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AN ANALYSIS ON IMPACT OF PROGRAMMES AND POLICIES OF GOVERNMENT OF INDIA TOWARDS WOMEN HEALTH AND NUTRITION WITH SPECIAL REFERENCE TO PURBA BARDHAMAN DISTRICT (RURAL WEST BENGAL)

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ABSTRACT

Women who live in rural areas and frequently contribute significantly to the upkeep of their families and communities through agriculture, earning a living, and other endeavors are known as rural women. They play a vital role in accomplishing the sustainable development goals and make a substantial contribution to food security, rural livelihoods, and general well-being. Pregnancy, menopause, reproductive health, and illnesses that impact women differently than males are just a few of the many physical and behavioral health issues that fall under the umbrella of women's health. It also covers general health conditions like diabetes and heart disease, which can present or be felt differently in women. Women nutrition is the study and practice of giving women the right kind of food throughout their lives while taking into account their particular physiological requirements and possible medical issues. In addition to preventing nutrition-related illnesses like anaemia, osteoporosis, and heart disease, it emphasizes the need to consume a well-balanced diet full of vital nutrients, taking into account variables like menstruation, pregnancy, breastfeeding, and menopause. In this article, an analysis on impact of programmes and policies of government of India towards women health and nutrition with special reference to Purba Bardhaman district (rural West Bengal) has been discussed.

Keywords: Women, Health, Nutrition, Programmes, Policies, Purba Bardhaman.

INTRODUCTION

Rural women are not supposed to care for their health because of the sociocultural environment. Furthermore, after the males are fed, the women in the household eat last, and the remaining amount of food may not be sufficient. The position that society accords women is reflected in this context alone. Within their means, the women would strive to provide their family with the finest nutrition possible, but they have learned to disregard their own nutritional needs. They are taught to put the needs and wants of the male family members ahead of their own, including eating healthily. (Majumdar, S. et al., 2024)

According to the national nutrition strategy, poverty is a primary contributor to under nutrition, which feeds a vicious cycle of decreased production and poverty. It was acknowledged that nutritional policy was necessary since it was crucial to development. It is necessary to examine the interconnection of the food, nutrition, and agriculture systems as well as the contributing components from a broader angle. (Lentz, E. et al., 2025) According to the strategy, developing policy interventions to affect how these sets function and raise society's nutritional status is both feasible and essential. The fact that more food production does not guarantee universal nourishment is a well-known truth. Economic growth alone, or even the sufficiency of food in households, cannot guarantee a constant and adequate nutritional condition. Therefore, the policy goes on to say that the job is not just to create a nutrition policy but also to identify and integrate it into the nation's overall development strategy. Together with other developmental concerns, nutrition must be addressed separately. (Ragasa, C., 2023)

RESEARCH METHODOLOGY:

Study Area: Purba Bardhaman district was selected from the West Bengal state in India.

Hypotheses:

Hypothesis 1 (H_1): The socio-economic variable correlated to the nutrition and health of rural women.

Hypothesis 2 (H_2): The success of government initiatives and plans correlated to the health and nutrition of the rural women.

Variables:

Dependent Variables: Age, Caste, Religion, Nature of family, Total family members.

Independent Variables: Health, Nutrition, Government of India Programmes & Policies.

Research Design: Qualitative and quantitative research design has been used.

Sources of Data: Primary and secondary data has been used.

Sampling Plan: Simple random sampling has been used.

Sample Size: 500

METHODOLOGY

The women respondents were selected of the studied subdivisions blocks from Purba Bardhaman district, West Bengal. After clearing the research objectives, the structured questionnaires were distributed in favor of each respondent. Sufficient time was given in favor of each respondent. Then, after collection of the sheets, these were preserved for further data analysis and interpretation.

Research Tools:

In this research, structured questionnaires were used.

Tools Used:

The following research tools (developed by Mathew C.P. & Joseph I. Injodey, 2016) were used after slightly modification:

- Socio Economic Variables Tool.
- Tool for success of government initiatives and plans for betterment of the health and nutrition of the rural women.

DATA ANALYSIS AND INTERPRETATION: Pie charts were used.

