

SOCIAL WORK JOURNAL

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- Editorial - Gpalji Mishra and Ritwika Rajendra
- A study on Nutrition Deprivation among the Gond Tribal Women in Coimbatore District – Maumita Goswami, & M. Nagalingam
- Rural- Urban Connectivity through Inland Water Transport in Dhubri: A way towards rural development
- Amrita Das & Amrit Pal Singh
- Impact of conflict on women in North East India – Pukhrambam Priyabala
- Women's Empowerment through MGNREGA Vis –a-Vis Right to Work- Amitabh Singh
- Family Planning Practices among the Urban Poor: A Study in Guwahati City of Assam- Girimallika Sahrma & Tarun Bikash Sukai
- Adolescence and Menstrual Health in India – PranitaGhalay & Ritwika Rajendra
- Domestic Violence among Women in Cachar: Social Work Intervention - Sabina Begum Ahmed & Aditi Nath
- The Situation of the Elderly in Old Age Home – India and Bangladesh – Sushma Mukharjee & M. Tineswori Devi
- The paradoxical problems of child marriage in India – Priyanka Patowari, Ratna Huirem & Kathiresan Loganathan
- Perception of Women Beneficiaries on MGNREGA in 24 Longpi Autonomous District Council Constituency, Tamenglong District, Manipur – Lalzo S. Thangjom
- Inclusion of Youth with Disabilities in the mainstream: Realities, Challenges and Rehabilitation in Karimganj District of Assam State – G. Albin Joseph, M. Gangabhushan & Amlan Das



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CONTENTS

Sl. No.	Title	Author(s)	Page No.
1.	Editorial	Gpalji Mishra and Ritwika Rajendra	5
2.	A study on nutrition deprivation among the Gond Tribal women in Coimbatore district	Maumita Goswami, & M. Nagalingam	7
3.	Rural- Urban Connectivity through Inland Water Transport in Dhubri: A way towards rural development	Amrita Das & Amrit Pal Singh	14
4.	Impact of conflict on women in North East India	Pukhrambam Priyabala	27
5.	Women's Empowerment through MGNREGA Vis –a-Vis Right to Work	Amitabh Singh	42
6.	Family Planning Practices among the Urban Poor: A Study in Guwahati City of Assam	Girimallika Sahrma & Tarun Bikash Sukai	69
7.	Adolescence and Menstrual Health in India	Pranita Ghalay & Ritwika Rajendra	80
8.	Domestic Violence among Women in Cachar: Social Work Intervention	Sabina Begum Ahmed & Aditi Nath	87
9.	The Situation of the Elderly in Old Age Home – India and Bangladesh	Sushma Mukharjee & M. Tineswori Devi	96

10.	The paradoxical problems of child marriage in India	Priyanka Patowari, Ratna Huiem & Kathiresan Loganathan	117
11.	Perception of Women Beneficiaries on MGNREGA in 24 Longpi Autonomous District Council Constituency, Tamenglong District, Manipur	Lalzo S. Thangjom	30
12.	Inclusion of Youth with Disabilities in the mainstream: Realities, Challenges and Rehabilitation in Karimganj District of Assam State	G. Albin Joseph, M. Gangabhushan & Amlan Das	130

Editorial

We are happy to bring out the current issue of Social Work Journal of Department of Social Work, Assam University. This issue is predominantly covering papers centred on the women empowerment, problems of women, domestic violence and family planning practices etc.

This paper is “A study on nutrition deprivation among the Gond Tribal women in Coimbatore district” by Maumita Goswami and M. Nagalingam describes the women lack awareness about the nutrition level which they can receive from different vegetables focuses on Gond tribal women resided in Gondi Nagar, Coimbatore district.

In the paper on “Rural –urban connectivity through Island water transport in Dhubri: A way towards rural development” by Amrita Das and Amrit Pal Singh discuss the urban and rural areas have different infrastructural demands which in a way directly have impact on carrying out productive activities and also it affects the basic function of production, marketing and consumption.

The article entitled “Impact of conflict on women in North East India” by Phukrambam Priyabala gives a brief analysis of problems of women and children in the conflict situation.

Another paper entitled “Women empowerment through MGNREGA vis-a-vis right to work by Amitabh Singh discusses MGNREGA used as a case study to draw the inference that affects human behavior.

“Family planning practices among the urban poor: A study in Guwahati city of Assam” by Girimallika Sharma and Tarun Bikash Sukai focuses to examine the knowledge, awareness and practice of family planning among the urban poor of the city and also tries to know the socio-economic background of the respondents and their basic health practices.

The paper entitled “Adolescence and Menstrual Health in India” by Pranita Ghalay and Ritwika Rajendraties to highlight certain menstruation related challenges that adolescent girls face in different aspects.

The paper entitled “Domestic violence among women in Cachar : Social Work Intervention” by Sabina Begum Ahmed And Aditinath tries to explore the causes,

forms and victim's perception about the effects of domestic violence and social work intervention in this regard.

The paper entitled "The situation of the elderly in old age home - India and Bangladesh by Priyanka Sushma Mukharjee and M. Tineswori Devi is an important contribution focusing on the problems associated elderly people as they suffer from psycho-social problems at the old age home such as financial problems, lack of emotional support, lack of family support, loneliness, low social status, low self- esteem, lack of social security, etc. Thus in this context, the researcher is attempting to understand the issues and problems of elderly in Old age home in India and Bangladesh referring to Kolkata and Dhaka respectively because ageing is becoming an emerging issues.

Priyanka Patowari, Ratna Huiem and Kathiresan Loganathan in their paper "The paradoxical problems of child marriage in India" tries to understand the legalities surrounding child marriage and to gain insights on the determinants and consequences of child marriage.

This paper on "Perception of women beneficiaries on MGNREGA in 24 Longpi autonomous district council constituency, Tamenglong district, Manipur" by Lalzo S. Thangjom tries to draw opinions about the scheme, socio economic contribution and its implementation.

Lastly the paper on "Inclusion of youth with disabilities in the mainstream: Realities, challenges and rehabilitation in Karimganj district of Assam State" by G. Albin Joseph, M. Gangabhusan and Amlan Das discusses the various issues pertaining to the youth who are differently abled and suggested various suggestions to strengthen the youth with disabilities.

Prof. Gopalji Mishra

Dr. Ritwika Rajendra

A Study on Nutrition Deprivation among the Gond Tribal Women in Coimbatore District

Maumita Goswami¹ & M. Nagalingam²

ABSTRACT

Physical fitness and maintenance of sound health of an individual is directly related to the condition of nutrition. Appropriate nutrition helps man to maintain health and stay fit whereas inadequate nutrition decreases fitness and causes vulnerability to diseases. Constant under nourishment continues to exist widely, especially among women of different age group, because they are trapped in the sequence of poverty, inadequate nutritious food intake and illnesses. Finally, a women health affects the entire household and disturbs economic aspects of the family. A woman with deprived well being will also be less productive in the labour market.

Frequency of anemia in developing countries is high and its occurrence is attributed to deficiency of iron. The nutritional deficiencies prevail more among the low income group. Anemia is very common in India particularly in the women of poor economic section of the country. The tribal women from Gondi Nagar are also lacking behind in decision making policy. The reason can be stated as lack of education as most of them only got the primary education, due to patriarchal society system. Women folk are least cared in terms of consumption and they were not allowed to work outside. They are believed to stay at home looking after the children and do all types of household works except a few. Moreover there is a lack of interaction with outside community so there is no sharing of ideas or knowledge and the male member whoever is working outside never used to talk to them about the different aspect of nutrition requirement in the body. The women lack awareness about the nutrition level which they can receive from different vegetables. Hence the present study on nutrition deprivation among the Gond tribal women resided in Gondi Nagar, Coimbatore district was carried out and the results were highlighted in the article.

Keywords : Deficiency, Malnutrition, Nutritional Food

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INTRODUCTION

Nutrition is a subject which is of great concerned and it talks about the whole issue of how much and to what quantity people are consuming nutritious food. Women are very delicate and they require more amount of food like iron, calcium compared to men. It is not necessary that only expensive food will have more amount of this nutrition. This study will help in understanding the actual nutrition level among the tribal women folk. Over all well being of population and human resources development is purely based on the nutritional diet followed by every individual of a society. Malnutrition is the effect of a range of factors including inadequate access to food, large size families, lack of basic minimal health care and lack of safe drinking water. The sign of malnutrition could be seen in the prevalence of specific nutrient deficiency disorders viz. anemia, night blindness and vulnerability to a number of contagious diseases (GoTN, 2005). Government of India has passed National Food Security Act 2013 on July 5, 2013 which marked a paradigm shift from welfare to rights based approach regarding food security (GoI, 2013). As per the act, 75% rural people are entitled to collect subsidized food grains. In spite of all these efforts, still there is huge number of women folk suffer from under nourishment, malnutrition etc.

Nutrition Chart

TYPE OF WORK	FOOD TYPES	QUANTITY/DAY
Moderate Work	Calories	2230 Cal
	Protein	5.55gms
	Fats	25gms
	Calcium	800 Mb
	Iron	26 Mb
	Pulses	70 Gms
	Cereal	330 Gms
	Green Leafy Vegetables	100 Gms
	Other Vegetable	200 Gms
	Roots And Tubers	200 Gms
Heavy Work	Calories	2850 Cal
	Fats	30gms
	Calcium	800 Mb
	Iron	40 Mb
	Pulses	90 Gms
	Cereals	480 Gms
	Green Leafy Vegetables	100 Gms
	Other Vegetables	200 Gms
	Roots And Tubers	200 Gms

Source: Indian Council of Medical Research

The Gond tribal women residing in Gondi Nagar are also lacking in education in addition to nutrition deficiency. As per their culture, they were not allowed to work and there is no interaction with outside community. As a result, there is no sharing of ideas or knowledge on any aspects including nutritious food. Hence, the tribal women in this locality are not aware about the nutrition level and how to receive it from different vegetables/fruits. Basically this Gondi tribe migrated from Maharashtra, Gujarat etc. These tribal women are not consuming the basic nutrition which they should get and because of this reason they are having health complication and it is indirectly affecting them in child delivery. As like rural Indian women, these tribal women mostly have the leftover food in the home after serving to entire family. Hence the present study on nutrition deprivation among the Gond tribal women in Gondi Nagar, Coimbatore district has been carried out and the results were highlighted in the article.

REVIEW OF LITERATURE

- Saramma (1989) indicated that malnutrition is a severe health concerns which every Indian women folk faces and it intimidates their survival as well as their children. It is also added that the negative effects of undernourishment amid women is a consequence of combinations like work demands, special nutritional needs of women, resulting in increased vulnerability to illness and higher morbidity.
- Subal Das& Kaushik Bose (2012) though the tribal people have a close interaction with nature and fulfill their food requirement from nature, the tribal groups experience high nutritional stress.

OBJECTIVES OF THE STUDY

1. To ascertain the levels of nutrition among the tribal women.
2. To find out the health problems of the respondents due to lack of nutrition.

METHODOLOGY OF THE STUDY

- **Area of study:** The study was conducted among Gond tribes in Gondi Nagar which is situated in Coimbatore District. Those Gond tribes have basically migrated from parts of Maharashtra and Gujarat. It is a community with approximately 1000 population and everyone follows the Christianity religion. Almost every male member in the community follows the same hereditary occupation of selling traditional medicines in different parts of the country whereas the women were not allowed to

work outside, they were supposed to stay at home and do the household works. Most of the girls have received only their primary education and they don't get much exposure to outside community. Most of them stay in a tent house.

- **Research Design:** In this research the researcher used descriptive research design.
- **Universe and Sampling:** The universe of the study is the Gond tribal women folk living in Gondi Nagar, Coimbatore District. By adopting accidental sampling, the researcher collected 50 samples for the purpose of the current study.
- **Tools of data collection:** The researcher prepared a self-structured interview schedule to collect the data from the tribal women with the following classifications: Women receiving nutritious food, varieties of food consumed, Women suffering from under nutrition and Women falling under over weight or under weight.
- **Period of study:** The data collection was done during the month of January 2014. Per day 5 to 6 respondents have been studied, the time varied from person to person.

FINDINGS AND DISCUSSIONS OF THE STUDY

AGE WISE DISTRIBUTION OF THE RESPONDENTS: Table 1 shows the age group of the respondents who were taken for the study. 34 per cent each of the respondents belong to the age group of 18 to 22 years and 22 to 26 years, 14 per cent of the respondents belong to the age group of 26 to 30 years, eight percent each of the respondents belong to the age group of 30 to 34 years and 34 to 38 years and two per cent of the respondents belong to the age group of 38 to 42 years.

OCCUPATION OF THE RESPONDENTS: Table 2 shows that majority does the household works whereas only one-tenth were working as daily wage earner and the rest were doing other types of work like filing the iron in the factory, working in petty shops and so on.

NUTRITIONAL FOOD TAKEN BY THE RESPONDENTS: Table 3 shows the frequency of the nutritional food taken by the respondents

- **Non-Vegetarian food:** More than one third of the respondents were having non-vegetarian food weekly, one-tenth was not having it at all and another one-tenth was having it daily.

- **Green leafy vegetables:** 28 per cent of the respondents consume green leafy vegetables weekly, 32 per cent daily and 30 per cent were not having it at all.
- **Dal:** Less than three fourth of the respondents had dal daily, one fifth of the respondents they had weekly and another one-tenth had it rarely.

RESPONDENTS AWARENESS ON NUTRITIVE VALUE: Table 4 represents the awareness of the respondents towards the nutritive value of foods taken by them. 78 per cent of the respondents are aware of the nutritive values and 22 per cent of them are not aware of the nutritive values.

DIFFERENT HEALTH PROBLEMS FACED BY THE RESPONDENTS: Table 5 shows that four percent were having low blood pressure, 10 percent were anemic. 10 percent had suffered from fever where as eight percent was suffering from weakness and four percent was suffering from headache sometimes. Apart from all this other health related diseases faced by the respondents were eyes problem, muscular pain, body pain, allergies and so on.

NUTRITION STATUS: Table 6 shows the nutrition status of the respondents taken for the study. Based on the nutrition chart the above table shows that 72 per cent were having low nutrition status whereas the rest were having normal nutrition status.

SUGGESTIONS

- Sensitisation activities on importance of nutrition, nutritive value and cost effective seasonal vegetables and fruits.
- Organising health camps in the community to screen and identify the malnourished women.
- Efforts to communicate in their known language to overcome remove the barrier.
- Improving access of these migrated tribal women to the services offered by Anganwadi/Balwadi centres.

CONCLUSION OF THE STUDY

This study gives a clear picture that due to lack of proper health records, these tribal women are forced to go to traditional healers to treat their illness. Study also shows that the intake of nutrition such as greens, vegetables and fruits was very scarce among the tribal women. Deficient of vegetables leads to deficiency of several nutrients such as calcium, iron, vitamin A vitamin C etc. Thus nutrition is the most significant factors that

influence growth and development of an individual, especially women reproductive organs. Therefore a necessary intervention including sensitisation activities on the issues of malnutrition is an immediate requirement. The intervention must be planned as part of the mainstreamed regular intervention by the state nodal department for nutrition so that the intervention will be a sustainable one.

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TABLE 1
AGE WISE DISTRIBUTION OF THE RESPONDENTS

Age	Frequency	%
18-22	17	34.0
22-26	17	34.0
26-30	7	14.0
30-34	4	8.0
34-38	4	8.0
38-42	1	2
TOTAL	50	100.0

TABLE 2
CAREER OF THE RESPONDENTS

Type of occupation	Frequency	%
Daily wage earner	5	10.0
Household work	44	88.0
Others	1	2.0
Total	50	100.0

TABLE 3
FREQUENCY OF NUTRITIONAL FOOD TAKEN

Nutritional Food	Frequency	No. of respondents	&
Non-vegetarian food	Daily	5	10.0
	Weekly	20	40.0
	Monthly	9	18.0
	Rarely	6	12.0
	Not having at all	10	20.0
	Total	50	100
Green & vegetables	Daily	16	32.0
	Weekly	14	28.0
	Monthly	5	10.0
	Not having at all	15	30.0
	Total	50	100.0
Dal	Daily	35	70.0
	Weekly	10	20.0
	Rarely	5	10.0
	Total	50	100.0

TABLE 4
RESPONDENTS AWARENESS ON NUTRITIVE VALUE

Awareness	Frequency	%
Yes	39	78.0
No	11	22.0
Total	50	100.0

TABLE 5
DIFFERENT HEALTH PROBLEMS FACED BY THE RESPONDENTS

Health problems	Frequency	%
Decrease in blood pressure	2	4.0
Anemic	5	10.0
Fever	5	10.0
Weakness	4	8.0
Headache	2	4.0
Others	10	20.0
Not applicable	22	44.0
Total	50	100.0

TABLE 6
NUTRITION STATUS

Types	Frequency	%
Low	36	72.0
Normal	14	28.0
Total	50	100.0

Rural-Urban Connectivity through Inland Water Transport in Dhubri: A way towards rural development

Amrita Das¹ & Amrit Pal Singh

ABSTRACT

India is in such a phase of development where there is huge difference in regional development. The economic development has been spotty over space, resulting in developed centers with underdeveloped hinterland². In order to lessen this gap infrastructural development is required. Both urban and rural areas have different infrastructural demands which in a way directly have impact on carrying out productive activities and also it affects the basic function of production, marketing and consumption.

Transport is basically a form of economic activity which consists in the movement of men and materials over space for different purposes. It is basically an infrastructural facility that helps and encourages productive activities in a region³. Lack of transportation facility of a region is considered to be one of the main factors behind underdevelopment of a region. Inland water transport is one such mode of transportation which keeping in mind the geographical location of Assam can help in improving the interior regions of Assam and connecting it with the main hinterland.

Keywords: Rural urban connectivity, Inland water transport, economic development, rural areas

INTRODUCTION

This famous observation made by the Father of the Nation many years ago, still holds true. Villagers comprise the core of Indian society and also represent the real India. And it is for these villagers that we need to make

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³B. Jayarambhat, Road transport and rural development, a case study of dakshinakannada district, Mangalore university, 1987

sure we build a system that delivers basic social infrastructure in an effective manner. In order to ensure that the fruits of India's progress are shared by all sections of the society, the government has identified several elements of social and economic infrastructure, critical to the quality of life in rural areas⁴.

The rural environment is often the growth engine of a country, the food supply and the rural population are custodians of the environment and ecosystems. India's rural economy has a huge footprint, supporting 70% of its population and accounting for almost half of India's gross domestic product (GDP) and private consumption (Source Crisil). Hence, rural India presents enormous potential in thrusting India at the forefront of the most powerful nations of the 21st century.

Human beings manage their lives in geographical space. They exist and perform their activities at specific locations and move or distribute things in certain directions⁵. In order to facilitate this movement or flow connectivity to a place is important. Connectivity is the key to harnessing the potential of its enormous human resources⁶.

The capacity for areas and people to be connected, either physically or non-physically, through transport or communication is what connectivity is about. The level of connectivity depends on the number of connections between nodes, which can have a considerable impact on the economic development of a region⁷.

Connectivity is a means of enhancing effectiveness of regional networks to facilitate flow of goods, service, people, data and knowledge within and between the different regions⁸. If we go in –depth to understand the meaning we can further bifurcate rural connectivity in terms of farm to market, rural village connectivity, engineering and its maintenance. Hence, rural connectivity means ensuring accessibility to rural areas which will facilitate movement of goods as well as people.

⁴ India.gov.in (archives)

⁵ Smith, D.M., 1977: 'Patterns in human geography', Penguin books, pp.15.

