CHAPTER I

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1.1 NEED OF EMPOWERMENT AND SOCIAL SECURITY AMONG RURAL WOMEN

Women play an important role in social change with their contribution to their family, society and the country. Improving women’s productivity and quality implies a multidimensional contribution to the overall growth and development of the family, the society and the country as a whole. Women’s earning has a positive correlation with children’s health, nutrition, and education. But it is found that women in the Indian society are abused economically, educationally, socially, politically, and psychologically. In the Indian society, large scale inequalities still prevail in improving the capabilities of women in different spheres of life. Although various attempts have been made by the Government of India for the betterment of women folk, various types of discriminations are still customarily practised in different parts of the country. For example, discriminations in terms of educational attainments, provisions of health, share in terms of economic opportunities, social participation, female population etc. are quite visible in every part of the country. Huge gender gaps also affect literacy, non-agricultural wage, employment, high infant mortality rate, adverse child sex ratio, women and children trafficking, violence against women and so on. Women in the Indian society are mainly victimized by social prejudices, crimes, sexual harassment, domestic violence etc. The situation is even more deplorable in the rural areas of the country. So far as the property right is concerned, the rural women are still powerless and resource-less due to the prevalence of big gender bias.

Besides, they are relegated mostly to household duties and day to day activities. Although India is a democratic country, a major disparity between
rural and urban areas, male and female etc. is to be seen in terms of education. For instance, the total literacy of India is 64.28 percent, where the male literacy is 75.26 percent, and female 53.67 percent with the gap of 21.59 percent. It has also been observed that India has 58.74 percent of literacy in the rural areas and 79.92 in the urban areas, with a disparity gap of 21.18 percent (Census, 2001). Similarly, the total literacy in Assam is 64.3 percent where the male literacy is 71.9 percent and the female 56 percent with a gap of 15.9 percent. A huge disparity in the literacy rate has also been observed between the rural and the urban areas in Assam. Assam has 60.9 percent literacy in the rural areas and 85.8 percent in the urban, with a gap of 24.9 percent (Census, 2001). However, the gap between the male and the female literacy rate has declined in the Census of 2011 compared to that of 2001. The total literacy rate of India in 2011 is 74.4 percent where the male percentage is 82.14, and the female is 65.46, with the gap of 16.68 percent. Similarly, in Assam, according to the Census of 2011, from the total literacy (73.18 percent), the male literacy percentage is 78.81, whereas the female occupies 67.27 percent with the gap of 11.54 percent. In the rural areas of Assam it is observed that the literacy rate of 7+yrs is 69.34 percent, while in the urban areas the literacy rate is 88.47 percent that has resulted in the gap of 19.13 percent in the census of 2011.

The rural women in our country have a secondary status in terms of social life, economic activities, and decision-making capacities in the families. Without the power and skill to work and earn good income, their voices are silenced, as they are economically dependent. Women also suffer from various social and economic abuses. The rural women are basically confined to unorganized sectors such as agriculture, animal husbandry etc. as marginal workers. They work for a long time and have to perform several duties both inside and outside their home, but the value of their work is rarely recognized. They often get low wages and are restricted in career prospects. Their work is insecure, irregular and often unrecognized. Besides, about 90 percent rural and 10 percent urban women are
unskilled. The incidence of poverty among rural women is also very high. For example, over the past 20 years, the number of women in absolute poverty rose by 50 percent as against some 30 percent of the rural men. Although women’s work participation rate in unorganized sector is higher in the rural areas, they comprise for one third of the labour force in India, and 90 percent of the rural and 10 percent of the urban women are unskilled (HDR, 1995).

Women’s health, education, employment; social structure; and sentiments of the people towards women in the North East; are increasingly being seen as the main concerns of the policy makers for accelerating the growth and development of the North-Eastern states. The Shukla Commission of 1997 highlighted the discrepancies plaguing the North-East Region, namely poor infrastructure, deficit of basic needs, lack of two-way understanding within the rest of India, and a scarcity of resources. For removing these deficits, several schemes and programmes have been introduced in the North East to expedite the process of development and growth. Besides, in the North Eastern states, there is adverse juvenile sex ratio due to the preferences to having male offspring. Although the sex ratio in India has taken a positive turn, the child sex ratio is still a matter of concern due to the desire to have male child as the inheritor of the father. This also influences the large family size of the North East Indian states which has further affected the demographic profile of the country.

