Research Paper
Impact Factor: 7.352
Peer Reviewed Monthly Journal
www.ijmdrr.com

IJMDRR
E- ISSN –2395-1885
ISSN -2395-1877

SOCIO ECONOMIC AND HEALTH CONDITIONS OF WOMEN AND CHILDREN IN SELECT DISTRICTS ON TELANGANA STATE

Nimmanagoti Ramulu
Research Scholar, Department of Economics, Kakatiya University, Warangal, Telangana.

Abstract
Rural women and men play different roles in guaranteeing food security for their households and communities. While men grow mainly field crops, women are usually responsible for growing and preparing most of the food consumed in the home and raising small livestock, which provides protein and financial benefits. Women are more likely to spend their incomes on food and children's needs. Food and nutrition security directly related to an economic growth of a country; countries with higher levels of poverty and severe malnutrition confront with serious limitation in human capital development - the basis to drive sustainable growth. If the human force suffers from severe poverty and chronic malnutrition, the country is forced to invest its significant resources in the short-term through social safety net programs and conditional cash transfers which leads to a negative impact on gross domestic product (GDP) of as much as 4 to 5 percent decline, according to the UN Food and Agriculture Organization. Therefore, food security is a crucial topic, within the broader fields of development economics. Hence Food security is declared as human right in 1948 at a United State food conference, "which recognized right to food as a core element of an adequate standard of living". Food insecurity for both women and children included increased poverty, low dietary diversity and failing to save money to cover food expenses. For women, using more coping strategies and having a husband who made decisions about how money the woman earned was used were associated with food insecurity, while not having received food from an Integrated Child Development Service center was associated with food insecurity in children.

Key Words: Food security; India; Maternal Health; Child Health; Telangana; Gender.

Introduction

Food security' exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life". The core idea of food security was traced back in the year 1798 given in the form of 'theory of population' by Thomas Malthus; his approach was focused on (dis) equilibrium between population and food. In order to maintain this equilibrium the rate of growth of food availability should not be lower than the rate of growth of population. Food security is global issue; globally 820 million people are suffering from hunger (IFPRI Report 2013). Most of the hunger people are lived in third world countries like Latin America, Africa and Asia. Overall, 29% decrease in hunger levels was reported since 2000, but still it remains alarming in 50 countries including India (GHI Report 2016). Global Hunger Index 2016 is composed modified Global Hunger Index by multidimensional indicators such as 'undernourishment' which is measured by calorie intake, second - 'Child mortality under five' and third - 'child undernutrition' which is measured by wasting or thinness and stunting of children under five. Across the world, it was reported large regional differences in food and nutritional security or hunger (GHI Report 2016). The major regions of the developing world viz., "Africa, South of the Sahara and South Asia have been reported to have highest hunger GHI scores at 30.1 and 29.0 respectively". These scores reflect the serious levels of Hunger. Whereas 'Haiti' - the region belongs to Latin America scored 36.9 points which placed in alarming category. "North African Countries and

Eastern Europe and common wealth of Independent States have shown to have reduced GHI scores by 4.2 to 5.8 points". "East and South East Asia were found to have GHI between 39 to 43 points", whereas, India stands between 20.0 to 34.9 points with a ranking of 97th rank among 193 countries".Food security was measured by asking respondents to reflect on the prior twelve months and choose among four statements that would best describe the female respondent as well as the female respondent"s perception of her children: "have enough food and of the kinds of nutritious foods we want to eat"; "have enough food but not always nutritious food"; "sometimes not enough food to eat and was sometimes hungry"; and "often not enough food to eat, was often hungry". This simple measure has often been used by Freedom from Hunger with microfinance practitioners who have resource constraints for collecting data for their programs. Despite its blunt measure of food security, it has been found to be correlated with poverty and other expected factors of well-being. Additionally, given that the dietary diversity index and the coping strategies index were both used in this survey, in combination it was believed all three measures would give different pictures of food security.

Given the focus of India's national nutrition mission on child undernutrition, the DNPs focus on the determinants of child undernutrition. Multiple determinants of suboptimal child nutrition and development contribute to the outcomes seen at the district-level. Different types of interventions can influence these determinants. Immediate determinants include inadequacies in food, health, and care for infants and young children, especially in the first two years of life. Nutrition-specific interventions such as health service delivery at the right time during pregnancy and early childhood can affect immediate determinants. Underlying and basic determinants include women's status, household food security, hygiene, and socio-economic conditions. Nutrition-sensitive interventions such as social safety nets, sanitation programs, women's empowerment, and agriculture programs can affect underlying and basic determinants.

