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ROLE OF FEMALE STRENGTH AND EMPOWERMENT IN INDIA

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Abstract

Now a day's woman has a very individual arrangement in family in society. Development in any country is not based on only its economic growth but also on the achievements social goals such gender equality in education, health, nutrition, employment opportunity etc.,. Economic and social development of a country can be only meaningful when women are in the conventional of evolution. Empowerment of women in any society may be judge through parameters like employment scenario, sex-ratio, literacy rate, health and nutrition of women. Women empowerment as a perception was introduced at the international women discussion in 1985 at Nairobi, which defined it as redeployment of social power and control of resources in favor of women. Empowerment may be describe as a process which helps people to assert their over the factors which affect their loves. Empowerment of women means developing them as more aware individuals, who are politically active, economically industrious and autonomous and are able to make intellectual discussion in matters that affect them. So Health is necessary circumstance for any kinds of development either society or individuals. As maxim it explains that if we want strong and good persons then we have to focus on their health because besides good health any cannot endure or enjoy their possible or life. When we are talking about women's strength it become much more important, they are the basic pillars of a good family or society or country, and if half of the people of a country in starvation then how it will maintain.

Key words: Women empowerment, Sex-Ratio, literacy, Social power, Education.

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INTRODUCTION:

World Health Organization (1992) describes health as a state of total physical, mental and social happiness and not merely the deficiency of disease of frailty. Health has to be defined from a practical point of view and therefore, it has been defined according to life expectation, MMR, crud death rate, age at marriage etc.,

Reddy(1992) so that the UN has set globally agreed upon target for dropping poverty, hungry, disease illiteracy, environs squalor and preferential treatment against women by 2015. Out of eight Infant Mortality Rates three goals are directly pertinent to the problem of women. They are endorsing gender parity and authorize women; plummeting child mortality, and humanizing maternal health.

Learning is significant factors which direct authority knowledge and skill on strength status. However, we can observer the ill strength incident of women which is extremely a disturbing fact because female are brawny pillars in formation a human being, home, society and nation. therefore her strength cannot be taken for determined .It is very clear that femininity development cannot proceeds unless knowledge is generated among the females regarding their socio-economic condition and how to I, prove them because knowledge is directly related to women's and a strength, chance and welfare.

Education not only develops women's individuality, character and knowledge but their creative capacity also for women in the labor force even a little education greatly increases their earning and also the educational level influence the family size and birth rate, marriage age etc.,

In fact health is studied as a function of health care, returns, learning age sex, race, marital status surroundings pollution, and also certain personal behavior like smoking habits etc., health is also a big factor of labor force contribution rate strength status is often used to explain salary, output, school presentation and fertility also. Health has a needed input to, and goals of, development for women to have a good enough strength status, which are their basic human being rights.

STARVATION:

Starvation is a big problem in India Because India is a patriarchal people where most of the period they are treated as marginalizes, secondary and next individual. They mostly prefer to eat at last and eat remain old either it is sufficient for their sustenance or not. Starvation leads to academic prospective and undermines economic growth as well as undermining health and well-being. Undernourished kids are generally enrolled in school at a later age and suffer from intellectual impairments caused by relating to diet deficiencies. Starvation in children under the age of two can cause irreparable brain damage, retard regular growth and increases the risk of developing chronic disease later a life.

WOMEN MARRIAGE:

In high Infant Mortality Rate and Maternal Mortality Rate this early marriage is a crucial aspect because early marriage impacts a women's health and education .It shows that women is getting married early giving birth also at an early age and it directly impacts her and also her children's health. According to NFHS III carried out in 29 states, shows that in 8 states figure as high as 50%, what is distressing that majority o women are getting married before affecting the legal age o marriage. Nearly 45% of women in India were married of before they turned 18, the worse condition is in Jharkhand and Bihar where it is 61 and 60 respectively and 55% in Rajasthan while 53% in Uttar Pradesh 52.5% cases of early marriage were found in rural areas while 28.1% in Urban and 71% of women who got married below 18 Years had received no education. It is said that 79.1% of children between three to six years were weak in 2006 as compare to 74.2% in 1999 an 56.2% married women in the age group between 15-19 were weak in 2006 as compare to 51.8% in 1999.

