CHAPTER VII

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INTRODUCTION:

Women play an important role in social change through their contribution to family, society and the country as a whole. Improving women’s quality and productivity in a country like India is a herculean task. Although women constitute half of the total population of India, yet they suffer from educational right, economic right as well as human rights. They are deprived of proportionate job opportunities in the administrative offices. They also suffer in the educational field in terms of enrolment. The level of education, rate of work participation, usability and enjoyment of profits etc. are some of the areas which show the lower status of women compared to that of men. Women usually get lower wages than men for the same work. They suffer from poor health conditions, low educational status, and lower skill than men. But in a democratic country like India, the constitution guarantees equal rights and equal opportunities, in accessing the resources in equal manner. Besides, various rights under the social sectors such as right to education, right to employment, right to equal pay for equal work, right of access to health services, right to participate in the political life of one’s community, etc. have been launched for bringing the necessary upward mobility of the different sections of people in our country. At the same time, for the long term benefits as well as the development of a country, economic security, social security, and educational security among the members of the country are very essential. In today’s context, when we talk of inclusive growth, the formation of human capital, and also the various attempts to achieve the target of millennium development goals, improving women’s productivity and establishing equity remain the prime concern. But women in our country are
subjected to different abuses which are economic, educational, social, political, psychological and so on. Large inequalities still prevail in our society in improving the capabilities of women in different spheres of life.

According to ILO 2006, 30 percent of the total women population in India is engaged in the labour force and they perform more than 60 percent of all working hours, but they receive only 10 percent of the world’s income and own even less than 1 percent of the world’s property. In terms of the literacy rate (64.28), there is still a big gender gap as the male literacy is 75.26 percent against 53.67 percent female literacy with a gap of 21.59 percent (Census 2001). However, the gap has declined in the Census of 2011, as the total literacy rate of India is 74.4 percent where the male percentage is 82.14, and female 65.46, with the gap of 16.68 percent. Regarding women’s participation in works, more than 90 percent women are engaged in the unorganized sector (HDR, 1994), which is not officially counted and recognized. It is considered part of the private domain not to be officially recognized as economically productive. If all activities including maintenance of kitchen, gardens, and poultry, grinding food grains, collecting water and firewood, etc. are taken into account, then 88 percent of the rural housewives and 66 percent of the urban can be considered economically productive. Such contradictions prove how women are excluded in enjoying their human rights as well as socio-economic recognition.

It is customary in a patriarchal society that the activities by women are considered belonging mainly to the private domain, whereas the activities by men are considered part of the public domain. It means that the contributions of women are not easily accepted by the society run mostly by men. Besides, in certain cases, the working capacities of women are subordinated and de-recognised by the male members and the head of the households. Women activities such as cooking, cleaning, caring the child and husband, and other types of household works are often undervalued. Women particularly in the rural
areas often face restrictions in taking decisions on their economic choices, they lack capacity to take control over the resources.

In the context of health, various preventive, protective, and promoting measures have so far been taken. For example, the Bhore Committee long back in 1946 recommended the implementation of various Government centric as well as State-centric schemes under the Public Health System of the country. Still the IMR, MMR, Birth and Death rate have been found alarming in the entire state of Assam. In the rural areas, where 75 percent of the births occur, only 37 percent are handled by skilled personnel. In NER, except Mizoram, all the states have poor utilization of health services. There may be availability of health infrastructure for women, but the utilization of these is minimal and the opportunity to health, safety and hygiene is missed out to a great extent. Apart from these, although various Government policies have been implemented for protecting and improving health, still, there is large number of IMR, MMR and anemic patients in the states. It is because the majority of the women in the rural families are equally engaged in the hard labour along with the male member of the house. But, women consume less food and prefer eating after the whole family has taken food. Even during pregnancy, women ideally should take balanced diet, but they continue to take the same food for many reasons. Therefore, they become anemic patients. The IMR is found to be 61 percent and 50 percent in Assam and India respectively in the year 2009 where the percentage of males is 58, and female 64 against per thousand live births in Assam. In India the male occupies 49 percent, and female occupies 52 percent in IMR, and the gap between rural and urban areas is too big. In the rural areas it is 64 percent, and in the urban areas it is 37 percent in the year of 2009. Similarly, Assam has the highest MMR followed by Uttar Pradesh. In Assam, MMR fell from 480 per 100,000 live births in 2004-06 to 390 in 2007-09. A woman delivering at home, and not getting comprehensive health care for herself and the child, are the primary reasons for such high maternal mortality rate in the state. In
Assam only, the recorded institutional delivery is 22.4 percent, and home delivery is 77.5 percent in 2005-06 (India Human Development Report 2011). This is a serious issue of concern particularly for the state.

But in the present situation, everyone has the right to live with dignity and to enjoy the rights which are constitutionally guaranteed for all. Therefore, the need of the hour is to make women empowered with educational, social, political, economic, and cultural security. Empowerment enables women to realize their self-worth, which promotes the productive activity of women, and calls for greater input in their education, training, health, protection of rights and employment opportunities. It enhances women’s participation in economic, political, social, and educational activities and helps in realizing the promotive aspects of social securities. Therefore, in order to promote welfare of the state, social security should be provided to all women.

To safeguard social security, various Legislative Acts like Maternity Benefit Act 1961, Dowry Prohibition Act of 1961, Medical Termination of Pregnancy Act, 1971, Domestic Violence Act 2005, and various conventions like CEADW 1979, Beizing Plateform for Action in 1995, Equal Remuneration Act of 1976 etc. have been made and implemented for empowering women. Besides, the Government of India too has taken up several schemes and programmes in this regard. Mention may be made of IRDP, DWCRA, Micro Finance Schemes (SHGs), NRHM, MGNREGS, JGSY, JSY, Mamon Scheme etc. Besides these, programmes like NWLM, special provisions for girls in SSA, ICDS, KGBV, Thrust for Female Literacy (Saakshar Bharat) etc. are some of the other educational provisions through which attempts are made to educate women in the state of Assam. Although these schemes and programmes have attempted to improve and uplift the socio-economic conditions of women. Still so much yet to be done in these regard. The schemes can provide lots of avenues for developing enterprises in both the rural and urban areas, but the real applications of the schemes is not up to the mark. There is a big gap between the loan providers and
the loan takers, communication hazard, ignorance, lack of confidence for which the schemes have failed to achieve the target in terms of making women self-dependent and self reliant. Therefore, a serious enquiry should be made regarding the implementation of these schemes and programmes, and their budgetary allocation in the light of gender budgeting. This will help in examining the effectiveness of the schemes in reducing the gender gap and improving the status of women.

Thus, it is high time for our country as a whole made a rationalization of the socio-economic discrimination. Measures should be taken for reducing the factors of such exclusion. Education is the only way to boost up a positive social transformation for the welfare of the country. Because, it can build up people as economically empowered, educationally competent, help them to protect themselves from ill-health and make them self reliant, self-dependent and ensure the capacity to control their own decisions and choices. The present study bears tremendous significance in the context of modernization, development and social change, following the implementation of various schemes by the Govt. of India on education, employment, and health of women.

NEED AND SIGNIFICANCE OF THE STUDY:

The role of patriarchy, religion, poverty, caste system, and many customary practices make women under-privileged, and sometimes even oppressed in society. Records show the stark reality of our patriarchal society with its gender inequality due to ethical blindness and lack of humanity resulting in women being accorded a lower social status. Although we are frequently talking about gender justice or social justice, still women do not enjoy the right to equal pay for equal work, right to participate in the decision making process of the community, or in political life. Women generally do not have much say in enlarging their choices and cannot raise the voice against domestic violence and
so on. From the economic point of view, women are less exposed to skills than men and are largely engaged in the unorganized sector. For meeting the inclusive growth, the progress towards MDGs and the formation of human capital, empowering women and reducing gender in-equality are to be seen as a big challenge for the world as a whole.

Gender mainstreaming is an urgent need of the Governmental and the Non-governmental organization through which equality of opportunity can be ensured to all. In the years following the Beijing Conference in 1995, gender mainstreaming has been referred to as a comprehensive strategy involving the integration of women-oriented programmes and gender issues into development institutions. Besides, gender equality is another important constituent or instrument of development because without it other goals of development like poverty alleviation, economic growth, environmental sustainability etc. will be difficult to achieve. A natural corollary of ensuring gender equality is the elimination of gender discrimination. Inequalities between girls and boys in terms of admission in schools, employment opportunities, and adequate health care facilities pose serious disadvantages to girls and women in society, and limit their capacity to participate in the benefits of development. Thus, unequal gender relations need to be addressed both as a cause and as a factor in the intensification of poverty.