DATA ANALYSIS, INTERPRETATION AND RESULTS:

I. Personal Information:

Table 1. Age (in years):

Age (in years)	Respondents	%
25-35	137	27.4
36-45	173	34.6
46-55	104	20.8
56-65	86	17.2
Total	**500**	**100**

(Source: Primary Data, Survey)

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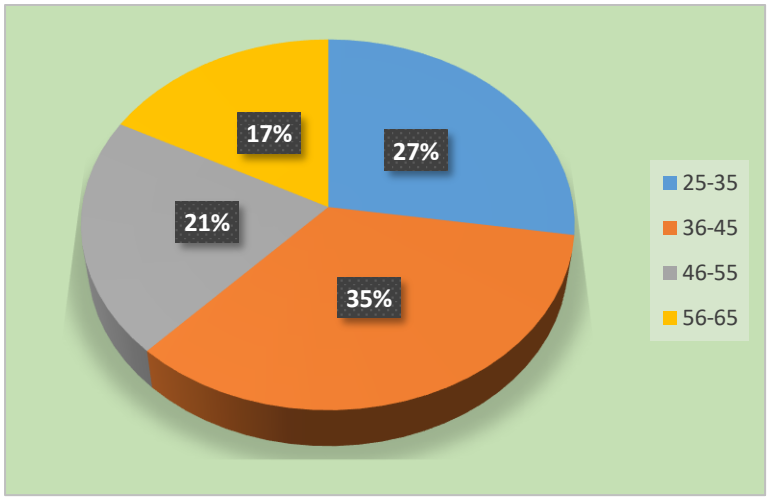

Figure 1. Age (in years) (%)

As per data analysis & interpretation, it was observed that the % of respondents as follows:

25-35 years: 27.4%

36-45 years: 34.6%

46-55 years: 20.8%

56-65 years: 17.2%

Table 2. Nature of family:

Nature of family	Respondents	%
Nuclear	386	77.2
Joint	114	22.8
Total	**500**	**100**

(Source: Primary Data, Survey)

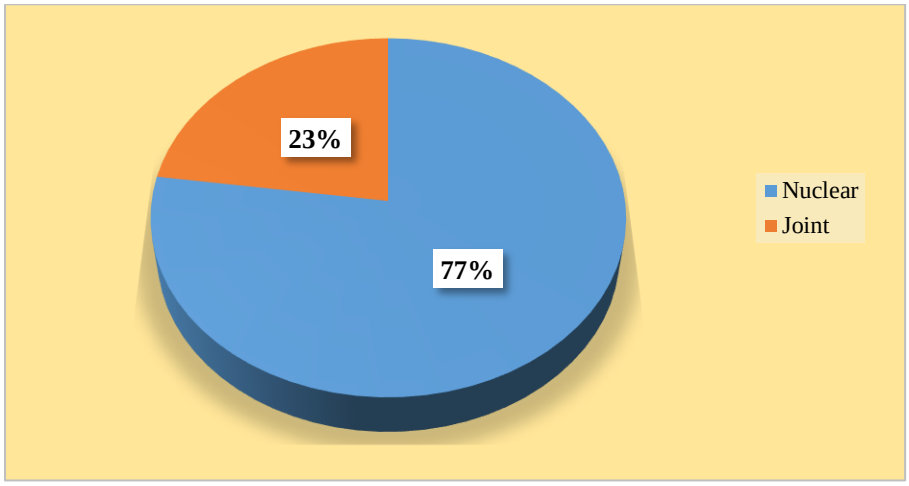

Figure 2. Nature of family (%)

As per data analysis & interpretation, it was observed that the % of respondents as follows:

Nuclear: 77.2%

Joint: 22.8%

II: Socio-Economic variables affect the nutrition and health of rural women:

Table 3. Monthly Income (INR) of the family:

Monthly Income (INR) of the family	Respondents	%
Below INR 5000/-	106	21.2
INR 5001/- to 10000/-	118	23.6
INR 10001 to 15000/-	171	34.2
INR 15001/- or above	105	21
Total	**500**	**100**

(Source: Primary Data, Survey)

