

Women Empowerment Programs and its Benefits in India

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ABSTRACT

Literally empowerment denotes to invest with power. But women's empowerment is much broader in connotation. It is not limited to a specific area which has stretched the biological differences to in equalities in the culture and strengthened the prejudices by the erroneous socialization process. In physical empowerment might be superior to women but this has been wrongly utilized to consider women as inferior in every respect Physical as well as psychological. The concept of empowerment of women aims at rectifying such misperceptions and gene rate an environment where women will have the psychological potency to overcome the discrimination's simultaneously it is directed to transform the prejudiced norms guiding the society. The psychological domain is strengthened by physical capabilities and empowerment includes social, economic, legal and political dimensions. The present study makes an attempt to find out the variation of growth and performance of the women empowerment programmes and major activities of women empowerment in India. The data reference period was 2002-03 to 2007-08. The study clearly establishes that access to micro finance, secure full employment; improved housing with access to water and sanitation; preventive and low cost curative health care at the doorstep can empower the large weaker sections of a society and in turn improve the health of all community members. These emerge as the best determinants of health from the SEWA study while capacity building, partnership, networking and self-reliance remain the primary instruments of change. Literally empowerment denotes to invest with power. But women's empowerment is much broader in connotation. It is not limited to a specific area which has stretched the biological differences to in equalities in the culture and strengthened the prejudices by the erroneous socialization process. In physical empowerment might be superior to women but this has been wrongly utilized to consider women as inferior in every respect Physical as well as psychological. The concept of empowerment of women aims at rectifying such misperceptions and gene rate an environment where women will have the psychological potency to overcome the discrimination's simultaneously it is directed to transform the prejudiced norms guiding the society. The psychological domain is strengthened by physical capabilities and empowerment includes social, economic, legal and political dimensions. It is a process of transforming one's life situation by giving control over the environment external as well as internal.

Introduction

The adult illiteracy rate in India was 48 per cent in 1995. Women had 62 per cent illiteracy where as men had 34 per cent (UNDP, 1997). Both male and female literacy rates are substantially lower in rural areas than in urban areas. This rural urban difference is more pronounced in the case of women. Among the rural female population in the age group of 7 years and over the literacy rate is 30.4 per cent whereas it is 63.9 per cent among the urban female population. Moreover, the difference between male and female literacy rates is much higher in rural areas compared to urban areas (ESCAP) (1997). Both gender and residential in the literacy rate vary considerably across the states.

Objectives of the Study

The following are the objectives of the present study To Examine the Performance of Women Empowerment Programs in India. To analyze the Women's Empowerment by Major Activities of SEWA. Methodology The present study makes an attempt to analyze the growth and performance of Women's empowerment programmes and major activities of SEWA in India. Data were collected from periodicals and reports during the year 2002-03 to 2007-08.

Women Empowerment Programme's

The women empowerment program is one of the earliest programs and was initiated in 1988-1989. In the beginning, village wise sanghas were formed and the focus of the program was just to get women to come together and provide them with a common platform to discuss their problem and issues and find collective solutions to them. Later, the program focus expanded to include aspects of organization, savings, leadership, good local governance, environment health, linkage building, tackling issues / problems, etc. So that there was a more integrated and holistic approach and recog of women became more in the family and community. SHG's and NGO's are the main integral part of women empowerment.

Process of Empowerment

For the past several decades, national governments, nongovernmental organizations and international agencies have been aware and concerned about the status of women. Efforts have been made by these bodies to improve women's literacy, nutritional and health levels and enhance their income-earning capacity. Various strategies have been adopted to achieve these ends, with varying degrees of success. Initially it was believed that economic growth would automatically lead to improvement in the status of women. When it was realized that such improvement was not forthcoming, women were made the recipients of numerous schemes specially designed for their welfare. Even these schemes failed to bring about substantial change in the position of women as they did nothing to change the economic, political, social and cultural forces that contributed to their marginalization. In the 1980s and 1990s it was realized that improvement in the status of women (and other marginalized groups) could

only be achieved through structural changes in power structures which gives them greater control over their own lives and also the world around them. This, in turn, could only be achieved through empowerment.