Therefore, in recent years, empowerment of women has been recognized as the central issue in determining the status of women. Subsequently, there can be seen an attempt to measure the status of women even at the grass root level. It is because empowering women from different categories like General, OBC, SC, ST, Tea tribe or Adivasi makes room for a detail analysis of the actual status of women. Sonitpur is one the districts of Assam that comprises women belonging to different communities making it easier for the Investigator to grasp the actual reality regarding their status. Therefore, a study of the condition of the women
from this district may throw important light on how far the different Governmental schemes have helped in their uplift as social human beings.

**STATEMENT OF THE PROBLEM:**

The above discussion shows that women are less empowered. They have low health status, low education, meager employment, low participation in decision-making process (both at home and outside home) etc. They are always marginalized, socially excluded, economically deprived, educationally disadvantaged, politically and culturally subordinated in a patriarchal society. Besides, they themselves have varied status in the same society. For instance, the tribal women are more hard-working than the non-tribal women. In a democratic country however, everyone has a right to enjoy equal opportunities which are constitutionally guaranteed to all. Empowerment means the feeling of being secured and being able to maintain one’s self esteem. Many Investigations have been made on women empowerment in various parts of the world as well as in India. But the outcome of such research shows that, still there is so much to be done in terms of women empowerment. The Indian Government has taken various steps in the form of schemes and programmes under the axis of social security for empowering women particularly in the rural context. The target of the present study is to examine how far the different schemes and programmes can ensure the empowerment of women, and how far they have actually benefited the women in changing their social status in terms of education, health, and employment. Despite the provision of various women-centric schemes and programmes, women are less empowered which is an obstacle in the process of development. With this backdrop, this study attempts at examining the status of the rural women in terms of health, education and employment, and their level of empowerment. Hence, the theme of the research in broad terms has been stated as “Empowerment and Social Security of Rural Women in terms of Education, Health and Employment with Special Reference to Sonitpur District of Assam.”
TERMS DEFINED:

Access to Education: It indicates the level of enrolment, percentage, educational consciousness, awareness, involvement in the decision making process etc.

Decision Making: It is the foremost step in the ladder of empowerment. Decision making involves the participation of women in their own health care, visiting relatives or friends, and making purchases for daily household needs.

District: The term here refers to Sonitpur district of Assam which has been undertaken for the study. However, the actual study has been done in four blocks, of the district: Chaiduar block, Pub-Chaiduar block, Baghmari block, and Bihaguri block.

Employment: Employment means the types of employment in which women are engaged.

Empowerment: Empowerment includes self-strength, control, self-power, self-reliance, own-choices, life of dignity in accordance with ones values, capacity to fight for one’s rights, independence in the decision making process, being free and awake about the capabilities of critical thinking.

Health: Medical awareness, knowledge of diseases, institutional delivery, awareness regarding maintenance of proper diet for good health, preference for undertaking treatment, age of pregnancy, use of modern contraceptives, benefits derived from various health-related schemes etc. According to World Health Organisation, health is “a state of complete physical, mental and social wellbeing and not merely the absence of disease and infirmity.”(Usmani, B. D. 2004).

Household Workers: Workers engaged in household production activities and other services like cooking, clearing, child minding, gardening, driving and car maintenance etc.
Household: Household refers to members of a family who take meal from a common kitchen.

Linkage between Empowerment and Social Security: Empowerment can be ensured by promoting the means of social security only. Therefore, in this study, the focus is on how the various means or schemes of social security in terms of education, health and employment are practically implemented for empowering the women particularly at the grass root level. Besides, to what extent women feel secure under these programmes is also considered in this study.

Main Workers: Those workers who work for the major part of the reference period (i.e. 6 months or more).

Marginal Workers: Those workers who do not work for the major part of the reference period (i.e. less than 6 months).

Scheduled Caste: Article 341 of the constitution defined Scheduled Caste as "the castes, races or tribes or parts or groups within the castes, races or tribes so specified by the President of India for a particular State or Union Territory shall have the same status throughout the country—that is to say a scheduled Caste of one state shall be Scheduled Caste for the entire country.” In this study, the Scheduled Caste has been considered under the non-tribe group as a whole like OBC and General.

Scheduled Tribes: The Constitution of India, Article 366 (25) defines Scheduled Tribes as "such tribes or tribal communities or part of or groups within such tribes or tribal communities as are deemed under Article 342 to the scheduled Tribes (STs) for the purposes of this Constitution". In Article 342, the procedure to be followed for specification of a scheduled tribe is prescribed. However, it does not contain the criterion for the specification of any community as scheduled tribe. An often used criterion to define STs is based on attributes such as:
a) Geographical Isolation: They live in cloistered, exclusive, remote and inhospitable areas such as hills and forests.

b) Backwardness: Their livelihood is based on primitive agriculture, a low-value closed economy with a low level of technology which leads to their poverty. They have low levels of literacy and health.

c) Distinctive culture, language and religion: These communities have developed their own distinctive culture, language and religion.

d) Shyness of contact: They have a marginal degree of contact with other cultures and people.

Social Participation: Participation in social activities.

Social Security: The concept of social security is derived from the provision of Article 38 of the Constitution of India, which requires that the State should promote the welfare of the people by securing and protecting a social order in which justice—social, economic and political shall inform all institutions of national life. The post-war consensus on social security is clearly set out in the Universal Declaration of Human Rights. Article 22 to 26 speaks about the universal rights of each individual to maintain a basic standard of life, proper working conditions, social security, and social protection. The International Convention on Economic, Social and Cultural Rights, 1966, again recognizes the right of everyone to social security, including social insurance. The Convention elaborates on the right of the mothers and infants, right to a decent standard of living, right to food, health and education. In fact, the demand for ensuring the social security for all is not only for the large size of the population in India but also for the huge section of people under poverty. In the study, social security is used in terms of various schemes which are implemented for protecting and empowering the women in the context of education, health and employment. The accessibility and opportunities of various social security schemes are analyzed for the purpose of this study.
**Tea Tribes:** Adivasi tribals were brought to Assam in the early 19th century from what is now called Jharkhand to work in Tea gardens by the British during colonial times. Immigrant tribal workers in tea gardens are up in arms demanding Scheduled Tribe status in the hope of getting more benefits like in Orissa and West Bengal.

**Ur-organized Sector:** The sector in an economy which do not operate though institutions, and which are not officially recorded. Neither the income is reported to the authorities nor is the employment reported to the insurance authority. Hence, workers in this sector are subject to abuses and exploitation. The activities like part time domestic cleaning, gardening, working on the basis of daily wages etc. are considered under the activities of the un-organized sector.

**Women-centric Scheme:** The schemes and the programmes taken for study are mainly women-centric. The schemes are analysed in terms of how many of the selected women are able to access the benefits of the schemes, and how many of them are aware of the schemes implemented for empowering them under the means of social security in the rural areas.

**DELIMITATION OF THE STUDY:**

First, the study is delimited to Sonitpur district of Assam only. Secondly, the study is conducted on women residing in 4 blocks of Sonitpur district. Thus, it yields the result of only four blocks chosen for the study. However, the result derived from the study reflects on all the five communities (General, OBC, SC, ST and Tea-tribe or Adivasi) that can help in gaining a composite picture of the whole district regarding the status of women.
DISTRICT PROFILE:

Sonitpur district is spread over an area of 5281 sq. kms on the North bank of the Brahmaputra River. It is the second largest district of Assam after Karbi Anglong district. The total population of this district is 19,25,975 where male population are 9,89,919 and female are 9,36,056 as per census 2011. In terms of population it is fifth in rank after Nagaon, Dhuburi, Cachar, and Barpeta district. The Sex ratio of the district is 948. Out of the total population in Sonitpur district, the total rural population is 1754835 (91.11 percent) from which 901017 (51.34 percent) and 853818 (48.65 percent) constitute the male and female population respectively. In this district, there are 14 blocks and a total of 1952 villages. Regarding the tribal population in the district, according to the Census 2001, there are 195083 total Scheduled tribe population which constitute about 11.60 percent of the total population. According to the Census of 2011, the total rural literacy rate is 67.94 percent while male and female literacy rates are 75.28 percent and 60.18 percent respectively. Compared to the male literacy rate, the female literacy rate is lower by 15.1 percent. The child Sex ratio of the district is 958 in 2011 which had been 974 in 2001. It means, like the other states of India, the child sex ratio has massively declined in this district also.