Regarding the health services in India, the NFHS-III reports that only 47 percent births are delivered by skilled personnel all over India. In the rural areas, out of 75 percent births, only 37 percent are handled by skilled personnel. All the states in the North Eastern region, except Mizoram, have poor utilization of health services. There may be availability of health infrastructure for women, but the utilization of these is too minimal, and the opportunity of health, safety and hygiene still remains a far cry. Apart from these, although various government policies have been implemented for protecting and improving health status of the people of the region in general, still, there is a large scale of IMR, MMR, and a
large number of anemic patients in the states. It is because the majority of women in the families are equally engaged in the hard labour like the male members of the household. They often prefer to take the left-over food in the family. During pregnancy, women ideally should take balanced diet but they continue to take the same food for many reasons. Therefore, they become anemic patients that causes great danger to the mother and the child in her womb.

In a democratic country like India, everyone has the right to live with dignity, and to enjoy all the rights constitutionally guaranteed to all. Therefore, the need of the hour is to make women empowered and help them feel secured educationally, politically, economically, and culturally. The various means of social security should be adopted for developing the capabilities of women particularly in the rural areas. Hence, empowerment and social security are integrally connected, and unless social security is ensured, real empowerment of women will forever remain a far cry.

1.2 EMPOWERMENT AND SOCIAL SECURITY:

Empowerment makes women self-worthy, promotes the productive activity of women, and calls for greater inputs in education, training, health, protection of rights and employment opportunities of women. It enhances women's participation in economic, political, social, and educational fields, and helps in realizing the need to protect and promote the aspects of social securities. Empowerment is the key to development, because it reduces ignorance, backwardness, helplessness and resistance to downward change. Therefore, in order to promote the welfare of the state, social security should be provided to women. The schemes and programmes which are implemented for empowering women should make them feel that they are socially secured and economically protected in their day to day life. The various means under the social security schemes on health, education and employment should be designed in such a way that they can ensure the capacity of women and make them empowered in real
terms. Thus, the idea of empowerment should be linked up with the following three points:

1. Empowerment so that the traditionally excluded or marginalized group can reap the benefits from the programmes which are implemented on the basis of equality.
2. Empowerment to speak against all sorts of social injustice.
3. Empowerment to claim their rights in various services like education, health, employment and so on.

The concept of Social Security, on the other hand, is derived from the provisions of Article 38 of the Constitution of India which states that the State should promote the welfare of the people by securing and protecting a social order in which social, economic, and political justice shall inform all institutions of national life. Article 41 requires that within the limits of the economic capacity, the state makes effective provision for securing the right to work, education and public assistance in case of unemployment, old age, sickness, disablement, etc. Article 42 states that the State should make the provision for securing just and humane conditions of work and maternity relief, while Article 47 requires that the State should consider the raising of the level of nutrition, the standard of living, and the improvement of public health among its primary duties. The post-war consensus on social security is clearly set out in the Universal Declaration of Human Rights. Articles 22 to 26 make room for the universal rights of each individual to a basic standard of life, to proper working conditions, to social security and social protection.

The International Convention on Economic, Social and Cultural Rights, 1966 had recognized the right to social security, including social insurance to be enjoyed by an individual. The Convention elaborated on the right of mothers and infants to a decent standard of living, food, health, and education. In fact, the demand for ensuring social security is meant not only for the large size of
population in India but also for the huge section of people under poverty. Thus, Social Security has two approaches—Citizen Based Approach and Work-Based Approach. The Citizen-Based Approach indicates the approach of rights, that is—as a citizen of the country every human being has a right to enjoy certain basic needs, and the duty of the State is to provide all such needs. These include safe drinking water, health care, education, food security, housing and social assistance and so on. On the other hand, the Work-Based Approach supplements the Citizen-Based one. The Work-Based Approach is statutory and applies to all workers in an employer-employee relationship. The main statutory Work-Based Approach in India includes Old Age Pension, Employment Provident Fund, Public Provident Fund, and the various social insurance schemes.

