

WOMEN'S PARTICIPATION IN HRD – AN OVER-VIEW

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Abstract: This present paper shows the women's participation in HRD, The most important economic source in the world consists of the acquired abilities of its people, their experience, skill and health. This calls for development to transform the human resources into a valuable asset. It is high time that developing nations could not utilize their women-force to the optimum level. Women are still considered as merely a passionate, charming and delicate feature, which can comfort and counsel. She should be looked after as one who can reason and reflect; sense and judge; create and educate; and one who can strengthen men folk in the act of development. the rural women play an important role in economic development of rural areas where all economic activities involve women in some way or the other. Besides spending 10-12 hours daily in household activities they contribute in an important way to agricultural production, animal husbandry and other related activities like storage, marketing of produce, and food-processing etc., Women, thus, work harder and for longer hours than men and supplement the family income in a big way. No wonder how much progressive a man is; he cannot succeed completely in his enterprise unless he is aided and supplemented aptly by a woman. It has been estimated that the value of unpaid house works done by women constitutes 25-39 per cent of GNP in developing countries. They are responsible for 60-70 per cent of agricultural income. Majority of the rural women, nearly 54 per cent are engaged in marginal occupations. About half of the rural women are unpaid helpers in family farms and allied activities. As high as 86.43 per cent of rural female work force is engaged in agriculture and allied activities, which include sowing, transplanting, harvesting, winnowing, storing and processing the grain. The main obstacle to human development in many developing countries and in many parts of India is the gender disparity, the neglect of women who constitute nearly fifty per cent of the population.

Introduction: The most important economic source in the world consists of the acquired abilities of its people, their experience, skill and health. This calls for development to transform the human resources into a valuable asset. The World Bank in its Report 1980 considered HRD as a complementary approach to development strategies particularly of employment and reduction of inequalities. It also considers HRD as synonymous with human development, which includes education, training, better health, and nutrition and fertility reduction. The UNDP Report on Human Development (1990) has established that development is not merely the expansion of income and wealth, but a process of enlarging people's choices, for 'a long and healthy life', 'acquisition of knowledge', and 'access to resources'. Thus, development in its wider perspective covers all aspects of community life and should aim at maximum production, full employment and economic equality to men and women. The full benefit of development can only be realized with people's participation and the role of women cannot be isolated from the total framework of development, as they constitute half of the human resource.

The main objectives of the present paper is

- To examine the Women's Participation in HRD in India,
- To examine the Human Development Indices (HDIS) in India,
- To examine the Income Poverty, Education and Health of the women in India.

Note: In the present study secondary data is used.

Women's Participation in HRD: It is high time that developing nations could not utilize their women-force to the optimum level. Women are still considered as

merely a passionate, charming and delicate feature, which can comfort and counsel. She should be looked after as one who can reason and reflect; sense and judge; create and educate; and one who can strengthen men folk in the act of development. She should perform the function of finance management through her domestic budget, marketing function by making purchase decisions; production function in providing food to the family members and personal function to maintain peace and harmony in the home. Even the rural women play an important role in economic development of rural areas where all economic activities involve women in some way or the other. Besides spending 10-12 hours daily in household activities they contribute in an important way to agricultural production, animal husbandry and other related activities like storage, marketing of produce, and food-processing etc., Women, thus, work harder and for longer hours than men and supplement the family income in a big way. No wonder how much progressive a man is; he cannot succeed completely in his enterprise unless he is aided and supplemented aptly by a woman.

it has been estimated that the value of unpaid house works done by women constitutes 25-39 per cent of GNP in developing countries. They are responsible for 60-70 per cent of agricultural income. Majority of the rural women, nearly 54 per cent are engaged in marginal occupations. About half of the rural women are unpaid helpers in family farms and allied activities. As high as 86.43 per cent of rural female work force is engaged in agriculture and allied activities, which include sowing, transplanting, harvesting, winnowing, storing and processing the grain. The common characteristics of women agricultural laborers include lack of ownership

rights; insecurity in employment; unemployment and under-employment, low wages and over-extended work-hours. Her work mostly continues to be non-monetary activity. They work, on an average, double the number of hours compared to men and yet, in return, she is generally rewarded with low quality of food; meager access to health care; less scope for occupational mobility and diversity. If the quantitative contribution of poor women is highly significant, their qualitative contribution is highly striking. Their entire income is utilized for the members of the household, more particularly, for children.

