

Empowering Rural Meo-Muslim Women in Mewat: Experiences and Challenges

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The views expressed in this paper are those of the authors and do not reflect the official policy or position of Institute of Rural Research and Development, Gurgaon, Haryana.

I. Introduction

Gender equality and women's empowerment are widely recognized as the key components of the social and economic development of a country. The United Nations' Millennium Development Goals (MDG) promote gender equality and empowerment of women as one of their seven goals. There is a broad consensus that the achievement of other MDGs rests on the realization of an equitable society where women are empowered and enjoy equal rights (Achieving Gender Equality.....7). Acknowledging the significance of women empowerment, the Ministry of Rural Development of Government of India (GOI) has stated that women's empowerment is critical to ensuring the socio-economic development of communities (56).

Non-governmental organizations (NGO) have been playing an important role in the promotion of gender equity and the empowerment of women in the society over the past few decades. The most salient role of NGOs is to provide women with the opportunity to participate in the development process. Mobilizing women through advocacy work; offering them counseling and training for capacity building; and generating awareness about their rights and entitlements, NGOs play an important role in women empowerment.

NGOs have showcased that they are critical for mainstreaming women in India. Catering to women's basic needs of health, education and water, and promoting their rights in order to address the underlying causes of deprivations on their own, NGOs have proven to be effective in empowering women. For example, Self Employed Women's Association (SEWA) in Gujarat

contributed to promoting the livelihoods of poor women through various interventions in the areas of health care, child care, legal services, vocational and entrepreneurship training, insurance, housing, among others. The Indian government also recognizes the effectiveness of NGOs. The 2001 National Policy for Empowerment of Women of GOI advocates for the involvement of NGOs in the formulation, implementation, monitoring and review of all policies and programs affecting women (Sec. 16.1).

NGOs, grass-roots NGOs in particular, have been successful in their interventions mostly because of their ability to design and implement customized projects that match the needs of the beneficiaries. When implementing projects, NGOs' closeness to the communities allows them to consider the needs, cultural practices, and priorities of the beneficiaries. Such customization facilitates the acceptance of the programs by the beneficiaries and thereby leading to greater participation of target audiences in the programs.

In this paper we address the work of Institute of Rural Research and Development (IRRAD) in the area of women empowerment in Mewat District of Haryana in India. First, we briefly mention the profile of IRRAD and the history of Mewat. Second, we address the situation of women in Mewat in comparison to the overall situation of women in the country. Third, we illustrate the interventions undertaken by IRRAD and their impact on the lives of women in Mewat. Finally, it highlights the challenges faced by IRRAD during its course of work.

II. IRRAD and Mewat

IRRAD has been working in Mewat for more than ten years with a vision of motivating and empowering people to make their lives secure and prosperous through education, better health, improved skills and better governance.

Mewat is predominantly inhabited by Meo Muslims whose origins can be traced back to the early Aryan invasion of Northern India when they called themselves Kshatriyas. During the reign of Tughlak Dynasty in the 14th century A.D. they embraced Islam. However, they preserved their social and cultural traits and as a result, the Mewatis possess a distinct ethno-cultural identity influenced by both Hinduism and Islam (“Mewat Profile”, Mewat Development Agency).

III. Women’s development: A comparison between India and Mewat

Although the Constitution of India guarantees equal rights for all, women continue to face serious barriers and constraints in the Indian society. The level of women empowerment is even lower in Mewat. The culture of Meo-Muslims is traditional and patriarchal, and women are generally perceived as inferior to men. Therefore, women face inequity in almost all spheres of life in Mewat. They have restricted mobility and their access to resources and services such as health, education, employment and income is subject to consent from men. Their public roles are negligible and are generally not allowed to take leadership positions in community.

In the following statistics, we compare the situation of women in India and Mewat through using the critical women empowerment indicators.

1. Sex Ratio

The proportion of women and men in a population is one of the most critical indicators of gender equality. In Mewat, there are 906 female per 1000 male in total population as compared to 940 female per 1000 male in India (GOI, Census 2011). This is indicative of greater importance being placed on the male survival over that of females in Mewat. There are numerous reports highlighting the bias against women prevalent in Mewat. (Chahar and Madan)

2. Education

For women, education can be a medium to understand and reflect upon the structures of power, create identities and enhance their capacities of negotiating with the environment. Lack of access to education among women in Mewat means that a large number of women and girls do not have the opportunity to realize their potential in the society. Being literate is the first step to become an educated individual and women in Mewat are often denied for this essential first step. The literacy rate in women in Mewat is 37.6% as compared to the national rate of 65.46% (GOI, Census 2011). The sex ratio of children attending school in the age group of 6-17 years is 720 girls per 1,000 boys in Mewat (“Mewat at a glance”, Mewat Development Agency) as compared to the national average of 889 girls per 1,000 boys (Kishore and Gupta , 19) .

