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HEALTHCARE ACCESS AND WOMEN'S EMPOWERMENT IN TAMIL NADU

P. PAVITHRA [1]
Ph.D. Research scholar (Full-Time)
Department of History., Annamalai University
Annamalai Nagar., Chidambaram
Email: pavithraparasuraman97@gmail.com

Dr. K.M SUBRAMANIAM [2]
Assistant professor, Department of History
Annamalai University., Annamalai Nagar.,
Chidambaram
Email: keyemes1@gmail.com

Abstract

These intangibles explore the interchange flanked by healthcare admittance and women's empowerment in Tamil Nadu, India. The region's inventiveness, such as the "*Amma Magapperu Sanjeevi*" scheme, have significantly improved healthcare services, particularly for women, leading to enhanced health outcomes and economic empowerment. Improved access to healthcare has facilitated educational opportunities for women, empowered them to make informed decisions about their reproductive rights, and contributed to advancing gender equality. Additionally, it has led to greater political participation, social empowerment, and community development. By prioritizing women's health, Tamil Nadu has demonstrated a commitment to fostering a more prosperous and equitable society. This abstract underscores the critical role of healthcare access in empowering women and driving overall societal development in Tamil Nadu.

Key Words: Gender Equity, Health Infrastructure, Maternal Health, Health Policy

Introduction

Women empowerment is the transformative process through which women are endowed with the power, autonomy, and resources to engage fully and equitably across all spheres of life, encompassing social, economic, political, and personal domains. It necessitates the dismantling of systemic barriers, discrimination, and historical inequalities that have marginalized women, thereby facilitating their exercise of rights, decision-making, and pursuit of opportunities unhindered by gender-based constraints. The objective of women empowerment is to cultivate a society marked by equity and inclusivity, wherein women enjoy the freedom, agency, and support required to realize their aspirations and contribute meaningfully to their communities and the global arena.

The portrayal of women in Tamil society exhibits a diverse spectrum contingent upon context and perspective. Historically, Tamil society has extolled women's roles across various facets of life, including literature, arts, and spirituality. Dating back over two millennia, Tamil literature, notably Sangam literature, portrays women as resilient, autonomous figures imbued with agency. Poetic compositions from this epoch laud women's beauty, intellect, valor, and devotion, depicting them as leaders, romantics, and intellectuals whose contributions enrich Tamil culture and societal fabric. Tamil Nadu stands as a vanguard in India's crusade for women's education and empowerment.

The state showcases a commendable literacy rate among women surpassing the national average, underscored by initiatives fostering girls' education and gender parity across diverse domains. Tamil Nadu has witnessed the emergence of influential women leaders in politics, exemplified by figures like J. Jayalalithaa, who held the position of Chief Minister multiple times. Women have been pivotal in shaping the political landscape, advocating for social equity, and championing women's rights. However, notwithstanding these affirmative strides, Tamil society, akin to others, contends with gender-based discrimination, violence, and disparities. Issues such as dowry, female infanticide, and unequal resource allocation persist, posing impediments to women's welfare and advancement. The perception of women in Tamil society is characterized by the cultural reverence, spiritual adoration, educational empowerment, and political leadership, juxtaposed with ongoing struggles for gender parity and social rectitude.

Advancing Women's Healthcare

The imperative advancement of women's healthcare is underscored by a multitude of reasons, each essential in addressing the complex needs of women's health. Firstly, by ensuring access to high-quality healthcare, gender parity is fostered, allowing women to contribute equitably across societal spheres such as education, professional pursuits, and leadership roles. Additionally, comprehensive reproductive wellness services, including prenatal care, family planning, and maternal health services, not only mitigate maternal mortality but also enhance the well-being of both mothers and offspring. Moreover, tailored preventive measures, such as screenings for breast and cervical cancers, play a pivotal role in early detection, thereby significantly reducing disease prevalence and mortality rates. Addressing gender-specific ailments like endometriosis, polycystic ovary syndrome (PCOS), and menopausal symptoms demands robust research, education, and accessible treatment avenues. Furthermore, recognizing and addressing unique mental health challenges, such as postpartum depression and anxiety disorders, necessitates holistic healthcare strategies inclusive of mental wellness provisions. Access to sexual health services empowers women in managing their sexual and reproductive lives through informed decision-making. Effective management and treatment of chronic conditions, which disproportionately affect women, are vital for preserving their health and quality of life. Investment in women's healthcare research drives innovation, leading to a better understanding and treatment of gender-specific conditions. Moreover, the economic significance of women's health cannot be understated, as healthy women are better positioned to contribute to economic productivity and support their families financially. Lastly, viewing comprehensive healthcare as a fundamental human right underscores the importance of prioritizing women's healthcare development, ensuring universal access and upholding principles of autonomy and equity. In essence, the evolution of women's healthcare requires a comprehensive approach addressing biological, social, economic, and cultural determinants to ensure both individual flourishing and societal advancement and prosperity.