Role of Government in ensuring Access to Food

Government of India has been proactive about ensuring access to food to its citizen. The PDS is one of the biggest welfare programmes in the country in terms of expenditure. The Centre has allocated about 5.2% of its total budget for 2022-23 to the country's food subsidy programme. A crucial safety net, the food subsidy is used to provide consumers with affordable food grains through the public distribution system (PDS) and protect farmers against low market prices. A statutory body created by the Food Corporation of India Act of 1964, the FCI was established for the "purchase, storage, movement, transport, distribution and sale of foodgrains and other foodstuffs". National Food Security Act, 2013 (NFSA) marks a paradigm shift in the approach to food security from welfare to rights-based approach. NFSA covers 75% of the rural population and 50% of the urban population under: Antyodaya Anna Yojana: It constitute the poorest of-the-poor, are entitled to receive• 35 kg of foodgrains per household per month. Priority Households (PHH): Households covered under PHH category are entitled to• receive 5 kg of foodgrains per person per month. The eldest woman of the household of age 18 years or above is mandated to be the head of the household for the purpose of issuing ration cards. In addition, the act lays down special provisions for children between the ages of 6 months and 14 years old, which allows them to receive a nutritious meal for free through a widespread network of Integrated Child Development Services (ICDS) centres, known as Anganwadi Centres.

Government Programmes for Food Security in India

Integrated Child Development Services (ICDS)

The Integrated Child Development Services (ICDS) Scheme, which began on October 2, 1975, is one of the Government of India's flagship programs and one of the world's largest and most innovative early childhood care and development programs. It is the most visible symbol of the country's commitment to its children and nursing mothers, as a response to the challenge of providing pre-school non-formal education on the one hand, and also breaking the malnutrition food cycle, morbidity, reduced learning capacity, and mortality on the other. Children aged 0-6 years, pregnant women, and breastfeeding moms are among the Scheme's beneficiaries.

KCR Nutrition Kits'

Telangana Government launched yet another pioneering initiative 'KCR Nutrition Kits', which is aimed at reducing Anemia and improving hemoglobin levels in pregnant women. Each kit contains a kg of Nutritional Mix Powder, a kg of Dates (Khajoor), three bottles of Iron Syrup, 500 grams of Ghee and a Cup. The kits were distributed to pregnant women in nine districts of Telangana where prevalence of anemia was high. The programme was launched by Health Minister T. Harish Rao at Kamareddy on 21st December 2022.

Amma Odi and KCR Kit are two welfare programs for mother and child launched by the Government of Telangana. Amma Vodi provides transport facility for pregnant women before and after delivery. The program provides financial and medical assistance to women undergoing delivery of the child at any government hospital in the state. The program aims to reduce the Infant Mortality Rate and Maternal Mortality Rate which currently stands at 28 deaths per 1000 and 65 deaths per 1 Lakh deliveries respectively. The Aadhar-based Mother and Child Tracking System (MCTS) software, is used by healthcare workers to track women at every stage of pregnancy.

Items List of KCR Kit

KCR Kit contains the below mentioned daily need items :-

- Soaps Useful for Mother and Child.
- Mosquito Net.
- Baby Oil.
- Baby Bed.
- Dresses.
- Saree for Mother.
- Towels.
- Hand Bag.
- Napkins.
- Powder.
- Shampoo.
- Diapers.
- Toys for Kid.

Amma Odi

The scheme was launched after the success of KCR Kit by Chief Minister of Telangana, K Chandrashekhar Rao on 18 January 2018. An exclusive, 102 call number is used for this service.

For pregnant woman across the state. Under the scheme, a pregnant woman can use free 102 service van to visit the hospital and dropped off at no cost. It can be used any number of times as necessary.

After the delivery, the mother along with the new born are dropped at home after discharge from that hospital.

Presently, there are 241 multi-utility vehicles, GPS-tracked, with capacity for 10 patients. Each district is allotted 6-8 vehicles. The call center to avail the service is based in Hyderabad and works 8 AM to 8 PM everyday, 365 days. By the end of 2018 another 200 vehicles will be added to the existing 241.

