Chapter : 7

Chapter 7

PARTICIPATION OF WOMEN IN EDUCATIONAL AND HEALTH PROGRAMMES

Education and health are the important indicators of development in society. Education has been regarded as one of the important indicators for assessing the socio-economic development of a nation as well as for attaining the goal of gender equality. If national development and women's development have to be purposive and relevant, women have to be equal partners and participants which is possible only through educational attainment. The powerful and deep rooted cultural forces, outdated value system, discriminatory socialization process and oppressive socio-cultural forces can be confronted and reversed by eradicating illiteracy among the people of a country specially among women. Like education, health is also an integral component in over-all socio-economic development of a nation. It is said that a sound mind resides only in a sound body. The majority of health problems are the product of illiteracy, poverty, ignorance, overcrowding, poor environment conditions and uneven distribution of health manpower and institutions. The government of India has taken various schemes to improve the educational and health status of all people irrespective of religion, caste, gender, demographic and regional differences like Sarva Shiksha Abhiyan (SSA), Integrated Child Development Service (ICDS), Anganwadi Centres, National Rural Health Mission (NRHM) etc. These programmes have already been discussed in Chapter 2. This chapter discusses about participation of women in educational and health programmes in the following sections. All the tables of this two sections are given in the end of this chapter.

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WOMEN AND EDUCATIONAL PROGRAMMES

Education is a potent tool in the emancipation and empowerment of women. The greatest single factor which can incredibly improve the status of women in any society is education. In the words of Pandit Jawaharlal Nehru, "In order to awaken the people it is the women who has to be awakened. Once she is on the move, the

household moves, the village moves and the country moves" (Supputhai 2008). Education helps strengthen democratic processes as it allows for greater and more equitable participation. Being educated or literate of oneself leads to greater self-confidence and self-esteem. It enables engagement with development processes and institutions of governance from a position of strength. Education aims at creating a certain measures of independence of thought, a spirit of enquiry and of objectivity. While education has provided economic empowerment to women in an obvious and tangible manner, it also empowers them in other abstract ways. So, this section attempts to explore the role of women in their children's education and their participation in SSA and ICDS.

Women's Role in Children's Education

Women are cradle of civilisation. For progress and prosperity of any country their contribution are very important. It is the women who are capable to building such children who may lead the country to the path of progress and prosperity. Educated women make the family and the society cultured. The parents are the first educators of the child, and they still maintain an educative function throughout the child's upbringing. The role of mother is very important for proper care of their children's education.

The following table shows the role of mother in their children's education in the three villages:

Table 7.1
Respondents with Child
(Percentage in Parentheses)

Whether having child	Village											Grand Total			
	Chari Gaon			Randhanijan Gaon				Balijan Gaon							
	Household Women	SHGs Members	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total
Yes	22 (53.65)	43 (39.09)	65 (43.04)	18 (47.36)	32 (43.24)	8 (66.67)	58 (46.77)	14 (35)	38 (36.89)	2 (66.66)	54 (36.99)	54 (45.37)	113 (39.37)	10 (66.66)	177 (42.05)
No	19 (46.35)	67 (60.91)	86 (56.96)	20 (52.64)	42 (56.76)	4 (33.34)	66 (53.23)	26 (65)	65 (63.11)	1 (33.34)	92 (63.01)	65 (54.63)	174 (60.63)	5 (33.34)	244 (57.95)
Total	41 (100)	110 (100)	151 (100)	38 (100)	74 (100)	12 (100)	124 (100)	40 (100)	103 (100)	3 (100)	146 (100)	119 (100)	287 (100)	15 (100)	421 (100)

Source: Field Survey Data Collected during 7 August 2011-30 January 2012

The Table reveal that out of the 421 respondents over two fifths (42.05%) of the respondents were having child. And out of them over four fifths (86.44%) were having school going child.

The following table shows the respondents with their child in School:

Table 7.2
Respondents with their Child in School
(Percentage in Parentheses)

Whether having child in school	Village											Grand Total			
	Chari Gaon			Randhanijan Gaon				Balijan Gaon							
	Household Women	SHGs Members	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total
Yes	22 (100)	43 (100)	65 (100)	12 (66.66)	25 (78.12)	3 (37.5)	40 (68.96)	11 (78.57)	35 (92.10)	2 (100)	48 (88.88)	45 (83.33)	103 (91.15)	5 (50)	153 (86.44)
No	-	-	-	6 (33.34)	7 (21.88)	5 (62.5)	18 (31.04)	3 (21.43)	3 (7.90)	-	6 (11.12)	9 (16.67)	10 (8.85)	5 (50)	24 (13.56)
Total	22 (100)	43 (100)	65 (100)	18 (100)	32 (100)	8 (100)	58 (100)	14 (100)	38 (100)	2 (100)	54 (100)	54 (100)	113 (100)	10 (100)	177 (100)

Source: Field Survey Data Collected during 7 August 2011-30 January 2012

The data reveals that 24 respondents (13.56%) were having small child below 3 years.

The respondents who have school going chid played different roles in their education. The following table shows the roles of the respondents in their children's education:

Table 7.3
Role of Respondents in their Children's Education
(Percentage in Parentheses)

Role	Village											Grand Total			
	Chari Gaon			Randhanijan Gaon				Balijan Gaon							
	Household Women N=22	SHGs Members N=43	Total N=65	Household Women N=12	SHGs Members N=25	MNREGS Partici-pants N=3	Total N=40	Household Women N=11	SHGs Members N=35	MNREGS Partici-pants N=2	Total N=48	Household Women N=45	SHGs Members N=103	MNREGS Partici-pants N=5	Total N=153
Encourage the child to go to school regularly	12 (54.54)	34 (79.06)	46 (70.76)	5 (41.66)	13 (52)	-	18 (45)	4 (36.36)	23 (65.71)	-	27 (56.25)	21 (46.66)	70 (67.96)	-	91 (59.47)
Supervise them in their study	15 (68.18)	21 (48.83)	36 (55.38)	4 (33.33)	8 (32)	-	12 (30)	5 (45.45)	12 (34.28)	-	17 (35.41)	24 (53.33)	41 (39.80)	-	65 (42.48)
Create awareness about the importance of education in their life	10 (45.45)	17 (39.53)	27 (41.53)	-	5 (20)	-	5 (12.5)	7 (63.63)	14 (40)	-	21 (43.75)	17 (37.77)	29 (28.15)	-	46 (30.06)
Provide them necessary goods for the study	18 (81.81)	30 (69.76)	48 (73.84)	7 (58.33)	10 (40)	3 (100)	20 (50)	8 (72.72)	21 (60)	2 (100)	31 (64.58)	33 (73.33)	61 (59.22)	5 (100)	99 (64.70)

Source: Field Survey Data Collected during 7 August 2011-30 January 2012

The table shows that over three fifths (64.70%) of the respondents said that they provide necessary goods to their child for their study, followed by nearly three fifths (59.47%) of the respondents who encourage the child to go to school regularly. Over two fifths (42.48%) of the respondents supervise the child in their study and nearly one third (30.06%) of the respondents creates awareness among their child about the importance of education in their life.

By village, nearly three fourths (73.84%) of the respondents in Chari Gaon helps their child in education by providing them the necessary material for study and it was cent percent in Randhanijan Gaon, over three fifths (64.58%) in Balijan Gaon.

There are some reasons in the villages for not sending child to school. But in Charigaon the respondents are very conscious about education and so they send their child to school. Poverty is not a bar for education in Charigaon.

