

WOMEN EMPOWERMENT AND REPRODUCTIVE HEALTH

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Abstract: Empowerment is only effective answer to oppression, exploitation, injustice, and other melodies of society. The idea of empowerment contains exciting possibilities. It is a wide term with no specific meaning. The term is very vogue and is more a context driven rather than theory driven. Gender empowerment measure is a measure for women development. It measure gender inequality in a society. The age of marriage is very low in India. Universality of marriage and child marriages are very much prevalent in India. Early child bearing is associated with high risk of pregnancy since women will not attain proper physical and mental maturity by that time. The women constitute roughly 50 per cent of the total population, 33 per cent of labour force and perform 66.6 per cent of total work hours. They earn only 10 per cent of total income and less than 1 per cent of world's property. The main objective of the present paper is to examine the Women Empowerment in India with special reference to reproductive health of women.

Introduction: The term empowerment of women is an important popular concept among political spectrum. Empowerment through the expansion of the civil, political and social rights of citizenship is a laborious and unexciting process. Empowerment is only effective answer to oppression, exploitation, injustice, and other melodies of society. The idea of empowerment contains exciting possibilities. It is a wide term with no specific meaning. The term is very vogue and is more a context driven rather than theory driven. It is about social transformation. It is about the people rather than politicians. It is about power, although the concept of power contained in it is generally left unspecified. Empowerment is both a means to an end and an end in it self. The focus on empowerment has given a new emphasis to the building of economic and social capabilities among individuals, classes and communities. It is theories of social change in particular, a change from a hierarchical to and egalitarian type of society. It is based on democratic society, which is based on recognition of equal rights to all individuals in its place. Empowerment appears to be an alternative path for dismantling the old structure and putting new one in this place. Empowerment is to change the society through re-arrangement of the power. So there is a need for empowerment through civic, political and social rights of citizens.

Gender Empowerment: Gender empowerment measure is a measure for women development. It measure gender inequality in a society. India ranks 86 out of 175 countries in the world, as far as gender empowerment is concerned. Countries such as Norway, Sweden, Denmark, and Finland are on the top of G.E.M. The measure indicates whether women are able to actively participate in economic and political life. It measures the gender inequality in basic capabilities of women. It focuses on gender inequality in the key areas of social economic political scenario. The lack of access to land, to credit, better employment opportunities, handicaps women's ability to free from poverty. Poverty is more among women as compared to men. When women are disproportionately poor, they are dis-empowered and bounded by strains of productive work,

the birth of children and other household and community responsibilities.

Objectives: The main objective of the present paper is to examine the Women Empowerment in India with special reference to reproductive health of women.

Data: The data required for the present paper was collected from secondary sources. Simple statistical techniques were used to analyze the data. Interpretations were made based on observed data and personal observations.

Gender Inequality: It is well known that both the structure of the Indian economy, polity and society and path of development pursued so far have served to sustain exuberant inequality among dimensions. One such important dimension is gender inequality.

Sl. No.	Year	Gender Ratio
1	1901	972
2	1951	946
3	1961	941
4	1971	930
5	1981	934
6	1991	927
7	2001	933

Source: Census of India 1991, General Population - Part II B(1), Vol. 1.

The sex ratio in India was presented in Table No. 1. The table reveals that this has declined to 927 in 1991, and increased slightly to 933 in 2001. This is a peculiar manifestation of continuing gender inequality and its accentuations are clearly observed in the Indian scenario. Table 1 and 2 clearly show sex discrimination existing in India and among States during 1901 and 2001. Most of the states in India registered a decline in sex ratio during the last one century. The highest decline was observed in Bihar, Orissa, M.P., Maharastra, Tamil Nadu and Gujarath. The states that have registered an important in the sex ratio are Himachal Pradesh, Kerala and Panjab. However, the deductive in sex ratio is low among the states of Andhra Pradesh, Haryana, Assam and West Bengal. The highest sex ratio is noticed in

Kerala and lowest in Haryana in 2001.