Financial assistance

The mother will also be provided with financial assistance of ₹12,000 (₹13,000 for a girl child) to compensate for the loss of work by the women during the pregnancy and post natal period. This amount will be provided in installment with the last two installments paid after vaccinating the child. The money is sent as direct cash transfer to individual aadhaar-lined accounts of pregnant women in the State.

Interventions in the Health Sector

Inspite of a drop in the growth rate of population (from 2.22% during 1971-81 to 2.14% during 1981-91), "every year around 17 million people are added to the population, which creates a demand for additional resources for clothing, housing, food, education, health, schooling etc. With 2.4% of the world land area, India supports 16% of the world's population." (Annual Report Min. Health, 1994). Population control, therefore, remains a key to the resolution of not only food and nutrition security in India, but almost all the problems that the country faces. The ultimate objective of all socio-economic development is to bring about a meaningful and sustained improvement in the well being and welfare of the people and there is no better index of the well being of people than the state of their health. The importance of the status of the health of people can, therefore, scarcely be over emphasised. Whether directly or indirectly, all health programmes are as important in combating malnutrition as programme that make available purchasing power, foodgrains at the subsidized prices and supplementary nutrition to children and mothers.

In fact, now a days the sensitive index of a community's health status is the chance of survival and growth of its children below five years of age. It is another matter that the author himself, in the early stages of his service (1969-71), had an occasion to observe a community of tribal people whose philosophy to life was, This community, the Nishi Tribe (earlier known as Daflas), inhabited the high hills in one of the districts of the North East Frontier Agency, now the State of Arunachal Pradesh in North East India. Author's own headquarters, as the administrative head of that area, was full 13 days foot march from the nearest motor head. The area was thus, completely cut off from rest of the world, the only contact being the wireless net used by the government and once in a while helicopter sortie. The people were completely self sufficient and the only thing they needed from the outside world was salt which earlier used to come from Tibet and was later on air dropped. It was observed to be a simple and happy community, producing enough to feed themselves for the whole year by slash and burn (Jhum) cultivation on hill slopes and supplementing their diets with mutton obtained from hunting & smoked inside their huts for use throughout the year. Of course, when a child passed the age of 13-14 years, he would develop into a beautiful specimen of human being, well built, tough and happy go lucky. However, it appeared that high child mortality was perhaps necessary in order to maintain the balance between humans and nature, especially the need to maintain a long cycle in the shifting cultivation. Child births were many but women were tough and did not appear to have any adverse effects of frequent deliveries, probably because of being used to hard labour all the year round. My wife was amazed one day when she saw the wife of my Political Interpreter returning home from her Jhum

Khet (slope of shifting cultivation), about 4 kms away, with a new born baby in her arms. Covered the wound with some paste made of local leaves and sewed it with pig's hair ! Of course, the area could not remain isolated forever and even without completion of the motor road under construction those days, the market economy and modern civilization slowly entered the area. We, the change-agents, introduced wet rice permanent cultivation in valley lands to replace jhum cultivation. Valley lands being limited, land disputes erupted for the first time. With money and markets, entered terylene shirts, radio transistors, cosmetics and so on. Gradually their uncomplicated simple life started giving way to a life like ours, one not in frequented by greed, disputes and selfishness. This digression, though not necessary, was spontaneous, and only serves to establish the fact that the earth has now shrunk and global standards of life styles have to be adopted by every community sooner or later.

Review of Literature

Kavitha (2014) examined PDS system in India in context of food security and flaws in the working of PDS. Data are collected from food grains Bulletin and census of India 2011. This study measured that total off take of the food grain in the PDS along with the population of all states. Findings showed that, huge variation across state. Uttar Pradesh, Tamil Nadu, Andhra Pradesh, Maharashtra and West Bengal have taken highest quantity of food grain distributed. The share of off take was higher than their share in population. But Haryana, Punjab, Bihar, Madhya Pradesh and Rajasthan etc are the share of off take was lower than their share in population.

Chudasama et.al (2013), they evaluated AWC's performance under ICDS programme in Gujarat State. 60 AWC's are selected, among these 46 AWC's from rural and 14 AWC's from urban area during 2012-2013. Chi-square test was applied. Findings are considerable number of 6 months to 3 years age group and 3 to 6 years age group of children received services from AWC's in rural area. Significant number of pregnant mothers, lactating mothers and adolescent girls in rural areas compared to urban areas received AWC's. So this results show that rural areas pregnant, lactating women and infants are highly depends on Supplementary Nutrition Service of ICDS in Gujarat State sample area.

