

# ***An Analytical Study of RBSK and Women Economic Empowerment in Bulandshahr District of Uttar Pradesh***

**Sanjeev Kumar**

Assistant Professor (Commerce), Government Girls Degree College, Chhibra Mau (Kannauj), UP

**Paper Code :** JCT-A18-SK-22

**DOI :** <https://doi.org/10.26703/JCT.v13i1-22>

**Web Address :** <http://jctindia.org/jct/april2018-v13i1-22.pdf>

**Archive :** <https://ideas.repec.org/a/jct/journal/v13y2018i1p148-155.html>

<http://EconPapers.repec.org/RePEc:jct:journal:v:13:y:2018:i:1:p:148-155>



**Citation:** Kumar, Sanjeev. An Analytical Study of RBSK and Women Economic Empowerment in Bulandshahr District of Uttar Pradesh, Journal of Commerce and Trade, April 2018; 13: 1;Pp. 148-155.

<https://doi.org/10.26703/JCT.v13i1-22>.

## **Abstract**

*Women Empowerment is a well known development term in recent era. There are little methods available to measure it and analyse it. Empowerment has intrinsic, extrinsic as well as instrumental value. Apart from this, empowerment can be economic, social or political. In the broader form, empowerment means to delegate the power of freedom in choice and action. Women empowerment delegates more authority and control to women over those resources and decisions that affect their life. Un-empowered women have very limited power to negotiate better for their life in many ways formal or informal, direct or indirect and legal or illegal. There is no direct impact of financial aid covered under the scheme with respect to the selected respondents. But the aspects and areas covered in the scheme do economically support rural women and for their empowerment. Overall the respondents are satisfied with the entire coverage and the facilities provided by Rashtriya Bal Swasthya Karyakram.*

**Keywords:** Coverage, Funds, Allocation, Self Help groups, Anganwadi, Eomen Empowerment

**Classification-JEL :** D31, D63, J16, N15

## **1. INTRODUCTION**

Women Empowerment is a well known development term in recent era. There are little methods available to measure it and analyse it. Empowerment has intrinsic, extrinsic as well as instrumental value. Apart from this, empowerment can be economic, social or political. In the broader form, empowerment means to delegate the power of freedom in choice and action. Women empowerment delegates more authority and control to women over those resources and decisions that affect their life. Un-empowered women have very limited power to negotiate better for their life in

many ways formal or informal, direct or indirect and legal or illegal.

In a more specific words, Women empowerment is a process through which women gain more control over their own in a more specific words, lives by knowing, claiming and exercising their rights at all socio-economic-politico levels of society. It also provides autonomy, agenda and social decision-making power to women.

Economic autonomy is very essential to give women their position in a society. Women empowerment will help to achieve the overall economic goals like education, poverty

reduction, improving health conditions, social as well as family welfare etc. Economic-autonomy enhances the general ability of women in exercising their rights and well-being alongwith reduced household poverty, increased growth and productivity and efficiency. There are certain reasons behind the promotion of women's economic autonomy as follows :

- a) Economic autonomy of women will help them to sustain efficiency, productivity and their socio-economic rights.
- b) If a woman can manage a home with her inbound skills, these skills can be utilized to manage an enterprise as well.
- c) Economic autonomy to women will also help them to contribute more finance to their families, more social upliftment and national economic development genesis.

## 2. RASHTRIYA BAL SWASTHYA KARYAKARAM- GENESIS

Rashtriya Bal Swasthya Karyakram (RBSK) aims at early identification and intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Diseases, Deficiencies, Development delays including disability. The launch of this programme assumes great significance as it corresponds to the release of Maternal, Reproductive, Child Health, Newborn, and Adolescent Health strategy.

District Early Intervention Centre (DEICJ) manages 0-6 years of age group while for 6-18 years age group, management of conditions would be done through existing public health facilities. DEIC will act as referral linkages for both the age groups.

Malnutrition among children in India has been a major comprehensive child health care implies providing a complete set of health conditions to all children from birth to 18 years of age.

First level screening is to be done at all delivery points through existing Medical Officers, Staff Nurses and ANMs. After 48 hours up till 6 weeks the screening of newborns would

be done by ASHA at home as a part of HBNC package. Outreach screening would be done by dedicated mobile block level teams for 6 weeks to 6 years at anganwadis and for 6-18 years children this would be done at school, Once the screening is done and the child is referred from any of these points of identification, it would be taken care that the necessary treatment/ intervention is delivered at zero cost to the family.

**a) Target Age Group :** The services cover children of 0-6 years of age in rural areas and urban slums in addition to the children enrolled in classes 1st to 12th in Government and Government aided Schools.

