etc. Equal access to education for women and

girls will be ensured. Special measures will be taken to eliminate discrimination, universalize education, eradicate illiteracy, create a gender-sensitive educational system, increase enrolment and retention rates of girls and improve the quality of education to facilitate

life-long learning as well as development of occupation/vocation/technical skills by women. Reducing the gender gap in secondary and higher education would be a focus area. Sectoral time targets in existing policies will be achieved, with a special focus on girls and women,

particularly those belonging to weaker sections including the Scheduled Castes/Scheduled Tribes/Other Backward Classes/Minorities. Gender sensitive curricula would be developed at all levels of educational system in order to address sex stereotyping as one of the causes of gender discrimination.

A holistic approach to women's health which includes both nutrition and health services will be adopted and special attention will be given to the needs of women and the girl at all stages of the life cycle. The reduction of infant mortality and maternal mortality, which are sensitive indicators of human development, is a priority concern. This policy reiterates the national demographic goals for Infant Mortality Rate (IMR), Maternal Mortality Rate (MMR) set out in the National Population Policy 2000. Women should have access to comprehensive, affordable and quality health care. Measures will be adopted that take into account the reproductive rights of women to enable them to exercise informed choices, their vulnerability to sexual and health problems together with endemic, infectious and communicable diseases such as malaria, TB, and water borne diseases as well as hypertension and cardio-pulmonary diseases.

The social, developmental and health consequences of HIV/AIDS and other sexually transmitted diseases will be tackled from a gender perspective. To effectively meet problems of infant and maternal mortality, and early marriage the availability of good and accurate data at micro level on deaths, birth and marriages is required. Strict implementation of registration of births and deaths would be ensured and registration of marriages would be made compulsory. In view of the high risk of malnutrition and disease that women face at all the three critical stages viz., infancy and childhood, adolescent and reproductive phase, focused attention would be paid to meeting the nutritional needs of women at all stages of the life cycle. This is also important in view of the critical link between the health of adolescent girls, pregnant and lactating women with the health of infant and young children. Special efforts will be made to tackle the problem of macro and micro nutrient deficiencies especially amongst pregnant and lactating women as it leads to various diseases and disabilities. Intra household discrimination in nutritional matters vis-à-vis girls and women will be sought to be ended through appropriate strategies. Widespread use of nutrition education would be made to address the issues of intra household imbalances in nutrition and the special needs of pregnant and lactating women. Women's participation will also be ensured in the planning, superintendence and delivery of the system. locally available non-commercial sources of energy such as animal dung, crop waste and fuel wood. In order to ensure the efficient use of these energy resources in an environmental friendly manner, the Policy will aim at promoting the programmes of non-conventional energy resources. Women will be involved in spreading the use of solar energy, biogas, smokeless chulahs and other rural application so as to have a visible impact of these measures in influencing eco system and in changing the life styles of rural women.

REVIEW OF LITERATURE

Arends and others (2001) discussed that the World Bank promotes women's education because it is an input into human capital. In the capabilities approach, education is a force that enables women to have expanded choice Using data from in-depth interviews conducted in two villages in 1996 and 2000 we examine how rural Bangladeshis perceive women's education and to what extent those perceptions concur with the World Bank's instrumentalist view and with the capabilities approach. Parents educate their daughters because women's education is valued in the marriage market, and marriage is the best way to secure their daughters well being. Schooling has also enhanced women's capabilities by increasing their earning potential. Jayaweera-Swarna(1997)Examines the relationship between women's education & several facets of their empowerment, using macro statistics on Asian countries presented in the 1995 UN Human Development Report, as well as qualitative data from selected representative countries. It is concluded that there is no positive linear relationship between education & the economic, social, & political empowerment of women as a consequence of the interface of gender ideologies & social & economic structural constraints. Factors that surface from within education structures & content, as well as from social & economic structures & gender relations in the

family, that constrain the role of education as an agent for the empowerment of women are examined in depth. 4 Tables, 24 References. Adapted from the source document.

Singharoy –Debal-kumar(1986)Examines the empowerment of women in rural India in the context of their social deprivation & collective mobilization using primary & secondary source data. The status of Indian women is located within the broad vision of the constitution & the socioeconomic realities of the society. Although the constitution of India has committed to the equal status of women & empowered the state to make special provisions for women, there exist enormous gaps & contradictions between the constitutional mandates & the inherited social realities pertaining to the status of women. It is argued that because India is a stratified society in which women have remained economically invisible & exploited, constitutional mandates & development strategies have been unable to address gender issues effectively. There have been growing imbalances between the sexes in terms of their access to education, employment & productive resources, health & legal facilities, & representation in the decision-making bodies. There have been mobilizations of rural women against such inequalities in some parts of the country. However, these mobilizations have not been always persistent & wide-spread across the country, & the process of women's empowerment is constrained by the adverse social cultural matrix of India's traditional society. Only effective education, economic measures, & persistent radical mobilization of women will pave the way for women's empowerment in the rural society.