Sl. No.	State	1901	2001	Change
(1)	(2)	(3)	(4)	(5)
1	India	972	933	(-) 39
2	Andhra Pradesh	985	978	(-) 7
3	Assam	919	932	(-) 13
4	Bihar	1054	920	(-) 134
5	Gujarath	954	921	(-) 33
6	Himachal Pradesh	884	970	(+) 86
7	Haryana	867	861	(-) 6
8	Kerala	1004	1058	(+) 54
9	Karnataka	983	963	(-) 20
10	Orissa	1037	972	(-) 65
11	Maharashtra	978	922	(-) 56
12	Madhya Pradesh	990	920	(-) 70
13	Panjab	832	847	(+) 42
14	Rajasthan	905	922	(-) 17
15	Uttar Pradesh	937	898	(-) 39
16	Tamil Nadu	1044	986	(-) 58
17	West Bengal	945	919	(-) 26

Source: Census of India 1991 and provisional Population Tables 2001

Sex discrimination is more pronounced among young age groups which is called Jovialitive sex ratio. Sex discrimination exists in the specific age groups especially at the very young ages and in the childhood ages. The childhood sex ratio was 945 in 1991, and 927 in 2001 in India. Similar situation was observed among the different states in India. In Andhra Pradesh in 1991 and it declined to 939 in 2001 and in Kerala the

childhood sex ratio was 958 in 1991 and it increased to 963 in 2001. Reproduction often becomes a determinant of the status of women in our society. Today there is a need to give out health care system from curative to preventive. Health problems of adolescent and young adults of both the sexes vary widely. 'Catch them young' is a slogan widely recommended to bring about desired attitudinal changes for gender equality.

Sl. No.	Year	Life expectancy at Birth (year)			Abs. Differences F-M
		M	F	M+F	
(1)	(2)	(3)	(4)	(5)	(6)
1	1950-51	32.4	31.7	32.1	(-) 0.7
2	1960-61	41.9	40.6	41.3	(-) 1.3
3	1970-71	46.4	44.7	45.6	(-) 1.7
4	1980-81	50.9	50.0	50.4	(-) 0.9
5	1990-91	58.1	58.6	58.3	(+) 0.5
6	1992-93	60.4	61.2	60.8	(+) 0.8
7	1996-01	62.3	65.3	65.6	(+) 1.6
8	2001-06	63.8	66.9	65.6	(+) 1.6

Source: 1. Economic Survey of India 1996-97, HRD 1997, PP. 164., Index: M- Male, F- Female

The World Bank in its recent report pointed out that maternal mortality is very high in India. The World Bank in its report further revealed that there is an excess maternal morbidity and mortality resulting from physical assaults such as rape, burning, beating. The abortion related mortality and morbidity seems to be

high especially in the rural areas. The pre-ponderance of illegal unscientific and traditional methods of abortion in rural areas, caused a lot of damage to women's health in general and re-productive health in particular. The document on national perspective plan for women (1993-2000) of government of India

summarizes the health situation of women as was characterized by malnutrition, disease, disability and even death at critical stages of their lives, namely, early childhood, Adolescence, and re-productive phase. Neglect of women's health and nutrition is so serious that it outweighs women's natural biological tendency to live longer than men. 100 Million women are missing every year. Huge investments in the field of health have great importance as far as maintenance of human capital is concerned. Table - 3 provides information on life expectancy at Birth for both males and females. The table clearly shows that life expectancy is higher for males as compared to females. However, in the recent times the expectation of life is higher for females as compared to males. During the period 1986-01, the expectancy of life is 62.3 years for males whose as 65.3 years for females. The females have 1.6 years of more life than males and as per the projections, for the period 2001-06, the male expectancy will be 63.8 years and for females 66.9 years and for females 66.9 years.

Maternal Mortality Rate: Maternal mortality refers to deaths due to pregnancy related causes. The maternal mortality rate is very high in India (437) in 1994. It shows an increasing tendency. The high rate is attributed to unwanted, unplanned pregnancies, malnutrition, lack of regular medical consultation, lack of knowledge of health care, illiteracy, poverty less

access to medical care in proper time women's health in India states that India accounts for almost 25 per cent of world's maternal deaths and number of pregnancy related deaths in rural areas are still highest in the world. Nutrition survey in India, indicates that majority of women in India suffer from anemia and other nutrition deficiencies. A number of children are suffering from health diseases. The maternal mortality is high in India because of social and economic factors. Most of these deaths are preventable because it is only reflection of women's nutrition, poor health states and high fertility of poor access to utilization of health seminars etc., The accessibility and availability health provides is one of the important factors that determinate maternal mortality. Since prodders must take special care to pregnant adolescents as a high **Age at Marriage:** he age of marriage is very low in India. Universality of marriage and child marriages are very much prevalent in India. Even though Sarada Act was passes as early as 1929 with a view to eliminate child marriages and uplift the dignity of women still 50 per cent of the women in the country are getting married less than the legal age of marriage (18 years). The prevalence of spinster ship is very less in India since it is associated with social stigma. Even women who are physically and mentally handicap also get marry for some reasons or the other.