Empowering Women's Health in Tamil Nadu

Dravidian political entities, predominantly active within the Indian states of Tamil Nadu and select regions of Karnataka, have historically assumed a pivotal role in championing the cause of women's empowerment, particularly within the healthcare domain. They have underscored the pivotal role of education for women, recognizing its indispensable link to healthcare accessibility and comprehension. By fostering the educational pursuits of wom-

en, Dravidian parties indirectly bolster health outcomes, empowering them to make well-informed decisions concerning their physical and mental well-being. Moreover, Dravidian parties have emerged as fervent proponents of reproductive health rights, advocating for unhindered access to contraceptives, family planning amenities, and maternal healthcare services. Through the implementation of diverse schemes and initiatives, they endeavor to enhance maternal and child health indices, exemplified by the provision of complimentary or subsidized healthcare provisions for expectant mothers. Furthermore, these parties have directed their focus towards bolstering healthcare infrastructure, encompassing the establishment of hospitals, clinics, and primary healthcare facilities. Recognizing the indispensability of such infrastructure for ensuring women's access to superior healthcare services, particularly in rural and marginalized enclaves, they channel investments to render healthcare more accessible and economically viable for women from all strata of society. In addition, Dravidian parties routinely orchestrate awareness campaigns and health education drives tailored specifically for women. These endeavors aim to illuminate women about an array of health-related issues, spanning reproductive health, hygiene protocols, nutritional prerequisites, and preventive measures against prevalent ailments. Through the dissemination of health-related awareness, they empower women to assume agency over their health and proactively seek medical assistance when requisite. Furthermore, Dravidian political entities have promulgated policies and enacted legislation meticulously calibrated to address the gamut of women's health concerns. Initiatives have been introduced to ameliorate maternal health outcomes, foster parity in healthcare access between genders, and combat gender-based violence within healthcare settings. These legislative frameworks provide a robust scaffold for safeguarding women's health rights and nurturing their overall well-being. In sum, Dravidian parties have emerged as trailblazers in advocating for women's empowerment across various spheres, with healthcare constituting a focal point. Through a confluence of policy formulation, program implementation, and advocacy endeavors, they endeavor to engender an environment conducive to women's pursuit of health and holistic fulfillment.

Gender Inequality and Discrimination in Tamil Nadu's Healthcare System

Gender inequality and discrimination against women and girls pose significant threats to their health and overall well-being. In addressing this pressing issue, it is imperative that Tamil Nadu takes proactive measures to ensure equitable access to healthcare information and services for all women and girls. This necessitates the removal of various barriers that hinder their access to essential health resources. These barriers encompass a spectrum of

challenges, ranging from restrictions on mobility to limited decision-making power within societal structures. Additionally, disparities in literacy rates further exacerbate the obstacles faced by women and girls in seeking healthcare assistance. Moreover, pervasive discriminatory attitudes prevalent within communities and healthcare settings act as formidable impediments to accessing quality care. Furthermore, a critical aspect lies in the deficiency of adequate training and awareness among healthcare providers regarding the nuanced health needs and challenges specific to women and girls. This dearth within the healthcare system perpetuates inequalities and compromises the overall health outcomes of this demographic. In light of these multifaceted challenges, it is incumbent upon Tamil Nadu to undertake comprehensive strategies aimed at dismantling these barriers. This includes implementing policies to enhance mobility, promoting literacy and educational opportunities for women and girls, fostering community awareness campaigns to address discriminatory attitudes, and providing specialized training for healthcare professionals to better understand and cater to the unique health requirements of women and girls. By prioritizing gender-inclusive healthcare initiatives, Tamil Nadu can foster a more equitable and healthier society, where all individuals, regardless of gender, have equal access to the resources and services essential for their well-being.

