

Women and Child Welfare Schemes in India

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Abstract:

This study explores the protection and promotion of women empowerment through the lens of maternity benefits and welfare schemes in India. It conveys particularly on government initiatives such as the Maternity Benefit Act, 1961 (as amended in 2017), Pradhan Mantri Matru Vandana Yojana (PMMVY), and the Integrated Child Development Services (ICDS), which aim to safeguard the health, employment, and financial security of women during the maternity period.

Keywords: Women Empowerment, Maternity Benefits, Social Welfare Schemes etc.,

Introduction:

Women empowerment and child welfare are crucial pillars for any nation's progress. The Government of India has launched several schemes aimed at ensuring health, education, safety, and economic independence for women and children. These initiatives not only provide social security but also enhance the capacity of women to participate equally in all spheres of life. In the context of maternity benefits, these schemes serve as an essential tool for empowering women during one of the most vulnerable yet significant phases of life—motherhood.

1. Pradhan Mantri Matru Vandana Yojana (PMMVY)¹

The Government of India is implementing the Pradhan Mantri Matru Vandana Yojana (PMMVY) with effect from 1st January 2017. The PMMVY Scheme is being implemented as per provisions under Section 4 of the National Food Security Act (NFSA), 2013 which provides for financial support for pregnant and lactating mothers is to improve the health and nutrition for mother and child as well as compensation for wage loss, if any.

The Objectives of the PMMVY

- To provide cash incentive for partial compensation for the wage loss so that the woman can take adequate rest before and after delivery of the first child;
- To improve health seeking behavioral amongst the Pregnant Women & Lactating Mothers (PW&LM).
- To promote positive behavioral change towards girl child by providing additional cash incentive for the second child, if that is a girl child.
- The criteria for determining socially and economically disadvantaged sections of society will be the following:
 1. Women belonging to scheduled castes and scheduled tribes;
 2. Women who are partially (40%) or fully disabled (Divyang Jan)
 3. Women holder of BPL ration Card

¹ <https://wcd.delhi.gov.in/wcd/pradhan-mantri-matru-vandana-yojana-pmmvy>

4. Women Beneficiaries under Pradhan Mantri Jan Aarogya Yojana (PMJAY) under Ayushman Bharat.
5. Women holding E-shram card
6. Women farmers who are beneficiaries under Kishan Samman Nidhi
7. Women holding MGNREGA Job Card
8. Women whose net family income is less than Rs. 8 Lakh per annum
9. Pregnant and Lactating AWWs/ AWHs/ ASHAs
10. Any other category as may be prescribed by the Central Government

Further, all pregnant women and lactating mothers in regular employment with the central Government or State Government or public Sector Undertaking or those who are in receipt of similar benefits under any law for the time being in force shall not be entitled to benefits under PMMVY.

The benefit is available to a woman for the first two living children provided the second child is a girl. In case of the first child the amount of ₹5000 in two instalments and for the second child, the benefit of ₹6000 will be provided subject to second child is a girl child in one instalment after the birth. However, for availing benefits for second child, registration during the pregnancy shall be mandatory. This would contribute to improve the Sex Ratio at Birth and to prevent female foeticide.

Benefits can be availed only on the basis of the Aadhaar Number of Beneficiary so as to avoid any duplication or malpractices.

- **Objective:** To provide partial wage compensation to pregnant and lactating mothers for the first live birth.
- **Benefits:** ₹5,000 paid in three installments upon meeting health check-up milestones.
- **Significance:** Encourages institutional delivery, improved nutrition, and rest during pregnancy.

2. Maternity Benefit Act, 1961 (Amended in 2017)

The Maternity Benefit (Amendment) Act, 2017², increased paid maternity leave for women from 12 to 26 weeks for the first two children, with a maximum of 8 weeks before the expected delivery date. For third or subsequent children, the leave remains at 12 weeks. The amendment also introduced provisions for work from home and crèche facilities, and extended the 12-week leave to adoptive and commissioning mothers.