‘Growth-Mediated Security’ and ‘Support-led Security,’ are two other approaches for raising the standard of living. The first approach is meant to promote economic growth in order to improve the public-private income. The second approach provides wide ranging public support in areas such as employment provision, income re-distribution, health-care, education and social assistance to workers belonging to the un-organised sector etc. The Government of India has relied on both the growth promoting and support-led policies to help the un-organised workers. Regarding support-led policies, the country has relied more on the promotional measures (self-employment and wage employment programmes, general health and education, etc.). It has been observed that most of the new employment in future may take place in the un-organised sector characterized by poor conditions of work, low earnings, and lack of social security. It would be an important concern of public policy to set some basic minimum measures of social security in the un-organised sector. Besides, it is also a fact that some of the targeted anti-poverty programmes have not been able to help the poor because of the problems of centralized approach of delivery systems. Protective programmes such as old age pension, widow pension, survivor benefit etc. provide a certain degree of financial support to the poor or
destitute persons facing specific adverse contingencies. The most recent justification for the need of social security is the initiation of economic reforms in 1991. This shows that there is a need for social security programmes in order to neutralize the negative consequences of reforms. However, it may also be noted that the problem of social insecurity existed much before the introduction of economic reforms.

The provisions of social means are important in low income countries which generally have lower level of formal protection provisions. There are two reasons behind this; one—it is almost impossible for developing countries to provide universal coverage, and two—the tiny formal sector provides security to a small section of workers for fiscal reasons. But strong social means are essentially important for the development of the country. This is the foundation upon which the societies of today’s rich countries are built. Some developing countries followed the same strategy and have shown impressive results. Sri Lanka, Malaysia, and even Kerala in our own country have, within a short span of time, made tremendous progress in health and education that even the industrialized countries need more than a century to achieve. Chili has the highest caesarian delivery of the world due to strong private health security. Therefore, there is the need to ensure the protective and promotional measures in the country by launching various schemes for the welfare of the people of the different states. Meanwhile, the Government should provide sufficient amount of grants in the health, education, and employment sectors.

The elements of social security have been the part of India’s Five Year Plans. However, the emphasis differed from plan to plan in terms of the approaches and priorities. The First Five Year Plan emphasized community development, primary education, and provisions of primary health facilities. This focus was changed in the Second Plan, as the emphasis was laid on economic growth. Again, it was the Fourth Plan in which special emphasis was given on the alleviation of poverty through the adoption of IRDP. In the Fifth Plan, the
focus was shifted to MNP which was an attempt to broaden the support mechanism for the poor. This programme visualized elementary education, rural health, nutrition, drinking water, rural roads, and rural electrification means to ensure a decent standard of living. The Sixth Plan emphasized rural infrastructure and health for all. In the Seventh Plan, thrust was placed on the implementation of National Policy of Education, and this plan also set the goal to achieve health for all, by 2000 (National Health Policy, 1983). The Eighth Plan gave considerable importance to the enhancement of social capabilities to pursue the objectives of Human development. The Ninth, Tenth, and Eleventh Plans launched so many schemes under the plan sector for promoting the status of the pro-poor people and eradicating poverty and illiteracy by 2020. SGSY, NRHM, SSA, Mid Day Meal, NREGA etc. are some social programmes implemented for the welfare of the people. Besides these, Shelter homes, Short stay homes, measures of rehabilitation of the destitute women and prostitutes, are some of the other welfare measures adopted by the Government. From the Fifth Five Years Plan, the State reluctantly began to recognize women’s contribution to economic development and sought to bring in considerations of equity in various social security measures.

The issue of gender budget, property rights, political participation, 73rd and 74th Amendments of the Constitution and reservation of women in local bodies are some of the steps towards social security measures adopted for women. Provisions for reservation of the women beneficiaries in certain Governmental schemes/specific women development programme-such as ICDS, TRYSEM, DWCRA, JSY, NRHM, Maternal Benefit Act, NREGA etc. can be considered to be useful means of providing social security to women in rural areas.