Self-Employed Women's Association

There is a growing acceptance now amongst social scientists, health organizations and other providers of health care that great improvements in health standards of marginalized groups and general health equity gains can be realized through improvements in social determinants of health. Identification of such determinants, however, remains elusive to define and is primarily contextual. In the present case study, we attempt to document the general and specific contribution of (Self-Employed Women's Association) SEWA to improving the social determinants of health through the process of women's empowerment are frequently in competition with one another for the same work. They may work from home, or may be out in the streets, market places or farms and fields to eke out a living. As self employed women, they need year-round work, fair wages, training to upgrade their skills, maternity protection and childcare, small loans to purchase raw materials and work tools, and legal help to fight against exploitation in the market. By ensuring these, SEWA has become a movement, which works towards the development of the complete human being and not just the worker. This is in keeping with the Gandhian ideology that it has adopted. The guiding principle behind the running of the organization is self-reliance, which is attained through full employment at the household level. Full employment includes: sustainability, social justice and social security. The broader vision is participation, integration and interdependence of the various units of the SEWA family, as it believes in the relevance of local ownership and knowledge

History of SEWA

SEWA was founded in, Ahmedabad, one of the leading industrial cities of India. In the twentieth century, Ahmedabad emerged as the hub of the textile industry. Its many mills provided direct and indirect employment to thousands of people. One of the first trade unions in India, the Textile Labour Association (TLA) was founded here under the guidance of Mahatma Gandhi and Anasuya Sarabhai. Inspired by the two, Ela Bhatt joined the TLA as a lawyer in 1955. By 1968 she was head of TLA's Women's wing and had the responsibility of organizing sewing and typing classes for the wives and daughters of textile workers. These women often worked in the informal sector in order to supplement the family income. Ela Bhatt thus came into contact with women who stitched, embroidered, vendd vegetables, rolled bidis and agarbattis and did all sorts of informal work to earn money. They had irregular income, no job security, and lower wages than the organized sector and were subject to exploitation by moneylenders, contractors, policemen and municipal authorities. Such issues were not addressed by other trade unions, government legislation and policies. The worst was that their work had no recognition. They were 'invisible' workers. Ela Bhatt realized that this was the fate of 94 per cent of all women workers in India.

In 1971 Ela Bhatt and the TLA were approached by a group of head-loaders and cart pullers. These migrant women were living on the footpath and sought help to solve their housing problem. Ela Bhatt soon realized that housing was only one of the many problems these women faced. Being illiterate, they were cheated by merchants and deprived of money due to them. Of the cart pullers most did not own carts and a substantial part of their daily earnings were retained by the cart owners as rent. Their plight was highlighted by Ela Bhatt in articles written to local newspapers. This initial success inspired several other exploited groups of women from the informal sector to approach the TLA. It was soon apparent that though the nature of their work was different, many of the problems they faced were common. A meeting of women working in the informal sector was convened and their problems discussed. This was followed by the birth of SEWA in December 1971. It could, however, be registered only in April 1972 as Indian labour laws had trouble accommodating a trade union where no formal employer-employee relationship existed.

Women's Empowerment by Major Activities of SEWA

Organizing women for collective bargaining and improving their capacity to receive essential basic services (education, health, training, etc.) is one of the strategies adopted for empowering women in India (Ila Patel, 1998). SEWA has provided poor, self employed women a forum to canalize their individual strengths. It believes that "self employed women must organize themselves into sustainable organizations so that they can collectively promote their own development" (SEWA Annual Report, 2005). Some of these organizations are trade based while others provide social security. Some operate at the village level, others at district, state and national levels. There are 96 cooperatives with a total strength of 78,000 members, 3,200 producer's groups, and 6,000 savings and credit groups. Other organizations provide social security through services like health care, childcare and insurance.

Table 2, Total number of worker in the Units SEWA.
The table 2 gives a clear picture about the total number of workers working in different units.

