

An assessment of the role of socio-economic and educational status of Women on their marital life and child care in Salem District, Tamilnadu, South India

R.Saravanan^{1*}, R.Ganapathi Raman², S.Thamilarasan³

^{1,3}Department of Economics, Annamalai University, Annamalainagar 608 002, India.

²Department of Engg. Physics, Annamalai University, Annamalainagar 608 002, India.

Abstract

The present study on conceptualizes women's status at the micro-level using the household as a unit and at the macro-level using society as a unit and evaluates the status of women in Salem district, South India based on the variables *viz.*, occupation, age at marriage, age of first conception, number of conception, abortion, prenatal checkup, breast feeding, food, nutrition, educational status, and child care. The results show that among the poorer sections of the population, the probability of a child's death is greater for a mother who is employed than for the one who is unemployed.

Keywords : child death, family welfare, fertility planning, occupational segregation, socio-economics, women status, women health

INTRODUCTION

In India women are considered to be the trend-setters in the family as their views and practices are more likely to influence the thinking of other members of the family, and especially the older women become role models for younger females in the household. The relationship between women's status and fertility has received a considerable amount of attention both in developed and developing countries. The average age at marriage for girls, prior to 1951, in India was thirteen years, as compared to a high of eighteen years in the present time. In the eastern part of Uttar Pradesh state of India, the average age at marriage is sixteen years (Singh 1976). Similarly, the total fertility rate has also declined from 6.37 in 1951 to 4.57 in 1991 (Bhargava and Saxena, 1987). A reduction in the number of births may be due to a rise in the status of women due to increasing levels of literacy among women, which is 39 percent for India at the present time (Sipila, 1975).

Though the International Women's Decade from 1975 to 1985 highlighted the need to raise the status of women, it seems that the low status of women, especially in rural areas, where about 80 percent of all eligible females of reproductive ages live, may be one of the causes of a delayed fertility transition in India (MHFW, 2004).

Recent studies have argued that women's status is the single most important and useful element in understanding the demographic situation in India (Forbes, 1996 and OECD, 2002). A number of previous studies have defined women's status by taking into account factors such as education, employment,

salary and nature of work (Dyson and Moore, 1983; Carr and Conklin, 2002). In recent years, women's participation in the household decision making process has substantially increased.

In Indian society, a woman is expected to run the household, assume major responsibilities of child-rearing, and make adjustments and compromises with her husband and other family members. In south India women hold a higher status by virtue of their lineal heritage, educational attainment, and ownership of land and other properties.

The objective of the present article is to evaluate the fertility levels of women's status according to caste, education of husband, educational status of household, economic status of household, autonomy in decision-making, role of women in society, and their interactions with the media.

AREA PROFILE

The study area *viz.*, Salem District, Tamilnadu, South India is located between 11° 14' and 12° 53' N, 77° 44' and 78° 50' E in the western part of the southernmost state of India, *viz.*, Tamilnadu. The total population in the district as per 2001 census is 3,016,346. Salem has an average literacy rate of 71%, higher than the national average of 59.5%: male literacy is 76%, and female literacy is 65%. The proportion of males and females in the total population is 51.83%, and 48.17%, respectively. Out of total population, nearly 68% live in rural areas and 32% live in urban areas.

METHODS

Totally 300 women were sampled using specifically designed questionnaire. The questionnaire schedules included the questions generally used in any standard

*Corresponding Author
email: saraneco@gmail.com / ganapathiraman83@gmail.com

Table 1. Occupation-wise women status in Salem district, Tamilnadu, South India

Socio-economic & Health profiles	Occupation				Total	%
	House wife	Manual Laborer	Private Sector Employee	Govt Sector Employee		
No of respondents	77	123	56	44	300	
%	26	41	19	15	100	
Age at marriage (years)						
Below 18	33	28	7	5	73	24.33
18-21	30	59	8	6	103	34.33
21-25	8	21	26	15	70	23.33
Above 25	6	15	15	18	54	18.00
Age at first conception (years)						
Below 18	44	23	8	5	80	26.67
18-21	22	53	9	11	95	31.67
21-25	6	26	12	9	53	17.67
above 25	5	21	27	19	72	24.00
Total conception						
1	33	57	41	33	164	54.67
2	22	35	7	5	69	23.00
3	12	20	5	4	41	13.67
4	10	11	3	2	26	8.67
Total abortion						
nil	43	52	6	5	106	35.33
1.00	13	49	30	21	113	37.67
2.00	21	22	20	18	81	27.00
Prenatal checkup						
3 times	9	63	11	10	93	31.00
4-5	26	52	31	19	128	42.67
Above 5	42	8	14	15	79	26.33
Health care						
i) TT (Tetanus toxoid) immunization						
Yes	52	44	35	37	168	56.00
No	25	79	21	7	132	44.00
ii) IFA (Iron Folic Acid) tablet						
Yes	24	66	22	11	123	41.00
No	53	57	34	33	177	59.00
iii) Advices from HCP (Health Care Personal/Dr						
Yes	46	59	22	19	146	48.67
No	31	64	34	25	154	51.33
Initiation of FBF (First Breast Feeding)						
less than 1.5 h	30	66	8	6	110	36.67
1.5 - 2 h	25	33	12	5	75	25.00
2 - 6 h	12	12	26	20	70	23.33
Above 6 h	10	12	10	13	45	15.00