People in Mewat, do not prioritize educating girls due to the patriarchal nature of the society. Community beliefs and traditions such as custom of early marriage, restricted mobility for adolescent girls and preference to religious education over formal education for girls are some of the factors which limit educational opportunities available to girls.

3. Reproductive health

It is essential for women to have reproductive rights to assert their individuality, and proper reproductive health care facilities are of paramount importance to exercise their reproductive rights. Women in Mewat, however, are often denied such rights. Limited reproductive rights, coupled with poor reproductive healthcare facilities, leads to poor maternal health. For example, Maternal Mortality Rate (MMR) in Mewat is 275 as compared to 212 in India (GOI, SRS 2011). Similarly, 85% delivery takes place at home in Mewat as compared to 53% in India (GOI, DLHS 3). Early marriage has a negative impact on women’s reproductive

health and women in Mewat are not faring well in this indicator. 48.5% of girls get married before the age of 18 years as opposed to 22.1% in India (ibid).

IV. IRRAD's Work on Women Empowerment in Mewat

IRRAD has been working in Mewat for the past 10 years to address the issues of inequity and subordination of women. Through promoting participation of women in the development process in Mewat, IRRAD aims to bring about social, economical and political equity between men and women. To improve women's participation and involvement, IRRAD emphasizes enhancing their knowledge and skills.

In the following section, we address IRRAD's five salient programs on women empowerment. They are Taruni Program; Improving Access to Formal Education Program; Delivery Huts Program; Good Governance Now Initiative; Capacity Building of Village Health and Sanitation Committees Program; and Water Management Program.

1. Taruni Program

The Program aims at providing basic literacy and developing life skills among adolescent girls (or *Taruni* in Hindi). It provides a platform to the girls to express themselves and feel important as individuals.

The Program provides an avenue to girls where they can learn and share their experiences. It has a well structured, 6 to 8 month course and, at one time around 20-25 girls enroll. IRRAD has established a *Taruni* training center at village levels and trained facilitators manage each center. The highly interactive courses provide an opportunity to the girls to develop a positive peer culture, share their experiences and develop comradeship. The adolescent girls

gradually build confidence and interaction skills and gain knowledge about health, hygiene and legal rights, which ultimately leads to a change in their attitude and practice.

IRRAD's impact study reveals that the program had positive impact. It helped the program attendees develop a positive self esteem, build confidence, realize their strengths and possess realistic aspirations. The program also helped girls become vocal among their family members and peers. The program also made a considerable positive impact on the awareness levels of alumnae as significant differences emerged among the attendees and non-attendees. The program also raised awareness about the issues of women and child health such as contraception methods, common childhood diseases and the causes and prevention of HIV/AIDS. It also enhanced the knowledge about legal age of marriage, and a woman's rights to divorce her husband.

Although the study affirms that most of the program components were effective, some areas still require further interventions. The decision making ability and mobility of girls outside home continues to be dependent on their family members. The study did not find any changes in attendees' views about menstruation: they continue to feel embarrassed about it and observe restrictions during the period. The alumnae also continue to be dependent on family members when availing healthcare services. The study suggested that there was a need for reinforcing the importance of education and breaking the vicious cycle of traditional customs and rituals.

2. Improving Access to Formal Education Program

IRRAD's Improving Access to Formal Education Program aims to promote formal education among children in the Meo-Muslim community. The Program emphasizes the education of girls and is composed of three components. The first components are campaigns that ensure timely school enrollment. The second component is the provision of female teachers

that ensures the enrollment and retention of girls in school, especially in higher classes. The third is the construction of separate toilets for girls to secure a comfortable learning environment for them. In addition, the Program aims to increase the community participation in the government education process by building the capacity of School Management Committee members regarding their roles and responsibilities and making them accountable to the community.

An evaluation report reveals that the above activities resulted in a 15% increase in the school enrollment of girls.¹

3. Delivery Huts Program

Delivery Hut is a facility that provides safe delivery services in a clean, hygienic and women-friendly environment in the villages. The Delivery Huts Program aims to promote institutional deliveries, and better maternal and child health in Mewat District. To achieve this goal, IRRAD established a demonstrative Delivery Hut to showcase the potential benefits of a well equipped and functional Delivery Hut in collaboration with Village Panchayat and the District Administration. These demonstrations are to incentivize Panchayat and villagers to revive the government's delivery huts in the district.

The Program has several components. IRRAD mobilizes villagers to demand for functional Delivery Huts. It also builds capacities of Panchayats to put forward the demands of villagers to the district health officials. Simultaneously, it works with district health functionaries to ensure the availability of Auxiliary Nurse Midwife (ANM) and of sufficient supply of medicine and other necessary equipments in Delivery Huts. These steps enable Delivery Hut to function properly and provide maternal and child health care in the villages.

¹ Saxena, N. & Kumar, A. (2011). Revamping Education through Community Empowerment: A Monitoring Report. Technical Paper 3, Institute of Rural Research and Development, Gurgaon, Haryana.

