Socio-Economic Status and Demographic Situation from a Gender Perspective With Reference To North-East India

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Abstract

A population's standard of living and level of development are strongly influenced by its socioeconomic and demographic circumstances. In order to comprehend the gender gap in health, literacy, employment, education, and social involvement, it is helpful to examine these circumstances from a gender perspective. This research takes a gendered look at the demographics and socioeconomic standing of Kaliabor Sub-Division in Nagaon District, Assam, and compares it to the rest of North-East India. Important metrics including gender ratio, literacy rate, occupational breakdown, and access to economic and social possibilities are the centre of the research. The study sheds light on both the areas where we have made great strides and those where gender inequality persists. Regional development patterns may be better understood, and policies can be developed to promote gender equality and inclusive socio-economic growth in the research area and the North-Eastern region based on the insights provided by the results.

Keywords: *Rural; Assam; Socioeconomic; North-East; Demographic*

1. INTRODUCTION

Generally, in rural Assam, women play a very important role in the family in making a happy and prosperous home. A family can't be a happy and prosperous home without a healthy wife (woman). Women's health is an example of population health, where health is defined by the World Health Organisation (WHO) as "A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Empowering women is an important factor for socioeconomic and political development of modern society, so women's health is one of the basic components. Better health care facilities provided to women have been considered as an important way to empower women in several ways. The current research found that environmental and socioeconomic factors are strongly correlated with rural women's health status in the Kaliabor Sub-Division of Nagaon District, Assam. Because of their vital roles in supporting their families and the local economy, rural women are an integral aspect of rural life. Nevertheless, because of their low income, intense effort, lack of education, and little access to healthcare, their health conditions are still precarious. Most rural women are from lower-income families, according to the responders' socioeconomic profile. They are unable to afford healthy meals and adequate medical care because of their low income levels. Agricultural labour and housework both put a lot of physical pressure on people's bodies, which may cause issues like weakness and exhaustion.

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2. LITERATURE REVIEW

Lakshmi, V.Vijaya. (2025) Women make up over 50% of the global population. In most people's eyes, they are the lifeblood of any nation's economy. In our nation, women put in more hours than men do, whether they're working in an urban or rural setting. Women only do prawn peeling and packing at processing factories in the West Godavari district of Andhra Pradesh. All these tasks are very labour-intensive and put a heavy burden on women. Postural abnormalities such as hunched backs, aches and pains in the legs and calf muscles, shoulders and arms, stings and pricks from thorns, and painful, infected feet with fungal growths are all symptoms of the constant bending required for fuel and fodder collection, weeding, and transplanting.

Kapur, Radhika. (2019) The value of women is undervalued in rural areas. There are communities where they face discrimination compared to males. They have to put their all into taking care of domestic chores and are cut off from certain possibilities and privileges as a result. Efforts are underway today to ensure that women are treated with the same respect as men. There has been a shift in rural people's attitudes, and they now see women and girls as having equal standing. The socio-economic position of rural women, their labour force involvement, reasons that negatively affect their status, and ways to improve it are the primary issues considered in this study.

Ramu, Hariharan. (2016). This study looks at how rural women in India are doing in terms of their health. Nutritional stress, fertility, reproductive health, cultural barriers, health care demands, general women's lack of knowledge, reproductive health awareness, gender discrimination, and women's rights were all examined in the review. More targeted and integrated studies on women's health status are required since women experience many distinct health challenges compared to males. Therefore, this study recommends that researchers in the area of women's health conduct a variety of studies to ensure the overall health condition of women.

Dunban Janna, (2011) is trying to address gender inequity through health, education and livelihood programs. Women are generally more scrutinised in rural areas where 73 per cent of the poor live. This poverty can lead to nutritional, social and educational discrimination. All of these factors affect the health of women. The National Family Health Survey III states that optimal breastfeeding prevents many dangers of malnutrition. The rate of breastfeeding within one hour of birth is only 25 per cent in India. New mothers also lack access to adequate care during their pregnancies, during delivery and postnatal care. CARE India focuses on the right to Education, Food security, Disaster Management and sexual, reproductive and maternal health.

