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## Towards Women's Empowerment

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The word 'empowerment' has gained wide currency in international and national discussions on Women and National Development. The Oxford English Dictionary defines empowerment as "giving lawful power or authority to act". Power, however, is not a dole, which can be gifted to a passive recipient by a benevolent donor.

Empowerment, to be really meaningful, should be pursued as a process which would free women from the socio-cultural-economic shackles which currently prevent them from finding full expression to their innate genetic potential, and which would help them function in a manner in which they could make effective contributions to the upliftment of their families and the betterment of the society as a whole. Innate power which is currently locked and muzzled within women, must be allowed to flow freely from within. This is true empowerment.

Women in India today, even allowing for the distorted ratio, constitute just less than 50 per cent of our population. If they become effective partners in social and national development, the overall quality of Human Resources will vastly improve. The contributions that women can make to the betterment of society are, in many ways, different and complementary to those which men can make. Today this vast power locked up in women in shackles is largely unavailable. How do we dismantle these shackles?

### THE FIRST STEP – ENSURING 'EMPOWERABILITY'

Women, whatever their socio-economic status, suffer from some form of discrimination and social disability; the order of such discrimination may however vary. Distinction has to be made between the women of the poor and lower middle class, on the one hand, and the relatively affluent women of the middle and the rich segments, on the other. The strategies for empowerment for these two groups will be somewhat different.

It is the women of the poor and lower middle class who currently account for over half of women's population that bear the brunt and suffer the most. The poor (women, men and children) in millions of households across the country do not have adequate access even to the basic necessities of life—food, health care, education, clothing and shelter. They must be helped to become "empowerable". In other words, these women must first be *equipped* to wield power for their own good and the good of the community. It will be cruel irony to talk of empowerment of stunted anaemic women, denied even basic education.

The first item in any agenda of empowerment of these poor women must be the alleviation of poverty. The poverty syndrome has several mutually reinforcing attributes. Poverty tends to aggravate the effects of other disabilities arising from socio-cultural prejudices. Imaginative poverty alleviation programmes can by themselves contribute to empower-

ment of women in millions of households. Good health, education and acquisition of income-generating skills are essential requisites for meaningful empowerment. When such requisites are satisfied social and legal hurdles to empowerment can be more successfully combated.

Women of the well-to-do sections enjoy relatively good health and nutritional status and are educated and trained. Therefore, in their case, the basic requisites for "empowerment" are present. It is the prevailing social and cultural hurdles that must be combated in their case. Legal means to ensure equity and justice in the matter of employment, salaries etc, measures to ensure parity with men with regard to property rights; removal of unequal laws regarding divorce and matrimony; and reservations of seats in key institutions – all these are measures to be considered and promoted. But in the case of the poor, the battle to ensure basic requisites must be the priority.

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## THE PRESENT PICTURE

### ● HEALTH/NUTRITIONAL STATUS:

It will be seen from Table 1 based on National Family Health Survey (NFHS-2) data that only 50 per cent of adult women in India today have BMI levels which may be considered normal according to accepted criteria; more than a third have BMI levels indicative of chronic energy deficiency. Incidentally over 12 per cent of our women have BMI levels exceeding 25, indicative of overweight/obesity – a reflection of the wide disparities in our heterogeneous society. The levels of overweight and obesity observed in Delhi and Punjab are specially disturbing.

Body	Mass	Index	Height
<18.5	18.5-25	>25	<145cm
35.8 %	51.4 %	12.8 %	13.2 %

Source: National Health and Family Welfare, 1998.

The National Nutrition Monitoring Bureau (NNMB) currently covers 10 states of the country. The population so covered is generally somewhat poorer than those captured by NFHS. The NNMB report of 2000 AD provides disaggregated BMI data for different grades of chronic energy deficiency, that is, (BMI < 18.5). According to this report while in 55.4 per cent of women BMI was less than 18.5, in 28.4 per cent of these BMI was 17-18.5, in 14.7 per cent BMI was 16-17 and in 12.3 per cent BMI was less than 16. Thus it will be seen that a significant proportion of women exhibit evidence of moderate and severe chronic deficiency. The NNMB data present an even more depressing picture than the NFHS data in this regard.