SCHEMES AND PROGRAMMES IMPLEMENTED IN THE DISTRICT:

The schemes and the programmes implemented for providing social security to women are selected and analysed considering three indicators i.e. education, health and employment. Access to education through Open and Distance Learning, Micro Finance, MGNREGS, JSY and other opportunities under NRHM, Widow Pension scheme—all these have been selected to assess the level of actual implementation of the programmes as well as to see how much they have helped in developing the level of empowerment among women in the rural areas.
REVIEW OF RELATED LITERATURE:

The following are some of the related literature reviewed during the study.

The National Policy for the Empowerment of Women (2001) clearly stated why the empowerment of women is necessary for ensuring the welfare in a state. The goals and objectives of the document were aimed at bringing about development and empowerment of women through Equal access to participation and decision making in social, political and economic life; legal-judicial system to be made more responsive and gender sensitive to women's needs; changing societal attitudes and community practices through active participation and involvement of both men and women; and among many others, mainstreaming a gender perspective in the development process and so on. The policy has also laid stress on economic empowerment of women by eradicating poverty, making micro credit system and agricultural facilities available. The 73rd Amendment (1993) of the Indian Constitution aimed at political participation of women so that empowerment can be sustained for the needy that will bring welfare to the whole nation.

Mohammad, Noor and Mohammad Shahid (2004) had conducted a study entitled: “Rethinking Women’s Participation, Empowerment, and Gender Equality: A Micro Analysis” in which they analysed the potentiality of outdoor participation by women; the process of women's empowerment; and the interrelationships of women participation, empowerment, gender equality, and their functional dependency on age, education, income and caste. A sample of 90 grassroot level women workers were selected from Lodha block of Aligarh district, Uttar Pradesh, of whom 35 were CBDs, 35 were AWWs, and 20 were Women Pradhans (WPs). It was found that 60 percent of the sample was from the age group of 25-45 years, 22 percent was below 25 years, and 17.7 percent was above 45 years. 72 percent women were educated till primary and intermediate
level, 7.8 percent were graduates, 3.3 percent were post-graduates and 8.9 percent were illiterates. 80 percent WPs and all the sampled CBDs and AWWs had very limited income. The data showed that the CBDs were more articulate, mobile, active, and sent their children to schools. The AWWs were very vocal and authoritative. Due to outdoor participation, the respondents developed self confidence and self-respect. At home also, they participated effectively in the decision making regarding income expenditure, children’s education, family planning, etc. It was revealed that the women in the 25-45 age group were more participative, vocal, and active than the women below 25 years and above 45 years of age. The CBDs and AWWs were equally participative whether they had higher or lower education. All the sampled WPs were illiterate, and the low caste WPs who had limited income, wanted to overcome their illiteracy, by undergoing training and actively participating in outdoor political and economic activities. It was suggested that there is a need to provide training on empowerment to all voluntary workers and local leaders.

Nayak, P. (2010) in his research paper entitled “Human Development in North East India” stated that in terms of HDI, Assam witnessed the lowest HDI value of 0.362 and Mizoram had the highest value of 0.552 in 2000. Still there is a yawning gap between the urban and the rural areas in this region. Human development in the rural areas of the region has been consistently lower than in the urban areas. The rural urban disparity index varied from the lowest figure of 0.113 for Manipur to the highest figure of 0.234 for Tripura in 1981. The situation did not improve much in 1991 and 2000. In 2000, the highest disparity was observed in Assam (0.283) and lowest in Sikkim (0.175). Besides this disparity, the status of women in the region is far from being on equal footing with that of men. Particularly, gender disparity has been consistently very high in Tripura and Assam (GOI 2002). Assam is the only state in the region which has been consistently lagging behind the rest of India. Gender disparity was lower in four states namely—Manipur, Meghalaya, Nagaland, and Sikkim in the year...
1981, as compared to the all India average. In 1991, Arunachal Pradesh and Mizoram were added to the list of better performing states. In 2001, Arunachal Pradesh, Assam, and Meghalaya were lagging behind other states which were doing well. It was observed that gender disparity had been varying widely from one state to another in the NE region.

**Human Development Report (1994),** published by UNDP, revealed that human security is an emerging paradigm for understanding global vulnerabilities. In the report, it was argued that the proper referent for security should be the individual rather than the state. Human security holds that a people-centered view of security is necessary for national, regional, and global stability. The HDR of 1994 is considered a milestone publication in the field of human security, as it ensured "freedom from want" and "freedom from fear" for all persons to tackle the problem of global insecurity. Dr. Mahbubul Haq first drew global attention to the concept of human security and sought to influence the UN's 1995 World Summit on Social Development in Copenhagen. In this report of 1994, it was stated that the scope of global security should be expanded to include threats in seven areas: Economic Security, Food Security, Health Security, Environmental Security, Personal Security, Community Security, and political Security. Regarding **Economic Security,** the report explained that it required an assured basic income for individuals, usually from productive and remunerative work or, as a last resort, from a publicly financed safety net. In this sense, only about a quarter of the world’s people are economically secure at present. While the economic security problem may be more serious in the developing countries, concern also arises in the developed countries as well. Unemployment problems constitute an important factor underlying political tensions and ethnic violence. Regarding **Health Security,** the statement of the report stated that it aims to guarantee a minimum protection from diseases and unhealthy lifestyles. In the developing countries, the major causes of deaths were infectious and parasitic diseases, whereas in the industrialized countries, the
major killers were diseases of the circulatory system. According to the United Nations, in both developing and industrial countries, threats to health security are usually greater for the poor people in the rural areas, and particularly the children. This is due to malnutrition and insufficient access to health services, clean water, and other basic necessities.

World Bank in India (2003) had done a project to evaluate the rural women's development and empowerment. The Project had undertaken 17,587 Women's SHGs involving 240,236 women in 7274 villages from total 56 districts from 9 states. The work was done in partnership with the Government and 232 NGOs. Although certain improvements were required in terms of financial matters, flow of funds, and procurement and staffing, excellent work was observed in many states like the earthquake-affected Gujarat, the gender biased Haryana and Bihar etc. The Project had successfully formed linkages with various agencies and departments providing services to the poor women in Uttar Pradesh. Bank accounts were opened for nearly 90 percent of the people on whom the project was done. However, sustainable improvement in livelihood was pointed out to be one of the most challenging issues faced by the investigators. It was suggested that sustainability issues needed to be addressed in the action plans of various annual plans undertaken by the state. It was recommended that the participatory approach could be adopted for monitoring and evaluating the project works conducted in each state.

OKDISCD (2003) conducted a project entitled “Evaluation Study on Rural Drinking Water Supply Programme (North East India)”. The study had covered 252 habitations from eighteen districts spread over eight states (two districts each from Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Tripura and Sikkim and four districts from Assam). A total of 4965 households were covered from these sample habitations to assess the people’s perceptions on the existing system and their awareness and willingness on community participation in decision making and financial costs. Piped water
supply (PWS) as principal source of drinking water supply is common in the hill states than in the plain states. In the states like Mizoram, Nagaland, Meghalaya, Arunachal Pradesh and Sikkim more than 80 percent of the drinking water comes through pipe lines. In Assam and Sikkim, hand pumps and tube wells are most common in the plain areas. Regarding the fetching of water from various sources, it was found that in the hill states, the majority of the households fetched water from a distance of less than 100 meters—84 percent in Arunachal Pradesh, 67 percent in Mizoram, Meghalaya and Sikkim and more than 80 percent in Nagaland. In Tripura more than 70 percent of the sample households fetched water from within a distance of 200 meters. In Assam and Manipur, the distribution of sample households to have covered distance to carry water showed wide variation, e.g. in Assam 30 percent of the households were reported to fetch water from a distance of less than 50 meters, while some 33 percent and 25 of the households had their sources of water located at a distance of 50-100 meters and 101-200 meters respectively. In Manipur, a majority (61 percent) of the sample households fetched water from a distance of beyond 100 meters.

