



## An evaluation of government schemes for the development of women and children (A case study of selected villages in Guntur district of Andhra Pradesh)

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### Abstract

The present paper refers to the various government schemes for the development of women and children in Krishna district of Andhra Pradesh. The main objective of this paper is impact of Government Programmes related to women and children in controlling child mal-nutrition and health improvement among women and children in selected area. As per Census 2011, India, with a population of 121.1 Cr, has 16.45 Cr children in the age group 0-6 years and 37.24 Cr in the age group 0-14 years which constitute 13.59% and 30.76% of the total population respectively. These conditions include poverty, poor environment sanitation, disease, infection, and inadequate access to primary health care, inappropriate child caring and feeding, practices. The present study proposed to analyze the working of Anganwadi Centres and the way how they are providing the facilities to women and children. Also wish to study the programmes of ICDS in controlling and child mal-nutrition and encouraging pre-school education of 0-6 years children of selected villages of Mangalagiri and Pedakakani Zone of Guntur district, Andhra Pradesh. The present study describes the propose ways by which the Integrated Child Development Services (ICDS) for women and child development services can last the modified to achieve the desired results. It is also evident that, even though is confined to a small selected area and respondents, the results can be generalized as the sample drawn is unbiased and the conditions under which the Anganwadi Centres are working are similar allover Andhra Pradesh. The present study made an attempt to analyse such policies and programmes of both the Governments in three villages of Guntur District. As pointed out in the beginning chapters selected three villages have been purposively chosen as most of the programmes introduced by the Government are very much in vogue in them. This study was interesting as it has not only enlightened to researcher on the ground realities of the functioning of these programmes and revealed some major drawbacks that needs attention of policy-makers. These studies pertaining to the health of women and children are very limited in their number and more so in Andhra Pradesh. Most of the studies were done in general rather than analyzing any particular programme/programmes initiated by the Government for women and children. In this regard the present work is unique in its nature and quality.

**Keywords:** anganwadi centres, supplementary nutrition, pre-school education, ICDS

### Introduction

The ICDS, Centrally Sponsored Scheme, is anchored by Ministry of Women and Child Development (MoWCD), Government of India (GoI). The Anganwadi Services (under

Umbrella Integrated Child Development Services) is a Centrally Sponsored Scheme and the Government of India releases grants-in-aid to the States / UTs presently on the following cost sharing ratio between Centre and States/UTs:

Table 1

S. No.	Contributors for the scheme	Percentage of cost sharing (centre & state)
1	State & UTs (with legislature): ICDS (general) (salary/honorarium/programme components) ICDS (supplementary Nutrition Programme)	60: 40 50:50
2	NE states and Himalayan States (all components)	90:10
3	Union Territories (without legislature) (all components)	100:0

Government of India proclaimed a National Policy on Children in August, 1974 declaring children as, "supremely important asset". The policy provided the required framework for assigning priority to different needs of the child. Government of India launched the Integrated Child Development Service (ICDS) Scheme on 2<sup>nd</sup> October, 1975 to commemorate the birth anniversary of the Father of the Nation Mahatma Gandhi. The programme of the Integrated Child Development Services (ICDS) was launched to provide an integrated package of services in a convergent manner for the holistic development of the child.

From the small beginnings of 33 blocks in 1975, ICDS has grown to become World's largest and most unique early childhood development programme an initiative unparalleled in history. Today ICDS has network of 4200 projects covering nearly 75 per cent community development blocks and 273 urban slum pockets. Poised for universal coverage, ICDS reaches out to 4.8 million expectant and nursing mothers and 22.9 million children (under six years of age) of the disadvantaged groups. Of these 12.5 million children (aged three to six years) are placed in controlling centre based on sponsored preschool

activities.

As per Census 2011, India, with a population of 121.1 Cr,

has 13.59% (16.45 Cr) of its population in the age group 0-6 years and 30.76% (37.24 Cr) in the age group 0-14 years.

**Table 1:** Total Population and child population in India- Census 2011 (In Crore)

	Total			Rural			Urban		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
Total population	121.09	62.33	58.76	83.37	42.78	40.60	37.71	19.55	18.16
0-6 years	16.45	8.58	7.88	12.13	6.31	5.82	4.32	2.27	2.05
0-14 years	37.24	19.44	17.81	27.36	14.23	13.12	9.88	5.20	4.68

*Source:* Office of Registrar General of India, 2018-19.

