

Original Research Article

A Study to Assess the Empowerment of the Women Living In Urban Areas of Tirupati, Andhra Pradesh, India

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ABSTRACT

Background: Indian National policy for the empowerment of women (2001) stated that empowerment of women in political, social, cultural and civil spheres are vital for a country's development. In India, all urban working women have proved that they not only match, but also excel men in various skills, if equal opportunities are available to them without any discrimination. The promotion of women empowerment as a development goal is based on the dual argument that social justice is an important aspect of human welfare and is intrinsically worth pursuing and that women empowerment is a means to other ends. The aim of the present study was to assess the empowerment of the women living in urban areas of Tirupati, Andhra Pradesh, India.

Objectives: To measure the level of empowerment of women living in selected urban areas of Tirupati and to associate the level of women empowerment with their demographic variables.

Methodology: A descriptive study design was used to gain information about characteristics within the study. The study was conducted on women living in urban areas of Tirupati, India. Subjects were married women having children, selected by purposive sampling technique. Data was collected by administering standardized empowerment scale which collects information regarding self decisions of women in their personal, children and household affairs.

Results: The result of the study showed that more than two thirds of the subjects were always empowered in children and household affairs and two thirds of the subjects were always empowered in personal affairs; nearly one third of the subjects were sometimes empowered in personal, children and household affairs. Over all empowerment grade has shown that out of 30 sample, majority i.e. 20 (66.67%) subjects were always empowered and 10 (33.33%) subjects were sometimes empowered, which depicts that there are one third of the women population who are disempowered till today. It was also found that there is a significant association between empowerment of women with certain demographic variables such as type of family, education and income of study population.

Conclusion: Findings of the study shows that there are women who are still disempowered, suppressed by the society, which might result in psychological dissatisfaction, maladjustment in turn psychiatric ailments. Nurses working in clinical as well as the community areas need to be aware of women empowerment and impact of disempowerment on health of women in order to render holistic care to clients.

Key words: Empowerment, Women, Rural area

INTRODUCTION

The majority of Indian women reside in rural areas and most of them are engaged in subsistence from agriculture or from the informal sector. Even though they have been playing important and significant economic roles, women's participation in labor force has been dwindling. Not only that their status has not improved, but they have also continued to remain a disadvantaged group or rather remain 'invisible'.^[1] 'Jakarta Declaration' for the advancement of women in Asia and Pacific reported that women represent 50% of the population, makeup 30% of the official labor force, perform 60% of all working hours, receive 10% of the world income and own less than 1% of the world property.^[2]

For some, the empowerment of women is an active multidimensional process which enables women to realize their full identity and powers in all spheres of life. For others, empowerment represents the ability of women to handle responsibilities, to envision a better future and to work to overcome the obstacles that confront them.^[3]

Lack of empowerment results in negative consequences such as poor health, disparities in allocation of household resources to medical care & education, increased burden of strenuous physical tasks etc.^[4] According to Patel et.al (2006), gender disadvantage is the main determinant of the poor health status of many Indian women.^[5]

A variety of symptoms and syndromes among Indian women in low-income rural and urban communities have been described in the literature as contributing to women's negative health status. *Tenshun* (derived from the English word "tension") is a culturally defined health problem associated with high levels of poverty, low education, excessive household chores, husband's alcoholism, low empowerment, domestic violence and marital difficulties.^[6] A similar syndrome

is *kamjori*, which includes a wide range of general bodily complaints such as pain related to menses, pain in joints (hands and legs), dizziness, loss of appetite and chronic fatigue.^[7] The most common physical symptom that women present to health care providers is *safed pani* ("white water") or vaginal discharge, which has been associated with psychosocial problems and negative life situations.^[5] *Tenshun*, *kamjori* and *safed pani* are associated with gender-based inequalities, social burdens and pressures, and related low self-esteem and are associated with low levels of empowerment.^[6,8]

Many studies have associated higher levels of empowerment with positive reproductive health outcomes. Women's greater degree of autonomy and gender equity is seen as playing an important role in shaping their ability to manage fertility as well as the health and development of children. Practically in all circumstances, the two decisions relating to the choice of friends and the use of leisure time are predominantly 'masculine', while the decisions concerning child rearing is 'feminine'.^[9]