Table 1 Contd.,

Socio-economic & Health profiles	Occupation				Total	%
	House wife	Manual Laborer	Private Sector Employee	Govt Sector Employee		
Frequency of Breast feeding						
hourly	33	39	10	6	88	29.33
Two hourly	36	69	19	8	132	44.00
on demand	8	15	27	30	80	26.67
Duration of Breast feeding						
Below 6 months	9	17	10	13	49	16.33
6-12 months	21	49	32	8	110	36.67
1-2 years	26	45	8	18	97	32.33
above 2 years	21	12	6	5	44	14.67
Types of weaning food						
Liquid	7	21	9	11	48	16.00
Semi solid	5	39	26	13	83	27.67
Solid	65	63	21	20	169	56.33
Child birth weight						
Below 2.5 kg	11	33	12	6	62	20.67
2.5-3 kg	35	56	33	26	150	50.00
Above 3 kg	31	34	11	12	88	29.33
Literacy level						
Primary level	27	49	7	4	88	58.13
Below 12 th standard	14	26	17	11	101	45.89
UG (Under Graduate)	9	20	9	14	49	32.01
PG (Post Graduate)	3	7	10	4	33	17.15
Above PG	0	2	7	8	29	10.38

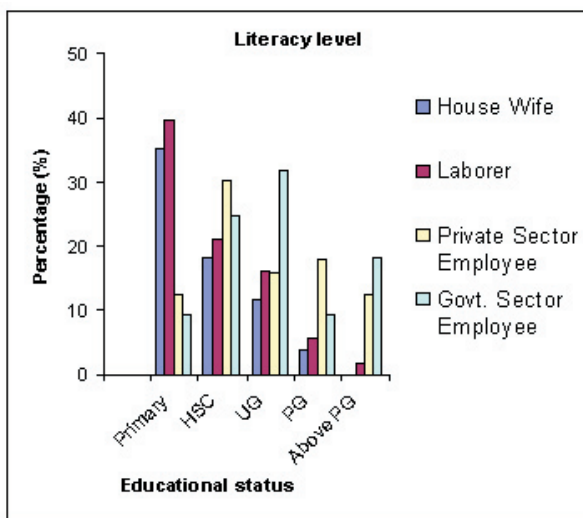


Figure 1. Women’s educational status and nature of employment in the of Salem district, Tamilnadu, South India (HSD - Higher Secondary’ UG - Undergraduate; PG - Post Graduate)

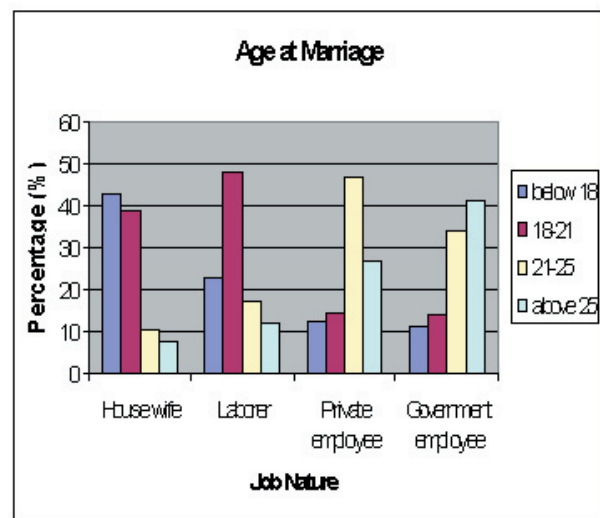


Figure 2. Woman’s age at marriage and their employment status in the Salem district, Tamilnadu, South India

socio-economic and demographic survey. On average, an interview lasted 45 minutes, thus taking a total of six months to complete the survey starting from March to August 2006. The language used in designing the questions was English, although the respondents were given a choice to speak and write in their own language and dialect.

RESULTS AND DISCUSSION

Table 1 summarizes the results of the present study and Fig. 1 shows the educational status of women in different occupations in the present study area. Collected sample ranged in age from 17 to 39 years, with a mean age of 25.3 ± 4.7 years, and a mean height of 150.3 ± 5.0 cm. The mean body weight was 52.6 ± 6.7 kg. Overall, 7.67% have not gone even to primary level of education. In total 42% of house wives are in Self Help Groups (SHG). Nearly 27% of house wives are self employed (like tailoring, knitting, pickle production, etc). The results show that 31% of them are house wives, 15% manual laborers, 11% private sector workers and 7% are Government employees who have not completed primary education. Comparing Figs. 1 & 2, it is inferred that 45.0 % of house wives got married below the age group of 18 years, 57% of house wives conceived below 18 years of age 13% of house wives had more than 3 conceptions which may due to low literacy level among the women in Salem district. The mean gestational delivery period was 36.8 ± 5.9 weeks and birth weight was 3179 ± 483 g. In private and government sector employees, number of times of breast feeding and frequency of breast feeding for their children are only on demand because the time associated with children is very low. Among the poorer sections of the population, the probability of a child's death is greater for a mother who is employed than for one who is not. Thus the present study clearly established that the educational, socio-economic and employment status of women greatly influence their health, marital life, child birth and child care in the Salem district of Tamilnadu State, South India. So, various Government Family Welfare Schemes should take into account these factors when implementing them for the betterment of women's status.

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