⁶ Ashok Jhunjhunwala, ASCI Journal of management, 'Challenges in rural connectivity of India', 2002

⁷ Discussion Paper, March 14,2017, United Nations Centre For Regional Development, Intergovernmental Tenth Regional Environmentally Sustainable Transport (Est) Forum In Asia, Laos Vietnam

⁸ National Stakeholder Consultation and Capacity Building Workshop on Development of Sustainable and Inclusive Transport Policy, Madan B. Regmi, Deng, April 2015

Also, connectivity of rural area with urban centers is beneficial for the rural people at large. Rural urban connectivity ensures, “better access to services located in urban areas such as healthcare, education, and for increased political and social participation, connectivity to urban markets allows lengthening of market chains and connecting rural producers to the wider market, enabling participation in the national and regional economy”⁹.

Hence, in simple words connectivity can be studied in terms of trade and transport connectivity, people to people connectivity, energy connectivity and information and communication connectivity.

Transportation is one of the means through which connectivity with a place becomes possible. It ensures movement of people as well as goods from one place to another. The word ‘transport’ has been derived from the Latin word ‘transporters’ where ‘trans’ means across and ‘portare’ means carry. ‘Transport’ thus means to carry across or from one place to another.

TRANSPORTATION AND ECONOMIC DEVELOPMENT

Transport and economic development has always been a topic of interest for the policy makers and economist. A developed transport sector not only helps in expanding its market access and hence increasing it’s the trade but also helps in working as stimuli for its internal market/trade. Transportation is one of the major components toward infrastructure development of any country.

Physical infrastructure refers to the basic **physical** structures required for an economy to function and survive, such as transportation networks, a power grid and sewerage and waste disposal systems. Physical infrastructure has a direct impact on the growth and overall development of an economy¹⁰. It is indispensable; a well-knit transport and communication network ensures a well balanced distribution system for the means of city’s economical development.

Transport is basically a form of economic activity which consists in the movement of men and materials over space for different purposes. It is

⁹Discussion Paper, March 14,2017, United Nations Centre For Regional Development, Intergovernmental Tenth Regional Environmentally Sustainable Transport (Est) Forum In Asia, Laos Vietnam

¹⁰Transport infrastructure in India: Development, Challenges and lessons from Japan, Pravakar Sahoo, 2011, Institute of Development economies Japan external trade organization

basically an infrastructural facility that helps and encourages productive activities in a region¹¹.

If we glance into the past we can observe that transportation developments that have taken place since the beginning of the industrial revolution have been linked to growing economic opportunities. At each stage of human societal development, a particular transport mode has been developed or adapted. However, it has been observed that throughout history that no single transport has been solely responsible for economic growth. Instead, modes have been linked with the direction and the geographical setting in which growth was taking place.

One of the most important pillars of a modern economy is the ability to move goods and people where they need or wish to go. However, all transportation is not the same. The ability to move goods and people affects the economy differently depending upon whether the movements are local or long-distance in nature, and the purpose of each trip.

Few theories suggest that at micro level a transport improvement which reduces transport costs (through shorter journey times and lower vehicle operating costs) enables firms to sell their products more cheaply. This stimulates greater demand, so that as firms enjoy enhanced scale economies, a virtuous circle of further cost reductions and sales growth is set in motion¹². It brings a nation in the forefront by unifying its activities and towards better economic prospects.

Unavailability of transportation facility in an area results into underdevelopment. So, to be specific the rural interior region lacks proper connectivity through any mode of transportation. Hence, it deprive the rural area from many productivity related developments affecting the wages, the demand for a product will be restrained to the local area, production volume will also be low, specialized goods and innovation from other area will not flow.

So, we can conclude that lack of transportation facility is considered to be one of the main factors behind underdevelopment of a region.

¹¹B. Jayarambhat, Road transport and rural development, a case study of dakshinakannada district, Mangalore university, 1987

¹²Standing Advisory Committee on Trunk Road Appraisal, White Paper 'A New Deal for Transport: Better for Everyone', December 1997

Also, modern transport and freight distribution system all over the world are tending towards the adoption of best practices that are reliable, timely and cost-effective. Economic transformation, and indeed, the development of any country are hardly possible without an efficient transport system (Salim, 2003; Lingaitiene, 2006). This is because goods should be transported from origin to destination at minimal costs and time.

Since the movement of people through transportation have started, for an economy it is not only important to fulfill door to door transportation need of its public but also to provide transportation facilities at low cost. With the modernization in the transportation system, along with the two basic purpose of transportation one more purpose have evolved i.e sustainable mode of transport.

According to NITI AYOJ report, the objective of mobility of goods and passenger should be based on 3 Cs, i.e Clean, Convenient and congestion free. This concept fits perfectly with mobility through IWT. Also, SAHI (safe, adequate and Holistic infrastructure) is adopted by the GOI which will solve all types of connectivity i.e Urban to Urban, urban-to-rural and rural-to-rural.

Sustainability has become one of the key word in development scenario of a country. Sustainable transport and sustainable mobility is about finding ways for communication that reduce its impact on the environment, economy and society¹³. In today's environment it is important not only to maintain the momentum of growth but the growth should be in a more sustainable manner without much effecting the environment have become a challenging task for every nation.

In order to attain sustainable growth an efficient and reliable transport network linking the centre of production with consumptions is need of the hour. Also, passenger movement in a hassle free manner is a major concern for all the countries around the world.

¹³ Reviving the Inland Waterways of Dhaka: A morphological approach towards an integrated transportation system, Amreen Shajahan and Farida Nilufar, Proceedings of the ninth international space syntax symposium edited by Y O Kim, H T Park and K W Seo, Seoul University, 2013

WHY IWT?

Inland Water Transport is an economic, fuel efficient, environmental friendly and a low cost transport mode (Nair, 2012). This mode includes natural waterways such as navigable rivers and artificial ones such as canals. The major advantage of waterways from the point of view of transport is that it offers less resistance to traction at reasonable speeds than other modes. The cost of maintenance is low as the channels are almost natural. Moreover, these waterway channels are often multipurpose ones and hence it is much cheaper to move goods on them.

However, this mode is subject to geographical constraints and operates at relatively low speed. It is not possible to create a major waterway for transport without the basic pre-requisites provided by nature. A basic consideration is the depth that determines the type of vessels that can use the channel and their capacity to handle traffic. Also important are the gradients of the channels as well as the width of the Waterway (Sriraman, 2002, Brahma, 2006).

Also, one can observe that ensuring proper connectivity between rural and urban centers, countries around the world have laid more emphasis on automobile centric movement hence instead of connectivity traffic gridlock is becoming a constant problem especially in developing countries. Also, it is making the rural areas more dependent on automobile. There is a need of paradigm shift from the Govt., people residing in rural and urban areas as they have underutilized the local and naturally available mode of transport.

Inland water transport is one such mode of transportation which keeping in mind the geographical location of Assam can help in improving the interior regions of Assam with main hinterland.

Assam is blessed river Brahmaputra and hence inland water transport is one of the viable options for movement of goods and passengers. People residing in rural areas are comfortably using this mode of transport to move into the interior places where other modes of transport are yet to make its presence felt.

The interior regions of Assam are not properly connected with the urban centers and hence IWT due to its natural presence around Assam can prove to be an important mode of connectivity to these rural areas.

The research work will mainly emphasis the importance of IWT in ensuring connectivity of rural area with urban centers.

Objective of the study

- To study the role of IWT towards connectivity of rural area with urban centers.

Research Methodology

Research comprises "creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications."¹⁴

A proper research methodology ensures that the research work is carried out in a systematic way which works as guide to reach the objective of the research work.

The method adopted to write the research work is case study method. IWT in Assam is operating under the control of IWT dept. Govt. of Assam. National water no. 2 which stretches from a line drawn across the Brahmaputra river from the point on the north bank of the Kundil river at its confluence with the Brahmaputra river near Sadiya to the beginning of the river island Majuli and there from through all the channels of the Brahmaputra river on either side of the river island Majuli up to the end of the river island Majuli and then up to the international border downstream of Dhubri.

In order to understand the role of IWT in bringing connectivity of rural areas with urban centers, the ferries plying to and fro from Dhubri town is considered for the case study. According to the geographical location of Dhubri, it is surrounded by Brahmaputra and during rainy season ferries are mostly the only means of transport for people living in the rural areas of the district. Dhubri town is the place where one can find the basic minimum requirement. The locals are mostly dependent on the connectivity with the town which consists of the main market area, public hospital, court, bus stand etc.

The case study is conducted with two different set of people i.e

- a) Unregistered local ferry operator
- b) Lessee of the ghat

¹⁴Frascati definition of research, <https://www.research-operations.admin.cam.ac.uk/policies/frascati-definition-research>

Also, personal observation method is adopted to study the case in its natural environment. One can observe that many people are residing in the **char** areas in Dhubri district. According to census report of Dhubri district, the total no. of villages in char area is 1091 of which total rural population residing in these villages is 1,745,557.

Secondary Data

The researcher has went through many govt. websites, books and journals to form the basis of the paper.

Case study No. 1 (Mr. Birender Kumar, Lessee of Mela Ghat, Dhubri town)

A person who has been in this business of plying ferries from the past 10 years. He is not a native of this place but has in-depth knowledge of running a business in Dhubri town. He is not only associated with plying ferries in the ghat but also carry out the business of moving goods like bamboo from the interior regions to West Bengal and other places. As of now he is the lessee of the melaghat in Dhubri town. As the name suggest this ghat is known as the melaghat as it holds one of the famous mela i.e Ashokashtami and many other religious mela round the year. This ghat is leased by IWT to Mr. Kumar for a contract period of 1year (varies according to Govt. standing order). This ghat is connected with the following ghats :

- Jaleshwar
- Nagarbera
- Bagbor
- Maderteri
- Phulbari
- Simlabari
- South salmara
- Kalapani
- Fakirganj
- Singimari

Few places are not marked under the IWT routes for running ferries but these are basically the routes connecting the char areas with the urban centers. The lessee In order to gain access to this ghat as a lessee Mr. Kumar have taken a partnership with another person for paying the lease amount to the Govt. of Assam. He had to pay an amount of 9.5 lakhs.

Under the control of the lessee the ferries can ply from one ghat to another. This ghat is used for both commercial and passenger movement purpose.

Commercial (goods movement)

This ghat is in the main area of Dhubri town and hence has the most number of ferries plying with goods and passengers to and fro from different char area and interior villages of the region. A major function of this ghat is, the ferries are being used by the Govt. to send the ration from the town to the interior regions of the Dhubri district. The boats carrying govt. ration charges 5000 – 6000 per trip depending on the distance to the area. Although it has been mentioned that in most of the cases they can take only one trip in a day because most of the places take 5 to 6 hrs one way hence it is next to impossible to undertake another trip. It was observed during the conversation that, the ferries were offloading bamboo and then are directly loaded into the trucks by the locals. The ghat not only entertains commercial goods flow but also one can see the locals from the char area coming in their own ferries carrying different products like hand made products, vegetables etc and are selling in the market which is at a distance of 1 km from the ghat area. Also, during the festive time, number of ferries plying to and fro with the goods saleable in mela shoots up to 200-300 ferries.

Passenger movement

The ghat has its importance for the locals because it is nearby to the important markets area of the town. On a normal day the normal flow of passengers range from 500-600 from the different interior regions as mentioned above. Depending on the distance the charges vary from Rs 20-80 and in case of emergency services during night or odd hours or for booking the whole ferry for one way trip the price range form Rs 1500-2000. There are many passengers who are daily users of ferry due to their job in Dhubri town or education. The other reasons are medical, court, market, police station etc.

This ghat is a hub area as not only one of the biggest festivals is celebrated here but weekly market is also held here. Hence, it gives people the chance to communicate and exchange different set of information. Also, there is scope for developing tourism in this spot.

Case 2: Mr. Ajibur Khan, a Private Ferry Operator from Ponchu Ghat

He is a 37 years old person who has been residing here from the past 15 years and has been in this profession since last 10 years. For him it is more

like a family business as the ferry is handed over to him by his father. Regarding the registration of the ferry he is of the view that as there are no such attractive benefit of getting registered hence he opted for saving his registration fees and did not registered his boat.

It was observed during the visit that, this ghat is very poorly maintained and there is no pontoon for the people. For the aged people it is difficult to get down and reach the mainland area because the path is makeshift in nature plus it is next to impossible for handicap people to take this facility. No ferry has night navigation facility and hence in case of emergency it becomes life threatening. The ghat is not even properly marked or maintained but the irony is that it is adjacent to the court and a public park.

This ghat is connected to the below mentioned ghats:

- Singimari
- Hajighat
- Pataka
- Saikhuwa
- South Salmara
- Manipur
- Phulbari
- Fakirganj
- Porabhita
- Meditary
- Jaleshwar
- Goalpara

Connectivity

a) Trade and transport

He is a person from one of the char area known as Maderteri, which takes around 4 hrs one way to reach the main Dhubri town. The ferry which he used is mechanically propelled but with only one engine hence it takes more time to reach and this time duration increase more during the month of July to December. He is ensuring connectivity of his village with the main urban centers but due to the time factor he can only makes one trip in day. The rates are per person Rs20 along with bicycle Rs 30 and with products like (vegetables and other saleable goods) Rs 60- 80.

Also, at times his ferry is utilized by the Govt. to send ration to the village and according to him it is a profitable trip for him. He can earn upto 5000-

6000 in a single trip which at times is a one month earning for him. He leaves the main ghat at around 4 pm like most of the other ferry operator.

Not only are the ferries used by the Govt. but also by the local mahajans to transport their goods from the village to the main urban areas. The unloading cost plus to carry the goods from the ferries to the destination, cost is borne by the mahajans.

Also, there is scope for movement of goods over IWT from Dhubri to Bangladesh. Hence, it can prove to be a feasible mode of transport for import and export between the two countries. Therefore, it is rightly said that northeast can prove to be the gateway for the Look east policy of the Govt.

With the possibility of opening proper trade channels with Bangladesh Dhubri district can have its own repairing and maintenance workshop for the ferries which will ensure flow of technology into the district and dissemination of knowledge among the locals too.

b) People to people connectivity

Ferries are a common mode of transportation for him and for many others like him. Since, their village is not connected by any other mode of transport. Most of the villagers of his village have a ferry and hence it provides door to door connectivity. The people required to run a ferry is minimum 2-3 so in order to save Rs 200 per person the villagers have made a settlement among themselves by helping each other. On the other hand, it is a source of employment for the local villagers too.

INFERENCE

- Due to its geographical location and the problem of flood in the region, IWT can play a major role in maintaining a proper connectivity with the interior and the rural regions of Dhubri district.
- A waterway is naturally made and it just needs to be maintained. If we compare the maintenance cost of IWT with road it is less than 20%¹⁶. Hence, for maintaining connectivity with these places it will not put much of financial burden on the state govt. budget.
- Although, it can be noted that travelling time by IWT is more than land transportation but it can be justified on the ground that with the availability of launch and faster ferries the travel time can be cut

¹⁶ Advantage Assam report

short by many hours. One can give the reference of Govt. ferries plying from Guwahati to North Guwahati, due to availability of faster ferries the travel time has been reduced to 5-7 min. On the other hand via road it takes minimum of 45 min to reach.

- For a place to flourish properly optimum utilization of all the modes of transport is necessary. Hence, in case of Dhubri district, in order to meet the demand of the people and trade end to end transportation is needed.
- According to NTDPC report, road and railway are over utilized and are congested hence there is a need of an alternative mode of transport. Plus keeping into mind the MDG, there is a need of a more sustainable mode of transport. So, developing IWT in Dhubri district can be the best possible solution.
- With the scope of developing tourism in IWT there can be a huge scope for the locals to get exposure. The connectivity through IWT will go beyond the purview of just being a mode of transportation and can result into other forms of connectivity (market, communication, idea generation for business etc)
- It is proving to be fruitful for the Govt. and Mahajan to move their goods to and fro from the urban centers to the rural regions.
- Lack of initiative is a stumbling block behind the deteriorating and alarming state of ferries of this region. Also, there is need of Govt. initiative towards improving the state of IWT in the region which can be the way towards regional development

Hence, we can conclude that IWT can prove to be a more efficient and effective mode of transportation in connecting rural areas with urban centers. Although, it should not be misunderstood that IWT alone can solve the connectivity issue of this region but a model giving equal responsibility to all the modes of transport should need to be developed. IWT cannot be studied excluding the other two modes of transport but is a part of the holistic concept of transportation.

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Impact of Conflict on Women in North East India

Pukhrambam Priyabal¹

Abstract

Conflicts can be classified as interstate, intrastate, or intrastate with foreign involvement. In conflict situations, women and children are the most vulnerable due to their status and sex. Many cases of rape and sexual assault have also gone unreported due to fear of social stigmatization and the attached perceived threats. Violence in the form of threats and intimidations by the armed outfits for not fulfilling their dictates has also been on the rise. Women and children in conflict situations can be classified into four main categories: those in actual conflict situations; those displaced from external conflicts (i.e. refugees); those displaced from internal conflicts (i.e. internally displaced persons), and those affected by environmental conflicts. This paper tries to understand the impacts of conflict on women in the context of North East India.

Keywords : Conflict, Women, Northeast India.

Introduction:

Conflicts are generally multi dimensional. To some it refers to behaviour or action. Conflict can occur when two states are at war with one another. Conflict consists of severe disagreement between the parties involved where their demands cannot be met by the same resources at the same time. In general, conflict is a social situation in which a minimum of two actors (parties) strive to acquire at the same moment the same sets of available set of scarce resources (Wallensteen, 2002). Conflicts can be classified as interstate (between two or more governments), intrastate (between a government and a non-government party), or intrastate with foreign involvement (the government or opposition party or both receive troop support from other governments). UCDP classifies conflicts into three intensity levels: minor (at least 25 battle-related deaths per year and fewer than 1,000 battle-related deaths during the course of the conflict), intermediate (at least 25 battle-related deaths per year and an accumulated total of at least 1,000 deaths but fewer than 1,000 in any given year), and war (at least 1,000 battle-related deaths per year) (Hewitt, Wilkenfeld, Gurr, & Heldt, 2012). For the purpose of the paper, the issue of conflict between states and intrastate will be discuss with particular reference to armed conflict.

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Uppsala University's Conflict Data Program (UCDP) reported there were 33 active conflicts in the world in 2013. At least 25 battle-related deaths is classified as active conflict while more than 1,000 lives is classified as war. UCDP has been reporting violent conflicts since the 1970s. As per the report, the number of active conflicts in the world has remained relatively stable over the past ten years that fluctuates between 31 and 37 as compared to the period right after the end of the Cold War, where more than 50 conflicts were active. The war like conflict has also declined by more than 50 percent since the early 1990s with 15 to seven in 2013. According to the Amnesty International report "The victims of disappearance belong to all ages and professions, including businessmen, lawyers, laborers and farmers- most of whom appear to be ordinary civilians having no connections with armed opposition groups operative in Jammu and Kashmir. They include juveniles and old people" (AII, 1999).

According to Uppsala Conflict Data Program (UCDP), armed conflict is defined as: "A contested incompatibility that concerns government and/or territory where the use of armed force between two parties, of which at least one is the government of a state, results in at least 25 battle-related deaths" (UCDP/PRIO, 2009). According to macro-level studies by Esty et al. (1998a, 1998b) countries with neighbour conflict have an increased risk of experiencing internal conflict (Human Security Center, 2004). Goldstone et al (2010) favoring the same argument suggest that having four or more bordering states with major armed civil or ethnic conflict increases the risk of political instability. Environmental Conditions are also believed to be significant predictors of conflicts. A study of Hegre (2003) supports this argument by finding mountainous countries to have a higher risk of war than other countries as they provide rebels with natural sanctuaries. In a similar vein Fearon and Laitin (2003) suggest that environmental conditions favoring insurgents are significant predictors of civil wars (Blattman and Miguel, 2006).

