

## A study of Impact of Rashtriya Bal Swasthya Karyakaram on Economic empowerment of Women in Mandsaur, M.P

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### Abstract

*In recent time "empowerment" is become one of the most widely used development terms especially in term of women. Still it is one of the least understood in terms of how it is measured or observed. Women Empowerment means to increase the, spiritual, political, social or economic strength of women among the societies and the communities to develop the confidence and their own capacity. Economic empowerment of women promotes women's ability to achieve their rights and well-being while also reducing household poverty, increasing economic growth and productivity, and increasing efficiency. 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 study analyzes impact of Rashtriya Bal Swasthya Karyakaram on economic empowerment of women in Mandsaur district, M.P. The study aims to analyze the contribution of scheme towards women's economic empowerment. It also assess the satisfaction among the women about the scheme based on its coverage and allocation of funds.*

**Keywords:** *empowerment, coverage, funds, allocation, self help groups, anganwadi*

### Introduction

Empowerment has become one of the most widely used development terms especially in term of Women. But still it is one of the least understood in terms of how it is measured or observed. Empowerment has intrinsic, extrinsic as well as instrumental value. Apart from this empowerment can be economic, social, or political. In the broader sense,

empowerment is the expansion of freedom of choice and action. It means by increasing the authority and control of women over the resources and decisions that affect their life. Un-empowered women have very limited choice due to lack of assets and by their powerlessness to negotiate better terms for themselves with a range of institutions, both

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formal and informal.

Citing Depthnews, defines empowerment as "it is a process in which women gain control over their own lives by knowing and claiming their rights at all levels of society at the international, local, and household levels. Self-empowerment means that women gain autonomy, are able to set their own agenda and are fully involved in the economic, political and social decision-making process".

**Economic Empowerment:** Economic empowerment of women in any society is very essential to create 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. It promotes women's ability to achieve their rights and well-being while also reducing household poverty, increasing economic growth and productivity, and increasing efficiency. There are certain reasons behind the promotion of women's economic empowerment.

They are:

1. Economical empowerment of women will lead to achieve their potential and their rights in society.
2. If a woman can manage a home with her inbound skills, these skills can be utilized to manage an enterprise as well.
3. Women who are economically empowered contribute more to their families, societies and national economies.

### **Rashtriya Bal Swasthya Karyakaram-**

#### **Background:**

Comprehensive child health care implies providing a complete set of health conditions to all children from birth to 18 years of age.

These conditions are Deficiencies, Diseases, Disability and Developmental delays - 4 Ds. Universal screening would lead to early and timely detection of medical conditions, subsequently leading to a reduction in morbidity, mortality, and lifelong disability.

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 (DEIC) 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.

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.

#### **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.

**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
Preschool children in rural areas and urban slum	6weeks - 6 years	8 crores
School children enrolled in class 1st and 12th in government and government aided schools	6yrs - 18 yrs	17 crores

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

#### **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.

#### **Selected Health Conditions for Child Health Screening & Early Intervention Services**

**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

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

Malnutrition, Goitre

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

**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)

#### **Mechanisms for screening at Community & Facility level:**

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.

#### **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.

#### **Screening at Schools- Government and Governmentaided:**

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. The tool used here is a questionnaire (preferably translated to local or regional language) and clinical examination.

**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 recognised institution, one ANM/Staff Nurse and one Pharmacist with suitable proficiency in computer for data management.

#### **Review of Literature**

Suresh, K.A. (1990), found that NGOs were not working as participatory organizations up to the extent which is required. The rates of participation and arrangements for participation were very low. The participants are also found to be not keen in getting represented in decision making bodies and planning process.

Rao, Mohan, (2000) carried research in Andhra Pradesh and explored that SHGs helps to build the self-confidence, social development, skill formation and social empowerment in woman.

Kapoor, P. (2001), in her study, discussed and analyse 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.

Raghavan V.P. (2009) carried research on Kerala and discussed that by participating in various incomes generating -cum- developmental activities, the confidence, attitude and morale of women risen very high. The Capacity of the poor women of the State in several areas has increased considerably. Status of women in families and community has also improved.