The following table shows the reasons among the respondents for not sending their child to school in Randhanijan and Balijan:

Table 7.4
Reasons among the Respondents for Not Sending their Child to School
(Percentage in Parentheses)

Reason	Village								Grand Total			
	Randhanijan Gaon				Balijan Gaon							
	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total
Poverty	2 (33.33)	3 (42.85)	2 (40)	7 (38.88)	-	-	-	-	2 (22.22)	3 (30)	2 (40)	7 (29.16)
Lack of education of the parents	-	2 (28.57)	-	2 (11.11)	1 (33.33)	2 (66.67)	-	3 (50)	1 (11.11)	4 (40)	-	5 (20.83)
Ignorance of the parents about the importance of education	4 (66.66)	2 (28.57)	1 (20)	7 (38.88)	2 (66.67)	1 (33.33)	-	3 (50)	6 (66.67)	3 (30)	1 (20)	10 (41.66)
Lack of knowledge of the parents about educational facilities in school	-	-	2 (40)	2 (11.11)	-		-	-	-	-	2 (40)	2 (8.33)
Total	6 (100)	7 (100)	5 (100)	18 (100)	3 (100)	3 (100)	-	6 (100)	9 (100)	10 (100)	5 (100)	24 (100)

Source: Field Survey Data Collected during 7 August 2011-30 January 2012

The data reveals that over two fifths (41.66%) of the respondents were ignorant about the importance of education, followed by poverty constituting over one fourth (29.16%) of the respondents. Over one fifth (20.83%) of the respondents were illiterate and they did not realise the importance of their child's education, rather they thought education is not necessary for labour class people like them. Nearly one tenth (8.33%) of the respondents had lacked of knowledge about different educational programmes in school like SSA, ICDS.

By village, nearly two fifths (38.88%) of the respondents each in Randhanijan Gaon did not sent their child to school due to poverty and lake of realization of importance about education in life. In Balijan, poverty is not a factor for it, but it is the factor of lack of education of the parents and ignorance of the parents about the importance of education constituting each half (50%) of the respondents.

Participation in the Parents-teachers Meetings

Participation of parents in the meetings of parents-teachers association in school is very important for proper development of a child because, besides teacher, the parents should also be aware about their children's study, improvement, character or area of interest. It will help the child build his/her carrier.

The following table shows the respondents' participation in the meetings of parents-teacher association:

Table 7.5
Participation of the Respondents in Meetings of Parents-Teachers Association
(Percentage in Parentheses)

Whether participated in the meetings	Village											Grand Total			
	Chari Gaon			Randhanijan Gaon				Balijan Gaon							
	House-hold Women	SHGs Members	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total
Yes	12 (54.54)	25 (58.13)	37 (56.92)	4 (33.34)	11 (44)	-	15 (37.5)	7 (63.63)	20 (57.14)	-	27 (56.25)	23 (51.11)	56 (54.36)	-	79 (51.63)
No	10 (45.46)	18 (41.87)	28 (43.07)	8 (66.66)	14 (56)	3 (100)	25 (62.5)	4 (36.37)	15 (42.86)	2 (100)	21 (43.76)	22 (48.89)	47 (45.64)	5 (100)	74 (48.36)
Total	22 (100)	43 (100)	65 (100)	12 (100)	25 (100)	3 (100)	40 (100)	11 (100)	35 (100)	2 (100)	48 (100)	45 (100)	103 (100)	5 (100)	153 (100)

Source: Field Survey Data Collected during 7 August 2011-30 January 2012

The data show that over half (51.63%) of the respondents participated in the parents-teachers meetings in school. In Chari Gaon nearly three fifths (56.92%) of the respondents participates in the parents-teachers meetings. In Randhanijan Gaon it is nearly two fifths (37.5%) of the respondents. In Balijan Gaon over half (56.25%) of the respondents participates in the parents-teachers meetings. Thus, in Randhanijan Gaon the participation of the respondents is low. It is due to lack of education and lack of interest of the respondents.

When the respondents were not able to attend in the meetings of parents-teachers association, the other family members attend it. The following table shows the respondents' family members who participated in the meetings:

Table 7.6
Respondents' Family Member who participated in Meetings of Parents-Teachers Association
(Percentage in Parentheses)

Who participated in the meetings	Village											Grand Total			
	Chari Gaon			Randhanijan Gaon				Balijan Gaon							
	Household Women	SHGs Members	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total
Husband	6 (60)	10 (55.55)	16 (57.14)	4 (50)	8 (57.14)	-	12 (48)	2 (50)	7 (46.66)	-	9 (42.85)	12 (54.54)	25 (53.19)	-	37 (50)
Other female member	2 (20)	3 (16.66)	5 (17.85)	1 (12.5)	4 (28.57)	2 (66.67)	7 (28)	-	3 (20)	-	3 (14.28)	3 (13.63)	10 (21.27)	2 (40)	15 (20.27)
Other male member	2 (20)	5 (27.77)	7 (25)	3 (37.5)	2 (14.28)	1 (33.33)	6 (24)	2 (50)	5 (33.33)	2 (100)	9 (42.85)	7 (31.81)	12 (25.53)	3 (60)	22 (29.72)
Total	10 (100)	18 (100)	28 (100)	8 (100)	14 (100)	3 (100)	25 (100)	4 (100)	15 (100)	2 (100)	21 (100)	22 (100)	47 (100)	5 (100)	74 (100)

Source: Field Survey Data Collected during 7 August 2011-30 January 2012

Data reveal that for half (50%) of the respondents the job is done by their husbands. In case of over one fourth (29.72%) of the respondents other male family members, i.e., brother-in-law, father-in-law, uncle-in-law, nephew etc. participated in the parents-teachers meetings in school. Over one fifth (20.27%) of the respondents family's other female member, i.e., mother-in-law, sister-in-law, niece etc. participates in the parents-teachers meetings.

Awareness about SSA

The SSA provides for opening new schools in villages which do not have schooling facilities and augmenting facilities in the existing schools by way of providing more classrooms, drinking water and toilets etc. it also provides school improvement/maintenance grants, academic support and additional teachers to strengthen the existing staff and training for teachers. It also envisages providing computer education. The programme seeks full participation of the community and education plans to be prepared in consultation with Panchayati Raj Institutions. An attempt was made to know the respondents' awareness about SSA.

The following table shows the respondents' awareness about SSA:

Table 7.7
Respondents' Awareness about Sarva Shiksha Abhiyan
(Percentage in Parentheses)

Whether aware about SSA	Village											Grand Total			
	Chari Gaon			Randhanijan Gaon				Balijan Gaon							
	Household Women	SHGs Members	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total
Yes	32 (78.04)	97 (88.18)	129 (85.43)	21 (55.26)	41 (55.40)	4 (33.34)	66 (53.22)	25 (62.5)	90 (87.37)	1 (33.34)	116 (79.45)	78 (65.54)	228 (79.44)	5 (33.34)	311 (73.87)
No	9 (21.96)	13 (11.82)	22 (14.57)	17 (44.74)	33 (44.60)	8 (66.66)	58 (46.78)	15 (37.5)	13 (12.63)	2 (66.66)	30 (20.55)	41 (34.46)	59 (20.56)	10 (66.66)	110 (26.13)
Total	41 (100)	110 (100)	151 (100)	38 (100)	74 (100)	12 (100)	124 (100)	40 (100)	103 (100)	3 (100)	146 (100)	119 (100)	287 (100)	15 (100)	421 (100)

Source: Field Survey Data Collected during 7 August 2011-30 January 2012

It reveals that nearly three forth (73.87%) of the respondents are aware about the Sarva Shiksha Abhiyan (SSA) programme. By village in Chari Gaon over four fifth (85.43%) of the respondents, in Randhanijan Gaon over half (53.22%) and in Balijan Gaon over three forth (79.45%) of the respondents are aware about the Sarva Shiksha Abhiyan (SSA) programme.