For a long time, it was generally assumed that development automatically improved women's status. But the evidence shows that development can have a deleterious effect upon the status of women. Increasing inequality between the affluent and the poor (between and with in the countries); and between development in rural and urban areas has been causing concern for some time; comparatively, the realization of gender-based imbalance in the distribution of development is of more recent origin. However, the discrimination is there in many spheres, not merely gender-based, but also between the women of organized and unorganized sectors.

ILO (1980 at Copenhagen) observes that, 'women constitute 50 per cent of world's adult population; comprise 33.3 per cent of official labor force; perform nearly 66.6 per cent of total work-hours; earn 10 per cent of total income and own less than 1 per cent of world's property'. This discrimination is there in every continent of the world, both developed and developing nations as well. In the industrialized countries, gender discrimination is shown by Human Development Index (hereafter referred as HDI) mainly in employment and wages. Women often get less than two thirds of the employment opportunities and about half of the earnings of men. In developing countries, the situation is still worse. It occurs not only in employment but also in education and health care. Women make up two thirds of the illiterate population. Neglect of women's health and nutrition is so serious in some countries, particularly in Asia, that it outweighs women's natural biological tendency to live longer than men. Considering these early deaths as well as those from the infanticide of girl babies, some studies estimate that up to 100 million women are 'missing' every year. Hence, a major effort is needed to analyze both policies and politics necessary for gender equality.

ILO defines HRD in terms of employment and employability of a country's manpower. The World Bank, in its report 1980, considered HRD as a complimentary approach to their development strategies, particularly employment and reduction of inequalities. The Asian Regional Team for Employment (based in New Delhi, India) Promotion is responsible for implementing the ILO's World employment programme in the Asian region. Its main objectives are to identify measures, which can overcome these factors, and to

assist governments in the implementation of such measures. The OECD (Organization for Economic Cooperation and Development) in its current research recognizes the key role of education and training in the achievement of equal employment opportunities. The women in rural areas throughout the Third world are typically farmers. In addition to agricultural work many women are engaged in home-based production, either full time or in slack seasons to increase their family income.

Land is obviously the principal asset in rural areas and access to credit, extension services, technologies and even cooperative organizations are generally linked to land titles. Though women perform the bulk of farm work they have less access to basic assets. The modernization of agriculture and the rising costs of production increase landlessness and the forced agricultural laborers. Migration by the male members to oil-producing countries resulted in female-headed families with women's participation as agricultural laborers. Forests are another source that is very important to women in rural areas as a source of fuel, fodder and livelihood. Reduced access to forests may be due to drought, deforestation or changes in land tenure or forest policy, which has a devastating effect on family welfare. But, it is, the women who are most dependent on this resource and whose work and income are at stake.

There is increasing evidence that the income of household members is automatically pooled and that it does matter to family welfare, who earns and particularly, who controls household income. A case study in India found that increase in women's wages has a visible effect on child nutrition. Thus, HRD includes both qualitative and quantitative aspects. Characteristics like the size, composition and distribution of the population and labour force, the number of hours worked, the output and earnings per head are quantitatively measurable and the qualitative characteristics like knowledge, skills, aptitudes, values, and motivation etc. often lack conceptual and national clarity and precision and do not lend themselves as easily to statistical treatment.

The main obstacle to human development in many developing countries and in many parts of India is the gender disparity, the neglect of women who constitute nearly fifty per cent of the population. The gender disparity is seen through the demographic profile, health status, literacy level and employment opportunities provided to and utilized by women. The disparity is there not only of intergenerational (between male and female) but of intra-generational (between the female populations of rural and urban areas.). An international development strategy (1971) aptly puts that qualitative and structural changes in the society must go hand with rapid economic growth, and the existing disparities, [regional, sectoral and social should be substantially reduced]. Therefore, they must be viewed as integrated parts of the same dynamic process. The main obstacle

to many developing countries and in many parts of India is the gender disparity, the neglect of women and hence there is a need for integrating rural women into the mainstream of development.