Mukherjee, Tuhin (2006) had done a study entitled “Impact assessment study of SGSY programme on empowerment of women at Babpur village, Kolkata” to assess the impact of SGSY programme on the empowerment of women at Babpur village under Purbakhilkapur Gram Panchayat, Kolkata. Out of the total sample of 50, 25 women were taken from SHGs which constituted the control group, and the rest 25 women, not associated with SHGs, constituted the experimental group. Data was collected using a questionnaire containing open and close ended questions. Indicators used in the study were economic indicator, political indicator, household decision-making scale, and awareness level of the respondents with respect to social and health issues. About 64 percent women of the control group and 92 percent of the experimental group were found to be economically independent. 40 percent respondents of the control group, and only 4 percent of the experimental group had saving habit, and it was found that 8
percent respondents of the control group had created assets after taking loans from SHGs. Political indicators showed that 72 percent respondents of the control group had access to the panchayat, 80 percent attended gram sansad (village) meetings regularly, and 72 percent cast their votes in favour of the candidate of their own choice. But, it was interesting to note that only 4 percent respondents of the experimental group had access to the panchayat, only 28 percent attended gram sansad meetings regularly, and 56 percent respondents cast their votes freely. On the decision making parameters it was found that 50-75 percent respondents of the control group took decisions regarding various important aspects of household management like expenditure on education of child, marriage of child, medical care, etc. But in case of the experimental group, the decision making power was exercised only by 24 percent women, while 52 percent women could take decisions regarding daily meal and dress.

Bokil, Milind S. (2003) had done an empirical study under the title “Micro-enterprises and Gender division of Labour: An Empirical study of Self employed Women in Maharashtra.” A sample of 97 women from the rural and 57 from the urban areas were taken from Maharashtra, and data was collected through a questionnaire. Most of the respondents (61 percent) were in the age group of 31-45 years, only 25 percent were between 19-30 years of age. A large majority of the women (88 percent) were married, and 36 percent women were illiterate (rural 38 percent and urban 19 percent). The majority of the urban women (72 percent) were staying in permanent houses whereas most of the rural women (nearly 50 percent) were staying in kaccha (non-permanent) houses. Only in 21 percent urban cases and 10 percent rural cases, the houses were owned by women. The rest of the houses were owned by families or by mothers-in-laws. In terms of the basic amenities like electricity, bathrooms, and toilets, only 28 percent in the urban areas and 26 percent in the rural areas had private toilets. Domestic utilities in both the rural and urban areas were found to be average. Majority of both rural (62 percent) and urban (75.4 percent) families had monthly
income which was less than Rs. 3000. Most of the respondents from both urban and rural areas were engaged in petty trade such as selling of bangles, clothes, footwear, vegetables, plastic items, stationary, general utility items, and grocery. On other domestic chores, the rural women spent 5.23 hours and the urban women spent 4.96 hours per day. Being overburdened, around 60 percent urban, and 70 percent rural respondents reported health problems, the most notable being backache and body ache.

*Sharma, Archana (2005)* in her research article entitled “A Situational Analysis of Women and Girls in Assam” had undertaken a study to assess the condition of women and girls in Assam. The economy of Assam represents a unique example of poverty amidst plenty. Despite being richly endowed with natural resources, the state lags behind the rest of India in many aspects. According to the Census Report of 2001, the population of Assam was 26.6 million, comprising 13,787,799 male and 12,850,608 female. About 70 percent of the total population depended on agriculture. It was stated in the report that Assam produced about 15.6 percent of the world’s tea, and 55 percent of India’s tea. In 1999-2000, the Planning Commission estimated that 26.10 percent people were living below the poverty line in India, and in Assam the percentage was 36.09. As per NSSO 58th Round figures, the status of availability of food in rural Assam was the lowest among all states of India, with only 943 households per thousand getting enough food throughout the year. In 2001, the sex ratio in Assam was 932 against the all India average of 933. In 1991, the child sex ratio in Assam was 975, which decreased to 964 in 2001. The death rate in Assam was 10.2 in 1993 but decreased to 9.5 in 2001. The SRS data for 1998-2001 confirmed that birth rates in rural Assam continued to be higher than the corresponding all India rates, whereas in the urban areas, the picture was just the opposite. The total rural and urban IMR of Assam was 70, 73, 38 in 2002 compared to the all India figures of 63, 69, and 40 respectively. According to NFHS II of 1998-99, the neonatal and post natal mortality rates in Assam were
44.6 and 24.9 respectively. In 2001, the male female gap in literacy was only 15.9 percent against the national average of 21.70 percent. FWPR was 20.7 percent in 2001 compared to 21.6 percent in 1991. In 2000, Assam had only 10 lady IAS officers compared to 216 male IAS officers. In 1997, there were 1113 cases of kidnapping, 717 rapes, 686 molestations, 775 cruelty by husbands, 22 dowry deaths and 10 immoral trafficking cases, which increased respectively to 1229, 884, 754, 1560, 62 and 20 in 2002. There were 197 ICDS projects operational in Assam including 89 newly created projects. The social sector received around 35-40 percent of the total planned expenditure of the state. Women had very low representation in the decision-making bodies, and did not even have complete freedom of decision making in the household. In many insurgency-affected areas, women were victims of different forms of crime. Very little effort had been made to address the problems of these women in difficult situations. To address all these problems in their true perspective, Sharma stated that a State Policy Action Plan for empowerment of women of Assam was urgently required.

OBJECTIVES OF THE STUDY:

The general objective of the present study is to enquire and measure the status of rural women in Assam with special reference to Sonitpur District. The specific objectives of the study are:

1. To make a comparative study on the status of rural women among the different communities (General, OBC, SC, ST and Adivasi or Tea-Tribe) in respect of

   1.1 Education
   1.2 Employment
   1.3 Health
2. To assess the accessibility of different women centric schemes which are implemented for providing social security to women in terms of Education, Employment and Health.

3. To identify the factors for low empowerment of women in the rural areas of Sonitpur district.

PLAN AND PROCEDURE OF THE STUDY:

Design of the Study:

The present study has been conducted in the villages under four blocks selected on the basis of the composition of the communities such as General, OBC, SC, ST and Tea-tribe or Adivasi. The study is particularly designed for finding out the status of the rural women, and how many of them are secure educationally, economically and socially, with the benefits of various schemes meant for empowering them. This study is designed to examine how much empowerment and security are needed by a woman in her household that would also bring in large scale welfare to the society as a whole.

Population of the Study:

Sonitpur district has total 14 blocks under which there are 1952 villages. Out of the 14 blocks, the population of the present study is taken from four representative blocks selected on the basis of the composition of the communities. The universe of the total rural women population of the selected 4 blocks is 186978.

Selection of Sample:
Out of the 14 development blocks, 4 blocks were selected for the study on the basis of community composition consisting of both tribal and non-tribal women including the tea-tribe. The specific age group of the women is 20-50 years and they are selected on the basis of fertility and employability. From total four blocks, at least 5 villages are randomly selected from different categories like General, SC and OBC, ST and Tea-Tribe. From each block 125 women were selected, and interviewed on the basis of a schedule on different segments of their empowerment in respects of health, education and employment, and their involvement in various Governmental schemes. Special attention was given to capture different categories of women in order to find out differences in the attainment of empowerment based on their castes. This has been expected to give a good comparison among different indicators adopted for the study. Since a major portion of the population in the district has been constituted by tea tribe or adivasi community special care was also taken to include the Adivasi women so that a meaningful comparison could be made between women in the tea gardens and those residing outside the tea gardens. The study thus, covers a total of 500 women and the whole process of data collection is participatory in nature. Besides, a structured interview schedule was prepared to collect data on the socio-economic background of the women and their household.

TOOLS AND TECHNIQUES:

For conducting the research, the Investigator developed an interview schedule covering the present status of the selected women in terms of education, the extent to which they are able to access the facilities which are provided by the Government under the means of social security. Besides the interview schedule, the Investigator observed some other factors which impact the day-to-day life of women in the rural areas.
The interview schedule was designed to collect data that would cover parameters and indicators that would have provided the opportunity to know the status of women in the rural areas of Sonitpur district.

**Basic Information** of a woman in a household that includes: Community, Name, Age, Marital Status, Annual Income (Self), Annual Income (Household), Educational Qualification etc.

Regarding **Education** the interview schedule was designed to check how many women were involved in the decision making process inside and outside the family in terms of family size, their role in the family, children’s education, capacity to spend money on their own, freedom of movement, ability to speak against social injustice and evils etc.

Regarding **Employment**, the schedule included aspects like self income, division of work, types of employment, amount of work load, wage received for a particular work etc.

Regarding **Health**, the schedule had covered aspects like food habits, measure of food intake, type of diseases, approaches for treatment, treatment during pregnancy period etc.

