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Assessment of awareness of rural women regarding selected social welfare schemes in Lakhimpur district of Assam

Shreyashee Phukan and Dr. Mayuri Bora

Abstract

The Government of India launched a number of social welfare programmes with the intention of empowering rural women, women in general, children and disadvantaged section of the population. Thereby, present study endeavours to assess the awareness of rural women regarding selected social welfare schemes in Lakhimpur district of Assam. Four ICDS blocks were selected randomly for the present study. Total eight villages were selected, two from each block by quota sampling. Fifteen respondents were included from each village and thus sample size was 120. Data were collected through self prepared Interview Schedule and appropriate statistical test and techniques i.e., frequency, percentage, mean and chi square were used for analysis of data. The data revealed that 47.50 percent of respondents were in the age group of 21-36 years and 51.67 percent belonged to Other Backward Class. One third of the respondents were HSLC passed and 97.50 percent of the respondents were married. Home making was the highest (37.50%) reported occupation of the respondents. Annual income of 55.00 percent was Rs. 1 lakh-Rs. 3 lakh and 40.00 percent of respondents had pucca houses. Regarding awareness about Social Welfare schemes, findings show that a large majority (95.00%) were aware about Pradhan Mantri Matru Vandana Yojana (PMMVY) scheme followed by Integrated Child Development Service (ICDS) with 87.50 percent. Association between occupation and awareness of the respondents regarding POSHAN Abhiyaan was highly significant ($p < 0.01$). With increased awareness, there is possibility for higher utilization of these schemes. Hence it is necessary to increase the awareness with appropriate strategy.

Keywords: Awareness, rural women, social welfare schemes, PMMVY, ICDS

1. Introduction

The term "social welfare" refers to an organised system of public or private services for the assistance of underprivileged groups of the society, such as the poor, underprivileged women, women in general and children through various programmes to achieve satisfying standards of life and health. Various departments under different ministries of Government of India have been putting effort for developing the status of women in different dimensions. Under the Social Welfare Department, there are many beneficiaries right from children to women and aged person. Though the various schemes under Welfare Department have benefitted many, there may be some loopholes in the functioning of these programmes.

Women and children together constitute about 67.70 percent of the country's population, as per 2011 Census, (Government of India). Women constitute 48.04 percent population in India (United Nation World Population Prospects 2019). There are many underprivileged women in the society due to several factors like gender bias, child marriage, domestic violence, sexual harassment, dowry etc. According to National Family Health Survey-5 (2019-21), 29.30 percent married Indian women face domestic violence/sexual violence. According to NFHS-5 (2019-2021), 3.1 percent of pregnant women experiences physical violence during pregnancy. In India, dowry related matters accounts for the lives of 19 women every day in 2020 (National Crime Records Bureau, 2020). A total of 6966 cases of dowry deaths took place in India in 2020 (NCRB, 2020) [13]. In India, discrimination against female children has been a subject of concern. In Indian Context, irrespective of the caste, creed, religion and social status, the overall status of women is lower than men and therefore a male child is preferred over a female child. According to 2001 census, in Assam, the ratio was 932 but it has increased tremendously in 2011 with 954 female per 1000 male. (Provisional Population Totals India-Data sheets, 2011) [21].

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Rural population of women in Assam is 13,128,045 out of total population of 3.12 crores (Census 2011). The status of women in terms of their health, economic status, education etc. are not at all satisfactory in the country as well as in the state. The unemployment rate for females in Assam is 33.90 percent (Periodic Labour Force Survey 2017-18) which means that a higher population of females stay away from active economic work in the state due to a variety of reasons like gender bias, domestic violence, low level of education, lack of interest and motivation etc. which lead to women's vulnerabilities with access to nutritional sufficiency. The reproductive healthcare and nutritional security of women and children is severely challenged in rural parts of Assam due to a variety of reasons like poor infrastructure of hospitals, low level of education in females, gender bias etc. About 18.30 percent of women in Assam had a Body Mass Index (BMI) below normal and 13.90 percent were obese (NFHS-5). Anaemia is prevalent among 55.90 percent of pregnant women from rural Assam and 66.40 percent of women who were not pregnant (NFHS-5). It is seen that in spite of implementing so many schemes for the welfare of women and children, the Infant Mortality Rate in the country is 28 (Sample Registration Survey 2020), the Maternal Mortality Rate in the country is 113 and 215 in Assam (Sample Registration Survey 2016-18). The Central as well as the State Governments have been introducing various social welfare schemes to bring change in the overall status of women and to impact on women.

Social welfare schemes are important as it works for the welfare activities for the women and children as well as social awareness of the problems faced by the disadvantaged women, women in general, adolescent girls and children. For the development and empowerment of women, the Social welfare schemes are implemented and huge amount of money is incurred for implementation of such schemes but whether the benefits of these schemes are percolated down to the actual target group is not known without a proper study. Various schemes are under implementation either by Central Government or State Government since third Five Year Plan of India. Some of the ongoing schemes of Government of India are Integrated Child Development Services (ICDS), POSHAN Abhiyaan, Mahila Shakti Kendra, Pradhan Mantri Matru Vandana Yojana (PMMVY), SAKHI-One Stop Centre, District Level Centre for Women, Deen Dayal Divyangjan Pension Achoni, Integrated Child Protection Scheme, Swadhar Greh, Ujjawala Scheme, Old Age Homes, Drug De-addiction Centre, Half-way Home, Special Schools, etc. These schemes help to improve the day to day life of rural women, women in general, children and other disadvantaged sections of the population.

Besides government some multilateral and bilateral agencies such as NGOs and United Nations Organization are also working for the welfare and empowerment of the women in India. In spite of having large number of schemes for different age groups, the awareness among the women regarding the schemes are not known. Keeping these points in view this study was undertaken with the objective to study the background characteristics of the respondents and to assess the awareness of selected Social Welfare Schemes among rural women in Lakhimpur district of Assam.