Hunger is actually the worst all weapons of mass destruction claiming millions of victims every year. Fighting hunger and poverty and promoting development are the truly sustainable way to achieve world peace. They will be no peace without development and there will be neither peace nor development without social justice as per the statement given by UNDP (2005). Progressive growth can be thought of as a dynamic process in which poor people produce their way out of poverty which increases their contribution to national wealth. Even moderately progressive growth can have a powerful impact on poverty. The benefits of pro-poor growth will access poverty reduction. The effects of growth and distribution depend on the definition of poverty used. Distribution effects are stronger for a relative definition of poverty. The HRD Report of UNDP (2005) states that through redistribution the number of people living in extreme poverty drops from 704 million to 446 million – a decline of $1/3^{\text{rd}}$ at the global level. Worldwide the incidence of poverty falls from 10 per cent to 6 per cent. Physical transfer is one mechanism for rising the income of the poor. Control of assets is also critical. Distribution should be put at the center of strategies for human development. So policies should address structural inequalities linked to wealth, gender, location and asset that hamper development.

HRD and the Human Development Indices (HDIS) in India: Although poverty has been dramatically reduced in many parts of the world, a quarter of world's people still remain in severe poverty. For example, in the past 50 years, poverty has fallen down at a higher rate than in the previous 50 and it has been reduced in some respects in almost all countries. Despite five decades of effort since the close of the second world war (1945) enormous disparities remain in the quality of life of people around the world. Indeed, by some measures the gap between the rich and poor has widened.

Explanations for these huge international differences in living standards have changed over the years. For centuries, access to 'natural resources' (land and minerals) was considered as the prerequisite for development. Much of Africa, Asia and the America was colonized to acquire these resources and several wars were waged in this regard. Gradually, however, the thinking changed and 'physical capital' (machines and equipment) was held to be the key to development. "industrialized" became synonymous with developed, but around the middle of this century economic theorists realized that this is backed by 'technology' (knowledge and ideas). The development of technology, in its turn, depends on 'investment in human capital', which leads to new knowledge and ideas, and increases the speed with which they are absorbed; disseminated and used. Since 1980s the focus was on the role of 'sound

policies' to accumulate human and physical capital at different rates. This, in turn, has led to yet another shift of focus to the quality of a country's 'institutions', which mediate human behavior; mould the human capabilities; and ultimately determine the nature and extent of human resource management. The basic thesis of human development reports that UNDP has published every year since 1990 is that it is 'people' who matters and the nations must stand for the cause of people's participation in development' and for the ultimate goal of 'development of the people, for the people and by the people'. It suggests different indices for measure the human development and the most popular among them is the Human Development Index (HDI) with its various manifestations.

There is now almost a general agreement among social scientists that HDI provides a far reaching, meaningful and sensible measure of human progress than the traditional GNP measure. It is a composite index of three basic components of human development: longevity, knowledge and standard of living. Longevity is measured by life expectancy; knowledge is measured by a combination of adult literacy (two-third weight); and standard of living is measured by purchasing power, based on real GDP per capita adjusted for the local cost of living (purchasing power parity of ppp). The HDI value of each country indicates how far the country has to go to attain certain defined goals; an average life span of 85 years; access to education for all; and a decent standard of living. The HDI sets minimum and maximum limits for each dimension and this shows where each country stands with in the HDI scale range of zero to one. Countries with HDI 0.800 and above are considered with high human development; 0.500 to 0.799 are of with medium human development; and the low human development countries consist of HDI below 0.500. In the year 1990, UNDP in its first Human Development Report published HDIs for each of 130 countries; the index combining life span; literacy and basic purchasing power with equal weightage. It concludes that it is not only the income level of a society that matters, but how well it is related to human lives.