The educated women respondents tried to motivate their neighbours about SSA and the importance of education in life. The following table shows respondents' role in motivating their neighbours about SSA:

Table 7.8
Respondents' Role in Motivating Their Neighbours about SSA
(Percentage in Parentheses)

Role	Village											Grand Total			
	Chari Gaon			Randhanijan Gaon				Balijan Gaon							
	Household Women	SHGs Members	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total
Inform about different facilities under SSA	17 (53.12)	52 (53.60)	69 (53.48)	16 (76.19)	25 (60.97)	4 (100)	45 (68.18)	19 (76)	42 (46.66)	1 (100)	62 (53.44)	52 (66.67)	119 (52.19)	5 (100)	176 (56.59)
Tell about the importance of education in life	15 (46.87)	45 (46.39)	60 (46.51)	5 (23.80)	16 (39.02)	-	21 (31.81)	6 (24)	48 (53.33)	-	54 (46.55)	26 (33.33)	109 (47.80)	-	135 (43.40)
Total	32 (100)	97 (100)	129 (100)	21 (100)	41 (100)	4 (100)	66 (100)	25 (100)	90 (100)	1 (100)	116 (100)	78 (100)	228 (100)	5 (100)	311 (100)

Source: Field Survey Data Collected during 7 August 2011-30 January 2012

It reveals that nearly three fifths (56.59%) of the respondents gave information to their neighbours about SSA and ICDS and the facilities under these programmes. Over two fifths (43.40%) of the respondents motivated their neighbours towards education by telling them about the importance of education in human life. They also encouraged the neighbours to send their child to schools. By village, over half (53.48%) of the respondents in Chari Gaon gave information to their neighbours about SSA and ICDS and the facilities under these programmes. It was over three fifths (68.18%) of respondents in Randhanijan Gaon and over half (53.44%) in Balijan Gaon.

There are different facilities under SSA for the students in school. The following table shows the respondents awareness about different facilities under SSA:

Table 7.9
Respondents' Awareness about Various Facilities under Sarva Shiksha Abhiyan
(Percentage in Parentheses)

Facilities	Village											Grand Total			
	Chari Gaon			Randhanijan Gaon				Balijan Gaon							
	Household Women N=32	SHGs Members N=97	Total N=129	Household Women N=21	SHGs Members N=41	MNREGS Partici-pants N=4	Total N=66	Household Women N=25	SHGs Members N=90	MNREGS Partici-pants N=1	Total N=116	Household Women N=78	SHGs Members N=228	MNREGS Partici-pants N=5	Total N=311
Free text books	21 (65.62)	95 (97..93)	116 (89.92)	15 (71.42)	39 (95.12)	4 (100)	58 (87.87)	20 (80)	85 (94.44)	-	105 (90.51)	56 (71.79)	219 (96.05)	4 (80)	279 (89.71)
Water facility	19 (59.37)	90 (92.78)	109 (84.49)	21 (100)	40 (97.56)	3 (75)	64 (96.96)	25 (100)	80 (88.88)	1 (100)	106 (91.37)	65 (83.33)	210 (92.10)	4 (80)	279 (89.71)
Sanitation facility	30 (93.75)	82 (84.53)	112 (86.82)	14 (66.66)	41 (100)	3 (75)	58 (87.87)	23 (92)	87 (96.66)	1 (100)	111 (95.68)	67 (85.89)	210 (92.10)	4 (80)	281 (90.35)
Mid-day meal	32 (100)	97 (100)	129 (100)	21 (100)	41 (100)	4 (100)	66 (100)	25 (100)	90 (100)	1 (100)	116 (100)	78 (100)	228 (100)	5 (100)	311 (100)

Source: Field Survey Data Collected during 7 August 2011-30 January 2012

It shows that cent-per cent of the respondents were aware about the Mid-day meal programme. Most (90.35%) of the respondents were aware about the sanitation facility. Over four fifths (89.71%) of the respondents were each aware about water facility and free text books facility in school under SSA. It means that majority of the respondents were aware about different facilities under SSA.

Awareness about ICDS

The socio-economic development of the country hinges on the health status of its children. Thus, the opportunities for early childhood development determine the present and future of a child. The world's largest and most unique child development programme is Integrated Child Development Services (ICDS) comprises a package of seven services comprising supplementary nutrition, immunization, health check-up, referral services, treatment of illness, nutrition and health education and non-formal pre-school education. It lays down the biological, physical, psychological and social development of the child by eliminating the incidence of mortality, morbidly, mal-nutrition and school drop-out. Here, an attempt was made to know the awareness of the respondents about ICDS.

The following table shows the respondents' awareness about Integrated Child Development Services (ICDS):

Table 7.10

Respondents' Awareness about Integrated Child Development Services

(Percentage in Parentheses)

Whether aware about ICDS	Village											Grand Total			
	Chari Gaon			Randhanijan Gaon				Balijan Gaon							
	Household Women	SHGs Members	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total
Yes	34 (82.92)	101 (91.81)	135 (89.40)	23 (60.52)	52 (70.27)	7 (58.33)	82 (66.12)	28 (70)	95 (92.23)	2 (66.66)	125 (85.61)	85 (71.42)	248 (86.41)	9 (60)	342 (81.23)
No	7 (17.08)	9 (8.19)	16 (10.60)	15 (39.48)	22 (29.73)	5 (41.67)	42 (33.88)	12 (30)	8 (7.77)	1 (33.34)	21 (14.39)	34 (28.58)	39 (13.59)	6 (40)	79 (18.77)
Total	41 (100)	110 (100)	151 (100)	38 (100)	74 (100)	12 (100)	124 (100)	40 (100)	103 (100)	3 (100)	146 (100)	119 (100)	287 (100)	15 (100)	421 (100)

Source: Field Survey Data Collected during 7 August 2011-30 January 2012

It reveals that over four fifths (81.23%) of the respondents were aware about the ICDS and nearly one fifth (18.77%) were not aware.

Anganwadi workers play various roles in the community to develop the health status of people. The following table shows the respondents' awareness about the role of Anganwadi workers in their community:

Table 7.11
Respondents' Awareness about the Roles of Anganwadi Workers
(Percentage in Parentheses)

Awareness about the Role	Village											Grand Total			
	Chari Gaon			Randhanijan Gaon				Balijan Gaon							
	Household Women N=34	SHGs Members N=101	Total N=135	Household Women N=23	SHGs Members N=52	MNREGS Partici-pants N=7	Total N=82	Household Women N=28	SHGs Members N=95	MNREGS Partici-pants N=2	Total N=125	Household Women N=85	SHGs Members N=248	MNREGS Partici-pants N=9	Total N=342
To control nutritional anaemia of pregnant women and lactating mothers	19 (55.88)	52 (51.48)	71 (52.59)	16 (69.56)	23 (44.23)	4 (57.14)	43 (52.43)	15 (53.57)	72 (75.78)	1 (50)	88 (70.4)	50 (58.82)	147 (59.27)	5 (55.55)	202 (59.06)
In confirmation of immunization of the children in village	10 (29.41)	17 (16.83)	27 (20)	7 (30.43)	11 (21.15)	2 (28.57)	20 (24.39)	20 (71.42)	42 (44.21)	2 (100)	64 (51.2)	37 (43.52)	70 (28.22)	4 (44.44)	111 (32.45)

Source: Field Survey Data Collected during 7 August 2011-30 January 2012

It shows that nearly three fifths (59.06%) of the respondents were aware about the role of Anganwadi workers to control nutritional anaemia of pregnant women and lactating mothers. About one third (32.45%) of the respondents were aware about the role of Anganwadi workers in confirmation of immunization of the children in village. By village, over half of the respondents in Chari Gaon and Randhanijan Gaon (52.59% and 52.43% respectively) were aware about the role of Anganwadi workers to control nutritional anaemia of pregnant women and lactating mothers. It was nearly three fourth (70.4%) in Balijan Gaon. In Balijan Gaon the awareness is high than the other two village. It is due to their interest in the programme to get benefit of it, the respondents were conscious about the role and activities of the Anganwadi centres. In Charigaon though most of the respondents had well education but were not so interested to the programme because of their wealthy status. On the other hand, in Randhanijan Gaon most of the respondents were poor and always eager to get benefit of different rural development programmes. But due to their lack of education they are not getting right information and hence half of them were not aware about the role of Anganwadi workers to develop health status in their community.