Ensuring Gender-Responsive Facilities and Support Systems for Women's

Women and girls must have access to facilities that cater to their needs in workplaces and public spaces. This includes the provision of amenities such as napkin vending machines, incinerators, dust bins, and waste paper for wrapping. It is imperative that all public places and government offices are equipped with women-friendly toilet facilities. These facilities should include necessary hooks for holding items such as dupattas or bags, a designated area for keeping napkins, and functioning latches for privacy. Health care workers and caregivers face increased risks to their well-being due to the nature of their work. Therefore, it is essential to ensure their welfare by providing compulsory one-week breaks for every six months of completed service. Protocols aimed at improving the knowledge and addressing the unique issues of healthcare professionals must be developed and implemented. These protocols should remain current and seek continuous improvement in the healthcare sector. Given that women tend to have a higher life expectancy at birth, it is crucial to enhance geriatric services tailored to women's needs. This includes strengthening preventive, curative, and rehabilitative healthcare services, with participation from appropriate government and public-private sectors, including community-based palliative care. The physical, emotional, and mental health

of women require focused attention, particularly considering hormonal fluctuations from Menarche to Menopause (M to M). The health department should undertake suitable program interventions to address issues such as osteoporosis, cardiovascular diseases, and depression that may arise during different stages of a woman's life. Access to nutritious and safe food is essential, especially for vulnerable households, including women and children. Therefore, efforts should be made to ensure the availability of additional pulses, millets, jaggery, etc., through the Public Distribution System (PDS) as outlined in the National Food Security Act, 2013, to address nutritional deficiencies effectively.

Nutritional Literacy Across the Lifespan

Nutritional literacy is pivotal at every stage of the human life cycle, necessitating focused attention from Ante-Natal Care (ANC) and Post Natal Care (PNC) for optimal foetal development to addressing the unique nutritional requirements of adolescent girls and elderly women. Interventions aimed at breaking the intergenerational cycle of under-nutrition will be bolstered, with a particular emphasis on nutritional care during the crucial first 1000 days post-birth. Vigilant monitoring of these efforts will be conducted at the highest echelons of the state administration. Engagement of community resource persons for nutrition will be intensified, leveraging their assistance for growth monitoring with robust community support. Special emphasis will be placed on improving the nutrition and health status of adolescent girls. Tailored strategies will be devised to eliminate intra-household discrimination in nutritional matters, particularly concerning girls and women. Adolescents will be actively involved in school-based life skill education programs, encompassing physical, developmental, and overall health and hygiene, including sexual health education. Additionally, these programs will incorporate elements such as self-defense, cultural enrichment, and artistic pursuits. Dedicated periods within the school week, comprising at least four sessions per month, will be allocated for these activities, safeguarding against substitution with other subject matter. Regular tracking of sex-wise prevalence of nutritional deficiencies in children, alongside data on birth weight by sex at the district level, will be ensured through periodic monitoring by health and Integrated Child Development Services (ICDS) departments. Efforts to enhance service delivery through the ICDS in preventing under-nutrition and promoting young child survival and development will entail a comprehensive review and reinforcement of the roles played by ICDS and health functionaries. This will involve enhanced collaboration and teamwork among Auxiliary Nurse Midwives (ANMs), Anganwadi Workers (AWWs), Accredited Social Health Activists (ASHAs), and Anganwadi Helpers (AWHs), with heightened

community engagement at pivotal junctures. The oversight of these endeavors will rest with the Village Health, Nutrition, and Sanitation Committee, with periodic monitoring conducted by the Block Medical Officer to ensure efficacy and adherence to established standards.