Realizing the state of women within the frame work of democratic policy; our laws, development policies, plans, and programs have aimed at women's advancement in different spheres. From the period of fifth five year plan (1974-78) onwards there has been a marked shift in the approach to women's issues from welfare to development. In recent years empowerment of women has been recognized as the central issue in determining the status of women. The national commission for women was setup by Act of parliament in 1990 to safeguard rights and legal entailments of women.^[10]

The World Bank has suggested that empowerment of women should be a key aspect of all social development programs. They said 'empowerment' is the expansion in people's ability to make strategic life

choices. [11] National policy for the empowerment of women (2001) has stated that equal access be graded to women for health care, quality education at all levels, career and vocational guidance, employment, equal remuneration, occupational health and safety and social security so on. [10] Nurses being health care providers need to be aware of impact of disempowerment among women on their physical, physiological and psychological health in order to render holistic care.

METHODS

A typical descriptive study design has been used to gain more information about characteristics within the study and to examine the phenomenon of interest of the variables within the study. This is a critically important design for acquiring knowledge in an area in which little research has been conducted, which is illustrated as below:

- Phenomenon of interest- level of women empowerment
- Variables-
 - Personal affairs
 - Children affairs
 - Household affairs } study variables
- Demographic variables

The independent variable is 'women' and the dependent variable is 'empowerment of women'. Inclusion criteria contains women who were married, having children, living in urban areas of Tirupati, willing to participate in the study, able to understand English, Telugu and accessible at the time of data collection. The study excluded women who were unmarried or married without children, not willing to participate in the study, unable to understand English or Telugu and who are not accessible.

Data collection instrument:

The following tools have been used to during data collection:

- Demographic proforma
- Empowerment scale

The first part of the tool consists of nine items regarding the demographic

variables such as age, marital status, number of children, area of living, family status, education, occupation and family income per month. Second part includes standardized empowerment scale which collects data regarding self decisions of women in their personal, children and household affairs. These three self decision affairs contain thirty one, eight and fourteen items, respectively. To ensure the validity, the tool along with criteria rating scale was given to experts in the field of psychiatry, Mental Health Nursing. There was cent percent agreement and acceptance for all items.

Pilot study was conducted in urban areas of Tirupati from 5-4-2010 to 8-4-2010 after obtaining permission from Municipal Health Officer. Married women were selected by purposive sampling technique, after establishing a rapport and written consent from respondents and their family members. Questionnaire was administered to 10 women. The reliability of the tool was established by using correlation coefficient method, it was found that $r=0.81$, which indicates that the tool is highly reliable.

Setting of the study: The study was conducted in urban areas of Tirupati, Andhra Pradesh. The setting was chosen on the basis of accessibility, availability of adequate sample and their cooperation for the pilot and the main study.

Study population: The population selected for the study comprised of married women, having children and who were residents of urban areas, Tirupati.

Sample size: The data was collected from 30 participants who were willing to participate and who met the inclusion criteria.

Data analysis:

Data collection period extended from 12-04-2010 to 17-04-2010. It was planned to analyze the data by descriptive and inferential statistics on the basis of objectives of the study.

Frequency and percentage distribution of demographic variables:

n=30

Sl.NO	VARIABLES	Frequency	Percentage
1.	AGE		
	20-30 years	1	3.33
	30-40 years	18	60.00
	40-50 years	11	36.67
2.	Marital status		
	Married	30	100.00
3.	Number of children		
	One child	3	10.00
	Two children	25	83.33
	>Two children	2	6.67
4.	Area of living		
	Urban	30	100.00
5.	Type of family		
	Joint	6	20.00
	Nuclear	24	80.00
6.	Education		
	High school	8	26.67
	Intermediate	3	10.00
	Primary school	4	13.33
	Illiterate	8	26.67
	Graduate	1	3.33
	Middle school	6	20.00
7.	Occupation		
	Semiprofessional	1	3.33
	Business	5	16.67
	Clerical	5	16.67
	Laborer	2	6.67
	Professional	7	23.33
	Semiskilled worker	2	6.67
	Unemployed	8	26.67
8.	Income per month		
	7323/- to 9787/-	2	6.67
	4894/- to 7322/-	1	3.33
	2936/- to 4893/-	10	33.33
	980/- to 2935/-	6	20.00
	979/-	11	36.67

In the study 18(60.00%) subjects were 30-40 yrs old, 11 (36.67%) subjects were 40-50 yrs old, 1 (3.33%) subject belong to 20-30yrs old; all 30 (100%)subjects were married and living in urban areas of Tirupati. Majority of the subjects i.e. 25 (83.33%) subjects were having two children, 3 (10.00%) subjects were having one child and 2 (6.67%) subjects were having more than two children.