Key Provisions:

- **Extended Maternity Leave:** The most significant change was the increase in paid maternity leave from 12 weeks to 26 weeks for the first two children.
- **Reduced Leave for Subsequent Children:** For the third or subsequent child, the maternity leave remains at 12 weeks.
- **Pre-Delivery Leave:** Women can take up to 8 weeks of leave before the expected delivery date, with the remaining leave taken after the delivery.
- **Adoptive and Commissioning Mothers:** Mothers who adopt a child below 3 months or who are commissioning mothers are entitled to 12 weeks of maternity leave from the date the child is handed over.
- **Work from Home:** The Act introduced provisions for work from home for nursing mothers, allowing them to continue working while also caring for their child.

² <https://www.mondaq.com/india/Employment-and-HR/668308/Creche-Facility-Under-Maternity-Benefit-Amendment-Act-2017>

- **Creche Facilities:** Establishments with 50 or more employees are required to provide creche facilities for working women.
- **Intimation of Maternity Benefits:** Every establishment must intimate a woman employee about her maternity benefits in writing and electronically at the time of her appointment.
- **Impact:** Enhances job security and supports working mothers, contributing to workplace gender equality.

3. Integrated Child Development Services (ICDS)³

The Integrated Child Development Services Scheme program (ICDS) is centrally sponsored scheme was launched on 2nd October 1975 in two projects namely Dharani (Amravati) and Dharavi (Mumbai) with a view to improving the nutritional status of children and reducing child mortality and malnutrition., 553 Child Development Projects Offices are in the ICDS state of Maharashtra, in which 364 projects are in rural areas, 85 projects are in tribal areas and 104 projects are in urban areas. There are 97475 approved Anganwadi Centers and 13011 approved Mini Anganwadi Centers in State of Maharashtra.

Following services are provided under umbrella ICDS Scheme

- Supplementary Nutrition
- Pre-school Education
- Nutrition & health education
- Immunization
- Health check-up and
- Referral services

Objectives of the Scheme are

- to improve the nutritional and health status of children in the age-group 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.

Service Delivery

Services	Target Group	Service provided by
(i) Supplementary Nutrition	Children below 6 years, Pregnant & Lactating Mothers (P&LM)	Anganwadi Worker and Anganwadi Helper
(ii) Immunization	Children below 6 years, Pregnant & Lactating Mothers	ANM/MO
(iii) Health Check-up	Children below 6 years, Pregnant Women & Lactating Mothers (P&LM)	ANM/MO/AWW

³ <https://icds.gov.in/en/about-us>

(iv) Referral Services	Children below 6 years, Pregnant Women & Lactating Mothers (P&LM)	AWW/ANM/MO
(v) Pre-School Education	Children 3-6 years	AWW
(vi) Nutrition & Health Education	Women (15-45 years)	AWW/ANM/MO

- **Services Offered**
 - Supplementary nutrition
 - Immunization
 - Health check-ups
 - Non-formal preschool education
- **Target Group:** Children below 6 years and pregnant/lactating women
- **Support Structure:** Delivered through Anganwadi centers.

4. POSHAN Abhiyaan (National Nutrition Mission)⁴

The Poshan Abhiyaan, also known as the National Nutrition Mission, is a flagship program of the Indian government aimed at addressing malnutrition and improving the nutritional status of children, adolescent girls, pregnant women, and lactating mothers. It focuses on the first 1,000 days of a child's life, emphasizing the critical period from conception to two years of age⁵.

Key aspects of Poshan Abhiyaan:

- **Focus on vulnerable groups:** The program prioritizes the nutritional needs of children under six, adolescent girls, pregnant women, and lactating mothers.
- **Targeted interventions:** Poshan Abhiyaan aims to reduce stunting, under-nutrition, and anemia, as well as low birth weight.
- **Multi-ministerial approach:** It involves various ministries and departments to ensure a holistic approach to addressing malnutrition.
- **Convergence with other programs:** Poshan Abhiyaan integrates with other schemes like the Integrated Child Development Services (ICDS) and the National Health Mission.
- **Technological interventions:** The program utilizes technology for real-time monitoring and tracking of nutrition service delivery.
- **Community engagement:** It emphasizes community involvement and outreach to promote nutrition awareness and behavior change.
- **Poshan Pakhwada:** A two-week campaign (April 8-22) to raise awareness and promote nutrition.
- **Poshan Maah:** A monthly celebration to promote nutritional awareness.
- **Poshan Tracker:** A digital platform for monitoring and managing nutrition programs.
- **Mission Poshan 2.0:** The program has evolved into Mission Poshan 2.0, focusing on maternal nutrition, infant feeding, and treatment of severe acute malnutrition (SAM).

⁴ <https://www.indiascienceandtechnology.gov.in/st-visions/national-mission/poshan-abhiyaan-national-nutrition-mission-nnm>

⁵ <https://www.worldbank.org/en/country/india/brief/transforming-india-s-nationwide-nutrition-program#:~:text=The%20Ministry%20of%20Women%20and,that%20was%20largely%20ignored%20earlier>

Benefits and Impact:

- **Reduced malnutrition:** Poshan Abhiyaan has contributed to a reduction in malnutrition rates, including stunting and underweight prevalence among children.
- **Improved health outcomes:** The program has led to improved health outcomes for children, particularly in the first 1,000 days of life.
- **Enhanced awareness:** It has raised awareness about the importance of nutrition and promoted positive behavior change related to feeding and healthcare practices.
- **Strengthened health systems:** Poshan Abhiyaan has supported the resilience of health and nutrition systems.
- **Empowered women and girls:** The program has contributed to empowering women and girls through improved health and nutrition.

Goal and Strategy:

- **Goal:** Reduce malnutrition in children and anemia among women.
- **Strategy:** Encourages convergence of multiple nutrition-related programs.
- **Importance in Maternity:** Focus on the **first 1000 days of life**—from conception to age 2, where mother and child nutrition are crucial.

5. One Stop Centre Scheme (Sakhi Centres)

Gender Based Violence (GBV)⁶ is a global health, human rights and development issue that transcends geography, class, culture, age, race and religion to affect every community and country in every corner of the world. The Article 1 of UN Declaration on the Elimination of Violence 1993 provides a definition of gender - based abuse, calling it "any act of gender - based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life".

In India, gender based violence has many manifestations; from the more universally prevalent forms of domestic and sexual violence including rape, to harmful practices such as, dowry, honour killings, acid attacks, witch - hunting, sexual harassment, child sexual abuse, trafficking for commercial sexual exploitation, child marriage, sex selective abortion, sati etc.

Ministry of Women and Child Development (MWCD), formulated a Centrally Sponsored Scheme for setting up One Stop Centre as a sub - scheme of Umbrella Scheme for National Mission for Empowerment of women including Indira Gandhi Matritrav Sahyaog Yojana. Popularly known as Sakhi, the scheme is being implemented since 1st April 2015. Since 2022-23, the scheme is subsumed into Sambal sub-scheme of Mission Shakti.

One Stop Centres (OSC) are intended to support women affected by violence, in private and public spaces, within the family, community and at the workplace. Women facing physical, sexual, emotional, psychological and economic abuse, irrespective of age, class, caste, education status, marital status, race and culture will be facilitated with support and redressal. Aggrieved women facing any kind of violence due to attempted sexual harassment, sexual assault, domestic violence, trafficking, honour related crimes, acid attacks or witch-hunting who have reached out or been referred to the OSC will be provided with specialized services.

⁶ <https://socialwelfare.vikaspedia.in/viewcontent/social-welfare/women-and-child-development/women-development-1/one-stop-centre-scheme?lgn=en>

The objectives of the Scheme are:

- To provide integrated support and assistance to women affected by violence, both in private and public spaces under one roof.
- To facilitate immediate, emergency and non - emergency access to a range of services including medical, legal, psychological and counselling support under one roof to fight against any forms of violence against women.
- Support women affected by violence (including domestic and workplace harassment).
- Medical aid, legal help, police assistance, and psychological counseling.
- **Empowerment Element:** Ensures safety and recovery support for women, especially during and after maternity, when vulnerabilities increase.

