CHAPTER-VI

CONCLUSION

The study comprises of Government policy analysis in the field of education, health and economic empowerment of women with particular reference to Kamrup district (Rural) in Assam. The chapters- (ii) Government policies and economic empowerment of women, (iii) Government policies and educational empowerment of women and (iv) Government policies and development of women health mainly focus on the work done by Government agencies in these aspects. Field study done in the select areas of Goreswar Development Block and Hajo Development Block reflects the results achieved due to the implementation of Government policies in respect of women empowerment. Chapter(v) takes up the burning issues confronting women empowerment in Assam in particular.

The chapter on Government policies and economic empowerment of women traces the history of development works done in favour of women. The community development programmes constituted the major development strategy before 1980s in India with thrust on a systematic integrated approach in rural development. Agriculture, animal husbandry targeting rural women, were priority areas. Government took special note of the reigning problem of women workers and passed the equal remuneration act in 1975 which mandated equal salaries to both the sexes.
The working group appointed by the planning commission to study the
issues related to women employers submitted in its recommendations that
lack of training to develop awareness and skills, lack of information and
lack of bargaining power, low productivity and narrow occupational
choices, low level of participation in decision making, inadequate finance
and capital, inadequate monitoring of women's participation in different
sectors, wage discrimination, Inadequate application of science and
technology to remove drudgery and low health and nutrition status were
the main problems.

There were continuing efforts on the part of successive Governments to implement welfare and development measures in favour
of women belonging to different sections of the society. The Sixth Plan
stressed accordingly on creation of employment opportunities and
earmarking a percentage of allocation in all the poverty alleviation
programmes. The Seventh Plan reiterated the strategies suggested in the
Sixth Plan with a sharper focus on the increased coverage of women in
various rural development programmes. The 8th five year plan emphasized
specially on empowerment of women.

The chapter on Government policies and economic empowerment
of women refers to various welfare and development programmes
undertaken by the Government for women. These include Integrated Rural
Development Programme, Development of Women and Children in Rural
Areas (DWCRA), NREP and RLEGP, Training of Rural youth for self
employment (TRYSEM), Jawahar Rozgar Yojana (JRY), Indira Awas Yojana, Swarnajayanti Gram Swarozgar Yojana, Support to Training cum Employment Programme (STEP), Employment cum Income Generation cum Productive Units (NORAD), Socio-Economic Programme (SEP), Indira Mahila Yojana (IMY), Employment Assurance Scheme, Mahila Samriddhi Yojana, Rastriya Mahila Kosh, Swarna Jayanti Gram Swarozgar Yojana (SJSY), Wage Employment Programmes, Employment Gurantee Scheme, National Food for Work Programme, Jawahar Rojgar Jojana, National Rural Employment Guarantee Act/Scheme. All these programmes implemented for rural development through employment generation and asset creation, earmark target achievement for women.

Government has also implemented various training and entrepreneurship development programmes for women so that they are independent economically. Welfare measures like hostels for working women, short stay homes for destitute women are being continued.

Compared to the period before 1980s, there is marked improvement in the area of employability of women in various sectors. Government implemented welfare schemes and development measures for self employment generation through programmes like Swarna Jayanti Gram Swarazgar Yojana (SJSY), have yielded perceptible improvement in the economic status of women.

Data collected from field and secondary sources on different yardsticks like employment in public and private Sectors in the country.
and in Assam, distribution of Assam Government employees according to the status/caste/tribes and sex, organized sector employment, physical achievement under SGSY in Kamrup & Assam, physical achievement under SGRY in Kamrup & Assam, relationship between present occupation and education and training, female work participation in organized/unorganized sector, household facilities among respondents for villages surveyed under Hajo development Block and Goreswar development Block (field study) present diverse facets of the economic status of women. Despite implementation of so many welfare and development schemes, the percentage of women unskilled labourers is still much greater than that of male. Women comprise the larger percentage of workers in the unorganized sector. Malpractice, corruption, poor implementation characterize implementation of many Government development programmes.