Moreover, through this schedule an attempt was made to explore the number of **beneficiaries of the schemes** which had been implemented for providing social security and empowering the women in the district. Besides, how many women were able to access education through the ODL institutions, how many women were able to access the benefits of job card under the scheme of MGNREGS, how many SHGs were influential in the rural area in the sector of economic growth for the empowerment of the women etc. were also taken into consideration. Regarding health, how many women were able to get the benefits under the Maternity Benefit Act, JSY, and other opportunities under NRHM in the district, were also sought to be found out.
The Investigator had observed the prevailing social systems in the family and the society that accounts for the present status of women in the district. The Investigator had tried to explore the hindering factors for low empowerment among the selected women in the district, and asked them about their opinions and the suggestions for making themselves empowered in their society.

ANALYSIS AND INTERPRETATION OF THE DATA:

In order to have a clear and lucid understanding of the study, this thesis comprises seven chapters:

Chapter I includes introduction, need, significance and relevance of the study, need of social security for enhancing the empowerment for women, present challenges like inclusive growth, MDGs, and human capital following which focus is given on equal growth and development, gender justice, human resource development etc. to bring in the welfare of the state. Besides, this chapter also includes the statement of the problem, objectives of the study, definitions and explanations of the terms, and the delimitation of the study.

Chapter II provides an overall picture of the present status of women in Assam with the help of various indicators. Chapter III discusses the review of related literature and summary of the review done. Chapter IV covers the plan and procedure adopted for the study. Chapter V describes the analysis and interpretation of the data by covering the objectives, the Investigator had taken for the study. Chapter VI discusses the findings, the factors of lower empowerment of women compared to that of men, implications of the study and various recommendations and suggestions provided for ensuring social security and enhancing the level of empowerment in women in the rural areas. Chapter VII is the concluding chapter which includes summary and conclusion.
Simple percentage for analytical purpose has been adopted for the analysis of data after collecting and arranging them systematically.

TREATMENT OF THE DATA:

The data is qualitative in nature, and the data generated in the field is analyzed using simple descriptive statistics such as percentage, ratio, average etc.

FINDINGS OF THE STUDY:

After getting to know about the status of women in various sectors in the Sonitpur district, the findings can be summarized and discussed as follows.

Findings of Objective No. 1 in respect of Education and Its related Indicators (1.1):

1. In Chaiduar block, out of 25 women in General category, 7 had received education up to class VII, and 16 had received up to class XII and above. Only 2 women were found not to have received formal education. The number of women belonging to OBC, who had received education up to class VII and XII, was also more in the same block. But in case of SC, ST and Tea-tribe or Adivasi, the number of women receiving education up to class VII and XII was very few. The same condition was reflected in case of five categories of women i.e. General, OBC, SC, ST and Tea-tribe or Adivasi women in terms of receiving formal education in the other blocks mainly Pub-Chaiduar block, Bhagmari block and Bihaguri block.
2. The highest percentage of women who had received education up to class XII and above was found in the General Category, followed by OBC which consisted of 65 percent and 60 percent respectively.

3. The lowest percentage of women who were able to get education up to class XII and above were from Adivasi or Tea-tribe category, followed by ST and SC in the district.

4. Among the illiterates, Tea-Tribes, ST and SC community constituted the highest percentages, i.e. 90 percent, 70 percent, and 60 percent respectively in the district.

5. There was gender-based discrimination in providing children access to education. For example, most of the parents from the Adivasi community preferred to send their son to school but not their daughter.

6. The women from ST and Adivasi categories enjoyed more power in decision making in all respects compared to those in the other categories. The highest percent of women (68 percent) from ST community took decision regarding their children's education followed by the women of Adivasi (55 percent), General (36 percent), OBC (25 percent) and SC (10 percent) categories respectively. In terms of taking the decision of their children's education, the lowest percentage was found in SC category in all the four blocks and in the district as a whole.

7. The women belonging to Adivasi or Tea-tribe and ST communities were more liberal in spending their income at their own choice than the women from General, OBC and SC categories. 68 percent women from Tea-tribe and 42 percent women from ST categories were able to spend their own income at their own choice (without permission of her husband and other head of the households) compared to the women of General, OBC and SC i.e. 15 percent, 12 percent, and 10 percent respectively.

Findings of Objective No. 1, in respect of Employment (1.2):
1. The women belonging to Tea Tribe or Adivasi and ST categories had more Individual (self) income and more contribution to the total income of the household than the women belonging to OBC, General, and SC Categories. 94 percent women of Tea-tribe community had individual income followed by 88 percent of ST, 72 percent of SC, 65 percent of General, and 59 percent of OBC in the district.

2. Women other than those engaged in formal sector had no monthly savings. Women of each community in each block had varied income.

3. Women having an annual income of Rs. 13000 and above were engaged mostly in the job of school teacher. Women whose annual income was in between 1000/ to 13000/ were mostly engaged in casual work in the tea garden, in the block offices, and local public health centres etc.

4. Most of the women were engaged in the unorganized sector, or as daily waged labourer. The highest percentage of women from General category (20 percent) was engaged in the regular salaried Government job followed by OBC (16 percent) and ST (5 percent) categories. No woman from SC and Tea-tribe was found to be regularly salaried employee.

5. The women from Tea-tribe community were mostly engaged in casual work in the tea-garden. The highest percentage of women (i.e. 76 percent) was found to work as daily wage labourer or faltu labourer in the tea gardens of the district as a whole.

6. The women from SC, General, ST, and OBC categories (57 percent, 35 percent, 33 percent and 23 percent) were found to work as daily wage labourer in the paddy fields of others, in tea-garden, in road construction companies on daily basis etc.

7. The highest percentage of women from the OBC category was found unemployed followed by General, SC, ST and Adivasi or Tea-tribe in all the four blocks. In the district, about 41 percent women from OBC, 35 percent from General, 28 percent from SC, 12 percent from ST, and 6 percent from
Adivasi or Tea-tribe respectively were unemployed or contributed nothing to the total income of the household in monetary term.

8. Most women in the rural areas were found to be wage labourer. They worked for supplementary income. It was mostly induced by crisis and sustenance for living. They were engaged in producing essential food crops at their home itself for self consumption. As a house wife, a woman had to do lot of things like cooking, kitchen gardening, producing green vegetables for consumption at home which are non-monetary in nature. Yet they were considered unemployed.

Findings of Objective No. 1 in respect of Health (1.3):

1. Food is an important requirement for health. Most of the women from all categories did not understand the importance of having breakfast, lunch and dinner at regular intervals. Out of 100 women from each category, it had been found that women from General and OBC were the lowest in number in taking breakfast than the women from Tea-tribe, ST and SC. The women from Adivasi or Tea-tribe, ST and SC took simple breakfast (Red-tea, slice or bread, roti etc.) before going to work. They were very casual in taking lunch compared to the women from General and OBC categories. Women from General and OBC categories were irregular in taking breakfast than the women from SC, ST, Tea-tribe or Adivasi communities in all the four blocks.

2. Out of 25 women from General and OBC categories, not less than 13 women had regularly taken lunch compared to the women of SC, ST and Tea-tribe or Adivasi which is not more than 8. Out of 25 women in each category in all the four blocks, most of the women were regular in taking dinner; it was not less than 19 except the women from OBC category in the Bihaguri Block.
3. Equal number of women from all categories were regular in taking dinner, but not lunch and breakfast, in all the four blocks. The amount of food during dinner was not sufficient for maintaining a good health. From 80 to 90 percent women from General, OBC, SC, ST, and Adivasi or Tea-tribe categories took dinner in the district.

4. Regarding anemia and malnutrition, women from all categories in all four blocks suffered a lot. In this regard, the highest percentage was found in the Adivasi or Tea-tribe community that consisted of 82 percent, followed by the women of SC (70 percent), ST (68 percent), OBC (60 percent), and General (55 percent) respectively in the district.

5. Due to irregular food habit, hard labour, lack of knowledge regarding hygienic living and lack of required treatment, women from all categories suffered from the painful diseases like gastroenteritis and those related to menstruation problems. Regarding the willingness to have medical treatment, very few women were willing to go for treatment in private hospitals. Still, a large number of women had gone for treatment in public health centres. Out of 25 women in each category in all the four blocks, very few women from General, OBC, SC and ST were found to have preferred to visit to private health centres for treatment.

6. Most of the women were interested to approach public health centres and traditional health practitioners. In the district, the highest percentage of women who had preferred to undergo treatment in private health centres was 20 from General, 12 from OBC, followed by ST (8 percent) and SC (5 percent). None of the women from Adivasi or Tea-tribe had gone to private health centres for any treatment.