Number of workers	Women workers
1to2	3.2
3to5	36.8
6to10	43
11to20	14.2
>20	2.7
Total	100.0

Source: Annual Report of SEWA

About 36.8 percent of the workers were working in the units employing less than 5 workers another 43.0 percent were engaged the units with about 6-10 workers. Only about 14.2 percent of the women are engaged in units more than 10 workers and around only 9.8 percent of workers are engaged in units of more than 20 workers.

Table 3, Number of Sewing Machines

The table 3 reflects that the majority of the workers, 42.1 were engaged in units with 3-5 sewing machines.

Number of Machines	Workers
1to2	7
3to5	42.1
6to10	36.8
>10	13.2
Total	100

Source: Annual Report of SEWA

Mother 36.8 were engaged in units with 6-10 sewing machines. Only 13.2 percent of the women were engaged in unit with more than to sewing machines.

Training in Tailoring activities

The table 4 indicates about the trainings obtained by the women it different fields of work.

Table 4 Training in tailoring activities (In percentages)

Name	Women workers
Obtained training outside unit	57
Home	14
Majoor mahajan	6
Institute	1.8
Shop	14
Other	21.7
No training	42
Other	0.5
Total	100.0

Source: Annual Report of SEWA

From standard 7 rate is 27.2 percent, from standard 8-9 it is 23.7 percent, likewise the percentage goes on decreasing at different levels (from secondary to the college levels). It is clearly observed that most of workers working in the SEWA are all not highly educated, most of them have done only their schooling and very less percent have attended the colleges.

Religion of the household worker in SEWA

The table 6 indicates the different religious of the workers of SEWA.

Table 6, Religion of the household worker in SEWA

Religion	Women Worker
Hindu	90.4
Muslim	7.9
Other	1.8
Total	100.0

Source: Annual Report of SEWA

The major part of them are Hindus and they constitute around 90.4 percentage of the total and the Muslim community workers are around 7.9 and the remaining minority religions constitute around only 1.8 percent this clearly confirms that the majority of the workers in SEWA belong to the Hindu religion.

Majority of the women workers come under the in between 15-20 years age, it registered 36 percent. Less percent could be observed in the age of 45-60 years age holder is only 3.5 percent could be observed. After 45 age holder several problems faced in their life style. Interest of the work, health etc. So number of participation of after 45 age holder, has declined compared to the young age in between 15 to 45 years.

Table 8. Performance of SEWA activities in India

Particulars	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
No. Of members	29,595	34,834	44,909	44,909	55,311	60,720
Share capital (rs)	1,48,72,000	1,79,53,000	2,05,98,000	2,57,83,000	3,20,96,000	3,64,36,000
No of accounts	2,02,706	2,56,617	2,76,684	2,91,535	3,04,933	3,07,558
Total deposits(Rs)	62,39,28,000	61,96,99,000	62,47,66,000	66,57,94,000	65,85,78,000	73,99,70,000
Working capital(Rs)	84,90,95,000	87,23,62,000	89,14,47,000	94,12,07,000	94,60,43,000	102,91,79,000
No. Of loans & advance accounts	50,849	53,472	64,326	76,857	91,096	1,03,679
Loans & advances(Rs)	13,35,85,000	16,69,44,000	18,41,72,000	24,37,47,000	30,29,74,000	32,45,49,000
Profit	51,76,000	88,59,000	62,20,000	61,38,000	53,99,000	52,41,000

The table 4.8 indicates all the annual report of the SEWA. It denotes a brief account of all the activities of SEWA. No of members, its shore capital, no of accounts, total deposits its working capital, no of loans of advances accounts and its annual profit. Firstly, the members of SEWA during the year 2002-03 was 20.595 gradually it went on increasing by 2008 no of members was around 60.720. Secondly, the share capital of SEWA at the beginning of 2002-03 was Rs.1,48,72,000 as SEWA grew its total share capital has risen to Rs 3,64,36,600 by the end of 2007-08, The no of accounts of the SEWA was around 2,02,906 during the year 2002-03 by the end of 2007-08 its account has increased around 3,07,558, During 2002-03 the total amount deposits of the SEWA was rs 62,39,20,000. Since the members, the accounts of capital has increased consequently its total deposits also increased to Rs 73,99,70,000 and the working capital was 84,90,90,000 in the year 2002 and by the end of 2007-08 its profits has increased to around Rs,52,41,000 only.