Hussain (2009) stated that India's North Eastern frontier is one of South Asia's hottest trouble spot. He highlighted the Nagas' homeland dream and how its aspirations have affected other tribal communities of the region also. Dev (2009) pointed out the reasons for the emergence of insurgents in North East India like Assam, Mizoram, Tripura, Meghalaya, Manipur, Arunachal Pradesh and the aid extended by foreign country for insurgents. Civil Society Coalition on Human Rights (CSCHR) in Manipur and the UN (2012) elaborates on the political and historical context of the armed conflict prevailing in Manipur mainly extrajudicial, summary or arbitrary

executions. It provides information on lacunae in the investigation, absence of a witness protection programme and issues concerning impunity, justice and reparation for the victims' families. It also gives the chronological documentation on extrajudicial executions in Manipur since 1979 till May 2012.

Impact of Armed Conflict:

Armed conflict changes the distribution of material wealth, impacts subtly on social norms, and creates opportunities for some actors to take on new social roles and positions in society (Keen, 2008). It has profound negative effects on human capital, thereby sustaining poverty and slowing down economic recovery (Justino, 2007: 6). Each year, at least 250,000 people die in armed conflicts, most of which occur within, rather than between, states and in the past three years an especially brutal civil war in Syria has killed upwards of 100, 000 people. Armed conflict and its aftermath corrode virtually every aspect of society: law and order, human rights, socioeconomic development, education, basic health services, and the environment. The global economic costs of insecurity generated by conflicts amount to an estimated \$400 billions each year. At the same time, conflict prevention, mitigation, and response are global concerns, because instability often spills across borders and triggers piracy, drug trafficking, small –arms sales, environmental exploitation, and terrorism.

Conflicts tend to affect food security by creating food shortages. In conflict situations, food producing regions experience seizing or destroying of food stocks, livestock and other assets, interrupting marketed supplies of food not only in these regions but also in neighboring regions. Any food that the militias and armies cannot use immediately in the contested areas will be destroyed to prevent their adversaries from accessing it. The farming populations tend to flee, decline or stop farming. Recruitment of young male men into militias and thousands of battle-related deaths not only will reduce family income but also take away labor from agriculture. Due to landmines, agricultural lands become inaccessible for years, harvests are destroyed and fields cannot be cultivated. Rural populations that depend on these fields for food are prevented from farming, therefore creating a breach in agricultural and food production (Messer et al., 2000: 5).

Long-lasting conflicts limit the ability of women to transmit traditional knowledge relating to childcare and basic health and hygiene, owing to the destruction of the family and community. As people affected by conflict

become poorer, medical services renders even more difficult for women to have a choice regarding their reproductive health (for example, accessing gynaecological and obstetric assistance). Women victims of sexual violence endure a wide range of health consequences including: obstructed labour; sterility; incontinence; vaginal fistulas and sexually transmitted infections (STIs). In Rwanda, 17 percent of women who were survivors of genocide, and 67 percent of rape survivors were HIV positive (Mc Ginn, 2000). Fertility can be depressed as a result of lower coital frequency, as couples are separated by male out-migration and male combat duties, and poor nutritional status and stress lower fecundity and increase spontaneous abortions (Blanc, 2004). Children living in high-conflict areas during the 2003 Iraq war were found to be 0.8 cm shorter than those living in low-conflict areas (Guerrero-Serdan, 2009).

Women and children in conflict situations can be classified into four main categories: those in actual conflict situations; those displaced from external conflicts (i.e. refugees); those displaced from internal conflicts (i.e. internally displaced persons), and those affected by environmental conflicts. Women are the worst sufferers of conflict either directly or indirectly leaving no choice of negotiation with the conflict situations either at the local level or in the national level. Women in the present discussion are the mothers who lost their sons, widows or half widows who lost their men in fratricidal killings, or in encounter and who is struggling to survive as a female headed households with all household responsibilities. In fact, women experience domestic and political violence that stretches from the home, to the street to the battlefield (Manchanda, R. 2001).

In conflict situations, women and children are the most vulnerable due to their status and sex. Many cases of rape and sexual assault have also gone unreported due to fear of social stigmatization and the attached perceived threats. Violence in the form of threats and intimidations by the armed outfits for not fulfilling their dictates has also been on the rise (Singh Hanjabam Amal, 2011). This is strengthened by the observation of the United Nations Security Council in 1999 which states —civilians account for the vast majority of casualties in armed conflicts and are increasingly targeted by combatants and armed elements. South Asia is not an exception to it. The region is one of the most conflict prone regions of the world.

Judy El Bushra and Eugenia Piza Lopez (1994) have analyzed conflicts by various factors such as historical, economic, political and military. The gender analysis of development has tended towards two main approaches. First, it looks at gender from a broadly economic perspective, seeing the

issue of differential access to and control over resources as the critical factor in social processes. Secondly, it centres on issues of women's needs and status (condition and position) and subsumes debates about poverty and disempowerment in this political analysis. It also discusses the case studies on how conflict changes women's lives as individuals (the personal sphere), as members of the family or household (the private sphere) and as members of the community (the public sphere).

Owen (1996) explores the process of becoming a widow from around the world. She highlights the discrimination done to the widows regarding inheritance rights, land ownership, custody of children, security of home and shelter, nutrition and health. She also highlights the different laws and customs regarding widows' inheritance and the situation of those who remarry. Judith and Michelle (2001) highlighted the distinctive experiences of women affected by armed conflict in various categories- the deliberate killing of civilian women; —collateral damage and women; violence against women; displaced and refugee women; women in detention; reinforced gender stereotypes; loss of family members; loss of social position; economic effects of armed conflict; access to essential supplies and services; women combatants.

Conflict and Women in North East:

Due to continuous armed movement, the Government of India has imposed Armed Forces Special Powers Act, 1958 in the North East States to counter insurgency. To a query posed by North East Network (NEN) about reasons for the imposition of Armed Forces Special Powers Act (AFSPA) in NER, the reply received from the Director (NE) of Ministry of Home Affairs (MHA) on 14 November 2013 stated that violence became the order of the day in the North-East due to ethnic clashes and other historical factors, giving rise to formation of militant groups (possessing sophisticated weapons) which with cross-border support, challenge (d) the sovereignty and integrity of India. Law and order machinery in the North-Eastern states became inadequate to counter these militant forces thus calling for deployment of armed forces to aid the civil powers. Hence AFSPA. In ethnic clashes, women and children are easy victims and often the first ones to be killed. Even when they manage to survive direct physical violence, they have to bear heavy economic responsibility. It has been found that the conflict in the north east region has resulted in an increase in female headed households (NEN, 2004: 26).

Table 1: Number of Female Headed Households

State	Rural	Urban
Arunachal Pradesh	150	84
Assam	3327	89
Manipur	222	134
Meghalaya	264	206
Mizoram	63	148
Nagaland	172	60
Tripura	434	86
India	1,11,534	106

Source: National Sample Survey 50th Round (1993-94)

From the above table it is clear that regarding the female headed households of Manipur, the number rises more as in the case or rural areas (222) as compared with the urban areas (134).

In the writ petition filed by Extra Judicial Execution Victim Families Association (EEVFAM) in the Supreme Court of India under Writ Petition (Criminal) No.129 of 2012, it is stated that during the period May, 1979 to May, 2012, 1528 people were killed in Manipur including 98 children in extra-judicial execution by the police and the security forces in Manipur. So, it is not only the people killed but the family who is also a victim of such illegal activities.

Walter Fernandes and Sanjay Barbora (2002) has analysed the demographic, educational, economic and social data of six tribes (the Aka of Arunachal Pradesh, the Angami of Nagaland, the Adibasi and Boro of Sonitpur District and the Dimasa of North Cachar Hills of Assam and the Garo of Meghalaya) to study the impact of change in women's status. Article 2 of the International Covenant on Civil and Political Rights (2006) highlighted how every mother has a similar story to tell regarding illegal arrest, arbitrary detention and torture in Manipur shown by the case studies which occurred in 2005 and 2006. Choudhury (2009) has studied the impact of armed conflict on the women of Nalbari district of Assam by categorizing the conflict affected women into —The Seven Roles Framework as Women Relatives, Friends of Armed Activists; Wives of Missing Militants; Women Relatives of State Armed Forces and State Officials; Women as Victims of Sexual or Physical Abuse or Bullets; Women as Shelter Providers; Women Militants or Combatants; and Women

as Peace Negotiators followed by thorough case study. Civil Society Coalition on Human Rights (CSCHR) in Manipur and the UN (2011) highlights the human rights violations in Manipur and the attached economic, social and cultural rights of indigenous peoples in Manipur. Frank (2011) narrates for the first time the stories of five young widows from Manipur who call themselves as “gun widows”.

Conflict Widows in North East India

The case studies of Assam, Nagaland, Tripura and Manipur where the intensity of conflict is high is discussed as compared to other north eastern states.

Assam:

Assam was first declared a disturbed area on 27 November 1990 by the Centre under Section 3 of Armed Forces (Special Powers) Act, 1958 (NEN, 2014: 9). It was in January 1979 that the first major violence in the Doyang Reserve Forest area of the Assam- Nagaland border took place (Misra, 1979: 17). In this violence, attacks were mounted by Naga villagers on some 50 Assamese villages which were burnt down and over a hundred people were killed. The political, fratricidal and factional killings, which took place in the 1990s is known as the ‘secret killings’. Many people were killed, injured and tortured during army raids. Women took care of their injured husbands in hospitals though they fear of their belongings being stolen. Women are not merely among the victims of violence; many women are also actively involved in conflicts, despite being framed as helpless bystanders caught between -two armed patriarchies (Mahanta, 2000: 42). Women are the human shields in times of conflict. She acts as the protective armour for her husband, trying to safeguard his security and identity from the society and also from threats of active combatants as state security is not sufficient or guaranteed. But after separation/ desertion, she is left to cope on her own. Women live in an environment of fear, mistrust and danger of repercussions.

Many villages in the district of Dhemaji of Assam were completely burnt during the riots of 1983. Hundreds of people from the Bengali speaking migrant community mainly Jairampur, inhabited by the Hajong community were killed and suffered from serious injuries which included many women and children. The riots caused displacement of people from these affected villages, and the victims had to stay in relief camps for several months, before the process of rehabilitation began (Centre for North East Studies, 2011: 42). Women of the Bengali community said that

they had to bear the brunt of the violence and devastation perpetrated, fleeing for their lives to the jungles and living there for days on end, without food and proper shelter. Their houses, clothes and belongings, food-grains were burnt and looted by the mobs, and they had little time to carry anything with them. They carried their children and ran far to escape. Many were killed before them, and they saw some attackers tear away children from their mother's arms and throw them into the fire.

In Kokrajhar, the conflict which killed many Bodo communities mainly in their own home was due to revenge, inter-factional and fratricidal killings as they had to choose either National Democratic Front of Bodoland (NDFB) or Bodoland People's Front (BPF). As a result many women victims preferred to send their children to urban centres to study and have a peaceful secure life. They fear that their children will also be taken away or attacked as their husbands had been. Some woman who cannot afford to send their children to other towns, have admitted them into missionary boarding schools nearby or in orphanage, as they felt unable to take care of them adequately.

The observation that in guerrilla warfare, similar to most military structures, men continue to be the key decision-makers, while women are largely relegated to positions of service as a strategy is borne out in ULFA's modus operandi of keeping women in the background during combat and encounters (Sajjad, 2004). Many of the young women who joined ULFA's folds were part of a group that lent their support to the outfit when their male comrades were on the run, fleeing the camps scattered within the state resulting in the decrease of numbers and threatening the organizational paradigms of the group. They constituted a mix of women from different categories such as; high school dropouts, college students, wives, sympathizers, widows and siblings of men who had left home years ago to join ULFA's ranks (Rakhee Kalita Moral, 2014: 67).

According to a report by the Asia-Pacific Human Rights Network, over 200,000 Internally Displaced Persons (IDPs) now live in 78 relief camps in Kokhrajhar and Bongaigaon districts of Assam. It is witnessed generally that women victims in conflicts are encircled with different unsocial activities leading them to come across different difficulties and hardships resulting in; forced impregnation, forced termination of pregnancy or forced sterilization (Lindsey, 2001: 21). Women frequently face custodial violence as well as threats and mistreatment from militants (Sona, 2010: 24). Women have to often resort to selling liquor,

drugs or even prostitution to make enough money to run their household. Though women are normally deprived of health care, they are expected to take care of others who are ill, hurt and traumatized which make them deteriorate their health more. Widows are looked upon as inauspicious and are debarred from attending several Hindu religious ceremonies.

Nagaland:

The imposition of The Assam Maintenance of Public Order Act, 1953 on Nagaland in 1953 and the Assam Disturbed Area Act, 1955 entitled the Governor and the Assam Police and other paramilitary forces the power to be implemented in the region. Centre for North East studies (2011) highlighted how the women and children were affected by the conflict in Nagaland by taking the case studies conducted in the districts of Tuensang and Peren. With the coming up of The Assam Maintenance of Public Order Act, 1953 and the Assam Disturbed Area Act, 1955 even led to the negative impact including the incidents of abductions, torture and rape by cadres of the various insurgent groups.

Women from Nagaland have been going through many traumatized situations like women from Assam. No matter where women reside they have to take all sorts of burden that they are destined to. Naga women who are living in a militarized zone face regular mistreatment by security forces during search operations on roads and in residential areas. Rude questioning, touching and feeling up of women during body searches humiliates the women more though there are innumerable incidents of rape, harassment and gendered punishment, women are filled with terror and humiliation daily. Naga civilians were caught in the crossfire between the Indian army that tries to put an end to the -insurgency in the area and the divided Naga militant groups. The people suffered from the state's health infrastructure and a general feeling of insecurity and fear. The incident of December 1994 which took place between the Naga underground factions and the Maratha Light Infantry, the people of Mokokchung town suffered from stress disorders.

Rev. V.K. Nuh, General Secretary of CNBC while highlighting regarding the consequence of army raid said, -When the Indian army began their operations in 1954, they burnt down villages; granaries and livestock. Men and women were separated, and they were tortured separately. While the men were beaten, some even to death; some women were raped, beaten and mentally tortured. Sometimes the whole villages would be made to gather in the local ground, and even women who were about to deliver babies were not even spared. They had to deliver in the open, in front of

the whole public. Some women were even raped in the churches. Even mentally deranged women and little girls were not spared from being molested. Whereas men are rehabilitated and given jobs and compensation in exchange of their losses, women who lose their honour find it extremely difficult to lead a normal life and gain acceptance as honour, victory and revenge are played out on their bodies. Men face violence and humiliation at the hands of their enemies and come out victorious as heroes and martyrs; women face violence and humiliation as victims of war, first at the hands of the enemy and then as an object of shame within their communities and homes (NEN, 2005: 15).

Soldiers, refugees, and victims of rape and / or dislocation, victims of fragmented families who have lost children, husbands and fathers; often affects them more even before the physical outbreak of conflict. Young widows are forced to head households even though in patriarchal systems they do not have legal access to land and property. Patriarchal societies place women, structurally and socially, at a disadvantage (Khala, 2002). As per customary law, Naga women cannot inherit ancestral property and if she is the only child then the ancestral property will be given to her father's immediate male relative (Zehol, 1998). Their children could not get proper education so they had to work extra hours in the fields.

Tripura:

The tribal uprisings of 1980 were accompanied by large scale devastations and killings of hundreds of men and women by the Tribal National Volunteers (TNV) extremists. Numerous villages were laid waste. Lakhs of people were rendered homeless. Properties including both movable and immovable were destroyed, damaged, burnt, looted and captured. Hundreds were murdered. Women were raped. All contemptible crimes in human history were committed (Gan Choudhury, 1985). The stress and trauma associated with rape and sexual violation lasts long after the incident and there are no counselling centres or trauma centres or even adequate medical help available to these poor rural women to enable them to cope with their bad experiences. The bad experiences has led to forced migrations and displacements encouraging women and men to move to urban centres in search of shelter and livelihood which often leaves them even more vulnerable to exploitation. Further, women are often forced to contribute to the cause on a regular basis by providing food and shelter to insurgents. Their poultry and livestock and other food items are looted or extorted by both insurgents and security forces.

Manipur:

Women are assaulted, beaten, humiliated, raped and murdered during conflicts. They face violence from the State, the opposing community, and often in their own homes in the form of domestic violence. Widows have to face the social, economic and emotional problems. Widows are faced to live an ignominious life either at their in-laws home or in the residence of their children, if they are grown up and working. Their self-respect and self-image gets battered. She has to remain economically dependent, which is mentally very painful. She has a lower status than women whose husbands are alive.

Report of the Special Rapporteur on violence against women, its causes and consequences by Rashida Manjoo on her visit to India from 22 April to 1 May 2013 stated that widows face particular vulnerabilities, as they are often denied and dispossessed of property by their-in-laws following the death of a spouse. In addition, social exclusion and poverty lead some widows to engage in sex work and prostitution, and their children to perform hazardous labour or beg on the streets. The testimonies highlighted the use of mass rape, allegedly by members of the State security forces, as well as acts of enforced disappearance, killings and acts of torture and ill-treatment, which were used to intimidate and to counteract political opposition and insurgency. According to a memorandum submitted to Rashida Manjoo at Imphal on 28 April 2013 by the Civil Society Coalition on Human Rights in Manipur and the UN (CSCHR) presents a comprehensive overview of the present situation of Manipur's indigenous woman and the genesis of violence against them in the context of long-standing armed conflicts that have been predominantly and consistently threatening all women and severely limiting their agency and ability to make informed choice in their lives.

In many communities, women travel long distances to search for food, water, traditional herbs and medicines. In conflict situations, women and girls may become responsible for tasks previously undertaken by male relatives, which take them beyond the confines of their traditional environment. Such tasks may include farming, trading or grazing animals. Women may have no choice other than to perform these activities, or may undertake them because they are perceived as less threatening and therefore have greater freedom to pursue such economic activities than their male counterparts. Their ability to do so may be curtailed, however, by the presence of soldiers and by security risks. It is important to note that women's mobility may be further hampered by cultural constraints.

Checkpoints, closures and curfews can imperil the lives of those urgently in need of medical treatment. The delays occasioned by crossing checkpoints may, for example, prevent pregnant women from reaching a hospital in time for a safe delivery. Women have died at checkpoints on their way to hospital. The presence of checkpoints also delayed pregnant women from reaching hospital in time for a safe delivery. Many women lacked personal identity documents, which caused additional difficulties and delays when attempting to pass checkpoints.

Widowhood often changes the social and economic roles of women in the household and community, as well as the structure of the family. The impact of widowhood differs between cultures and religions. In some communities, a widow is responsible for supporting her late husband's dependants, in others she is taken in by his family. In some countries widows are stigmatized as purveyors of ill-fortune and unwanted burdens on poor families. If the link between the family and the widow has been severed by the death of the man, a widow may lose custody of her children. She may also be stripped of her home and possessions by the family of her deceased husband. Women whose husbands are missing experience many of the same problems as widows, albeit without official recognition of their status.

In most contexts, there is no official acknowledgement of the status of "missing person" and consequently none of the legal entitlements or support, which generally exist for the widowed. This may jeopardize women's rights with respect to property administration, inheritance, guardianship of children, entitlement to benefits and the prospect of remarriage. In many cases, families lack the means or information on how to search for a missing relative, how to apply for financial or material support and how to obtain legal advice. In many countries, victims of sexual violence have been imprisoned on account of conduct perceived to be inappropriate, for their own protection, or because they have nowhere else to go. Sexual violence may result in bodily injury, physical disability and reproductive complications including miscarriage. Victims may suffer anxiety due to living in a community where violations continue to be perpetrated, where they suffer economic distress and where armed conflict remains unresolved.

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Women's Empowerment through MGNREGA Vis – a-Vis Right to Work

Amitabh Singh¹

“There is no tool for development more effective than the empowerment of women”.