Government Initiatives in women's Educational Empowerment before the sixth five year plan i.e. the 1980s are taken up for detailed discussion. Education commissions such as University Education Commission, National Commission on Women and Kothari commission suggested different measures for improvement of women education. These were introduction of co-education from the primary to the university level, appointment of women teachers preferably in primary schools etc.

The Five Year National Plans, from the very beginning, emphasized on developing women education. Adoption of special
measures for tackling problems related to women, overall expansion of educational facilities, inclusion of women's education as one of the major programmes of the department of women and child development, elimination of gender bias and measures for increasing enrolment were some of the suggestions of the five year plans at the initial stage. The Eighth Five Year Plan of the country launched in 1991 makes it clear that education of women is imperative in order to improve health and nutrition levels in the country. The Ninth Five Year Plan stressed on education for women's equality.

The Government has implemented various education policies for development of women education in the country. Central Social Welfare Board, set up in 1953, pioneered women education through programmes like Condensed Courses of Education and Vocational Training for Adult Women and Vocationalisation of education at the secondary level for girls. Mahila Mandals, the voluntary organizations were involved in successful implementation of these programmes.

There are other programmes such as National Literacy Mission (NLM), total Adult Literacy Campaign (TALC) of National Literacy Mission (NLM), Functional Literacy for Adult women, The National Adult Education Programme (NAEP), Population education programme, the National Policy of Education (NPE-1986), Total Literacy Campaign, Mid-day Meal Scheme, District Primary Education Programme (DPEP), the operation blackboard scheme, the Sarva Siksha Abhiyan (SSA),
National Policy for Women Empowerment etc. Free education for girls upto class X in Kendriya and Navodaya Vidyalaya, scholarship for needy girl students at various education standards, technical education for girls at polytechnic and I.T.Is, entrepreneurship development programmes have been other Governmental measures to develop women education. The programmes implemented at different phases have various objectives ranging from region specific strategies to enable girls to come to school, provide remedial teaching through bridge courses and residential camps, reducing gender gap and social disparities and universal access, retention and achievement.

Data-wise analysis has been made with regard to Drop-Out and enrolment rate of students at different stages of school education and position of School and Colleges, women educational institutions and female teachers in Kamrup, Assam and India. The enrolment rate for girl students in regular schools and colleges and in informal education has surely increased. But, despite the good and continuing efforts, enrolment in respect of adult education for women falls short of expectation. The drop-out rate has significantly decreased but there are vast scope for improvement. There are, however, perceptible development in respect of school infrastructure. The percentage of female teachers against male has increased also. Analysis of data from field sources present mixed picture with regard to women education. Out of 400 respondents among women interviewed in Goreswar and Hajo Development Block it is observed that
a substantial number of them are educated below high school level and equally vast number are educated upto primary level. Compared to S.C. /S.T. and minority population, women / girls belonging to general categories seem to take a lead in educational empowerment.

The health scenario of women in India prior to 1980 is reflected in the five year plan objectives. The First Plan emphasized on providing adequate services for promotion of women welfare. The Second Plan stressed on the creation of basic facilities to women workers who were more engaged in hazardous work. The Third Plan gave primary importance to provision of services for maternal and child welfare, health education, nutrition and family planning. The Fourth plan likewise laid a continued emphasis on women’s education and social welfare. The Fifth Five-Year Plan took up burning issues such as taking up effective measures to fight malnutrition, to prevent gender differences in access to health care services, to develop adequate maternity and child health services; and to integrate population policy with the MCH services and nutrition policy of Government.

The chapter also makes comparative study on the key health aspects of women like sex ratio, life expectancy of females, Infant Mortality Rate (Female), Maternal Mortality Rate, Age at marriage, Literacy Rate, Birth and Fertility Rates etc. Observation is made on both the improvements and shortfalls in these aspects. The integral relationship
amongst all the given variables are studied in reference to data concerning
the whole country, the state and the area of study i.e, Kamrup district.