Stinson,-Kandi-M.(2002) Offers a sociological perspective on the central role dieting/body image play in women's lives & how commercial weight-loss groups perpetuate the social values that cause women to obsess about their weight. Information obtained from participation as a paying member, & in-depth interviews with other members, revealed complex, conflicting, & ambivalent views of the causes/cures of being overweight. The focus is on interrelated patterns formed by five concepts that dominate talk about losing weight within weight-loss groups: self-help, work, religion, addiction, & feminism. Ways in which these concepts contribute to the transmission of cultural values are explored, along with the unrealistic & contradictory attitudes toward gender/overweight that exist in the US & the detrimental effects of the stigmatization of obesity. Commercial groups promote weight loss as a form of self-improvement realized through lifestyle changes.

IMPORTANCE OF THE STUDY:

After the independence, provisions were made in the Indian Constitution to provide equal rights and opportunities of socio-economic development and betterment of living for men and women, including different disadvantaged segments of population to establish an egalitarian and prosperous society. In view of grinning improvements in the socio-economic condition of women efforts were made to maximize the participation of women in different educational levels, with the notion that education is the most important instrument to bring awareness about their rights, social status, as a prime element to maximize participation in different kinds of productive employment. Of course general belief is that women were benefited from these opportunities. But the schedule caste women are not benefited completely from these kinds of privileges and opportunities. For this purpose, there was need to frame policies for the empowerment of the SC women in this way the self-Help groups,

Non-Governmental Organizations, and Mahila Mandals playing an important role in empowering the women . There is need to know about the women empowerment activities in under development city areas and the role of these self-help groups and NGOs in women empowerment. Hence an attempt was made in the present study about the women empowerment in under developed areas like Gulbarga.

SCOPE AND LIMITATIONS:

Considering the objectives of the study, the current research is based on a sample survey. That is the researcher visited all the self help groups owned by Sc women in Gulbarga city. It is noted that about 10 self -help Groups were formed by the women in this city .approximately 150 schedule caste women members of these groups are actively participating in the different activities. Hence it is being

only the Ph.D dissertation and considering the time limitation in consultation with the Guide if was decided to have a small sample size but ideal to be analyzed .thus the 150 scheduled caste women .were surveyed thorough interview schedule considering them as an study sample unit.

METHODOLOGY

Study Sample:

Data on various social, economic and demographic characteristics, of respondents used in this study pertain to 150 scheduled caste women who are members of SHG. Gulbarga City of Karnataka state. All the SHGs in this city were surveyed at the time of data connection for a in-depth study by a researcher. During the course of enumeration, SHG s having only scheduled caste women members identified and all such available scheduled caste SHG women were interviewed. Data collected have been used in this study.

Data Collection:

The data were collected by using the direct interview method, with the help of a structured interview schedule. The schedule consisted of pages pertaining to conceptual information of various important concepts. The actual scheduled administered is provided on appendix. Data for the study were collected in phase wise During the first stage all the SHG in the study area were listed in order to collect basic data such as SHG address location and members strength. In the course of listing care was taken to identify all SC women members. The second stage of data collection involved visits to respective SHG where there were SC women available for conducting detailed interviews about the research study purpose. The data was collected during the months of august and September in the year 2016. Throughout the period of data collection, the researcher rather spend full day in the SHG and had the opportunity to have a first –hand experience of living and working amongst the respondents.

Analysis of the Data:

The data collected were coded, verified and processed on the personal computer at the University. A single frequency distribution of each variable was generated to validate that data was treated as dependent variables as they are influence by educational and occupational levels and other socio-economic variables such as religion, reasons for joining SHG on members and the type of residence. The dependent variable was cross-tabulated with each of the social and economic variables, an analysis of covariance (chi square X2 text) was used which will be discussed in detail in the following chapters.

RESULTS AND DISCUSSION

About 150 women living in Gulbarga city are considered for a sample survey. They are of different age groups, but joined together by forming self-help groups. For their mutual development. The Age –wise distribution of the respondents is presented in the following table. The above table revealed that of the total 150 respondents covered under the present study.(32%) belongs to the age group between 31-40 followed by (22.7%) belongs to the age group between 21-30 years, about (0.6%) belongs to the age group of 10-20 years, about (24.0%) of the respondents belongs to the age group of 41-50 years and only (15.3%) belongs to the age group of above 51 years and above.

The education of the members of the Self-Help Groups plays an important role in the management of the groups. Because, educated members have knowledge about the efficient operations and activities of the groups. The following table reveals the educational background of the members of self-help groups covered under the present study. The above table shows that about (21.3%) of the respondents have primary education, followed by (25.3%) of the respondents have education up to SSLC or Graduation. Whereas remaining (24.0%) of the respondents are still found to be illiterates.