----- Kofi Annan

Abstract

The right to work is closely related to other basic rights such as the right to life, the right to food and the right to education. In a country where millions of people are deprived of any economic assets other than labour power, gainful employment is essential for these rights to be fulfilled. Indeed, unemployment is the main cause of widespread poverty and hunger in India. The right to work states that everyone should be given the opportunity to work for a basic living wage. Laws are being made to secure the lives of the women from the violence of their families and societies, and to provide them with their rights of which they are the owners. It shows how the law of our country has contributed its best to change the lives of women, to make them live with dignity and respect not as a slave. Women in India are being provided with the legal security to secure their economic, social and cultural lives. There are laws which show the efforts made by Indian Government in interest of women's life safeguard. Evolving the design of the wage employment programmes to more effectively fight poverty, the Central Government formulated the National Rural Employment Guarantee Act (MGNREGA) in 2005. Its legal framework and rights-based approach, MGNREGA provides employment to those who demand it and is a concept swing from earlier programmes. According to the United Nations Development Program, social development cannot progress without associated women's empowerment, based on this preliminary focus into gender rights, Part III of the Indian Constitution states clearly the equal right to all genders and through the years India has increased the number of amendments and provisions affecting women's life conditions. As part of its social function, law outlines conditions, punishes crimes, and states needs which are embedded within individual rights, but legislation by itself does not provide any explanation for its existence, nor does educate to create awareness and change. As such, law is sometimes perceived as the will of a few over many and is therefore invalid, or it is simply ignored or misunderstood.

The general condition of the Indian rural women and the impact of Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) on the overall empowerment of the rural women. This flagship programme of the Government of India has been criticized from several quarters. However, some positive intentions of the ground-level officials and the awareness of the beneficiaries can really bring in a revolution in the lives of Indian rural women. In this paper, MGNREGA used as a case study to draw the inference that affect human behaviour, and in this context law alone is sometimes an ineffective tool for development. This analyses propositions that are conceptually at odds with one another.

Keywords : MGNREGA, Right to Work, Rural Women's Empowerment.

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Introduction

Rural women in India are less literate than rural men. There is a negative attitude of the family towards educating the girl child. Lack of security while travelling from home to school, lack of female teachers in schools, elder sister's responsibility to look after the younger siblings when both the parents have to work to meet both ends, are some of the reasons behind the high drop-out rate of girls from schools. Primary education is free, but parents are not interested to send them to school. Right to Education has been passed by the Parliament, but it is still far when the right will be a reality. Mid day meal scheme has been formulated in order to attract the small children to school. Majority of rural Indian women do not have the right to choose their partner. It is always decided by the family elders and the marriage is arranged with an endogamous group, where caste plays a very important role. If the girl wishes to marry someone from other caste or tribe, the traditional leaders of the villages oppose. Women's condition in India is still driven by an underlying stigmatization. The proposition is that law alone is a weak instrument for enhancing social conditions, and also has serious limits in eradicating social problems.

Majority of rural women suffer not only from economic poverty but also from 'information poverty'. Rural women are vital and productive workers in India's national economy. There is statistical bias in under estimating the role of rural women in development. MGNREGS is for the rural people, including rural women, who are unskilled or semi-skilled. Women work for longer hours than men and contribute substantially to family income, they are not perceived as productive workers. (Pankajam and Lalitha, 2005) Identify different factors affecting each level of bargaining. Individual bargaining power is mostly affected by individual's income, age, education and other individual attributes. Household bargaining power is affected by household wealth, difference in educational attainment between husband and wife, attitude towards women's rights, etc., and institutional bargaining power is mainly determined affected by the gender norms to which the household belongs. Another factor that makes the power play even more complex is presence of joint families where adults belonging to different generations live under the same house, especially in the rural areas. Even though the number of nuclear families is on rise in India mostly due to unavailability of jobs in rural or semi urban areas, the extended family still plays a prominent role in undermining the position of the woman in the household. So in the presence of all these factors determining the factors affecting women's bargaining power in India becomes a difficult task.

Along with different household characteristics test, the effect independent wage earning has on female autonomy.

The world over, equal pay for equal work is one of the cornerstones of the gender equality movement. But Labour Bureau data show there has been little progress in terms of parity of salaries for men and women for equivalent work in India. Even more alarming is the fact that even though wage disparities have always existed in rural parts of the country, in some spheres of activity, the divide has widened. So while men were paid 70 per cent higher wages than women for ploughing work at the end of 2004-05, the difference rose to 80.4 per cent in end March 2012 and stood at 93.6 per cent at the start of 2013-14. While men were paid 75 per cent more than women for well-digging work in March 2005, the difference stood at 80 per cent in the current financial year. The data indicate that daily wage disparities have by and large remained constant since 1999, though they did rise in the early 2000s. As of 2013, the discrimination in wages paid to women tends to be higher in physically intensive activities (such as ploughing and well-digging), but lower in the case of work such as sowing and harvesting. Among them, majority of them are from the same local rural areas. (UNICEF, 2012) National Sample Survey Organization (NSSO) a Government of India organization has stated that in 2009-10 and 2011-12, women's employment has taken an alarming dip in rural areas in the past two years. In jobs that are done for 'the major part of the year', a staggering 9.1 million jobs were lost by rural women. This is a reflection of the fact that women are no longer getting longer term and better paying jobs, and they are forced to take up short term transient work. (Varma, 2013) In this gloomy scenario, Mahatma Gandhi National Rural Employment Act is providing a positive light to rural women. Several studies have shown that with the introduction of this Act, many rural women are coming out of their house for the first time to engage in paid employment. As it is a government scheme, socio-cultural stigma of patriarchy regarding working in the public space, that has been present earlier, is slowly ebbing. Moreover, the financial independence with the work is bringing in sea change in the mentality of rural women.

Status of Women & Rural Women

Little wonder then that education became a priority for some of the first women's groups that were formed. In 1926 Margaret Cousins gathered together some eminent Indian women such as Sarojini Naidu, Kamaladevi Chattopadhyay, Begum Sheba of Bhopal, Rajkumari Amrit Kaur, Muthulakshmi Reddy etc. To discuss the problems faced by Indian women

at that time. They formed the All India Women's Conference (AIWC) in 1927. AIWC began as an organisation for promoting women's education as education was considered as the most important means for improving the status of women. Educational league was formed in various provinces such as Gujarat, Bengal, Hyderabad, Indore etc. In 1928 the All India Fund for Women's Education (AIFWE) was set up. In the first meeting of the AIWC women such as Gool Bahadur opposed the resolution "teaching in the ideals of motherhood." But the proposed amendment that teaching for men should therefore be in the ideals of fatherhood got only 3 votes. What is important is not that there were only three women who questioned the notion that women's education should be geared towards making women better mothers but the understanding that even in these early times there were three women who were thinking of equity. The entry of women into freely structured occupations during the 19th and early 20th century also brought them into contact with another major social change that characterized the emerging post-industrial society the advent of professions. Perkin described this as "the rise of the professional society"¹. It is a fact that women are intelligent, hard-working and efficient in work. There is no significant evidence that physiological differences between men and women should prevent women flying combat aircraft and rural women worked in drudgery and did not participate in the development and decision making process. They put heart and soul together in whatever they undertake and they are now competing successfully with men. They are striving very hard to reach the highest efficiency and perfection in the administrative work. Their integrity of character is probably better than men. Generally it is found that women are honest, efficient and punctual in their jobs.

Back to the history of our country we can find the pathetic condition of the women from the very first era. Women enjoyed equal status and rights during the ancient and the early Vedic period. Manu, the law-giver of ancient India, ordained that the king should support all his subjects as earth does for all the living beings, without discrimination. The epic Mahabharat mentions that the king should look after the welfare of the disabled,

¹ Perkin H. The rise of the professional society: England since 1880. London:Routledg, 1989: xi-xii, 6-9.

helpless, orphans, widows, victims of calamities, and pregnant women by meeting their minimum needs. Kautilya, the greatest economist of the medieval period of Indian history, said, "In the happiness of his subjects lays the king's happiness, in their welfare his welfare..." Mahatma Gandhi viewed work more as duty than as right². Women in India now participate in areas such as education, sports, politics, media, art and culture, service sectors, science and technology, etc. Indian rural women are condemned to a life of serfdom, anonymity, facelessness. At the root is the 'gender insensitive' society. According to UNICEF, child marriage is a violation of child rights. Child brides are often forced to drop out of schools, are subject to the risks of early pregnancy and are more likely to be exposed to violence and isolation. Approximately, twenty-three million girls in India face this reality. They are silent workers who are struggling to complete her household duties from dawn to dusk. But, still, in the family, many a times, she is criticized for not being sincere in her job. If the family members had to pay for the whole household work and the free labour she provides in the small agricultural land of the rural families, then her real worth could have been realized. She does this day-in and day-out with compromising the family interest, but in very few families, she gets the respect which she should get. In a country where labour is the only economic asset, the provision of gain full employment for millions of people is a pre requisite for the fulfilment of other basic right, right to life, the right to food and the right education.

In a rural environment marked by harsh inequality between the genders and cast whether it relates, to wage rate, employment, or empowerment or any other social, economic and political substantial gain, because rural women are not educated and cannot hold a prestigious job, they take on the most physically difficult and undesirable jobs. A typical day for a woman in an agricultural position lasts from 4am to 8pm with only an hour break in the middle, compared to a man's day, which is from 5am to 10am and then from 3pm to 5pm. Rural women are extensively involved in difficult operations both in the domestic and agricultural sector. Majority of the agricultural labourers are women. They mainly assigned manual labour. Men perform operations involving machinery. (Kurukshetra, 2003) Agriculture which is the mainstay of the rural Indian economy is sustained for the most part by the female workforce. In rural India, very few women have ownership over land or productive assets. This proves to be a road block in institutional credit. Outside the agricultural sphere, it appears that

² <http://archive.peacemagazine.org/v14n6p24.htm>

gender stereotypes won out once again, if one considers unskilled non-agricultural work. (Jayaram, 2003) They are the invisible life line of the agrarian rural community life. Studies reveal that women on an average spend 04 hours per day to go and get water, walk 07 km/day to collect fuel and majority of their remaining time in cooking and looking after children. Migration of the males had compounded the problem further. Most women are overworked with no maternity leave or special breaks for those who are pregnant. Women do the majority of the manual labour that uses a lot of energy compared to the men who do mostly machine operating. Even though women work twice as many hours as men, the men say that “women eat food and do nothing.” This is mainly because the work the women perform does not require a lot of skill and are smaller tasks. Women are generally related to perform the role of biological reproduction, whereas they perform several other tasks, but often, they are not visible. It is their biology and their reproductive role that overwhelms their productive role of earning and meeting livelihood needs. Rural women from childhood days have to bear the burden of taking care of younger siblings, cooking, engaging in domestic chores, looking after the fodder of the domestic animals in their parents’ house. They are married off at a very early age.

ESCR attempts to look at the broader issues facing women namely poverty, housing, unemployment, education, water, food security, trade, etc. While the human rights movement at ESCR is largely contained at the international policy level, there are emerging social movements around the world. In the Indian context, projects like the, Programme on Women’s Economic, Social and Cultural Rights (PWESCR) aims to build the women rights movement in India to create equality in all the sphere of women’s lives. National Commission for Woman - In January 1992 the Government set up this statutory body to study and monitor all the matters relating to the safeguard of women and reviews the existing legislation to make and suggest amendments wherever necessary. National policy for the empowerment of women (2001) – this policy was aimed to bring advancement, development and empowerment of women. But the scenario has changed now, woman enjoys the equal status in the family and contributes more than her husband as she earns for the family and performs all their responsibilities of the household. MGNREGA was implemented in three phases. It was started in 200 backward districts in February 2006. It was then expanded to an additional 130 districts in April 2007, and implemented nationwide in April 2008. (Government of India, 2016). The Act guarantees the right to manual work at government set wages for unskilled workers in rural households, with a reserved quota for women.

Originally, MGNREGA wages were linked to State minimum wages, but these were de-linked in January 2009 in favour of government set MGNREGA specific wages. Interested adults must first apply for a job card at the Gram Panchayat, issued within 15 days, and which could include all interested adult members of the household. Thus, to improve the situation of women third Millennium Development Goal [MDG] has included women's empowerment and promotion of Gender equality among the eight MDGs. Mahatma Gandhi NREGA is basically an employment generation programme but when we go into its details we find the roots much deeper, it touches various other aspects of human. In the view of such findings there has been a long standing discussion in the development economics literature regarding choosing the correct pathway to empower women. A big step in capturing the difference between the status of men and women was taken by Sen in 1990 when he defined the concept of 'missing women'. Amartya Sen in his classic article in New York Review of Books used the term 'missing women' to capture the gap in the actual and expected number of women in the developing world.

Suitability of Work and International Legislations

World can never be complete without a woman, Law is the set of rules enforced to govern the behaviour of people. From the beginning of these world women is treated as a weaker section of the society, they were only allowed to live beneath the shoes of males of family. In many countries, gender-based stereotypes and discrimination deny rural women equitable access to and control over land and other productive resources, opportunities for employment and income-generating activities, access to education and health care, and opportunities for participation in public life.

Despite attention to rural women in international frameworks such as the Beijing Platform for Action, the Convention on the Elimination of All Forms of Discrimination against Women and the Millennium Development Goals, which recognize their contributions, rural women continue to face serious challenges in effectively carrying out their multiple roles within their families and communities. Their rights and priorities are often insufficiently addressed by national development strategies and gender equality policies. Effectively addressing emerging issues, such as climate change and the food crisis, requires their full involvement.

It is important to monitor the changes in the rural economy from a gender equality perspective. As the World Bank has pointed out, the promotion of

gender equality and empowerment of women is “smart economics”³. Given the critical role of women in rural areas, addressing gender inequalities can increase the efficiency of resource use and enhance rural development outcomes⁴. Issues such as land and property rights, access to services and resources, food security, employment and income and participation in decision making need to be taken into consideration.

An important step for increasing the visibility of the role and contribution of rural women was the establishment by the General Assembly of the International Day for Rural Women, to be commemorated on 15 October every year, beginning in 2008.⁵

The *Convention on the Elimination of All Forms of Discrimination against Women* is the only human rights instrument that specifically addresses the situation of rural women. Article 14 calls on States parties to eliminate discrimination against rural women and to ensure that all provisions of the Convention are applied to rural women.

In the years following independence, despite the constitutional provisions and the enactment of various laws, it was felt that the slow pace of social change and the actualities of the enforcement of rights for women, required comprehensive examination. To this end, in 1975 came the watershed report, *Towards Equality*, of the Committee on the Status of Women in India (CSWI) constituted in 1971 by the Department of Social Welfare at the instance of the United Nations General Assembly. The report recognized:

“The impact of transition to a modern economy has meant... that a considerable number (of women) continue to participate (in the productive process) for no return and no recognition. The majority of those who do participate fully or on sufferance, without equal treatment, security of employment or humane conditions of work, a very large number of them are subject to exploitation of various kinds with no protection from society or State. Legislative and executive actions initiated in this direction have made some impact in the organized sector, where only 6% of working women are employed, but in the vast unorganized sector, which engages

³ World Bank, 2006.

⁴ A number of researchers have pointed to the gains from a reduction in gender inequalities, including Saito, Spurling and Mekonnen, 1994; Hill and King, 1993; and Tibaijuka, 1994. See Grown, Gupta and Kes, 2005; and United Nations Research Institute for Social Development, 2005

⁵ General Assembly resolution 62/136 of 18 December 2007 on improvement of the situation of women in rural areas

94% of working women in this country, no impact of these measures have been felt on conditions of work, wages or opportunities⁶”.

“We also resolve to promote gender equality and the empowerment of women as effective ways to combat poverty, hunger and disease and to stimulate development that is truly sustainable.” —millennium Declaration, 2000.⁷

Women’s Right to Work

The Right to Work is an important Human Right which has been explained in Articles 23⁸ and 24⁹ of the Universal Declaration of Human Rights. Everyone has the right to work and free choice of employment in just and favourable conditions. Everyone has the right to be protected against unemployment apart from having the right to equal pay for equal work without any discrimination, in particular women being guaranteed conditions of work not inferior to those enjoyed by men. The right to work emphasizes on the steps to be taken by a State Party for the achievement of the full realization of this right and includes technical and vocational guidance and training programmes, policies and techniques to achieve steady economic, social and cultural development and full and productive employment under conditions safeguarding fundamental political and economic freedoms to the individual. It also includes safe and healthy working conditions, rest, leisure and reasonable limitation of working hours and periodic holidays with pay, as well as remuneration for public holidays and the right to form and to join unions for the protection of his interests.

Discrimination at work

Discrimination is defined under ILO **Convention No. 111** as any distinction, exclusion or preference made on the basis of race, colour, sex, religion, political opinion, national extraction or social origin (among other

⁶Chapter V – Roles, Rights and Opportunities for Economic Participation.

⁷United Nations, 2000b, para. 20.

⁸Article 23.

1. Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.
2. Everyone, without any discrimination, has the right to equal pay for equal work.
3. Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.
4. Everyone has the right to form and to join trade unions for the protection of his interests.

⁹Article 24.

1. Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay.

characteristics), “which has the effect of nullifying or impairing equal) of opportunity and treatment in employment or occupation. Discrimination can perpetuate poverty, stifle development, productivity and competitiveness, and ignite political instability, says the report which was prepared under the ILO’s 1998 Declaration on Fundamental Principles and Rights at Work. Discrimination is still a common problem in the workplace. While some of the more blatant forms of discrimination may have faded, many remain, and others have taken on new or less visible forms, the report says. Global migration combined with the redefinition of national boundaries and growing economic problems and inequalities have worsened racial intolerance and racial and religious discrimination.

- * Progress in fighting discrimination at work has been uneven and inconsistent, even for long recognized forms such as discrimination against women. Discrimination at work will not disappear by itself; neither will the market, on its own, take care of it.

- * Inequalities within discriminated groups are widening. Affirmative action policies, for example, helped create a new middle class of formerly-discriminated persons in some countries. A few rises to the top of the social steps, while most remain among the low paid and socially debarred.

- * Discrimination often traps people in low-paid, “informal” economy jobs. The discriminated are often stuck in the worst jobs, and denied benefits, social protection, training, capital, land or credit. Women are more likely than men to be engaged in these more invisible and undercounted activities.

- * The failure to eradicate discrimination helps continue poverty. Discrimination creates a web of poverty, forced and child labour and social exclusion, the report says, adding “eliminating discrimination is indispensable to any viable strategy for poverty reduction and sustainable economic development”.

- *Everyone gains from eliminating discrimination at work individuals, enterprises and society at large. Fairness and justice at the workplace boosts the confidence and self-esteem of workers. A more motivated and productive workforce enhances the productivity and competitiveness of businesses.

Relation between Discrimination and Equality

Discrimination in employment and occupation often results in poverty, which furthers discrimination at work in a cruel cycle. Lack of work and work that is unproductive, insecure and unprotected are the main causes of

the material denial and susceptibility that poor people experience. Discrimination in the labour market, by excluding members of certain groups from work or by impairing their chances of developing market relevant capabilities, lowers the quality of jobs they can desire too.

Gender Equality and Right to Work

The elimination of discrimination in remuneration is crucial for achieving genuine gender equality and promoting social equity and decent work. Convention No. 100 and its accompanying recommendation¹⁰ provide policy guidance on how to eliminate sex-based discrimination in respect of remuneration and how to promote the principle of equal pay for work of equal value. This Convention is among the most widely ratified ILO Conventions.