Various government policies for Health of Women and Girl Child
adopted and implemented at different times have been incorporated for
discussion. These include Midday Meal Scheme, a National programme of
Nutritional supplement to students of primary education, Janani Surakhsha
Yojana which is targeted at providing financial help to pregnant and
lactating mothers for better preparedness for birth of children and
nutritional support. The Integrated Child Development Service (ICDS)
Scheme is another important scheme by the Government of India that has
a country wide coverage.

One of the basic requirements of safeguards to good health is
provision of safe drinking water. The facility of Rural water supply
curtails the enormous burden on specially village women to carry potable
water from distance. The provision of rural water supply made by the
Government in Assam has been highlighted. Alongwith supply of potable
water, the governments have also taken up policies for low cost latrines.
These facilities improve the health scenario of women by saving in their
time and energy. Other programmes taken up for study were the Universal
Immunisation Programme which aims at universal coverage of pregnant
women and infants and the nutrition programmes including the National
Nutrition Policy adopted in 1993 and national plan of action on nutrition
in 1995. Its basic objective is to address the problem of widespread
malnutrition. The national policy for women empowerment also highlights the Intra-household discrimination in nutritional matters with respect to girls and women. National policy for the empowerment of women, 2001, The National Population Policy 2000, and the National plan of action for children, 2005 recognised the urgent need of women to have access to affordable and quality health care and the critical need of men and women to have safe, affordable, effective methods of family planning. These plans and programmes also put thrust on implementation of Child Marriage Restraint Act, introduction of registration of marriage and the involvement of women in income generation activities through their own organizations like Mahila Mandals. National Rural Health Mission (NRHM) launched in April 2005, aims to provide accessible, affordable and accountable health service to the rural poor. The objectives of the mission include reduction in child and maternal mortality, universal access to public health care service, prevention and control of communicable and non-communicable diseases, population stabilisation, revitalisation of local health care services, and promotion of healthy life style.

The issue of family planning has been dealt extensively in the chapter on health. The Role of Education in family planning is discussed. The role played by education in increasing awareness on family planning is emphasized. The case of legal provisions in matters involving abortion i.e. the Medical Termination of Pregnancy Act 1971 in order to reduce the incidence of criminal abortions is studied.
As a result of implementation of various Government policies and programmes at the grass root level not only the health infrastructure and number of health and medical personnels have increased but also due to cumulative factors awareness level of women on health aspects and their active participation in health programmes have risen manifold. The tables incorporated in the chapter indicate the level of health awareness, accessibility to existing medical facilities and the extent of government initiatives which have proved effective. It is observed that during the last two decades since 1980, awareness about safe motherhood, pre natal and post natal care has risen to a great extent. Data from field study reveal that these relatively younger mothers are increasingly confident about the status of the girl child irrespective of their educational and economic status. There are Progressive indicators of women empowerment such as diminishing preference for the male child, emphasis on the education of female child, adoption of birth control measures and restriction in the number of child etc.

Despite considerable progress achieved in the area of women education, health and economy, however, there are some conspicuous loopholes in the women health scenario. The study makes an effort to find out the most important causes of this underdevelopment and recommend measures for rectification of the same.
The findings:

Employment in unorganized sector: Majority of women are engaged in the unorganized sector and are paid low wages, forcing them to work hard under extremely adverse conditions. Women respondents in the field study are found to be mainly occupied with agricultural and agriculture related activities apart from household responsibilities. Very few number of women are engaged in other activities.

Agriculture-primary occupation: The primary occupation of larger percentage of women is in the agriculture sector. During the last two decades women's total agricultural employment has increased dramatically indicating the downward slide as far as women's economic status is concerned as agriculture is one sector which pays one of the lowest wages to labourers.

