

Influence Of Health Awareness On Capacity Building Of Dalit Womens:A Comparative Study In Ambedkar Gram And Non Ambedkar Gram Of Bkt Block

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ABSTRACT

Capacity building is a creation of an enabling environment with appropriate policy and legal framework ,institutional development including community participation . It is a long term , continuous process of developing skill and competences. Capacity Building includes Human Resource Development that means equipping individuals with the understanding, skill, and training to perform effectively. The impact of capacity building is studied and analyzed through health parameter. The national health policy 2002 needs to address issues of womens survival.The policy should ensure women friendly accessible free, comprehensive primary accessible to all. The importance of providing a quality health care to enable access to affordable and reliable health services to the poorer below poverty line. It is a small exploratory study designed to analyze and interpret the Dalit womens in Ambedkar and Non Ambedkar gram of Lucknow district.The sample size will be 500 Dalit womens ,and of which 250 dalit womens from Ambedkar gram and 250 Dalit womens from Non Ambedkar gram are being selected.The result is being discussed in the full length paper

KEY WORDS:Community participation. Competences, primary accessible, reliable

INTRODUCTION

Capacity building often refers to assistance that is provided to entities, usually societies in developing countries, which have a need to develop a certain skill or competence, or for general upgrading of performance ability of women. It involves activities which strengthens the abilities, skills and behavior of women and improve them so that they can meet its mission and goals in a sustainable way. It is a creation of an enabling

environment with appropriate policy and legal framework, institutional development including community participation (especially women). It is a long term, continuous process of developing Skill and competence. Capacity building includes Human Resource Development that means equipping individuals with the understanding, skills and training to perform effectively. In the present scenario, it is very popular term as it deals with Individual Specific decision making skill and it relates to the overall quality of life. The impact of capacity building is studied and analyzed through four different parameters that is:

Capacity Building: Often refers to assistance that is provide to entities usually societies in countries, which have a need to develop a certain skills or competence or for the general upgrading of performance ability of women's.

An effective capacity building process must encourage participation by all those involved. If stakeholders are involved and share ownership in the process of development they will feel more responsible for the outcome and sustainability of the development. Engaging stakeholder's who are directly affected by the situation allows for more effective decision-making, it also makes development work more transparent. UNDP and its partners use advocacy and policy advisory to better engage stakeholders. Assessing preexisting capacities through engagement with stakeholders allows capacity builders to see what areas require additional training, what areas should be prioritized, in what ways capacity building can be incorporated into local and institutional development strategies. The UNDP argues that capacity building that is not rooted in a comprehensive study and assessment of the

preexisting conditions will be restricted to training alone, which will not facilitate sustained results. The UNDP says that once an assessment has been completed a capacity building response must be created based on four core issues: assessments often find that institutions are inefficient because of bad or weak policies, procedures, resource management, organization, leadership, frameworks, and communication. The UNDP and its networks work to fix problems associated with institutional arrangements by developing human resource frameworks "cover policies and procedures for recruitment, deployment and transfer, incentives systems, skills development, performance evaluation systems, and ethics and values."

The UNDP believes that leadership by either an individual or an organization can catalyze the achievement of development objectives. Strong leadership allows for easier adaption to changes, strong leaders can also influence people. The UNDP uses coaching and mentoring programmers to help encourage the development of leadership skills such as, priority setting, communication and strategic planning.

Implementing a capacity building program should involve the inclusion of multiple systems; national, local, institutional. It should involve continual reassessment and expect change depending on changing situations. It should include evaluative indicators to measure the effective of initiated programs.

Evaluation of capacity building promotes accountability. Measurements should be based on changes in an institutions performance. Evaluations should be based on changes in performance based around the four main issues: institutional arrangements, leadership, knowledge, and accountability.

One of the most fundamental ideas associated with capacity building is the idea of building the capacities of governments in developing countries so they are able to handle the problems associated with environmental, economic and social transformations. Developing a government's capacity whether at the local, regional or national level will allow for better governance that can lead to sustainable development and democracy. To avoid authoritarianism in developing nations, a focus has been placed on developing the abilities and skills of both national and local governments so power can be diffused across a state. Capacity

building in governments often involves providing the tools to help governments best fulfil their responsibilities. These include building up a government's ability to budget, collect revenue, create and implement laws, promote civic engagement,^[8] be transparent and accountable and fight corruption. Below are examples of capacity building in governments of developing countries.

Capacity building is defined as the "process of developing and strengthening the skills, instincts, abilities, processes and resources that organizations and communities need to survive, adapt, and thrive in the fast-changing world." (Ann Philbin, Capacity Building in Social Justice Organizations Ford Foundation, 1996)

Capacity building is the elements that give fluidity, flexibility and functionality of a program/organization to adapt to changing needs of the population that is served.

Infrastructure development has been considered "Economic Capacity Building" because it increases the capacity of any developed or developing society to improve trade, employment, economic development and quality of life. It is also true that where institutional capacity is limited, infrastructure development is probably constrained. Currently the United States infrastructure is rated D or worse by the American Society of Civil Engineers (ASCE). This may be an indication that the Institutional Capacity of the USA is constrained and will impact future quality of life issues.

Concept of health

The national health policy 2002 needs to address issues of women's survival And health through a life cycle approach. The policy should ensure woman friendly accessible free, comprehensive primary health care accessible to all.