Sengupta et.al (2012) analyzed the NFHS data to assess the possible existence of double burden of malnutrition (existence of overweight and underweight). Data used multivariate analyses for analysis. The result shows that, in India the underweight problem seems to cut across all social and economic categories, where as the overweight problem seems to be more of a problem of wealthier urban woman. The likelihood of the simultaneous existence of underweight and overweight problem is also evident in Indian society especially among urban well to do people.

Bashir et. al (2012)examined the situation of food security for the landless rural households of the Punjab province in Pakistan. Primary data from 576 landless households were collected from 12 districts of the province. For data analysis logit regression was used. The results revealed about 27% of the sample households were measured to be food insecure. Household's monthly income and household head's education levels of middle and intermediate were positively impacting household food security. On the other hand, household heads' age and family size were negatively associated with household food security. This study suggested that, rural household food security can be improved by focusing on education, creation of generating opportunities and family planning programs.

Pathak et.al (2011), analyzed the trends and patterns of economic inequalities with respect to child malnutrition by wealth status of population across major states of India. This study collected data from

NFHS Reports of three phases (1992-2006). The data analyzed by bivariate analysis and pooled logistic model. In this paper, he showed that, acute and chronicle malnutrition of children was dependent on variable and economic status of population which was used as independent variables and checked by pooled logit model. Findings clearly showed that, low economic status people have more malnutrition child than high economic status people during 1992- 2006.

Objectives of the Study

1. To examine the determinants of food security at households level in the study areas.
2. To analyze women nutrition and child nutrition security in the study areas.

Methodology

Both primary and secondary data were used in the present study. Secondary data was from various Reports like 'World Development Indicators 2016 by World Bank', Indian Economic Survey – up to 50 years (From 1961 to 2011) National Family Health Survey Reports of 1, 2, 3 and 4, Agricultural Statistics 2016 and Census of India 2001 and 2011. The primary data was collected from 120 female respondents through structured interview scheduled in the study areas.

Social Groups or Caste

The study has considered only three major caste's namely SC, ST and OBC (Other Backward Classes). Majority of the respondents are from OBC followed by SC's and ST's.

Table 1.1: Social group of Respondents

Sl No	Name of the Districts	Caste				Total
		SC	ST	OBC	OC	
1	Nalgonda	13 (10.83%)	6 (5%)	15 (12.50%)	3 (2.5%)	37 (30.83%)
2	Rangareddy	6 (5%)	3 (2.50%)	16 (13.33%)	6 (5%)	31 (25.83%)
3	Nizamabad	5 (4.16%)	4 (3.33%)	11 (9.17%)	5 (4.17%)	25 (20.83%)
4	Warangal	6 (5%)	5 (4.16%)	13 (10.83%)	3 (2.5%)	27 (22.49%)
	Total	30(25%)	18(15%)	55(45.83%)	17(14.17%)	120(100%)

Source: Primary Data

The above table 1.1 clears that, social group of the respondents from total respondents 45.83% respondents are from OBC, 25% respondents are from SC's, 15% respondents are from ST's and 14.17% respondents are from OCs.

Table 1.2: Age of respondents

Sl No	Name of the Districts	Age				Total
		15 to 25	25 to 40	40 to 60	Above 60	
1	Nalgonda	5(4.16%)	12 (10%)	8(6.66%)	2(1.66%)	27 (22.5%)
2	Rangareddy	11(9.16%)	13 10.83%)	6(5%)	3(2.5%)	33(27.5%)
3	Nizamabad	8(6.66%)	11(9.16%)	5(4.16%)	4(3.33%)	28 23.33%)

4	Warangal	10 (8.83%)	14(11.66%)	7 (5.83%)	1 (0.83%)	32 (26.6%)
	Total	34 (28.83%)	50 (41.2%)	26 (21.66%)	10 (8.33%)	120 (100)

Source: Primary Data

The table 1.2 specified different age groups of respondents. From the total respondents the maximum number of age group is 25 to 40 years age group it is 41.2% whereas 28.83% respondents are 15-25 years. Subsequently, 21.66% respondents are 40-60 years old and above sixty years age respondents are only 8.33% in study area.