7. The public or the government health centres played a crucial role in the villages of the district. Most of the women had generally gone for treatment in public health centres. More than 50 percent women from General, OBC and SC categories had gone to the local public health centres in the district. Yet many women believed in the traditional medicines which had been
given to them by the traditional health practitioners. The highest number of women from ST (52 percent), Adivasi or Tea-tribe (52 percent) and SC (40 percent) had gone to traditional health practitioners and had taken traditional medicines compared to the women from General (20 percent) and OBC (23 percent) categories in the district.

8. The age of marriage was an important factor or indicator for assessing good health. Both early marriage and late marriage were the risk factors for health. The percentage of women getting married below 18 years were high among SC (65 percent) and ST (40 percent) followed by OBC (22 percent), General (20 percent), and Adivasi (12 percent).

9. Early pregnancy (below 18) and Teenage pregnancy are the risk factors that affect the health of women. Women in the rural areas enter into the marriage at an early age (below 18 and 18-20), they easily become pregnant and produce more children. In the district as a whole, most of the women from SC (45 percent) and ST (30 percent) categories had higher percentage of children in the age group of below 18 compared to the women of General, OBC and Adivasi or Tea-tribe categories. The women from all five categories had more than 30 percent children in the age group of 18-20, i.e. Adivasi or Tea-tribe (60 percent), General (50 percent), ST (42 percent), OBC (38 percent) and SC (30 percent) respectively. Among the women from the age group of 20-22, OBC had the highest percentage of giving child birth (25 percent), followed by Adivasi (20 percent), ST (14 percent) and SC (10 percent). Not more than 10 percent of women from all five categories from the age group of 22 to 26, and not more than 5 percent women were found who had given birth above the age of 26 in all categories.

10. The women belonging to SC, ST, Adivasi or Tea-tribe categories were not familiar with the use of the modern contraceptives unlike the women belonging to General and OBC categories. Besides, they were not able to use this kind of protection to rescue themselves from unwanted pregnancies.
and others emergencies. 20 percent and 15 percent women belonging to General and OBC categories used contraceptives by consulting with the ASHA Karmi and health workers of the local public health centres. The percentage of women from ST category in terms of usage was only 2 percent in the district. No woman from SC and Adivasi or Tea-tribe was found to use contraceptives any way.

Findings of Objective No. 2 in respect of Accessibility of different schemes under the means of providing social security and empowering women in terms of Education, Employment and Health:

1. In Sonitpur district, the women from General and OBC categories had better access to education through the ODL mode compared to the women from SC, ST and Adivasi or Tea-tribe. The highest percentage of educated women was found in the General category (10 percent), followed by OBC (8 percent). They had accessed education from open schooling. None of the women from SC, ST and Adivasi or Tea-tribe was found to have accessed education through open schooling. 22 percent women from General category accessed education through Open Universities, and other ODL higher institutions, followed by OBC, SC and ST who constitute 15 percent, 5 percent and 2 percent respectively. No single woman was found from the Adivasi or Tea-tribe who accessed education through open universities and other ODL higher institutions.

2. SHGs provided an important role in ensuring the supplementary income for the women and their household when they had faced economic problems. The highest percentage of beneficiaries who were aware of the scheme belonged to the Non-tribal communities. Women from all categories were aware of the schemes except the Tea-tribe or Adivasis. Even the beneficiaries of the scheme were comparatively poor in Tea-tribe or Adivasi community
(not more than 6 out of 25 women in each blocks) compared to General, OBC, SC and ST communities.

3. Many women in Adivasi community were devoid of the benefits of SHGs, followed by ST category. Only 20 percent women from Adivasi or Tea-Tribe community, and 43 percent women from ST community had been found to be the beneficiaries of the scheme in the district. Although the highest percentage of women were aware of the schemes and enjoyed the benefits, in reality, they were not able to develop the productivity level of the women which would have enlarged their small business in the market. Even if they had taken money as loan for starting a small business, they spent the whole amount of money for meeting the daily household needs of the family.

4. Although the SHG scheme had been implemented for providing various avenues for developing enterprises in the rural areas, in reality their applications was not up to the mark. There was a big gap between the loan providers and the loan takers, communication hazards, ignorance, lack of confidence for which the scheme had failed to make people self-dependent and self-reliant.

5. Most of the women from General, OBC and SC categories were aware of NREGA, but the number of beneficiaries was very few in all categories in the blocks. Women belonging to Tea-tribe and ST in all the four blocks were unaware of this scheme. It had been found that about 80 and 70 percent of the women under General and OBC Categories were aware of the NREGA Scheme. However, the percentage of women who were aware of the scheme was relatively poor among SC, ST, and Tea Tribes Categories which are 60, 60 and 40 percent respectively in the district.

6. Institutional delivery is a positive mechanism for reducing the MMR and IMR. But in Assam only 22.4 percent was recorded as institutional delivery, whereas 77.5 percent was recorded as home delivery in 2005-06 (Human Development Report 2011). But the NPP (National Population Policy 2000) was aimed at achieving 80 percent institutional deliveries by 2010. Women
belonging to SC and ST had less number of institutional deliveries compared to women of General, OBC and Tea-tribe and Adivasi communities in all the four blocks. The status of the institutional delivery was more or less similar in all the blocks.

7. With the launching of NRHM, and the JSY scheme since 2007-08, the percentage of institutional deliveries had increased in all categories from in 2009-10 compared to 2007-08. But the beneficiaries were few in Tea-tribe or Adivasi community compared to other four communities in all the four blocks. For example, women from General and OBC categories, who had 83 percent and 88 percent institutional deliveries respectively from the total deliveries in 2007-08, had increased upto 100 percent during 2008-09, and 2009-10. Similarly, the number of institutional deliveries in the Adivasi community had also increased upto 100 percent in both the periods. But in the rest of the groups, it is still far from 100 percent.

8. Regarding the beneficiaries of JSY, women from General and OBC Categories had enjoyed 100 percent benefits in the district followed by women from SC and ST Categories. Although the women from Tea-tribe had got cent percent institutional deliveries (except for the year 2008-09, where the percentage was 91.66), the percentage of the beneficiaries was comparatively lower than the other four communities. The fact that the Adivasis had got lower benefits compared to other communities was due to apathy of the hospital in handing over the money to them.

9. Regarding the Momoni Scheme, only a few number of beneficiaries were found in 2008-09 compared to 2009-10 in all the 4 blocks of the district. Most of the women were unaware of the actual implications of the scheme in the district. The highest percentage of beneficiaries were found among the women of General category i.e. 80 percent, followed by OBC (73.33 percent), SC (68.18 percent), ST (50 percent) and Tea-tribe or Adivasi (40 percent) respectively. Although there were beneficiaries in all the categories, they did not get regular check-up and were not able to receive money on
time. Apart from these, it had also been found that some women were not willing for institutional delivery, yet they had received the help of the scheme.

10. Out of 25 women, 3 widows from General, 3 from OBC, and 1 from SC were found in Chaiduar block. Out of them, 1 from General, 2 from OBC, and 1 from SC received the widow pension regularly. In Pub-Chaiduar block, out of 4 widows in General category, 2 beneficiaries were found, and 1 beneficiary was found out of 2 widows in SC category. Out of 2 widows in OBC category, no single woman beneficiary was found in the block. In Baghmari Block, 2 widows from General, 2 from SC, and 1 from OBC category were found. Out of them, 1 from General and 1 from SC had got the benefits of the scheme, whereas the widows from OBC had not received the benefit. In Bihaguri block, 1 widow each from General and SC, and 2 widows from OBC were found. Out of them, only 2 widows from OBC were able to get pension.

11. Regarding Widow Pension scheme in the district as a whole, only 11 out of 25 widows in the sample of 500 women in the district had received it. 50 percent widows from OBC and SC categories, and 40 percent widows from General category, were benefitted from this scheme. It had also been found that the widows, who were deprived of the widow pension, actually did not know about such provision extended by the Government to provide social security to the widows.