In India, Kerala has been one of the foremost examples in providing social security and pension schemes to various categories of people. The Agriculture Workers Pension Scheme was introduced in Kerala in 1980. In 1992, around six
lakh of people were covered under the Destitute Old and Widow Pension Scheme which covered 12 percent of the Household in the state. In Kerala, the pension schemes for agriculture workers, handicaps, old and destitute, are financed entirely by the state government's budget. However, the average pension received by the service pensioners are 12 times more than the amount received under these three schemes.

Besides these schemes, SEWA was established in Ahmadabad in 1972. It is a political non-government organization formed by the poor women where they are engaged in various forms of economic activities that have a greater contribution to the socio-economic conditions of the country. It provides the opportunity to millions of women to become united, develop their collective strength and bargaining power, become visible and obtain voice and representation in policy making forums. At SEWA, women get together for financial services and social security like health and housing, water, and capacity building. They organize for change for a society based on justice, equality and dignity of all, for a society in which women's enormous contribution is recognized and respected.

Social security should be promoted for those who are basically engaged in informal or un-organised sector. Over the years, the organized sector in India has been shrinking and the unorganized sector has been growing that accounts for nearly 93 percent of the informal economy. Besides, 96 percent of the rural women are confined to the unorganized-sector. They are concentrated in the lower end of the spectrum, with low payment and insecure job, poor working conditions and lack of social security. The majority of them are unemployed, and they go to work just to earn a minimum amount for the sustenance of their family.
1.3 MEANS OF SOCIAL SECURITY FOR ENSURING WOMEN EMPOWERMENT:

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

In India, everyone has the right to live with dignity, feel secured in their basic needs, and enjoy the opportunities of the schemes and programmes which are implemented for improving their standard of living. Besides, the new Multidimensional Poverty Index was developed by United Nations Human Development Report (UNHDR) in 2010 which uses ten major variables including
access to good cooking fuel, schooling, electricity, nutrition, and sanitation. Thus, a person, who can access education and adequate health services, and enjoy standard of living, is not categorized as living in poverty. In fact, it will be a great success if all citizens of the country are able to access all human rights which are constitutionally guaranteed to them.

Thus, it is high time our country made a rationalization towards the fact of social and economic discrimination, and adopted necessary measures to reduce the factors of social discrimination. Education is the only way to boost up the positive social transformation for the welfare of the country. It can make people economically empowered and educationally competent. It can help them to protect themselves from ill-health, make them self-reliant and independent. It can ensure the capacity of women to control their own decisions and choices. The importance of the present study has a tremendous significance in the context of modernization, development and social change so that equal treatment and distributive justice can become a reality even for the rural women of the country.

1.4 NEED AND SIGNIFICANCE OF THE PRESENT STUDY

The Indian society has accorded differential status to women from time to time. In ancient India women enjoyed almost equal status along with men. However, since the Medieval era, the status of women has considerably gone down. They have been facing intolerable physiological, psychological, social, economic, political, and cultural problems. These problems still exist in the form of female foetus termination, infanticide, wife beating, oppression of SC/ST women by the upper caste people, dowry, deaths, rapes, suicide etc. Although the Constitution of India guarantees equal rights to men and women, there still exists discrimination and marginalization between the two sexes. In the patriarchal form of society that India has inherited, men still dominate women in all walks of life. Illiteracy, ignorance, poverty, lack of proper propaganda, entrepreneurship
facilities, corruption among government functionaries etc. are some of the important factors which are responsible for immobility of women in India.

The percentage of rural women population in Assam was 48.57 percent among the total rural population, and the total women workforce engaged in agriculture in the state was 34.14 percent in 2003 (Assam Statistical Handbook, 2003). In Assam the tribal population occupies 12.41 percent of the total population and out of this, 95.34 percent live in the rural areas. The total tribal rural women population constitutes 49.33 percent of the total rural tribal population. Like non-tribal rural women, tribal women in the state also play a major role in their household and economic activities. The tribes of Assam may broadly be divided into two categories: The Plain Tribes and The Hill Tribes. The Plain Tribes (total 15) mainly inhabit the plain areas of the state and the Hill Tribes (total 14) are mainly concentrated in the hilly areas. The Bodo Kacharis constitute the largest tribal group in Assam which accounts for 3 percent of the total tribal population of the state. Next to them, are the Mishings who constitute 16.6 percent of the total population. Most of the tribes have their own language. Bodo (or Kacharis), Karbi, Koch-Rajbanshi, Mishing, and Rabhas are also the tribes exhibiting variety in their tradition, culture and exotic way of life. Assamese is the principal language of the state and is regarded as the Lingua Franca of the whole North East India. All these communities practice paddy cultivation, and the womenfolk are involved in livestock rearing, weaving, and rice beer brewing for livelihood. These tribal women are living in the remote and forest areas and are deprived of all modern facilities of education and health. They are less skilled, less educated and deprived of economic judgment and good health facilities compared to non-tribal women. Very often they are oppressed by the upper caste people in society.