Varghese, T. (2011), in his research contends that, empowering women is one of the most crucial concerns of the Millennium Development Goals of the United Nations. In Sultanate of Oman One of the national priorities and goals of the Human Resource Development Strategic Plan is the development of women and to upgrade the status of women and facilitating their integration into the total social development. The objective of his research was to measure the women empowerment in Oman by identifying the household decision making ability of women and to assess the economic decision making capability of women. Also



author wants to evaluate the freedom of mobility of women for giving recommendation and suggestions in decision making in Oman. The sample for the research was 150 women in Sohar region, Sultanate of Oman, with a structured questionnaire. Regression model was the main tool along with frequency tables for data analysis. For the quantitative analysis, five main variables were taken as independent variables and total women empowerment was taken as dependent variable. In the result, four hypotheses were accepted and one was rejected. While in the qualitative analysis he had framed total women empowerment index that shows that women in Sohar are good decision makers. Another finding is that women in Oman are better in household decision making and economic decision making than socially. He also used the perception analysis to address the different issues in legal and political side and the result shows that majority of women in Sohar region were aware about their rights and duties.

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. (2013), 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.

### **Objectives of Study:**

1. To assess the satisfaction among the respondents about the scheme based on its coverage and allocation of funds.
2. To study the contribution of scheme towards women's economic empowerment.
3. To study the contribution of scheme towards overall satisfaction amongst the respondents.

### **Research Methodology**

The present study is descriptive in nature as it is associated with explaining the facts which already exist among the population. A Survey approach has been used for the present study.

### **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. As four different schemes were considered for study four different questionnaires have been monitored. The respondents of female category only were considered for study as the study is based on the women empowerment.

### Research Instrument:

A self administered structured questionnaire has been framed to test the objectives on four different schemes. Four different questionnaires have been prepared for the purpose of measuring the satisfaction and support to economic empowerment of rural area women. 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.

### Sampling Plan:

- **Sample Unit:** Mandsaur District in MP.
- **Sample Size:** 50 respondents who have availed the above scheme have been selected.
- **Sampling Technique:** Convenient Sampling.
- **Scaling Technique:** Dichotomous scale (Yes, No, cannot say)

### Analysis & Interpretation

#### Age of Child for whom the scheme is availed:

Age of child	No. of children	% of children
Birth to 6 weeks	8	16
6 weeks to 6 yrs	19	38
6 to 18 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 weeks are 8. Total 19 children between the age group of six weeks to 6 yrs and total 23 children between the age group of 6 to 18 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.

#### Gender of child

Gender of child	No. of children	% of children
Male	26	52
Female	24	48
Total	50	100

The above table mentions the gender of a child for whom the scheme benefits are availed. Total 26 male children and 24 female children have availed the benefits under this scheme.

### Education of Respondent:

Education	No. of respondents	% of respondents
Below SSC or SSC	06	12
Up to HSC	27	54
Upto/Graduation	17	34
Total	50	100

The study found that out of total respondents 6 are educated below or up to SSC, 27 females are educated upto HSC and 17 females were educated up to graduation. Thus, the average level of education is up to HSC among the scheme availers.

### Age of respondent:

Age of respondent	No. of Respondents	% of Respondents
< 20 yrs	6	12
21 -30 yrs	19	38
31 -40 yrs	16	32
> 40Yrs	9	18
Total	50	100

Among total 50 female respondents, 6 belong to age of less than 20 years, 19 belong to 21-30 yrs age group, 16 belong to 31-40 yrs age group where as only 9 females belong to more than 40 yrs of age group.

### Sources of information about Rashtriya Bal Swasthya Karyakaram

Sources	No. of Respondents	% of Respondents
Panchayat	10	20
Anganwadi	10	20
Newspaper	12	24
TV	06	12
Radio	12	24
Total	50	100

When the sources of information about Rashtriya Bal Swasthya Karyakram was analyzed, it was found that 10 respondents each have received information from Panchayat and Anganwadi supervisors, 12 from newspapers, 2 from TV and 12 from Radio. Thus, Newspaper and Radio has proved to be effective in communicating the message about these schemes in selected sampling frame.