These services are expected to reach to about 27 crores children in a phased manner. The broad category of age groups and estimated beneficiaries are given in the table. The children have been grouped in three categories as different sets of tools would be used and again different set of conditions could be prioritized.

**TABLE 1**

### Target group under Child Health Screening and Intervention Service Categories

Categories	Age Group	Estimated Coverage
Babies born at public health facilities and home	Birth-6 weeks	2 crores
Pre school children in rural areas and urban slum	6 weeks-6 yrs	8 crores
School children enrolled in class 1st and 12th in government and government aided schools	6 yrs-18 yrs	17 crores

Source : Ministry of Health and Family Welfare.

**b) Health Conditions to be Screened :** Child Health Screening and Early Intervention Services under RBSK strive to cover 30 selected health conditions for Screening, their timely detection and free management. States and UTs may also include diseases viz. Sickle cell anaemia, hypothyroidism and Beta Thalassemia based on the epidemiological situation and availability of

testing and specialized support facilities within the State and UTs.

**(c) Selected Health Conditions for Child Health Screening & Early Intervention Services :**

i) Defects at Birth : Neural tube defect, Cleft Lip & Palate / Cleft palate alone, Developmental dysplasia of the hip, Congenital cataract, Talipes (club foot), Congenital deafness, Congenital heart diseases, Down's Syndrome, Retinopathy of Prematurity

ii) Deficiencies : like Anaemia especially Severe anaemia, Vitamin D Deficiency, (Rickets), Vitamin A deficiency (Bitot spot), Severe Acute Malnutrition, Goitre

iii) Diseases of Childhood: Skin conditions (Scabies, fungal infection and Eczema), Rheumatic heart disease, Otitis Media, Reactive airway disease, Convulsive disorders, Dental conditions.

iv) Developmental delays and Disabilities: Vision Impairment, Neuro-motor Impairment, Hearing Impairment, Motor delay, Behaviour disorder (Autism), Language delay, Cognitive delay, Attention deficit hyperactivity disorder Learning disorder, Congenital Hypothyroidism, Sickle cell anaemia, Beta thalassemia (Optional)

**d) Screening at Community & Facility level:**

Following methods are adopted for such screening :

i) Child screening under RBSK is done at two levels: community level and facility level. While facility based new born screening is done at public health facilities like PHCs / CHCs/ DH, it will be by existing health manpower like Staff Nurses, Medical Officers, & ANMs, the community level screening would be conducted by the Mobile health teams at Anganwadi Centres, Government and Government aided Schools.

ii) Screening at Anganwadi Centre : All pre-school children below 6 years of age would be screened by Mobile Block Health teams at the Anganwadi centre for deficiencies, diseases,

developmental delays including disability at least twice a year. Tools for screening must be supported by pictorial, job aids specifically for developmental delays. For developmental delays the children would be screened using age specific tools and those suspected would be referred to DEIC for further management.

**e) Screening at Schools Government and Government aided :**

School children age 6 to 18 years would be screened by Mobile Health teams at the local schools for deficiencies, diseases, developmental delays including conditions like disability, adolescent health at least once a year.

**f) Composition of mobile health team:**

The mobile health team would consist of four members - two Doctors (AYUSH) one male and one female, at least with a bachelor degree from a recognized institution, one ANM/Staff Nurse and one Pharmacist with suitable proficiency in computer for data management.

**3. REVIEW OF LITERATURE**

Kapoor P. (2001), in her study, discussed and analyze the challenging questions as to why despite all the efforts and development made, still there are gender discrimination. Also she contend that that women's empowerment can be achieved easily if women have total control over their own organisations, so that they remain strong both financially and managerially without any dependency on others.

Sundaram, S. (2004), has examined the difficulties and issues in empowerment of tribal women. It was observed that the wide spread illiteracy, poverty early marriage and under nutrition are the major obstacles for development of tribal women. Tribal women were also suffering from atrocities and brutality of mainland people and the police. It was suggested that by improving the nutrition status of tribal women and child, the exploitation and threats to life, self-respect and decency of tribal women can be reduced.

Rahman, S. S., & Sultana, N., (2012), discussed the self-respect and dignity of women. Their study considered 60 respondents from Shri Mahila Griha Udyod Lijjat Papad Society in Hyderabad District through structured questionnaire. They found that it has positively contributed in the psychological, social and economic factors in empowerment of women through Shri Mahila Griha Udyod Lijjat Papad Society. Authors concluded that women empowerment means a lot, but the ultimate goal is materialize only when her complementary role is recognized by the society. Lijjat's contribution is only a step towards empowerment, but more such organizations should come forward.