Women's Right to Work and Indian perspective

In the Indian context women's demands for autonomy appeared as demands for rights. It began with the right to education and developed into demands for legal rights. Yet after culmination of every demand there was growing realisation that much more was left out. In the 1950s and 60s a number of legal reforms were initiated that was supposed to act as a necessary corrective to women's marginalisation in state and society. But by the 1970s it became clear that despite legal reforms the real situation of women did not change to any great extent. This is not to say that by focussing on violence and justice women's movements for autonomy could address all challenges. According to Gabriele Dietrich such a focus did not help the women's movement to build bridges with caste based movements. She is of the opinion that in the women's movement there is a tendency to "play down the caste factor".¹¹ There might be many other lacunas but one thing can be said with certainty that is the autonomous women's movements could make spaces for raising questions of women's autonomy within different kinds of politics of which the politics of peace is one. Thereby these groups both problematical and diversified questions of autonomy. They also made space for women's participation in different kinds of politics thereby diversifying movements for women's autonomy and raising

¹⁰ Equal Remuneration Convention, 1951 (No. 100) and its accompanying Recommendation (No. 90) Convention No. 100 and Recommendation No. 90 list a number of measures to promote and ensure the application of "*the principle of equal remuneration for men and women workers for work of equal value*".

¹¹ Gabriele Dietrich, "Dalit Movements and Women's Movements," in Anupama Rao ed., *Issues in Contemporary Indian Feminism: Gender and Caste* (Kali for women, New Delhi, 2003) p. 57.

it from questions of rights and representation to that of justice. To operationalize the recommendations listed in *Towards Equality*, the Department of Social Welfare formulated a *Blueprint of Action Points for Women and National Plan of Action for Women* in 1976. Chapter III of the blueprint not only recognized 'self-employed' women and organizations working for their benefit but also laid out actions plans on how to encourage women's participation in self-employment activities. *Towards Equality* led to extensive policy debates. These contributed, in part, to a recognizable shift from viewing women as targets of welfare policies in the social sector to regarding them as critical actors of development. The report influenced the Sixth Five Year Plan (1980-85), which contained, for the first time in India's planning history, a chapter 5 on 'women & development' and included therein a sub-section on employment and economic independence.

Constitution of India provides fundamental rights and fundamental duties to the citizens of India; each and every citizen of this country is equally entitled of these rights and duties. The Constitution of India guarantees to all Indian women equality (Article 14), no discrimination by the State (Article 15(1)), equality of opportunity (Article 16), and equal pay for equal work (Article 39(d)). Renounces practices derogatory to the dignity of women (Article 51(A) (e)), and also allows for provisions to be made by the State for securing just and humane conditions of work and for maternity relief. (Article 42). The Indian Constitution refers to the right to work under the "directive principles of state policy". Article 39 urges the State to ensure that "the citizens, men and women equally, have the right to an adequate means to livelihood", and that "there is equal pay for equal work for both men and women. "Further, Article 41 stresses that "the state, shall within the limits of its economic capacity and development, make effective provision for securing right to work..."

Judicial Approach on Right to Work

The question whether a person who ceases to be a government servant according to law should be rehabilitated by being given an alternative employment is, as the law stands today, a matter of policy on which the court has no voice¹². But the court has since then felt freer to interfere even in areas which would have been considered to be in the domain of the policy of the executive. Where the issue was of regularizing the services of a large number of casual (non-permanent) workers in the posts and

¹² K.Rajendran v. State of Tamil Nadu (1982) 2 SCC 273, para. 34, p. 294.

telegraphs department of the government, the court has not hesitated to invoke the Directive Principles of State Policy (DPSP) to direct such regularization.

The explanation was:

Even though the above directive principle may not be enforceable as such by virtue of Article 37 of the Constitution of India, it may be relied upon by the petitioners to show that in the instant case they have been subjected to hostile discrimination. It is urged that the State cannot deny at least the minimum pay in the pay scales of regularly employed workmen even though the Government may not be compelled to extend all the benefits enjoyed by regularly recruited employees. We are of the view that such denial amounts to exploitation of labour. The Government cannot take advantage of its dominant position, and compel any worker to work on starvation wages even to a casual labourer. It may be that the casual labourer has agreed to work on such low wages. That he has done because he has no other choice. It is poverty that has driven him to that state.

The Government should be a model employer. We are of the view that on the facts and in the circumstances of this case the classification of employees into regularly recruited employees and casual employees for the purpose of paying less than the minimum pay payable to employees in the corresponding regular cadres, particularly in the lowest rungs of the department where the pay scales are the lowest is not tenable . . . It is true that all these rights cannot be extended simultaneously. But they do indicate the socialist goal. The degree of achievement in this direction depends upon the economic resources, willingness of the people to produce and more than all the existence of industrial peace throughout the country. Of those rights the question of security of work is of utmost importance.

In the **Bandhua Mukti Morcha v. Union of India**¹³, case the court said: The right to live with human dignity enshrined in Article 21 derives its life breath from the Directive Principles of State Policy and particularly clauses (e) and (f) of Article 39 and Article 41 and 42 and at the least, therefore, it must include protection of the health and strength of workers, men and women, and of the tender age of children against abuse, opportunities and facilities for children to develop in a healthy manner and in conditions of freedom and dignity, educational facilities, just and humane conditions of work and maternity relief. These are the minimum requirements which must exist in order to enable a person to live with human dignity and no

¹³ (1984) 3 SCC 161

State has the right to take any action which will deprive a person of the enjoyment of these basic essentials.

Since the Directive Principles of State Policy contained in clauses (e) and (f) of Article 39, Articles 41 and 42 are not enforceable in a court of law, it may not be possible to compel the State through the judicial process to make provision by statutory enactment or executive fiat for ensuring these basic essentials which go to make up a life of human dignity, but where legislation is already enacted by the State providing these basic requirements to the workmen and thus investing their right to live with basic human dignity, with concrete reality and content, the State can certainly be obligated to ensure observance of such legislation, for inaction on the part of the State in securing implementation of such legislation would amount to denial of the right to live with human dignity enshrined in Article 21, more so in the context of Article 256 which provides that the executive power of every State shall be so exercised as to ensure compliance with the laws made by Parliament and any existing laws which apply in that State. Thus the court converted what seemed a non-justiciable issue into a justiciable one by invoking the wide sweep of the enforceable article 21. More recently, the court performed a similar exercise when, in the context of articles 21 and 42, it evolved legally binding guidelines to deal with the problems of sexual harassment of women at the work place.¹⁴

The right of workmen to be heard at the stage of winding up of a company was a contentious issue. In a bench of five judges¹⁵ that heard the case the judges that constituted the majority that upheld the right were three. The justification for the right was traced to the newly inserted Article 43-A, which asked the state to take suitable steps to secure participation of workers in management. The court observed: It is therefore idle to contend 32 years after coming into force of the Constitution and particularly after the introduction of Article 43-A in the Constitution that the workers should have no voice in the determination of the question whether the enterprise should continue to run or be shut down under an order of the court. It would indeed be strange that the workers who have contributed to the building of the enterprise as a centre of economic power should have no right to be heard when it is sought to demolish that centre of economic power.

The government of India has made many laws and acts to safeguard and secure the life of a woman in the country. In spite of such laws, rules and

¹⁴ Vishaka v. State of Rajasthan (1997) 6 SCC 241

¹⁵ National Textile Workers Union v. P. R. Ramakrishnan (1983) 1 SCC249.

regulations the life of women is still not secure completely. Inequality between men and women runs around every sphere of the country whether it may be education, governance or economic opportunities. They are for the first time, engaging in decision making regarding spending the money. With financial empowerment, comes in social empowerment as many of them are also joining self help groups, to further their abilities.

Right to Work V/S MGNREGA

The Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) **MNREGA** is a job guarantee scheme, enacted by legislation on **25 August, 2005**. The scheme provides a legal guarantee for one hundred days of employment in every financial year to adult members of any rural household willing to do public work-related unskilled manual work at the statutory minimum wage of Rs.100 per day. The other stakeholders of the scheme are the Gram Sabha (GS), three-tier Panchayati Raj Institutions (PRIs), especially the Gram Panchayat (GP); programme officer at the block level; District Programme Coordinator (DPC); State Government; Ministry of Rural Development; civil society and other stakeholders like line departments, convergence departments, Self-Help Groups (SHGs), etc. It is very necessary that all the levels realize the importance of the purview of the scheme and are honest in providing the facilities to the beneficiaries, which they are supposed to get. MGNREGA has been a large and ambitious social security and public works programme in the world. The Prime Minister has pointed out that nearly 5.50 crore families or nearly one in four rural households were provided over 250 crore person-days of work under this flagship. Notified on September 7, 2005, MGNREGA aims at enhancing livelihood security by providing at least one hundred days of guaranteed wage employment in a financial year to every rural household whose adult members volunteer to do unskilled manual work. The Act covered 200 districts in its first phase, implemented on February 2, 2006, and was extended to 130 additional districts in 2007-2008. All the remaining rural areas have been notified with effect from April 1, 2008. The Central Government outlay for the scheme was Rs. 39,100 crore (\$8 billion) in FY 2009-10.

This act was introduced with an aim of improving the purchasing power of the rural people, by providing semi or un-skilled work to people living in rural India, whether or not they are below the poverty line. All adults can apply for employment. Around one-third of the stipulated work force is women. No discrimination between men and women is allowed under the act. Therefore, men and women must be paid the same wage. What are the

components of women's autonomy? Women's organisations, social activists, administrators and other concerned citizens working among women have tried to spell it out. Autonomy is determined by the following:

- * Women's position within the family and in society determines her own sense of self, confidence and self-esteem.
- * Access to resources – economic (income, employment), material (productive assets like land, credit, finance), intellectual (education, knowledge, information).
- * Control over her own labour – her ability to determine how she uses her time, demand payment, have control over her income and make her contribution visible.
- * Control over her body – ability to decide when she gets married, with whom, how many children and the desired spacing.
- * Availability of reliable health care facilities and safe contraception

Women's autonomy in the Indian context and analyse its location within different discourses of which the legal discourse is but one. Discourses on women's autonomy always remained subsumed within other discourses such as that on rights and representations because Indian society even until the recent past did not treat women as autonomous subjects.

Status of Women PRE-MGNREGS

In India, rural women are extensively involved in arduous operations both in the domestic and agricultural sector. The women are strongly linked to the natural resources and traditionally they have been using the natural resources for their livelihood. In villages, there has been large scale degradation of the productive resources, land, soil, water, forests etc. due to deforestation, population pressure, urban consumption pattern and industrialization. The impact has been on the state of women and studies reveal that women on an average spend 4 hrs/day to fetch water (Bundelkhand), walk 7 km/day to gather fuel (Orissa) and majority of their remaining time cooking and looking after children. Migration of the males had compounded the problem further. Thus, women in rural India worked in drudgery and did not participate in the development and decision making process.

Status of Women in Post-MGNREGS

MGNREGS, a flagship program of the Government of India, has taken steps to generate wage employment and thereby empower women, so that

they are not marginalized in the communities. As a result, MGNREGS has empowered women - economically, socially, culturally and politically.

Economic Empowerment of Women in MGNREGS

Remuneration rates are to be established without discrimination based on the sex of the worker. Furthermore, it requires that men and women workers obtain equal remuneration for work of equal value and not just for the same or similar work. The implementation of this principle requires a comparison among jobs to determine their relative value. Since men and women tend to work in different occupations, it is important to have systems that can objectively measure the relative value of jobs that differ in content and skill requirements.

What is remuneration?

The term “remuneration” includes “the ordinary, basic or minimum wage or salary and any additional emoluments whatsoever payable directly or indirectly, whether in cash or in kind, by the employer to the worker and arising out of the worker’s employment”.¹⁶ The principle of equal remuneration may be applied by means of:

- (a) National laws or regulations;
- (b) Legally established or recognized machinery for wage determination;
- (c) Collective agreements between employers and workers; or
- (d) A combination of these various means (Article 2).

The application of the principle of equal remuneration:

A common responsibility of the State and the social partners Ratifying States must ensure the application of the principle of equal remuneration in the areas where they are involved in wage fixing. When they are not directly involved, they have the obligation to promote the observance of this principle by those who are involved in the determination of remuneration rates. States must cooperate with employers’ and workers’ organizations to implement the Convention and must involve them in the establishment, where appropriate, of objective job evaluation methods. Employers’ and workers’ organizations are also responsible for the effective application of this principle.

¹⁶ Convention No. 100, Article 1(a) of ILO

Economic Empowerment of Women due to MGNREGS is reviewed from following angles: Employment Opportunity, Women as Wage Earner, Wage Parity, Control rights of Women in Earning from MGNREGA, Financial Inclusion, Bargaining Power / Employment Opportunity. MGNREGA contains provisions which cater to the laudable objective of socio-economic empowerment of women with respect to wages and work opportunity. So far as women participation in MGNREGA in Chhattisgarh is concerned, the women participation rate in Chhattisgarh is 48.6 per cent in 2012-13 over, 45.2 per cent in 2011-12. The separate accounts of women have also been open in the State. In district Raipur the women participation rate is 49.5 per cent. The highest women participation rate is in Rajnandgaon (53.55%) and the lowest is in Sarguja in 2011-12, but in 2012-13 the participation rate is further showing an increasing trend. The participation rate of women is currently low owing to delayed wage payment. Still one fact is clear that some improvement has started owing to improvement in wage payment system and using time and motion study to determine the quantum of work per day.

Women as Wage Earner

The MGNREGS has helped in the women becoming wage earner. The wages earned contribute to the family income, which is used for clothing, nutrition and health care of the members. The MGNREGS employment of women has helped them to play a parity role in decision making.

Wage Parity

There is no gender discrimination with regard to minimum wage rate prevalent under MGNREGA in the state of Chhattisgarh and they are being paid equal wages for equal work. Keeping in view the anatomical features of rural folks of Chhattisgarh, productivity norms have been rationalized with relation to nature of soil, depth of digging, etc. for which clear norms exist in the State.

Control Rights of Women in Earning From MGNREGS:

The women workers are becoming economically empowered due to MGNREGS. They get the wages through the system of bank account payments or through post office; which gives them the control right on their earning. Women now earn equally so they have also started taking interest as to how their earning is to be utilized.

Financial Inclusion

'No frill bank account' was opened for the payment of MGNREGS wages. This increased transparency in payments and also encouraged the habit of thrift and savings. This has had the greatest impact on women workers for whom financial independence was a dream. The indebt analysis based on secondary data shows that 100 per cent of workers had bank accounts from among the registered workers and about 100 per cent of wage payment is through accounts (Bank/ Post Office). Separate accounts are also being opened in the name of women workers. "To visit a Bank was beyond our expectations. MGNREGS has not only led us to a bank, but now we are also to save something out of our wages and we have come to visit a Bank. We are very much grateful to MGNREGS scheme which has totally changed our life style..."

Bargaining Power

The bargaining power of women workers have improved due to MGNREGS projects. The average wage rate in the agriculture sector also went up towards minimum wages. Previously, -women workers were poorly paid. Now with MGNREGS, the general wages for women has increased to Rs 120/- in all types of work. The total household income has also increased as now women are able to work in MGNREGS scheme during lean agricultural season and undertake agriculture activity during agricultural period.

Social Empowerment of Women

Social empowerment of women cannot be quantitatively measured but the impact of it can be qualitatively felt. The important qualitative changes are in the form of changed attitude to work, social acceptability, happiness and contentment. Social empowerment of women due to MGNREGS is reviewed from following angles. Social Interaction ' Women Participation In Social Audit, Participation In Decision Making, Dignity of Labour, Worksite Management, Impact on Education & Health Sectors, Social Interaction. MGNREGS has brought social interaction between different social groups and have also brought interaction between men and women. They now work shoulder to shoulder to earn their dignified living. The social dogmas which restricted the genders to work together have gone out. The caste divide has also ended, which is a great advantage of MGNREGS.

Women Participation in Social Audit

Women participation in social audit is being encouraged by the government but it has not gained much ground. Formation of social audit team is lacking and so is the women participation in social audit.

Participation in Decision Making

The women workers are being encouraged to participation in decision taking. They have started participating in the process. In the panel, 4 to 5 women workers are now being kept to take decision regarding the project planning. In the shelf of work, mate selection is also being encouraged from among the women. About 50 percent the works are managed by the women as per Govt. Feedback. The formation of Self Help Groups and Participation of women at the Panchayat level as elected members has given them strength to highlight the issues which are prime for social wellbeing.

Dignity of Labour

Through implementation of the scheme in the right earnest, the status of the workers improved and dignity of labour was ensured. For the first time the worker could demand work and get his dues in a time bound and transparent manner. This has transformed the relationship between the work provider and the worker from that of a master servant relationship to one of an employer and an employee. Ensuring dignity of labour has probably been one of the most important outcomes of MGNREGS.

Worksite Management

Ensuring the rights of the worker being the focus of this programme, Worksite Management becomes an essential component. It was emphasized from the beginning that worksite management is not an ancillary item, but as important as correct measurement of work and accurate payments. It was seen as key to ensuring labour retention and especially crucial to inclusion and participation of women labourers. It is mandatory for every worksite in the district to have provision for rest- shed, safe drinking water, first aid and other facilities. This has mainly had an impact on women and marginalized job seekers in two ways. Firstly, better worksite facilities increase their participation and retain them in the workforce. Secondly, pregnant women, differently-abled persons and aged jobseekers who may not necessarily get a good outturn on a piece rate basis are engaged in such works (providing water, maintenance of creche etc.) and hence are able to get a daily minimum wage while retaining dignity of labour. The most

surprising thing is that these work site facilities are lacking, due to this, pregnant women, women with young children and elderly women are unable to take employment even if they want.

Impact on Education

It is a well known fact that increasing incomes of the poor lead to better retention rates in schools and a greater chance of continued education for children. The observation in Chhattisgarh showed a positive impact on education. The data from the field shows that there has been a substantial reduction in dropout rates in primary schools in the district. The MGNREGS has ensured employment to the poor in rural India. The "Stop Dams", "Link Roads" and "Forestry" have generated employment, which has increased the income of the family. Further, the time that women spend on the chores of water collection, fuel collection, fodder collection has been reduced. The "Girl child" was kept home from school to help in domestic chores, but is now encouraged to attend school.

Impact on Health

The health of the women was strongly affected by carrying water for long distance, up steep terrains etc. They suffered from depression, backache, headache, spinal injuries, obstructed birth, leading to high mother and infant mortality. Further, the level of self hygiene is very low and hence they were exposed to communicable diseases. A "Clean Water" tank built through the MGNREGS scheme has reduced these risks and helped in the improvement of health.

Social Parity

Women's access to economic resources in terms of income and property ownership was unequal. There was a gender gap in the earnings and often was a cause of social disparity. By ensuring equal wage has helped to achieve social parity in terms of Income and status.

Social Climate

Gender inequality was a major factor contributing to violence against women, disaster situations etc. the women and girls were often not equipped to handle adverse situations due to less female mobility and illiteracy. The women and girls are victims of sexual harassment and domestic violence, particularly when they are left alone at home. The MGNREGS has reduced these incidents as most of the women go out for work and the girls are encouraged to go to school.

Self Esteem and Confidence

The MGNREGS was implemented to give livelihood to the poor families. The survey reveals that in some schemes the enrolment of the women is higher. The "Woman" earns the wages for 100 days in a dignified manner without being harassed by contractors, etc. There is a definite rise in the confidence and self esteem of the women. They are vocal and also conscious of their rights. (Job cards, wage rate, days of work etc.) The place of the women in the house and society has changed and in some cases the women is "Pradhan", and safeguards the interest of the other women. This has brought out the quality of "Leadership" amongst the women especially those from the backward sectors. The inclusion of "Women" as the "Mate" and "Rojgar Sahayak" has also given confidence to the women. A physically disabled or differently abled woman had no place in the society. The MGNREGS has ensured employment to them in the softer areas, thus ensuring some employment to the women.

