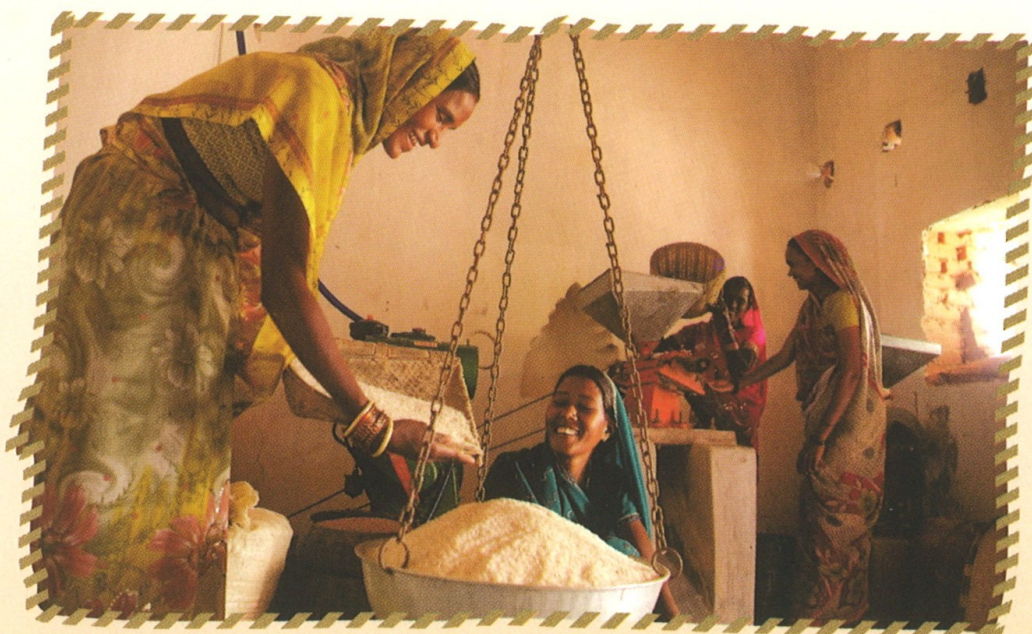


**EMPOWERMENT
OF RURAL
Women
in
DEVELOPING COUNTRIES**
Challenges and Pathways



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Access to Health and Education for Women in Rural Mewat, Haryana (India)

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Introduction

Women empowerment is an indicator of well-being of any society. Gender equality perpetuates economic growth, promotes harmony and basic dignity of human life. In India, the principle of gender equality is enshrined in our Constitution. The National Policy for Empowerment of Women has a prime objective of 'creating an environment through social and economic policies for full development of women to enable them to realize their full potential.' It calls for equal access for women and girls to education and a holistic approach to women's health. This chapter explores the concerns of women in accessing education and health care in Mewat District of Haryana, and the initiatives of Institute of Rural Research and Development (IRRAD), a civil society organization, in building capacities of women to access health and education services. Towards the end, the chapter recommends actions to improve access to and quality of education, health and healthcare in rural areas.

Status of Access to Education and Health Services for Women in Mewat

Mewat is a district in Haryana 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 invasion of the Tughlak dynasty in the fourteenth century, they embraced Islam. However they

preserved their social and cultural traits and, as a result, possess a distinct ethno-cultural identity influenced by both Hinduism and Islam (Mewat Profile). Mewat has a total population of 10 lakhs.

Education

The average literacy rate in Mewat is 56 per cent, female literacy being 38 per cent (2011 Census, GoI). 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). This suggests that girls do not have equal access to education. Mewat is a patriarchal society and role of women and girls in the society is limited to their households and women are generally identified with their reproductive roles and not productive roles. In a survey conducted by IRRAD to analyze gender segregation in Mewat, the majority of the respondents stated, "Looking after children and the household are the prime responsibilities of women and hence it is more important for a girl to be adept in household chores than education" (Godyal, *et al.*, 14). Educating a girl is generally considered a waste of time and money, as eventually the girl has to get married and take care of her husband's household.

