

Literacy for Empowerment: Socio-economic and Health promotion programs among Islam rural women in India.

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BACK GROUND: All religions honour women and value their paramount role in the family as well in the society. Today, to empower women and enable them to effectively utilize their abilities and contribute to socio-cultural development and Nation building, side by side with men, we must focus our attention to protect and safe guard their rights and oppose all acts of violence against them. The quality of life of the people is the most important indicator of the socio-economic development of all societies. In India to adopt messages relating to small family and better quality of life- education, health and socio-economic interventions and their values in achieving the goals are set forth in National health and population policy. Significance of education and its integration at all levels of education has been accorded high priority. In the common perception literacy is equated with the signing of one's name. The National literacy mission defines literacy as acquiring the skills of reading, writing and arithmetic and the ability to apply them to one's day-to-day life. The noble prize winner AmartyaSen in his book, "The argumentative India", while speaking of the stupendous success of east and south countries has attributed it to mass participation in economic expansion through policies like extensive schooling, high literacy, good health care, wide spread land reforms and some considerable fostering of gender equity through female education and employment.

Millennium declaration explicitly recognizes that the equal rights and opportunities of men and women must be assured and millennium development goal 3, specifically addressed the promotion of gender equality and women's empowerment. In addition, gender equality is recognized as key in achieving all eight goals. Violence against women (VAW) was said to be widely accepted socially and culturally. This was recognized with millennium declaration of September, 2000, in which general assembly of United Nations resolved "To combat all forms of VAW and to implement the convention on the elimination of all forms of discrimination against women". Such violence is intimately associated with complex social conditions such as poverty, lack of education, gender equality and health concerns.VAW occurs in all social and economic classes, all religions, but women living in poverty are more likely to experience violence. There is no exception for Islam Women in India violence is concerned; mostly they took physical, sexual, emotional and domestic forms of violence. According to available census National female literacy rate is 54.6%, which is 3.73% lower to National literacy rate in Andhra Pradesh (50.43%). In case of Islam female literacy rate is only 14.38% in Andhra Pradesh, which is lower to 39.78% and 36.05% to National and state female literacy rate. The down turn in Islam female groups' socio-economic and health perspectives has formulated for application of this research.

Objectives: The objectives of this project are aimed at promotion of rural Islam women's social and economic perspectives has formulated through application of this research.

Methods and Materials: A community based pro-active research is under taken by the social organization with 300 Islam women from rural site of Anantapur dist., Andhra Pradesh, India, who experienced the problems of socio-economic, health and gender based violence (GBV) as focus group. This is an on going research project from June, 2010. This presentation describes social, economic, educational, GBV and health profiles of the target group and the interventions selected for empowerment.

Table 1

Social, economic, literacy and GBV profile of the participants

S no.	Variable	Group	Number	percentage
1.	Age	18-30	197	65.7%
		31-45	103	34.3%
2.	Marital status	married	238	79.3%
		Unmarried	24	8%
		Widows	27	9%
		Diverse	11	3.7%
3.	Education	illiterate	42	14%
		Presecondary edn.	174	58%
		Secondary edn.	46	15.3%
		Religious edn.	38	12.7%
4.	Occupation	agriculture labour	132	44%
		Vegetable sellers	39	13%
		Petty business	48	16%
		Cattle work	43	14.3%
		House servants	38	12.7%
5.	Income level	below Rs.25000	168	56%
		Rs.25000-Rs.35000	89	29.7%
		Above Rs.35000	43	14.3%
6.	Victims of GBV	physical abuse exerience	68	22.7%
		sexual abuse exerience	96	32%
		psychological abuse exerience	84	28%
		Free from GBV exp.	48	16%

Table 2

Health related profile of the participants

s no.	Parameter	access	No access
1.	Reproductive health Services and knowledge	68	232
2.	Spiritual health	104	196
3.	Primary health care	41	259
4.	Social health	47	253
5.	Clean drinking water	112	188
6.	Sanitation facilities	97	203

Selection of Intervention Models:

Supportive model interventions: Integration of income generating activities for economic empowerment, literacy programs for intellectual empowerment, training for communication and pro-active programs for health status promotion.

Treatment model interventions: Spirituality, health promotion programs and income generating self help groups (SHG's) programs.

Results: The project demonstrated significant progress in health related issues, social and economic perceptions.

Table 3

Results of health related interventions

Measurement area	pre intervention	post intervention	Mean dif.	t	sig
Mental health	2.9	5.2	2.3	1.284	0.10
Spiritual health	4.1	6.8	2.7	1.650	0.05
Socio health	3.2	5.4	2.2	1.284	0,10
Emotional health	3.1	5.6	2.5	1.652	0.05
Intellectual hea	3.4	5.8	2.4	2.289	0.10
Reproductive Health knowledge and practice	3.8	6.9	3.1	1.648	0.05

Table 4

Results of economic status interventions

Increase in income	number	mean	SD	paired 't' value
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Before joining SHG's	300	1965-00	2436-97	
After joining SHG's	300	2472-52	1954-65	1.682

Significant at 0.05 levels

Discussion: Results in table 3 and 4 clearly indicates that the interventions implemented have very significant on Rural Islam women's socio economic and health perceptions. The findings of Sindhuja and Sridevi (2010) has high correlation in increase in income levels after joining SHG as well as health perspectives reproductive and mental health.

References :

1. Sindhuja.p and Sridevi.v, (2010) "self health groups and economic empowerment", Indian journal of population education, 53, april-june, 2011.
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