



RESEARCH ARTICLE

ASSESSMENT OF GENDER INEQUALITY IN A RURAL AREA OF KANCHIPURAM DISTRICT

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ABSTRACT

A community based cross sectional study was carried out among 222 women during the month of January 2017 in Chunampet, a rural area in Kanchipuram District, Tamil Nadu, South India, also the field practice area of Rural Health Training Centre, Pondicherry Institute of Medical Sciences. Based on previous studies, prevalence of Gender inequality among the families in rural regions in India was presumed to be 60%, and the minimum required sample size was calculated to be 222. Data was collected using a predesigned and pretested questionnaire, which included Socio-Demographic profile of the Family, Education details of children aged 5 to 17 years (Only if there is a female child in the family) and Nutritional status of the child (Up to 15 years) were studied. All married women in the study area, who gave consent to participate are included in the study.

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INTRODUCTION

Gender inequality refers to unequal treatment or perceptions of individuals based on their gender. Gender inequality is a result of the persistent discrimination of one group of people based upon gender and it manifests itself differently according to race, culture, politics, country, and economic situation. Some of the important facts by UNICEF (2014) regarding gender parity globally, about one third of women aged 20 to 24 were child brides. Every 10 minutes, somewhere in the world, an adolescent girl dies as a result of violence Out of an estimated 35 million people living with HIV, over 2 million are 10 to 19 years old, and 56 per cent of them are girls. In the Arab States and sub-Saharan Africa, almost two in three out-of-school girls are expected never to go to school .Thousands of girls are kept away from school due to poverty; institutional and cultural barriers; pressure for early marriage; lack of safety in getting to school; lack of separate latrines for boys and girls; sexual harassment and gender-based violence in schools. The Census of India and the National Family Health Survey (NFHS), analyzes child sex ratios (0-6 years of age) and the increase in son preference in India. Latest census data (2011) shows that the child sex ratios (females per 1,000 males) have decreased compared to data from the last five decades.

Prenatal sex determination coupled with sex selective abortions largely account for this skewed sex ratio in India. Son preference has serious negative effects on women's health, fertility choices, and future well-being of girls. In India there is high maternal mortality ratio of 212 maternal deaths per 100,000 births despite the country's rapid economy growth rate. Gender inequality can be of many types like Mortality Inequality, Natality Inequality (preference is given to boys over girls), Employment Inequality, Ownership Inequality, Special Opportunity Inequality, Basic-Facility Inequality, Household inequality. Thus gender disparity is an important social issue widely prevalent in rural areas. Hence a study was conducted to identify existing gender disparity in a rural area of Kanchipuram district of Tamil Nadu.

MATERIALS AND METHODS

A community based cross sectional study was carried out among 222 women during the month of January 2017 in Chunampet, a rural area in Kanchipuram District, Tamil Nadu, South India, also the field practice area of Rural Health Training Centre, Pondicherry Institute of Medical Sciences. Based on previous studies, prevalence of Gender inequality among the families in rural regions in India was presumed to be 60%, and the minimum required sample size was calculated to be 222, with an absolute precision of 10% and an alpha error of 5%.

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Out of 10 villages in chunampet panchayat, two villages were selected simple random sampling. From these villages Streets were selected randomly and all the households in the street were included in the study. Data was collected using a predesigned and pretested questionnaire, which included Socio-Demographic profile of the Family, Education details of children aged 5 to 17 years (Only if there is a female child in the family) and Nutritional status of the child (Up to 15 years) were studied. Participant information sheet was provided and written informed consent was obtained before the participant was interviewed. All married women in the study area, who gave consent to participate are included in the study.

Data Analysis and Statistical methods: Data entry was done in MS office Excel 2007 and statistical analysis was done using SPSS version 21.0. Chi square test was applied to test statistical difference in proportions and a P value of <0.05 was considered statistically significant.