In addition, the lack of infrastructure and services in schools further deter parents from sending their girls to schools. According to "An Assessment of Convergence of Sarva Shiksha Abhiyaan with Selected Central and State Government Schemes", a collaborative research study by IRRAD and National Resource Centre for Women, Ministry of Women and Child Development; "The dilapidated condition of toilets result in drop out or absenteeism especially among girls. The dearth of female teachers is widespread. While there are sanctioned positions, the under representation is due to absence of qualified teachers. This has resulted in many parents pulling their girl children out of school which is sharply evident after they attain puberty" (Saxena N., *et al.*, 48).

Health

Accessing health care is also an uphill task for women in Mewat. While analyzing the gender segregation in Mewat, we also asked the respondents about access to healthcare services by women. Most of the respondents felt that if a health sub-centre is within the village the women can easily

access it. However, if women need to go out of the village for seeking health care, then they must be accompanied by a male family member. In Mewat, only 84 villages out of 431 have a health sub-centre. Lack of healthcare facilities within the villages and the social restrictions placed on women's mobility makes them dependent on their male counterparts for seeking health care. As a result, women tend to neglect or ignore their health issues, particularly related to reproductive health, out of shyness and also to avoid inconveniencing others.

The health statistics of Mewat provide testimony to the above mentioned state of neglect for women's health. The Maternal Mortality Rate in Mewat is 275 as compared to 212 in India (SRS, GoI). Similarly, 85 per cent deliveries takes place at home in Mewat as compared to 53 per cent in India (DLHS 3, GoI). Further only 16.4 per cent mothers registered themselves in the first trimester, 15.3 per cent had three antenatal checkups and 50.4 per cent got at least one Tetanus Toxoid (TT) injection during pregnancy. The percentage of children (12-23 months) fully immunized was 12.2 per cent (*ibid*). Out of the 12 Primary Health Centres (PHCs) in Mewat, only one has Lady Medical Officer.

Another area which impacts a woman's health is sanitation and access to water. About 88 per cent of people in rural Mewat do not have access to toilet facility and only 32 per cent have piped water supply according to the District Level Health and Facility Survey, conducted in 2007-08 (DLHS 3, GoI). Poor water and sanitation facilities in villages pose a serious threat to the health of the community and spread of water borne diseases. Absence of household toilets is also a matter of everyday inconvenience, especially for the elderly, disabled and women. For women and girls, the problem gets compounded as it relates to their dignity and safety. In the absence of toilets, women are the worst sufferers as they either have to go early morning or wait for nightfall to relieve themselves, which is not always a safe proposition. This also causes serious health problems like urinary tract infection and constipation among women. During menstruation, their plight becomes even worse. Also, there is a constant fear of sexual exposure, harassment and assault. Lack of household toilets affect women's health adversely and forces them to live with a constant sense of insecurity.

Promoting Women's Health and Education in Mewat: Initiatives of IRRAD

IRRAD has been working in Mewat for the past 10 years to bring about

a positive change in the lives of people. One of the goals of IRRAD is to improve access to health and education for women. We believe that providing quality healthcare and education services are the primary responsibility of the government. IRRAD has a catalytic role to play wherein we build capacities of the community to demand for these services and make the government accountable.

In 2011, a group of villagers from Kharkhari Village in Mewat District who participated in GGN trainings found out that their village has an Aanganwadi Centre since 1975. Upon further enquiry, they realized that the Aanganwadi Worker was operating the Centre from her home and its functioning was mostly on paper.