**Satisfaction towards the fund allocated for scheme among the respondents:**

Parameter	No. of Respondents	% of Respondents
Yes	33	66
No	11	22
Cannot Say	6	12
Total	50	100

Out of total 50 respondents, 33 respondents are satisfied with the financial aid provided by the scheme whereas 11 respondents are not satisfied with the financial aid. Only 6 respondents were not in a position to decide whether they are satisfied with the financial support or not.

**Rashtriya Bal SwasthyaKaryakaram and women empowerment:**

Parameter	No. of Respondents	% of Respondents
Yes	31	62
No	9	18
Cannot Say	10	20
Total	50	100

Total 31 out of 50 female respondents feel that the scheme is useful for empowerment of women in the rural area where as only 9 females feel that the scheme does not promote woman empowerment. 10 females were not in a position to decide whether the scheme promotes woman empowerment or not.

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.

<b>ANOVA</b>					
<b>S Fund</b>					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	4.667	12	.389	1.216	.309
Within Groups	11.833	37	.320		
Total	16.500	49			

The above table shows the impact of funds allocated through Rashtriya Bal Swasthya Karyakram on the level of satisfaction among the women in rural area. The calculate F value 1.216 at 0.309 level of significance is more than the actual p value i.e. 0.05, at a degree of

freedom equal to 12. In light of this the null hypothesis H04: There is no significant impact of funds allocations prescribed in Rashtriya Bal Swasthya Karyakaram on rural women satisfaction is not rejected. The study indicates that only allocation of funds through

this scheme is not associated with their level of satisfaction. The possible reason for this could be shortage of funds allotted as compared to expect by the respondents at a particular stage of availing the scheme. There is a possibility that a respondent is expecting full reimbursement in cash under the scheme for a child and the scheme covers partial benefit. Thus, among the existing sample, there is no impact of funds allocated through this scheme

among the level of satisfaction.

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.

**ANOVA**  
**WEEmp**

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	5.008	12	.417	1.105	.045
Within Groups	13.972	37	.378		
Total	18.980	49			

The above table shows the impact of coverage of the scheme on Women Empowerment of rural area. The calculated F value 1.105 is significant at 0.045 level with a degree of freedom equal to 12. In light of this the null hypothesis namely H05: There is no significant impact of the coverage of Rashtriya Bal Swasthya Karyakaram on rural women economic empowerment 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.

H03: There is no significant impact of the coverage of Rashtriya Bal Swasthya Karyakaram on overall satisfaction among the respondents.

H13: There is a significant impact of the coverage of Rashtriya Bal Swasthya Karyakaram on overall satisfaction among the respondents.

**Descriptive Statistics**

	N	Mean	Std. Deviation	Minimum	Maximum
Overall	50	20.6600	2.70004	15.00	27.00

**Test Statistics**

	Overall
Chi-Square	23.680 <sup>a</sup>
Df	12
Asymp. Sig.	.001

a. 13 cells (100.0%) have expected frequencies less than 5.  
The minimum expected cell frequency is 3.8.

The Chi Square test has been applied to

measure the overall satisfaction level of the



respondents with respect to coverage of Rashtriya Bal Swasthya Karyakaram. The test statistics for sample size 50 shows that the 2 value for all 50 items is 23.680 which is greater than table value i.e. 21.026 at df equal to 12. In light of this null hypothesis H06: There is no significant impact of the coverage of Rashtriya Bal Swasthya Karyakaram on overall satisfaction among the respondents is rejected. Thus the study concludes that within the area of research, the level of satisfaction of the respondents is not associated with the funding supported by the scheme. Similarly, the aspects covered in the scheme do not lead to overall satisfaction among the women of rural area that have availed the benefits under such scheme. But the scheme supports the rural women empowerment.

### **Conclusion and Findings**

The study has been carried out with the help of Anganwadi supervisors of Mandsaur district in Madhya 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, bar diagrams, ANOVA 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 is 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 - Defects 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 who 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 XII. The respondents of age group of 21 to 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 fifty respondents, thirty are satisfied with the funds allocated through the scheme where as eleven 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.

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