The Census 2011 revealed that, the gender wise composition of the child population is nearly the same as that of the total population. 48% of the child population (both 0-6 years and 0-14 years) is female which is slightly lower than the overall proportion of females in the country.

#### Objectives of the Scheme

- Lay the foundation for proper psychological development of the child
- Improve nutritional & health status of children 0-6 years
- Reduce incidence of mortality, morbidity, malnutrition and school drop-outs
- Enhance the capability of the mother and family to look after the health, nutritional and development needs of the child
- Achieve effective coordination of policy and implementation among various departments to promote child development.

The present study describes to propose ways by which the Integrated Child Development Services (ICDS) for women and child development services can last the modified to achieve the desired results. The present study even though is confined to a small selected area and respondents, the results can be generalized as the sample drawn is unbiased and the conditions under which the Anganwadi Centres are working are similar all over Andhra Pradesh.

#### A review of women and child development programmes in Andhra Pradesh

##### a. National Family Benefit Scheme (NFBS)

The National Family Benefit Scheme is stated to provide a lumpsum family benefit for households below the poverty line on the death of the primary breadwinner in the bereaved family. The following conditions are observed while providing the benefit.

1. The primary breadwinner is the member of the household, male or female whose earnings contribute substantially to the total household income.
2. The death of such a primary breadwinner occurs while he or she is more than 18 years of age and less than 65 years of age.
3. The bereaved household qualifies as one below the poverty line according to the criteria prescribed by the Government of India.
4. The amount of benefit available is Rs.10,000/- in the case of death of the primary breadwinner irrespective of the cause of death natural or accidental.
5. The family benefit is paid to such surviving member of the household of deceased who, after local equity, is determined to be the head of the household.

##### b. National Maternity Benefit Scheme (NMBS)

The National Maternity Benefit Scheme was introduced in 2001 to provide nutrition support to pregnant women. Under this scheme BPL pregnant women are given a onetime payment of Rs. 500/- 8–12 weeks prior to delivery. In the year 2005, the Government of India launched the Janani Suraksha Yojana under the National Rural Health Mission to provide cash incentives for women to have an institutional delivery. The NMBS was merged into the JSY and with the intervention of the Supreme Court the benefits under the NMBS retained, irrespective of place of delivery.

##### c. Adolescent Girls Scheme

Adolescence (the period between 11-17 years) represents a period of active growth and development. A life cycle approach, to develop Adolescent girls into self-assured, healthy individuals by strengthening the skills of women and improving the health and literacy status to enable them shoulder their future responsibilities as women and mothers. Secondly, in order to break the vicious circle of nutritional anemia and its effects on the health and well-being of the women in future.

##### d. Early Childhood Education

The main objective of this programme is to provide opportunities to explore, investigate and acquire the ability of expression through verbalisation as per the needs of the growing child. The activity aims to provide learning environment to every child. 6,441 Anganwadi Centres were upgraded as ECE centres. 23,929 ECE kits consists of activity cards manual and calendar were supplied to the Anganwadi centres. 3,000 outdoor play material kits were supplied to the Anganwadi centres and 23,130 Pre-school kits i.e. indoor play materials were procured.

##### e. Information, Education and Communication (IEC)

IEC aims at bringing about positive behavioural changes in attitudes and practices to realise the project goals and objectives of improving the child nutrition and reducing childhood mortality and effective community participation programme.

##### f. Beti Bachao Beti Padhao (BBBP) scheme

The trend of decline in the Child Sex Ratio (CSR), defined as number of girls per 1000 of boys between 0-6 years of age, has been unabated since 1961. The decline from 945 in 1991 to 927 in 2001 and further to 918 in 2011 is alarming. The decline in the CSR is a major indicator of women disempowerment. CSR reflects both, pre-birth discrimination manifested through gender biased sex selection, and post birth discrimination against girls. Social

construct discriminating against girls on the one hand, easy availability, affordability and subsequent misuse of diagnostic tools on the other hand, have been critical in increasing Sex Selective Elimination of girls leading to low Child Sex Ratio. Since coordinated and convergent efforts are needed to ensure survival, protection and empowerment of the girl child, Government has announced Beti Bachao Beti Padhao initiative. This is being implemented through a national campaign and focused multi sectoral action in 100 selected districts low in CSR, covering all States and UTs. This is a joint initiative of Ministry of Women and Child Development, Ministry of Health and Family Welfare and Ministry of Human Resource Development.