2. Methodology

To fulfil the aim of the study, Quota Sampling and Simple Random Sampling was adopted. In order to select the sample,

four ICDS Blocks in the Lakhimpur District, namely Lakhimpur ICDS block, Naoboicha ICDS block, Telahi ICDS block and Boginadi ICDS block were selected using Simple Random Sampling. Two villages were selected by quota sampling from each block and thus total eight number of villages were included for the study. Fifteen households were selected using Simple Random Sampling for selection of respondents for the present study. From each household, one woman was included as respondent and thus the sample size for the study was 120. Personal interview method was used to collect the data. The data were gathered from the respondents personally by the investigator. The criteria for selection of samples were as follows:

- The woman who is either married, widow or separated
- The women who are in the reproductive age group

2.1 Variables of the study

The dependent and independent variables selected for the study are:

2.2 Independent variables: Age, caste, educational qualification, marital status, occupation, type of family, land ownership, annual income, type of house, organizational membership, mass media exposure, extension contact

2.3 Dependent variables: Awareness regarding selected social welfare schemes, utilization of selected social welfare schemes, constraints faced by the respondents in utilizing social welfare schemes.

3. Results and Discussion

3.1 Background information of the respondents

It is seen from the Table 1 that 47.50 percent of the respondents belonged to (21-36) years age group, followed by 35.83 percent from (36 years and above) and 16.66 percent from less than 21 years. The Table 1 depicts that among the respondents, 51.67 percent belonged to OBC followed by 26.67 percent belonged to Scheduled Caste and 13.33 percent belonged to Scheduled Tribe. Regarding educational qualification of the respondents, 33.33 percent respondents were HSLC passed, followed by higher secondary passed (32.50%) and Graduate (13.33%). Regarding marital status, 97.50 percent was married while 2.50 percent were divorcee. Regarding occupation of the respondents (Fig 1), 37.50 percent respondents had homemaking as their occupation, followed by daily wage earning (15.83%) and business (14.17%) as their occupation. Majority of the respondents, *i.e.*, 74.17 percent belonged to nuclear family while 23.33 percent respondents belonged to joint family and rest only 2.50 percent respondents belonged to extended family. Regarding land ownership (Fig 2), 52.50 percent respondents reported that the land was owned by the husbands while only 5.83 percent respondents had their own land ownership. Regarding annual income of the family, The data related to annual income of respondent's family (Fig 3) reflects that highest percentage (55.00%) family had annual income between Rupees One lakh to Three lakh followed by 29.17 percent had less than Rupees One lakh, 15.00 percent between Rupees Three to Five lakh. A very small percentage (0.83%) belonged to high income group with annual income of more than Rupees Five lakh. Regarding type of house, highest percentage (40.00%) of respondents had pucca houses followed by 35.00 percent and 25.00 percent respondents with katcha and semi pucca houses respectively.

Table 1: Background information of the respondents

Attributes	Category	Frequency (N=120)	Percentage (%)
Age	< 21 years	20	16.67
	21-36 years	57	47.50
	36 years and above	43	35.83
Caste	General	10	8.33
	OBC	62	51.67
	SC	32	26.67
	ST	16	13.33
Educational qualification	Primary passed	8	6.67
	Middle school passed	15	12.50
	HSLC passed	40	33.33
	HSSLC passed	39	32.50
	Graduate	16	13.33
	Post Graduate	2	1.67
Marital status	Married	117	97.50
	Divorced	3	2.50
Type of family	Nuclear	89	74.17
	Joint	28	23.33
	Extended	3	2.50
Type of house	Katcha	42	35.00
	Semi pucca	30	25.00
	Pucca	48	40.00