George (2007) Rural women in Koppal, Karnataka were found to repeatedly accessed informally as well as formally qualified health providers, located in government and private services, both in and outside the district, but they still failed to get effective obstetric care. Observations made in the study found the following service delivery failings, such as weak information systems, discontinuity of care, unsupported health workers, haphazard referral systems and distorted accountability mechanisms.

3. METHODOLOGY

Primary Data is collected through field visits, interviews, or interactions with rural women and ASHA (Accredited Social Health Activist) as well as a household survey. The survey of the household is conducted randomly. The stratum comprises the locality as well as the community. Within the locality or community, a simple random technique is used. The interviews as well as field visits are conducted at seasonal intervals. The secondary data is collected from the records of Health care centres, revenue circles, state government organisations such as ASHA (Accredited Social Activist), Health and Family Planning Department and Government dispensaries.

4. RESULTS & DISCUSSION

This research on rural women's health in Nagaon District, Assam, focuses on the socio-economic characteristics of the respondents. When trying to make sense of rural women's health, nutritional status, and access to healthcare, it helps to have a firm grasp of the respondents' socioeconomic backgrounds. Rural families' living circumstances and

health status are greatly impacted by socio-economic factors. Rural life predominates in Kaliabor Sub-Division, where most families still till the land or engage in manual labour. Agriculture is the mainstay of the economy. The rural homes represented by the respondents come from a wide range of socioeconomic backgrounds and reflect the diversity of rural life in general.

- **Population Structure**

A reflection of the demographic trend in rural Assam, the respondent population structure reveals that women of working age make up the majority. Women manage households, labour in agriculture, and engage in other economic activities, as seen by the high proportion of working-age respondents. The fact that a large percentage of respondents are women of childbearing age shows how important reproductive health is for rural women. Weakness, chronic sickness, and diminished physical ability are some of the age-related health concerns that need to be addressed, as shown by the presence of respondents who are old.

Table 1 Population Structure

Category	Frequency	Percentage (%)
Young (18-30)	140	37%
Middle (31-45)	150	39%
Older (46+)	93	24%
Total	383	100%

Approximately 37% of the respondents are in the younger age bracket, approximately 39% are in the middle age bracket, and almost 24% are in the senior age bracket, according to the demographic breakdown of the sample. It may be inferred from this that most of the responders are of working age. The preponderance of the younger and middle-aged generations is indicative of the rural demographic pattern seen in Kaliabor Sub-Division, where women play an essential role in both domestic and agricultural pursuits. In general, the age distribution points to a well-rounded demographic structure, with a sizable proportion of the population being of working age.