Enhancement of Knowledge

The MGNREGS generate employment in different sectors. The main identified schemes are related to land works, forestry programs, fisheries, agriculture, floriculture, horticulture, irrigation etc. when a woman is employed in these schemes she gains knowledge, about the various things and soon exercises her opinion in decision taking regarding choice of plans.

Cultural Climate

Women are the custodians of the cultural wealth. The MGNREGS has gone a long way in saving the "Cultural Climate" from degrading. The employment of women has generated small groups and network of women from different segments of the society. Interaction at the work-site, journey to and from, visit to the bank / Post Office, etc. has been very beneficial to the women at large. They enjoy and celebrate small events and also transfer the folk arts and culture to each other.

Indirect Benefits

MGNREGS has helped in development of Water bodies, Check Dams, Link Roads etc. which has proved to be a boon for women and to the village community at large. The time saved in bringing water, traversing on un-even roads, to get things of personal needs was a distant dream, which MGNREGS has made a reality. The women are now able to get their personal need fulfilled as vendor visit their village. The general disposition of women and Children reflect good health and give a satisfied appearance.

Empowerment of Women through MGNREGS

Rural women play a critical role in the rural economies of both developed and developing countries. To understand the situation of rural women, it is necessary to examine the full diversity of their experiences in the context of the changing rural economy, including their position within household and community structures; the gender division of labour; their access to and control over resources; and their participation in decision-making. Rural women are not a homogeneous group; there are important differences among women in rural areas based on class, age, marital status, ethnic background, race and religion. The changes under way in rural areas have a direct impact on women's lives, in both positive and negative ways. Economic changes can intensify gender biases. For example, land privatization programmes can undermine women's traditional land-use rights. On the other hand, women's increased access to paid employment and independent cash income in some areas can positively affect intra-household dynamics and the perception of women's roles in society. Many women, particularly younger women, have found that independent sources of income give them the confidence to question traditional views of rural women's roles both in the household and in society, and to challenge gender biases in access to resources.

Women's empowerment is to give the power to act, participate, make decision, raise voice against social evils, and fight for right and above all make women conscious of their own rights and privileges and sensitize both men and women to recognize the potential of women. Women's empowerment is not just financial independence, nor access to education, or sexual freedom, or control over reproduction, but a combination of increasing their social, political, economic and spiritual strength, both individually and collectively, removing the obstacles that penalized and prevented women from being integrated into their respective societies. It further includes addressing the discrimination that exclude women from decision making processes, not only for reasons of equality but for the insights they could bring to the process addressing marginalization by way of implementing equal pay for equal work, fair opportunities for career advancement and equal rights in the family. In the process, the women who chose to be mothers are to be protected, not penalized and those who find employment outside to realize economic empowerment should not have to feel guilty for not doing justice to the family by providing an enabling environment to take care of the children, doing the household activities, etc. Social empowerment of women includes changes in the socialization process, without any discrimination on gender in day to day affairs, gender

sensitization and inculcating a feeling of equality instead of subordination among women.

On a rights perspective equal right to be born, equal literacy, equal education, equal employment, equal property right, equal participation in decision making at home, at work place, policy making, committees, politics, etc. are to be included. Political Empowerment of women should include equal participation and power to take decisions no subordination, no domination of men over women, recognition of work of both men and women as equals.

Conclusion

This paper therefore, addresses the question as to whether legal changes have resulted in greater autonomy for women or is it merely a mirage. This also looks at practices of legal change in India. The rise of feminist thoughts has, however, led to the tremendous improvement of women's condition all through the world in modern times. It is my contention that legal changes do not occur in vacuum and is often the result of women's own activism. Therefore, it is essential to analyse how activism for legal and political change has affected the women's movement and questions of women's autonomy in India. India has faced the problem of discrimination in terms of gender, caste, creed, colour and financial status. Mahatma Gandhi NREGA by adopting Inclusive Participatory Growth is playing a major role in bringing the women of the society into the productive zone. The women employment not only helps the development of half of the human resources, but also improves the quality of life at home and outside. Women constitute more or less half of the population in the world. But the hegemonic masculine beliefs made them suffer a lot as they were denied equal opportunities in different parts of the world. The reality of women's lives remains invisible to men and women alike and this invisibility persists at all levels beginning with the family to the nation. Although geographically men and women share the same space, they live in different worlds. The mere fact that "Women hold up half the sky"- does not appear to give them a position of dignity and equality. But in modern India, much effort has been taken to improve the status of women in the society. The National Human Rights Commission ever since its inception has been concerned about the Right to Work with equality and dignity. The Commission examines and monitors the implementation of various provisions of the Minimum Wages Act and the Mahatma Gandhi National Rural Employment Act, besides reviewing the policies and programmes particularly pertaining to women. Goals of MGNREGS are social

protection for the most vulnerable people living in rural India, livelihood security for the poor through creation of durable assets, improved water security, soil conservation and higher land productivity, drought-proofing and flood management in rural India empowerment of the socially disadvantaged, especially women, scheduled castes and scheduled tribes, through the processes of a rights-based legislation, strengthening decentralized, participatory planning through convergence of various anti-poverty and livelihoods initiatives, deepening democracy at the grass-roots by strengthening Panchayati Raj Institutions and effecting greater transparency and accountability in governance.

Women have now stepped out of the house to live their lives in their own manner. Contribution of woman is more than a man in the present era. The movement to assure women's economic, social and cultural rights (ESCR) as a basic human's right is just emerging in India. The movement aims to locate women's right within the larger human rights framework, and by doing so moves away from women's issue only within the framework of violence and reproductive rights. Women - a human being with all the spheres in her which are considered to be the weak part of the society but actually are the strongest one.

Government can make laws, rules and policies for our security but we do need to remove all the fear and hesitation and step out ourselves for our recognition. Nothing can help a woman until she helps herself. Instead of sitting in pardah women should remove her pardah and see the world around and her. As we can from past to present there is a drastic change in the lives of women, now women with their household work also contributes in the earning of her family and economy of the country. She lacks nowhere behind the man. Everything has its merits and demerits both, some women make proper utilization of legal securities provided to them, some misuse it and some are still unaware of the legal provisions for women. We see in the history of our country women were ill-treated, were not given any exposure or recognition, but even after such a discrimination there were females like Rani Lakshmi Bai, Razia Sultan and Meera Bai who even after living in such a man, society and culture dominating environment, fought for themselves and their countries. Things will take time to get in systematic manner as mentioned government can make laws but its utilization is in our hand. Women must never be considered the weak part of the society as their household work is more difficult than a man's office work. Men for 8-10 hours a day with a weekly leave but a woman work whole day without any leave. Struggle of a women's life is more than a man. Respect woman respect world. One who abuses a lady is the biggest coward. Women are

not weak, they devote themselves to their families but it does not mean that they cannot work outside the house, sometimes they proved to be better than in academic or official performances.

Suggestion

*The elimination of discrimination in the workplace is strategic to combating discrimination elsewhere. By bringing together and giving equal treatment to people with different characteristics, the workplace can help dispel prejudices and stereotypes. It can provide role models for members of disadvantaged groups. Socially inclusive workplaces can pave the way for more egalitarian, democratic and cohesive labour markets and societies.

*Equality in employment and occupation is important for the freedom, dignity and well-being of individuals. The day-to-day work atmosphere and labour relations generally improve when employees feel valued.

*The elimination of discrimination in the labour market allows human potential to expand and to be deployed more effectively. A rise in the proportion of workers with decent work will widen the market for consumer goods and enlarge development options.

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Family lanning Practices among the Urban Poor: A Study in Guwahati City of Assam

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Abstract

India is the world's first country to adopt family planning as a national policy in the year 1952. But till today the country is not able to control the population growth and by 2020 it is expected to be the most populous country of the world. One of the main challenges in the implementation of family planning policy is the diverse economic groups of the country who have their own perception of family planning influenced by their economic and social condition. Rapid urbanization in India is fuelling the growth in urban poverty, particularly in the urban slums where the quality of life is extremely poor. Though the health and economic indicators of urban population are better than those of rural population; however conditions of urban poor are worse than ruralites. Guwahati is one of the fastest growing cities of the country and most important economic hub for the north eastern part. Guwahati is the home for migrants of different parts of the region. The people living below the poverty line in the city are mostly the migrants involved in different unorganized sectors and found living in the slums of the city. In this present study, an attempt has been made to examine the knowledge, awareness and practice of family planning among the urban poor of the city. The researchers have also tried to know the socio-economic background of the respondents and their basic health practices.

Keywords: Family Planning Practices, Socio-Demographic Status, Urban Poor

Introduction

Family planning is a composite programme involving people's perception and reaction to them, use of contraceptives methods and its impact on the demographic structure of the population. It can be defined as the natural and artificial method adopted by married couples to limit the size of the family and to provide proper spacing between births of the siblings. Initially the term family planning was synonymously used with birth control, but now it denotes a broader meaning. Family planning is no more confine to only birth control exercise, but also deals with the health and

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welfare of mother, children and family groups, contributing effectively for the socio economic movement of the country. A rapid population growth is a burden on the resources of many developing countries. Unregulated fertility, which contributes to such situations, compromises the economic development and political stability of these countries. Therefore, many countries consider limiting growth as an important component of their overall developmental goal to improve living standards and the quality of life of the people. This strategy is now enhanced by the availability of effective family planning methods since the 1960s. Many international institutions and organizations such as the World Health Organization (WHO), World Bank (WB), United Nations Population Fund (UNFPA), and United Nations Children's Fund (UNICEF) have strongly advocated family planning as a means to space children and limit family size and should be one of the essential primary health care services provided.

India's current demographic phase is characterized by high fertility and moderate mortality rates. As a result, the country's population is growing rapidly with about 18 million people being added to it annually, to give a 2.1 per cent increase per annum. The national family planning program was launched in 1951, and was the world's first governmental population stabilization program. By 1996, the program had been estimated to have averted 16.8 crore births. Family planning in India is based on efforts largely sponsored by the Indian Government. In the 1965-2009 period, contraceptive usage has more than tripled (from 13% of married women in 1970 to 48% in 2009) and the fertility rate has more than halved (from 5.7 in 1966 to 2.4 in 2012), but the national fertility rate is still high enough to cause long-term population growth.

In Assam, the family planning programme was introduced and implemented along with other states of India. But the complexity of the problem of implementing family planning programme in the state increases due to the multi-ethnicity of the population composition of the state. Each and every ethnic group has their own socio-cultural and religious background, which directly or indirectly influence the family planning behavior of the population group. Due to this reason, the outcome of the family planning programme varies from population to population. Therefore, somewhere these policies were implemented with great success and somewhere with limitation.

One-half of the world's population lives in cities and towns; this is expected to increase to 70% by 2050. One in three urban dwellers lives in slums. As the urban population grows, so does the number of urban poor.

Urbanization increased from 27.81% (2001) to 31.6% (2011) as per the census of India. Almost 33 per cent of India's population lives in urban India and nearly a third of it constitutes urban poor population who live in the slums. Slums have frequently been conceptualized as social clusters that produce a distinct set of health problems. Size of family is a major concern for slum residents. It affects the health of the mother and the child as well as the economy of the family. Hazardous maternal health practices and lack of use of contraceptives are also common in the slums that affecting severely the women of child-bearing age and children. The family planning methods are not only for controlling the size of family but at the same time save the women and her partner from sexually transmitted diseases. Guwahati is one of the fastest growing cities of the country and most important economic hub for the north eastern part. Guwahati is the home for migrants of different parts of the region. The people living below the poverty line in the city are mostly the migrants involved in different unorganized sectors and found living in the slums of the city. In this present study, an attempt has been made to examine the knowledge, awareness and practice of family planning among the urban poor of the city. The researchers have also tried to know the socio-demographic background of the respondents. The researcher interviewed women for the purpose of the study as they are the worst sufferer of unplanned family and continuous child birth.

Methodology

a. Objectives

1. To know the socio-demographic status of the respondents
2. To examine the knowledge and practice of family planning methods among the respondents

b. Design of study: the present study is exploratory in design

c. Sample size and technique: Non probability purposive sampling is used in the study and total 50 women respondents are interviewed from two major slum setting of the city, Bhaskar Nagar and Sijubari

d. Tools of data collection: semi structured interview schedule has been used for data collection

e. Inclusion criteria: women who are having at least one child are interviewed for the purpose of study.

Major Findings and Discussion

A. Socio-demographic Status of the respondents:

In socio economic status, the researchers mainly tried to know about the age, caste, religion, educational qualification, occupation, age at the time of marriage, no of children etc. The data collected about the socio economic condition of the respondents under the study is presented here as Table-1.

Table-1: Socio-demographic Status of the respondents

Total no. of respondents= 50

Characteristics	No. of respondents	Percentage
Age		
Below 18 years	7	14%
18 to 25 years	10	20%
26 to 30 years	13	26%
31 to 35 years	11	22%
Above 36 years	9	18%
Religion		
Hindu	17	34%
Muslim	33	66%
Caste		
General	31	62%
Schedule caste	11	22%
OBC	8	16%
Educational qualification of the respondents		
Illiterate	27	54%
Primary education	23	46%
Educational qualification of the husbands of respondents		
Illiterate	19	38%
Primary education	22	44%
Secondary education	9	18%
Occupation of the respondents		
Unemployed	4	8%
Domestic worker	38	68%
Construction worker	8	16%
Occupation of the husband of the respondents		
Unemployed	5	10%
Construction worker	19	38%
Wage labour	9	18%

Driver	6	12%
Industrial worker	11	22%
Age at marriage		
Below 18	43	86%
Above 18	7	14%
Age at first child birth		
Below 18	31	62%
Above 18	17	34%
No of children		
1	7	14%
2	9	18%
3	11	22%
More than 3	23	46%
General health issue of the family (n=50)		
Gastric	50	100%
Skin diseases	33	66%
RTI	21	42%
TB	7	14%
Jaundice	5	10%
Consultation with doctor during health problem (n=50)		
Immediate consultation	0	
Waiting for automatic healing	21	42%
Self-medication	29	58%
Place of visiting doctor (n=50)		
Pharmacy	11	22%
GMCH	16	32%
MMCH	23	46%

The table 1 shows that majority (68%) of the respondents under the present study belongs to the age group of 18 to 35 years. Only 18% are above 36 years. Even though it's less in number considering the other categories, the mothers below the age of 18 years (14%) can be seen as a threat to the safe motherhood mission and vision of government. Further, it is found that both Hindu and Muslim respondents are found during the study but majority of the respondents are Muslim (66%) and general in caste (62%). other than general caste, the researchers also found SC (22%) and OBC

(16%) respondents. The researchers found that most of the respondents are illiterate (54%) and others are educated upto the primary level (46%) and when it comes to their occupation, majority (68%) of them are employed as domestic workers. Others are found working as construction labourer (16%) and only 8% are unemployed. Again, while finding out about the educational qualification of the husbands of the respondents, it was seen that they are mostly (62%) literate and most of them are primary educated (44%) and others are secondary educated (18%). It was found that 90% of the respondents' husbands are employed. The occupation of the husband was mostly construction labourer (38%), industrial worker (22%), daily wage labourer (18%) and driver (12%). The table also indicates the age of marriage of the respondents and it was found that majority (86%) of the respondents got married before they attain their legal age of marriage, i.e. 18 years. It's truly reflected in the age of getting the first child as it was found that most of them (62%) have got their first child below the age of 18 years. It was also found that 86% of the respondents have more than one child. The initial part of the table includes the general health condition and utilization of health services by the respondents. The main objective of the present study is to examine the knowledge about family planning among the respondents for which knowing the practice is very essential. The researchers put these set of question to minimize the ignorant response of the respondents. The table first shows the general health issues of the respondents' family. Gastric being the most common health issue of the people found in all the respondents' house. Among the other health issues skin diseases (66%), RTI (42%), TB (14%) and Jaundice (10%) are the most common diseases. It was also found that in case of health problem, they mostly go for self-medication (58%) and buy medicine of their choice and with best of the knowledge of the pharmacist. Others found waiting for the automatic healing of the disease (42%). Only in severe illness, they visit doctor and most of them consult doctor in Mahendra Mohan Choudhury Hospital (MMCH) (42%). Second most preferred place is Gauhati Medical College & Hospital (32%) and others (22%) visit the doctor in pharmacy.

B. Knowledge and Practice of Family Planning Methods among the Respondents:

For examining the knowledge and practice of family planning methods among the respondents, the researchers mainly tried to know about the age at first child birth, spacing between the children, awareness about family planning methods, source of awareness, use of such methods, etc. The data

collected about the knowledge and practice of family planning methods among the respondents under the study is presented here as Table-2.

Table-2: Knowledge and Practice of Family Planning Methods among the Respondents

Total no. of respondents= 50

Characteristics	No. of respondents	Percentage
Heard about family planning(n=50)		
Yes	38	76%
No	12	24%
Heard about contraceptives(n=50)		
Yes	38	76%
No	12	24%
Source of information (n = 38)		
Media	11	28.94%
Friends and relatives	21	55.26%
Health professional	6	15.78%
Contraceptive methods known(n=38)*		
Oral contraceptive pills	38	100%
Condom	38	100%
IUD	11	28.94%
Injectable	0	0
Tubectomy	30	78.94%
Vasectomy	26	68.42%
Natural methods +	38	100%
Knowledge about need of family planning (n =50)		
Spacing of births	12	24%
Stopping births	26	52%
No idea	12	24%
Knowledge of non-contraceptive benefits of family planning methods (50)		
Improvement of health	13	26%
Prevention of STD/HIV	0	0
No knowledge	37	74%
Spacing between the children (n=50)		

* Multiple response

+ Natural method included: Abstinence and withdrawal

1 year	21	42%
2 years	29	58%
More than 2 years	0	0
Use of contraceptives (n =50)		
Yes	21	42%
No	29	58%
Contraceptives in the past used (n=21)		
Condom	0	0
Oral contraceptive pills	9	42.85%
IDU	0	0
Injectable	0	0
Tubectomy	0	0
Vasectomy	0	0
Natural methods	12	57.14%
Reason for using the particular contraceptives(n=21)		
Easily available	3	14.28%
Inexpensive	6	28.57%
Husbands choice	12	57.14%
Reason of not adopting(n=29)		
Superstition	7	24.13%
Family Pressure	7	24.13%
Unsafe	3	10.34%
No knowledge	12	41.38%

The table 2 of the study mainly discuss about the knowledge and practice of family planning methods among the respondents. The table further shows that majority of the respondents (76%) heard about the family planning and contraceptives. The sources of their information are media (28.94%), friends (55.26%) and health practitioner (15.78%). Here the health practitioner includes nurses and physician that they consult for their health problems. Regarding the knowledge about contraceptive methods, the researchers found multiple responses. Out of the 38 respondents aware about contraceptives, all of them know about oral contraceptive pills, condom and natural methods. Here natural method included abstinence, withdrawal and maternal breast feeding. Other than this, the respondents also have knowledge of tubectomy (78.94%), vasectomy (68.42%) and IUD (28.94%). So it is found that their overall awareness level is good as far as contraceptive methods concern. The researcher further asked them about

their concept of family planning. It is found that 52% perceive it as process of stopping birth and only 24% as spacing birth. On the other hand, 24% had no idea about it. Along with the concept of family planning, the researchers also inquire about the non-contraceptive benefit of the family planning methods and found that 74% have no knowledge about it and 26% thinks that it is for improvement of health. No one has mentioned about HIV/AIDS and other STD. Moving toward to their reproductive health, the researchers tried to know the spacing between the children of the respondents, where among 43 respondents having more than one child are considered and it was found that majority (67.44%) of them have less than a year gap between their children. Others (32.55%) have 1 to 2 years gap. Whereas when the researchers asked them about their opinion of ideal space between the child, majority (58%) said that it must be 2 years and remaining 42% said at least 1 year. Hence, we found that even though the respondents heard about family planning and the methods of contraception, their concept of family planning and its benefit is not clear and it has an effect in their practice pattern as the researchers found that 58% of the respondents have never used any family planning methods. Again, the 21% who have used family planning methods are mostly found using natural methods and oral contraceptive pills. None of the respondents mentioned about the condom which reflect the lack of participation of man in family planning. On the other hand, use of IUD and adopting sterilization is also not found among the respondents. The respondents stated easy availability (14.28%), less expensive (28.57%) and husbands' choice (57.14%) as the prime reason for adopting oral contraceptives and natural methods for family planning. While inquiring about the reason for not adopting contraceptives, the researchers found that lack of knowledge of such methods and its benefit (41.38%) is the main reason for not adopting contraceptives among the respondents followed by superstition (24.13%), family pressure (24.13%) and considering the methods as unsafe (10.34%).