Moreover, the working condition of the rural women has compelled them to suffer from various diseases, which badly affect the economic opportunities of women. For instance, in Assam, out of the total 15 million tones of domestic
requirement of firewood, half of it is removed from the forests by the forest-dependent families in which women and children are the principal collectors (Human Development Report of Assam, 2003). Thus, women are the victims of indoor air pollution, which is caused by the use of firewood and cow-dung as primary fuel in cooking. Again, in the rural areas, women have to fetch water from a long distance which causes severe physical sufferings. It has strong economic ramification because it reduces their income as poor heath restricts them to go to work. But economic independence is the most strongest and significant factor for women’s self-development because improving women’s quality, productivity, and income implies a multidimensional contribution to their growth and development.

Both tribal and non-tribal women have to do hard work, and bear all responsibilities for the management of the household. At the same time, they also contribute to the development of the state. Apart from them, the tea-tribe also plays a prominent role in the economic development of the state. Because, the tea plantation sector in Assam is the largest provider of the industrial employment in the state. More than 25 percent of the working population (apart from the cultivator or agriculture labourer) is engaged in this plantation sector of Assam. It is a strong prosperous sector where about eight lakhs people in the state are engaged for earning their bread and butter. The tea industry that had developed in North East India, particularly in the Brahmaputra valley, in the nineteenth century, constitutes the major agro-industry of the region which is highly labour-intensive and which employs a large number of labourers on a permanent basis as well as temporary/seasonal basis. The recruitment of indentured migrant labourer was an integral component of the elaborate exploitative system set up by the British tea planters in Assam in the nineteenth century. The tea planters preferred to recruit men, women and children at different wage-rates, providing them residence in the estate itself. Among the industries employing women labourers on a large scale, the tea industry is prominent as the tea leaf pluckers are mostly
women, who are preferred for this job because of their skills in plucking. However, women are seldom employed in other categories of work in the plantation, either in the field or the factory, though a few are engaged as domestic helps in the bungalows of the managerial staff.

Till 1990, disparity in wages based on gender was an institutionalized practice in the Assam tea gardens, although the Equal Remuneration Act, 1976 disallows it (NCLR 1999: 47-48). This Act came into force from October 15, 1975, but the planters resisted its implementation on the ground that women workers perform lighter work than their male counterparts. The implementation of the Act had further increased the task of the women workers who are now engaged in more strenuous type of plantation activities. The Assam Tea Plantations Provident and Pension Fund Scheme was introduced in 1955 for the millions of downtrodden and dependent tea tribes in Assam and this was one of the pioneering and extensive social security measures in the world which was happening under the auspices of the great visionary and generous Late Omeo Kumar Das. Assam Tea Plantations Provident and Pension Fund Scheme are still going strong even at this competitive and liberalized economic environment. The tea plantation sector in Assam is the largest provider of the industrial employment in the state. Restrictions upon women in the tea worker society seem to be fewer than in the traditional Assamese family, especially in regards to taking up manual work outside the household. In many cases, a woman lives in her parents’ household after marriage along with her husband belonging to another garden, because she is permanently employed in her parental garden. In such a case, the husband does not mind staying as resident son-in-law in his in-laws’ place because of the scarcity of permanent jobs in the gardens. In a family, the parents do not excite for a son, as both sons and daughters are equally desirable and both become earners from childhood. A daughter is not an economic liability to her parents; rather she can earn and help the family.
Moreover, she brings bride price for her parental family, though in many cases the bride price has only symbolic value.