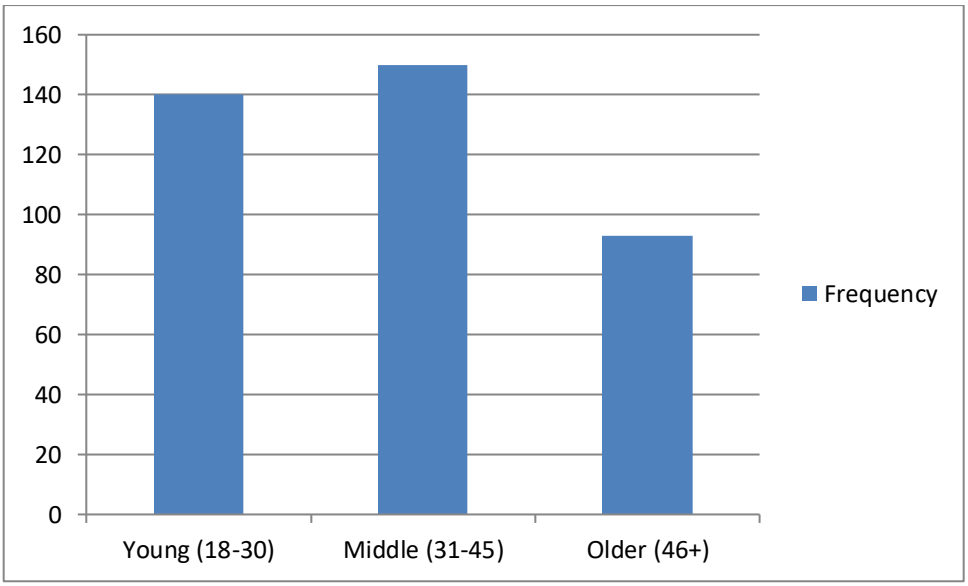

Figure 1 Population Structure

- **Sex Composition**

An essential aspect of demographics, sex composition shows how the population is divided between the sexes. The gender breakdown of the respondents in Kaliabor Sub-Division shows that men and females are almost evenly represented. This research, which aims to examine the health status of rural women, greatly benefits from having a somewhat greater number of females. Social stability and positive demographic traits are both reflected in an area with a balanced sex makeup. Rural women are an integral part of the economy and society at large, and they also make up a sizable portion of the rural population. Rural development should prioritise women's health because of the significant role women play in agriculture and household chores.

Table 2: Sex Composition

Category	Frequency	Percentage (%)
Male	188	49%
Female	195	51%
Total	383	100%

According to the data, about 49% of the people who took the survey are men and roughly 51% are women. A balanced and favourable sex ratio is shown in the slightly larger number of females in the research region. This pattern of distribution is characteristic in rural Assam, where the gender gap is not as wide as in other parts of the country. Having a balanced sex mix reflects the demographic features of Kaliabor Sub-Division and helps to societal stability.

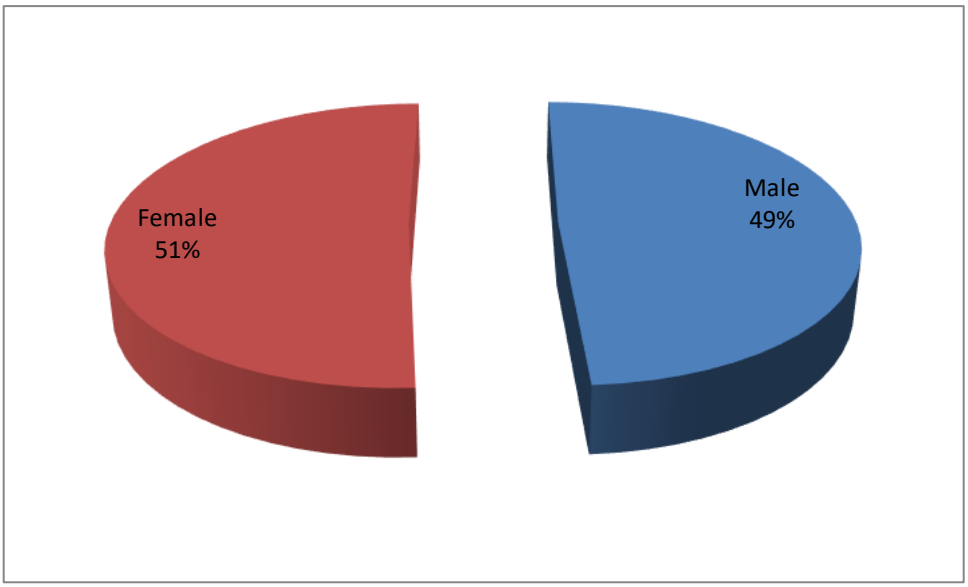

Figure 2 Sex Composition

- **Educational Qualification**

Table 3 Educational Qualification

Category	Frequency	Percentage (%)
Illiterate	120	31.33
Primary	95	24.8
Middle	70	18.28
Secondary	55	14.36
Higher Secondary	28	7.31
Graduate & above	15	3.92
Total	383	100

The respondents' educational status is shown in the table. An alarmingly high percentage of female respondents are illiterate (31.33%), suggesting that the sample population as a whole lacks even the most fundamental forms of education. Some 24.8% of respondents have finished elementary school, while 18.28% have studied all the way to middle school, indicating that a large number of women have only completed elementary school.

In addition, although 14.36% of respondents have finished secondary school, only 7.31% have advanced beyond that level, suggesting a steady drop in educational achievement. Just 3.92 per cent of those who took the survey had a bachelor's degree or above, indicating that women in this region do not have much access to higher education. Most respondents had poor educational attainment, with the majority being illiterate or having just completed elementary and middle school; according to the data, this points to the need to raise women's consciousness and provide them with better educational possibilities.