Shortfall in the implementation of women welfare programmes for poverty alleviation: It was observed that though the share of women in Government sponsored Integrated Rural Development Programmes was 30%, achievement was only 10% as per estimate of the state department of Panchayat and Rural Development in Assam. Women beneficiaries are very often deprived of their share in other schemes due to apathy on the part of male PRI members and their own ignorance about their rights. Women have specific problems. Nature of problems also vary from region to region. Hence, programmes for development need to be oriented
according to local needs. There are fewer number of women specific schemes for women welfare and development.

**Labour segmentation based on gender discrimination:** Women have to shoulder the domestic responsibility of sibling care, cooking, washing etc usually without help from male members. Society has not yet been free from this gender bias reflected in role playing by male and female. The burden of household chores incapacitates women from acquiring economic self reliance through other productive engagement. However, gender discrimination, as found in the field survey, is not prevalent in the tribal society in economic aspects. Women are seen marketing their hand made handloom and other produce themselves while they continue to toil hard in the field as agricultural labourers.

**Negative impact of some tradition and culture:** Women education, widow remarriage gained social attention in pre-Independence time. But, even after five decades and enormous changes taking place in all directions, women in many quarters are yet to acquire economic freedom—freedom of choice of occupation. This can be ascribed to the dominance of patriarchal society over women. The ‘social distance’ created by negative social customs between a woman and a health centre, is yet to be eliminated from many areas.

Social attitudes and prejudices inherent in our milieu which are unfavourable towards girls and women, affect their health and nutrition negatively. Violence in all forms causes immense damage to the
reproductive health and well being of women and girls throughout the world, in direct and indirect ways.

**Low educational status:** Because of lack of relevance of education attained to occupation that is sought, not only women but male students alike find themselves unemployed. Women are already handicapped by lower literacy rate and lower vocational and technical education. Education liberates women from all negative traditions and customs and empowers them with knowledge and information so that they could decide on their own matters including health. Hence, the low level of literacy among women poses a great challenge in this direction. Data from field sources reveal that a large percentage of women and girls are yet to receive any kind of education, whether formal or non-formal.

**Impact of Globalisation:** Globalisation has caused an increasing inequality in employment opportunities and incomes. Economic opportunities created by the liberalization are highly unequal and discriminatory towards women who are less endowed with necessary skills and knowledge to adjust to the global market demands.

**Health Hazards among Women Workers:** Not to speak of equal remuneration, women in general have to work in very hazardous conditions. The conditions in carpet industry, bidi rolling, glass bangles making factory etc. are not conducive to women health. Even women overburdened with domestic and farm work seldom receive any urgent medical treatment. The lack of basic amenities in home like safe drinking
water, hygienic cooking system, toilets etc. puts enormous work load on women as found in the responses of women respondents in the field survey.

**Other Exploitation at Work:** Apart from adverse working conditions, women employed in various sectors also face occasional sexual and physical harassment at the hand of employers.

**Ownership of Property:** Though there are Government directions and instructions for registration of movable and immovable properties in the name of wife alongwith her spouse, it is seldom followed in practice. Poor women are virtually deprived of property rights.

**Poverty:** Poverty is one primary cause which incapacitates women’s ability to get access to education. Poverty compels poor parents to make their children including girl children to seek income generation avenues at very tender age. Coupled with the economic compulsions, there is societal discrimination against the girl child. Study reveals that one of the basic causes of drop-out of girl students is poverty induced adverse family situations. A large number of respondents in field survey held that poverty is one of the primary causes of poor enrolment and retention rate of girl students in schools.

Notwithstanding significant development in health infrastructure in the country and in Assam, the number of people deprived of free treatment and free medicine in Government run Health centres is equally large. Resultant medical care received at private hospitals are financially ruining
already poor people. Women themselves or their family members are often victims of this poverty and medical trap.

Unhealthy attitude toward girl’s education: Gender bias towards girls education still persist in different societies. But, it is equally observed that this negative attitude is gradually on the wane in Assam as understood from the rising literacy rate and female enrolment and improved retention rate in schools.