Summary, Findings and Conclusion

The SEWA experience has proved that poor self employed women are bankable and insurable. It has also shown that given the right guidance, poor, illiterate and semi-literate women are perfectly capable of identifying their problems and finding solutions to them. The other lesson that can be learnt from the SEWA experience is that the poor benefit more from health services if these are made available at the doorstep and by health providers from their own community. Large investments in health care infrastructure are not needed, at least for the poor, as they suffer more from avoidable episodes of water-borne and air-borne diseases. Regular supply of drinking water, adequate housing and proper sanitation can make a substantial difference not only in their health status but also in income generation.

Despite its success, there are some challenges that SEWA needs to tackle. While many members have increased their income earning capacity, they continue to remain below or only marginally above the poverty line. SEWA must prepare them for trades and occupations where incomes are substantially higher but where the security net of SEWA may not be available. SEWA needs to prepare its members for challenges posed by globalization that threaten small enterprises with import of cheap consumer goods. The study clearly establishes that access to micro finance, secure full employment; improved housing with access to water and sanitation; preventive and low cost curative health care at the doorstep can empower the large weaker sections of a society and in turn improve the health of all community members. These emerge as the best determinants of health from the SEWA study while capacity building, partnership, networking and self-reliance remain the primary instruments of change.

Conclusion

SEWA provided visibility, recognition and dignity to the work of self employed women. Its initial success inspired more and more women to 'join it. Most of those who joined were from the lowest strata of society and were seeking to empower themselves. But also among those who joined the movement were some highly educated middle and upper class women from India and abroad, who wanted to help in creating conditions conducive to such empowerment. Women from all classes have teamed up to steer SEWA towards the goals they have collectively identified. The functioning of SEWA is democratic and fully participatory. Members sit together and discuss issues that concern them. Each member is free to voice her opinion.

Having examined all aspects of an issue they identify their problems and decide on the course of action to be followed in seeking solutions to them. Many of the grass roots members have acquired the confidence and the ability to assume leadership roles. The more educated middle class women who joined SEWA at different stages of its growth rarely imposed their ideas and values on the group. This is perhaps where the strength of SEWA lies. It has not tried to challenge existing power structures in the open and upfront manner that the more radical and aggressive middle and upper class feminist groups would like it to do. Instead it has chosen to move gradually towards empowering the most vulnerable women in the way they choose to define it is goes well with the SEWA ideology of joining together to plan with rather than plan for poor women.

References

- B.V. Chalapathi, B.r. Ragyarulu &P. Hari Prasad (2008). "Empowerment of women", Southern Economist, 47 year of Publication, vol.No. 47. No6, July 5, 2008.
- Fonjong, L., (2001). "Fostering Women's participation in Development through Non-Governmental Efforts in Cameroon", The Geographical Journal, Vol.167. No.3. (Sept.2001) pp 223-234.
- G. Sandhyarani (2008). "Role of sewa in women's deployment", Southern Economist, 47, No. 9, September, 2008.

- M. sumathy & k. Nagendran (2007), "Women Empowerment-Ethics & logics", Southern Economist, 46 year of publication, vol. No.46, No.6, July 15, 2007.
- Patel, Ila. (1998), "Contemporary Women's Movement and Women's Education in India. International Review of Education". Vol. 44. No. 2/3. Social Movements and Education. PP 155-175.
- Rosintan, D.M., Panjaitan- Drioadisuryo, Kathleen Cloud, (1999), „Gender, Self Employment and Micro-Credit Programmes. An Indonesian Case Study“, The Quarterly Review of Economics and Finance. Vol.39. pp. 769-779.
- Sawhney, A., (1994). "Women's empowerment and Health Experiences from Rajasthan", Social Scientist, Vol. 22 (Sep.-Dec.) pp.9-12.
- Schuler, S.R., (1999), "Gender and Community Participation in Reproductive Health Projects: Contrasting Models from Peru and Ghana" Reproductive Health Matters, Vol.7, No.14. Access to Reproductive health: A question of distributive Justice (Nov.1999) pp.144-157.