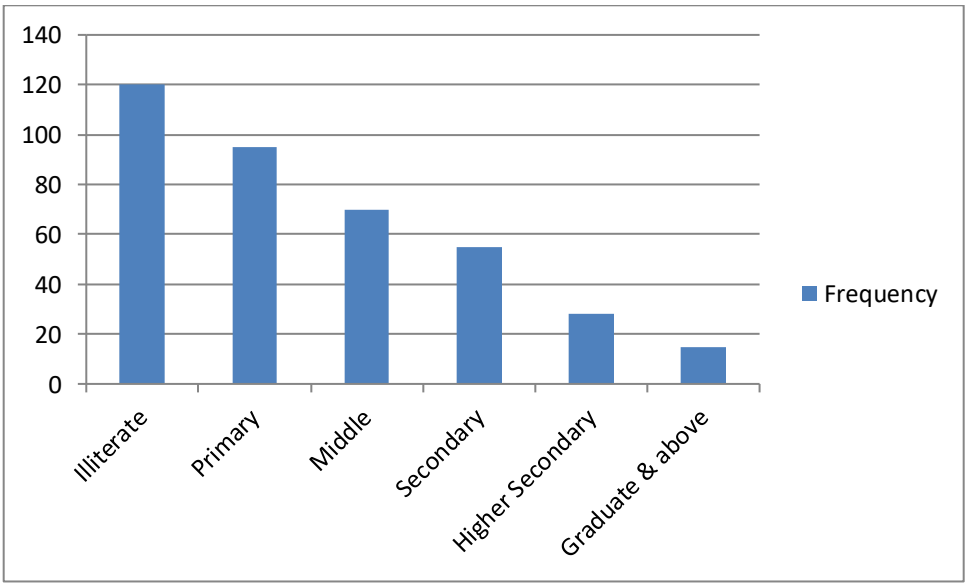

Figure 3 Educational Qualification

- **Type of Family**

Table 4 Type of Family

Category	Frequency	Percentage (%)
Nuclear family	230	60.05
Joint family	153	39.95
Total	383	100

The 'Nuclear family' is the most common grouping among responders (60.05%), while the 'Joint family' has the lowest percentage (39.95%). The distribution here mirrors the state of affairs in the research region.

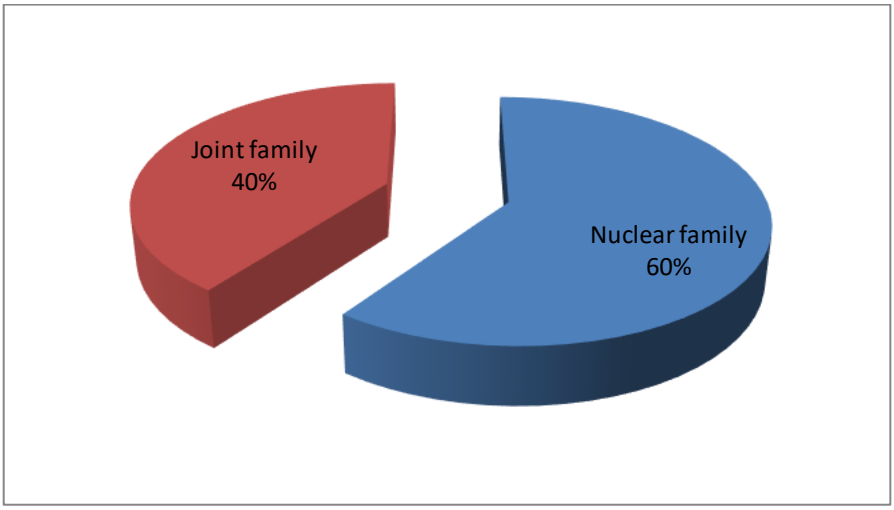

Figure 4 Type of Family

- **Monthly Household Income**

A household's income is a major factor in determining its socioeconomic position and health state. A substantial percentage of families fall into the low income category, according to the distribution of respondents based on household income. Basic necessities like food, clothes, and medical care may be hard to come by for these families. There is a lower percentage of respondents from high-income households, whereas medium-income homes reflect families with more stable economic situations. The availability of healthy drinking water, sanitary facilities, and housing are all affected by one's income level. Medical care for low-income families is often provided via public health facilities and social programs. Rural women may be less likely to get the medical treatment they need quickly and eat healthily due to financial limitations. Agriculture and paid work continue to be the principal means of subsistence in rural Kaliabor, as seen by the respondents' income distribution.