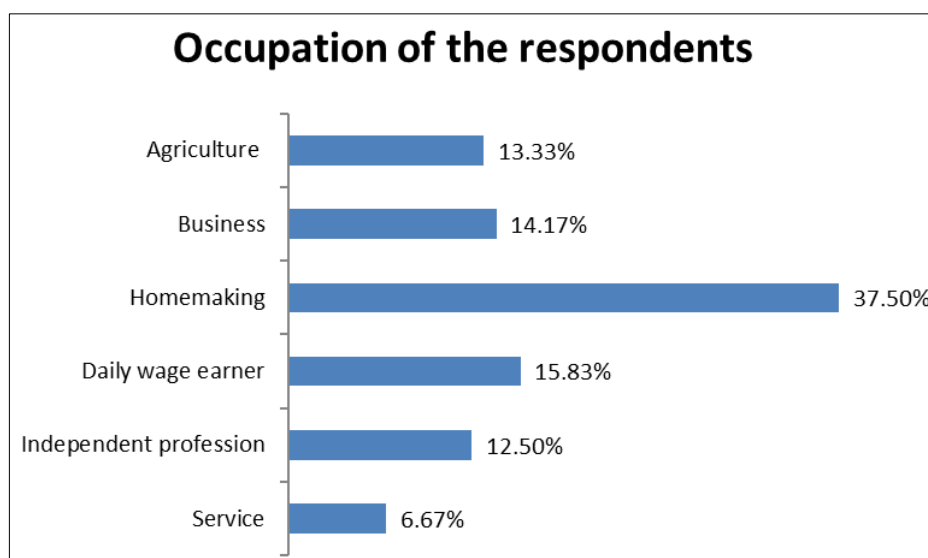


Fig 1: Distribution of respondents according to their occupation

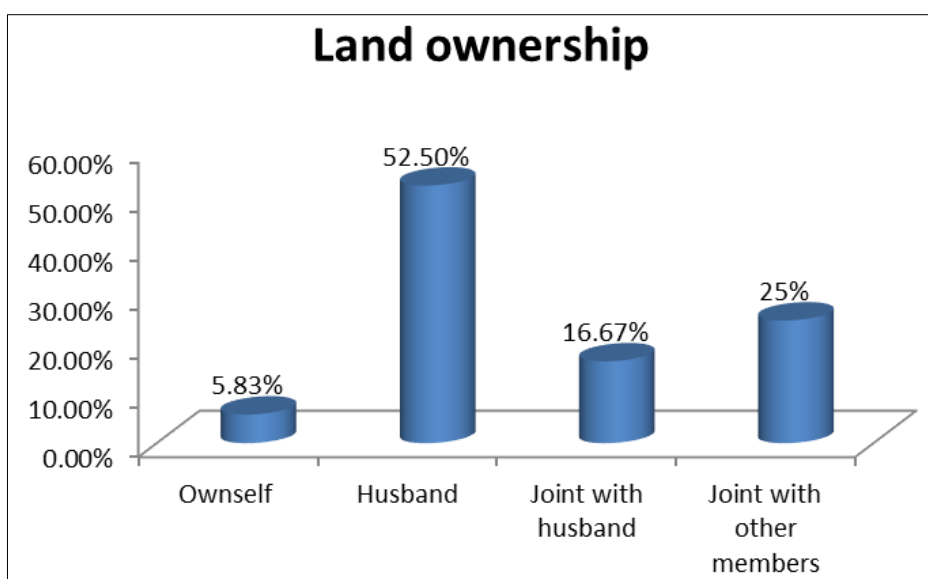


Fig 2: Distribution of respondents according to their land ownership

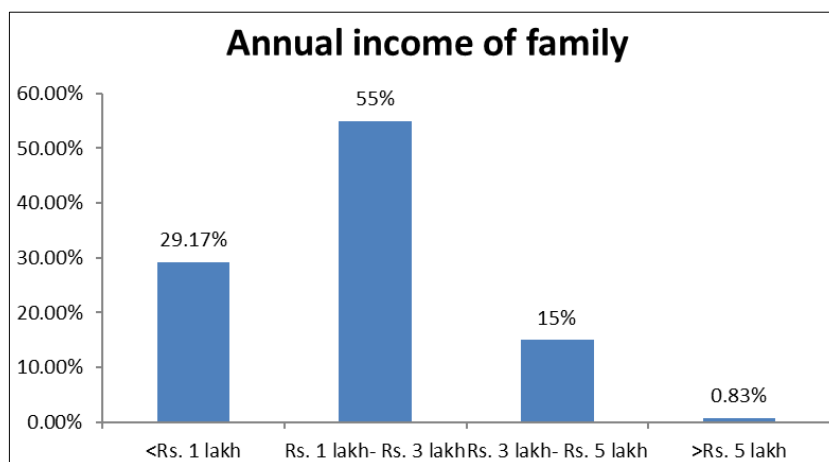


Fig 3: Distribution of respondents according to their annual income of family

3.1.1 Organizational Membership

From the Table 2, it was found that though a large (82.50%) percentage of the respondents had membership in one organization, only 2.50 percent were office bearer in such organizations. Surprisingly, 15.00 percent of the respondents had no membership in any organization. Government has

been putting effort for bringing the rural women under different organizations such as Voluntary organization or Federations formed under National Livelihood Mission, yet 15.00 percent respondents were not included in any kind of organization.

Table 2: Distribution of respondents according to their organizational membership

Organizational membership	Frequency (N=120)	Percentage (%)
No membership	18	15.00
Member of one organization	99	82.50
Member of more than one organization	0	0
Office bearer in the organization	3	2.50

3.1.2 Mass media exposure

Mass media exposure increases the access to different types of information for any individual. In the present study, mass media exposure is defined as the frequency of using different mass media viz. newspaper, radio, television, mobile, internet, social media, whatsapp etc. by the respondents. It is evident

from the result (Table 3) that as high as 65.83 percent respondents used mobile with internet regularly while 62.50 percent, 57.50 percent, 31.67 percent respondents had regular exposure to television, whatsapp, social media and feature mobile phone respectively. Only 6.67 percent respondents read newspapers regularly.

Table 3: Distribution of respondents according to type of mass media exposure

Type of media exposure	Regular		Sometimes		Never	
	Frequency (N=120)	Percentage (%)	Frequency (N=120)	Percentage (%)	Frequency (N=120)	Percentage (%)
Newspaper	8	6.67	11	9.17	101	84.17
Radio	0	0.00	0	0.00	120	100.00
Television	75	62.50	20	16.67	25	20.83
Mobile (feature phone)	38	31.67	14	11.66	24	20.00
Mobile (with internet)	79	65.83	16	13.33	25	20.83
Social media	38	31.67	36	30.00	46	38.33
Whatsapp	69	57.50	26	21.67	25	20.83
Any other	0	0.00	0	0.00	120	100.00

Multiple responses were recorded*

3.1.3 Extension contact

The extension contact provides exposure to different technical knowledge and recent information required by the people. From the findings, it is clear that 95.83 percent of the respondents had regular contact with AWW while 15.83 percent with ICDS Supervisor and 12.50 percent respondents had regular contact with CDPO. The AWWs are grass root level workers and this may be the reason why highest number of respondents (95.83%) had regular contact with AWW. It

was also found that 12.50 percent respondents had regular contact with gram panchayat followed 8.33 percent had regular contact with ADO, 7.50 percent with VO and only 6.67 percent had regular contact with KVK/RARS. Since the respondents belonged to rural area it is expected that they get regular contact by ADO, VO etc. However the data shows that as high as 96.67 percent respondents never met any NGO functionary and 80.00 percent never came in to contact with VOs.

Table 4: Distribution of respondents according to their extension contact

Extension contact	Regular		Sometimes		Never	
	Frequency (N=120)	Percentage (%)	Frequency (N=120)	Percentage (%)	Frequency (N=120)	Percentage (%)
Gram Panchayat	15	12.50	8	6.67	8	6.67
CDPO	15	12.50	60	50.00	45	37.50
ICDS Supervisor	19	15.83	96	80.00	5	4.17
AWW/helpers	115	95.83	3	2.50	2	1.67
ASHA workers	95	79.17	10	8.33	15	12.50
ADO	10	8.33	16	13.33	94	78.33
VO	9	7.50	15	12.50	96	80.00
KVK/RARS	8	6.67	21	17.50	91	75.83
NGO	0	0.00	4	3.33	116	96.67

Multiple responses were recorded*

3.2 Awareness of respondents regarding selected social welfare schemes

The existing schemes offered by the Department of Social Welfare, Lakhimpur District had been collected from the official website of the Department. A list of schemes was prepared and the respondents were asked about individual schemes and their responses were recorded as ‘Yes’ and ‘No’ with assigned score ‘1’ and ‘0’ respectively.

It is encouraging to note that majority (95.00%) of respondents were aware about PMMVY (Fig. 4), followed by 87.50 percent respondents were aware about Integrated Child Development Service while 85.83 percent respondents were aware about POSHAN Abhiyaan. However, a very less

percentage of respondents were aware about SAKHI-One Stop Centre. The data reflects that there is variation in awareness about different types of schemes.