With regard to the type of family, majority i.e. 24 (80%) subjects belong to nuclear family and 6 (20%) subjects belong to joint family; regarding education, 8 (26.67%) subjects studied up to high school, 8 (26.67%) subjects were illiterates, 4 (13.3%) subjects studied up to primary

school, 6 (20%) subjects studied up to middle school, 3(10%) subjects studied up to intermediate and 1 (3.33%) subject studied up to graduation. With regard to the occupation, 8 (26.67%) subjects were unemployed, 7 (23.33%) subjects were professionals, 5 (16.67%) subjects were doing business and 5 (16.67%) subjects were doing clerical work, 2 (6.67%) subjects were laborers and 2 (6.67%) subjects were semi skilled workers and 1 (3.33%) subject was semiprofessional. In terms of income, 11 (36.67%) subjects were earning 979/-, 10 (33.33%) subjects were earning 2936-4893/-, 6 (20%) subjects were earning 980-2935/-, 1 (3.33%) subject was earning 4894-7322/- and 2 (6.67%) subjects were earning 7323-9787/- per month.

Description of empowerment variables
n=30

S.NO	VARIABLES	Frequency	Percentage(%)
1.	Over empowerment grade		
	Always	20	66.67
	Sometimes	10	33.33
2.	Personal affairs		
	Always	19	63.33
	Sometimes	11	36.67
3.	Children's affairs		
	Always	27	90.00
	Sometimes	3	10.00
4.	Household affairs		
	Always	23	76.67
	Sometimes	6	20.00
	Never	1	3.33

Over all empowerment grade shows that majority i.e. 20 (66.67%) subjects were always empowered and 10 (33.33%) subjects were sometimes empowered.

In terms of personal affairs, 19 (63.33%) subjects were always empowered and 11 (36.67%) subjects were sometimes empowered; for children affairs, 27 (90%) subjects were always empowered and 3 (10%) subjects were sometimes empowered; for house hold affairs, 23 (76.67%) subjects were always empowered, 6 (20%) subjects were sometimes empowered and 1 (3.33%) subject was never empowered.

Association of women empowerment with demographic variables

S.NO	DEMOGRAPHIC VARIABLES	LEVEL OF EMPOWERMENT (frequency)		Chi square	df	'p' value
		Always (N)	Sometimes(N)			
1.	Type of family			4.3421	1	0.0372 **
	Joint family	6	0			
	Nuclear family	13	11			
2.	Education			12.9545	11	0.0238 **
	High school	3	5			
	Graduate	0	1			
	Illiterate	8	0			
	Middle school	2	4			
	Primary school	3	1			
	Intermediate	3	0			
3.	Income per month			10.6397	4	0.0390 **
	7,323/- to 9,787/-	2	0			
	4,894/-to 7,322	0	1			
	2,936/- to 4,893	10	0			
	980/- to 2,935	5	1			
	979/-	10	1			

Note: **: significant

The above table depicts that there is a significant association between empowerment of women with demographic variables like type of family, education and income per month.

RESULT

It was found that over all empowerment grade shows two third i.e. 20 (66.67%) subjects were always empowered and one third i.e. 10(33.33%) subjects were sometimes empowered.

More than two thirds i.e. 27 (90%), 23 (76.67%) of the subjects were always empowered in children and household affairs respectively and nearly two thirds i.e. 19 (63.33%) subjects were always empowered in personal affairs and nearly one third of the subjects i.e. 11 (36.67%), 3 (10%), 6 (20%) were sometimes empowered in personal, children and household affairs respectively. It was also found that there is a significant association between empowerment of women with demographic variables like type of family, education and income per month.