Discrimination in household work: Segmentation of labour based on gender discrimination is still practised in the society. Women are still overburdened with household work. The necessity of poor women and educated women alike to work outside home compound their trouble more compared to male. It is found that economic compulsions inducing extra labour from women and girl child on many instances debar them from attending school.

Community pressure: It is found that spread of education including female education is slow among the minority Muslim and tribal communities. In accessibility of basic education in char, remote forest areas, inadequate number of schools and female teachers force many parents not to send their daughters to far away schools. There is also conspicuous lack of awareness for the necessity of women education among some tribal and minority societies.

Poor communication: Distance of school, especially high school and secondary schools from home sometime explains low enrolment and high
drop-out of girl students. But, it is seen that with the development of road connectivity and transport facilities even in relatively remote areas, poor communication no longer remains a primary cause of educational backwardness of women.

School infrastructure: Survey made in the late eighties found that more than fifty percent of primary and secondary educational institutions in the country lacked basic infrastructural facilities like separate toilets for girl students, drinking water, even blackboards and libraries. As a result of implementation of education programmes like National Literacy Mission, Sarva Siksha Abhiyan in Assam, most of the primary, middle and secondary level schools have been infrastructurally upgraded. But, the suggestions mooted by the earlier education commissions like Radhakrishnan Commission, Kothari Commission to provide hostel facilities to girl students from far away places and to increase the ratio of women teachers to male have not been adhered to.

Early Marriage: It is found during field study that a good number of women interviewed are married at an early age. This not only prevents them from completing their education but also from pursuing higher education. Moreover, marriage at an early age increases the possibility of birth of more children than required. Again, children born to very young mothers often turn out be weak and undernourished.

Ineffectiveness of social organizations: There are still some untouched areas in respect of women education such as the large number of girl
children, normally under-age workers, serving as maid servants and neglected, deserted women like prostitutes. Quite often it is poverty and economic compulsions which force parents to get their children employed as house-workers. Education programmes like NLM, Operation Blackboard and other Adult Education programmes have not helped these hapless women.

**Lack of employment:** Employment potential of conventional education and any training is an important factor which raises the acceptability level of the same. Though there is undoubtedly significant progress achieved in the field of primary and secondary education, yet, the number of women being able to utilize her education for income generation is less.

**Disparities in the accessibility of Health infrastructure:** In addition to regional variations, the accessibility of health services is also affected by rural-urban and social-economic differentials, including a broad pattern of sex differentials.

**Underutilization of existing Health care facilities:** Inefficient use of resources available for health care of women has resulted in a slower pace of development for women. The causes are: Distance of health care facility from home, perception of women and their families regarding the need for care of pregnant and sick women, social restriction on the freedom to movement of women, the opportunity cost of accessing health care, the poor interaction between the client and the provider of formal health care system, lack of sufficient number of lady doctors etc. Despite
remarkable progress in the health sector, there are inadequate basic health care facilities (including facilities for MCH, family planning, MTP and nutrition) for women and children in terms of outreach, range of services, quality, availability, etc.

**Absence of basic facilities:** The absence of basic household facilities like safe drinking water, fodder & fuel, sanitary latrines, smokeless chullah, electric lamps etc lead to maximum health complications in women of rural areas mainly and poor urban women in particular.

**Absence of decision making power in the family:** Significant percentages of women are deprived of any opportunity to exercise option regarding family planning or adoption of family planning measures. The absence of this vital privilege to take decisions on matters which directly affect her body and soul leads to severe health complicacies at times and accounts for even untimely death of many women.

**High incidence of malnutrition:** Malnutrition is the single most important cause of maternal mortality in India. Poverty leading to inadequate consumption of nutritious food, poor economic participation and poor income or absence of income, heavy work load at home and outside, etc. create incidence of malnutrition among women.

**Institutional Deliveries:** There is significant rise in institutional deliveries in Assam including Kamrup district. But, still, the goal of National Rural Health Mission to achieve 100% institutional delivery by 2012 seems a far cry as a large percentage of women remains to be covered under Jananai...
Suraksha Yojana scheme. A recent study shows that the average Primary HealthCare Centre (PHC) is not equipped to handle even minor emergencies, and often does not meet even minimum standards of cleanliness and sanitation.