12. Regarding fetching of water from within 1 km distance, 60 percent women was found in General category, followed by OBC, SC, ST and Adivasi categories. Two to three villages mostly in the tea-garden, SC and ST inhabited areas had to depend on one pond or one tube well for their survival. The paucity of water supply facilities of the government was another cause of concern for water crisis in the areas.
Findings of Objective No. 3 in respect of Factors for Low Empowerment:

Poverty is one of the main factors hindering the empowerment of the rural women in the Sonitpur District of Assam. Because of poverty, they were also not able to enjoy the benefits of the ODL systems although this system had by then spread to every nook and corner of the state. They were deprived of education and had not developed the required skills essential to get an opportunity of employment in the modern competitive society. At the same time, because of the lack of communication skill, confidence, and awareness regarding the various employment opportunities, they had become poorer. Most of the times, these women were engaged in domestic chores which were mostly uncounted. Subsequently, they had to live in poor condition. Even if they had earned, the little amount could not fully help in their sustenance.

Early marriage of girls and teenage pregnancy, lack of awareness and willingness to use modern contraceptives, superstition and traditional beliefs in various health related practices basically in the tribal areas, fetching of potable waters from long distance etc. badly affected the health of women. Thus, they had directly affected the productivity of women in terms of employment.

Some other related observation and findings during the visit:

1. Regarding maternity leave, it was found that the women having permanent job as regular salaried employee got the permission for 3 months maternity leave after giving birth to her child. The highest percentage of beneficiaries in getting maternity leave was found in General and OBC categories as they were engaged in permanent school jobs compared to the women of other categories.

2. Although maternity leave was only for 3 months, due to lower health facilities and lack of health awareness, women mostly from Tea-tribe, SC
and ST communities could not calculate their delivery time correctly, which resulted in confusion over the leave period.

3. Women mostly from Tea-tribe were engaged in casual work or faltu labour in the tea garden. They had to leave their job during their delivery period because they were not allowed to avail maternity leave.

4. It was observed that most of the women of the non-tribe community were not permitted by their husband and other male members of the household to interact spontaneously with the outsiders.

5. Most of the women in the rural areas generally got married below 18 years of age; although there are many legal laws and acts implemented in 1929 for restricting the child marriage. Besides, the Compulsory Marriage Act had also been implemented in 2006. They were totally unaware of such acts and legal provisions.

6. Women, who did not have children, mostly in the tea-garden areas, were not permitted to take lead in any celebration.

7. Women generally did not like to utter their husband’s name when asked by the Investigator during the visit.

8. Public Services were non-functional. Although the NRHM scheme was available, they could not be taken to be the provider of information on health and other preventive and protective measures to save women from unwanted pregnancy and other diseases like anemia, malnutrition etc.

9. In the schemes like IAY, SGSY, NREGA, except JSY, it had been found that the number of men was more than women in the beneficiary lists (official records) of the blocks in the district.

10. There is the lack of demand to utilize the Government services by the poor. It could be the reasons for the illiteracy, lack of voice to meet the rights, lack of awareness towards the public opportunities and avenues etc.

11. The problem of liquor sale and its consumption at a very high rate could be classified as one of the major problems of the tea gardens and ST villages. The workers of the tea garden were engaged in plucking for a specific period
of the year (generally April to December). For the rest of the time, they had to do other kinds of works to sustain their living. Thus, most of the women prepared alcohol at home and sold it. This in turn has affected the society by increasing the number of alcohol consumers the adverse outcome of which are many.

Recommendations for ensuring empowerment in terms of capacity building of women:

In a knowledge based society, capacity building among women as human capital is a contextual demand in order to achieve the targets of inclusive growth and progress towards MDGs. In order to achieve these targets women should be skilled, must be competent with their work, must be aware about their status or position in society, should have the capacity to realize their basic human rights, and should be capable of critical thinking to identify the oppressive forces in the society so that they can act for their own empowerment. The following are some measures that should be taken into account for the capacity building of women.

1. The role of the Government should be directive. Besides, it should have practical vision, or must have the transparent political will towards the implementation of the schemes for enhancing the capacity of people, particularly the women in Assam. Now-a-days, due to transparent political will and its practical applications, Chhattisgarh can be considered as a model state in terms of successful implementation of public distribution system and the NREGA scheme among all the states in the country.

2. Regular monitoring system with the help of the block officers should be arranged. The block officers should provide guidance, counseling and training to the women of SHGs for developing their entrepreneurship capacity in the villages.
3. Gender budget should be implemented in every state besides the general budget. Women specific plans should be made mandatory in the budget for protecting and promoting the capacity of women.

4. Strong propaganda regarding the welfare schemes and various Governmental schemes, particularly implemented for women, should be properly advertised, and the information should be spread to every nook and corner of the society with the help of various print and electronic technologies.

5. Various workshops, conferences, symposium etc. should be organized at the village level by the Governmental and Non-Governmental Organizations and institutions for making the women aware of the various legal provisions and the Constitutional Rights that will help in realizing human rights.

6. Through Open and Distance Learning, various short term entrepreneurial courses or some need based training courses for the women of Self help Groups (SHGs) can be designed and launched with the help of the Open universities and other ODL institutions. Before launching the courses, there is the need for conducting a survey to identify the needs of the women in a particular area, and then train them to utilize their local resources in productive ways.

7. Against the population, sufficient number of officers in the block offices and hospitals should be appointed; orientation and training programme should be arranged for the women by the Government. The officers should be up-to-date with proper information of the schemes which are implemented particularly for women.

8. Records of the gender wise beneficiary list should be maintained regularly in the blocks of the district and digitized.

9. Reservation policy for women in the Assembly and Parliament should be practical in vision. They should have the scope to share the power and
resources in order to strengthen the status of a marginalized group like them. Reservation should be ascertained till women are able to get a competitive rank against men or achieve equality with men in the political field. Involvement in politics would provide the chance for taking decision in policy formulation. And through that platform, they can raise their voice for equal rights and opportunities.

CONCLUSION

In a democratic country like India, everyone should be to enjoy equal rights and equal opportunity which are constitutionally guaranteed to all. The implementation of the rights under the social sectors such as Right to education, Right to employment, Right to equal pay for equal work, Right to health services, Right to participation in the political life of one's community, Right of access to health services etc. have been launched for bringing the necessary upward mobility of different sections of the people in our country. Although women constitute half of the total population of in India, they are still relatively deprived of the equal rights as enjoyed by men. Among the states of India, there are regional or local disparities existing between men and women in terms of accessing the basic human rights. The level of education, rate of work participation, usability and enjoyment of profits etc. are some of the areas which show the lower status of women compared to that of men. These pictures should be focused in the national as well as international platform. Apart from the national context, in Assam too, there is a rampant gender difference in all sectors such as social, economic, political, cultural and so on. But whenever we are talking about development of a community, we mean such a community which is based on justice, equality and respect among its members.

But, for the long term benefit as well as the development of a country, the economic security of each member of the country is very essential. Even for
meeting the challenges like ‘inclusive growth’, or achieving ‘Millennium Development Goals etc., it is high time for our country to make a rationalization towards the fact of gender discrimination. Hence, measures should be taken for reducing the factors of social exclusion. Empowering women is the practical way for boosting up the status of women in the society. Besides, today’s society is regarded as knowledge based society. This knowledge-based society has the demand for human capital. Education is the basic way that can supply the skilled manpower for generating development in a nation. Education develops the human being in the true sense of the term, inculcating all potentialities as well as capabilities through which a nation can benefit.

Keeping these things in mind, the present study was carried out with the objectives of analyzing the status of women in terms of education, health and employment, and the implementation of various opportunities for enhancing the level of empowerment. Then the Investigator tried to identify the factors for lower level of empowerment of the rural women comprising General, OBC, SC, ST and Tea-tribe or Adivasi in Sonitpur district of Assam by selecting four Blocks as representatives.

The study has made use of both primary and secondary data to address the area of research. Primary data were collected from field study, while journals articles, reports, official reports prepared in the block level, and other published materials were referred to for collecting secondary data for the study. The methodology used for preparing the population frame of the representative women was able to provide the actual picture regarding the status of women and the implementations of the government policies for the proposed study. Four Blocks (Chaiduar Block, Pub-Chaiduar Block, Bhaghmari Block and Bhaguriri Block) of Sonitpur district were chosen for the study. To collect data the relevant interview schedule was used. The collected data were arranged in a tabular form. The analysis was made by using descriptive statistics like simple percentage, ratio, and average.