Specially marginalized group with full preventive promotion and curative care. In spite of health crisis of woman, India is consistently among the lowest of all countries in terms of its investment in health.

The importance of providing a quality health care to enable access to affordable & reliable health services to the poorer below poverty line. There exist a two way link between Economic growth poverty and gender inequality. Sustained and rapid growth rates are the most effective route to poverty reduction. The main challenge is to

ensure the growth in Dalit women through adequate schooling. Since poor people had less access to productive resources, such as land and credit, they are deprived of basic rights. The study deals with the concept of Economy on capacity building. Since the financial assistance is essential for capacity building. Economic factors relates with increasing the mainstream financial services available to women. On equal economic opportunities and women's participation in the labour force,

India ranked 127 th and 122nd respectively. The number of women in the workforce varies greatly from state to state: 21% in Delhi; 23% in Punjab; 65% in Manipur; 71% Chhattisgarh; 76% in Arunachal Pradesh. The diversity of women's economic opportunities between states is due to the cultural, religious, and ethnic diversity of each state. Northern states like Delhi and Punjab lag far behind on gender equality measures, including the alarming sex ratio between men and women (due to son preference and sex-selective abortion), low female literacy levels, and high rates of gender-based violence. In rural India, women's economic opportunities remain restricted by social, cultural, and religious barriers. Most notably inheritance laws embedded in Hindu and Shariat civil codes continue to marginalize women in the household and the larger community. Rural women, particularly of lower caste and class, have the lowest literacy rates, and therefore do not have the capacity to negotiate pay or contracts and most often engage in the unorganized sector, selfemployment, or in small scale industry. Self-help groups (SHGs) are a widely practiced model for social and economic mobility by NGOs and the government. SHGs provide women with the opportunity to manage loans and savings that can be used by members for varying needs. SHGs also are used to promote social change among the members and the community at large. Members of SHGs have used their experiences as leverage to enter other local institutions such as the Panchayat Khap.

Rural, low caste, and tribal women also make up 70% of domestic workers in India, a sector which is largely unregulated and unorganized. India's growing economy has allowed for many upper and middle-class women to enter the workforce, and while poor rural women have little access to education and training, there is a high demand for domestic workers in urban hubs.

Domestic workers are mostly illiterate, with little or no negotiating power for wage equity, and are highly vulnerable to exploitation and sexual and physical abuse. There is a movement at the policy level to organize domestic workers and to create laws to regulate minimum wage, working hours, and other measures such as life and health insurance. Currently a national-level Taskforce on Domestic Workers has been formed that will present recommendations to the central government on better enforcement of rights for the many undocumented domestic workers in India. Women are also very visible in the construction sector in India, and like domestic workers are largely unorganized and rely on daily wagers. Women construction workers are mostly poor and illiterate and have little negotiating power. This sector is also unregulated and highly vulnerable to exploitation. Women workers also earn significantly less than men, although women are the ones who do most of the backbreaking work like carrying bricks and other heavy materials on site. On the other end of the spectrum, while India has one of the highest percentages of professional women in the world, those who occupy managerial positions are under 3%. Most women work in low administrative positions, and many of the young women migrating to urban centres mostly work in service and retail industries, although more and more women are entering the IT and other technical sectors.

Women's Economic, Social, and Cultural Rights The movement to assure women's economic, social, and cultural rights (ESCR) as basic human rights is just emerging in India. The movement aims to locate women's rights within the larger human rights framework, and by doing so moves away from looking at women's issues only within the framework of violence against women and reproductive rights. ESCR attempts to look at the broader issues facing women, namely poverty, housing, unemployment, education, water, food security, trade, etc. While the human rights movement on ESCR is largely contained at the international policy level, there are emerging social movements around the world. In the Indian context, projects like the Programme on Women's Economic, Social, and Cultural Rights (PWESCR), for example, is creating linkages between the international human rights movement and the local articulation of women's rights. PWESCR aims to build a women's rights movement in India that creates equality in all spheres of women's lives. By

empowering women economically and socially, ESCR provides for a broader discourse on rights that moves women's rights from a victim-centered approach to one that cuts across other fundamental human rights issues.

Women's economic opportunity in India is a rapidly changing landscape. Women are increasingly entering the workforce—particularly women professionals—and are creating change, but there remains a large number of invisible women workers in unorganized and volatile sectors. However, organizing at the local level, albeit small, is widespread. Implementation of national and state level policies lags behind in ensuring that women workers have equal pay and are free from exploitation.

Women's education is extremely important intrinsically as it is their human right and required for the flourishing of many of their capacities.

It is, however, noticed that most programmes for education of girls and women in India have reinforced Gender roles specially motherhood in curriculum as well as impact evaluation. The huge study of nearly 94% of India's population done by Drez and others looks at female literacy and its negative and statistically significant impact on child mortality.

Objectives :

The objective of study is to contribute to the process of organizational change & development or the institutionalization of gender perspective in organization & society by supporting women by following:

- (1) Training & developing the women through education system.
- (2) Supporting women through confidence building
- (3) They should be encouraged & participated in political in political & legal framework.
- (4) They should be provided a supportive institutional mechanisms for their advancement
- (5) To analyze transform programmes & organization by strengthening the position of women in community.
- (6) To create an environment through positive economic and social political for full development of women to enable them to utilize their full potential.