In light of the precarious situation faced by elderly women, it is imperative that geriatric healthcare receives particular emphasis in alignment with the National Policy on Senior Citizens 2011. The enhancement of geriatric services, encompassing preventive, curative, and rehabilitative healthcare, should be prioritized through effective collaboration between governmental entities and the public-private sector. The government must direct its efforts towards providing emotional and psychological aid to the elderly population, particularly focusing on ensuring their safety and well-being. Establishing community-based support systems is essential, tailored to individual needs through comprehensive case-based assessments and subsequent support mechanisms. This approach aims to address the unique challenges faced by elderly women and foster a conducive environment for their holistic care and support.

- *Maternal Mortality Ratio (MMR)*

Government of India (GOI) data indicates an MMR of 60 (SRS), while state data reports it as 57 (HMIS).

- *Antenatal Care*

Centrally, 81.1% of women received antenatal care four times or more (NFHS), whereas at the state level, this figure rises to 85.49% (TN HMIS).

- *Modern Family Planning Methods*

According to GOI data, 52.6% of currently married women (15-49 years) use modern family planning methods (NFHS). However, no data is provided for the state (DFW).

- *Teenage Pregnancy*

In the central region, 5% of women aged 15-19 years were already mothers or pregnant (SRS). Conversely, in the state, this figure drops to 1.16% (TN HMIS).

- *Institutional Births*

Institutional births are prevalent, with 98.9% reported at the central level (NFHS) and 99.94% at the state level (TN HMIS).

- *TB Treatment Success*

There's no provided data regarding the percentage of TB cases successfully treated among notified cases (RNTCP).

Examining Healthcare and Societal Indicators

Currently receiving ART among the detected number of adults and children living with HIV: 86% (Source: TANSACS) - This indicates a relatively high percentage of individuals living with HIV who are currently receiving antiretroviral therapy (ART), which is crucial for managing the condition and reducing transmission rates. Proportion of patients in the target age group (>30 years) in the community who are taking antihypertensive medications in Government Health facilities: 45% (Source: NHM) - This suggests that less than half of the targeted population over 30 years old in the community are receiving antihypertensive medications from Government Health facilities, indicating a potential gap in managing hypertension in this demographic. *Percentage of population in the age group 15-49 who reported sought treatment out of the total population in that age group having diabetes:* 0.9% (Source: NHM) - This indicates a very low percentage of individuals in the specified age group seeking treatment for diabetes out of the total population with diabetes in that age group, highlighting potential issues with access to or utilization of healthcare services for diabetes management. *Proportion of patients in the target age group (>30 years) in the community who had been screened for Cervical Cancer at least once in the last three years in Government Health facilities* 40% (Source: TNHMIS)

This suggests that a considerable portion of the targeted demographic over 30 years old in the community have been screened for cervical cancer within the recommended timeframe, which is crucial for early detection and intervention. *Total physicians, nurses, and midwives sanctioned in public sector facilities per 10,000 population:* Data unavailable (Source: -) - Without specific numbers, it's difficult to assess the adequacy of healthcare staffing in public sector facilities relative to the population served.

- *Significantly reduce all forms of violence and related death rates everywhere*

2.2% (Source: SCRB) - This likely represents a target or goal for reducing violence and related death rates, emphasizing the importance of addressing this issue. Per one lakh population subjected to Physical, Psychological, or sexual violence in the previous 12 months 1.4% (Source: SCRB) - This indicates the prevalence of violence experienced by the population within the specified timeframe, highlighting the need for interventions to address such incidents.

- *Crime rate of sexual assault on women per lakh population*

1.4% (Source: SCRB) - This statistic reflects the incidence of sexual assault crimes against women within the population, indicating the prevalence of this form of violence.

- *Conviction rate of reported Murder*

29% (Source: SCRB) - This represents the percentage of reported murder cases that result in convictions, reflecting the effectiveness of the justice system in prosecuting such crimes. Overall, the data highlights various healthcare and societal issues, including access to and utilization of healthcare services, prevalence of diseases, and rates of violence and crime, each of which may require targeted interventions for improvement.