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The findings of the study *in terms of education* revealed that the General Category has the highest percentage of women having received education up to class XII, and above. They are followed by OBC Category, while the lowest percentage of educated women are found from Adivasi or Tea-tribe category, followed by ST and SC categories. Besides, it has been found that among the illiterates, Tea-Tribes, ST and SC community constitute the highest percentage compared to General and OBC categories. The women having higher degrees (up to Class XII and above) are found in a position like school teacher in the Lower Primary School, assistants in the block offices, staff in the local public health centres etc. There is gender based discrimination in providing children access to education. Most of the parents from the Adivasi community preferred to send their son to school more than their daughter. It was noticed during the visit that some women have good academic qualifications but they failed to pursue higher education due to restriction imposed on them by their husband and the head of the household. Even women belonging to General and OBC categories were more eager to get further education through ODL than the women of SC, ST and Tea-Tribe (Adivasi). Although it is assumed by all that those who have more education, have more involvement in the decision making process, through this study, it was found that the women belonging to ST and Adivasi categories enjoy more power in decision making in all respects compared to the women of other categories.

*In terms of Employment* it was found that the women belonging to Tea Tribe or Adivasi and ST categories have more Individual (self) income, and they contribute more to the total income of the household than the women belonging to OBC, General, and SC categories. The women, other than those engaged in the formal sector, have no monthly savings. The women whose annual income is 13000/- and above, are engaged mostly in the job of school teacher, and the women having annual income in between 1000/- to 13000/- mostly engaged in casual work in the tea garden, in the block offices and local public health centres.
etc. Although female work participation is another indicator of women’s status in society, it was seen that a large number of women are engaged in unpaid or low-paid jobs. None of the women from SC and Tea-tribe categories is found to be regularly salaried employee during the study. The women from Tea-tribe community are mostly engaged in casual work in the tea-garden as faltu labourer. The women from SC, General, ST and OBC categories, are found to work as daily wage labourer in the paddy fields of others. The highest percentage of women from OBC category is found to be unemployed followed by General, SC, ST, and Adivasi or Tea-tribe respectively. Thus, it has been found that the women belonging to Tea-tribe, ST and SC have more engagement in works compared to General and OBC categories. Generally, it is a fact that most of the women in the rural areas are found as wage labourer. They would like to go for work for supplementary income which is mostly spent on meeting day to day needs of the households.

From this study it has also been found out that women particularly from Adivasi (Tea-Tribe) and ST categories are engaged in making rice-beer for their supplementary income. As house wife, a woman has to do lot of things like cooking, kitchening, gardening, producing green vegetables for eating at home. These are non-monetary in nature yet they are considered unemployed. Even the women of the Brahmin family under the General Category also work outside home for earnings. Women mostly from all communities have to work in the house as well as the outside the home for earning their livelihood. This unequal division of work increases their hardships.

*In terms of Health,* it was found from the study that most of the women from all categories did not understand the importance of having breakfast, lunch and dinner at regular interval although taking food on time is an important requirement for maintaining a good health. Out of 100 women from each category, it had been found that women from General and OBC had the lower percentage in taking breakfast than the women from Tea-tribe, ST and SC. The
women from Adivasi or Tea-tribe, ST and SC take simple breakfast (Red-tea, slice or bread, roti etc.) before going to work. They are very casual to take lunch compared to the women from General and OBC. It was found that women from all categories suffer a lot from anemia and malnutrition. In this regard, the highest percentage is found in Adivasi or Tea-tribe community followed by the women of SC, ST, OBC and General Category respectively. Anemia and malnutrition arise because of the lack of proper food and hygienic condition in the family. Anemia occurs due to low level of hemoglobin in blood which affects the health of women and their children. It may become the cause of maternal death, antenatal loss and perinatal loss. Anemic expectant mothers face the risk of premature delivery and birth of malnourished children. They cannot survive in the competitive employment market as they are the poor performers in the employment field. Regarding the willingness and need for medical treatment, very few women are willing to go to private hospitals for treatment whereas a large number of women go to public health centres for treatment. The highest percentage of women who go for treatment to private health centres is from General category, followed by OBC, ST and SC. None of the women from Adivasi or Tea-tribe goes to private health centres for any treatment. The highest number of women from ST, Adivasi or Tea-tribe and SC generally prefer to go to traditional health practitioners for treatment, and take traditional medicines compared to the women of General and OBC categories.

Again, regarding the age of marriage it was found that the percentage of women getting married in the age below 18 is high among SC and ST followed by OBC, General and Adivasi categories. However, altogether women getting married at an early age (below 18) are relatively low compared to the women getting married at the age group 18-20 in the district. Early pregnancy (below 18) and Teenage pregnancy are some of the risk factors that affect the health of the women. Women in the rural areas enter into marriage at an early age (below 18 and 18-20), and when these teenagers become pregnant, they produce more
children. Even the women belonging to SC, ST, Adivasi or Tea-tribe Categories are not familiar with the use of the modern contraceptives unlike the women belonging to General and OBC Categories.

*Regarding Accessibility of different schemes under the means of providing social security and empowering women*, the present study reveals that open and distance learning is a viable option for those who want to enlighten their life by educating themselves through this mode. In Sonitpur district, the women from General and OBC categories access education though the ODL mode compared to the women from SC, ST and Adivasi or Tea-tribe. The SHGs play prominent role in ensuring the supplementary income for the women and the household. The highest percentage of beneficiaries and awareness towards the scheme is found from the Non-tribe communities than the other tribes. Although, the highest percentages of women of all categories know about the schemes, in reality, it cannot develop the productivity level of women by making them able to enlarge their small business in the market. The profit is only for short term perspective. They take small amount of money as loan and spend the whole money for meeting the daily household needs in the family. Besides, in terms of MGNREG, it was found that most of the women from General and OBC categories know about this scheme. However, the percentage of women who are aware of the scheme is relatively poor under SC, ST and Tea Tribes Communities. Even the NREGA scheme which became a provider of sustenance for living, could not develop the productivity level of the women and men as a whole. Institutional delivery is a positive mechanism for reducing the MMR and IMR. The list of institutional delivery is higher in General, OBC and Advasi categories than in ST and SC categories. Although the women belonging to Tea-tribe or Adivasi community have given cent percent institutional delivery, they had received lower range of benefits in terms of JSY, Mamoni Scheme etc. compared to the women of other four categories. This was mainly due to apathy of the hospital in handing over the money to them.
Regarding the present status of women in Sonitpur district, it becomes obvious that early marriage, poverty, restrictions imposed by husband or the head of the households, social norms, superstitions, lack of communication skill, lack of awareness, lack of proper propaganda about the schemes, lack of education, engagement in domestic chores, absence of social network and delivery system, lack of proper delivery mechanism, lack of proper guidance and training, flood and erosion particularly in the ST villages, lack of active participation and willingness of the NGOs towards community improvement and mobilization in terms of economic, social, political, cultural etc. can be considered responsible factors for the present status of women in the district. Apart from these factors, the Investigator had observed that the women from General and OBC categories are more educated, and more engaged in permanent job. They are more willing to pursue education, to receive the Government schemes than the women from SC, ST and Tea-tribe communities. Yet they remain dominated inside and outside their home. The women from General, OBC and SC are also not allowed to take decision regarding their life, raise voice against social discriminations, prejudices and injustice compared to the women of ST and SC communities. On the other hand, in the present society, the women from ST and Tea-tribe communities are more hard workers and more independent than those from other categories. To some extent, and they are capable of taking their own decision compared to the non-tribal women. Yet, they fail to gain the rewards against their work.

It means that the rigid social system, patriarchy, and social acceptance are some of the factors that can be accounted for the present status of women of General and OBC categories. Besides, the life skills and competency, the tendency to work only for sustenance mostly in tribal communities, provide short term benefits only. But this cannot ensure the welfare of women. Moreover, from this study, it has been found that although many schemes and provisions are made available by the Government for empowering women, proper implementation of the schemes is still a far cry. Although education and
employment are interlinked and make people efficient for earning, it may not be always helpful for alleviating the gender inequality from the society. Besides, it is observed that, the Government of India has various means of social security to empower women economically and educationally, but the dream of creating gender equality in society is yet to be harnessed. Empowerment is possible only when there is positive social attitude of the people towards women. While the Government actions and steps are necessary for removing gender inequalities and injustices, and empowering women, these can become effective only if society’s attitudes and outlook towards women are changed. Women’s empowerment would be achieved only when the attitudes of the people, their ways of thinking, feeling, and behaving towards women would be congenial and positive. The male members of the society should respect their female counterparts with dignity, should treat them as equally worthy human beings rather than taking them as commodity and sex objects to be abused, exploited, discriminated and ill-treated. So, before concluding, it must be noted that to make some changes in women’s status in society, and making progress towards establishing an equitable society, it is essential to ensure gender inclusiveness in society.