#### **g. Kishora Balika Pathakam**

The scheme “Kishora Balika Pathakam” is to engineer the change in social attitudes, self-esteem and ensure capabilities and 100 per cent enrolment in of elementary education especially for girls and to discourage early marriage. Under the scheme it is proposed to train the Adolescent girls in bridge course, skill training programmes, exposure visit and workshops.

#### **h. Balika Samridhi Yojana**

Balika Samridhi Yojana is introduced in 1997. It is a part of the long-term strategy to change social attitudes and behavioural practices towards the girl child. Financial assistance is extended to the families living below the poverty line as a post-delivery grant to the mother with the objective towards the mother to provide additional nutrition. So far Rs.277.36 lakhs were released to 23 districts for the benefit of 55,473 mothers.

#### **i. Girl Child Protection Scheme**

Girl child protection scheme introduced in the year 1996-97 to promote adoption of the small family norms and also to benefit the girl children in poor families by promoting family planning, discouraging the tendency to prefer male children and promoting welfare of girl children through meaningful programme called GCPS. And also to encourage enrolment of girls in schools, to reduce school dropouts to motivate girls to get marriage only after 18 years of the age and to encourage the parents.

#### **j. Ujjawala**

A Comprehensive Scheme for Prevention of Trafficking and Rescue, Rehabilitation and Re-Integration of Victims of Trafficking for Commercial Sexual Exploitation to prevent trafficking of women and children for commercial sexual exploitation through social mobilization and involvement of local communities, awareness generation programmes, generate public discourse through workshops/seminars and such events and any other innovative activity. To facilitate rescue of victims from the place of their exploitation and place them in safe custody. To provide rehabilitation services both immediate and long-term to the victims by providing basic amenities/needs such as shelter, food, clothing, medical treatment including counselling, legal aid and guidance and vocational training. To facilitate reintegration of the victims into the family and society at large. To facilitate repatriation of cross-border victims to their country of origin.

#### **k. Support to Training and Employment Programme for Women (STEP)**

The Ministry has been administering ‘Support to Training and Employment Programme for Women (STEP) Scheme’ since 1986-87 as a ‘Central Sector Scheme’. The STEP Scheme aims to provide skills that give employability to Women and to provide competencies and skill that enable women to become self-employed/entrepreneurs. The Scheme is intended to benefit women who are in the age group of 16 years and above across the country. The grant under the Scheme is given to an institution/ organisation including NGOs directly and not the States/ UTs. The assistance under STEP Scheme will be available in any sector for imparting skills related to employability and entrepreneurship, including but not limited to the Agriculture, Horticulture, Food Processing, Handlooms, Tailoring, Stitching, Embroidery, Zari etc, Handicrafts, Computer & IT enable services along with soft skills and skills for the work place such as spoken English, Gems & Jewellery, Travel & Tourism, Hospitality.

#### **l. Nirbhaya**

Violence and abuse against women and girls is frequent on streets, in public transportation and in other public places. Such occurrences restrict women’s right to mobility, discouraging their freedom to walk freely and move in public spaces of their choice. Such violence also limits their access to essential services and adversely impact their health and wellbeing. In this context, and following the tragedy of December 2012, the Government has set up a dedicated fund – Nirbhaya Fund – which can be utilized for projects specifically designed to improve the safety and security of women. It is a non-lapsable corpus fund, being administered by Department of Economic Affairs, Ministry of Finance. As per the guidelines issued by Ministry of Finance dt 25.03.2015, the Ministry of Women and Child Development (MWCD) is the nodal Ministry to appraise/recommend proposals and schemes to be funded under Nirbhaya Fund. MWCD further has the responsibility to review and monitor the progress of sanctioned schemes in conjunction with the line Ministries/Departments.