Sl. No.	Year	Mean age at Marriage		Absolute increase (years)	
		Male	Female	Male	Female
(1)	(2)	(3)	(4)	(5)	(6)
1	1961	21.6	16.1	1.7	0.7
2	1971	22.4	17.2	0.8	1.1
3	1981	23.3	18.3	0.9	1.1
4	1991	23.8	18.7	0.5	0.4
5	1992	25.0	20.0	1.4	1.5

Source: S.N. Agarwala, India's Population Problems, Magrow hill, New Delhi, 1981.

Table 4 provides information on age at marriage in India. The marriage is low for females as compared to males. Though the absolute increase in the age of marriage is high as compared to males still there is need for increased age of marriage for men in India as it is associated with social and economic development of the women.

Early Child Bearing and Other Social Factors:

Early child bearing is associated with high risk of pregnancy since women will not attain proper physical and mental maturity by that time. Spontaneous abortions, fetal deaths are very high among women getting married early. The prevalence of primary sterility is also very high among women marrying below 18 years of age. Early child bearing is the one of the reasons for high maternal mortality in the country. Fertility is very high in India, as compared to other developing countries. Greater frequency of births will lead to higher maternal mortality. Several studies show

that maternal mortality is high among women having high parity. Spacing of children is associated with less maternal mortality. More the spacing less the risk of maternal mortality and vice versa. The postpartum amenorehea is also very low in India. The tradition of breast-feeding the child is slowly disappearing and most children now a days are bottle fed rather than breast-fed. Most of the deliveries take place at home and not in the hospitals. Hospital deliveries are safer as compared to home deliveries. Most of the deliveries are attended by local Mantrasaani or relative rather than a doctor or a nurse. The umbilical card is being cut by traditional knife and not by any sterilized material. There is proper pre-natal or anti-natal care. Since female literacy is very low many women do not have the knowledge of conception, child bearing and rearing. They do not know how a child is born. The human anatomy and physiology is not at all known to many women in the country. Majority of the women in the country still

believe that children are God given and they are only instrumental. They believe in the concept "Naru posina vaadu Neerupoyyada ?" . Instead taking proper pre-natal and anti-natal care they depend on God for every thing thus all these factors led to high maternal mortality in the country which in turn reflected in the low and declining sex ratio.

Feticide: A number of factors including neglect of female infants and children and greater male rather than female access to improved health care and education are responsible for declines in sex ratios. The decline in sex ratio at birth is due to the practice of female feticide (identifying the sex of the fetus and Killing) and practice of female infanticide that killing of an infant because it is a female. Though foeticide is a recent development, female infanticide is much longer history in India.

Abortion: Abortion is as old as man. Both spontaneous and induced abortions were prevalent for long time India. In 1970s a survey conducted in Bombay hospitals revealed that 12 per cent of women who were admitting for medical termination were teenagers of less than 18 years of age and 92 per cent of them are unmarried. In the case of rape and in unforeseen social and economic, circumstances abortion is the only alternative. Because of high incidence of abortion, women's health is affected. Even though the risk associated with normal abortions is not very high, but repeated abortions are associated with high risk of mortality and morbidity. Female foeticide is of recent origin in our country, since the technology for identifying the sex of the fetus has come into use only recently and the necessary facilities are confined to mostly to urban areas.

Female Infanticide: Murder or deliberate neglect of infant to induce death has been known to occur to many human societies across space and time. The wide spread practice of infanticide in 19th century in India was extensively documented in the literature on British India, especially in North India. Even though female fetus is biologically stronger than male fetus in practice there are less girl children than male children. Female infanticide has spread widely in rural areas. The practice of female infanticide cannot be tackled in isolation. It is an extreme and particularly reprehensible form of violence against women in our society. In the long run only a broad and successful movement to transform the structure and policies of our economy and society in a democratic direction can eliminate all forms of violence against women.

Infant Mortality: Infant mortality is considered to be a fairly sensitive index of the health condition of population in a society. it is affected by both biological and environmental factors. Apart from genetic factors, the age of the mother, order of birth, spacing of children play a very significant role in determining the level of infant mortality in society. Infant mortality in India has declined over time. The rate was 146 in 1951 and 1961, 129 in 1971, 110 in 1981, 80 in 1991 and 70 in 2001. the infant mortality rate is very high among female children as compared to male children. Health care is very poor

among female children as compared to male children leading to high infant mortality among female children. the decline in infant mortality is a precondition for acceptance of small family norm in the country.