- (7) These would be significant relationship between the parameter used and their influences.

Review of literature

Research and Development in the Subject: Research have significantly added to the concept of capability building and the influence has been defined very clear. Various studies has been conducted on this area and organization focuses on promoting well being encouraging empowerment and participation and seeks to address the core factors resulting in poverty and distress. Salamon et al (2003) states that capacity building is defined by the organization and it can meet the needs of community.

Dalit woman is a social force, a cultural symbol and has a historical background. She is the prominent feature of a farming culture. She is the true builder and heir of prominent face in the industrial centre. She plays a big role in the construction of buildings and laying roads. Dalit women are estimated to contribute eighty per cent of total labour to strengthen the national economy. In India basically women are oppressed and are not treated on par with men. Moreover the dalit women are oppressed among the oppressed and slaves of slaves. A number of studies have been conducted to know the oppressive conditions of dalit women and a few are given below.

Dharanaik (2006) states that educated dalit women are engaged in jobs mostly in educational and administrative field, but still they have a kind of identity crisis in them, the dalit women belonging to white collared middle class suffer from a kind of an inferiority complex, a complex about their caste and their identity. They are 65 treated in a different manner at the place where they work. They do not expose their caste easily. Shinde (2005) explains that as dalit men migrate to cities in search of jobs, women are left to work as agricultural labourers in rural areas. They, then become targets to high caste men. Further, he states that most Indian girls and women in India's urban brothels come from lower-castes tribal or minority communities. Like other forms of violence against women, ritualized prostitution, activists believe, is a system designed to kill whatever vestiges of self-respect the untouchable castes have in order to subjugate them and keep them underprivileged. By keeping dalit women as prostitutes and by tying prostitution to bondage in rural areas, upper caste men reinforce their declaration of social and economic superiority over the lower castes. High drop out rate among

dalit women in primary schools is the discriminatory and insulting treatment that they receive first from their non-dalit teacher and from their fellow students.

Malhotra (2004) lists out numerous violations of the rights of dalits. dalit women suffer threefold discrimination on the basis of gender because they are women, on the basis of caste, because they are dalits and as dalit women, by their own menfolk. In India caste and gender discrimination are perpetrated in their worst forms on dalit women. Dalit women's labour is labelled as unskilled, unrecognized, underpaid, and even unpaid. About 85 per cent of dalit women work in the agricultural sector, which is unorganized and does not have the social security benefits such as maternity benefits and medical support found in organized sectors. Dalit mothers have to bring their infant children with them to work in the fields. Sometimes they are not allowed to do the work as the employers link that the children they bring are disturbances to do the work given. In urban areas, dalit women also work in the unorganized self-employed sector as hawkers, scrap collectors, petty traders and house servants or they may earn wages in domestic work, construction or small-scale manufacturing. In some areas dalit women work as night-soil removers, without any considerations for hygiene, for as little as one roti per day. Almost all dalit woman workers enter the labor market before the age of 20 and it is stated that 31 per cent of all girl children from dalit communities are child workers.

The World Bank has suggested that empowerment of women should be a key aspect of social development programs (World Bank, 2001). India has also ratified various international Conventions committed to securing equal rights to women. The 'National Policy for The Empowerment of Women' (2000) states that "The women's movement and a widespread network of NGOs which have strong grassroots presence and deep insight into women's concerns have contributed in inspiring initiatives for the empowerment of women."

The World Bank's Empowerment and Poverty Reduction: A Sourcebook, defines empowerment in its broadest sense as the "expansion of freedom of choice and action" (Narayan, 2002). United Nations (2001) defines empowerment as the processes by which women take control and ownership of their lives through

expansion of their choices. Kabeer's (1998, 1999) view of empowerment refers to the processes by which those who have been denied the ability to make choices acquire such ability. The fundamentals of empowerment have been defined as agency (the ability to define one's goals and act upon them), awareness of gendered power structures, self-esteem and self-confidence (Kabeer 2001). Kabeer points out that a distinction has to be made about the type of choice, and the focus necessarily has to be on strategic life choices, that is choices that shape livelihoods or are 'critical for people to live the lives they want'. The expansion in the range of potential choices available to women includes three inter-related dimensions that are inseparable in determining the meaning of an indicator and hence its validity as a measure of empowerment. These dimensions are (1) Resources: The pre-condition necessary for women to be able to exercise choice; women must have access and future claims to material, human and social resources; (2) Agency: The process of decision-making, including negotiation, deception and manipulation that permit women to define their goals and act upon them; (3) Achievements: The well-being outcomes that women experience as a result of access to resources and agency.

Origin of the research problem

The issue of capacity building is critical and scale of need is enormous but appreciation of the problem is low. The link between the need and supply is weak there is lack of realistic finding. There is a need for change in society building in dealing with women is always changing and there is no ready solution appropriate for local and organization Dalit women. They do not get the chance for development. The problem prevailing in the society is low capacity building of dalit women and its impact negative on society. The study deals with improving the knowledge skill and capacity of Dalit women so that they are indicator of growth and development of society

Interdisciplinary relevance

The concept of capacity building is related to a multidisciplinary sciences. The title related with socio-cultural, economic, political & institutional support. The science which will contribute to the concept of capacity building are psychology, sociology, anthropology, political science, environmental science economics, commerce & management etc.