3.2.1 Awareness of respondents regarding different social welfare schemes

It is evident from the findings that a large majority (95.00%) of respondents were aware about PMMVY scheme followed by ICDS scheme and POSHAN Abhiyaan having substantial awareness and (87.50%) and (85.83%) respectively. Data presented in the Fig. 4 revealed that only 36.67 percent respondents had awareness on SAKHI-One Stop Centre.

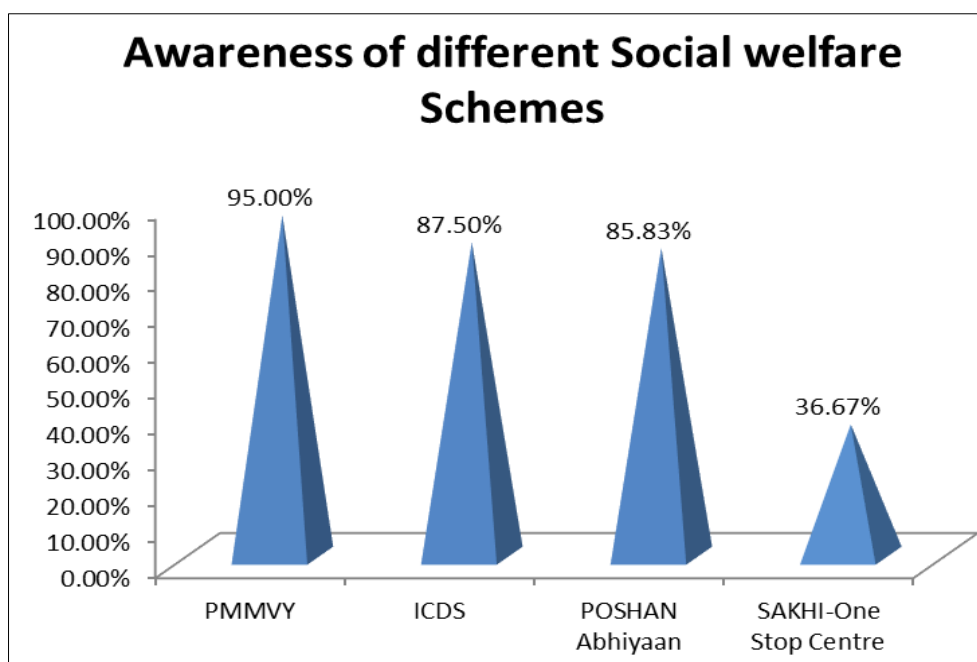


Fig 4: Distribution of respondents according to awareness of different Social Welfare Schemes

Awareness regarding four selected schemes were studied in detail in terms of various dimensions such as ministry, target group, objectives, document required, terms and conditions, different provisions under the schemes etc. These four schemes were selected as per discussion with the officials of District Social Welfare Office, Lakhimpur for which the awareness of the scheme was considered. The selected schemes were PMMVY, ICDS, POSHAN Abhiyaan and SAKHI- One Stop Centre.

3.2.2 Awareness of respondents regarding PMMVY

PMMVY is a centrally sponsored scheme and is implemented in all the districts of the country. It provides cash incentive to

improve the health seeking behaviour to the Pregnant Women and Lactating Mothers (PW and LM). Under PMMVY, a cash incentive of Rs 5000 is provided in three installments directly to the bank or Post Office account of PW and LM for their first living child subject to fulfilling specific conditions relating to maternal and child health.

The awareness of respondents regarding PMMVY was assessed in terms of various dimensions such as required document, eligibility criteria, target group and other provisions under the scheme etc. To assess the awareness of the respondents regarding PMMVY, seven different aspects were included in the Interview Schedule with the response code ‘Yes’ and ‘No’ and assigned score ‘1’ and ‘0’

respectively. And the results are presented in Table 5. Results in Table 5 revealed that 95.00 percent respondents were aware that the cash incentive under PMMVY scheme was Rs. 5000. 'Lactating mothers who are 19 years or above can avail the benefit of the scheme', 'all pregnant women who are not service holders with the Central/State government are eligible for availing the benefits under the scheme', 'cash incentive is provided in three installments' about these also 95.00 percent of the respondents were aware. 'The Lactating Mothers who are not regular employee with Central/State government can also avail benefit of the scheme' and 'the scheme can only be availed for the first living child' about these statements almost same percentage of respondents (94.17%) were aware. In terms of certain conditions, 91.67 percent were aware that in case of infant mortality in a previous pregnancy, if the beneficiary has received all the benefits of the scheme earlier, she is eligible to receive them again in her next pregnancy. It is observed that a large

majority of the respondents were aware about various aspects of the scheme. Regarding some other aspects relatively less percentage of respondents were aware. Such as in case of a miscarriage or stillbirth the beneficiary may still be able to claim the remaining installments for a future pregnancy (76.67%), all pregnant women who are 19 years or above are eligible for the scheme (68.33%), the scheme is offered by the Ministry of Women and Child Development (65.83%). It also reveals the documents required for availing the 1st, 2nd, and 3rd installments of the scheme and the awareness for these documents required in 1st, 2nd and 3rd installments of the scheme varied with different percentages of respondents being aware of each document requirement.

It may be interpreted that most of the respondents were aware about different dimensions of the PMMVY scheme, though variation is observed. The finding is in line with Admure (2023) [1] where excellent knowledge regarding the PMMVY was reported.