There are also some other activities carried out by the Anganwadi workers. Anganwadi workers organize some meetings/awareness programmes at village level. The following table shows respondents' participation in meetings convened by the Anganwadi workers:

Table 7.12
Respondents' Participation in Meetings convened by Anganwadi Workers
(Percentage in Parentheses)

Whether participated in the meetings	Village											Grand Total			
	Chari Gaon			Randhanijan Gaon				Balijan Gaon							
	Household Women	SHGs Members	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total
Yes	18 (52.94)	35 (34.65)	53 (39.25)	12 (52.17)	18 (34.61)	2 (28.57)	32 (39.02)	14 (50)	43 (45.26)	-	57 (45.6)	44 (51.76)	96 (38.70)	2 (22.22)	142 (41.52)
No	16 (47.05)	66 (65.34)	82 (60.74)	11 (47.82)	34 (65.38)	5 (71.42)	50 (60.97)	14 (50)	52 (54.73)	2 (100)	68 (54.4)	41 (48.23)	152 (61.29)	7 (77.78)	200 (58.48)
Total	34 (100)	101 (100)	135 (100)	23 (100)	52 (100)	7 (100)	82 (100)	28 (100)	95 (100)	2 (100)	125 (100)	85 (100)	248 (100)	9 (100)	342 (100)

Source: Field Survey Data Collected during 7 August 2011-30 January 2012

It reveals that over two fifths (41.52%) of the respondents participates in the meetings carried out by the Anganwadi workers for awareness about different diseases, health care of lactating mothers, pregnant women and children, to discuss about the facilities under ICDS etc. By village, in Chari Gaon nearly two fifth (39.25%) of the respondents, in Randhanijan Gaon about two fifths (39.02%) and in Balijan Gaon over two fifths (45.6%) of the respondents participated in the meetings carried out by the Anganwadi workers. It is seen that in the three villages the participation of the respondents in the meetings called by the Anganwadi workers was low as most of the village women are always busy with their household duties, agriculture and allied activities and therefore, they are not able to attend to the meetings, though they are aware about it.

As in village women are mostly busy with household activities, the Anganwadi centre was develop to take care of children below 6 years and prepares the foundation for children for taking up formal education in the primary schools. The following table shows whether the respondents' were having child in Anganwadi centres:

Table 7.13
Respondents Having Their Child in Anganwadi Centres
(Percentage in Parentheses)

Whether having child in Anganwadi centres	Village											Grand Total			
	Chari Gaon			Randhanijan Gaon				Balijan Gaon							
	Household Women	SHGs Members	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total
Yes	8 (36.36)	15 (34.88)	23 (35.38)	7 (58.33)	10 (40)	1 (33.33)	28 (70)	6 (54.54)	17 (48.57)	-	23 (47.91)	21 (46.66)	42 (40.77)	1 (20)	64 (41.83)
No	14 (63.64)	28 (65.12)	42 (64.62)	5 (41.67)	15 (60)	2 (66.67)	12 (30)	5 (45.46)	18 (51.43)	2 (100)	25 (52.09)	24 (53.34)	61 (59.23)	4 (80)	89 (58.17)
Total	22 (100)	43 (100)	65 (100)	12 (100)	25 (100)	3 (100)	40 (100)	11 (100)	35 (100)	2 (100)	48 (100)	45 (100)	103 (100)	5 (100)	153 (100)

Source: Field Survey Data Collected during 7 August 2011-30 January 2012

It shows that of the respondents with school going child, over two fifths (41.83%) were having their child in Anganwadi centres. By village, over one third (35.38%) in Chari Gaon, over two thirds (70%) in Randhanijan Gaon and nearly half (47.91%) in Balijan Gaon were having their children in Anganwadi centres.

In Randhanijan Gaon most of the respondents were having their child in Anganwadi centres. It is because most of the villagers of Randhanijan Gaon are not economically sound and so they are very much interested to send their child to the centre keeping in mind that they will provide their child nutritional food, health check-up and necessary books, copy etc., which will support them economically.

There are various facilities under ICDS for children in Anganwadi centres and also for the community people. The following table highlights the respondents' awareness about facilities under ICDS in Anganwadi centres:

Table 7.14
Respondents' Awareness about the Facilities under ICDS in Anganwadi Centres
(Percentage in Parentheses)

Facilities	Village											Grand Total			
	Chari Gaon			Randhanijan Gaon				Balijan Gaon							
	Household Women N=34	SHGs Members N=101	Total N=135	Household Women N=23	SHGs Members N=52	MNREGS Partici-pants N=7	Total N=82	Household Women N=28	SHGs Members N=95	MNREGS Partici-pants N=2	Total N=125	Household Women N=85	SHGs Members N=248	MNREGS Partici-pants N=9	Total N=342
Teaching-aid facility	26 (76.47)	92 (91.08)	118 (87.40)	15 (65.21)	31 (59.61)	5 (71.42)	51 (62.19)	21 (75)	75 (78.94)	2 (100)	98 (78.4)	62 (72.94)	198 (79.83)	7 (77.77)	267 (78.07)
Supplementary food	18 (52..94)	87 (86.13)	105 (77.77)	21 (91.30)	23 (44.23)	4 (57.14)	48 (58.53)	12 (42.85)	61 (64.21)	2 (100)	75 (60)	51 (60)	171 (68.95)	6 (66.66)	228 (66.66)
Regular health check-ups to the children	15 (44.11)	81 (80.19)	96 (71.11)	10 (43.47)	12 (23.07)	2 (28.57)	24 (29.26)	8 (28.57)	54 (56.84)	1 (50)	63 (50.4)	33 (38.82)	147 (59.27)	3 (33.33)	183 (53.50)

Source: Field Survey Data Collected during 7 August 2011-30 January 2012

The data reveals that nearly four fifths (78.07%) of the respondents were aware about different facilities under ICDS in Anganwadi centres, followed by two thirds (66.66%) of the respondents who were aware about supplementary food. Over half (53.50%) were aware about regular health check-up facilities for children. By village, in Chari Gaon over four fifths (87.40%), in Randhanijan Gaon over three fifths (62.19%) and in Balijan Gaon about four fifths (78.4%) of the respondents were aware about the teaching-aid facility in the Anganwadi centres.

In Chari Gaon over four fifths (87.40%), over three fifths (62.19%) in Randhanijan Gaon and over three fourths (78.4%) of the respondents in Balijan Gaon were aware about the teaching-aid facilities in the centre. It means that the respondents of Charigaon were more aware about it than the other two village women. Under ICDS, there are Anganwadi workers in each centre of the village.

Apart from teaching aids, meals and facility of regular health check-ups, the Anganwadi workers also teaches children different activities like painting, singing, games etc. The following table shows the respondents' awareness about the education given to the children in Anganwadi Centres.

Table 7.15
Respondents' Awareness about the Education Given to Their Children in Anganwadi Centres
(Percentage in Parentheses)

Component of Education	Village											Grand Total			
	Chari Gaon			Randhanijan Gaon				Balijan Gaon							
	Household Women N=34	SHGs Members N=101	Total N=135	Household Women N=23	SHGs Members N=52	MNREGS Partici-pants N=7	Total N=82	Household Women N=28	SHGs Members N=95	MNREGS Partici-pants N=2	Total N=125	Household Women N=85	SHGs Members N=248	MNREGS Partici-pants N=9	Total N=342
Extracurri-cular activities	30 (88.23)	92 (91.08)	122 (90.37)	19 (82.60)	45 (86.53)	7 (100)	71 (86.58)	21 (75)	95 (100)	2 (100)	118 (94.4)	70 (82.35)	232 (93.54)	9 (100)	311 (90.93)
Health and Nutritional education	14 (41.17)	53 (52.47)	67 (49.62)	12 (52.17)	21 (40.38)	3 (42.85)	36 (43.90)	15 (53.57)	47 (49.47)	-	62 (49.6)	41 (48.23)	121 (48.79)	3 (33.33)	165 (48.24)

Source: Field Survey Data Collected during 7 August 2011-30 January 2012

The table reveals that most (90.93%) of the respondents were aware about the extracurricular activities organised in the Anganwadi centres. Nearabout half (48.24%) of the respondents were aware about the health and nutritional education given to the children by the Anganwadi workers. By village, most of the respondents in Chari Gaon and Balijan (90.37% and 94.4% respectively) and over four fifths (86.58%) in Randhanijan Gaon were aware about the extracurricular activities teaches in the Anganwadi centres.