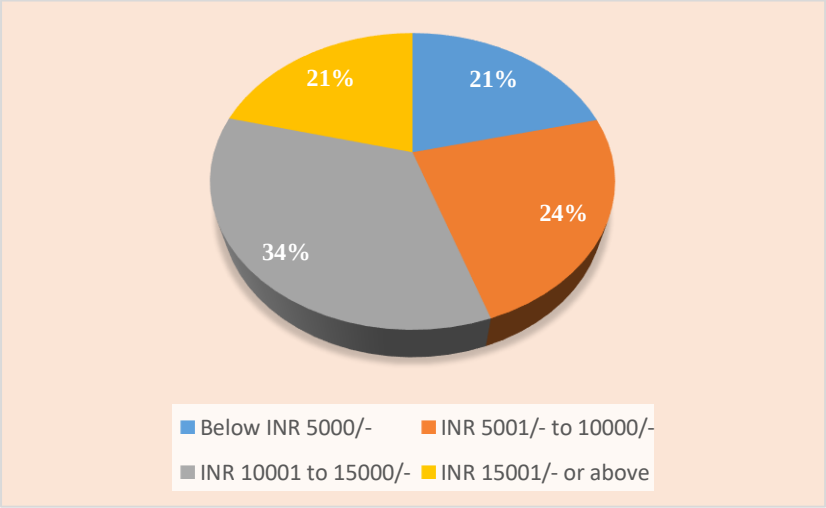

Figure 3. Monthly Income (INR) of the family (%)

As per data analysis & interpretation, it was observed that the % of respondents as follows:

Below INR 5000/-: 21.2%

INR 5001/- to 10000/-: 23.6%

INR 10001 to 15000/-: 34.2%

INR 15001/- or above: 21%

Table 4. Do you have a BPL card?

Options	Respondents	%
Yes	289	57.8
No	211	42.2

Total	**500**	**100**

(Source: Primary Data, Survey)

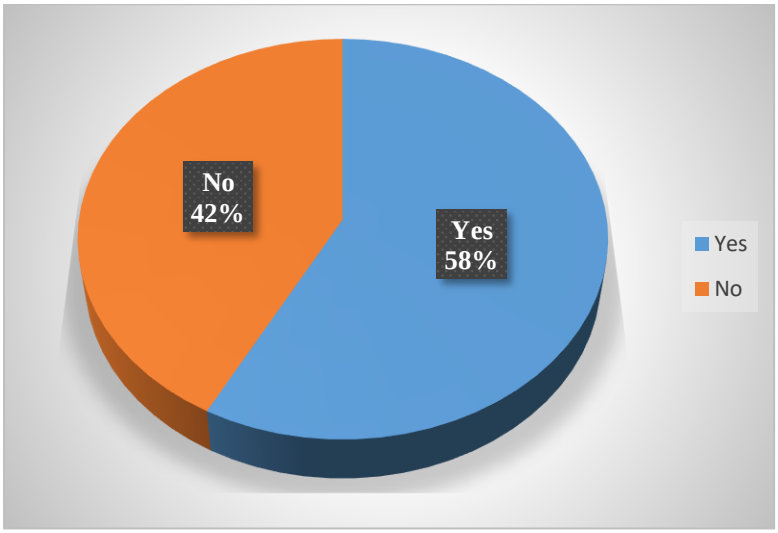

Figure 4. Do you have a BPL card? (%)

As per data analysis & interpretation, it was observed that the % of respondents as follows:

Yes: 57.8%

No: 42.2%

Table 5. Educational Status:

Options	Respondents	%
Illiterate/Can Speak, Read & Write	59	11.8
1-5 standard	106	21.2
6-10 standard	123	24.6
10+2/Diploma	132	26.4
Degree & above	80	16
Total	**500**	**100**

(Source: Primary Data, Survey)