The NHS III conducted an interview in 124395 women and shows a another distressing trend in six status Arunachal Pradesh, Punjab, Mizoram, Sikkim, Tripura and west Bengal there is an upward trend of under 18 marriages as evaluate to a lower % (percentage) during the NHS II in 1998-99.There is an inverse link between productiveness rate and level o female education which in turn boost age at marriage and uses of contraception.

AFFECTIONATE TRANSIENCE TEMPO:

India's affectionate transience tempo is 212 deaths per 1,00,000 live birth in 2007-09 to 178 in 2010-12.India is behind the target of 103 deaths per live births to be achieved by 2015 under the united nations millennium development goals. The high rates of Maternal Mortality Rate, Morbidity and sexually transmit infection, including HIV among women as well as the high rates of iron deficiency anemia act as significant barriers of women's productivity and ability to fulfill their responsibilities as mothers, caregivers and income earners.

INFANT TRANSIENCE TEMPO:

Infant transience tempo is the number of deaths of children less than one year of age per 1000 live births.

Type's of Infant Mortality Rate:

Neonatal mortality:

It is newborn death happening within 28 days o birth. Neonatal death is often accredited to insufficient access to basic medical care, during pregnancy and after delivery. This accounts for 40-60% of Infant Mortality Rate in developing countries.

Post neonatal mortality:

It is the death of children aged 29 days to one year. The major contributors to this death are starvation, infectious infections and troubles with the home surroundings.

Perinatal mortality:

It is late fetal death (22 weeks gestation to birth), or death o a newborn up to one week.

Table-1

Infant Mortality rate in India

Year	Male	Female	Total
1961	122	108	115
1981	74	79	77
2003	67	69	68
2012	41	44	42

Source: Model register system, office of the registrar general of India, Ministry of Home Affairs.

From the above table-1 it shows Infant Mortality Rate in India .In 1961 female Infant Mortality Rate was 108 while male Infant Mortality Rate was 122.it shows that in 1961 Female Infant Mortality Rate was less than that of Men, but after it we can be easily analyze that womanly Infant Mortality Rate is always higher than men. Infant Mortality Rate has declining to 41 and 44 respectively for male and female in 2012 .In the past few decades there have been considerable gains in infant mortality and sex ratio parameters but the benefits of a fall in Infant Mortality Rate seem to have accrued more towards male infants. When we think about high Infant Mortality Rate, Maternal Mortality Rate low level o education poor nutrition & Starvation, early age at marriage etc., generally helps immensely and really impacting infant mortality.

Table-2

Sex Ration in India (1951-2011)

Year	**1951**	**1961**	**1971**	**1981**	**1991**	**2001**	**2011**
0-6 sex ratio	-	976	964	962	945	925	919
Sex ratio	946	941	930	933	927	933	943

Source: Survey of India 2011

The Table-2 describes the child sex ratio in India since 1951 to 2011.The child sex ratio shows the 0-6 age group sex ratio and it was 976 in 961 and it has usual on its last legs trends since then. It is 919 in 2011 that is very alarming. The overall sex ratio is also declining regularly since 1951-2001. Although it has 10 points increased in census 2011. Women are generally unaware of their reproductive rights and lack access to reproductive strength in sequence, service and amenities nearly all significant to high rates of unmet stipulate for contraception in low income countries. These are influenced by female Infant Mortality Rate, Maternal Mortality Rate level of education, strength and nutrition, age at marriage etc.,

CONCLUSION:

As we Seen women health have many gears and it is affected many other factors education, service occasion, monetary status, awareness etc., According to NSSO 39% of rural women and 50% of urban women expand their most of time in familial work and 60% of rural and 64% of urban women have to do these domestic work due to that any male member are not involved in work. NSSO also says that women work familial unpaid work 352 minutes (6 hour) in a day while Indian male works only 52 minutes unpaid domestic work per day. On this difference India is the first in all over world while Norvey is the country of least difference with 31 minutes, it shows that women are functioning so much but not getting cash and it affect their service and economic status, and this affect the expenditure upon health of women. Women are working domestic work more men but it is not paid, so that they are not getting income and their economic status is not increasing rapidly and economic status influenced he health very much. According to WEF there is 60% growth in economic part opportunity as compare to 56% in male yet still we have to wait another 81 years or gender equal opportunity like health education disproportion at work place.

SUGGESTIONS:

We have to make concentration at every aspect so that we can work efficiently upon the women empowerment. And overall the key factor of this is attentiveness. Of women are aware towards their rights, policies and programs started by government then they can reach towards empowerment and understand their potential and utilize it.

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