#### **Review of literature**

The study of Ganguli Barna (2015) on empowering women, the idea of women empowerment came forward when the third international women’s conference at Nairobi in 1985 introduced and defined ‘women empowerment as a re-distribution of social power and control of resources in favor of women’. The Government of India stated 2001, the year of women’s empowerment and the National Policy for the Empowerment of women came into force the same year<sup>[1]</sup>. Varghese Velickakam (2018), “Women Empowerment: SHG Perspective, Perception & Presence”, is an attempt to comprehend the transformation that has been brought among the women of Manipur by their active involvement in the Self-Help Groups. Their engagement brought about real chance in their lives. This change was reflected in their social and economic behavior. Having money to spend which women themselves have earned in an ethical way helped to build their self-image and confidence. This confidence further propelled them to venture into territories

which were otherwise reserved for men. This paradigm shift brought better visibility for women and greater participation in the decision-making process. This participation in decision making brought yet another feminine dimension in its decision which brought about greater acceptance. This paper is a close follow up of their life and it had used participatory action research method to document these invisible nuances of their lives [2].

**Objectives**

**The objectives of the present study are**

1. To study the working of Government Programmes targeting women and children in selected area.
2. To study the impact of Government Programmes related to women and children in controlling child mal-nutrition and health improvement among women and children in selected area.
3. To make a cross sectional study regarding the awareness in making use of these programmes across religion, caste and economic status.

**Methodology**

The present study has selected three Mandals, viz., Tadepalli and Mangalagiri of Mangalagiri Zone and Pedakakani of Pedakakani Zone for examining the working of Integrated Child Development Services (ICDS). On the whole 150 samples of respondents have been selected for the study in these three Mandals by adopting Stratified Random Sampling. The research is exploratory in nature and so uncontrolled observation method is applied in the process of data collection. The questionnaire method is followed. Then the data collected is analyzed. Studies are conducted using primary data as well as secondary data. The area chosen for study is at village level. It appears that the villagers are not aware of the various Government Welfare Programmes. Particularly women and child development welfare programmes run by the Central and State Governments.

**Source of Data**

The researcher contacted the officials of the gram panchayats and Primary Health Centres (PHCs) and collected secondary data to analyze. The present study has depended upon primary data and secondary data.

**Primary Data**

The researcher has to collect the opinion on various Government programmes for women and child development. The researcher went round the selected village households with a schedule for collecting information from the women in between 14-45 age groups.

**Secondary Data**

The secondary data is obtained from the previous studies such as the national journals, articles and books particularly on women and child development. Women and Child health bulletin and publications from World Health Organization (WHO) of the United Nations are procured from libraries.

**Description of the study area**

The area taken for study is at village level, such as Tadepalli of Tadepalli Mandal, Chinna Kakani of Mangalagiri Mandal and Venigandla of Pedakakani Mandal in Guntur district. The main occupation of the villagers is

agriculture and the crops cultivated are chillies, cotton, black gram and paddy. Out of the three villages two villages (Tadepalli and Venigandla) have a Primary Health Centres and two Public Libraries. Number of Anganwadi Centres, DWCRA groups and Cooperative Societies are located in three villages.

**Sampling techniques**

The researcher observed the heterogeneity in the population. When heterogeneity exists in the population, it is suggested that the better way would be to follow stratified random sampling method to obtain relevant and particular group specifications. The villages exhibit communal divisions and social hierarchies based on caste. The village accommodates various religious like Muslims and Christians. The strata are determined by the special characteristics found to be common in particularly grouped households. The collected data was evaluated using SPSS (Statistical Package for Social Sciences) package. Statistical Techniques such as Frequencies, Cross Tabulations have been used to analyze the data.

**Results and Discussions**

Table-2 shows the caste categories of the respondents it reveals that 40.70 per cent of the respondents belong to other community (O.C.) and 32.00 per cent of the respondents belong to Backward Castes (B.C). 16.70 per cent of the respondents belong to Scheduled Caste (S.C.) and followed by 10.70 per cent of the respondents are belong to the Scheduled Tribe Communities (S.T.). From this table we can observe that majority of the respondents belong to other than S.C., S.T. and B. Cs community.