Table 5: Distribution of respondents according to awareness on PMMVY

Sl. No.	Statements	Frequency	Percentage
1.	The scheme is offered by Ministry of Women and Child Development	79	65.83
2.	Amount of cash incentive is Rs.5000 under this scheme	114	95.00
3.	Eligibility for the scheme		
a.	All the Pregnant Women who have attained the age of 19 years or above	82	68.33
b.	The Lactating Mothers who have attained 19 years of age	114	95.00
c.	All Pregnant Women who are not in service holders with Central/State Government irrespective can avail the benefit of this scheme	114	95.00
d.	The Lactating Mothers who are not regular employee with Central/State government	113	94.17
e.	This scheme can be availed only for the first living child	113	94.17
f.	In case of a miscarriage or a stillbirth, the beneficiary may claim the remaining instalments for a future pregnancy	92	76.67
g.	In case of infant mortality, in previous pregnancy if the beneficiary has received all the benefits of the scheme earlier, she is not eligible to receive them again in her next pregnancy	110	91.67
4.	The cash incentive of this scheme is provided in 3 instalments	114	95.00
5.	Documents required for availing the 1st instalment of PMMVY		
a.	Application Form 1-A	109	90.83
b.	Copy of bank passbook of the beneficiary	114	95.00
c.	Copy of MCP Card certified by Auxiliary Nurse Midwife (ANM)	105	87.50
d.	Identity proof		
i.	Aadhar card	108	90.00
ii.	Driving license	107	89.17
iii.	Passport (both husband and wife)	102	85.00
6.	Documents required for availing the 2nd instalment of PMMVY		
A	Application Form 1-B	107	89.17
b.	Copy of MCP Card having date of antenatal check-up certified by ANM	106	88.33
7.	Documents required for availing the 3rd instalment of PMMVY		
a.	Application Form 1-C	105	87.50
b.	MCP Card which has details about immunization duly certified by ANM	78	65.00
c.	Child Birth Registration Certificate	114	95.00

3.2.3 Awareness of respondents regarding ICDS

ICDS was the first social welfare scheme launched by the Government of India on 2 October, 1975. It was launched with objectives to improve the nutritional and health status of children in the age group of 0-6 years, to lay the foundation for proper psychological, physical and social development of the child, to reduce the incidence of mortality, morbidity, malnutrition and school dropout, to achieve effective co-ordination of policy and implementation amongst the various departments to promote child development and to enhance the capability of the mother to look after the normal health and nutritional needs of the child.

To assess the awareness of the respondents regarding ICDS, eight aspects were included covering various dimensions such as ministry, target group, range of services etc. in the

Interview Schedule. Responses were recorded with response code 'Yes' and 'No' and assigned score '1' and '0' respectively.

Table 6 reveals that majority of the respondents 86.67 percent of respondents displayed a clear understanding of the target groups encompassing children aged 0-6 years, pregnant women and lactating mothers, (71.67%) demonstrated awareness correctly attributing ICDS is a scheme implemented by the Ministry of Women and Child Development.

The data also shed light on respondents' awareness of specific services offered by ICDS. It is also observed that a majority (85.83%) exhibited a profound understanding of the fact that ICDS offers Supplementary Nutrition and Immunization services to children below the age of 6, Pregnant Women and

Lactating Mothers. Furthermore, a large percentage of respondents (81.67%) acknowledged the provision of pre-school non-formal education within the ambit of ICDS. The data reflects comparatively limited awareness (31.67%) among respondents regarding the inclusion of nutrition and health education for women as a constituent component of ICDS.

The result reveals awareness among large percentage of

respondents regarding various dimensions of ICDS. It also highlights a specific area of opportunity in terms of reinforcing understanding related to nutrition and health education for women.

However, addressing this gap through tailored awareness campaigns can serve to improve overall comprehension of the ICDS programme among the target population.

Table 6: Distribution of respondents according to awareness on ICDS

Sl. No.	Statements	Frequency	Percentage
1	The scheme is offered by Ministry of Women and Child Development	86	71.67
2	The target group of this scheme include		
a	Children in the age group of 0-6 years	104	86.67
b	Pregnant women	103	85.83
c	Lactating mothers	105	87.50
3	The scheme offers Supplementary Nutrition and Immunization service to children below 6 years, pregnant women and lactating mothers	103	85.83
4	Pre school non-formal education is a service of this scheme	98	81.67
5	Nutrition & health education of women is a component of ICDS	38	31.67
6	Immunization is provided to children below 6 years, pregnant women and lactating mothers	104	86.67
7	Health check up is provided to children below 6 years, pregnant women and lactating mothers	104	86.67
8	Referral services is provided to children below 6 years, pregnant women and lactating mothers	100	83.33

3.2.4 Awareness of respondents regarding POSHAN Abhiyaan

POSHAN Abhiyaan (erstwhile National Nutrition Mission) is a centrally sponsored scheme launched in March 8, 2018 to achieve improvement in nutritional status of Children from 0-6 years, adolescent girls, Pregnant Women and Lactating Mothers and to achieve reduction in stunting and wasting in children (0-6 years) as well as reduction in anemia in women, children and adolescent girls. It seeks to strengthen nutritional content, delivery, outreach and outcomes with focus on developing practices that nurture health, wellness and immunity to disease and malnutrition.

In this scheme also the awareness of respondents was assessed in terms of various dimensions such as target group, different provisions, ministry etc. To assess the awareness of the respondents regarding POSHAN Abhiyaan, three different aspects were included in the Interview Schedule with the response code 'Yes' and 'No' and assigned score '1' and '0' respectively.

Table 7 reflects data on awareness of respondents regarding POSHAN Abhiyaan. It reveals that 69.17 percent respondents were aware that the scheme is offered by the Ministry of Women and Child Development. Regarding the target group of the scheme, a large majority of respondents demonstrated awareness, such as 'Pregnant women and children from 0-6 years are included in the target group' about which 85.83 percent were aware. The data shows similar percentage of respondents (85.00%) was aware of its goal to reduce the

prevalence of under nutrition among children through various awareness campaigns. 'The scheme addresses stunting among children through various awareness campaigns' and 'The lactating mothers and adolescent girls are also part of the target group' about which 82.50 percent of the respondents were aware. Similar findings were reported by Mohapatra and Mahapatra (2019) ^[12] where it was reported that majority of the respondents had awareness about the welfare schemes. It was observed that considerably lesser percentage of respondents (74.17%) were aware of the provision within the scheme for reducing anaemia through awareness campaigns. The data reflects varying levels of awareness among respondents regarding different aspects of POSHAN Abhiyaan. It was found that awareness was relatively high regarding the target group and its goals related to reducing anaemia, stunting, and under nutrition among children.

Nutrition of women and children is crucial for nation's development. As per NFHS 5, 57.00 percent women and 67.10 percent children were anaemic, (36.00%) children were stunted. This scheme is for combating such nutritional issue and expected that with the participation of all the eligible target population it would change the nutritional scenario of the country. It is observed from the data that large majority of the respondents were aware about the provisions of the schemes, however it is expected that with right approach the remaining percentage would be aware about such scheme and will avail the benefits under it.