In the context of health, various preventive, protective, and promoting measures have been taken. After the recommendations of Bhore Committee (1946), the Alma Ata Declaration (1978), National Health Policy (1983, 2002), National Population Policy (2000), various Government centric as well as State-centric schemes had been implemented by the Public Health System. Even Article 25 of Universal Declaration of Human Rights states Health Care to be one of the basic human rights. But still, IMR, MMR, Birth and Death Rate have been found alarming in the entire state.

In 2001, the IMR was found to be 76 and 72 in rural Assam and India, whereas in urban areas, it was 33 and 42 for the state of Assam and India against per thousand live births (Assam Statistical Handbook, 2003). In terms of the birth rate, it has been found that in 2001, the birth rate in rural Assam was 27.8 percent and in urban 18.5 percent against per thousand, while the death rate was 9.8 percent for rural and 6.6 percent for urban Assam (Assam Statistical Handbook, 2003). The specific factors for higher mortality rate identified by various studies are miscarriage, abortions, foetal wastage, and teen-age pregnancy happening mostly in the low income groups. One study reported that pregnancy wastage of malnourished mothers was 30 percent in 1972. Much of the pregnancy lost and the prenatal mortality and still births were the result of premature births which itself is a consequence of iron deficiency during pregnancy (Usmani, B. D. 2004). Moreover, National Family Health Survey III has provided the information that half of the women received antenatal care from doctors, and 23 percent received from ANMs, nurses, midwives. Almost 98 percent women with 12 or more years of education received antenatal care, compared to 62 percent of women with no education. The overall antenatal care received from doctors is available more in the urban areas than in the rural areas, whereas antenatal care received from other types of health personnel like ANMs, nurses, midwives is
more common in the rural areas. Therefore, for maintaining good health and reducing the health related risks, the Government of India should implement various schemes and programmes particularly meant for women.

The empowerment of women is a process through which women in general and poor women in particular get the opportunity to join the workforce, contribute to the family income, and have a place in the family as well as in the society. In the past days, women were segregated from out-of-home productive work. They were kept within the four walls of the household, and the hearth became the only place for them. So, cooking, cleaning, washing, giving birth to children and rearing them became their prime duties. Men became the wage earners, and all other outdoor activities became their responsibilities. Even today, the position of women in society is precarious in India. The majority of the women have no economic freedom. From their birth till death, they have to depend on men. Though many women, especially in the rural areas, perform the job of rearing ducks and hens, post-harvest activities etc, nobody gives any credit to them. They are regarded as a liability of the family. Hence, until and unless they attain economic freedom, their empowerment will not be possible.

Besides, social prejudices and customs tend to degrade women's position every day. When a girl is born in a poor family, it is not regarded as an occasion for celebration. They think that she has come as if to add more suffering in her parents’ life. For instance, in Haryana, a women herself prefers to spoil a female foetus through the sex selective abortion in order to rescue herself or her family from paying a huge amount of dowry at the time of her daughter's marriage. An ultrasound typically costs around Rs. 500 to Rs. 1000, and is considered by many couples to be a good investment in order to save dowry payment if the foetus is female. They seldom think of sending her to school. The parents try to find a husband for their daughter even before she attains physical and mental maturity. She may also be assaulted, and in extreme cases, she may even be tortured to death. In 1971, the Committee on the Status of Women reported in one of their
surveys that social attitudes to women’s education were quite negative. Almost 16.8 percent of the respondents felt that girls needed no education, 64.5 percent i.e. four times the number, held the view that higher education was unnecessary for women. There may have been a slight change in such attitudes over the last few decades. However, social attitudes to women’s education still constitute one of the major hurdles in the empowerment of women (Ravikumar, S. K. 2006). Thus, women empowerment is a need-based demand of the present society. They should be able to take decision inside and outside the family, enlarge their choices, access equal payment for the same amount of work as men usually receive. They should be well- acquainted with the need-based skills, actively participate in social as well as political activities etc. for developing positive social transformation of a nation.

In order to make India a welfare State, that is supposed to bring welfare to all sections of people living in the country, there are three basic challenges to be met.