Integrated People-Centered Health Services

Integrated people-centered health services herald a transformative approach, placing individuals and communities as focal points within health systems. This paradigm prioritizes empowering individuals to proactively manage their well-being, rather than passively receiving care focused solely on treating diseases and addressing providers' needs. Substantial evidence underscores the efficacy of health systems tailored to the requirements of people and communities, showcasing enhanced effectiveness, reduced costs, heightened health literacy, increased patient engagement, and fortified readiness to tackle health crises. In the nascent stages of this transformation, communities necessitate encouragement and support from various stakeholders including healthcare providers, the knowledge sector, and community representatives. This collaborative effort offers a pivotal opportunity for communities to solidify their pivotal role in enhancing healthcare delivery and utilization. Especially crucial is the outreach to marginalized groups, empowering them to improve health-seeking behaviors and advocating for their rights to access healthcare. This entails a deliberate endeavor to nurture

their capabilities and knowledge, with mentorship playing a pivotal role in facilitating this transition. International experiences underscore that community-driven processes are most effectively facilitated through intermediary organizations such as elected local bodies, self-help groups, community-based organizations, and official committees established by health departments to ensure public participation. Additionally, Non-Governmental Organizations (NGOs) assume a significant role in aiding communities to articulate specific concerns and mobilize resources effectively.

In the context of Tamil Nadu, the proposed State and District Health Assemblies epitomize a visionary approach aimed at convening stakeholders from diverse sectors encompassing community representatives, district and state health authorities, academic experts, civil society organizations, and others. These assemblies serve as forums for collaborative decision-making, fostering synergy among stakeholders to address multifaceted health challenges comprehensively. Advancing people-centered health services necessitates a fundamental shift towards inclusive, participatory, and community-driven approaches. By placing individuals and communities at the forefront, health systems can transcend traditional paradigms, ensuring equitable access, and fostering sustainable health outcomes for all. Health Assembly Steering Committee: Responsibilities at the State Level

The Health Assembly Steering Committee, operating at the state level, assumes pivotal roles in the implementation of Health Assembly initiatives. Its functions encompass the decisive determination of assembly implementation, resource mobilization, facilitation in drafting health profiles and technical documents, and the submission of resolutions to the state assembly for endorsement. This committee serves as a governmental entity comprising members drawn from civil society and the public sector. Moreover, both District Health Assemblies (DHA) and State Health Assemblies (SHA) channel their resolutions through this Steering Committee for consideration. Established as a governmental body, it includes representatives from civil society alongside public officials.

The existing TNHSRP Steering Committee transitions into the Health Assembly Steering Committee, supplemented by co-opted members as required. At the grassroots level, organizing committees will be established for each district and state health assembly. These committees will liaise with District Health Societies and other stakeholders to ensure the seamless execution of assembly activities. Comprised mainly of civil society and community members, with some governmental representation, these committees may delegate

certain responsibilities to non-governmental organizations or civil society organizations at the district level. Furthermore, working groups will be constituted for each district and state health assembly by the organizing committee. These groups, comprising partners from state and national levels, are tasked with agenda setting, organizing proceedings, and facilitating discussions in alignment with the predetermined agendas. They assume the role of chairing or moderating sessions during the assembly, ensuring the efficient conduct of deliberations.

Amma's Nourishing Embrace: Empowering Maternity and Adolescence in Tamil Nadu

The Amma Maternity Nutrition Kit Scheme was launched in Tamil Nadu, India, with the aim of providing essential nutrition to pregnant and lactating mothers. The scheme is named after the former Chief Minister of Tamil Nadu, J. Jayalalithaa, who was often referred to as "Amma" (mother) by her supporters. Under this scheme, eligible pregnant and lactating women receive kits containing nutrient-rich items essential for maternal health. These kits typically include items such as protein-rich supplements, iron and calcium tablets, pulses, grains, nuts, and other nutritious foods necessary for the well-being of both the mother and the child. The scheme aims to address malnutrition among pregnant and lactating women, improve maternal health outcomes, and contribute to better birth outcomes. By providing essential nutrition during pregnancy and lactation, the scheme aims to reduce the risk of maternal and infant mortality, as well as address issues related to low birth weight and malnutrition in newborns. The Amma Maternity Nutrition Kit Scheme is part of the government's broader efforts to improve maternal and child health outcomes in Tamil Nadu. It underscores the importance of ensuring access to adequate nutrition for pregnant and lactating women to support healthy pregnancies, proper fetal development, and overall maternal well-being.