**Table 2:** Caste -wise division of the respondents

S. No.	Caste of the Respondent	Number of the Respondents	% of the total
1	Scheduled Tribe	16	10.70
2	Scheduled Caste	25	16.70
3	Backward Caste	48	32.00
4	Other Community	61	40.70
	Total	150	100.00

*Source:* Computed from collected data.

In the Table-3, reveals the data pertaining to the educational status of the selected respondents. Majority of the respondents, i.e., 32.00 per cent of the respondents are illiterates. Only 3.3 per cent of them have above degree level education, while 24.70 per cent have primary educational level, 20.7 per cent have secondary education and the rest have intermediate level of education.

**Table 3:** Educational status of the respondents

S. No.	Educational Status	Number of the Respondents	% of the total
1	Illiterate	48	32.0
2	Primary	37	24.7
3	Secondary	31	20.7
4	Intermediate	29	19.3
5	Degree and Above	5	3.3
	Total	150	100.00

*Source:* Computed from collected data.

In the Table-4, reveals the distribution of respondents according to the occupation of the sample respondents. The

table shows only 0.7 (01) per cent of the respondents are Government Employees, while majority of the respondents 50.0 per cent are dependent on agriculture. However, 36.7 per cent respondents are house wives and remaining respondents are self-employed and private employees respectively.

**Table 4:** Occupation of the respondents

S. No.	Occupation	Number of the Respondents	% of the total
1	Govt. Employee	1	0.7
2	Private Employee	1	0.7
2	Self-Employment	18	12.0
3	Agricultural Labour	75	50.00
4	House Wives	55	36.7
	Total	150	100.00

Source: Computed from collected data.

**Table 5:** Details of the total income of respondent families

S. No.	Total Income of the family	Number of the Respondents	% of the total
1	Bellow 10000	43	28.7
	Between 10000 to 25000	78	52.0
2	Between 25000 to 50000	22	14.7
3	Between 50000 to 100000	7	4.7
	Total	150	100.0

Source: Computed from collected data.

In the Table-5, shows the distribution of respondents

**Table 6:** Responses on “National Maternity Benefit Scheme” with caste of the respondents

		Community-wise				Total
		ST	SC	BC	OC	
Awareness on "National Maternity Benefit Scheme"	No	7(14.9)	6(12.8)	17(36.2)	17(36.2)	47(100.0)
	Yes	9(8.7)	19(18.4)	31(30.1)	44(42.7)	103(100.0)
If yes, Government provides a total of Rs.500/-.	No	2(15.4)	1(7.7)	2(15.4)	8(61.5)	13(100.0)
	Yes	7(7.8)	18(20.0)	29(32.2)	36(40.0)	90(100.0)
Benefited by this scheme	No	9(12.2)	13(17.6)	20(27.0)	32(43.2)	74(100.0)
	Yes	0	6(20.7)	11(37.9)	12(41.4)	29(100.0)
Scheme is implementing satisfactorily	No	7(10.9)	12(18.8)	21(32.8)	24(37.5)	64(100.0)
	Yes	2(5.1)	7(17.9)	10(25.6)	20(51.3)	39(100.0)
Difficulties in implementing this scheme	No	8(8.2)	18(18.6)	27(27.8)	44(45.4)	97(100.0)
	Yes	1(16.7)	1(16.7)	4(66.7)	0	6(100.0)
Suggestions for better implementation	Regular Payment of money			1(100.0)		1(100.0)
	Improvement in treatment facilities	1(20.0)	1(20.0)	3(60.0)		5(100.0)
Total		1(16.7)	1(16.7)	4(66.7)		6(100.0)

Source: Computed from collected data.

In the case of cross tabulating about the knowledge about “Sukhibhava Scheme” with the caste of the respondent, which is presented in Table-7, reveals that 41.3 per cent (25 out of 58) the other community respondents opened that they do not have any knowledge about the scheme, while only 17.2 per cent of Scheduled Tribe respondents said that they are not aware of this particular scheme. Hence, it may be concluded that the majority of the respondents that are Other Community, Backward Caste and Scheduled Caste

are more aware of this scheme. Major parts of the families have a low annual income level that is between Rs.20,000 to Rs.50,000 (58.00 per cent). Only 2.70 per cent of families have a higher income i.e., above Rs.1,00,000 annual income of their family.