Recommendation & Conclusion

From the major findings of the present study, the researchers have come up with the following recommendation:

1. Literacy through Non-formal education to be popularized among the urban poor so that advertisements of family planning and contraceptives can be understood by the target group
2. The duty and services provided by health workers to be monitored strictly for ensuring maximum practice of contraception.

3. NGO involvement to be encouraged by the concerned authority for realization of small family norms of GOI.
4. Awareness campaigning to be done consistently
5. Family planning counseling to be included into routine antenatal clinic activities.

The present study was conducted among the urban poor with the objective of knowing the knowledge and practice of family planning methods among them. The researchers also study the relation of their socio-demographic status with their knowledge and practice of family planning. It is found that the tender age of marriage and bearing the child, poor educational qualification, dogmatic religious practice, traditionalism and economic condition of family has a close relation with their knowledge and practice of family planning. It is observed that knowledge and awareness does not always lead to the use of contraceptives. The researchers found the subordinate status of the women left them with very less or no choice of contraceptive. There is scope and need of more research to understand patterns of contraceptive use, the reasons for these patterns and the effectiveness of interventions designed to enhance use among the marginalized section of the society. At the same time necessary efforts should be made to educate the public about the safety and convenience of modern, long-term, reversible methods of contraception. Family planning counseling needs to be universally included into routine antenatal clinic activities. The mission of proper reproductive and child health cannot be realize without the equal participation of both the partners in terms of making reproductive decisions and using contraceptives. Hence, there is need of inclusion of male in the practice for effective small family goal.

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Adolescence and Menstrual Health in India

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Abstract

Women and girls comprise half of any population and women who are of reproductive age (13-50 years approximately) go through a biological process of menstruation every month. The first onset of menstruation for girls occurs during the time of adolescence. Puberty and adolescence can be challenging times for any girls as they begin to have a growth spurt around the age of 10-13 years. Sexual development due to the influence of hormones is the major change in adolescence. Menstruation is the first significant milestone in the reproductive history of a woman's life. Menstruation relates to sexual maturity, reproduction and reproductive health of women. Menstruation affects many dimensions of a woman's life including physical, emotional and social wellbeing. However there is a shameful silence around the topic especially in low and middle income countries like India. The socio-cultural practices around menstruation are such that women face discrimination, stigma and taboos that force them to adopt unhealthy practices that hinder their overall wellbeing. Thus, adolescent girls and women have been suffering on social, psychological and material grounds where there is a lack of knowledge and support for any aspect related to menstruation. The paper tries to highlight certain menstruation related challenges that adolescent girls face in different aspects.

Keywords: menarche, menstruation, menstrual hygiene management, menstrual problems

Introduction

Adolescence is understood as a significant stage in the lives of women. It indicates the transition from girlhood to womanhood. G. S. Hall (1904) views adolescence as a period of heightened 'storm and stress'. It is marked with conflicts with parents, mood disruption and behaviour changes. There are different factors responsible for storm and stress during adolescence. These include both rapid physical changes and transitions in the body and in the environment around adolescent girls. Adolescence is a span of human growth extending from the immaturity of childhood to the physical and physiological maturity of adulthood, this period extends from 10-19 years (WHO, 1989). Girls reach menarche during these ages (9-16 years) with conflicting attitudes, myths and illogical beliefs about its physical and social consequences (Abraham et al., 1985). Although menstruation is a normal biological development and a key sign of reproductive health, yet in

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many cultures all around the globe it is treated as something negative, shameful or dirty. India has been a patriarchal country and women and girls have always been discriminated in many ways. The Census of India 2011 shows the literacy rate is 78% among boys and 55% among girls and 47% of adolescent girls are underweight. Discriminatory gendered social norms, which are rooted in the collective beliefs, perceptions, and attitudes about what it means to be male and female, perpetuate the perceived inferior status of women and girls vis-à-vis men and boys (Gupta, 2009).

Experience of Menarche during Adolescence

Adolescence is a period of human life distinguished by the maturation of the organs and the functions of reproduction extending from the onset of puberty to adulthood (Good, 1945). Puberty and adolescence can be challenging for girls as they begin to have a growth spurt around the age of 10-13 years. Sexual development due to the influence of hormones is another major change during adolescence. Menstruation is the first significant milestone in the reproductive history of a woman's life. The first menstruation (menarche) occurs between 9-13 years with a mean of 13 years. Girls experience fear, shame and anxiety as they are not aware about menstruation prior to menarche. Although menarche may occur at different ages for different girls, adolescent girlhood is always a critical time of identity formation and a period of transition from childhood to womanhood.

Some of the changes that occur during adolescence and the onset of menarche are;

- **Physical Changes:** The development of secondary sex organs like the development of breasts in girls and the growth of pubic hair. Girls experience menarche or the first onset of menstruation.
- **Emotional Changes:** According to Menstrupedia Comic (an IEC material made in the form of comic book) the body undergoes many changes during puberty; it is common to feel uncomfortable about them and become overly sensitive about one's physical appearance. As a result individuals may feel irritated quite easily, be short tempered or feel depressed. Puberty is also the phase after which sexual maturity is developed.
- **Social Impact:** With the onset of menarche among girls there is restricted mobility among girls. Mothers tell their daughters that they have 'grown up' and advise them to 'stay away from boys'. Also, with

onset of menarche girls are restricted from religious places, are not allowed to do engage in religious activities during menstruation and some regions follow myths claiming that women are dirty and impure during menstruation and women are restricted from certain activities.

- **Cultural Restrictions:** Mothers have a hushed down tone regarding menstruation. Women in India do not talk openly about it and thus young girls perceive that menstruation is a taboo that one should not discuss openly. This leads to generations after generations of women being silent on menstruation, women not being able to discuss menstrual problems openly, not having proper knowledge on menstrual hygiene management and women following myths with regard to menstruation.

Culture of Silence on Menstruation

Girls experience menstruation as a taboo subject within their own families. There is a 'shameful silence' around the female body, menstruation and reproductive health. They are unable to discuss menstrual issues with anyone. Not being able to talk about their experience and having limited information means that menstruation becomes something shameful and something to hide, and is consequently ignored in families, schools and communities. Most adolescent girls do not have prior knowledge about menarche and they do not have information and knowledge about menstrual hygiene management which affects the overall health and hygiene of adolescent girls and women. Many Hindu communities associate menstruation with impurity and pollution of the sacred. This belief is coupled with restrictions and sometimes bizarre regulations on women's everyday lives and activities. Menstruating women restrain from religious activities and do not enter temples, some do not go to the agricultural field, not touch pickles and there are restrictions on bathing and participating in religious activities. There are unwritten rules and practices about managing menstruation and interacting with menstruating women. Such beliefs and practices not only violate women's dignity, they have serious implications for their health and wellbeing. To make matters worse, lack of resources and knowledge means that many women do not have access to basic hygiene materials and facilities. Consequently, every period is loaded with mental, emotional and physical stress, which affect everyday lives of women across India.

Physical and psycho-social problems faced by women during Menstruation

Menstruation is associated with physical and emotional distress of its own. The lacklustre, physical discomfort, pain in the lower body, improper water and sanitation facilities, infections like Urinary Tract Infections (UTI) and Reproductive Tract Infections (RTI) due to lack of proper hygiene and the less knowledge on proper menstrual hygiene management do cause both physical and mental stress on the women. Some of the problems that women face are:

- **Dysmenorrhoea:** It refers to the painful menstruation or menstrual cramps. Dysmenorrhoea is one of the most common gynecological problems of women. Yet, considerable confusion exists as to what exactly it is (Brown and Woods, 1984; ACOG, 1995). In a study, Wentz (1988) observed that the symptoms seen in women with dysmenorrhoea were tiredness, nausea and vomiting, low back pain, nervousness, dizziness, diarrhea and headache. The onset of menstruation is sometimes accompanied by severe painful cramps. The painful nature and prevalence of this problem serve to suggest that the economical, social and most important, the psychological costs of dysmenorrhoea are considerable (Chensy, 1977 cited in Devi, 2008).
- **Abnormal Uterine Bleeding (AUB):** AUB refers to irregular uterine bleeding. It is suspected in women with unpredictable or episodic heavy or light bleeding despite a normal pelvic examination. Women who report irregular menses since menarche may have Polycystic Ovarian Syndrome (PCOS). This results in unpredictable cycles and/or infertility.
- **Amenorrhea:** It refers to the absence of a menstrual period in a woman of reproductive age. It is defined as the absence of menses for three months in a woman with previously normal menstruation.
- **Premenstrual Syndrome (PMS):** PMS refers to a wide range of physical or emotional symptoms that most often occur about 5 to 11 days before a woman starts her monthly menstrual cycle. In most cases, the symptoms stop when (or shortly after) her period begins. Most women experience emotional and psychological changes like heightened feelings of sadness, irritability or anger, anxiety, food cravings, bloating, etc. which may be attributed to the changing hormones in the body during the menstrual cycle. This varies from woman to woman and can change significantly over a woman's life.

- **Premenstrual Dysphoric Disorder (PMDD):** According to US National Library of Medicine PMDD is a condition in which a woman has severe depression symptoms, irritability, and tension before menstruation. The symptoms of PMDD are more severe than those seen with Premenstrual Syndrome (PMS). The causes of PMS and PMDD are uncertain, but are likely associated with aberrant responses to normal hormonal fluctuations during the menstrual cycle (Frackiewicz EJ, 2001).

Key Challenges in Menstrual Health

Some of the factors that act as a hurdle to achieve good menstrual health include:

- **Cultural Taboos:** Menstruation is understood as unclean and dirty in our culture. Women are restricted from entering temples or eating certain kinds of food, socializing, cleaning themselves and maintaining proper hygiene. With such myths engrained into a young girl from the time of menarche, menstruation ceases to be a natural phenomenon and synthesises into a taboo. With this, women cannot have open discussions about the topic and thus gain inadequate knowledge about maintaining proper health and hygiene during the crucial time of the month.
- **Lack of Knowledge about Menstrual Hygiene:** There is lack of proper knowledge about menstruation. Adolescent girls may share their menstrual hygiene matters with their mothers and sisters. However, since the mothers also lack proper knowledge about menstruation they are not able to guide their daughters and sisters properly. Teachers are hesitant or unwilling to discuss Menstrual Hygiene Management as it is perceived as a cultural taboo.
- **Water, Sanitation and Hygiene (WASH) Infrastructure:** WASH facilities are essential for MHM. A safe, clean and private space for changing materials, water and soap to maintain personal hygiene and if required, also for washing and drying materials is essential. According to the a working document (version 2016) on WASH Services in the Sustainable Development Goals by pS-Eau ‘in 2015, 68% of the global population used an improved sanitation facility, but 2.4 billion people still lacked improved sanitation facilities, such as toilets or latrines. Furthermore, 946 million of these people were still practicing open defecation’.

- **Menstrual Absorbents:** Women and girls resort to use of unhygienic and unsafe materials during their menstruation due to factors such as, unavailability, shame experienced when purchasing products publically, and/or inability to pay or a matter of choosing not to spend limited financial means on menstrual needs. The use of inappropriate materials or the unhygienic handling of unsafe materials may also be linked to a lack of knowledge
- **Unsafe Practices relating to Menstrual Absorbents:** Adolescent girls use both commercial pads as well as old cloth for absorbing menstrual blood. As such using cloth is a recommended practice, however, cleaning and maintenance of the cloth is essential. It has been observed that women and girls do not dry the menstrual cloth in the open; they usually hide these clothes under other clothes and store them in dark and dirty places. This is done in order to keep the menstrual cloth away from the sight of men. Drying of cloth on dark places with no sunlight and air leads to improper drying and bacterial growth on the cloth which in turn poses ill impact on women's health.
- **Disposal:** The use of commercial pads comes with another issue of disposal. There are no effective ways to dispose sanitary pads. The National Guidelines on MHM, December 2015 issued by the Ministry of Drinking Water and Sanitation recommend using incinerators especially in schools. However, environmentalists argue that incineration is not a solution for disposing commercial pads. Especially in hilly areas used pads are thrown down the streams which cause downstream pollution and also contaminate water springs and streams. There is inadequate and unsafe disposal for soiled materials and women are forced to dispose it in secrecy. This will reinforce the stigma and shame surrounding menstruation.

Conclusion

Adolescent is in itself a stage of heightened emotional changes and instabilities in the stage of human growth and development, with the onset of menses it is more so difficult for young adolescent girls. Menstruation is considered a taboo topic which is not discussed openly in spaces within the family and school and no adequate information is shared on menstrual hygiene management. Adolescent girls face fear, shame, guilt and distress which add on to an adverse impact on the psycho-social aspects and health of women in the long run.

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Domestic Violence among Women in Cachar: Social Work Intervention

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Abstract:

Since time immemorial domestic violence among women has been recognized as one of the significant barrier of women empowerment as it has affects on physical, social, emotional and mental health of a woman. Hence, domestic violence has been considered as a social evil prevalent among women in India and around the world at large. In this paper, an attempt has been made to find out the causes and consequences of domestic violence against women, nature, forms, effects of violence and the role of social worker in combating the issue. A sample of 40 women victims of domestic violence, who reported their cases to the GP president of Dakshin Mohanpur GP under Sonai Block of Cachar District during June 2018 to August 2018, was selected using a simple random sampling technique. Semi structured interview schedule, informal and flexible discussion as a tool of data collection was used. The present study found that polygamy marriage system, multiple relationship of husband, stringent financial condition, issue of infertility among female are the causes for which women are falling prey to domestic violence and the affects of that have detrimental effect on the physical, mental, social health of victim and their children. Crisis intervention, counselling, promotion of psycho-social education are found to be the important roles that are performed by social workers to uplift the women's condition. The study concluded with few recommendations like to provide legal aid, vocational education for crisis situation, awareness through women organisation, NGO's and religious leader. Thus, the present study has been designed under the broad objective of exploring the causes, forms, victim's perception about the effects of domestic violence and social work intervention in this regard.

Keywords: Domestic Violence, Women, Sonai Block, Cachar District.

Introduction

Domestic violence is the most common form of violence against women and is evident, to some degree, in every society in the world. Internationally, one in every three women have been beaten, coerced into sex or abused in their lifetime by a member of her own family (Heise L. et al., 1999). Domestic violence is described as when one adult in a relationship misuses power to control another. It is the control and fear in a relationship through violence and other forms of abuse. This violence can

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take the form of physical assault, psychological abuse, social abuse, financial abuse, or sexual assault (Jain DS. et al., 2004). In India the protection of Women from Domestic Violence Act, 2005 (the bill against domestic violence in India) says that any act, conduct, omission, or commission that harms or injures or has the potential to harm or injure will be considered domestic violence by the law. Even a single act of omission or commission may constitute domestic violence, that is, women do not have to suffer a prolonged period of abuse before taking recourse to law. Indian national statistics Conflict Tactics Scale (CTS) to measure the prevalence of lifetime physical, sexual, and/or emotional domestic violence estimate that 40% of women experience abuse at the hands of a partner (Yoshikawa K. et al., 2012). According to World Health Organisation intimate partner violence and sexual violence is a major health problem, indicates that 30% of women worldwide have the experience of either physical/sexual partner violence, 38% murdered by male intimate partner, and it affects women's health physical, mental, sexual, reproductive health followed by inviting the risk of sexually transmitted diseases, the risk of acquiring HIV. In view of the prevalence and impacts of domestic violence, many researchers have tried to find out the possible causes of domestic violence and its impact on women and on the society. Marriage and husband's education besides menstrual problems have significant influence on domestic violence (Murthy MSR. et al., 2004). Lifestyle of men such as smoking, alcoholism and drugs promote men to commit domestic violence (Rao V., 1997). Gerstein et al. in Uttar Pradesh found "low educational level and poverty are important reasons for domestic violence (Gerstein L., 2000).

Review of Literature

The findings of an empirical study on violence against women conducted in four cities of Rajasthan viz, Jaipur, Ajmer, Kota and Udaipur by Ahuja 1998 reveal that violence is more common against women who belong to families that are more patriarch ally organised in a traditional way. All forms of violence against women appear to be higher in lower socio-economic strata, though offenders are not necessarily from lower classes. Majority of the incidents appear against women who lack financial resources. Victims of violence are mostly young. A large number of women who are victims of violence are those who lack self-confidence, have poor self image and a feeling of helplessness and have a few social ties, friendships or community affiliations. Further the study reveals that violence against women is not the result of their provocative behaviour but

rather the result of the offender's learned behavioural responses. The perpetrators of violence are not necessarily alcoholics and psychopaths who come from disorganised families but are normal males. The study found that police reaction to female victims of violence is generally indifferent and negative rather than helpful and cooperative. Reaction of family members to victims of violence is rather insensitive than sympathetic. Further, the process of recovery by the victim aftershock depends both on her personality traits as well as on the structure of situation in which she lives and works.

An empirical study is addresses on the question of domestic violence and analyses its nature against the backdrop of a large-scale victimization survey conducted in Britain by Mooney 2000. The book is an excellent combination of theory that is tested by research. A number of feminist theories dealing with domestic violence are explained. The most useful aspect of the book is that it explains the unique nature of the fieldwork and methodology that is typical in dealing with cases of domestic violence. Finally, the author addresses the ways in which domestic violence is to be tackled by implementing effective policies.

The field based empirical study was conducted on intimate partner violence and how it effects the education of the victims by Simister J. et al., 2008. The main focus of the study was to understand the violence by husbands against their wives- wife beating by husbands. In this study it was found that the respondents have been beaten or mistreated physically by their 'boyfriend' or 'husband' or 'ex-husband. The experience of violence and the silent acceptance of violence by women undermine attempts to empower women and will continue to be a barrier to the achievement of demographic, health, and socioeconomic development goals. The study confirms that the violence is less common if men and women are well educated. Thus, the study encourages the Government of India to priorities education for both boys and girls.

An empirical study to find out the ways to eliminate the domestic violence against women and the consequences of violence's and to find out the initiative steps has been taken for the control and measure of domestic violence against women by Choudhury R. et al., 2014 . The major findings of the study shown that the majority of the victims were not aware of the socio-legal services provided for the victims. The study shows that alcoholism is the main reason of violence against women and the women are not aware of laws and the different organisations dealing with domestic violence.

Banashree, 2015 carried out a study on Domestic Violence against Women in Tinsukia District of Assam, India with an objective to find out the causes of domestic violence against women and to study the impact of domestic violence on the abused women, their children and their intra-family relations. A sample of 100 families belonging to different socio-economic conditions from rural areas of Tinsukia District was randomly selected. Consumption of alcohol by the husband was found to be a major cause of domestic violence particularly among the rural victims. But the data revealed that in all cases domestic violence was caused not because of a single reason. In large number of cases a mix of different causes was observed. The domestic violence also affected the physical and mental health of victim in different ways. Domestic violence has long term impact on the life of victims, the life of their children and their intra-family relations.