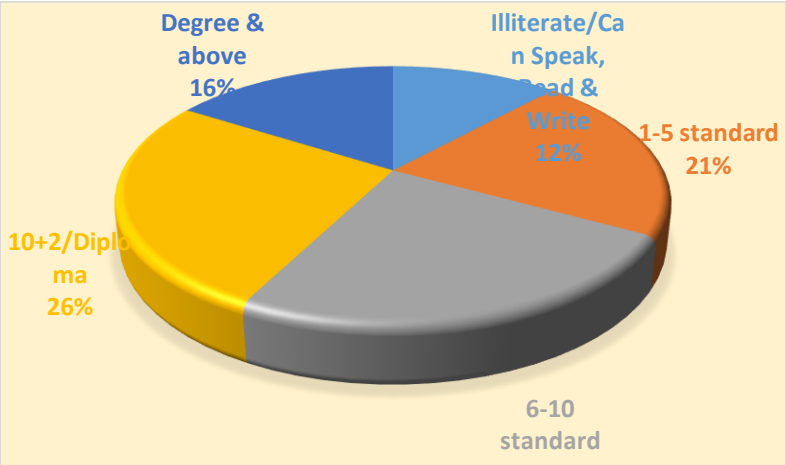

Figure 5. Educational Status (%)

As per data analysis & interpretation, it was observed that the % of respondents as follows:

Illiterate/Can Speak, Read & Write: 11.8%

1-5 standard: 21.2%

6-10 standard: 24.6%

10+2/Diploma: 26.4%

Degree & above: 16%

Table 6. Occupational Status:

Options	Respondents	%
Unemployed	66	13.2
Labour	162	32.4
Daily wage earner	124	24.8
Private Job	53	10.6
NGO/SHG	67	13.4
Business	12	2.4
Govt Job	16	3.2
Total	**500**	**100**

(Source: Primary Data, Survey)

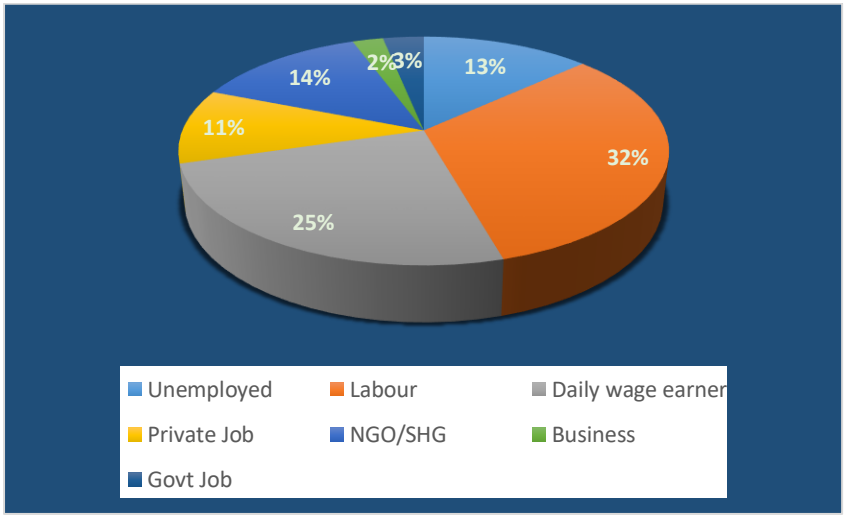

Figure 6. Occupational Status (%)

As per data analysis & interpretation, it was observed that the % of respondents as follows:

Unemployed: 13.2%

Labour: 32.4%

Daily wage earner: 24.8%

Private Job: 10.6%

NGO/SHG: 13.4%

Business: 2.4%

Govt Job: 3.2%

So, from the above it can be stated that the "Hypothesis 1 (H_1): The socio-economic variable correlated to the nutrition and health of rural women" has been accepted.

III: Success of Government Initiatives and Plans for Betterment of the Health and Nutrition of the Rural Women:

Table 7. NRHM is for Rural Women:

Options	Respondents	%
Yes	343	68.6
No	157	31.4
Total	**500**	**100**

(Source: Primary Data, Survey)