**Awareness on various Health Programmes with Cross Sectional Analysis**

In the case of cross tabulating regarding the knowledge about “National Maternity Benefit Scheme” with the caste of the respondent, which is presented in Table-6. The table also reveals that 43.5 per cent of the Other Community respondents opined that they do not have any knowledge about the scheme, while only 11.8 per cent of Scheduled Tribe respondents said that they were also haven’t aware of this particular scheme. Hence, it may be concluded that only Backward Caste and Scheduled Caste are more aware of the particular scheme. Among the total respondents 42.22 per cent of other caste respondents have not benefited by the scheme, while only 10.00 per cent of the Scheduled Tribe respondents are benefited by this scheme. However, 30.00 and 35.00 per cent of Scheduled Caste and Backward Caste respondents are not benefited by this particular scheme respectively. At the same time these statistics reveals that nearly 50 per cent of the people are unaware of this programme. Beneficiaries are also very few and they are also felt that the amount given in this scheme is not sufficient. Motivation of awareness is an important thing to be done for the success of this programme.

are more aware of this scheme. Among the total respondents 48.1 per cent of other caste respondents have not benefited by this scheme, while the Scheduled Tribe respondents are not benefited by this scheme. However, 20.0 and 35.4 per cent of Scheduled Caste and Backward Caste respondents are not benefited by this particular scheme respectively. At the same time these statistics reveals that nearly 40.0 per cent of the people are unaware of this programme.

**Table 7:** Responses on “Sukhibhava Scheme” with caste of the respondents

		Community-wise				Total
		ST	SC	BC	OC	
Awareness on "Sukhibhava" scheme	No	10(17.2)	7(12.1)	16(27.6)	25(43.1)	58(100.0)
	Yes	6(6.5)	18(19.6)	32(34.8)	36(39.1)	92(100.0)
Government provides	No	0	1(9.1)	3(27.3)	7(63.6)	11(100.0)

Rs.500/- under this scheme	Yes	6(7.4)	17(21.0)	29(35.8)	29(35.8)	81(100.0)
Benefited by this scheme	No	6(9.2)	13(20.0)	23(35.4)	23(35.4)	65(100.0)
	Yes	0	5(18.5)	9(33.3)	13(48.1)	27(100.0)
If yes, programme is implementing satisfactorily	No	0	4(21.1)	6(31.6)	9(47.4)	19(100.0)
	Yes	0	1(12.5)	3(37.5)	4(50.0)	8(100.0)
If no, difficulties	Not paid the amount even after enrolment of the name	0	3(25.0)	2(16.7)	7(58.3)	12(100.0)
	Late payment of money (After six months)	0	1(14.3)	4(57.1)	2(28.6)	7(100.0)
Suggestions for better implementation	Govt. should sanction the funds timely	0	2(25.0)	3(37.5)	3(37.5)	8(100.0)
	Benefit should be given to every person who undergone tubectomy	0	2(25.0)	2(25.0)	4(50.0)	8(100.0)
	A systematic method should be given to identify the below poverty	0	0	1(33.3)	2(66.7)	3(100.0)
Total		0	4(21.1)	6(31.6)	9(47.4)	19(100.0)

Source: Computed from collected data.

The beneficiaries are also felt that the amount given in this scheme is not sufficient. Creation of awareness is an important thing to be done for the success of this programme. The table also reveals that the Scheduled Tribe respondents are not interested by this particular scheme. Because they did not have much knowledge and nobody is benefited to this particular scheme.

Table-8 shows the cross tabulation regarding the awareness of “Family Health Awareness Programme” with the caste of the respondents of total respondents, 36.2 per cent of other community respondents are not aware of this particular scheme, while 30.1 and 18.4 per cent of Backward caste and Scheduled caste respondents are aware of this scheme respectively.