DISCUSSION

Findings of the study indicates that there are 33.33% of the study population who are still only sometimes empowered (not always) in over all empowerment grade where women are suppressed by family and the society till today; It was also found that there is a significant association between empowerment of women with demographic variables like type of family, education and income per month, which is similar to the

findings of various research studies for instance a study on issues and challenges of women empowerment in India concluded that women in India are relatively disempowered and they enjoy somewhat lower states than that of a man in spite of many efforts undertaken by Govt. Access to education, employment and change in social structure are only the enabling factors to women empowerment. [12, 13]

A study by Prahlad Kumar, who attempted to develop conceptual clarity of the term empowerment delineating it with several other overlapping concepts of gender equality, social inclusion etc suggested that there is a need of enabling women themselves to critically review their own situation and participate in creating and shaping the society as agents of change themselves. [14]

There is another study by Dr. Ramadevi. T, which is correlating with the current study result states that there are some of the key determinants of inequality that exist in our country. Empowerment of women makes invaluable contribution to the improvement of health condition and educational status and productivity of whole families and community, which in turn improve prospects for the next generation. [15]

CONCLUSION

Findings of the study indicate that there are women who are still disempowered, suppressed by the society. Disempowerment of women might result in psychological dissatisfaction, maladjustment in turn psychiatric ailments. Nurses working in clinical as well as the community areas need to focus on women empowerment, level of freedom of women in their family, social and personal affairs and have to find the impact of disempowerment on current health status of women in order to render need based care to clients. Nurses being in administrative positions, framing policies, rules and regulations need to be empowered to be effective, authoritative in managing things properly.

Recommendations:

Although there is increased women empowerment now a days, this is not so in developing countries, which still report disempowerment among one third of women in the current study. It is therefore recommended that:

- Educational campaigns need to be organized by the community nurses to increase the awareness among women about their rights, laws and acts supporting women development, and women empowerment.
- Similar studies could be conducted to compare the levels of empowerment of women in different age groups and between married and unmarried women in order to develop knowledge regarding women empowerment from early ages.

REFERENCES

1. Sandeep. Women empowerment: article, essay, importance, right and need. [Internet]. 2018 [updated Feb 2018; cited Sep 2018]. Available from <http://www.womenempowermentindia.com>
2. Asia Pacific ministerial conference in women in development. Jakarta declaration for the advancement of women in Asia and the Pacific. [Internet]. 1994 [updated Feb 1994; cited Oct 2018]. Available from <http://www.Popline.org>>node.
3. Shodhganga, Shweta Sharma. Women empowerment. A case study of women legislators in Himachal Pradesh [Internet]. Available from www.inflibnet.ac.in bit stream.
4. LM Davis. Women's empowerment & its differential impact on health in low income communities [Internet]. 2014 [updated Apr 2015; cited Oct 2018]. Available from <http://www.ncbi.nlm.nih.gov>.
5. Patel V, Kirkwood B.R, Pednekar et.al. Gender disadvantage and reproductive health risk factors for common mental disorders in women. A community survey in archives of general psychiatry. 2006; 63(4):404-413.
6. Patel V, Ooman N. Mental health matters too: Gynecological morbidity & depression in South Asia. Reproductive health matter.1997; 7: 30-38.
7. Nichter M. Lay perceptions of medicine: A south Indian case study. Anthropology & International health. Landon: Kulwer publisher; 1989.
8. Jejeebhoy S, Koenig M. The social context of gynecological morbidity. Investigating reproductive tract infections & other gynecological disorders. Cambridge: Cambridge university press; 2003.
9. Michel A. Comparative data concerning the interaction in French and American families. Journal of Marriage and the Family. 1967; 29: 5.
10. National policy for women empowerment. Ministry of women & child development, GOI [Internet]. 2001 [updated Jul 2016; cited Sep 2018]. Available from <http://www.wcd.nic.in> women development.
11. Fatemch Allahdadi. Women's empowerment for rural development [Internet]. 2011 [updated Jul 2018; cited Sep 2018]. Available from <http://www.researchgate.net>.

12. Purusotham nayak, Bidisha Mahanta. Women empowerment, Gender gap & Human development [Internet]. 2009 [updated Feb 2009; cited Jan 2018]. Available from <http://www.papers.ssrn.com> id =1320071.
13. Rajeshwari M. Shetta. A Study on Issues and Challenges of Women Empowerment in India. IOSR. Journal of business and management. 2015; 17 (4): 13-19.
14. Prahlad kumar, Tinku paul. Empowerment of women. Study of work participation rate of rural women [Internet]. 2015 [updated Apr 2015; cited Aug 2018]. Available from <http://www.isical.ac.in>.
15. Dr. Ramadevi T. Gender equality: women empowerment. Political science. 2017; 6 (9): ISSN No 2277-8160.

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