Table 7: Distribution of respondents according to awareness on POSHAN Abhiyaan

Sl. No.	Statements	Frequency	Percentage
1	The scheme is offered by Ministry of Women and Child Development	83	69.17
2	The target group of this scheme are:		
a	Pregnant Women	103	85.83
b	Lactating Mothers	99	82.50
c	Adolescent Girls	100	83.33
d	Children from 0-6 years	103	85.83
3	Provisions under this scheme:		
a	Reducing the prevalence of anaemia among children (through awareness programmes)	89	74.17
b	Reducing the prevalence of stunting among children (through awareness programmes)	99	82.50
c	Reducing the prevalence of under nutrition among children (through awareness programmes)	102	85.00

3.2.5 Awareness of respondents regarding SAKHI-One Stop Centre

One Stop Centre Scheme, also known as SAKHI, is a component of the umbrella scheme for the National Mission for Empowerment of Women was launched in 1st April, 2015. It is a Centrally Sponsored Scheme formulated by the Ministry of Women and Child Development with an intention to offer integrated support under one roof including police facilitation, medical aid, legal aid and counseling, psycho-social counseling and temporary shelter to women affected by violence or in distress and rescue them from the vicious cycle of violence, whether in private or public spaces. The setting up of One Stop Centers from the year 2015 at district level have provided a dedicated platform for women facing violence and who are in distress to get necessary help and assistance. The awareness of respondents was assessed in terms of various dimensions such as ministry offering the scheme, range of services, cases dealt, eligibility criteria etc. To assess the awareness of the respondents regarding SAKHI-One Stop Centre, four different aspects were included in the Interview Schedule with the response code 'Yes' and 'No' and assigned score '1' and '0' respectively.

It is evident from the Table 8 that 36.67 percent respondents were aware that the scheme is offered by the Ministry of Women and Child Development and 32.50 percent were aware about the programme specifically caters to the women affected by violence under one roof and medical support is provided under the scheme. A similar proportion *i.e.*, 33.33 percent, acknowledged 'the provision for emergency cases

within the scheme' and 'the scheme extends coverage to girls under the age of 18'. Equal percentage of respondents (31.67%) was aware about legal support and police facilitation. 'Counseling support' and 'Psychological support' were also among the services about which 23.33 percent and 20.83 percent of respondents were aware respectively. In terms of the cases dealt with under the scheme, respondents displayed awareness. The highest percentage of awareness (34.17%) was observed for 'women trafficking' and 'missing or kidnapping or abduction cases', followed by child marriage (31.67%) and child sexual abuse (27.50%). The respondents were also aware about some other aspects such as dowry harassment (25.83%), domestic violence (20.00%), acid attack (16.67%) and rape (15.00%). It shows a satisfactory picture than the national average where 29.30 percent married Indian women face domestic violence or sexual violence (National Family Health Survey-5, 2019-21). In some aspects only a small percentage of respondents were aware such as cybercrime (1.67%). The data reflects that the awareness regarding different aspects of SAKHI-One stop Centre is also not satisfactory. While certain aspects garnered higher awareness, such as the ministry offering the scheme and coverage of specific cases, there were areas where awareness was relatively lower. The findings emphasized the need for targeted awareness campaigns to improve understanding and knowledge about the SAKHI-One Stop Centre scheme among the target population.

Table 8: Distribution of respondents according to awareness on SAKHI-One Stop Centre

Sl. No.	Statements	Frequency	Percentage
1	The scheme is offered by Ministry of Women and Child Development	44	36.67
2.	This scheme covers women including girls under 18 years of age	40	33.33
3	This scheme facilitates a range of services under the roof to fight against violence of women:		
a	Medical support	39	32.50
b	Legal support	38	31.67
c	Psychological support	25	20.83
d	Counseling support	28	23.33
e	Support in case of emergency	40	33.33
f	Police facilitation	38	31.67
4	Cases dealt with under this scheme:		
a	Domestic violence	24	20.00
b	Rape	18	15.00
c	Sexual offence	17	14.17
d	Acid attack	20	16.67
e	Women trafficking	41	34.17
f	Child sexual abuse	33	27.50
g	Child marriage	38	31.67
h	Missing/kidnapping/abduction	41	34.17
i	Cyber crime	2	1.67
j	Dowry harassment	31	25.83

The comparative analysis of awareness among respondents for the four schemes reveals some important insights. The ICDS scheme demonstrated relatively favorable awareness, with 71.67 percent correctly attributing it to the Ministry of Women and Child Development and high awareness for target groups and specific services. For the PMMVY scheme, 65.83 percent of respondents were aware that the scheme is offered by the Ministry of Women and Child Development, while 95.00 percent were aware about the cash incentive amount. However, awareness for specific eligibility criteria varied. The POSHAN Abhiyaan scheme had relatively high awareness with 69.17 percent correctly attributing it to the Ministry of Women and Child Development and awareness for target groups and specific goals were also seen. In

contrast, the SAKHI-One Stop Centre scheme had lower awareness, with 36.67 percent aware of its provider and varying awareness for different aspects. These findings underscore the need for targeted awareness campaigns to enhance understanding, particularly focusing on eligibility criteria with lower awareness among respondents.

3.2.6 Association of awareness with selected background characteristics of the respondents

Chi-square test was applied at 0.05 and at 0.01 significance level and was calculated to test the association of awareness regarding selected social welfare schemes with the following background characteristics:

- Educational qualification
- Occupation
- Annual income

3.2.6.1 Association between selected independent variables with awareness regarding PMMVY of the respondents

Table 9 revealed that association between awareness on

PMMVY was found to be significant ($p < 0.05$) with the independent variables such as annual income, occupation and educational qualification. It may be interpreted that the awareness of PMMVY was associated with the annual income, occupation and educational qualification of the family of the respondent in some or the other way.

Table 9: Association between selected independent variables with awareness regarding PMMVY

Sl. No.	Independent variable	PMMVY		
		Degree of freedom	Chi square value	p-value
1.	Educational qualification	5	11.294*	0.046
2.	Annual Income	3	10.837*	0.013
3.	Occupation	5	11.394*	0.044

3.2.6.2 Association between selected independent variables with awareness regarding ICDS of the respondents

Table 10 revealed that association between awareness on ICDS was found to be significant ($p < 0.05$) with some

independent variables such as annual income, educational qualification and occupation because the 'p' value of the three variables is found to be lower than 0.05 at 5.00 percent level of significance.