Table 1.3: Family annual income particulars of the Respondents

Sl No	Name of the Districts	Income				Total
		Up to Rs. 5,000	Rs. 5,000-10,000	Rs. 10,000-15,000	Rs. 15,000 & Above	
1	Nalgonda	8 (6.66%)	12 (10%)	11 (9.16%)	3 (2.5%)	34 (28.33%)
2	Rangareddy	6 (5%)	14 (11.66%)	7 (5.83%)	5 (4.16%)	32 (26.66%)
3	Nizamabad	5 (4.16%)	10 (8.33%)	9 (7.5%)	4 (3.33%)	28 (23.33%)
4	Warangal	4 (3.33%)	11 (9.16%)	8 (6.66%)	3 (2.5%)	26 (21.66%)
	Total	23 (19.16%)	47 (39.16%)	35 (29.17%)	15 (12.5%)	120 (100%)

Source: Primary Data

The above table 1.3 reveals the family annual income particulars of the respondents in the selected Districts from Nalgonda, Rangareddy, Nizamabad and Warangal of Telangana State, out of 120 respondents the highest number 47 respondents accounting for 39.16% family annual income are between Rs. 5,000 to 10,000. Followed by 35 respondents accounting for 29.17% family annual income is between Rs.10,000- to 15,000. 23 respondents accounting for 19.16% family annual income is between up to Rs. 5,000. The lowest number only 15 respondents accounting for 12.5% family annual income is between Rs. 15,000 and above.

Table 1.4: Nutrition Status of Girls children (0-5)

Sl No	Name of the Districts	Nutrition status Girl child(0- 5years)				Total
		Normal	Under weight	Wasting	Stunted	
1	Nalgonda	10 (8.33%)	12(10%)	4(3.33%)	2(1.66%)	28 (23.33%)
2	Rangareddy	9 (7.5%)	13 (10.83%)	5 (4.16%)	3 (2.5%)	30 (25%)
3	Nizamabad	6 (5%)	10 (8.33%)	7 (5.83%)	4 (3.33%)	27 (22.5%)

4	**Warangal**	**13 (10.83%)**	**11 (9.16%)**	**6 (5%)**	**5 (4.16%)**	**35 (29.16%)**
	Total	**38 (31.66%)**	**46 (38.33%)**	**22 (18.33%)**	**14 (11.66%)**	**120 (100)**

Source: Primary Data

Above tables shows that 1.4 describe that nutrition status of girls children (38.33%) children are underweight in the study area and 31.66% girl children are normal, 18.33% children are wasting and 11.66% children are stunted in the study area.

Table 1.5: Anganawadi going Children in Study Area

Sl No	Name of the Districts	Anganawadi Going children			Total
		Not Apply	No	Yes	
1	**Nalgonda**	**5(4.16%)**	**8(6.66%)**	**15(12.5%)**	**28 (23.33%)**
2	**Rangareddy**	**4(3.33%)**	**12(10%)**	**14 (11.66%)**	**30 (25%)**
3	**Nizamabad**	**6 (5%)**	**15 (12.5%)**	**12 (10%)**	**33 (27.5%)**
4	**Warangal**	**3 (2.5%)**	**10 (8.33%)**	**16 (13.33%)**	**29 (24.16%)**
	Total	**18 (15%)**	**45 (37.5%)**	**57 (47.5%)**	**120 (100)**

Source: Primary Data

Above tables shows that 1.5 describe that Anganawadi going Children's 47.5% children are going to AWC's. 37.5% children are not going to AWC and 15% children are not applying to AWC in study area.

Table 1.6: Facilities from Anganawadi Centers to Pregnant Women's

Sl No	Name of the Districts	Facilities from Anganawadi Centers to Pregnant Women's			Total
		Not Apply	No	Yes	
1	**Nalgonda**	**6 (5%)**	**9 (7.5%)**	**15 (12.5%)**	**30 (25%)**
2	**Rangareddy**	**5 (4.16%)**	**6 (5%)**	**13 (10.83%)**	**24 (20%)**
3	**Nizamabad**	**4 (3.33%)**	**10 (8.33%)**	**18 (15%)**	**32 (26.66%)**
4	**Warangal**	**8 (6.66%)**	**12 (10%)**	**14 (11.66%)**	**34 (28.33%)**
	Total	**23 (19.16%)**	**37 (30.84%)**	**60 (50%)**	**120 (100)**

Source: Primary Data

The table 1.6 gives the detailed information on beneficiaries who have taken services from AWC's in study area. 50% respondents are taken Supplementary Nutrition and immunization, during pregnant time. 30.84% respondents are not taken any services from AWC's. Only 19.16% respondents are not applying any services from AWC's. This shows that an AWC's are played an important role to reduce the undernourishment of women and children in study area.