Table 8: Responses on “Family Health Awareness Programme” with caste of the respondents

		Community-wise				Total
		ST	SC	BC	OC	
Awareness on implementing the "Family Health Awareness Programme"	No	7(14.9)	6(12.8)	17(36.2)	17(36.2)	47(100.0)
	Yes	9(8.7)	19(18.4)	31(30.1)	44(42.7)	103(100.0)
If yes, source on this programme	Canvassing of the Government	3(6.8)	12(27.3)	14(31.8)	15(34.1)	44(100.0)
	Relatives and Others	1(33.3)	0	2(66.7)	0	3(100.0)
	Due to the visits of health staff	5(8.9)	7(12.5)	15(26.8)	29(51.8)	56(100.0)
Any other health staff visited your house and explained about the health care measures	No	7(14.9)	6(12.8)	17(36.2)	17(36.2)	47(100.0)
	Yes	9(8.7)	19(18.4)	31(30.1)	44(42.7)	103(100.0)
Any health staff visited your house to tell about the health care measures during the previous 3 months.	No	7(14.9)	6(12.8)	17(36.2)	17(36.2)	47(100.0)
	Yes	9(8.7)	19(18.4)	31(30.1)	44(42.7)	103(100.0)
If yes, improve your health awareness	yes	9(8.7)	19(18.4)	31(30.1)	44(42.7)	103(100.0)
If visited, time they spent with you	15 minutes	8(9.4)	14(16.5)	23(27.1)	40(47.1)	85(100.0)
	half an hour	1(5.6)	5(27.8)	8(44.4)	4(22.2)	18(100.0)
If visited, what they discussed	Created awareness about the health problems during pregnancy	4(14.3)	5(17.9)	7(25.0)	12(42.9)	28(100.0)
	The awareness of deceases to the age of reproductive	3(4.9)	14(23.0)	22(36.1)	22(36.1)	61(100.0)
	Role of male participation in family planning	2(14.3)	0	2(14.3)	10(71.4)	14(100.0)
Total	Count	9(8.7)	19(18.4)	31(30.1)	44(42.7)	103(100.0)

Source: Computed from collected data.

This table also reveals that 36.2 per cent of other caste respondents replied that any Government Medical Staff/Auxiliary Nurse Midwife are not preaching about the health care measures, while just 8.7 per cent of Scheduled Tribe respondents revealed that the Government Medical Staff are teaching about awareness the health care measures.

Hence, it may be concluded by the survey, that 42.9 per cent of other caste respondents said that they discuss about the health and deceases at the age of reproductive age with the Government staff which 14.3 per cent of Scheduled Tribe respondents opined that the staff are discussing about the family planning.

Table 9: Responses on “ICDS and other Schemes” with caste of the respondent

		Community-wise				Total
		ST	SC	BC	OC	
Awareness on Integrated Child Development Services Programme	No	4(17.4)	3(13.0)	6(26.1)	10(43.5)	23(100.0)
	Yes	12(9.4)	22(17.3)	42(33.1)	51(40.2)	127(100.0)
Is the I.C.D.S. Staff ever visiting your family?	Visited	6(6.5)	20(21.7)	32(34.8)	34(37.0)	92(100.0)
	Not visited	10(17.2)	5(8.6)	16(27.6)	27(46.6)	58(100.0)
Awareness on ‘Adolescent Girls’ scheme	No	11(17.7)	8(12.9)	25(40.3)	18(29.0)	62(100.0)
	Yes	5(5.7)	17(19.3)	23(26.1)	43(48.9)	88(100.0)
Awareness on ‘Nirbhaya’ scheme	No	13(14.1)	17(18.5)	32(34.8)	30(32.6)	92(100.0)
	Yes	3(5.2)	8(13.8)	16(27.6)	31(53.4)	58(100.0)
Awareness on ‘Beti Bachao Beti Padhao’ scheme	No	10(11.5)	14(16.1)	30(34.5)	33(37.9)	87(100.0)
	Yes	6(9.5)	11(17.5)	18(28.6)	28(44.4)	63(100.0)
Awareness on ‘DWCRA’ scheme	Yes	12(9.4)	22(17.2)	40(31.3)	54(42.2)	128(100.0)

	No	4(18.2)	3(13.6)	8(36.4)	7(31.8)	22(100.0)
Awareness on 'Ujjawala' scheme	No	13(12.7)	12(11.8)	31(30.4)	46(45.1)	102(100.0)
	Yes	3(6.3)	13(27.1)	17(35.4)	15(31.3)	48(100.0)
Total		16(10.7)	25(16.7)	48(32.0)	61(40.7)	150(100.0)

Source: Computed from collected data.