Education is the mirror of the society and is the seed as well as flower of the socio-economic development. It transcends human being from ignorance to enlightenment, from the shade of social backwardness to the light of social amelioration and the nation from underdevelopment towards faster social and economic development. The general conference of UNSCEO held way back in 1964 recognized that "illiteracy is a grave obstacle to social and economic development and hence the extension of literacy is a pre-requisite for the successful implementation of national plans for economic and social development" (Pattanaik and Singh, 2010). Participation of rural women in educational programmes like SSA and ICDS is necessary for proper implementation of the programmes. An educated mother can play an important role in proper education of her children. Some cultural, social and economic factors still prevent rural women from active participation in educational programmes. It is crucial for country's development to enlighten, educate and empower women. Inadequate share of women in education is affecting their status in all walks of life and also compromising the health and education of their children. Clearly, women's empowerment perspective is different from women's development perspective. Women's development is primarily a socioeconomic project while women's empowerment is essentially a political project. The former is concerned with the enhancement of women's position in the economic space while the latter is concerned with the improvement of their position in the political position. Participation of women in educational programmes helps in empowerment of rural women in family as well as in the community. By this the rural women were able to take some decisions about their children's education and also the decisions about the healthcare of own. However, to actualize women's full-fledged participation in educational process and programmes the following suggestions are given:

1. The mother of children belonging to poor, uunderpriviledge families must be specially educated with proper social formula to help them understand the significance of education for their children.

2. The law-enforcing machinery should be made really effective with efficient monitoring vigilant system to implement the constitutional and legislative provisions and administrative measures to ensure free and compulsory education for all children of this nation without any gender discrimination.

3. Government officials, policy makers, political parties and others should have adequate political will and conviction to empower women in India. Therefore, suitable programmes should be developed in this regard.

4. Poverty alleviations services should be provided to strengthen the income thereby to enable the families to send their children to schools and colleges without much financial difficulties.

5. The electronic and print media can play significant role in building a good and positive image about girls and women in general in the society. This would help in changing the society's attitude towards girls and their roles to treat every girl or women as human being with self-respect and dignity.

6. The schools of social work, departments of women studies, women universities and other educational institutions in hand with NGOs and social service organisations such as Rotary Clubs, Lions Clubs, women lib organizations/associations can work together to improve the educational status of the womenfolk in the rural areas on mutual respect and understanding.

II

PARTICIPATION OF WOMEN IN HEALTH PROGRAMMES

Health is an essential input for the development of human resources and the quality of life and in turn the social and economic development of the nation. The World Health Organisation (1946) defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Health is regarded as a priority for sustained development-interventions at the individual, community and national levels. Improved health is a part of total socio-economic development and is regarded as an index of social development. Provision of basic health care services to rural community is the primary objective of the government as well as non-governmental organisations in the context of rural development. Rural health services, safe drinking water, sanitation, nutrition etc. have therefore been brought together in the form of an integral package to improve the social, economic and health conditions of the people. Therefore, the primary goal of any health care delivery system is to organise the health services in such a manner as

to optimally utilise the available resources, knowledge and technology, with a view to preventing and alleviating diseases, disabilities and sufferings of the people. Health promotion encourages individuals and communities to take greater responsibility for their health (WHO 1978). Women's involvement in health services or different health programmes is another means of community participation in health. For ages people in the rural areas have been using traditional knowledge, innovations and practices embodying traditional life styles to take care of the day to day health requirements. The need to rely on this traditional knowledge is fast gaining grounds as newer diseases are sprouting, mainly due to extra dependence on non-traditional sources of healthcare. The central and state governments in India implement different health schemes and programmes to improve the healthcare system of the nation. In rural India primary health centres play an important role in local efforts to implement national health policies. Different cultures and various socio-demographic factors make community participation face many obstacles in higher levels of participation. This chapter explores the awareness and participation of women in health programmes in the three villages.

Health Status

Health is an indicator of well being that has immediate implication for the quality of life as well as for productive capacities and capabilities. In the three villages rural women play a vital role in their families regarding healthcare of the members including themselves.

The following table shows the health status of the respondents and their family members:

Table 7.16
Diseases in Families of the Respondents
(Percentage in Parentheses)

Whether suffering from disease	Village											Grand Total			
	Chari Gaon			Randhanijan Gaon				Balijan Gaon							
	Household Women	SHGs Members	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total
Yes	16 (39.02)	45 (40.91)	61 (40.39)	21 (55.26)	44 (59.45)	5 (41.66)	70 (56.45)	24 (60)	39 (37.86)	1 (33.34)	64 (43.83)	61 (51.26)	128 (44.59)	6 (40)	195 (46.32)
No	25 (60.98)	65 (59.09)	90 (59.61)	17 (44.74)	30 (40.55)	7 (58.34)	54 (43.55)	16 (40)	64 (62.14)	2 (66.66)	82 (56.17)	58 (48.74)	159 (55.41)	9 (60)	226 (53.68)
Total	41 (100)	110 (100)	151 (100)	38 (100)	74 (100)	12 (100)	124 (100)	40 (100)	103 (100)	3 (100)	146 (100)	119 (100)	287 (100)	15 (100)	421 (100)

Source: Field Survey Data Collected during 7 August 2011-30 January 2012

It shows that nearly half (46.32%) of the respondents and their family members have different diseases. By village, in Chari Gaon over two fifths (40.39%), in Randhanijan Gaon nearly three fifths (56.45%) and in Balijan Gaon over two fifths (43.83%) of the respondents and their family members have different diseases.

Basically the human body suffers two kinds of diseases; one is physical and another is mental. The following table shows the type of disease that suffered by the respondents and their family members:

Table 7.17
Types of Disease in the Families of the Respondents
(Percentage in Parentheses)

Type of Disease	Village											Grand Total			
	Chari Gaon			Randhanijan Gaon				Balijan Gaon							
	Household Women	SHGs Members	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total
Physical	16 (100)	44 (97.77)	60 (98.37)	21 (100)	44 (100)	5 (100)	70 (100)	24 (100)	39 (100)	-	63 (98.43)	61 (100)	127 (99.21)	5 (83.33)	193 (98.97)
Mental	-	1 (2.23)	1 (1.63)	-	-	-	-	-	-	1 (100)	1 (1.57)	-	1 (0.79)	1 (16.67)	2 (1.03)
Total	16 (100)	45 (100)	61 (100)	21 (100)	44 (100)	5 (100)	70 (100)	24 (100)	39 (100)	1 (100)	64 (100)	61 (100)	128 (100)	6 (100)	195 (100)

Source: Field Survey Data Collected during 7 August 2011-30 January 2012

The table reveals that of the respondents having different diseases, most (98.97%) suffered from physical diseases like high blood pressure, diabetics, uric acid, gastric ulture etc. and a small portion (1.03%) suffered from mental problem. By village, most (98.37% and 98.43%) in Charigaon and Balijan respectively and in Randhanijan Gaon cent percent (100%) were having physical problem. In Balijan Gaon over nine tenth (98.43%) of the respondents were having physical problem. In Randhanijan there was no any members of the respondents' family having mental problem. The villagers of Randhanijan were generally staying mentally stress free. They were living happy with their economic, health and educational status.