Table 5 Monthly Household Incomes

Category	Frequency	Percentage (%)
Less than ₹5000	140	36.55
₹5000–10,000	130	33.94
₹10,001–20,000	80	20.89
Above ₹20,000	33	8.62
Total	383	100

'Less than ₹5000' is the most popular choice among respondents (36.55%), followed by 'Above ₹20,000' (8.62%), which has the lowest percentage. The distribution here mirrors the state of affairs in the research region. The majority of rural women in Kaliabor Sub-Division live in poor economic circumstances with limited access to education and work possibilities, according to the socio-economic profile of the respondents. The health condition of rural women is impacted by a variety of factors, including demographics, family dynamics, literacy level, occupational composition, and income distribution. To better comprehend the health issues encountered by rural women in the research region, it is helpful to look at the respondents' socioeconomic status. Improving living circumstances in Kaliabor Sub-Division may be achieved via the development of suitable health and welfare programs, which can be achieved through the study of socio-economic features, which aid in identifying the key variables impacting the health of rural women.

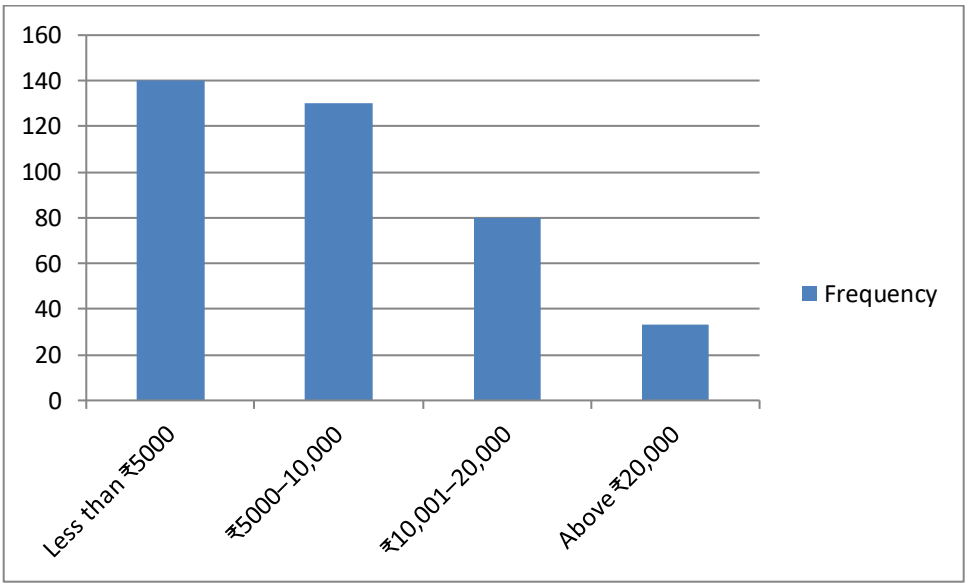

Figure 5 Monthly Household Incomes

5. CONCLUSION

We can conclude that the dynamics of gender are intricately linked to the socio-economic and demographic circumstances of Kaliabor Sub-Division. Despite progress in areas such as literacy, educational involvement, and socio-economic opportunity, there are still gender gaps in many facets of society and the economy. While the research area does display certain local variances, it shares several regional traits when compared to the larger North-Eastern setting. Reducing gender inequities may be achieved by enhancing women's involvement in decision-making, healthcare facilities, educational opportunities, and jobs. In order to foster balanced socioeconomic development and inclusive growth, the results highlight the need for development plans and policies that are sensitive to gender. The research area's quality of life and successful planning may be enhanced by gaining a thorough grasp of gender-based socio-economic and demographic factors.

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