IRRAD's impact assessment study reveals that the infant mortality rate is 27.9 per thousand live births in the villages with a functional Delivery Hut as compared to 93 per thousand live births in the villages where a Delivery Hut is not available. This indicates that the infants are healthier in the villages with Delivery Huts. Furthermore, the percentage of institutional deliveries is 71 in the Delivery Hut villages as compared to 47% in non Delivery Hut villages.

4. Good Governance Now Initiative

IRRAD's Good Governance Now (GGN) Initiative seeks to bring about good rural governance through effective citizen participation and development through social accountability. Strengthening women's leadership in governance is a key aspect of the Initiative.

The Initiative focuses upon improving people's access to and delivery of the government programs concerning food, health, education, housing, employment and social security. Women and children are the major beneficiaries of these programs. It is essential for the beneficiaries, including women, to be aware of these programs and capacitated to ask for their entitlements. Therefore, fifty percent of the trainees under the GGN Initiative are women. The involvement of women ensures the prioritization of the problems concerning health and education due to its direct implication on women's life.²

5. Capacity Building of Village Health and Sanitation Committees Program

The Capacity Building of Village Health and Sanitation Committees (VHSC) Program aims to improve the functionality of these committees at village levels. The VHSC aims at enhancing people's participation in improving health care services, hygiene and sanitation of the villages. The majority of the members in the Committee are women and IRRAD undertakes

² An impact assessment of this program is currently underway and we expect to obtain the results by the end of this year.

training program to build capacities of the Committee members. Creating awareness and making the members responsible and accountable, the Program brings transparency and effectiveness in the functioning of the Committees. It also strengthens the participation and involvement of women in village level activities.

In addition, IRRAD works with the VHSC and villagers to address the problem of open defecation. Mewat lacks access to toilets and from our experience in the field, we realized that women needed toilets more acutely than men. Women consider them as one of their basic needs, particularly during menstruation and pregnancy. Therefore, IRRAD promoted constructions of toilets through providing information, education and communication activities.

As a result of the Program, the members of the Committee increased their awareness about the roles, responsibilities and purpose of the VHSCs. The members now express high interest in the work of the Committee. Due to the Program, 33% households now have a toilet facility in comparison to 12% in non intervention villages.

6. Water Management Program

IRRAD's Water Management Program aims to address the problems of inadequate water quality and insufficient water availability. The Program aims at reducing women's drudgery and improving their well-being.

The Program addresses a range of water-related issues including collection, conservation and equitable distribution of water. IRRAD conducts all the Program activities in close coordination with village Panchayats and community, particularly the women in the villages, in order to ensure the ownership and efficacy of the Program. Its activities include installations of hand pumps, taps and stand posts; constructions of rain water harvesting structures such as check

dams, recharge well and roof water harvesting; promotion of bio-sand filters; organization of water literacy camps and drives.

IRRAD's impact assessment report states that, due to the changes in water sources, women spent less time in fetching water. The average amount of time spent on fetching water by women was 108 minutes in 2003 but it was reduced to 69 minutes in 2010 (39 minutes of reduction). In the non-intervention villages, the time was reduced by merely 15 minutes. Furthermore, the average distance from the water source is 355 meters in IRRAD's intervention villages as compared to 548 meters in non intervention villages (146 meters reduction in distance).

v. Challenges Faced

Numerous challenges remain in the implementations of these programs in the villages. Despite IRRAD's sustained efforts towards women empowerment, women continue to accept male supremacy. Our efforts therefore focus on making women realize and acknowledge the existing gender inequity in the society. Only when women understand and examine for themselves as to how inequality affects their lives, they come forward to challenge it and subsequently make efforts to change it.

As our interventions aim to challenge the traditionally accepted roles of women and girls, implementation often faces significant resistance. Traditional patriarchal norms of society and certain religious dogmas pose a serious impediment to the cause of women development and empowerment. At times, we face objections when conducting activities such as exposure visits for women; using sensitization materials depicting female body during health trainings; and

promoting family planning. Notwithstanding these criticisms from certain sectors of the intervention villages, many people support our work and actively participate in our programs.

Against this backdrop, IRRAD formed community advisory groups to establish effective communication channels with the community. These groups comprise religious leaders and other prominent people in the communities and they regularly appraise IRRAD's activities and provide advice to IRRAD. These efforts also allow IRRAD to inculcate community views in its programs. This ensures a smooth and transparent flow of information between the communities and IRRAD.

VI. Conclusion

Multitudes of factors contribute towards the subordination of women and hence, multiple interventions and approaches are required to address them. IRRAD has adopted a multifaceted approach to bring about improvement in the lives of the women in Mewat. Its water program strives to reduce women's drudgery and thereby directly improve their lives. Other programs on health, education and governance attempt to empower women and capacitate them to assert their rights and demand for their entitlements. IRRAD's long term vision is to bring a paradigm shift in the existing gender equity balance in the Meo-Muslim community in Mewat. We believe that myriad efforts are required at various levels, involving all stakeholders- women, men, religious leaders and civil society organizations and the government to mainstream women.

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