The diseases like high pressure, diabetics, migraine, cancer, ajma etc. are form in a human body for several years. The following table indicates the period of a diseases suffering by the respondents or their family members:

Table 7.18
Duration of sufferance from any disease in the Families of the Respondents
(Percentage in Parentheses)

Duration of Disease (in year)	Village											Grand Total			
	Chari Gaon			Randhanijan Gaon				Balijan Gaon							
	Household Women	SHGs Members	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total
1-2	7 (43.75)	2 (4.44)	9 (14.75)	5 (23.80)	11 (25)	1 (20)	17 (24.28)	3 (12.5)	9 (23.07)	1 (100)	13 (20.31)	15 (24.59)	22 (17.18)	2 (33.33)	39 (20)
3-4	5 (31.25)	2 (4.44)	7 (11.47)	6 (28.57)	8 (18.18)	4 (80)	18 (25.71)	1 (4.16)	6 (15.38)	-	7 (10.93)	12 (19.67)	16 (12.5)	4 (66.67)	32 (16.41)
5-6	3 (18.75)	17 (37.77)	20 (32.78)	4 (19.04)	4 (9.09)	-	8 (11.42)	5 (20.83)	9 (23.07)	-	14 (21.87)	12 (19.67)	30 (23.43)	-	42 (21.53)
7-8	1 (6.25)	15 (33.33)	16 (26.22)	-	5 (11.36)	-	5 (7.14)	4 (16.66)	5 (12.82)	-	9 (14.06)	5 (8.19)	25 (19.53)	-	30 (15.38)
9-10	-	4 (8.88)	4 (6.55)	2 (9.52)	7 (15.90)	-	9 (12.85)	3 (12.5)	8 (20.51)	-	11 (17.18)	5 (8.19)	19 (14.84)	-	24 (12.30)
More than 10 years	-	5 (11.11)	5 (8.19)	4 (19.04)	9 (20.45)	-	13 (18.57)	8 (33.33)	2 (5.12)	-	10 (15.62)	12 (19.67)	16 (12.5)	-	28 (14.35)
Total	16 (100)	45 (100)	61 (100)	21 (100)	44 (100)	5 (100)	70 (100)	24 (100)	39 (100)	1 (100)	64 (100)	61 (100)	128 (100)	6 (100)	195 (100)

Source: Field Survey Data Collected during 7 August 2011-30 January 2012

The data shows that over one fifth (21.53%) of the respondents were have diseased suffering for 5-6 years, followed by one fifth (20%) for 1-2 years. By village, in Chari Gaon about one third (32.78%) of the respondents have been suffering for 5-6 years. In Randhanijan Gaon one fourth (25.71%) of the respondents has been suffering for 3-4 years. In Balijan Gaon over one fifth (21.87%) of the respondents have been suffering for 5-6 years.

A regular health check-up is very necessary to maintain a good health status. The following table shows whether the respondents and their family members take regular health check-up:

Table 7.19
Status of Taking Regular Health Check-up among the Respondents
(Percentage in Parentheses)

Whether Regular Health check-up	Village											Grand Total			
	Chari Gaon			Randhanijan Gaon				Balijan Gaon							
	Household Women	SHGs Members	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total
Yes	12 (29.26)	25 (22.72)	37 (24.50)	-	-	-	-	9 (22.5)	15 (14.57)	-	24 (16.44)	21 (17.64)	40 (13.93)	-	61 (14.49)
No	29 (70.74)	85 (77.28)	114 (75.50)	38 (100)	74 (100)	12 (100)	124 (100)	31 (77.5)	88 (85.43)	3 (100)	122 (83.56)	98 (82.36)	247 (86.07)	15 (100)	360 (85.51)
Total	41 (100)	110 (100)	151 (100)	38 (100)	74 (100)	12 (100)	124 (100)	40 (100)	103 (100)	3 (100)	146 (100)	119 (100)	287 (100)	15 (100)	421 (100)

Source: Field Survey Data Collected during 7 August 2011-30 January 2012

The data reveals that over one tenth (14.49%) of the respondents had regular health check up. By village, in Chari Gaon one fourth (24.50%) and in Balijan one fourth (24.50%) of the respondents takes regular health check up. In Randhanijan Gaon cent percent (100%) of the respondents did had not have regular health check up. The data tells that in Charigaon and Balijan a small portion of the respondents used to check-up their health regularly. So, the picture of health conscious of the respondents in the three villages is almost same.

A regular health check-up is very necessary for healthy body. The following table shows the frequency of health check-up by the respondents and their family members:

Table 7.20
Frequency of health check-up among the Respondents
(Percentage in Parentheses)

Frequency of Health Check- up	Village							Grand Total			
	Chari Gaon			Balijan Gaon							
	Household Women	SHGs Members	Total	Household Women	SHGs Members	MNREGS Participants	Total	Household Women	SHGs Members	MNREGS Participants	Total
Half yearly	5 (41.66)	4 (16)	9 (24.33)	2 (22.22)	1 (6.66)	-	3 (12.5)	7 (33.34)	5 (12.5)	-	12 (19.67)
Yearly	7 (58.34)	21 (84)	28 (75.67)	7 (77.78)	14 (93.34)	-	21 (87.5)	14 (66.66)	35 (87.5)	-	49 (80.33)
Total	12 (100)	25 (100)	37 (100)	9 (100)	15 (100)	-	24 (100)	21 (100)	40 (100)	-	61 (100)

Source: Field Survey Data Collected during 7 August 2011-30 January 2012

The data reveals that of the respondents who had regular health check up, over four fifths (80.33%) of the respondents had health check up yearly. In Chari Gaon over three fourths (75.67%) and in Balijan Gaon over four fifths (87.5%) of the respondents had their health check up yearly. Thus, all of them had yearly health check-up.

The following table tells the place of health check-up where the respondents and their family members go for regular health check-up:

Table 7.21
Place of Health Check-up among the Respondents
(Percentage in Parentheses)

Place of Health Check-up	Village							Grand Total			
	Chari Gaon			Balijan Gaon							
	Household Women	SHGs Members	Total	Household Women	SHGs Members	MNREGS Participants	Total	Household Women	SHGs Members	MNREGS Participants	Total
Public Health Centre	4 (33.34)	8 (32)	12 (32.43)	7 (77.77)	10 (66.67)	-	17 (70.83)	11 (52.39)	18 (45)	-	29 (47.55)
Private practitioner	8 (66.66)	17 (68)	25 (67.57)	2 (22.23)	5 (33.33)	-	7 (29.17)	10 (47.61)	22 (55)	-	32 (52.45)
Total	12 (100)	25 (100)	37 (100)	9 (100)	15 (100)	-	24 (100)	21 (100)	40 (100)	-	61 (100)

Source: Field Survey Data Collected during 7 August 2011-30 January 2012

The data shows that the respondents and their family members are generally satisfied with the health care they receive from the public health centres. Over half (52.45%) of the respondents used private medical sector for regular health check up while over two fifths (47.55%) go to PHC for it. By village, over two thirds (67.57%) of the respondents in Chari Gaon used private medical sector for regular health check up and over two thirds (70.83%) in Balijan Gaon go to PHC for it. In Randhanijan Gaon no one respondents used to check up their health regularly, because they thought it is not necessary. They used to go to PHC or private medical sector if any member of their family is ill. However, all the respondents used the private medical sector for serious cases.

The following table shows whether the respondents and their family members consult doctor in case of emergency:

Table 7.22
The Respondents Status of consult with Doctor in case of Emergency
(Percentage in Parentheses)

Whether consult doctor	Village											Grand Total			
	Chari Gaon			Randhanijan Gaon				Balijan Gaon							
	Household Women	SHGs Members	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total
Yes	32 (78.04)	86 (78.18)	118 (78.14)	20 (52.63)	47 (63.51)	7 (58.33)	74 (59.67)	33 (82.5)	91 (88.34)	1 (33.33)	125 (85.61)	85 (71.42)	224 (78.04)	8 (53.33)	317 (75.29)
No	9 (21.95)	24 (21.81)	33 (21.85)	18 (47.36)	27 (36.48)	5 (41.66)	50 (40.32)	7 (17.5)	12 (11.65)	2 (66.67)	21 (14.38)	34 (28.57)	63 (21.95)	7 (46.67)	104 (24.70)
Total	41 (100)	110 (100)	151 (100)	38 (100)	74 (100)	12 (100)	124 (100)	40 (100)	103 (100)	3 (100)	146 (100)	119 (100)	287 (100)	15 (100)	421 (100)

Source: Field Survey Data Collected during 7 August 2011-30 January 2012

It reveals that three fourths (75.29%) of the respondents consult doctor if any member of their family is not well: in Chari Gaon nearly four fifths (78.14%), in Randhanijan Gaon nearly three fifths (59.67%) and in Balijan Gaon over four fifths (85.61%). The data indicates that there is a difference in the three villages in consulting doctor. In Randhanijan, because of the low economic status of the respondents, they were not able to consult a doctor immediately when a member of the family is ill. Generally they asked the pharmacist of a pharmacy in the town and takes medicines for any diseases. But if any member of the family is seriously ill or suffering any disease they used to go P.H.C or Jorhat Medical College.