Beath, A., Christia, F. and Enikolopov R.(2016), discussed about the societies with widespread gender discrimination, development programs with gender quotas, which was considered a way to improve women economically, politically, and socially. By using a randomized field experiment across 500 Afghan villages, they examine the effects of a development program that mandates women's community participation. They find that even in a many initiatives improve female participation in some economic, social, and political activities, including increased mobility and income generation. However there was no change in more entrenched female roles linked to family decision-making or in attitudes towards the general role of women in society.

#### 4. OBJECTIVES OF STUDY

- a) To study the role of RBSK towards women's economic empowerment.
- b) To evaluate the scheme and its coverage.
- c) To measure the scheme on the basis of allocation of funds.

#### 5. RESEARCH METHODOLOGY

##### a) Sources of Data Collection :

- **Secondary Sources:** The present study has been carried out by analyzing the reports of

Government and NGOs on the above mentioned schemes, The reports have been studied and accordingly primary data has been collected.

- **Primary Sources:** Primary data has been collected through a structured questionnaire. The respondents of female category only were considered for study as the study is based on the women empowerment.

**b) Research Instrument :** The questionnaire consists of the demographic information of the respondents like total family income, age group of respondents, sources of information for the schemes etc. The response of the respondents has been measured on Dichotomous Scale.

##### c) Sampling Plan :

- Sample Unit: Bulandshahr District of UP.
- Sample Size: 50 respondents who have availed the above scheme have been selected.
- Sampling Technique: Random Convenient Sampling.
- Scaling Technique: Dichotomous Variable scale (Yes, No, cannot say)

**TABLE 2**  
**Analysis and Interpretation**  
**Age of Child for whom the scheme is availed**

Age of child	No. of children	% of children
Birth to 6 months	8	16
6 months to 2 yrs	19	38
2 to 10 yrs	23	46
Total	50	100

The above table measures the age of the child for whom the respondent has availed the benefits of Rashtriya Bal Swasthya Karyakram in rural area. Out of total 50 beneficiaries the children between the age group of birth to 6 months are 8. Total 19 children between the age group of six months to 2 yrs and total 23

children between the age group of 2 to 10 years have availed the benefit of the scheme. The age group taken for study is in consideration with the details of the scheme published by the government Reports.

**TABLE 3**  
**Gender of child**

Gender of child	No. of children	% of children
Male	28	56
Female	22	44
Total	50	100

The above table mentions the gender of a child for whom the scheme benefits are availed. Total 28 male children and 22 female children have availed the benefits under this scheme.

**TABLE 4**  
**Education of Respondent**

Education	No. of respondents	% of respondents
Below 10th	15	30
12th	25	50
Graduation	10	20
Total	50	100

The study found that out of total respondents 15 are educated below or upto 10th, 25 females are educated up to 12 and 10 females were educated up to graduation. Thus, the average level of education is up to 12th among the scheme availers.

**TABLE 5**  
**Age of respondent**

Age of respondent	No. of respondents	% of respondents
18-25	12	24
26-30	22	44
31-36	8	16
above 36	8	16
Total	50	100

Among total 50 female respondents, 12 belong to 18-25 yrs group, 22 belong to 26-30 yrs age group, 8 belong to 31-36 yrs age group where as only 8 females belong to more than 36 yrs of age group.

**TABLE 6**  
**Sources of information about Rashtriya Bal Swasthya Karyakaram**

Sources	No. of respondents	% of respondents
Panchayat	18	36
Anganwadi	21	42
Newspaper	6	12
TV	5	10
<b>Total</b>	<b>50</b>	<b>100</b>

When the sources of information about Rashtriya Bal Swasthya Karyakram was analyzed, it was found that 18 respondents have received information from Panchayat and 21 from Anganwadi supervisors, 6 from newspapers, 5 from TV. Thus, Anganwadi supervisors have proved to be effective in communicating the message about these schemes in selected sampling frame.

**TABLE 7**  
**Satisfaction towards the fund allocated for scheme among the respondents**

Parameter	No. of respondents	% of respondents
Yes	35	70
No	12	24
Cannot Say	3	6
<b>Total</b>	<b>50</b>	<b>100</b>

Out of total 50 respondents, 35 respondents are satisfied with the financial aid provided by the scheme whereas 12 respondents are not satisfied with the financial aid. Only 3 respondents were not in a position to decide whether they are satisfied with the financial support or not.