The Scheme for Adolescent Girls (SAG) is a centrally sponsored scheme implemented across various states in India, including Tamil Nadu. The primary objective of the SAG is to address the nutritional, health, and developmental needs of adolescent girls aged 11 to 14 years. The scheme aims to empower adolescent girls by providing them with knowledge and skills related to health, nutrition, hygiene, and life skills. In Tamil Nadu, the SAG is implemented by the Department of Social Welfare or Women and Child Development Department, in collaboration with other relevant departments and agencies. The scheme typically includes the following components: Adolescent girls are provided with nutritious meals or take-home ration to address their nutritional requirements, especially during the critical phase of adolescence.

The scheme includes provisions for health check-ups, immunizations, and access to healthcare services, including reproductive and sexual health education. Adolescent girls receive training in life skills such as communication, decision-making, problem-solving, and financial literacy to enhance their overall development and empowerment. Awareness campaigns and workshops are organized to educate adolescent girls and their families about various health and social issues relevant to adolescent girls, including menstrual hygiene, reproductive health, gender equality, and legal rights. The Scheme for Adolescent Girls (SAG) plays a crucial role in promoting the overall well-being and empowerment of adolescent girls in Tamil Nadu, helping them to transition into adulthood with confidence and capability. It contributes to breaking the cycle of intergenerational malnutrition and poverty by investing in the health, education, and development of adolescent girls.

Status of Women	
Involved in decisions about own health	61.1
Control over some money	79.0
Marriage	
Never married among women age 15–19	76.3
Median age at marriage among women age 20–49	18.9
Fertility and Fertility Preferences	
Total fertility rate (past 3 years)	2.2
Mean number of children born to women 40–49	3.5
Median age at first birth among women age 25–49	20.6
Percent of births of order 3 and above	23.1
Mean ideal number of children	2.0
Percent of women with 2 living children wanting another child	10.8

Conclusion

The intersection of healthcare access and women's empowerment in Tamil Nadu presents a multifaceted landscape that underscores the crucial role of empowering women in improving health outcomes. Tamil Nadu has made significant strides in expanding healthcare services, particularly through initiatives like the Comprehensive Emergency Obstetric and Newborn Care (CEmONC) centers and the provision of free healthcare services. These efforts have contributed to notable advancements in maternal and child health indicators, indicating progress in ensuring access to essential healthcare services. Furthermore, initiatives aimed at empowering women, such as the promotion of education, economic opportunities, and political participation, have contributed to enhancing their decision-making power and autonomy in healthcare matters. Women who are empowered are more likely to seek

healthcare when needed, make informed choices about their reproductive health, and advocate for their rights within the healthcare system. However, challenges persist, including gaps in healthcare infrastructure, disparities in access to quality care, and persistent socio-cultural barriers that limit women's agency and decision-making power. Addressing these challenges requires a comprehensive approach that not only focuses on improving healthcare infrastructure and service delivery but also on addressing underlying socio-economic factors that contribute to gender inequality. The nexus between healthcare access and women's empowerment in Tamil Nadu exemplifies the importance of addressing gender disparities in healthcare to achieve better health outcomes for all. By continuing to invest in healthcare infrastructure, promoting gender equality, and empowering women to make informed choices about their health, Tamil Nadu can further advance its progress towards achieving universal healthcare and gender equity.

In conclusion, the imperative advancement of women's healthcare is crucial for addressing the multifaceted challenges faced by women and girls in accessing quality healthcare services. This advancement encompasses various dimensions, including ensuring gender parity, providing comprehensive reproductive wellness services, implementing tailored preventive measures, addressing gender-specific ailments, recognizing and addressing mental health challenges, and promoting sexual health services. Additionally, effective management and treatment of chronic conditions, investment in research, and recognizing the economic significance of women's health are vital components of advancing women's healthcare. Moreover, viewing comprehensive healthcare as a fundamental human right underscores the importance of prioritizing women's healthcare development, ensuring universal access and upholding principles of autonomy and equity. By adopting a comprehensive approach that addresses biological, social, economic, and cultural determinants, the evolution of women's healthcare can contribute to both individual flourishing and societal advancement and prosperity.

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