It is a Interdisciplinary programme aims by the use of scientific as well as traditional knowledge of indigenous and local communities to promote sustainable development and human well being. Key elements include economic and social improvement & respect for all culture and giving the financial support for developing the potential of Dalit women.

Significance of the study

The study of capacity building has its own importance in the following area

- (1) Organizational change and development
- (2) Involvement of women in community growth & development
- (3) Providing financial assistance to women so that they can control over resources
- (4) Human resource development relates with enhancing the knowledge, skill and abilities of woman.
- (5) Providing a supportive environment to carry out duties & responsibilities very efficiently & effectively.

Sampling method

It is a small exploratory study designed to analyze & interpret the Dalit woman in Ambedkar & non Ambedkar gram of Lucknow district. The sample size will be 500 Dalit woman, and of which 250 dalit woman from Ambedkar gram and 250 dalit woman from non Ambedkar gram an being selected

Techniques Used:

- Descriptive Statistics
- Kolmogrov- Smirnov Test
- Mann-Whitney U-test
- Large Sample test to compare proportions

ANALYSIS & INTERPRETATION

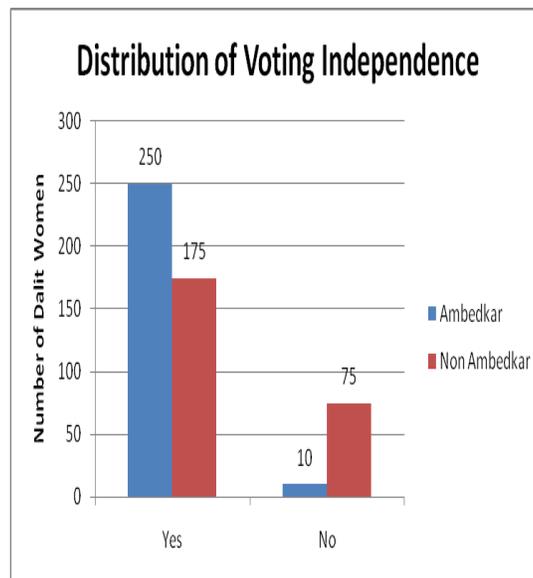
Objective 1: To analyze equal access in decision making

This objective is analyze by considering two points in mind. These are:

- a) Independency to make decision for voting
- b) Independency to decide children treatment

A) On the basis of Independency to make decision for voting

Chart 1: Distribution of Voting Independence in Ambedkar & Non-Ambedkar Grams



Above chart represents that women of Ambedkar gram are more independent to cash their vote(100%), as compare to NonAmbedkar gram(70%).

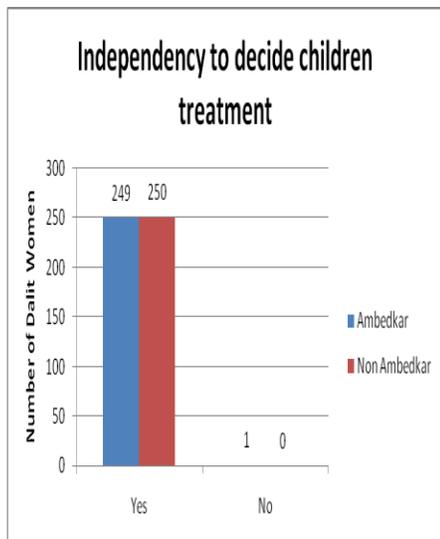
Table 1: Comparison of Voting Independence in Ambedkar & Non-Ambedkar Grams

	Voting Independence		Significance	Result
	Yes	No		
Ambedkar Grams	240 (.96)	10	<.0001	Significant
Non-Ambedkar Grams	175 (.70)	75		

This table shows that there is a significant difference in voting independence of Ambedkar & Non Ambedkargram. And women of Ambedkar Gram are more free to cash their votes according to their willingness.

B) On the basis of Independency to decide children treatment

Chart 2: Distribution of Women Independency to decide about children treatment in Ambedkar & Non-Ambedkar Grams



Above chart shows that approximately all women of Ambedkar & non Ambedkar Grams are independent to decide their children's treatment.

Table 2: Comparison of Independency related to Children treatment's in Ambedkar & Non-Ambedkar Grams

	Decision about treatment of children		Significance	Result
	Yes	No		
Ambedkar Grams	249 (996)	1	0.152	Non-Significant
Non-Ambedkar Grams	250 (1000)	0		

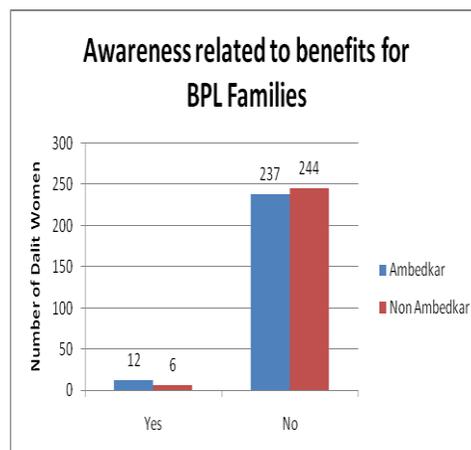
This table shows that there is no significant difference in Independency related to make decision about Children treatment's of Ambedkar & Non Ambedkar Grams.