These data have, however, to be interpreted with caution. Even the present figures of "normal" BMI in Indian women may be misleading. In the calculation of BMI, height is the denominator. Shortness of stature and stunting, therefore, could favour relatively high values of BMI. Thus stunted women with body weights less than 40 kg could have deceptively satisfactory BMI levels.

According to generally accepted criteria proposed by WHO, heights less than 145 cm and weights less

than 38 kg in women are indicative of possibility of obstetric risks and of deliveries of low birth weight babies. It will be seen from the Table that over 13 per cent of adult women in India have heights less than 145 cm. In an earlier publication it was shown that nearly 24 per cent of adult women of reproductive age in our country have body weights less than 38 kg.

● **ANAEMIA:** Apart from poor body build, there is a high proportion of adult women in India (nearly 52 per cent) suffering from anaemia. More than 60 per cent of women in some of the Indian states are anaemic, the anaemia being "moderate" (7-10 g/dl) or "severe" (<7 g/dl) in a significant proportion (17-20 per cent) in some states. Anaemia is known to impair physical productivity, mental function and immuno-competence. The situation is worse in pregnancy. Though there are National Programmes for the control of anaemia in pregnancy through the administration of iron/folate supplements in the last 100 days of pregnancy, such programmes have not been a shining success. In a study carried out by the Nutrition Foundation of India in adolescent girls between 11-18 years, as many as 55 per cent in rural and 36 per cent in urban areas had been found to be anaemic and 10-18 per cent of adolescent girls had haemoglobin levels even less than 10 gm per cent. When adolescent girls with this level of anaemia eventually marry and enter pregnancy, it is not surprising that anaemia worsens; even regular administration of iron/

folate tablets during the last 100 days of pregnancy is ineffective in the control of the situation.

These data would show that considerable proportions of women in India are stunted, are of poor body build, and anaemic. This not only reflects their poor nutritional status but also points to the possibility that such women could beget babies of low birth weight who would end up as stunted adults, thereby perpetuating a vicious inter-generational cycle of undernutrition.

● **EDUCATIONAL LEVELS:** The latest census data show an increase in the female literacy rate from 39.3 per cent in 1991 to 54.2 per cent in 2001. Also the gap between male and female literacy is narrowing. These trends are no doubt welcome. But a close look at the overall data with respect to present educational levels of women will provide no cause for jubilation<sup>4</sup> (Table 2). In only four Indian states which are not populous – Kerala, Delhi, Goa and Mizoram – more than 50 per cent of the girls had completed primary education; on the other hand "educated girls" are less than 27 per cent in the populous states of the country – Bihar, Rajasthan, UP, MP. There is a correlation between the level of female education and the level of overall social development.

There is considerable epidemiological evidence pointing to the close correlation between the level of female literacy in a community and its nutritional status. One may argue that

"Developed"	Illiterate (%)	"Educated*" (%)
Mizoram	10.6 (+4.2)	53.1 (-8.1)
Kerala	14.9 (+7.7)	68.2 (-6.2)
Delhi	21.7 (+13.2)	62.9 (-13.2)
Goa	25.2 (+13.9)	57.1 (-12.6)
"Underdeveloped"		
Bihar	65.2 (+28.4)	20.2 (-20.3)
Rajasthan	62.9 (+34.7)	21.3 (-28.5)
Uttar Pradesh	57.3 (+29.1)	26.4 (-23.4)
Madhya Pradesh	55.5 (+27.6)	25.8 (-22.3)

\*Educated: Those who have completed primary education and above. Figures within brackets indicate differences with corresponding values for male subjects.