Table 1.7 Consumption Pattern of Food Items

Sl No	Name of the Districts	Consumption of food Items				Total
		Cereals	Vegetables	Milk Items	Egg	
1	Nalgonda	2 (1.66%)	4 (3.33%)	10 (8.33%)	12 (10%)	28 (23.33%)
2	Rangareddy	4 (3.33%)	3 (2.5%)	12 (10%)	10 (8.33%)	29 (24.16%)
3	Nizamabad	3 (2.5%)	1 (0.83%)	13 (10.83%)	14 (10.83%)	31 (25.83%)
4	Warangal	5 (4.16%)	7 (5.83%)	9 (7.5%)	11 (9.16%)	32 (26.66%)
	Total	14 (11.66%)	15 (12.5%)	44 (36.66%)	47 (39.17%)	120 (100)

Source: Primary Data

Above tables shows that 1.7 describe that Consumption Pattern of Food Items Eggs are consumed by 39.17% (47) respondents daily, by 36.66% (44) respondents are consumed Milk items, by 11.66% (14) respondents are consumed cereals and 12.5% (15) respondents are consumed vegetables. .

Conclusion

The proper policy interventions are absolutely essential for ensuring Food and Nutrition Security among women and children. As a first step in this direction the government should regulate issuing false/duplicate ration cards. Similarly the state should also encourage investment to increase off farm income to rural households. Creating awareness and promoting sanitations and hygienic facilities also go a long way in improving food and nutrition security. More than anything else, creating proper awareness through education as well as mass media is equally important. There is also a need for rethinking on multiple and coordinated approaches to ensure sustainable food and nutrition security. A comprehensive, holistic and an integrated approach are most essential to achieve the desired goals. While men grow mainly field crops, women are usually responsible for growing and preparing most of the food consumed in the home and raising small livestock, which provides protein and financial benefits. Women are more likely to spend their incomes on food and children's needs - many earlier studies has shown that a child's chances of survival increase by 20% when the mother controls the household budget. Women's access to education is also a determining factor in levels of nutrition and child health. Economic status of women is also linked with undernourishment of children, the study examined the inter linkages between economic status of women and child undernourishment, the latter is the biggest problem in rural area and also emphasized the role of ICDS in the reduction of child under nutrition.

References

1. Amit Chandy Ittyerah (2013): "Food Security in India Issues and Suggestions for Effectiveness". Indian Institute of Public Administration New Delhi, Theme Paper for the 57th Members Annual Conference.
2. Kareemulla, (2013): "Impact of National Rural Employment Guarantee Scheme in India on Rural poverty and Food security". Agricultural Research Journal. Vol.1, No.1, pp.13-28.
3. Kavitha, (2014): "Evaluation of Public Distribution System in India", IJARMSS, Vol.3, No.4. pp. 140-147.
4. Chudasama, (2013): "Evaluation of Anganwadi centers performance under integrated Child Development Services (ICDS) programme in Gujarat State" Published in NIPCCID Empirical Works.Vol.3.
5. Senagupta,K, Atmatrana, Manikeshwar, Kadanti, Alluri and Trimurtulu (2012): "Efficacy and Tolerability for weight management in obese subjects: A randomized double blind placebo controlled clinical study", Lipids health and diseases, Vol.11, No. 122.
6. Muhammad Khalid Bashir, Steven Schilizzi and Ram Pandit, (2012): "The Determinants of Rural Household Food Security in the Punjab, Pakistan: An Econometric Analysis" School of Agricultural and Resource Economics Working Paper 1203.
7. Praveen Kumar Pathak a, Abhishek Singh B, (2011): "Trends in malnutrition among children in India: Growing inequalities across different economic groups" Science Direct Social Science & Medicine journal vol.73.
8. Balakrishnan, (2014): " MGNREGA Marching Towards" Journal of International Acdemic Research for Multidisciplinary, ISSN: 2320-5083, Vol.2, Issue 1.
9. Gupta, (2013): "Integrated Child Development Services Scheme: A Journey of 37 years". India Journal of Community Health. Vol.25, No.1.
10. Hazrika Priyanka (2016): " PDS in India: An Analysis", EPRA International Journal of Economic and Business Review, Vol.4, no. 4 pp.91-95.