Objective 2: To analyse equal access on Social basis

This objective is analyzed by considering the following points:

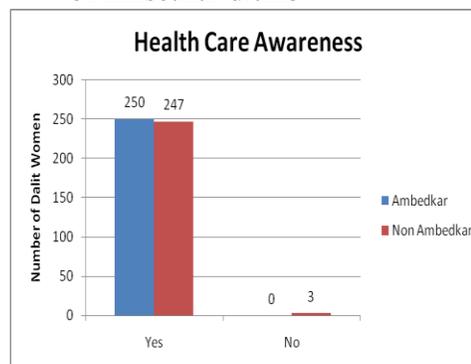
- a) Awareness related to benefits for Below Poverty Line Families
 - b) Awareness related to benefits for socially disadvantaged family
 - c) Healthcare Awareness
 - d) Importance of Women Education
 - e) Awareness about Laws
- A) On the basis of Awareness related to benefits for Below Poverty Line Families**

Chart 3: Distribution of Awareness related to BPL families in Ambedkar & Non-Ambedkar Grams



Above chart represents that very few women are aware about benefits for BPL families in both the Grams, which indicates that there is a need to spread awareness related to benefits of BPL families to become them empowered.

B) On the basis of Healthcare Awareness
Chart 4: Healthcare Awareness in Ambedkar & Non-Ambedkar Grams



Above chart represents that approximately same number of women are aware about Healthcare & Health in

Ambedkar(100%) & Non-Ambedkar grams(98.8%).

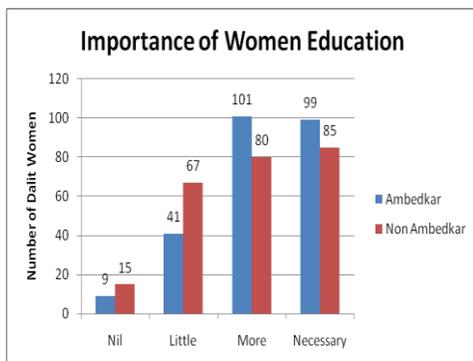
Table 3: Comparison of Healthcare awareness in Ambedkar & Non-Ambedkar Grams

	Health care awareness		Significance	Result
	Yes	No		
Ambedkar Grams	250 (100)	0	.0436	Significant
Non-Ambedkar Grams	247 (.988)	3		

This table shows that there is a significant difference related to healthcare awareness of Ambedkar & Non Ambedkargram. And women of Ambedkar Gram are more aware about healthcare as compare to women of Non-Ambedkar Gram

- f) Importance of Women Education
- C) On the basis of Importance of Women Education

Chart 5: A view on importance of women in Ambedkar & Non-Ambedkar Grams



Above chart represents the figures of importance of education in view of Ambedkar & Non-Ambedkar Dalit women. These figures indicates that women of Ambedkar gram are more aware about women education as compare to women of NonAmbedkar gram.

Table 4: Comparison of the proportion of women thinks that women education is more impotant in Ambedkar & Non-Ambedkar Grams

	People thinks that Education is more important for women		Significance	Result
	Yes	No		
Ambedkar Grams	101	149	0.026	Significant
Non-Ambedkar Grams	80	170		

This table shows that there is a significant difference in proportion of women belived that women education is more important in Ambedkar & Non Ambedkargram. And women of Ambedkar Gram are more aware about women's education.

Table 5: Comparison of Awareness regarding benefits of BPL families in Ambedkar & Non-Ambedkar Grams

	Awareness about below poverty line families		Significance	Result
	Yes	No		
Ambedkar Grams	12	237	.0789	Non-Significant
Non-Ambedkar Grams	6	244		

This table shows that there is no significant difference regarding

awareness about benefits of BPL families in Ambedkar & Non Ambedkargram.

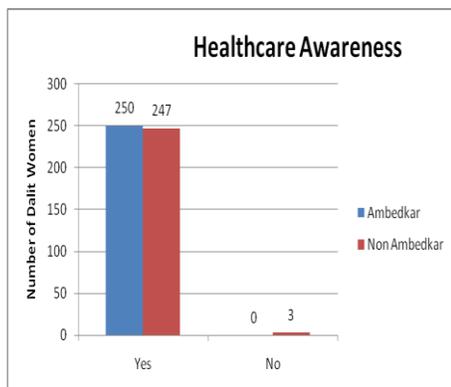
Objective 3: To access equal opportunity to women in health care

The analysis of this objective is made on the following basis:

- a) Healthcare Awareness
- b) Availability of cards for vaccination details
- c) Awareness about Pulse polio drop
- d) Awareness about National Health Policies
- e) Importance of women to be aware about health
- f) Source of vaccination received

A) On the basis of Healthcare Awareness

Chart 6: Healthcare Awareness in Ambedkar & Non-Ambedkar Grams



Above chart represents that approximately all women of Ambedkar & NonAmbedkar gram are aware for health.