**TABLE 3**  
**Relationship of Female Literacy with Health and Nutritional Status**

State	Female Literacy (%)	Total Fertility Rate	Infant Mortality Rate	Under-Five Mortality Rate	Under Weight (%)
Bihar	29.6	4	89.2	127.5	63
Madhya Pradesh	34.3	3.9	85.2	130.3	61
Rajasthan	25.4	3.63	72.6	102.6	42
Uttar Pradesh	31.5	4.82	99.9	141.3	59
Kerala	82.5	2	23.8	32	28
Goa	72.9	1.9	31.9	38.9	35

*Source: National Family Health Survey, 1998.*

this is not necessarily a 'cause and effect relationship' but just an association and that the very factors in a community that militate against female literacy are the ones that favour poor nutritional status and poor overall development. On the other hand, we have seen from available comparative data from some south Indian states like Kerala, on the one hand, and from some of the states in Central India, on the other, that even in the face of poorer family income, communities with high levels of female literacy are able to achieve better nutritional status (Table 3). Probably families with high levels of female literacy are able to use available resources more optimally and are able to rear their children in more hygienic and healthier ways. Even granting that female illiteracy, poor nutritional status and poor socio-economic development are interrelated and constitute a vicious cycle, we have to break the cycle at some points; providing educational inputs would seem to be the point we should aim at.

This, however, is not going to be easy because in several poor communities where women are being looked upon as being mainly meant for routine household chores for the gratification of their men-folk, education is considered unnecessary; girls are either not sent to schools or are withdrawn from schools after the first two years. The answer to poor female literacy, under the present circumstances, does not just consist in opening more schools, though, especially, in rural areas, schools and schooling facilities must be improved. It is not so much the lack of schooling facilities as the lack of social will (indeed positive social hurdles) to female educa-

tion that is responsible. Even parents who are not averse to sending their girls to schools are afraid to do this for their grown-up girls as they consider this 'risky', given the social and law and order climate in many backward villages.

Under these circumstances till such time as prevailing socio-cultural hurdles continue, we have to think of imaginative ways of providing non-formal education outside the school system for girls in rural areas. This must be considered a challenge to non-governmental organisation. The Nutrition Foundation of India had shown that<sup>5,6</sup> non-formal education programmes beamed to adolescent girls in rural areas can make real headway and will be sustainable when they are combined with programmes for imparting income-generating vocational skills. In other words, vocational training must be an integral part of a non-formal education programmes for adolescent girls in our rural areas. It is rightly said "knowledge is power". The most important means of empowerment of women would be education. If women have access to education and to the acquisition of vocational skills, they will become truly empowered. Even the legal and social hurdles presently on the way to such empowerment will be overcome once women are educated.

● **DECLINING SEX RATIO:** The poor status being accorded to women is alarmingly reflected in the abnormal sex ratio (females per thousand males). Indeed apart from Kerala, in no state in the country does the sex ratio exceed 1,000 as it normally should, as will be seen from the data<sup>7</sup> (Table 4). According to the latest census figures

in India as a whole, the sex ratio has increased from 927 in 1991 to 933 in 2001; but in states like Maharashtra, Gujarat, Haryana, Delhi, Himachal Pradesh, Goa and Sikkim, the sex ratio has actually declined during the last decade. Closer comparison of the sex ratio data for the 0-6 age group on, the one hand, and the 7+ age group, on the other, would show that as against a sex ratio of 945 for the 0-6 age group in 1991, the sex ratio had declined to 927 in 2000, a most disturbing sign. The fact that in some states (Table 4), sex ratio for the 0-6 age group is actually less than that in the 7+ age group would suggest that in these states the decline in sex ratio is gathering further momentum. All this points to deliberate suppression of the birth of female children or even worse, female infanticide. Tightening of the laws against the misuse of prenatal sex detection test has been talked about, but is likely to be ineffective. It is the prevailing mindset that needs to be changed. A girl must come to be viewed as being as much of an asset to the family as a boy. This change in mindset can come about not through exhortation or legislation, but through addressing socio-cultural-economic factors, which are currently responsible for the poor status of women. The laws regarding inheritance of property and ownership must be revised to ensure that girls are not at a relative disadvantage as compared to boys.