Child Mortality: Child mortality refers to mortality in less than 5 years of age for 1000 live births. Childhood deceases, child malnutrition, lack of safe drinking water, are some are the reasons for child mortality in India. The child mortality rate is very high among female as compared to male children. during the period 1979-81, the male child mortality was 41 as against female mortality of 44.8 similarly during 1989-91 the male child mortality was 26.3 as against 26.9 among females in India. There exists clear discrimination in child mortality between male and female children and there is every need to curb the same.

Son Preference: In patriarchal society there is strong son preference. The desire is in line with aspirations emerging from an increasingly consumerist culture leading to practice of female foeticide. People believe that son is preferred to save parent from 'Punnai Narakam'. Son is preferred to maintain family's surname and hire ancestral property. Strong preference for male child reflected in health care. The birth of a male child is a cause for celebration, while the birth of female child is a state of commensuration. Thus, son preference leads to low sex ratio in India.

Family Planning Acceptance: Women bare gigantic share of family planning burden especially in the rural India. The complications arising after tubectomy and IUD and side effects of oral pills have further shackled the health of the rural women. Male members are not coming forward to share the burden of family planning. There is a myth and fear among people that men will become impotent by undergoing vasectomy operation. That is most of women along care under going family planning operations. That is most of the women along are under going operations. Due to poverty some women are becoming victims of STD, TB, Goiter, etc. Thus, women's health is affected finally leading to low sex ratio in the country.

Under Counting of Women: One of the main reasons for gender inequality in India may be under counting of women in India. There is lot of social stigma associated with counting of women. The information with regard to female members of the family is mostly kept secret as compared to men. There is lot of bias and under reporting about women due to cultural factors. In a family where there are only daughters the possibility of under reporting is very high. If they are divorced women or widowed women in the family, the possibilities of under reporting are also high. Thus, under counting is one of the main reasons for enumeration of low females in the country.

Thus all these factors put together has led to gender inequality in India. There is need to empower the women in India by bringing changes in the reproductive health of women. Also there is need to empower the women through social, economic and political measures.

Social Inequalities: Women are discriminated against men historically in terms of education, health and social justice. Education plays a crucial role in improving the possibilities for personal growth. Similarly, cultural norms, values, and customs are no less important in determining the women’s life choices and physical and mental well being. The linkages between the culture, women’s education and health are important to improve the status of women in the society.

Literacy: Literacy is the crucial social sector component and women are totally neglected until recent times in this sector. Illiteracy is a root cause for all other types of discriminations. Female literacy rate was less than 10 per cent before attaining independence in India. The rate was 0.69 per cent in 1901, 1.05 per cent in 1911, 1.81 per cent in 1921, 2.93 per cent in 1931, 7.3 per cent in 1941, and 8.86 per cent in 1951. In 1961 hardly 15.34 per cent of women are literate. As per 2001 census, 54.16 per cent of women are literate. Table 5 provides information on

literary throughout the century in India. Similarly Table – 6 provides information in enrolment of students in India at the Primary, Middle and High school level. The table clearly shows that the enrolment ratios are much lower for girls as compared to boys from primary to high school level. Table – 6 provides information on the enrolment of students at secondary level in the rural and urban areas. Gender inequalities exists not only in the rural areas but in urban areas too. Even though female literacy has grown over the past century, a number of females who remained as illiterate increased overtime. There were hardly about 10 crores women who were illiterate (0.69 per cent) in 1901. But there are about 23 crores women who are illiterate in 2001. the illiteracy level in absolute terms has almost doubled even though literacy rate has increased over time. We all believe that if one male person in the family is literate, he along is literate, where as if one women in the family is literate the entire family will be literate.

Sl. No.	Year	Literacy population in Percentage		
		Male	Female	Total
(1)	(2)	(3)	(4)	(5)
1	1951	27.2	8.9	18.4
2	1961	40.2	22.0	28.3
3	1971	46.0	28.5	34.5
4	1981	53.4	28.5	41.4
5	1991	64.2	39.2	52.2
6	2001	75.9	54.2	65.4