**Challenge 1:**

Inclusive Growth is one of the prime challenges for the socio-economic development of the country. Inclusive growth encompasses equality, providing equal opportunity in accessing education and health services, and ensuring protection in market and employment transactions. Thus, the Government has set the target to ensure equality of opportunity in the economic field, in educational field, in social and cultural arena, in health sector and so on. Thus the Government has prohibited unbiased regulatory environment in business and individual sectors.

**Challenge II**

Besides Inclusive Growth in all sectors of socio-economic development of our country, there should also be systematic efforts to meet the challenges of MDGs by 2015. Total eight MDGs have been formed in the Millennium
Declaration at the General Assembly of the United Nations in the year 2000. These include promoting gender equality and empowerment, improving maternal health, eradicating extreme poverty and hunger, reducing child mortality, improving health and fighting diseases, expanding education and lowering child mortality, increasing access to safe water, and ensuring environmental sustainability. In terms of gender inequality, it has been realized that gender inequality is a major obstacle to meeting the progress towards the MDGs. Therefore, there is a demand to eradicate the gender gap in terms of capacities, access to resources and opportunities, and vulnerability to violence and conflict. The Government has implemented various approaches and so many schemes for achieving the targets of MDGs.

**Challenge III**

In today’s knowledge-based society, there is an urgent need to formulate human capital or required manpower as per the need of the society. Human capital realizes two things, i.e. the person and the person should be acquainted with the need-based skills. In reality, human capital indicates the utilization of the human resources and enhancement of the capabilities of manpower for the development of the country. It plays an important role in the development of a nation. It is the quality of human beings which helps in the development of the country, in accelerating the pace of development. Developing countries need to control diseases and improve health, self dependence, and nutrition of the people. Good health makes people feel healthier, and healthy people prove to be more productive workers. Investment in building the health care infrastructure, and ensuring the availability of safe drinking water should be considered extremely useful for social capital. In fact, the development of a state is an integral product of good health, proper income and appropriate level of education and their applications. Therefore, the focus should be clearly traced out for capacity building among the people, particularly the women in the states.
Therefore, gender mainstreaming is an urgent need of the Governmental and the Non-Governmental organizations through which equality of opportunity can be ensured to all. The term gender mainstreaming emerged in the early 1980s as a concern of the international women's movement for alternative strategies to move women's issue out of the periphery into the mainstream of development and decision making. In the years following the Beijing Conference in 1995, gender mainstreaming has been referred to as a comprehensive strategy that involves the integration of women-oriented programmes and gender issues into development institutions. Gender mainstreaming is a process to achieve gender equality and overcome the issue of the marginalization of women. Mainstreaming requires to be concerned with pointers which are mainly like the following:

(a) Incorporation of gender concerns in planning, policy making, and implementation to provide effective rights and dignity to the disadvantaged.
(b) Women-inclusive social, political, and economic institutions.
(c) Transformation of cultural structures of power at home and outside.
(d) Putting an end to domestic and public violence.
(e) Recognition of women's work (both productive and reproductive) and their contribution to economy as well as the economic agencies.

These issues should be systematically addressed in order to alleviate poverty from our society. Because, unequal gender relation may also be a cause of poverty among the people of the state as a whole. Gender equality, is a constituent as well as an instrument of development. No country can be deemed developed if half of its population is severely disadvantaged in terms of basic needs, livelihood options, access to knowledge, and political voice. Gender equality is an 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, the 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 also help in addressing how far the different Governmental schemes have helped in the uplift of women as social human beings.

1.5. 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 done 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 in mind, an attempt has been made in this study to examine 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.”

1.6 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 as the following:

1. To make a comparative study on the status of the rural women among the 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.

1.7 TERMS DEFINED:

Following is a brief description of the terms that are used in the study.

Access to Education: It indicates the level of enrolment, percentage, educational consciousness, awareness, involvement in 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: It means the types of employment in which women are engaged.

Empowerment: It 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 decision making process, being free and alert 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:** The workers who work for the major part of the reference period (i.e. 6 months or more).

**Marginal Workers:** The 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 of India 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 the 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.

### 1.8 DELIMITATION OF THE STUDY

First, the study is delimited to Sonitpur District of Assam only. Secondly, the study is conducted on the women residing in the four blocks of Sonitpur district. Therefore, it yields the result only of the four blocks selected 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.