Awareness about NRHM

Since Independence, Government of India has created a vast network of health infrastructure such as sub-centers, Public Health Centers and Community Health Centers with qualified doctors, nurses and paramedical staff. This infrastructure available at different levels is able to cater to 20% of the health care needs of the population while the 80% of the health care needs are still being provided by the private sector. Against this backdrop, the Government of India launched National Rural Health Mission (NRHM) in April 2005 to provide effective health care to rural population throughout the country. The NRHM covers all villages through approximately 2.5 lakh villages based "Accredited Social Health Activities" (ASHA) who acts as link between villagers and health centers. It has already been discussed in Chapter 2. So, here an attempt is made to analyse the level of awareness about NRHM by the respondents.

The following table shows that awareness of health and health programmes is on the rise in the villages:

Table 7.23
Respondents' Awareness about NRHM Programme
(Percentage in Parentheses)

Whether aware about NRHM Programme	Village											Grand Total			
	Chari Gaon			Randhanijan Gaon				Balijan Gaon							
	Household Women	SHGs Members	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total
Yes	31 (75.60)	110 (100)	141 (93.37)	22 (57.89)	44 (59.45)	5 (41.66)	71 (57.25)	29 (72.5)	82 (79.61)	2 (66.67)	113 (77.39)	82 (68.90)	236 (82.22)	7 (46.66)	325 (77.19)
No	10 (24.39)	-	10 (6.62)	16 (42.10)	30 (40.54)	7 (58.33)	53 (42.74)	11 (27.5)	21 (20.38)	1 (33.33)	33 (22.60)	37 (31.09)	51 (17.77)	8 (53.33)	96 (22.80)
Total	41 (100)	110 (100)	151 (100)	38 (100)	74 (100)	12 (100)	124 (100)	40 (100)	103 (100)	3 (100)	146 (100)	119 (100)	287 (100)	15 (100)	421 (100)

Source: Field Survey Data Collected during 7 August 2011-30 January 2012

Over three fourth (77.19%) of the respondents were aware about the NRHM programme. In Chari Gaon most (93.37%), in Randhanijan Gaon nearly three fifths (57.25%) and in Balijan Gaon over three forth (77.39%) were aware about NRHM. The data show that three villages the women from Randhanijan Gaon were less informative about NRHM because they are not conscious about their health and lacked motivation to know new things clearly from the office workers or doctors or ASHA workers.

ASHA also called as the women Health Volunteers (WHVs), a central functionality of NRHM is appointed for every 1000 population. The following table shows whether the respondents aware about the ASHA worker in their locality:

Table 7.24
Respondents' Awareness about ASHA worker in Their Area
(Percentage in Parentheses)

Whether know the ASHA worker in their area	Village											Grand Total			
	Chari Gaon			Randhanijan Gaon				Balijan Gaon							
	Household Women	SHGs Members	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total
Yes	41 (100)	102 (92.72)	143 (94.70)	22 (57.89)	57 (77.02)	9 (75)	88 (70.96)	35 (87.5)	97 (94.17)	3 (100)	135 (92.46)	98 (82.35)	256 (89.19)	12 (80)	366 (86.93)
No	-	8 (7.27)	8 (5.29)	16 (42.10)	17 (22.97)	3 (25)	36 (29.03)	5 (12.5)	6 (5.82)	-	11 (7.53)	21 (17.64)	31 (10.80)	3 (20)	55 (13.06)
Total	41 (100)	110 (100)	151 (100)	38 (100)	74 (100)	12 (100)	124 (100)	40 (100)	103 (100)	3 (100)	146 (100)	119 (100)	287 (100)	15 (100)	421 (100)

Source: Field Survey Data Collected during 7 August 2011-30 January 2012

The data reveals that over four fifths (86.93%) of the respondents know the ASHA worker in their area. By village, in Chari Gaon and in Balijan most (94.70% and 92.46% respectively) of the respondents and in Randhanijan Gaon nearly three fourths (70.96%) know the ASHA worker in their area.

ASHA ensures better access to universal immunization, safe delivery, new born care, and prevention of water borne and other communicable diseases, nutrition and sanitation. The following table shows whether the respondents were aware about the functions of ASHA worker in their village:

Table 7.25
Respondents' Awareness about Functions of ASHA Worker in Their Village
(Percentage in Parentheses)

Whether aware about the functions of ASHA Worker	Village											Grand Total			
	Chari Gaon			Randhanijan Gaon				Balijan Gaon							
	Household Women	SHGs Members	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total
Yes	32 (78.04)	81 (73.63)	113 (74.83)	21 (55.26)	54 (72.97)	5 (41.66)	80 (64.51)	30 (75)	67 (65.04)	2 (66.67)	99 (67.80)	83 (69.75)	202 (70.38)	7 (46.66)	292 (69.35)
No	9 (21.95)	29 (26.36)	38 (25.16)	17 (44.73)	20 (27.02)	7 (58.33)	44 (35.48)	10 (25)	36 (34.96)	1 (33.33)	47 (32.19)	36 (30.25)	85 (29.61)	8 (53.33)	129 (30.64)
Total	41 (100)	110 (100)	151 (100)	38 (100)	74 (100)	12 (100)	124 (100)	40 (100)	103 (100)	3 (100)	146 (100)	119 (100)	287 (100)	15 (100)	421 (100)

Source: Field Survey Data Collected during 7 August 2011-30 January 2012

The table shows that over three fifths (69.35%) of the respondents were aware about the functions of ASHA worker in their villages: in Chari Gaon nearly three fourths (74.83%), in Randhanijan Gaon over three fifths (64.51%) and in Balijan Gaon over three fifths (67.80%).

Participation in NRHM

Policies lend guidance to the smooth running of a country. Clear policies act as indicators of how well problems have been thought through in different sectors of life of the country's citizens. Health policies occupy a very important place in a country's policies. Health policies indicate the priority that a government places on the well-being of its citizens. The way health policies are formulated throws light on the commitment of the government to the people of the country and the philosophy it upholds. Success of policies depend on the extent to which people participate in various programmes. The following analyses are related to participation of the respondents in NRHM.

The following table shows the benefits of NRHM programme among the respondents:

Table 7.26
Benefits of NRHM Programme among the Respondents
(Percentage in Parentheses)

Whether benefited from the NRHM Programme	Village											Grand Total			
	Chari Gaon			Randhanijan Gaon				Balijan Gaon							
	Household Women	SHGs Members	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total
Yes	23 (56.09)	77 (70)	100 (66.23)	30 (78.94)	62 (83.78)	10 (83.33)	102 (82.25)	27 (67.5)	81 (78.64)	3 (100)	111 (76.02)	80 (67.22)	220 (76.65)	13 (86.66)	313 (74.34)
No	18 (43.91)	33 (30)	51 (33.77)	8 (21.05)	12 (16.21)	2 (16.66)	22 (17.74)	13 (32.5)	22 (21.35)	-	35 (23.97)	39 (32.77)	67 (23.35)	2 (13.33)	108 (25.66)
Total	41 (100)	110 (100)	151 (100)	38 (100)	74 (100)	12 (100)	124 (100)	40 (100)	103 (100)	3 (100)	146 (100)	119 (100)	287 (100)	15 (100)	421 (100)

Source: Field Survey Data Collected during 7 August 2011-30 January 2012

It shows that somehow, the rural women are benefited by these programmes. About three fourths (74.34%) of the respondents said that they were benefited by the NRHM programme: two thirds (66.23%) of the respondents in Chari Gaon, over four fifths (82.25%) in Randhanijan Gaon and over three fourth (76.02%) in Balijan Gaon. The respondents from Randhanijan Gaon were more benefited by the programme than the other two villages respondents. The respondents of Randhanijan Gaon were economically not sound and so they prefer to go PHC than the private medical sector. The respondents were benefited from the help of ASHA worker during pregnancy periods and also after delivery. They were also benefited by the doctors available under NRHM in their locality. They got various information and tips regarding healthcare from ASHA worker.