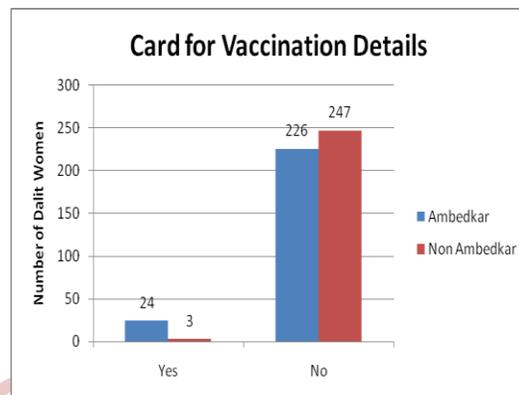
Table 6: Comparison of Healthcare awareness in Ambedkar & Non-Ambedkar Grams

	Health care awareness		Significance	Result
	Yes	No		
Ambedkar Grams	250 (1.00)	0	.0436	Significant
Non-Ambedkar Grams	247 (.988)	3		

This table shows that there is a significant difference in Healthcare awareness of Ambedkar & Non Ambedkargram and is more in women of Ambedkar Gram.

B) On the basis of Availability of cards for vaccination details

Chart 7: Distribution of cards for vaccination details in Ambedkar & Non-Ambedkar Grams



Above chart represents that very few women's of both the grams have card for vaccination details.

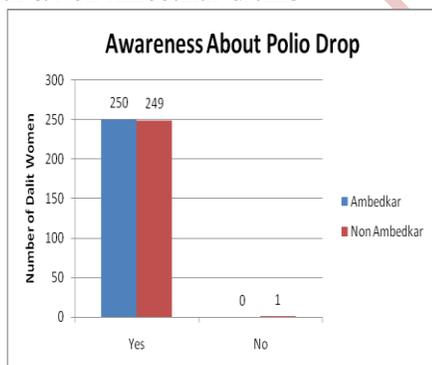
Table 8: Comparison of proportion of women's having vaccination card in Ambedkar & Non-Ambedkar Grams

	Card For Vaccination details		Significance	Result
	Yes	No		
Ambedkar Grams	24 (.096)	226	<.0001	Significant
Non-Ambedkar Grams	3 (.012)	247		

This table shows that there is a significant difference in proportion of women's having vaccination card in Ambedkar & Non-Ambedkar Grams and is more in ambedkar grams. It can also seen that still there is a need to increase this ratio.

C) On the basis of Awareness about Pulse polio drop

Chart 8: Awareness about Pulse polio drop in Ambedkar & Non-Ambedkar Grams



Above chart represents that approximately all women of Ambedkar & NonAmbedkar gram have knowledge of pulse polio drop.

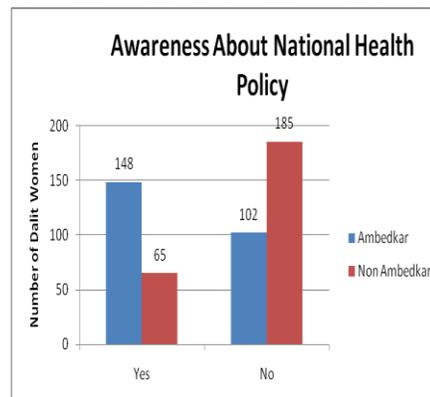
Table 9: Comparison of Awareness about Pulse polio drop in Ambedkar & Non-Ambedkar Grams

	Awareness about Pulse Polio Drop		Significance	Result
	Yes	No		
Ambedkar Grams	250 (1.000)	0	0.1527	Non-Significant
Non-Ambedkar Grams	249 (.996)	1		

This table shows that there is no significant difference in **Awareness about Pulse polio drop** of women's of Ambedkar & Non Ambedkargram.

D) On the basis of Awareness about National Health Policies

Chart 9: Awareness about National Health Policies in Ambedkar & Non-Ambedkar Grams



Above chart represents that women of Ambedkar gram are more aware about national health policies as compare to NonAmbedkar gram.

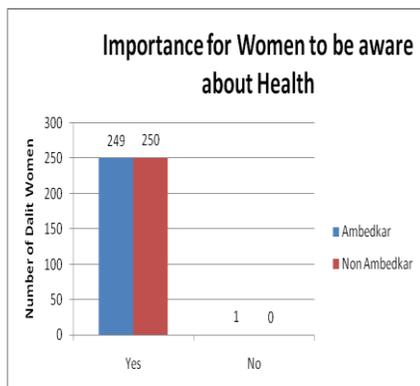
Table 10: Comparison of proportion of women's aware about National Health Policies in Ambedkar & Non-Ambedkar Grams

	Awareness about National Health Policy		Significance	Result
	Yes	No		
Ambedkar Grams	148 (.59)	102	<.0001	Significant
Non-Ambedkar Grams	65 (.26)	185		

This table shows that there is a significant difference in proportion of women's aware about National Health Policies in Ambedkar & Non-Ambedkar Grams & is more in Ambedkar grams.

E) On the basis of Importance of women to be aware about health

Chart 10: Importance of women to be aware about health in Ambedkar & Non-Ambedkar Grams



Above chart represents that approximately all women of Ambedkar & Non-Ambedkar gram thinks that women's should be aware about health related topics.

Table 11: Comparison of proportion of women's thinks health awareness is must in Ambedkar & Non-Ambedkar Grams

	Importance for women to be aware about Health		Significance	Result
	Yes	No		
Ambedkar Grams	249 (.996)	1	0.1527	Non-Significant
Non-Ambedkar Grams	250 (1.000)	0		

This table shows that there is no significant difference in proportion of women's thinks health awareness is must in Ambedkar & Non-Ambedkar Grams.