To the average Indian, family interests are supreme and often transcend community or national interests. A boy is considered as an 'investment' for the future and as being the one who will carry on the family tradition and family name. The girl, on the other hand, is one who has to be "gifted away" to another family. A girl, therefore, is a "responsibility", while a boy is an investment! This unfortunate mindset has been responsible for the poor status of women. Happily all this is changing. Joint families are now breaking up. Sons, increasingly are not living with their parents. The mother-in-law has progressively ceased to be the proverbial tyrant. The girls of today are more assertive and self-reliant. With migration of the younger generation within the country and outside, the time is fast coming when the older generation must fend for itself. In this changing scenario the heavy weightage now given to boys



**TABLE 4**  
**Sex Ratio in India at National and State Levels in 2001**

India	933 (927)*	
( 0-6 Age Group)	927 (945)*	
( 0-7 Age Group)	935 (923)*	
States	0-6 Age Group	7+ Age Group
Punjab	793	886
Haryana	820	869
Chandigarh	845	763
Delhi	865	813
Gujarat	878	927
Himachal Pradesh	897	981
Maharashtra	917	923
Goa	933	964
Kerala	963	1071
Sikkim	986	858

\*Sex ratio estimates for 1991.

as against girls and the current "son-preference" will progressively diminish. It is now becoming increasingly necessary for both the husband and the wife in a family to be wage earners; and more and more women are being gainfully employed. This situation would contribute to the economic independence and self-reliance of women.

#### ACHIEVING "EMPOWERABILITY"

If we want to bring about a qualitative change, not just in women alone but in the entire next generation, within the next 10 years, the group which we must address are the adolescent girls. These will be the mothers of tomorrow; they will rear the next generation of children. Today they are totally unequipped for the task of motherhood and citizenship. Being uneducated they are not even aware of their rights and of the facilities and services to which they are entitled. As was pointed out earlier, considerable proportions of these girls suffer from anaemia. Many of them especially in the rural areas had been withdrawn from school by their parents who think that schooling doesn't particularly benefit their families in the lives which they are leading. These girls end up by helping their mothers in routine household chores, waiting as it were for menarche to arrive and to get married and then to start their arduous reproductive career. If we want our women

to be not just reproductive, but *productive* if we want them to be educated mothers who will rear their children and shape them effectively and who will play an important part in the community and society around them, we will have to equip them adequately.

What is needed for these girls is an imaginative Integrated National Programme of (a) Health/Nutrition Care; (b) non-formal "education for better living"; and (c) appropriate vocational training designed to impart income-generating skills. Today there is a proposal to launch a National Nutrition Mission. Now we must clearly distinguish between 'relief' operations, which consist in doling out food as charity and 'developmental' programmes. The latter aims at sustained and durable development and improvement in the quality of our resources and to help women to help themselves; the former only help to push the problems of the poor under the carpet for the time being without bringing about a durable improvement in their conditions; they cause dependence and do not promote self-reliance and self-esteem. A Nutrition Mission must be a developmental programme – not just a relief operation. There can be no more meaningful "Nutrition Mission" than the institution of integrated programmes addressed to poor adolescent girls across the country on the lines mentioned above.

There are already several initia-

tives and programmes in the country which seek to address one or other aspect of such an integrated programme. The time has come when there must be a meaningful convergence of these efforts. The major elements of an integrated programme for adolescent girls in our rural areas to be carried out as a national programme in thousands of centres across the country may be briefly outlined.

● **HEALTH/NUTRITION CARE:** Education in health/nutrition care must largely consist in helping the girls to help themselves. Such health/nutrition education must become an important part of a comprehensive programme of "education for better living". Such education must aim at ensuring personal hygiene, cleanliness in the matter of preparation and handling of foods, advice on the choice of inexpensive nutritious food for the family, the importance of green leafy vegetables and fruits which are locally available, care during pregnancy and lactation, child rearing practices and on first aid and treatment of minor ailments.

Studies at Nutrition Foundation of India had shown that administration of iron and folate tablets even once a week could be effective in controlling anaemia. A programme of distribution of such supplements to adolescent girls could become an important part of health/nutrition care and could help these girls avoid being anaemic even at the time of conception. This has to go hand in hand with education of families to improve their household diets with the inclusion of inexpensive green leafy vegetables.