The following table shows how the respondents and their family members were benefited by NRHM programme:

Table 7.27
Types of Benefits of NRHM Programme among the Respondents
(Percentage in Parentheses)

Type of Benefit	Village											Grand Total			
	Chari Gaon			Randhanijan Gaon				Balijan Gaon							
	Household Women	SHGs Members	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total
NRHM doctors are available in the locality	4 (17.39)	21 (27.27)	52 (52)	11 (36.66)	19 (30.64)	5 (50)	35 (34.31)	20 (74.07)	33 (40.74)	1 (33.33)	54 (48.64)	35 (43.75)	73 (33.18)	6 (46.15)	114 (36.42)
Helped during pregnancy period and also after delivery	7 (30.43)	17 (22.07)	24 (24)	12 (40)	25 (40.32)	3 (30)	40 (39.21)	5 (18.51)	29 (35.80)	2 (66.67)	36 (32.43)	24 (30)	71 (32.27)	5 (38.46)	100 (31.94)
Received information regarding healthcare from the ASHA worker of the locality	12 (52.17)	39 (50.64)	51 (51)	7 (23.33)	18 (29.03)	2 (20)	27 (26.47)	2 (7.40)	19 (23.45)	-	21 (18.91)	21 (26.25)	76 (34.54)	2 (15.38)	99 (31.62)
Total	23 (100)	77 (100)	100 (100)	30 (100)	62 (100)	10 (100)	102 (100)	27 (100)	81 (100)	3 (100)	111 (100)	80 (100)	220 (100)	13 (100)	313 (100)

Source: Field Survey Data Collected during 7 August 2011-30 January 2012

The table tells nearly two fifths (36.42%) of the respondents said that they were benefited by the NRHM programme through the doctors available in their locality which helped them in any health problem faced by the family members. Nearly one third (31.94%) of the respondents were benefited by the doctors and ASHA workers during their and their daughters-in-law's pregnancy period and also after delivery. Nearly one third (31.62%) of the respondents were benefited by ASHA workers. They said that the ASHA worker in their locality gives various informations about health care.

By village, in Chari Gaon over half (52%) of the respondents said that they were benefited by the NRHM programme through the doctors available in their locality. In Randhanijan Gaon nearly two fifths (39.21%) of the respondents were benefited by the doctors and ASHA workers during their pregnancy and also after delivery. In Balijan Gaon nearly half (48.64%) of the respondents said that they were benefited by the NRHM programme through the doctors available in their locality.

For several times the ASHA workers arrange meetings for health awareness to discuss about the health programmes. The following table shows the participation of the respondents in the meetings convened by the ASHA worker:

Table 7.28
Respondents' Participation in Meetings convened by ASHA Worker
(Percentage in Parentheses)

Whether participated in the meetings	Village											Grand Total			
	Chari Gaon			Randhanijan Gaon				Balijan Gaon							
	Household Women	SHGs Members	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total
Yes	21 (51.21)	79 (71.81)	100 (66.22)	28 (73.68)	55 (74.32)	9 (75)	92 (74.19)	32 (80)	79 (76.69)	1 (33.33)	112 (76.71)	81 (68.06)	213 (74.21)	10 (66.67)	304 (72.20)
No	20 (48.78)	31 (28.18)	51 (33.77)	10 (26.31)	19 (25.67)	3 (25)	32 (25.80)	8 (20)	24 (23.30)	2 (66.67)	34 (23.28)	38 (31.93)	74 (25.78)	5 (33.33)	117 (27.79)
Total	41 (100)	110 (100)	151 (100)	38 (100)	74 (100)	12 (100)	124 (100)	40 (100)	103 (100)	3 (100)	146 (100)	119 (100)	287 (100)	15 (100)	421 (100)

Source: Field Survey Data Collected during 7 August 2011-30 January 2012

The table shows that nearly three fourth (72.20%) of the respondents participated in the meetings: two thirds (66.22%) of the respondents in Chari Gaon, in Randhanijan Gaon about three fourths (74.19%) and in Balijan Gaon over three fourth (76.71%). Data indicates that participation of the respondents in the meetings of ASHA workers from Randhanijan and Balijan villages was almost equal and high. But in Charigaon it is not very high. It is because in Charigaon some of the villagers have well economic status and so they generally consult with private doctor and not interested to join such kind of meetings.

The following table shows the role of educated and well informed respondents to give information about NRHM to their neighbours:

Table 7.29
Passing-over of information by the Respondents to Their Neighbours about Facilities of NRHM Programme
(Percentage in Parentheses)

Whether inform Passed over to the neighbours about NRHM	Village											Grand Total			
	Chari Gaon			Randhanijan Gaon				Balijan Gaon							
	Household Women	SHGs Members	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total	Household Women	SHGs Members	MNREGS Partici-pants	Total
Yes	30 (73.17)	71 (64.54)	101 (66.89)	12 (31.57)	43 (58.10)	3 (25)	58 (46.77)	27 (67.5)	55 (53.39)	2 (66.67)	84 (57.53)	69 (57.98)	169 (58.89)	5 (33.33)	243 (57.72)
No	11 (26.83)	39 (35.45)	50 (33.11)	26 (68.43)	31 (41.90)	9 (75)	66 (53.22)	13 (32.5)	48 (46.60)	1 (33.33)	62 (42.46)	50 (42.01)	118 (41.11)	10 (66.67)	178 (42.28)
Total	41 (100)	110 (100)	151 (100)	38 (100)	74 (100)	12 (100)	124 (100)	40 (100)	103 (100)	3 (100)	146 (100)	119 (100)	287 (100)	15 (100)	421 (100)

Source: Field Survey Data Collected during 7 August 2011-30 January 2012

The table reveals that nearly three fifths (57.72%) of the respondents informs their neighbours about NRHM and the facilities under it: in Chari Gaon over three fifths (66.89%), in Randhanijan Gaon nearly half (46.77%) and in Balijan Gaon nearly three fifths (57.53%). It was found that the respondents of Randhanijan were less informative and that is why they are not able to inform others also.

In sum, health is regarded a priority for sustained development interventions both at the individual, community and national levels. Health is crucial to women's advancement. A comprehensive integrated approach to health issues might have significant impact in improving the female health status. Family planning and nutrition, therefore, play an important role in enhancing the health status of women. Health status of women, in turn affects their productivity. The study reveals that nutritional support and referral medical services are available to pregnant and lactating mothers and adolescent girls at Anganwadis which helps to reduce malnutrition among children, pregnant and lactating mother in the three villages. From the comparative analysis of the three villages it is found that the women from Charigaon village were more conscious about their health and healthcare because of their education and economic status. But, it was also found that the respondents from Randhanijan village were more benefited by the programmes than the other two village's respondents. It was because the respondents of Randhanijan village were economically not sound and so they prefer to go public health centre than the private medical sector. Education and employment have their effect on marriage and fertility patterns and also on nutritional pattern of women and their children. Education is the key to raise the health awareness of rural women in India. Women's education positively influence the health of the family. And above all health is an individual responsibility, if the individual is not health conscious and does not make the necessary efforts to be healthy, not outside agency can provide him. The modern medicine system (Allopathic treatment) has plays a significant role in health treatment. Therefore, it is recommended that educational and information campaign should be conducted by the Department of Health in the villages, to increase the awareness and knowledge of people towards different health programmes and its facilities.