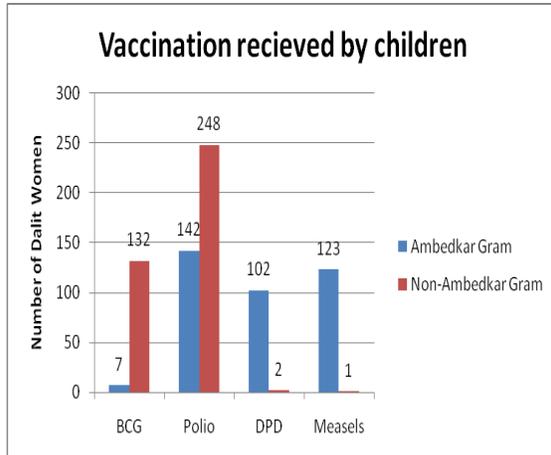
F) On the basis of Source of vaccination received

Table 12 : Source of Vaccination Received In Ambedkar Grams

	Ambedkar Gram		Non-Ambedkar Gram	
	Frequency	Percent	Frequency	Percent
District Hospital	2	0.8	2	.8
Community Healthcare	7	2.8	4	1.6
Primary Health Care	9	3.6	5	2.0
Sub Center	0	0.0	1	.4
Private Clinic	232	92.8	238	95.2
Total	250	100.0	250	100.0

This table shows that in both the grams the source of vaccination received is generally via private clinics.

Chart 11: Distribution of Vaccination received by Children in Ambedkar & Non-Ambedkar Grams



Above chart represents that most of the children taken polio vaccination in both grams while measles in ambedkar & BCG in Non-Ambedkar grams.

Objective 6: To analyze equal opportunity to women in quality education at all levels, career and equal remuneration

The analysis of this objective is based on:

- a) Ever school attendant
- b) Standard of Highest Qualification
- c) Reading Ability
- d) Writing Ability
- e) Availability of school
- f) Distance of school from residence
- g) Importance of education for women's

RESULT & DISCUSSION

The result of the study have been presented in the previous chapter In this chapter an attempt will be made to discuss an interpret the findings of the present investigation. The research plan was to study the capacity building of dalit women in Lucknow district: A case study in BKT block. Data was subjected to suitable statistical analysis and the findings are discussed on the basis of hypothesis formulated for the research study. The result supported the henotheist relationship the study was based on comparative analysis between Ambedkar gram and non Ambedkar gram. Firstly the analysis was done on the basis of basic characteristics of dalit women and it was found

- 1) Age Group of women's from whom data is collected in Ambedkar & Non-Ambedkar Grams is approximately same & all the women's lie in the age group of 18-60.

- 2) The ratio of SC/ST in Ambedkar & Non-Ambedkar grams is 11:9 & 5:6 respectively. This means in Ambedkar grams out of 40 respondents 22 are Sc, while in Non-Ambedkar gram 15 are Sc & rest are ST.
- 3) The ratio of Joint & Nuclear families indicates that out of 12 respondents in Ambedkar grams 13 have a joint family & in Non-Ambedkar gram this figure is 10.
- 4) Average level of income is high in Ambedkar grams as compare to Non-Ambedkar grams.
- 5) Average family member in Non-Ambedkar gram are more (4 members) as compare to Ambedkar Grams (2 members).

A) On the basis of social, educational, economical, decision making, healthcare etc.

On the basis of collected data an analysis had performed. At 5 % level of significance the following conclusions are drawn:

- 1) There is a significant difference in voting independence of Ambedkar & Non Ambedkar grams. And women of Ambedkar Gram are more free to cash their votes according to their willingness.
- 2) There is no significant difference in Independency related to make decision about Children treatment's of Ambedkar & Non Ambedkar gram.
- 3) There is no significant difference regarding awareness about benefits of BPL families in Ambedkar & Non Ambedkargram.
- 4) There is a significant difference in awareness level for schemes framed to socially disadvantageous families in Ambedkar & Non Ambedkargram. And women of Ambedkar Gram are more aware.
- 5) There is a significant difference related to healthcare awareness of Ambedkar & Non Ambedkargram. And women of Ambedkar Gram are more aware about healthcare as compare to women of Non-Ambedkar Gram
- 6) There is a significant difference in proportion of women believed that