In the case of cross tabulating about the knowledge of ICDS Programme and various Government Programmes” with the caste of the respondent, which is presented in Table-9. The table also reveals that 43.5 per cent of the other caste respondents replied that they do not have any knowledge about the ICDS programme, while 9.4 per cent of Scheduled Tribe respondents are aware of this programme. This table also reveals 29.0 per cent of the other caste respondents replied that they did not have any knowledge about the reservation for SC/ST/BC castes, while only 5.7 per cent of Scheduled Tribe respondents said that they are aware of reservation of SC/ST/BC castes. In this table also reveals that 32.6 per cent of other caste respondents are not aware of 'Nirbhaya' scheme, while only 5.2 per cent of Scheduled Tribe respondents have aware of the scheme. It also shows that 42.2 per cent of other caste respondents are not aware of DWCRA scheme, while only 9.4 per cent of Scheduled Tribe respondents are aware of the DWCRA scheme. Hence, it may be concluded that only Backward Caste and Scheduled Caste are more aware of these schemes.

**Conclusion**

The present paper made an attempt to analyse such policies and programmes of both the Governments in three villages of Guntur District. As pointed out in the beginning chapters selected three villages have been purposively chosen as most of the programmes introduced by the Government are very much in vogue in them. This study was interesting as it has not only enlightened to researcher on the ground realities of the functioning of these programmes and revealed some major drawbacks that needs attention of policy-makers. In this chapter a brief summary of what has been done in the earlier chapters is presented along with few suggestions drawn basing upon the results of the study which may be useful for policymakers to strengthen these programmes in selected areas. This study pertaining to the health of women and children are very limited in their number and more so in Andhra Pradesh. Most of the studies were done in general rather than analyzing any particular programme/programmes initiated by the Government for women and children. In this regard the present work is unique in its nature and quality.

The three villages selected for the present study are drawn from three mandals of Guntur district in Andhra Pradesh, the villages selected and the mandals from which they are drawn have got the distinction of pursuing most of the programmes launched by the Government, not only on health but also designed for poverty alleviate and rural development. In the three villages respondents are enlightened and educated. The profile of these villages reveals that they represent the common qualities of any village in this state and hence the conclusions drawn from this study can be taken as representative of the whole state.

**Recommendations/Suggestions**

The present paper found that the assignment regarding any of the schemes will reach to the targeted people, if and only if, there is proper and clear propaganda about the schemes.

It may be suggested that while launching the programme provision must be made to allocate funds for the purpose of the needed propaganda.

1. Most of the programmes are with a rural base. As the people in the rural areas are more interested in earning their livelihood and in that pursuit they leave home at early time in the day and come back very late evening. They are not interested to listen to the officials who are propagating these schemes. Hence, it is suggested that the message of the programme should reach them at their work than at their homes.
2. The respondents felt that they could not make use of the facility as it involves lot of persuasion. The concerned officials should be convinced first to get benefit out of this scheme. More transparency is required in extending the benefit to the beneficiaries.
3. The pre-schools run by Anganwadi centres, do not have the infrastructure needed to improve the nutritional and psychological status of the children. This is very much clear from the fact that most of the respondents through aware of the provision are not willing to send their children to the Anganwadi centres. Hence, it is suggested that full scale infrastructural facilities may be arranged before starting the programme. There must be continuous supply of consumables required in the implementation of the programme.
4. The study pointed out that the officials and others who are responsible in propagating and implementing the programme are not taking whole hearted commitment in making the programme a success. In this connection it may be suggested that before launching the scheme it is necessary to motivate the persons that are to be involved in propagation and implementation, in such a way that they first convince themselves about the importance of the programme. It is necessary to conduct motivation and training programmes at different levels in such a way that they are given full information regarding the programmes or schemes to be launched, and such training programmes should start at least six months to one year before the actual implementation of this scheme.

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