Table 10: Association between selected independent variables with awareness regarding ICDS

Sl. No.	Independent variable	ICDS		
		Degree of freedom	Chi square value	p-value
1.	Educational qualification	5	18.231*	0.003
2.	Annual Income	3	12.341*	0.006
3.	Occupation	5	13.188*	0.022

3.2.6.3 Association between selected independent variables with awareness regarding POSHAN Abhiyaan of the respondents

Result of the chi square test in Table 11 indicated that association between awareness of respondents regarding POSHAN Abhiyaan with occupation of respondents was highly significant ($p < 0.05$) while with variables such as

annual income and educational qualification the awareness regarding POSHAN Abhiyaan of the respondents was also significant ($p < 0.05$), though not highly. It may be interpreted that as the occupation of majority of the respondents is homemaking therefore their awareness with POSHAN Abhiyaan was seen to be highly significant.

Table 11: Association between selected independent variables with awareness regarding POSHAN Abhiyaan

Sl. No.	Independent variable	Poshan Abhiyaan		
		Degree of freedom	Chi square value	p-value
1.	Educational qualification	5	13.519*	0.019
2.	Annual Income	3	12.593*	0.006
3.	Occupation	5	30.547**	0.000

3.2.6.4 Association between selected independent variables with awareness regarding SAKHI-One Stop Centre of the respondents

Table 12 revealed that association between awareness on

SAKHI-One Stop Centre was found to be non significant ($p > 0.05$) with selected independent variables such as annual income, educational qualification and occupation.

Table 12: Association between selected independent variables with awareness regarding SAKHI-One Stop Centre

Sl. No.	Independent variable	SAKHI-One Stop Centre		
		Degree of freedom	Chi square value	p-value
1.	Educational qualification	5	6.087	0.065
2.	Annual Income	3	1.058	0.787
3.	Occupation	5	2.633	0.756

3.2.7 Source of awareness

Data regarding source of awareness presented in Table 13 and results reflected that almost all the respondents (99.17%) had earlier beneficiaries as source of awareness followed by anganwadi workers or helpers (96.67%), social media (61.67%), internet (94.17%), neighbours or friends (88.33%), ASHA workers (87.50%), ANM (86.67%), ICDS Supervisors (82.50%), television (79.17%), newspaper (8.33%), CDPO (19.17%) and gram panchayat (25.83%). It is observed that

the respondents had different sources of awareness regarding the selected social welfare schemes. Still, the awareness from one scheme to other varies to a large extent. The findings are in line with Pattanaik (2022) where it was reported that nearly 36.00 percent respondents know about the schemes through Gram Panchayat. Moreover it has some contradictory finding as well where only 30.00 percent of respondents read newspaper on daily basis only few have smart phones.

Table 13: Distribution of respondents according to source of awareness

Sl. No.	Source	Frequency	Percentage
1	Gram Panchayat	31	25.83
2	Television	95	79.17
3	Newspaper	10	8.33
4	Internet (search engine)	113	94.17
5	Neighbours/Friends	106	88.33
6	Anganwadi workers/helpers	116	96.67
7	ICDS Supervisors	99	82.50
8	ANM	104	86.67
9	ASHA workers	105	87.50
10	Earlier beneficiaries	119	99.17
11	Child Development Project Officer (CDPO)	23	19.17
12.	Social media (Whatsapp, Facebook, Twitter, Instagram, YouTube)	74	61.67

Multiple responses were recorded*

Among the various sources of awareness, earlier beneficiaries emerged as the most prominent source (99.17%) gaining awareness through this channel. This finding highlights the vital role of interpersonal communication and word-of-mouth in spreading information about such schemes. Additionally, the study revealed that Anganwadi Workers or Helpers (96.67%) and social media platforms (such as Whatsapp, Facebook, Twitter, Instagram and YouTube) (61.67%) were highly effective in disseminating awareness and reaching a wider audience. The findings reinforce the importance of leveraging community workers and digital platforms for effective communication strategies. However, the findings also identified certain sources with lower frequencies, such as Child Development Project Officers (19.17%), suggesting the need for further exploration and improvement in utilizing these channels for awareness generation. Overall, the findings shed light on the diverse range of sources that respondents rely upon to acquire awareness about the schemes, providing valuable insights for policymakers and practitioners to enhance information dissemination strategies and maximize the reach and impact of these schemes.

4. Conclusion

The results indicate that while there is a reasonable level of awareness about certain social welfare schemes like PMMVY and ICDS, there remains a need for further awareness campaigns to ensure that all eligible beneficiaries are aware of the available support under the scheme. However, regarding SAKHI-One Stop Centre, only 36.67 percent respondents were aware but no one had applied for availing the benefits under the scheme. This demands further study whether rural women are not at all victims of any kind of violence or in spite of being victims of violence they do not approach appropriate authority for availing benefits under the scheme. Targeted awareness campaigns and capacity-building initiatives could play a pivotal role in enhancing utilization and ensuring that the intended beneficiaries benefit from these schemes.

5. References

1. Admure MA. Knowledge of Antenatal Women regarding Pradhan Mantri Matritva Vandana Yojana. *Journal of Survey in Fisheries Sciences*. 2023;10(2):1982-1988.
2. Bartwal J, Rawat CS, Awasthi S. Awareness and Utilization of Geriatric Welfare services among Elderly in Nainital District of Uttarakhand. *National Journal of Community Medicine*. 2016;7(09):727-731.
3. Census India. Assam Population Census; c2011. Available at