Regarding number of children to respondents of the members of the self-help groups are varied. it is also noted that there are few unmarried women. Divorces Separated and also childless women. The following table shows the number of children they have grouped as under. It is noted from the above

table that about (60.0%) of the respondents have blessed with female baby which treated as the animal glades Laxmi in a family particularly in this part of the Karnataka state. However (34.3%) of the respondents are having male baby and the sex ratio stands high towards the female.

Nature and type of the family helps to know about the social status of the respondents. In city areas, majority of the families are nuclear families at present. The collected data on the type of the family is presented in the following table. The above table stated it clearly that majority of the respondents that is (52.7%) are living in nuclear family and the remaining only (47.3%) are living in Joint families. It means the concept joint family system is slowly but sturdily disappearing from our society.

As we have from the present study many people have faith God & religion hence it will interesting to know what benefit they get by keeping few it in spiritual power. The finding from the table suggest that (34.7%) of the respondent mentioned that these get peace and round about (27.3%) of the respondent said they get spiritual satisfaction and remaining (38.1) of the respondent women tolled that in order to get it done their wiser fulfilled as well as getting the moksha at last .

In Indian society most of the women they did not considered domestic violence as an social problem rather they accept it as an part and parcel every bodies married life. The above table reveals that 500 respondents they said their life before joining SHG when question was problem again to them did you faced some situation even after joining SHG 59.3% said no they did not faced out remaining (40.0%) did said that still know and than they becoming victim of the Domestic violence .

CONCLUSION:

Women's Empowerment is critical to ensure the socio-economic development of my community. To bring women into the mainstream and to encourage their participation in the process of national development has, therefore, been a major concern of the Government. Despite all legislations, planning and developmental government schemes women remain a vulnerable group. The policy makers have to go in for a more broad based approach that addresses planning, adequate resource allocation, programme design and formulation, targeted intervention and implementation based upon the requirement of women residing at the field level with their participation. Gender mainstreaming has to be a guiding force in all these activities to maximize outreach of public expenditure and benefits for women. Further universalizing access is very important for meaningful outcomes. Inter-state and intra- state imbalances have persisted for a long time and need to be addressed more forcefully. Some overlap of gender and developmental issues will take place- this is inevitable given the wide gap in availability and requirement of socioeconomic infrastructure in the country.

SUGGESTIONS:

Following few suggestions and recommendations made from the analysis of present study:

1. At group level. SHG membership is not homogeneous by wealth (which affects equity issues is a limitation of this study).
2. In nearly half the groups (47%) there are some members related to each other (particularly in the family based tribal communities in though this feature is also found in other communities and can affected relations within the group.
3. SHG leaders are of all sub castes reflecting the caste composition of their group. As well as unity among the community.
4. SHG leaders are more likely to be better off and have some schooling compared to overall members. Nevertheless, the majority of leaders too are illiterate 60% compared to 74% of members overall.
5. Fifty one percent of the SHG are functionally literate defined as over half the members have completed at least primary schooling forty nine percent are illiterate meaning that all members have no or less than primary schooling .
6. SHG coverage of households within city communities is quite substantial, averaging 29% and slightly above this average for structurally poor communities in the Karnataka.

7. There are barriers inherent in the conditions of membership to a group formed to mediate financial transactions through regular meetings saving and loan repayments. Such conditions are difficult for women.
8. In functioning SHG the dropout rate for the two regions combined is under 10% of membership. Almost 50% of the SHG had no dropouts one third had two or fewer dropouts.
9. In one out of every four SHG in the study sample there is a woman member who ran for local political office (in the panchayat or village council) and in one out of every five SHG there is a woman member who has been elected
10. SHG membership can contribute to women's election to panchayat raj but does not appear to influence what they can achieve of elected.
11. Over half the elected women representatives were active in the panchayat attending meeting regularly, carrying out responsibilities only seven (16%) turned out to be proxies meaning that their husbands took their place.
12. Thirty percent of SHG in the sample have been involved in community actions. These involved improving community services.

REFERENCES

1. Arends, Kuenning and Others (2001): Women's Capabilities and the Right to Education in Bangladesh. *International Journal of Politics, Culture and Society*. Vol. 15.No. 1.Fall 2001. P. 125-142.
2. Jayaweera,-Swarna(1997).Women, Education and Empowerment in Asia Genderand- Education; 1997, 9, 4, Dec, p.411-423.
3. Singharoy,-Debal-Kumar (1986) *Sociological Abstracts 1986-2002/06 Social Deprivation, Collective Mobilisation, and Empowerment of Women: Some Sociological Issues* .
4. Stinson,-Kandi-M.(2001) *WOMEN AND DIETING CULTURE: INSIDE A COMMERCIAL WEIGHT LOSS GROUP* . x+236pp, CI, New Brunswick, NJ: Rutgers U Press.