**TABLE 8****Rashtriya Bal Swasthya Karyakaram and women empowerment**

Parameter	No. of respondents	% of respondents
Yes	35	70
No	8	16
Cannot Say	7	14
<b>Total</b>	<b>50</b>	<b>100</b>

Total 35 out of 50 female respondents feel that the scheme is useful for empowerment of women in the rural area where as only 8 females feel that the scheme does not promote woman empowerment. 7 females were not in a position to decide whether the scheme promotes woman empowerment or not.

**6. FINDINGS****a) Satisfaction in Allocation of Funds :**

H01: There is no significant impact of funds allocations prescribed in Rashtriya Bal Swasthya Karyakaram on rural women satisfaction.

H11: There is a significant impact of funds allocations prescribed in Rashtriya Bal Swasthya Karyakaram on rural women satisfaction.

**TABLE 9** **$\chi^2$  Test****Satisfaction in Fund Allocation**

$f_0$	$f_e$	$(f_0 - f_e)^2$	$(f_0 - f_e)^2 / F_e$
35	16.67	335.99	20.16
12	16.67	21.81	1.31
3	16.66	186.87	11.21
<b>N = 50</b>			<b>32.68</b>

$$\chi^2 = \sum \frac{(f_0 - f_e)^2}{F_e} = 32.68$$

$$\chi_{0.05}^2 = 5.991$$

The above table shows the impact of funds allocated through Rashtriya Bal Swasthya Karyakaram on the level of satisfaction among the women in rural area. The calculate  $\chi^2$  value is 32.68 at 5 per cent level of significance is more than the table value i.e., 5.991. In light of this, the null hypothesis is rejected. This means that there is a significant impact of funds allocation on rural women satisfaction.

**b) Women Economic Empowerment :**

H02: There is no significant impact of the coverage of Rashtriya Bal Swasthya Karyakaram on rural women economic empowerment.

H12: There is a significant impact of the coverage of Rashtriya Bal Swasthya Karyakaram on rural women economic empowerment.

**TABLE 9** **$\chi^2$  Test****RBSK and Women Empowerment**

$f_0$	$f_e$	$(f_0 - f_e)^2$	$(f_0 - f_e)^2 / F_e$
35	16.67	335.99	20.16
8	16.67	77.17	4.51
7	16.66	93.32	5.60
<b>N = 50</b>			<b>30.27</b>

$$\chi^2 = \sum \frac{(f_0 - f_e)^2}{F_e} = 30.27$$

$$\chi_{0.05}^2 = 5.991$$

The above table shows the impact of coverage of the scheme on Women Empowerment of rural area. The calculated  $\chi^2$  value as 30.27 is significant at 5 per cent level. In light of this the null hypothesis is rejected. The table concludes and supports that the issues and areas covered in the scheme have a significant impact on the Woman Empowerment in the rural areas. The scheme is useful for the empowerment of the women in rural area.

**7. CONCLUSION**

The study has been carried out with the help of Anganwadi supervisors of Bulandshahr

district in Uttar Pradesh, The study has been carried out with the objectives of awareness about the scheme among rural women and the sources of information they relied upon for the above mentioned scheme. The attempt has been made to find out the association of aspects covered in respective scheme, funds allocation and overall all satisfaction among them. It has also analyzed with the help of study that whether the aspects covered in the scheme help the women of these two rural areas to be economically empowered or not.

The study has been carried out on 50 female respondents selected conveniently, who have availed the benefits of the above mentioned schemes. A self administered structured questionnaire was framed to collect the information from the chosen female respondents. As some parameters of the schemes could not be overlapped, four different questionnaires have been framed. The variables included in the questionnaire are drawn based on the information mentioned in the report on these schemes published by Government, NGOs and Self- Help Groups. The data has been analyzed with the help of frequency and percentage tables and Chi Square Test. The software used for analysis of data is Statistical Package for Social Sciences i.e. SPSS version 17. The specific findings and conclusion of the scheme are as follows:

Rashtriya Bal Swasthya Karyakram (RBSK) is an initiative by Government of India, aimed at screening over 27 crore children from 0 to 18 years for 4 Ds - Deflects at birth, Diseases, Deficiencies and Development Delays including Disabilities. The scheme aims to cover all children of 0-6 years of age group in rural areas and urban slums, in addition to older children up to 18 years of age enrolled in classes 1st to 12th in Government and Government aided schools.