**High maternal mortality:** High prevalence of malnutrition among women, generally rural poor, often leads to anaemia. Then repeated pregnancy, birth of child in unhygienic conditions, illegal abortions etc. result in maternal mortality. It is observed that maternal mortality rate has decreased considerably as is found in the data collected from the office of concerning medical officials. The improvement is the outcome of significant development in the delivery of quality health service in Assam in recent years.

**Exposure to mass media:** Inaccessibility to Media explains lack of awareness on the part of women about the health care facilities available in Government hospitals and knowledge on basic health care.

**Social and communal tensions:** Insurgency, communal violence etc. are social disturbances which produce adverse impact on female education. Assam has been plagued by these trends for the last three decades. Women are major victims of these disturbances which affect their education by restricting their social mobility and jeopardizing their security.
Recommendations

**Development of women education and training:** Women’s participation in work force in the organized sector is much lesser than that of male. The primary reason of this is that majority of women workers are unskilled labourers. So, development of women education and training has to be pursued vigorously.

**Fighting gender based segmentation of labour:** Gender discrimination has hampered women’s progress on all fronts which is best reflected in the sex ratio. Society still wants to see women in the ideal role of mother, wife, daughter-in-law and so on but seldom as a better worker and leader outside home. This retrogressive attitude of the society accounts for the under-evaluation of women work.

**Development of women health:** Poor health is a common feature with majority of poor rural women. Economic and health status are complementary to each other. Better financial status enables women to decide on her health matters though this can not be generalized. Women must keep themselves informed of the available facilities at Government health centres and hospitals and must avail themselves of the facilities.

**Legislation to stop harassment at work place:** Legislation prohibiting sexual and physical violence at work place should be enforced strictly. There is urgent need for eradication of child labour. Although, there is penal provision for violation in this regard, enforcement of the same is found to be weak.
**Evaluation of policies for women's economic development:** Evaluation of any Government policy based on the feedbacks of beneficiaries and practical experience of those involved in the implementation process is a pre-requisite to further development of the same. There are, as alleged in many quarters, striking communication gap between field level workers for scheme implementation and beneficiaries. Better administrative monitoring in this regard is needed.

**Women's rights:** Women's right to work with dignity in whatever capacity they are, their right to get equal remuneration for equal work with men, right to have basic facilities at work place like creches, drinking water, toilets etc. are to be secured by application of relevant legislation. Proper monitoring by appropriate authority to check violation is required.

**Provision of capital and finance:** Women are not only deprived of property rights but also equal access to finance from financial institutions. Policy changes should be made by Government to make loan facilities available to women entrepreneurs without ownership of tangible property.

The chapter on education policies and empowerment of women focuses attention on the key Indicators of women's Educational Empowerment. The gradual improvements in female literacy, school enrolment, drop-out rate are discussed.

**Universalisation of elementary education:** Universalisation of elementary education, though a pronounced goal of Government for long, is far from being achieved in the country. It is essential to bring every
women and girl child under the umbrella of elementary education to achieve all round development.

**Legislation for deliberate action to fight gender discrimination:**
Gender discrimination prevailing in different societies and families need to be stopped as it apparently hampers female education. Government can make rules for not selecting those families as beneficiaries of various Government welfare and development schemes who fail to get their girl children educated upto secondary level in Government schools.

**Measures for increasing enrolment and retention:** The Government has already taken initiatives for provision of free education, scholarships, free textbooks, uniforms and bicycles to girl students belonging to weaker sections. In addition to this, appointment of more women teachers development of school infrastructure such as separate toilets, creche facility etc. should be taken up in a mission mode in order to gain hundred percent enrolment and retention of girl students.