Table 2. Age distribution of respondent' children

Variable	0	1	2	3	4	5
No. of children of the participant	14 (10.4%)	56 (25.5%)	97 (43.3%)	28 (12.6%)	17 (7.7%)	10 (4.6%)
0 and 1						
2 and 3						
>3						

The above table indicates that majority of the participants, about 43.3% have 2 children

Education

Distribution of women who discontinued their school education out of 222

Variable	Yes	No
Discontinued school	212(95.5%)	10(4.5%)

The above table shows that about 95.5% of the participants discontinued their school education

Distribution of study participant's reason for school discontinuation

Variable	Not interested	Marriage	Poverty	Failed exam
	85.5%(190)	6.3%(14)	4.5%(10)	3%(8)

The above table shows that 85.5% of the school discontinuers discontinued as they were not interested

Distribution of participant's male and female based on type of school

	Government	Private	None
Male	1.8%(4)	5.5%(12)	92.7%(206)
Female	13.1%(29)	5.5%(12)	82.8%(184)

Majority 129(58%) study participant's girl children were studying in government school and 13% studied in Government College and almost 82.8% female children did not pursue higher education.

Inequality in health: Majority 169(76.2%) of the study participant's family members care for women health and 128(57.7%) study participant's husbands are involved in child care whereas number of husbands who do not share household works with wives was 146(62.7%).And 159(66.7%) of women depend economically on their husband.

QUESTION	YES	NO
Does family members care for participant's health	169(76.2%)	53(23.9%)
Study participant's husband involved in child care	128(57.7%)	94(42.3%)

Inequality in marriage and reproductive life

QUESTION	YES	NO	None
Total no. of study participant's prefer male children	179 (80.6%)	43 (19.3%)	NA
Person who went under permanent family planning method	154 (69.4%)	9(4.1%)	59(26.6%)
Family planning adopted by male , female	4.1% (9)	69.4% (154)	26.6% (59)

Distribution of respondent prefer male child

Question	Yes	No
Study participant depend economically on their husband	159 (71.1%)	63 (28.3%)
Does participant have rights to vote as per their will?	182 (82%)	40 (18%)
Is there safety for women in their area?	74 (33.3%)	148 (66.7%)
Was opinion sought in your marriage?	175 (78.8%)	47 (21.2%)
Response for remarriage for woman allowed after death or divorce of husband in your area?	10 (4.5%)	212 (95.5%)

Among 222 household, majority 179 (80.6%) of mothers prefer male child whereas 163(73.4%) other family member of the study participant prefer male child. Majority of women 149 (67.1%) participate in decision making in family, there was majority 154 (69.4%) family planning were opted by women while it was just 9(4.1%) men who did family planning. Almost 184(82.9%) have no restrictions in social participation like being a member of local panchayat, municipality etc. and 182(82%) women have rights to vote as per their will but 148 (66.7%) of women said that there is no safety for women in their area.

In the study area, 175 (78.8%) of women responded that their opinion were sought in marriage but almost 212 (95.5%) women said remarriage for woman is not allowed after death or divorce of husband whereas 154 (69.4%) woman said that remarriage is accepted and allowed for men in the society. Only 26 (14%) woman were allowed to pursue their career and 24(10.8%) were allowed to continue their job after their marriage this is because majority of study 149 (68%) women were not pursuing or working before marriage. Many of women 85.5% discontinued their schooling because they were not interested and 52.8% of the participants no equal share of property was given from their family, about 33.3% of the participants do not have separate bank account.

Question	Yes	No	not applicable
No. of woman allowed to pursue their career after marriage			
Yes	26 (14%)	67(28.4%)	149(68.9%)
No			
Not applicable			
No.of participant allowed to continue their job after their marriage	24(10.8%)	52(21.2%)	146(65.8%)
No.of participant pursuing or working before marriage?	73(32%)		149 (68%)
whether equal share of property was given from their family?	104(46.8%)		118(52.8%)
Whether do you have separate bank account?	148 (66.7%)		74(33.3%)