Besides, the HDR of 1991 suggested Human Freedom Index (HFI) to show the relationship between freedom and development, which perceives that human development is incomplete without freedom. This index was based on 40 key indicators of freedom, all distilled from the Universal Declaration of Human Rights and various other international treaties and conventions. These indicators included multi-party elections, press freedom, rule of law, right to travel and assemble, opportunities for gender and ethnic equality and other democratic freedom in a civilized society. This HFI was constructed for 88 countries and the scale of index is from zero to one. India ranks 42nd among 88 countries and gets adequate data for 14 points out of 40 indicators to measure human freedom. Sweden tops the ranking in the HFI while Iraq at the bottom. The HDR 1992 concluded that income disparity between the richest

one billion and the poorest one billion had doubled over the last three decades and reached now a dangerously high level of 150 times. What would be considered politically and socially unacceptable within the nation is being quietly tolerated at the global level. Thus, every country developing and the developed needs policies and strategies substantially reducing overall poverty in the shortest time possible by a target to be specified by each country in its national context. The HDI values of India for the period over during 1960-92 are, 0.206 (1960); 0.254 (1970); 0.296 (1980) and 0.382 (1992). Later, since national averages can conceal much, it was realized to calculate separate HDIs for the most significant groups such as of gender; income group; geographical region; race or ethnic group etc. They would reveal a more detailed profile of human deprivation in each country.

Income Poverty: The monetary value of defined poverty line at national level in India reveals to be Rs 46.63 and Rs 56.76 at 1973-74 in rural and urban sectors.

This has nearly increased to six and eight times in rural and urban sectors i.e., to Rs 327.56 and Rs. 454.11 by 1999-2000. Time series analysis of NSSO Rounds from 13th to 50th rounds reveals that, head count ratio remained passive from 1951-55 to 1971-75. Between 1969-70 and 1993-94 the national head count index declined from 56 per cent to 35 per cent and 26 per cent by 1999-2000.

Head count ratios were showing a declining trend of poverty ratios by 8 points in the first phase i.e. before initiation of globalization and 10 points in the second phase i.e. after initiation of globalization. The annual per cent point reduction or trend rate of decline is 1.85 for all India urban and 1.87 per cent for all India rural during 1993 to 1999-2000. In the year 1983-84 in rural sector 251.96 million are poor but by 1999-2000 the number reduced to 193.24 at all India level. The regional comparison of human development indices (HDIs) of India, the South Asian and the highest in South Asian group of economies is shown in the below table.

Sl. No.	Indicator	India	South Asia	Highest in South Asia
1	HDI rank	138/175
2	HDI value 1994	0.446	0.459	0.780
3	GDI value 1994	0.419	0.412	0.694
4	GEM value 1994	0.228	0.231	0.330
5	HDI value as % of the highest in the region 1994	57.0
6	GDI value as % of the highest in the region 1994	60.0
7	GEM value as % of the highest in the region 1994	69.0

Source: HDR 1997, p.154-155.

The above table -1 shows that the indices of India to the highest in South Asian region of 57, 60 and 69 respectively of HDI, GDI and GEM. The higher the percentage, relatively the lower is the difference between the indices of India and those of the highest in the region.

The HDR 1994 calls for holding a World Summit on Social Development in March 1995 at Copenhagen (Denmark). The summit ended with a commitment to the goal of eradicating poverty as an ethical, social, political and moral imperative of human kind. It was significant to the extent that it tried to place people and their social development (poverty - eradication, employment generation, social integration etc.) at the centre of development. The summit was attended by representatives of 185 governments and an unprecedented 117 heads of state and government sharpened this focus. Almost all countries committed themselves to this goal at the World Summit for Social Development in 1995 and many, including some of the largest, have embarked with all the seriousness necessary to achieve it. The World Conference on Women in Beijing 1995 also proclaimed the goals of

equity and development. Even the HDR 1995 envisages that the balance of gender equality out-rigorously titled towards men against women and in no society does women fare as well as men.