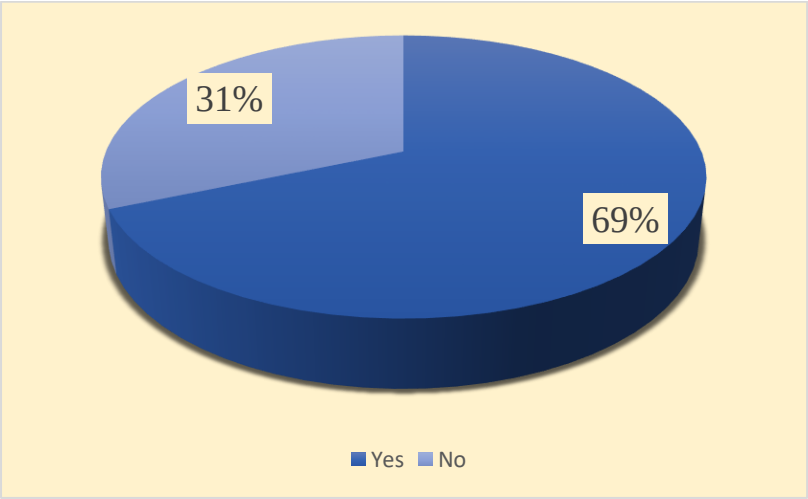

Figure 7. NRHM is for Rural Women (%)

As per data analysis & interpretation, it was observed that the % of respondents as follows:

Yes: 68.6%

No: 31.4%

Table 8. Government plans developed for betterment of health towards rural women:

Options	Respondents	%
Yes	308	61.6
No	192	38.4
Total	**500**	**100**

(Source: Primary Data, Survey)

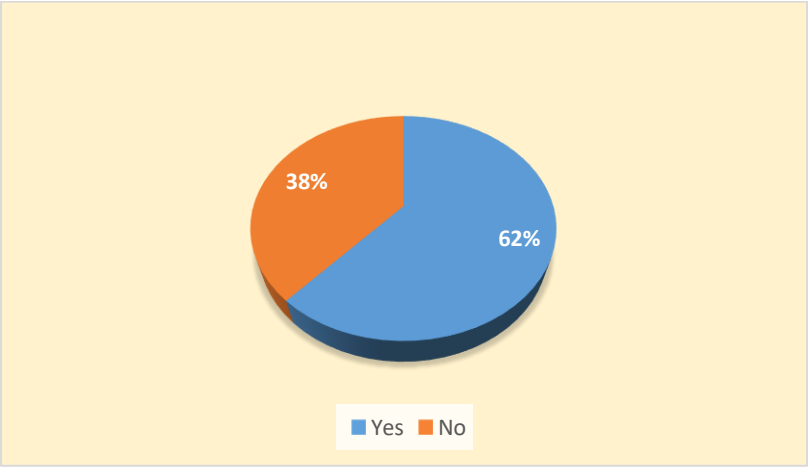

Figure 8. Government plans developed for betterment of health towards rural women (%)

As per data analysis & interpretation, it was observed that the % of respondents as follows:

Yes: 61.6%

No: 38.4%

Table 9. Awareness programme by ASHA worker is useful:

Options	Respondents	%
Yes	288	57.6
No	212	42.4
Total	**500**	**100**

(Source: Primary Data, Survey)

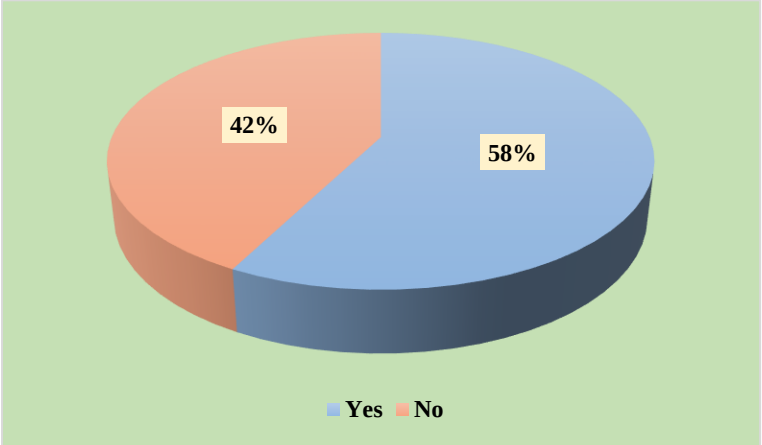

Figure 9. Awareness programme by ASHA worker is useful (%)