- women education is more important in Ambedkar & Non Ambedkargram. And women of Ambedkar Gram are more aware about women's education.
- 7) There is a significant difference in awareness about laws of Ambedkar & Non Ambedkargram. And women of Ambedkar Gram more knowledge of laws as compare to Non- Ambedkar.
 - 8) There is a significant difference in proportion of women's vote in Ambedkar & Non Ambedkar gram. And women of Ambedkar Gram are voted more.
 - 9) There is no significant difference in proportion of women's having voter ID of Ambedkar & Non Ambedkar gram.
 - 10) There is a significant difference in proportion of women's vote for govt. in Ambedkar gram as compare to Non Ambedkar gram. And women of Ambedkar Gram are voting more for govt. (98.8%) as compare to Non Ambedkar gram (53.2%).
 - 11) There is a significant difference in proportion of women's think that women's should be enrolled in political parties of Ambedkar & Non Ambedkargram. And women of Ambedkar Gram think more about this.
 - 12) There is a significant difference in proportion of women's having knowledge about past political leaders in Ambedkar & Non-Ambedkar Grams & is more in women's of Ambedkar grams.
 - 13) There is a significant difference in Average number of earning members of women's in Ambedkar gram & Non-Ambedkar Grams & is more in women's of Ambedkar grams.
 - 14) There is a significant difference in Average number of days women's employed in Ambedkar gram & Non-Ambedkar Grams & it's found that women's of Ambedkar grams are employed for more days.
 - 15) There is a significant difference in proportion of women's having Agricultural land in Ambedkar & Non-Ambedkar Grams & Is more in Ambedkar grams.
 - 16) There is a significant difference in proportion of women's having Agricultural land in Ambedkar & Non-Ambedkar Grams & Is more in Ambedkar grams.
 - 17) There is no significant difference in proportion of computer users of Ambedkar & Non Ambedkar grams.
 - 18) There is a significant difference in proportion of women's having income level more than 4000 Rs. in Ambedkar & Non-Ambedkar Gram & is more in Ambedkar grams.
 - 19) There is a significant difference in proportion of women's regularly employed. in Ambedkar & Non-Ambedkar Gram & is more in Ambedkar grams.
 - 20) There is no significant difference in landline users of Ambedkar & Non Ambedkargram.
 - 21) There is no significant difference in mobile users of Ambedkar & Non Ambedkar gram.
 - 22) There is no significant difference in Internet users of Ambedkar & Non Ambedkar gram.
 - 23) There is a significant difference in Healthcare awareness of Ambedkar & Non Ambedkargram and is more in women of Ambedkar Gram.
 - 24) There is a significant difference in proportion of women's having vaccination card in Ambedkar & Non-Ambedkar Grams and is more in ambedkar grams. It can also see that still there is a need to increase this ratio.
 - 25) There is no significant difference in **Awareness about Pulse polio drop** of women's of Ambedkar & Non Ambedkargram.
 - 26) There is a significant difference in proportion of women's aware about National Health Policies in Ambedkar & Non-Ambedkar Grams & is more in Ambedkar grams..
 - 27) There is no significant difference in proportion of women's thinks health awareness is must in Ambedkar & Non-Ambedkar Grams.
 - 28) There is a significant difference in proportion of women's ever attendant school in Ambedkar & Non-Ambedkar Grams & is more in Ambedkar gram.
- There is a significant difference in proportion of women's having 5th class as a highest qualification in Ambedkar &

Non-Ambedkar Grams & is more in Ambedkar gram.

There is no significant difference in proportion of women's having 10th class as a highest qualification in Ambedkar & Non-Ambedkar Grams.

There is a significant difference in proportion of women's having highest qualification more than 12th class in Ambedkar & Non-Ambedkar Grams & is more in Non-Ambedkar gram.

There is a significant difference in proportion of women's that can read in Ambedkar & Non-Ambedkar Grams & is more in Ambedkar gram.

There is a significant difference in proportion of women's that can write in Ambedkar & Non-Ambedkar Grams & is more in Ambedkar gram.

- 29) There is a significant difference in Availability of school in Ambedkar & Non Ambedkar gram & is more in Ambedkar Gram.
- 30) There is a significant difference in distance of school from residence in Ambedkar & Non-Ambedkar Grams & in Ambedkar gram all the schools are within range of <2Km.
- 31) There is a significant difference in proportion of people thinks that Education is more important for women in Ambedkargram & Non-Ambedkar Grams & is more in Ambedkar gram.
- 32) There is no significant difference in proportion of people thinks that Education is necessary for women in Ambedkar gram & Non-Ambedkar Grams.

On the basis of above results we can clearly see that either Dalit women's of Ambedkar & Non-Ambedkar grams have equal rights, facilities & awareness level related to healthcare, children's future, education, income etc. or Dalit Women's of Ambedkar gram have more facilities & awareness. Thus Condition of Ambedkar grams are said to be more improved as compare to Non-Ambedkar grams on the basis of health, income, education, decision making & political rights.

Apart from the sign of rise in living conditions of Ambedkar grams, there is still a need to pay more attention on several issues like:

- 1) Voting Independence is still low in Non-Ambedkar grams
- 2) Awareness related to benefits for Below Poverty Line Families
- 3) To aware women's related to importance of women's education
- 4) Awareness level about laws is very low in Non-Ambedkar gram

To be aware the women's of Non-Ambedkar gram that why voting should be done

LIMITATION AND SUGGESTION

Like several other studies in other sciences the present study has also certain constraints the data is restricted BKT block of Lucknow region. The study could have being done on different levels of dalits women in Ambedkar and Non Ambedkar gram. The Psychographic variable where not study which may have affected the result. It is believed that lake of attention to moderate variable constitute a major limitation of earlier research in this area.

There are about 250 million Dalits in India. There is meagre improvement in the socio-economic condition of dalits in the past 50 years. Which that is not enough when compared to non-dalits. Of course, much more needs to be done. The urgent need is to have a national sample survey on dalits. Every fourth Indian is a dalit. There is no proper survey to give the correct number of dalit women in India. They are generally scattered in villages and they are not a monogamous group. About 75% of dalits live below poverty line. Economic backwardness of dalits is mostly due to injustice done to them by the high castes and also due to exploitation. From the time immemorial they worked like slaves, sold as commodities resulting in their social discrimination, economic deprivation and educational backwardness. To assess the position of dalit women in India this chapter is divided into various heads.

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