<https://www.census2011.co.in/census/state/assam.html>. Date retrieved-10/8/2023

4. Economic Survey, Assam; 2011-12. Available at https://des.assam.gov.in/sites/default/files/swf_utility_folder/departments/ecostat_medhassu_in_oid_3/menu/document/economic_survey2011-12.pdf. Date retrieved-9/2/2023
5. Goswami AK, Ramadass S, Kalaivani M, Nongkynrih B, Kant S, Gupta SK. Awareness and Utilization of Social Welfare Schemes by Elderly Persons residing in an Urban Resettlement Colony of Delhi. *Journal of Family Medicine and Primary Care*. 2019;8(3):960.
6. <https://www.ceicdata.com/en/india/agriculture-census-average-size-of-operational-land-holdings-by-size-group/agriculture-census-average-size-of-operational-land-holdings-assam-size-group-less-than-1-hectare>. Date retrieved-10/8/2023
7. <https://www.india.com/business/average-income-of-indian-family-is-rs-23000-per-month-survey-5725299/>. Date retrieved-10/8/2023
8. Jothi S, Lakshminarayanan S, Ramakrishnan J, Selvaraj R. Beneficiary Satisfaction regarding Old Age Pension Scheme and its Utilization Pattern in Urban Puducherry: A mixed methods study. *Journal of clinical and diagnostic research: JCDR*. 2016;10(9):1.
9. Kular SS. A Study on Anganwadi Workers in Rural ICDS Blocks of Punjab. *International Journal of Humanities and Social Science Invention*. 2014;3(9):1-4.
10. Lena A, Ashok K, Padma M, Kamath V, Kamath A. Health and Social Problems of the Elderly: A Cross-sectional Study in Udupi Taluk, Karnataka. *Indian Journal of Community Medicine: Official Publication of Indian Association of Preventive and Social Medicine*. 2009;34(2):131.
11. Maroof M, Ahmad A, Khalique N, Ansari MA. Awareness of Geriatric Welfare Services among Rural Elderly Population. *Int. J Res. Med. Sci*. 2016;4(7):2783-2787.
12. Mohapatra I, Mahapatra A. Awareness about Social Security Schemes among Elderly: A Comparative Study among Rural and Urban Population of Khordha District, Odisha. *Indian Journal of Community Health*. 2019;31(2):262-267.
13. National Crime Records Bureau (NCRB). Ministry of Home Affairs, Government of India; c2020. Available at <https://www.cnbctv18.com/india/19-women-were-killed-for-dowry-every-day-in-2020-ncrb-10758421.html>. Date retrieved- 1/2/2023
14. National Family Health Survey (NFHS-5), (2019-21)

- Ministry of Health and Family Welfare, Government of India. Available at <https://feminisminindia.com/2023/05/30/30-married-indian-women-experienced-gender-based-violence/>. Date retrieved-7/7/2023
15. Nawale AY, Jadhav P, Hirve S, Butla M, Boinwad S, Khedekar S, *et al.* A Study to Assess the Knowledge regarding Pradhan Mantri Matru Vandana Yojna among Antenatal Mothers of Selected Area of Pune city. *Eur. J. Mol. Clin. Med.* 2020;7:10.
 16. Office of Registrar General, India. Special Bulletin on Infant Mortality in India (2016-18), Sample Registration System (SRS). Available at https://censusindia.gov.in/nada/index.php/catalog/42687/download/46357/SRS_Bulletin_2020_Vol_55_No_1.pdf. Date retrieved- 3/3/2023
 17. Office of Registrar General, India. Special Bulletin on Maternal Mortality in India, Sample Registration System (SRS). Available at <https://www.sentinelassam.com/north-east-india-news/assam-news/assam-records-highest-maternal-mortality-ratio-in-country-625974>. Date retrieved- 3/3/2023
 18. Patil KS, Kulkarni MV. Knowledge and Utilization of Integrated Child Development Services (ICDS) Scheme among Women in an Urban Slum-A Community based Study. *Indian J Forensic Community Med.* 2016;3(4):267-271.
 19. Paul P, Chouhan P. Socio-Demographic Factors influencing Utilization of Maternal Health Care Services in India. *Clinical Epidemiology and Global Health.* 2020;8(3):666-670.
 20. Periodic Labour Force Survey (PLFS). Ministry of Statistics and Programme Implementation; c2017-18.
 21. Provisional Population Totals India-Data sheets; c2011. Available at <https://environmentandforest.assam.gov.in/information-services/detail/demographic-profile>. Date retrieved- 6/2/2023
 22. Rent PD, Kumar S, Dmello MK, Purushotham J. Psychosocial status and economic dependence for healthcare and nonhealthcare among elderly population in rural coastal Karnataka. *Journal of Mid-life Health.* 2017;8(4):174.
 23. Sachdev R, Garg K, Shwetam S, Srivastava AR, Srivastava A. Awareness of Indian government initiated Social Security Schemes Utilization among Villagers of Kanpur Rural Region: An Evaluative Cross-sectional Study. *Journal of Family Medicine and Primary Care.* 2022;11(6):2456-2460.
 24. Sharma A, Thakur PS, Tiwari R, Sharma R. Utilization of Antenatal Care Services in Tribal Area of Madhya Pradesh: A Community based Cross sectional Study. *Int. J. Community Med Public Health.* 2019;6(6):2465.
 25. Sidhu JK, Rana K, Khanna P, Singh T. Pattern and extent of Utilization of Social Welfare Schemes by the Elderly in Northern India: An Observational Study. *Asian Journal of Social Science Studies.* 2020;5(3):29.
 26. Sinha P, Gunagi PR, Viveki RG, Kamble M, Halki S. Utilization of Antenatal Services under Pradhan Mantri Surakshit Matritva Abhiyan in Rural Area of North Karnataka: A Cross-sectional Study. *National Journal of Research in Community Medicine.* 2019;8(2):184-188.
 27. Thakur H. Study of Awareness, Enrollment, and Utilization of Rashtriya Swasthya Bima Yojana (National Health Insurance Scheme) in Maharashtra, India. *Frontiers in Public Health.* 2016;3:282.
 28. Unnikrishnan B, Rathi P, Sequeira RM, Rao KK, Kamath S. Awareness and Uptake of Maternal and Child Health Benefit Schemes among the Women attending a District Hospital in Coastal South India. *Journal of Health Management.* 2020;22(1):14-24.
 29. Vidhate KB, Kundap R. Awareness about newly launched Social Security Schemes among Rural Population in India. *National Journal of Community Medicine.* 2016;7(12):918-921.
 30. Zakar R, Zakar MZ, Aqil N, Chaudhry A, Nasrullah, M. Determinants of Maternal Health Care Services Utilization in Pakistan: Evidence from Pakistan Demographic and Health Survey, 2012-13. *Journal of Obstetrics and Gynaecology.* 2017;37(3):330-337.