As per data analysis & interpretation, it was observed that the % of respondents as follows:

Yes: 57.6%

No: 42.4%

Table 10. I know about the village health plan:

Options	Respondents	%
Yes	173	34.6
No	327	65.4
Total	**500**	**100**

(Source: Primary Data, Survey)

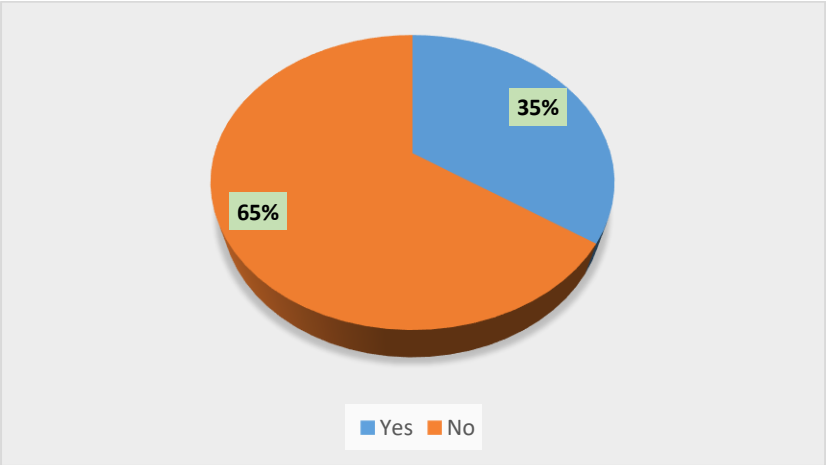

Figure 10. I know about the village health plan (%)

As per data analysis & interpretation, it was observed that the % of respondents as follows:

Yes: 34.6%

No: 65.4%

So, from the above it can be stated that the "Hypothesis 2 (H_2): The success of government initiatives and plans correlated to the health and nutrition of the rural women" has been accepted.

CONCLUSION

Government initiatives and policies exert a substantial and complex influence on the health and nutrition of rural women. These efforts seek to mitigate malnutrition, boost mother and child health, bolster food security, and empower women through diverse interventions such as financial aid, healthcare accessibility, and livelihood support. Initiatives such as the Integrated Child Development Services (ICDS) and Poshan Abhiyaan (National Nutrition Mission) combat malnutrition by offering extra nutrition, health assessments, and immunization services to pregnant women, nursing mothers, and children. This results in a decrease in stunting, underweight, anaemia, and low birth weight among rural women and children. Programs such as the Janani Suraksha Yojana (JSY) and Pradhan Mantri Matru Vandana Yojana (PMMVY) offer financial support for institutional childbirth and monetary incentives during gestation and breastfeeding, respectively. These programs facilitate a decrease in maternal and newborn mortality rates by promoting timely and safe births. Initiatives such as the National Food Security Mission and Mid-Day Meal Scheme enhance access to nutritious food for rural women and their families. This mitigates food insecurity and susceptibility to malnutrition, particularly during gestation and breastfeeding. Initiatives such as the National

Rural Livelihood Mission (NRLM) emphasize the empowerment of women via self-help organizations, skill enhancement, and access to financial resources. (Hazra, A. et al., 2025) This allows women to diversify their livelihoods, enhance their income, and elevate their economic position, thereby benefiting their health and nutrition. Government programs enhance women's empowerment and agency by facilitating access to healthcare, financial support, and livelihood opportunities. These interventions may result in enhanced decision-making authority within homes, augmented social engagement, and improved health-seeking habits. Nutrition education and awareness initiatives, frequently incorporated into governmental programs, advocate for healthy food habits, suitable feeding techniques for infants and young children, and enhanced hygiene standards. These initiatives result in beneficial alterations in health practices among rural women. (Geetha, K. et al., 2023)

Government policies and programs are essential for enhancing the health and nutrition of rural women. By addressing the specific obstacles that rural women face and investing in targeted initiatives, governments can empower these women, promote sustainable development, and create a more equitable society. Persistent emphasis on fortifying healthcare systems, advancing nutritional security, and economically and socially empowering women is crucial for attaining enduring enhancements in the health and well-being of rural women.

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