6. Mahila Shakti Kendra (MSK)

The Mahila Shakti Kendra (MSK)⁷ Scheme was approved in November, 2017 as a centrally sponsored scheme to empower rural women through community participation. The scheme aims to facilitate inter-sectoral convergence of schemes and programs meant for women. The scheme is implemented through State Governments and UT Administrations with a cost sharing ratio of 60:40 between Centre and States except for North East & Special Category States where the funding ratio is 90:10. For Union Territories 100% central funding is provided.

State/UT-wise details of funds allocated under the Scheme including for the State of Madhya Pradesh during the last three years is at Annexure-I. The district-wise details of funds allocated and utilised under MSK Scheme is not maintained by the Ministry. Women candidates are given preference as per Mahila Shakti Kendra Scheme Implementation Guidelines for working as Women Welfare Officers and District Coordinators in District Level Centres for Women (DLCW).

The MSK Scheme provides for National, State and District Level Task Forces for review, monitoring and coordination at their respective levels. The details of district-wise DLCWs approved for the State of Madhya Pradesh, is at Annexure-II. Further, the functioning of MSK scheme has been reviewed by Development Monitoring and Evaluation Office (DMEO), NITI Ayog and the recommendations have been considered in the new scheme under recently launched Mission Shakti.

- **Purpose:** Convergent support services for rural women at the district and block levels.
- **Focus Areas:** Employment, health, nutrition, digital literacy, and empowerment programs.
- **Role in Maternity:** Strengthens access to maternal health information and support systems.

7. Working Women Hostel Scheme

The Working Women Hostel scheme in India, known as Sakhi Niwas, aims to provide safe and conveniently located accommodation for working women, including those pursuing higher education or training. It focuses on ensuring that women have access to affordable housing in urban, semi-urban, and rural areas, often with daycare facilities for children. The scheme provides financial assistance to states for constructing new hostels, expanding existing ones, or renting premises for hostel facilities.

- **Accessibility:**

To make safe and affordable accommodation readily available for working women who may need to reside away from their families due to professional or educational commitments.

⁷ <https://pib.gov.in/PressReleaseDetailm.aspx?PRID=1795475®=3&lang=1>

- **Empowerment:** To enable women to participate more actively in the workforce and contribute to economic growth.
- **Support:** To offer daycare facilities for children, allowing working mothers to focus on their jobs with greater peace of mind.

How it Works:

- **Financial Assistance:** The scheme provides financial aid from the Central Government to state governments for constructing or expanding Working Women Hostels.
- **Implementation:** State governments and implementing agencies (like municipalities or development authorities) are responsible for constructing, managing, and operating the hostels.
- **Eligibility:** While primarily intended for working women, hostel facilities can also be provided to women undergoing training for jobs, provided they don't exceed 30% of the hostel's capacity and are only accommodated when enough working women are not available.
- **Financial Contribution:** As per the 2017 guidelines, the Central Government contributes 60% of the project cost, while state governments and implementing agencies bear 15% and 25% respectively.
- **Income Limit:** Working women with gross incomes up to a certain limit (currently Rs. 50,000 per month in metropolitan cities and Rs. 35,000 per month in other areas) are eligible for hostel facilities.
- **Purpose:** Safe and affordable accommodation for working women with dependent children.
- **Facilities:** Daycare support, security, and residential space.
- **Maternity Link:** Facilitates post-maternity reintegration into the workforce.

Conclusion:

It conveys the awareness, accessibility, and effectiveness of maternity benefit schemes in both urban and rural settings. The study also conveys the role of child welfare programs like POSHAN Abhiyaan and the One Stop Centre Scheme in creating a supportive ecosystem for mothers and children.

These government schemes provide a multidimensional support system for women, especially during maternity. By offering health, financial, legal, nutritional, and infrastructural support, these programs foster a secure and enabling environment for women and children. In turn, they contribute significantly to the broader agenda of gender equality and sustainable development.