**Development of efficient Human Resources:** Allegations are heard about the wrong policies by the Government in the selection of teachers at various levels. In Assam, especially with regard to teacher appointment in primary and middle schools, several allegations about adoption of malpractices in districts like Dhemaji and Nalbari have been enquired into and found to be true by investigating agencies. Such bad practice not only creates a pool of inefficient teachers but puts the entire education system at stake.
Augmenting system of non-formal education: The system of non-formal education should be continued in order to tap the significant number of girls and women who are not in a position to take institutional education.

Diversification of courses in Secondary education: The curriculum for secondary education need imaginative and creative changes keeping in mind the necessities and compulsions of girls students in the rural areas. Syllabus especially from secondary school onwards are required to be restructured in a massive scale so that education acquired become useful in income generation for the vast majority of women who are not employed in the public sector and in other organized sectors.

Continuation and increasing the provision for adult education: Coverage of adult education can be increased by including the large number of illiterate women living in rural and remote areas. Adult literacy is indispensable for changing the mindset of the community in favour of girls education.

Exposure to media: Enabling the accessibility of rural women and girl students in particular to the communication media could be achieved by providing the means of data information centre at the grass root level i.e. at the panchayat level. Steps taken earlier by the Governments to establish community information centres at the block level achieved some purpose but remained mostly confined to official use.

Convergence of various development programmes with literacy campaign: Convergence of multifarious development schemes provide a
common platform to educate the target population about the interrelationship between education and their health and economic status. The Integrated Child Development Project is one such programme where health and educational concerns of children are blended to achieve better results.

**Increasing better access to medical and Health facilities:** Maternal and child health care facilities should be expanded, particularly in semi-urban and rural areas. Ante-natal and post-natal clinics should be started in every public health centre and district hospital.

**Population control measures:** Mass awareness programmes on population control and long term measures like enhancing education and employment potential of women can enable women to exercise their reproductive rights.

**Measures to check malnutrition:** Facilities under various nutrition programmes of government must be made available to women. Women have to be aware about the legal provisions against female foeticide which accounts for repeated pregnancies in quest of male child. Gender discrimination is to be checked by sensitizing the community at large by incorporating gender studies from school level. Mass media and N.G.Os can play a pivotal role here.

**Better administrative control and management of existing Health care facilities:** Better management of existing health care facilities can be achieved through provision of durable back up service. Very often it is
seen that due to mismanagement existing medical instruments and equipments are ruined untimely. Lack of monitoring on the part of authority results in underutilization of medical personnels also.

**Role of Non-Government Organisations:** Non-Government Organisations continue to play a major role in the successful implementation of different poverty alleviation programmes in the country. Besides, by virtue of their proximity to general masses they can sensitisise people including women on so many important aspects like population education etc.

**Poverty Eradication:** Various welfare measures aimed at financially helping women in distress like widows, unmarried women, deserted and single women, poor women need to be implemented properly. Steps to educate women on skills for employment generation need to be sustained and increased.

The chapter on challenges to women empowerment deals with the reigning issues posing challenges to women’s progress on all fronts. Apart from under-development in education, health and economic status, women still confront many challenges in the form of sexual harassment at the work place, forced prostitution and trafficking, political under-representation, relative inactivity of women organizations, insurgency and so on. There are legal provisions to safeguard women’s rights. But due to lack of information, many women suffer silently. It is said that women can best understand women’s problems. Hence, if women become policy
makers, there is scope for better formulation and implementation of policies for development of women.

In the ultimate analysis it is found that many Government policies and programmes, mainly in the education and economic sector have not delivered the expected result. Qualitative changes have undoubtedly occurred in the society owing to rise in women literacy, but, due to lack of practical relevance, the present education system has failed largely to empower women in the economic sense. Likewise, the apathy, lack of good will and massive corruption of many Government officials and public representatives, Government sponsored schemes for economic development of women have not produced the desired results. There will be further development in aspects of women health provided policy formulation and implementation in the education and economic aspects are done keeping in mind the real and diversified needs of women.

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