One of the villagers, Aashu, filed a complaint with the ICDS Programme Officer about this dysfunctional Aanganwadi Centre. However, even after 10 days no action was taken on the complaint. Subsequently, Aashu filed a Right to Information application. The very next day, a Block level ICDS official came and visited Aashu and requested him to withdraw the application. Aashu did not budge from his stand and categorically conveyed to them that he will not withdraw his application unless the Aanganwadi Centre is made functional. Finally the Aanganwadi Centre was shifted to the government primary school in the village and is functioning smoothly now.

IRRAD's Good Village Governance initiative strengthens the ability of villagers to claim their rights and entitlements provided by the government through an initiative called Good Governance Now (GGN), as well as builds capacities of village level institutions (VLIs) to function effectively and deliver basic services, such as health, education and other public services related to village development. As part of this initiative we undertake training sessions with women at the village level to raise awareness about government programmes and schemes on health and education. We also train women on monitoring compliance by educating them about Right to Information and other grievance redressal mechanisms. In addition we build capacities of women who are members of a village level institution, such as the School Management Committee; Village Health, Sanitation and Nutrition Committee (VHSNC); and Gram Panchayat (village council).

Jatka is a village in Mewat District with a population of 1362. We started working with VHSNC of Jatka in the year 2011. With our support, VHSNC and Panchayat of this village leveraged ₹2 million from the government and undertook activities such as construction of paved village lanes, waste-water disposal systems, provision of drinking water in schools, distribution of mosquito nets to pregnant women and construction of household toilets for BPL families. The village is

now cleaner and there are fewer incidences of water-borne diseases. Provision of household toilets has particularly benefited the women. In the absence of toilets they had to wait for dawn or nightfall to relieve themselves, which was not good for their health. Better roads have improved accessibility. Availability of drinking water at school during school hours has improved children's attendance. The VHSNC and Panchayat have become confident and are seeking more funds from the government for village development. Furthermore, the accountability of these institutions towards the community has increased and the villagers now expect them to carry out development works.

Promoting Access to Health and Healthcare Services

Our major focus in health is to make the government healthcare services functional and expand the coverage of National Rural Health Mission in villages. We educate women about various schemes under National Rural Livelihoods Mission and Department of Women and Child Development. In addition, we support women for availing these benefits and services. We work with village Panchayats and District Health Department to improve the conditions of village health sub-centres, which are the primary unit of government healthcare services.

Water and health are directly related and impact women. IRRAD's Water Management programme aims to address the problem of inadequate water quality and insufficient water availability. Through activities such as installation of rain water harvesting structures, promotion of bio sand filters for clean drinking water, taps and stand posts, the programme aims to improve well being of women.

Promoting Access to Education

To promote access to education, particularly among girls, we work towards increasing 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. We also undertake awareness drives in the community to raise awareness about Right to Education. To promote the enrolment of girls in schools we carry out enrolment drives and visit every household to motivate parents to send their daughters to school. We advocate with School Management Committees (SMCs) to demand for lady teachers as absence of them is a major cause for low retention of girls in schools. We facilitate development of school development plans

so that some of the basic amenities such as water and provision of toilet reaches the school.

Promoting Health and Education among Rural Women using ICT

"NGOs in India are proactively piloting new ICTs in rural communities while at the same time advocating for and staying alert to emerging government ICT efforts. Under the Universal Service Obligation, the Government of India is obliged to provide access to telecommunications services to people in rural and remote parts of the country at reasonable and affordable prices. The Universal Service Obligation fund has taken gender-specific initiatives in compliance with the requirement of gender responsive budgeting" (Schukoske J.). At IRRAD, Community radio is used as a ICT tool for dissemination of information on various themes. The radio station Alfaz-e-Mewat, FM 107.8, broadcasts from IRRAD's community centre in Mewat District, "Caller records indicate that listeners hail from 183 villages in Mewat district of Haryana and 10 villages in Alwar district, Rajasthan", *ibid*. The community radio has specific programmes designed for women and children including panel discussions, phone in programme, experts' comments, and many others. This tool provides a comprehensive mode to disseminate messages on a wider scale and is a mode of entertainment, especially among rural women. It also provides a platform for promotion of women role models, which are very few in Mewat. It is an important tool to educate and sensitize men on gender equality as their use of this medium is more as compared to women.