RESULTS

Among 222 household, majority 179 (80.6%) of mothers prefer male child whereas 163(73.4%) other family member of the study participant prefer male child. Majority of women 149 (67.1%) women participate in decision making in family, there was majority 154 (69.4%) family planning were adopted by women while it was just 9(4.1%) men who did family planning. Majority 169(76.2%) of the study participant's family members care for women health and 128(57.7%) study participant's husbands are involved in child care whereas number of husbands who do not share household works with wives was 146(62.7%). And 159(66.7%) of women depend economically on their husband. Almost 184(82.9%) have no restrictions in social participation like being a member of local panchayat, municipality etc. and 182(82%) women have rights to vote as per their will but 148 (66.7%) of women said that there is no safety for women in their area. In the study area, 175 (78.8%) of women responded that their opinion were sought in marriage but almost 212 (95.5%) women said remarriage for woman is not allowed after death or divorce of husband whereas 154 (69.4%) woman said that remarriage is accepted and allowed for men in the society.

Only 26 (14%) woman were allowed to pursue their career and 24(10.8%) were allowed to continue their job after their marriage this is because majority of study 149 (68%) women were not pursuing or working before marriage. Many of women 85.5% discontinued their schooling because they were not interested. In the study, 97(43.3%) woman had 2 children, 56 (25.5%) woman had one children, 28 (12.6%) woman had 3 children, 17 (7.7%) woman had 5 children and 14 (10.4%) had no child. Nearly 118(52.8%) responded that they were not given equal share of property from their family. And 148 (66.7%) have a separate bank account. Majority of women participants were not member of social organizations like panchayat and municipality. Majority 129(58%) study participant's girl children were studying in government school and 13% studied in Government College and almost 82.8% female children did not pursue higher education.

DISCUSSION

Our study results showed that in our study population 82% of women vote as per their will. This is similar to the study conducted by Praveen Rai et al in 2004 which showed that 89% of women voted according to their will in the 2004 general elections. In our study 66.7% of the study participants agreed that there is no safety for women in their area which is consistent with the study conducted by Manikamman an

Radhika MK et al which showed that the proportion of IPC crimes committed against women towards total IPC crimes has increased continually during last 5 years from 7.9% in 2005 to 9.2% during 2009. In our study 67.1% of the study participants participate in the decision making of the family which is higher than that of the results from the study conducted by Khanam, Rahima et al which showed 44 percent of nonworking wives participated in family decision and 56% of working wives participated in decision making of family. In our study 95.5% of our study participants reported that remarriage for woman is not allowed in the society after the death or divorce of their husband which is very low compared to the study conducted by Bhim raja et al in 2003 that showed 82 per cent of respondents had favourable attitude towards widow marriage. In our study 62.2% of mothers preferred to have male child which is in consistent with the study conducted by Mahalingam et al in 2007 which showed that 63% of the respondents had expressed their contentment with either gender choice. Majority (22.2%) had expressed their desire for a male child followed by 14.4% for female child in a study conducted in Surat in 2007. similarly another study shows that 46% of women wanted more boys than girls and 54.1% wanted equal numbers of boys.

In our study 73.4% of study participant's family members had preference for male child which was consistent with the study conducted by Nielsen BB et al in 1997 showed that Girls had an excess neonatal mortality. The excess neonatal mortality among girls constitutes about one third of the pre-natal mortality rate. It seems to be linked to a preference for sons.⁹ and to the study conducted by Pande ,RP et al in 2003 showed that the preference for sons persists, and boys who were born after multiple daughters have the best possible outcomes regarding the child's nutrition and immunization.¹⁰ In another study conducted by Tragler et al in 2011 concluded that The reason stated for induced abortions was related to sex of the child 51.7% of the cases and in 83.9% of the abortions were induced to prevent the birth of a female child. There was a preference for male children in the study families. In our study 69.4% of the study participants underwent family planning which is consistent with a study conducted by Arundhati Char et in 2009 showed that 34 % of men reported that their wives had been sterilized; 79% of men who did not rely on any permanent method said they wanted their wives to be sterilized. Men reported that they are their family's sole decision maker about reproductive health. In our study population 76.2% of their family members care for women's health in the family this much higher compared to the study conducted by Aparajita chattopadhyay et al showed that not even 50% of the husbands are present in any antenatal check-up.

Conclusion

Gender preference for male was found to highly prevalent among the study population. Women empowerment and its awareness among the mass is the need of the hour.

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