The target group for the scheme is covered into three categories namely Babies born at public health facilities and home [Birth to 6 weeks), Preschool children in rural areas and urban slums (6 weeks to 6 years) and Children enrolled in classes 1st to 12th in Government based on the scheme, our study has considered the children between these three groups, for whom the rural women have availed the benefits. Our study has considered fifty respondents' opinion that have availed the benefits of Rashtriya Bal Swasthya Karyakram. Maximum benefit under the same is availed for the children between the age group of six years to eighteen years. The respondents have availed the benefits for both, male as well as female child where the benefits for male child is availed more compared to female child. Maximum number of respondents who have availed the benefits of the scheme fall in the category of education up to HSC i.e., class 12th. The respondents of age group of 26-30 years have availed the benefits of the scheme in maximum number. The respondents have shown maximum reliance on Radio and Newspaper followed by Panchayat and Anganwadi with respect to the above mentioned scheme. Out of total 50 respondents, 35 are satisfied with the funds allocated through the scheme where as 12 are not satisfied. Maximum respondents feel that the scheme is suitable and supports for economic empowerment of women in rural areas.

There is no direct impact of financial aid covered under the scheme with respect to the selected respondents. But the aspects and areas covered in the scheme do economically support rural women and for their empowerment. Overall the respondents are satisfied with the entire coverage and the facilities provided by Rashtriya Bal Swasthya Karyakram.

---

### References

1. Abdul Raheem (2012) Women Empowerment through Self-help Groups (SHGs), GFIMR, New Century Publications, Vol. 5, L68. Retrived from-<http://gfjmr.gnu.ac.in/UserFiles/File/BIV5.pdf>
2. Aggarwal, M. (2014). A Study on Challenge For Women Empowerment. Abhinav National Monthly Refereed Journal of Research in Commerce & Management, 3 (5), 7 0-7 3.
3. Ahirrao, J., Sadavarte, M.N., [2010]. Social & financial constraints of Rural women entrepreneurs: a case Study of Jalna district in Maharashtra, International Referred Research Journal, II (20), 74-77.
4. Bahl, 1., (2012), Status of Women Entrepreneurship In Rural India, Asian Journal of Multidimensional Research, 1 (2), 89- 100.
5. Barua, Prasenjit Bujar. (2012) Impact of Micro-finance on Poverty: A Study of Twenty Self- Help Groups in Nalbari District, Assam. Journal of Rural Development, 3 1 (2), 223-244.
6. Behara, S. R., & Niranjana, K., (2012), Rural Women Entrepreneurship in India, IJCEM International Journal of Computational Engineering & Management, 15 (6), 6-15.
7. Banerjee, T. (2009). Economic Impact of Self-Help Groups-A Case Study. Journal of Rural Development, 28 (4),451-467 .
8. Goyal, M., & Jaiprakash (2011), Women Entrepreneurship in India-Problems and Prospects, Zenith International Journal of Multidisciplinary Research, 1(5), 195 -207.
9. Kapoori P. [2001], Empowering the Indian Women, Publications Division, Ministry of Information and Broadcasting, Government of India, 2001
10. Madhya Pradesh Development Report, by Planning Commission of India, New Delhi (2011). Pp. 1-311. <http://planning.commission.nic.in/plans/stateplan/sdr/sdr-mp1909.pdf>
11. National Health Mission, Ministry of Health and Family Welfare, Govt. of India <http://nrhm.gov.in/nrhm-components/rmnch-a/child-health-immunization/child-health/guidelines.html>
12. Raghavan V. P. (2009) Micro-Credit and Empowerment: A Study of Kudumbashree Projects in Kerala, India. Journal of Rural Development, ZE (4),469 - +84.
13. Rahman, S. S., & Sultana, N., (2012). Empowerment of women for social development (a case study of shri mahila griha udyog Lijjat papad, Hyderabad district. Journal of Arts, Science & Commerce. III, 3(1). 50-59.
14. Sundaram, S. (2004), Women empowerment through Higher Education, Journal of development and Social Change, VIII (3) April-June-2012,16-29.
15. Suresh, K.A. (1990). Participation of Beneficiaries in the Development Programmes of Non-Government Organization in Kerala, Journal of Rural Development, 95, 911-915.
16. Shields, L. E. (1992). The development of a model or empowerment with women: Implications for health planning and practice. Unpublished doctoral dissertation, University of Oregon'
17. Varghese, T, (2011), Women Empowerment in Oman: A study based on Women Empowerment Index. Far East journal of Psychology and Business, 2(2),37-53.
18. Venkatachalam, A. & Jeyapragash, A. (2004). Self-Help Group in Dindigul District, Kisan World, 31 (10), 29-30.

### Indian Laws

19. The Constitution of India.
20. Equal Remuneration Act of 1976.
21. Hindu Marriage Act of 1955.
22. Medical Termination pregnancy Act of 1971.