Challenges in Implementation

IRRAD had taken small steps to address the education and health needs of women in Mewat. This has given us an understanding that there are a wide range of factors hampering the progress of women.

Firstly, religion is an important aspect as it shapes the belief system and impacts the society. The sayings from religious books or leaders referring to role of women can both augment or dampen women's pace of development. In Mewat too the participation of women at various platforms gets affected due to religious sentiments. It is often used as a pretext to justify the patriarchal norms.

Secondly, the society at large perceives men to be the head of families and this continues in the area of governance where they take on leadership

roles. The perspectives and needs of women are often not a priority for these men folk. Voices of women do not reach them and they often plan activities according to their own interests. Initiatives such as toilets, drinking water, education of girl child and reproductive and child health often do not find a mention in the village plans.

Thirdly, the dismal and resigned attitude of the government officials is an important factor contributing towards inertia in women's development. Their inclination and proactiveness, or the lack of it, impacts women's participation in governance. For example they openly accept the participation of male proxy Sarpanches and are many times, more comfortable working with them as they have willingly accepted it as a continued social and political custom.

Lastly, poor convergence between the departments of health, education and Panchayats leads to a silo effect. The Panchayat is responsible to prepare the overall village plan. The committees on health and education, which are Village Health Sanitation and Nutrition Committees (VHSNCs) and School Management Committees (SMCs), work in isolation and the village head often does not include their aspects in the village plans, unless the village is headed by a woman.

Conclusion

A wide range of measures are required to improve the access to and quality of healthcare and education for women. According to Iqbal Qureshi, "Muslim women must be encouraged and given means to educate themselves and others and to define their own identities as autonomous spiritual and intellectual beings"—these thoughts are shared by many intellectuals, academicians and practitioners (Cl. 11). Aspects of religion which promotes gender equity needs to be tapped to augment the progress made for active participation of women.

The government has a diverse range of programmes for women on health and education, however, the programmes are generally not able to reach the intended beneficiaries because of poor implementation. For these programmes to have wider reach it is imperative to have a strategy for raising awareness among women about the programme. Restricted mobility and lack of education makes it difficult for women to be aware of various government programmes. Hence, a targeted approach is required to reach out to maximum women and educate them about government programmes. Various modes of Information Education Communication (IEC) are required to create mass awareness and mobilize

masses, particularly among women to take care of their education and health needs. This also includes use of ICT. Various pilot projects have been tested, such as mobile based technologies, village based kiosks, helpline numbers, etc. However, the challenge is to select the appropriate technology and take it to scale.

In addition, a strong advocacy with men folk, especially the youth, is required for their cooperation and understanding to promote gender equity. In addition, there is a need for more proactive approaches to bring women in the forefront of governance process so that they are involved in the decision making. It is further essential to build their capacities so that they become informed citizens. They need to be educated, inspired and enrolled and given a legitimate space for planning and execution of health and education domain.

India Human Development Report 2011 quotes, "inclusive development cannot be attained unless women participate equally in the development process" (Ch. 2). S. Prasanarajan has pointed out that India's "record in social sector pertaining to health care, education and gender justice is dismal." He has further said that what is required is renewed focus on primary health centres, village level health workers and need for public involvement in preventive health measures. Furthermore, Sunil Jain states, "Health, education, sharing of social opportunities, a more equal deal for women, and other such 'social' factors are not only crucial for quality of life, they are also important aspects of shared economic development".

For India to gain prosperity, it is important to address economic development and social backwardness simultaneously. These are two pillars on which the overall pace of development rests. To reap long term benefit of growth, we must focus on equal participation of women in all spheres of life so that they contribute gainfully and holistically in their progress as well as the development of the nation.

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