Source: Census of India 1991 and provisional Population tables 2001

The directive principles of the constitution of India exhorts the state to endeavor to provide free and compulsory education to all the children upto age 14. the state was directed to achieve such an objective by 1960, but four decades later the situation continues to be dismal with nearly 50 per cent or 10 crores children (6-14 years) mostly are out of schools. The 83rd amendment bill fulfills the need for more compelling and stringent action on the part of the Government. Compulsory primary education has remained as an unattainable goal. Since elementary education is a concurrent subject, the major responsibility for achieving universal education lies with State Governments. Articles 15 of the constitution prohibits any discrimination on ground of sex. In 1958 Government of India appointed a committee on women’s education in order to recommend special measures to bridge the gap between boys and girls at the primary and secondary levels. The national policy on education 1968 also laid emphasis on removal disparities in education opportunities to women. Education of women can be affective tool for women’s empowerment. The draft national policy for empowerment of women envisized that measures will be taken to eliminate discrimination eradicate illiteracy, increase enrolment and retention rates and improve

quality of education among women. There is need to implement measures to develop educational standards, taught the basics of primary health care, environmental sanitation use of safe drinking water and reproductive health care. There is every need to built positive attitudes among women. Separate schools, colleges, and other higher education institutions may be started exclusively for women, for educational purposes. These measures will help to increase literacy and education among women in the country.

Women and work participation: As per ILO report women constitute roughly 50 per cent of the total population, 33 per cent of labour force and perform 66.6 per cent of total work hours. They earn only 10 per cent of total income and less than 1 per cent of world’s property. Lack of owner ship rights insecurity in employment, under employment; extended hours of work are the common sticks characters of the Indian women. Most of the Indian women are engaged in domestic work mostly non-remunerative in nature. They work in organized sector and paid very less. Table - 8 provides information on women working in the organized sector in India during 1971-91. The table shows that there exists clear discrimination in employment of men and women both in public and private sectors

during 1971-91. As compared public sector, private India. sector provides better employment opportunities in

Year	Public Sector		Private Sector		Total	
	Male	Female	Male	Female	Male	Female
1971	98.9 (92.0)	8.6 (8.0)	56.8 (84.0)	10.8 (84.0)	155.6 (89.0)	19.3 (11.0)
1981	139.8 (90.3)	14.9 (9.7)	61.0 (82.5)	12.9 (17.5)	200.5 (87.8)	27.93 (12.2)
1991	167.1 (87.7)	23.4 (12.3)	62.4 (81.3)	14.3 (18.7)	229.5 (85.9)	37.8 (14.1)

Source: DGE & Ministry of Labour, Govt. of India,

Sl. No.	Year	Category	Percentage		
			Total	Male	Female
1	1971	Total	34.2	52.7	14.2
		Rural	35.3	53.8	15.9
		Urban	29.6	48.9	7.2
2	1981	Total	36.7	52.6	19.7
		Rural	38.8	53.8	23.1
		Urban	30.0	49.1	8.3
3	1991	Total	37.7	51.6	22.3
		Rural	40.2	52.5	26.8
		Urban	30.4	49.0	9.2
4	2001	Total	39.2	51.9	25.7
		Rural	42.0	52.4	31.0
		Urban	32.0	50.9	11.6

Source: Census of India - 1991.

Table - 9 provides information on work participation rates in India, during 1971-2001 both in the rural and urban areas. The table reveals that there exist, clear discrimination in work participation rates between males and females. The female participation rates are much lower as compared to males. It is also observed that women are the comparatively greater losers of changing technologies. The issue of women work and child care are widely debated. There is strong relationship between women's health we need to consider the totality of women's work, whether paid or unpaid or working in the organized or unorganized sectors.

Women and Political Participation: The universal declaration of human rights declares that every one has the right to take part in the government of his or her country. The United Nations Economic and social Commission endorsed a target of 30 per cent of women at all levels of decision-making by 1995. The 73 and 74 constitutional amendments of India introduced reservation of the one third of the seats for women in Panchayati and Municipal bodies is good example of women political empowerment at the grass root level.

The proposal of constitution amendment for one-third reservation of seats for women in parliament and state assemblies will be feather in the cap democratic setup.

Summary and Conclusion: The paper has broadly discussed the issue of gender inequality, women empowerment and reproductive health among women in India. The measures under taken by the international and national organizations to improve the status of women in India were discussed at length. There is a good correlation between gender inequality and reproductive health of women. The sex ratio is very low in India as compared to many developing countries and most of the advanced countries. The high maternal mortality, infant mortality, child mortality foeticide, infanticide, abortion, low age of marriage social stigma associated with marriage, son preference are responsible for low sex ratio in India. Also under counting of women associated with many social factors is one of the main reasons for low sex ratio in the country. The Social factors, such as, illiteracy, ignorance, the economic factors such as low wage, unemployment under employment and political factors such as, low participation of women in the elections and other

elected bodies are also equally responsible for gender inequality in the country. So, there is every need to bring about changes in social, economic, and political

structure in order to reduce gender inequality in India and empower women in its true term.

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