The HDR 1996 suggests that the poor countries must accelerate their growth at least by 3 per cent per capita. This requires policies for labor intensive and employment generating programmes as well as the development of human skills and health. It shows how a virtuous cycle of economic growth and human development arises when growth is labour using and employment generating and when human skills and health improve rapidly. Thus, the HDR 1996 introduces a Human Poverty Index (HPI) in terms of capability perspective. It represents the basic capabilities physical ones as being well-nourished, being adequately clothed and sheltered, and avoiding preventable morbidity to more complex social achievement such as partaking in the life of the community. The approach affirms that the relative deprivation in incomes and commodities can lead to an absolute deprivation in minimum capabilities. The data shows that HDI declines in 30 countries in the year 1996 more than in any year since the HDR's

introduction in 1990. Between 1987 and 1993 no. of people with income less than a dollar per day.(ppp \$ 1987, the international poverty line) increased by almost 100 million to 1.3 billion and the number appears to be still growing in every region except South East Asia and Pacific. South Asia has the most people affected by human poverty. It has the largest number of people in income poverty i.e., 515 million. Together, South East Asia and the Pacific have more than 950 million of 1.3 billion people, who are income-poor. The World Bank Report 1997 indicates that still 52.5 per cent of Indian people are below the international poverty line. Among 78 developing countries ranked by the HPI, as according HDR 1997, Trinidad and Tobago comes out on top followed by Cuba, Chile, Singapore and Costarica. Human poverty has been reduced in these countries and now affects less than 10 per cent of their people. The HPI exceeds 50 per cent in seven countries – Niger, Sierra, Seone, Burkina Faso, Ethiopia, Mali, Cambodia and Mozambique. Altogether 35 of the 78 developing countries for which the HPI was calculated possess HPIs exceeding 33 per cent. The HPI rank of India is 47 out of

78 countries with its HPI value 36.7 per cent. The HPI rank minus HDI rank is (-) 2, the negative which indicates that the country performs better on HPI than the other measure. Within India Kerala reduced its human poverty to 15 per cent and in Rajasthan and Bihar, human poverty is pervasive at more than 50 per cent.

Among the poor, some people suffer more than others – particularly children, aged and the women. Some 160 million children are moderately or severely malnourished and some 110 million are out of school. The aged, a growing group in all regions, often live in their twilight years in poverty and neglect. In developing countries there are still 60 per cent more women than men among illiterate adults, female enrolment at the primary at the primary level is 13 per cent lower than male enrolment and female wages are only three – fourth of male wages. Even in industrial countries unemployment is higher among women than men, and women constitute three-fourths of the unpaid family workers.

Table – 2. Human Development Index Trends of India

Human Development Index Trends of India	
Year	Trends
1975	0.412
1980	0.438
1985	0.476
1990	0.513
1995	0.546
2000	0.577
2003	0.602

Table 2 reveals Human Development trends of India from 1975 to 2003, where HDI trends have shown an increasing level of human development from 1975 i.e. which is at 0.412 to 0.577 and 0.602 by 2003. Table also shows that during the period 1975-1990, i.e. before globalization, the increase was 0.1 where as during 1990- 2003 i.e. after globalization the value is less than 0.1.

Table – 3, Human Development - Index

Rank	HDI 2003	HDI value	Life expectancy at birth	Adult literacy rate (% age 15 and above 2002 /2003	Combined gross enrollment ratio for Primary, Secondary and Tertiary	GDP per Capita ppp US\$ 2003	Life expectancy Ined	Education Index	GDP Index
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	Norway	0.963	79.4	---	101	37,670	0.91	0.99	0.99
127	India	0.602	63.3	61	60	2,892	0.64	0.61	0.56
	Developing Countries	0.694	65	76.6	63	4,359	0.67	0.72	0.7
	Medium Human Development	0.718	67.2	79.4	66	4,474	0.7	0.75	0.7
	Middle Income	0.774	70.3	89.6	73	6,104	0.75	0.84	0.73
	World	0.741	67.1	--	67	8,229	0.7	0.77	0.75

Source: HDI - 2005

Table 3 reveals the Human Development Index.HDI value for development countries is 0.694. The medium Human development value has 0.718 While for Middle Income countries, the value has been at 0.774. The HDI value for the world has been at 0.741.