● **EDUCATION FOR BETTER LIVING:** The Nutrition Foundation of India had successfully attempted a comprehensive programme for education for better living and has prepared training modules, which could be suitably adapted and improved, for use in different centres depending on regional factors<sup>5,6</sup>. Home science colleges and NGOs could play an important part in such programmes of non-formal education. Indeed home science colleges could adopt several centres in their locality for this purpose. Participation in such non-formal educational programmes could well become an important part of the training at home science colleges and could greatly



enrich their practical value and national importance. Such non-formal education could, in the absence of formal schooling, help rural girls to gain awareness of basic information and knowledge of the organisation and structure of local administration; and of several programmes and services available to them. Girls entering marriage could be specially given marriage guidance and counselling regarding their marital obligations. This could make them more receptive later on to "family planning" advice and could contribute to better compliance with regard to antenatal programmes, including iron/folate supplementation in pregnancy.

● **VOCATIONAL TRAINING:** As was pointed out earlier, programmes of non-formal education would succeed in attracting and retaining candidates only when vocational training becomes a part of the programme. There are, in fact, already several programmes such as the 'Prime Minister Rozgar Yojana' for employment and the 'Prime Minister Gramodaya Yojana' which are in operation, but are poorly implemented. The latter programme, for instance, which was originally meant to equip women of the village to prepare suitable weaning foods for children, based on locally available foods to be used in state-sponsored supplementary feeding programmes, has now been distorted. The procurement and supply of foods, instead of being a part of community effort of local women, has been parcelled out to contractors. These aberrations must be corrected.

The actual nature of the vocational training programme will have to be decided by the local authorities taking into account local needs, local markets, available facilities and cultural acceptability. Several such vocational training programmes that would contribute to income generation and would be appropriate for rural adolescent girls who have dropped out of schools, have been identified by the Planning Commission, but these have yet to be put into effective operation. Examples of these are:

- Training in food processing.
- Training in preparation of ready-to-eat foods from available rural produce.
- Preparation of cereal-, pulse- and oil seed-based ready-to-eat weaning foods for very young children.

- Training in ethnic textile technology in garment making, block printing and lace making.

- Biotechnology training (for example sericulture, bee-keeping, mushroom culture, floriculture, food technology, wasteland development and waste utilisation).

- Training in nutrition/health care, in order to teach adolescent girls to act as village-based link workers.

These vocations will become viable and will ensure sustained income-generation only when they are part of a well-conceived and well-coordinated over-arching grand design for the empowerment of women. The choice of the vocation must be appropriate to the region. In making this choice the Panchayats and Gram Sabhas must be consulted. Assured markets for the products generated by different vocations must be created otherwise these programmes, after an initial promising start, will wither away. The attempt must be to create, through such programmes, millions of home-based or village-based jobs, part-time or full-time for women in the countryside.

Dedicated NGOs and home science colleges could be co-opted in this effort. Indeed the Home Science Association could set up a special cell of experts to advise and monitor this integrated national effort, which shall be pursued and implemented with the cooperation of the community. Indeed, the involvement of the home science colleges in such a programme could greatly add to national importance and relevance and could ensure that the programme does not become a bureaucratic operation but a truly developmental programme.

Women's role in our national affairs need not, however, be limited to the practice of these, and like, vocations only. There are several thousands of women in India who can reach the heights of human achievement; women who can play leadership roles in public life; who can lead institutions of learning; who can excel in the arts as musicians, painters and actresses; who can be outstanding writers and poets; and who can excel in professions such as law and medicine. There are women who have already burst into the "male bastion" of corporate management and big business. We certainly want more and

more of such women who can brighten the national landscape and lend quality and lustre to national life.

While we should encourage and welcome these peaks of excellence or near excellence, it is important that the ugly craters of deprivation which currently mar the national landscape are removed. We must create a level playing field in which millions of "ordinary" women, instead of living as at present a life of drudgery and down troddedness, will be able to function with dignity, self-respect and self-reliance as productive citizens, and as capable mothers. Those among them who can take wings and fly must certainly have the opportunity to do so; those less well-endowed should still be able to live a productive life of dignity. This is the type of society which we should aim at; this will be "empowerment" of the right kind.

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