Norway ranking first has a value been pegged at 0.602.While for Niger, the value is at 0.281 which is ranked last out of 177 countries. It implies India's human development Index is much lower than compared to countries average and the average at countries belonging to its equal level of development.

Human Poverty Index	Rank	58
	Value	31.3
Probability at birth of not surviving to age 40 (%of cohort 2000-2005)		16.6
Adult illiteracy Rate (% age 15 and Above 2003)		39
Population without sustainable access to improved water source (%) 2002		14
MDG Children Under Weight For Age (% under Age 5)1995-2003		47
MDG Population Below Income Poverty Line %	\$1 a day (1990-2003)	34.7
	\$ 2 a day (1990- 2003)	79.9
	National Poverty Line (1990-2002)	28.6
HPI -1 rank minus income Poverty rank		-12

Source :Human Development Report , 2005

Table.4.reveals the Human and Income Poverty of India, Where the Human poverty Index shows that 31.3 per cent are human poor. Basing on these values country is ranked at 58th of all 155 developing countries. Probability at birth of not surviving to age 40 (% Cohort 2000-2005) is at 16.6. Per cent of illiterate population of age 15 and above for the year 2003 was 39. The 14 per cent population is without sustainable access to improved water source for the year 2002. Children under weight under age 5 which is taken as millennium development goals for the years 1995 -2003 were 47 per cent. Per cent population of Income Poor at \$ 1 a day for the 1990 -2003 was 34.7 , for \$ 2 day for the 1990-2003 was 79.9 per cent and at National Poverty line for the year 1990-2002. The per cent income poor are 28.6 .GDP per capita is -9 HPI -1 rank minus income poverty rank was (-)12. It indicates that value is positive for countries having higher HDI value.A negative value indicates that HDI value is lower than GDP value

Education:The literacy rate was just 18.33 per cent in 1951 and has increased to 65.38 per cent by 2001. Gross enrolment ratio is indicative of general level of school level participation capturing the extent, accessibility and capacity of the education system as a whole. At primary stage, 60.8 per cent of boys have enrolled in schools in decade 1950-51, corresponding ratios for girls was 24.9 and total ratio was 42.6 per cent in the same decade. Staggering ratio have changed to 97.5 per cent among boys, 81.2 per cent among girls, 89.7 per cent between both the sexes by 1997-98. This has shown a very positive trend of increase right from 1950's onwards and

enrollment ratio at primary stage was quite encouraging. At upper primary level, only 20.8 per cent among boys, very meager 4.3 per cent among girls and 12.9 per cent between both the sexes were enrolled in decade 1950-51. But this has increased to only 66.5 per cent among boys, 49.5 per cent among girls and 58.5 per cent between both the sexes. Statistics has been very staggeringly low even after 50 years of independence, where ratios for girls are much low comparatively with boys.

Dropout rates at the primary school was 64.9 per cent in 1960-61 for both sexes and reduced to 39.6 per cent by 1997-98. Similarly, in the middle school drop out rate was 78.3 per cent in 1960-61 for both the sexes has fallen to 54.1 per cent by 1997-98. Drop out rate has declined by nearly 20 per cent points for both sexes and 20 and 30 per cent points for boys in the primary level of education. In upper primary i.e., middle school level, the dropout rate has reduced by 34 per cent points for both the sexes and 17 and 25 per cent age points for boys and girls for the same period. Thus in primary level, drop out rate did decline and especially for girls more and in upper primary i.e. middle school, the decline was marginal for girls at all India level.

Internationally UNESCO is determining what it can do more effectively to promote the advancement of women and their full participation in development. UNESCO experts suggest that education for women must provide them the mental, intellectual and practical tools relevant to improved employment projects, financial independence, and participation in government and in the economy as well as domestic life.

Health :The HDI is a composite index that measures the average achievements in a country in three basic dimensions of human developments namely a long and healthy life as measured by life expectancy at birth, knowledge as measured by adult literacy rate and combined gross enrollment ratio for primary, secondary and tertiary school and a decent standard of living as measured by GDP per capita in purchasing power parity (PPP) US dollars. It is a summary measure of human well being.

Generally speaking, health is a state of complete physical, mental and social well being of the individual in a society. The Longevity is measured through expectancy of life. Life expectancy of an individual (at any age) is the number of years a person is expected to live, given the prevailing age specific mortality rates of the population to which he/she belongs. Age Specific Mortality Rates, which are usually uncorrelated in nature and it, provides some indication on the longevity that a person is likely to enjoy in any society relating to health aspects of nutrition adequacy and to relative lack of morbidity.

At all India level, the proportion of persons who were not expected to survive beyond age 40 was 29.8 per cent for males and 32.3 per cent for females in the year 1990. This has changed to 30.9 per cent for males and 34 per cent for females by 1999. In both time periods more of females than males were expected to die before age 40. Source of safe drinking water also plays a vital role in determining the health standards. Indian households get drinking water from taps, hand pumps, tube wells, wells, tanks, ponds, rivers, canals, lakes, spring, etc. but of all of them only drinking water supplied from tap or a hand pump or tube well situated within or outside the premises of 1.6 km of a household is considered to be safe and accessible. Only 68.8 and 91.4 per cent of rural and urban population actually have access to safe drinking water respectively. Though the rest of the population has access to drinking water, it does not have access to safe drinking water or protected or potable water. The 18.7 per cent of rural households, which was able to access water from taps, was able to procure water from a short distance from dwelling or with their dwelling. However most of the rural people procuring water from tube wells (50 per cent) and wells (25.8 per cent) collect water mostly within 0.2 km. For the same the situation is better in urban sector.

Sanitation is a very basic human need of life. Human excreta are associated with more than 50 diseases like Cholera, dysentery, typhoid, Para-typhoid, infectious hepatitis, and causes nearly 80 per cent of all sickness. Access to proper sanitation denotes, access to proper toilet facilities. At all India level, 0.7 per cent in rural and 28.4 per cent in urban are accessing proper sanitation in 1985, this situation improved by 1999, marginally to 9 per cent in rural and doubled nearly to 49.3 per cent in urban sectors. This has gradually

improved to 2.4 and 45.9 per cent by 1990, 3.6 and 49.9 by 1995 and 8.1 and 49.3 by 1998 in rural and urban sectors respectively.

Proportion of non-institutional deliveries is taken as the best measure to access the health provisioning and it is a universally recommended parameter to measure health. It reflects the adversities or non-availability or critical public health and life support services that lead to improper health. Proportions of population who are deprived of proper sanitation are those who are not accessing latrines of Indian septic type within their premises.

Thus in spite of many poverty alleviation programs poverty remained still a sad story that is retold again and again. This is because; redressal has been moderately done not to its fullest potential. Through, India ranks among the ten fastest growing economies and next to the tiger economy China of the developing countries yet remained handicapped economically and socially by its overwhelming illiteracy, under nourishment, ill health, improper sanitation, weak and corrupt housing schemes, social inequalities, government neglect and last but not the least in public inertia. This is solely due to lack of preparedness to demanding changes of economically and socially uplifting activities.

HRD implies not only the provision of opportunities for resource development through literacy and health, but also, the actual utilization and the creation of necessary facilities for such utilization of human potential. Thus, developing countries with abundant population are left with a crucial role in this regard. Employment certainly holds the key to improvement in the status of an individual. It determines the level of food availability; nutrition and the nature of other essential demands within the family and structure of the household. This ultimately determines the quality of life of the members in the concerned family.

Suggestions: Now a day the privatization is increasing and most of the poor people are not able to spend more on girls' education. More govt. women educational institutions should be started. The education is a key factor for social empowerment. There is every need to provide more educational facilities especially, for women of disadvantaged groups and remote areas and in the urban slums. The dropout rates are very high among girls as compared to boys, especially after the secondary level of education. So, more schools exclusively for girl in remote rural areas and urban slums to be promoted. The maternal mortality is also very high. Hence there is need to reduce the maternal deaths by encouraging more institutional deliveries and creating awareness among the women for better prenatal and antenatal care. There is also need to improve a nutritional standards of the women and child since poor nutrition is a main cause for high death rates in the society.

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