The reviewed literature gave an impression that all forms of violence against women appear to be higher in lower socio-economic strata, lower level of educational qualification and the families that are more patriarchally organised. The alcoholic nature of husband, polygamy marriage systems, and dowry are the causes of domestic violence. Lack of information among women victims about available laws to deal with domestic violence and functions of service providing agencies are becoming a bane in the development of women. There is a need to address the issues from micro perspective. Small studies on the issue at the micro level in different communities may give a scope to understand the challenges confronted by victims of domestic violence and to make them aware accordingly with the existing laws and services. Therefore the present study has been focusing on the following objectives to understand the nature and causes of violence among the women of rural area of a district like Cachar, Assam.

Objectives

1. To explore the causes responsible for domestic violence among women of Sonai block, Cachar, Assam.
2. To understand different forms of violence experienced by women victims of Sonai block, Cachar, Assam.
3. To understand women victims perception about the effects of domestic violence.
4. To explore the scope of social work intervention.

Methodology

Study Area: The Assam state consists of two valleys-The Barak valley and the Brahmaputra valley. The Barak valley is situated in the southern part of Assam and it consists of three districts, i.e., Cachar, Hailakandi and Karimganj. Cachar is the oldest district of Assam surrounded by Barail and Jayantia Hill ranges in the north, the state Mizoram in the south, Manipur in west and Karimganj and Hailakandi in west. The district Cachar has 15 development blocks and 163 Gaon Panchayats. Sonai block is one of them which have 15 Gaon Panchayats and Dakshin Mahanpur GP is one of them which will be the study area. Dakshin Mahanpur village is located in the eastern part of the district head quarter Silchar at around 21 km distance, 6 km from Sonai and 233 km from capital Dispur. Total population of the GP is 15736 and household is 2650.

Universe of the Study: Women affected by domestic violence in the Dakshin Mohanpur GP of Sonai block of Cachar district, Assam will form the universe of the study.

Sample and Tool: A sample of 40 victims who reported their complaints to the GP president of Dakshin Mohanpur GP under Sonai Block of Cachar District were selected by adopting a simple random sampling technique for the present study. Semi structured interview schedule, informal and flexible discussion as a tool of data collection was used.

Analysis of data: Frequency analysis was done to explore the causes, forms, perception about domestic violence.

Results and Discussion

Background information: The present study observed that majority of the respondents (95%) were from Muslim religion and rest (5%) were from Hindu religion. All the samples i.e. 100% belonged to Bengali community. 82.5 % samples represented joint families where as 17.5% nuclear families. The majority (60%) of women had up to secondary level education, 25% had up to primary level education, 7.5% had higher education and rest 7.5% were illiterate. It was found that 45% samples were married, 22.5% were separated and 32.5% were divorcee. By occupation most of the victims (77.5) were house wives and rest (22.5%) were working (like work in other house, business). It was also found that 90% respondents belonged to low income group <Rs. 5000, 7.5% respondents belonged to middle income group Rs. 5001-10000 and rest 2.5% belonged to high income group >Rs. 10001.

Causes of Domestic violence: There are various causes which led domestic violence among women residing in rural areas. Multiple relationships of husband, polygamy marriage system, stringent financial condition, issue of infertility among female, alcoholic nature of husband, sexual dissatisfaction are the main causes found to be responsible for domestic violence among women. 17.5% respondents expressed that the violence at home takes place because of husband's attitude of skipping responsibilities and sending their wives to their parental house with a motive to get money from parents. It was also observed that 15% of the respondents are of the opinion that multiple relation of husband and getting married with them is becoming a source of violence that was expressed by 17.5% of the respondents. Infertility among women is one the cause of having multiple relationship of husband, expressed by 12.5% of the respondents. 10% revealed that suspicious attitude of husband towards their wives disharmonise the smooth functioning of the family. Stringent financial condition is one the cause causing violence, expressed by 15% of the respondents. Only 2% of the respondents found to be saying alcoholism as a cause of domestic violence. While seeking clarification, it was understood that majority of the respondents represented Muslim community and as per religion taking alcohol is a sinful act. Hence the number under this category is comparatively less than other causes.

Forms of Domestic violence: Women are victim of different forms of violence. When most people think of domestic violence, they imagine a situation where the abusive partner physically hurts the victim. However, physical harm is only one form of abuse and there are various forms of domestic violence; like- physical, emotional, sexual, financial, or psychological. The present study explored that 7.5% respondents were abused physically, 27.5% were abused physically and psychologically, 10% were economically abused, 12.5% were sexually abused, 17.55 were physical and sexual and 25% were emotional, physical and sexual abused.

Victim Women's perception about the effects of domestic violence:

Effects on health: They were of the opinion that the impact of domestic violence is grave. It affects physically, mentally, emotionally, not only to the victims but also the person who is associated or connected with the victim. The physical violence directly ranges from minor scratches to fractured bones and recurring headaches or stomach aches due to withheld medical attention are the indirect effects of violence. The respondents of the present study expressed that living in stress (20%), depression (12.5%), disturbed sleep (15%), chronic headache (25%), body pain (20%) has

become a common issue for everyday life there 7.5% only not confronting such problems. Many of them do visit physicians for getting treatment but they do not want to mention the reason of such injury.

Effects on children: The study found that domestic violence had an adverse affects on the wellbeing, development and healthy growth of children. The 32.5% of the victim mothers who are the respondents of the study expressed that the expression of the child reflects he/she is in tension. Again 32.5% agreed that the child lose concentration on studies. 12.5% said children don't show respect towards parents and 22.5% mentioned that the child prefers to remain away from peer groups there by isolating themselves from the friends, family and society at large.

Effects on intra-family relations: The domestic violence affects the husband-wife relationship and the relationship with other family members. The present study found that frequent quarrel took place among 20% families on minor issues, 17.5% families lost their mutual trust, 22.5% families had communication gap between husband and wife and 40.0% families had misunderstanding between husband and wife. Thus it is understood that domestic violence is found in every economic and social strata, racial, and ethnic group. Causes of different nature are giving birth to different forms of violence at home having detrimental effect on women's health, mental development of children and on intra family relations. Thus there is a need of a comprehensive approach to respond to the issue. Social workers with their innovative ideas, knowledge, and methods can address the issue and by adopting problem solving approach to a great extent can reduce the stress of the women and can improve the relationship.

Social Work Intervention

Social workers do extend their services for the wellbeing of the people especially to those who belongs to vulnerable group. The intervention of social workers in the field of domestic violence against women could be Crisis Intervention, Counselling, Safety and Protection of the Victims, Psychotherapy, Psycho-education, Advocacy/Linkage with the Community Resources, Community Education.

Crisis Intervention: The victims of sexually psychologically and physical abuse like beating or raped victims need immediate attention and care. So, the social workers can facilitate them with the immediate treatment procedure so that they can come out from such a horror situation quickly.

Counselling: The social worker can build a good rapport with the family members and can have counselling sessions with them for greater good. It

is observed during conversation with the women victims that they are in need of counselling and for some psychiatry treatment. If regular counselling is done, a better result could be expected.

Psycho-social-education: Psycho-Social education can be provided to the victims to make them understand about the cruelty of domestic violence. Social workers can organise different programmes associated with the psychological aspects of the victims of domestic violence.

Role of Advocacy: The social workers can play an advocacy role on behalf of women victims. Social workers can advocate for their rights. Moreover, advocacy can be done to provide comprehensive services to protect the victims such as shelters, legal services, medical services, etc.

Community Awareness: The social workers can organize awareness programmes in the community for spreading wide education, awareness on domestic violence and also aware the people about different available socio-legal measures for domestic violence e.g. like-Ujjawala for girls trafficking, Swadhargreh for shelter, One Stop Centre, Beti Bacho Beti Padhao etc. The campaign will also help the community to become aware of the dangers of domestic violence and report the cases of such (wife battering, rape, etc) for enforcing law agents as early as possible.

Conclusion

Domestic violence has become a curse to the society. People of the society have to be more sensible towards women. Issues that are influencing domestic violence have to be dealt with carefully keeping relationship at the focal point. The findings of the study revealed that Muslim women are affected mostly and polygamy has been identified as one of the cause. There by it is understood that laxity in the marriage system gives easy provision to divorce making Muslim women vulnerable to many issues, broadly like domestic violence that needs to be re looked again on urgent basis so as to improve women's status, offering a quality life to them.

Recommendations:

On the basis of the above findings and discussions, the following measures are recommended to eradicate the incidence of violence against women.

1. Most of the women victims of Dakshin Mohanpur GP are illiterate and economically disadvantaged. The legal aid and advice should be made easily accessible.
2. Education can broaden the outlook of women and make aware of their right. Vocational education as a means of earning should be

encouraged so that they become capable enough to fight the crisis situation.

3. Parents of the girl child especially need to be counselled for not offering their daughters marriage at an early age rather to facilitate the girl child with education.
4. To improve the status of women, the growth of women's organisation should be encouraged.
5. A massive awareness campaign involving the community, religious leaders, women's organisation and NGO's at all levels is necessary to combat domestic violence.

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The Situation of the Elderly in Old Age Home – India and Bangladesh

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ABSTRACT

Nowadays ageing population is one of the biggest problems worldwide. Due to Urbanization and Industrialization, the family members are going outside even in abroad for better jobs. Due to urbanization, the modern technology affects the joint family structure. It is not only affecting the joint family structure, but it also affects their knitted interpersonal relationships of family. So the family institutions are breaking down into nuclear families. Thus elderly people are left at home without support such as lack of proper food, lack of proper shelter, lack of family care, etc. or elderly people are not being looked after properly. They are forced to stay at old age home. This leads to elderly people suffer from psycho-social problems at the old age home such as financial problems, lack of emotional support, lack of family support, loneliness, low social status, low self-esteem, lack of social security, etc. Thus in this context, the researcher is attempting to understand the issues and problems of elderly in Old age home in India and Bangladesh referring to Kolkata and Dhaka respectively because ageing is becoming an emerging issues in these places.

Keywords: Elderly, problems of elderly, Old Age Home.

INTRODUCTION

According to United Nations, the world's population is expected to increase to 9.8 billion by 2050 from the current 73 billion. During the same period, the proportion of the elderly population is expected to increase from 10.4 percent to 21.7 percent. A person mainly passes five stages in his lifespan. The stages are infancy, childhood, adolescence, adulthood and old age. Old age starts after sixty years of age and ends in death. Old age is one of the vulnerable situations in a natural process of life .

Concept of aging

Ageing is a biological phenomenon and refers to a slow imperceptible, progressive degenerative process advancing with chronological age, leading

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to increased functional and vulnerability, ultimately culminating an extinction of life. Ageing is the process of becoming older. People aged 60 years or above are considered as elderly in most gerontological literature. Biological theories of ageing, life span can be divided according to stages of human development, clearly marked by physiological changes and growth. These are:

- Childhood, preadolescence, adolescence(teenager):0-19 years
- Early childhood:20-39 years
- Middle adulthood:40 – 59 years
- Late adulthood:60+ years
- Young old 65 to 74, middle old 75 to 84 and oldest old 85 and above.

Changes in society and the ageing of individuals are the realities which react to the varying condition of living beings. Changing age structure, its potential and problems cumulatively increase as the social change proceeds. On these entire situations, the individuals' capacity or ability is a crucial factor in the dynamic sense of his / her existence. Health or the physical and mental capacities of human beings are primarily the governing factors in the normal functioning of the individuals and the society. The changes in the age structure many a time directly influence both mental and physical functions of human beings in the society. Ageing of population is a by product of social reality which is called the demographic transition. The elderly people face problems of disability and financial constraints with inadequate pension and retirement funds. The elderly in urban areas are the most vulnerable, especially poor women (Rajan et al., 2005). Because of the changing trend of population aging in India, the elderly face a number of problems which range from absence of ensure and sufficient income to support themselves and their dependents, ill health, absence of social insecurity, loss of a social role and recognition the non –availability of opportunities for creative use of free time.

Concept of Elderly in India

The elderly population in India is continuously increasing in India, Older persons occupy an important place in society in earlier time. They were invariably heading the family and also occupying a place of in the community. But nowadays the social situation has undergone a radical change due to the process of industrialization with other social changes which breaks down the joint family into nuclear family system. This is directly affecting the situation of elderly persons. In India, the cultural

values emphasize that the elderly person of the family be treated with honour and respect. But now a days, the situation is completely changed that lead to elderly persons face various problems like lack of care, emotional support and economic support from the family, etc.

According to population census 2011, there are nearly 104 million elderly persons in India; 53 million females and 51 million males (Central Statistical organization New Delhi 2016). According to the National Sample Survey Organization (NSSO) Report 2004, the sex ratio of the ageing population in rural areas is 985 females per 1000 males while in urban India, it is 1046 female per 1000 males. The 2001 census reported that 75% of the elderly live in rural areas of which 48.2% are women 55% of women are widows. The dependency ratio is 12.5 in rural India and 10.3 in urban India, of the rural elderly 67% are dependent on others. It is estimated that 6.7% citizen are confined to bed or home. According to the demographic profile, the overall population of India will grow by 40% between 2006 and 2050 whereas the population of people aged 60 years and above will increase by 70%. India's old population has been estimated around 80,38,718 out of which 20,22,345 live in urban areas (census 2001). According to the NSS, 63% of the elderly in India were found to be illiterate. This is likely to have bearing on their activities. The current ageing scenario there is a need to enhance all aspects of care for the oldest old-socio-economic, financial health and shelter. Problems faced in any of these areas have an impact on the overall quality of life.

Concept of Elderly in Bangladesh

Bangladesh is the eight largest and one of the most densely populated countries (164, 320,556 in 2017; 1266 per km², based on the latest United Nations estimates) having 2.19% of the total world population is located in the northeastern part of south Asia. At present Bangladesh is in top twelve developing countries and no an exception from the global phenomenon of demographic ageing. Population and housing census 2011, Bangladesh Bureau of Statistics demonstrated that 242477 males aged 60 and above (4.3% of older) were widowed, divorced or separated whereas for female 2651731 (52.5% of older) were widowed, divorced or separated, violence and discrimination against women is wide spread and a major threat in Bangladesh and still burning issues.

It is expected that the geriatric population will be 840 million in the developing countries by 2015. Here based on survey report of the Bangladesh Bureau of Statistics (BBS), is shown that the life expectancy

trend is increasing by 0.60% every year in 2017, the average life expectancy is 71.52 in Bangladesh whereas it was 67.7 years in 2010, 70.4 was in 2013. The number of aged population (60+population) is about 5% (7.3 Million) which will reach 7% (14.6 Million) of the total population by year 2025. Day by day aged people are increasing substantially and has both medical and sociological problem. The term aging refers to the process of becoming older. It is the end of the life stages. In Bangladesh people aged 60 and over are defined as the elderly citizen. It is reported that ageing is one of the emerging problems in Bangladesh which problem has been gradually increasing. Old population are often considered as various social and economic problems including the threat to national income, source of increasing dependency creator of generation gap in need of intensive geriatric care.

In traditional argue Bangladesh society has been composed of joint families. The old parents were used to live with their male offspring and depended on them in their needs. The older people were respected by all and enjoyed important social position in the extended household. But now-a-days traditional joint family have started into nuclear and small size families and at the same time the elder people's situation is changing enormously. Now-a-days family bonding is gradually breaking. However who are living with their offspring suffer from elderly abuse including family violence, verbal assault, isolation, threat, reduction of personal freedom, lack of supervision, good food etc. so most of the elderly are neglected and also having no security. Older people are excluded from the normal day to day activities of the society. This is also vulnerable situation in a natural process of life.

In Bangladesh most of the elderly live in absolute poverty (Barikdar et al., 2016) because most of the offspring don't support their old parents these children have forgotten that once these parents have lost everything in order to make them happy and good and due to these most of the elderly people are on the poverty line. Previously the society of Bangladesh took care of the elderly, but now the situation is become changed due to change of social, psychological and economic stand point. Social, economic and political view point elderly population is now growing rapidly and it's big concern for Bangladesh. Many of them are found in construction Sector, agricultural work, rickshaw pulling and many in hazardous or risky works for survival. Some also found begging in different places. Hence the most vulnerable and acute situation belongs to ageing female in Bangladesh. Widowed women have no security are dependent, face worse socio-

economic condition. And also now-a-days there is increase in divorce rate in Bangladesh. In Bangladesh observed that widowhood in old age means the loss, reorganization and acquisition of social roles especially for women. Most of the poor old widows have a miserable life. They have to live their life on the mercy of the brothers, sons – daughter and in-laws, old widows suffer not only from economic poverty but also from physical and psychological isolation, insecurity, incapability and deprivation of resources law self-esteem and negligence. Bangladesh has a long tradition of looking after the elderly by offspring or family. But rapid socio-economic transformations, changing social values have broken down the traditional extended family system.

Age discrimination creates social, physical, economic insecurity and neglect to the elderly population. They are considered as burden and unemployable in family and society. In Bangladesh elderly are treated as an important advisor in the family as well as community also but now this situation is changing for family set up and social changes. An old person may gradually fail to develop and maintain social relationship with friends and relatives. The younger groups do not feel the need to bring old people in social gathering. Other factors that influence the reaction time of the older people are motivation, depression and anxiety response strategies. Empathetic attitude and behaviour of the family member can reduce these psychological problems. The issue needs careful investigation of the magnitude and their reflection by socio-economic cohorts of elderly. The elderly of Bangladesh are generally taken care of by family and society. Due to the process of globalization this tradition support system is weakening day by day. A clear trajectory is needed to face the future support burden of the elderly. Most of the elderly people in Bangladesh suffer from some basic human problems, such as poor financial support multiple health problems and also absence of proper health and medicine facilities, exclusion and negligence and socio-economic insecurity and also the lack of familial support.

Constitution of the Bangladesh mentioned the rights of elderly people. In the constitution part II section 15 entitled “provision of Basic necessities” described social security of the elderly people as the “provision of the basic necessities of life including food, clothing, shelter, education and medical care, and the right social security. Recently the parent care act 2013 of Bangladesh tried to ensure that the children have to take necessary steps to look after parents for three years and provide them with maintenance but it is not in fully functioning yet. Dependence is closely associated with old

age. Now a days many people assume that elderly people will become a burden upon the family members. For many elderly people the worst aspects of economic dependence are in the violation of human rights, individual freedom and dignity. Dependence of ageing people is humiliating. Normal social attitude considers the old people as handicapped incapable of living their lives without sound support and totally dependent upon the assistance of family members. There is no National policy on Ageing in Bangladesh, there exists no specially designed government programme provisioning constitutionally declared services to the elderly persons. A draft of the National council was formed for drafting the ageing policy by the directorate of Social Welfare, Ministry of Social Welfare.

Many elderly welfare organizations work for elderly people at old age homes such as Probin Hitoishi Kendra, Probin Hitoishi Sangha, Bangladesh, Association for the aged and institute of geriatric medicine (BAAIGM), Retired Officers Welfare Association (Dhaka), Retired Police Officers Welfare Association (Dhaka), Service Centre for elderly people (Rajshahi), elderly Development initiative (Manickgonj), Senakalyan Sangstha, etc. Elderly living in old age homes, reasons for staying in home and satisfactions etc. Almost all came from better of families, 47% male and 53% female 68% of men and 36% of women were retired mid and high level officials. Reasons for coming to elderly home were a problem with children (63%), (9%) children living in abroad (5%) no one to take care of them at home (67%) burden on the family (15%) properties occupied by others (27%), children or relatives visit them often (Rahman,2017). There are initiatives taken by government and NGOs and social organization for elderly but it is not enough to cover the whole elderly population of Bangladesh.

Due to recent socio-economic changes, the traditional support to the elderly people is gradually changing its character. Because of lack of adequate family support or a formal social support system, elderly people are, now, forced or seeking alternative shelter, financial and health care support from Old Age home. But at old age home, elderly people face many psycho-social problems both in India and Bangladesh. In this context, the researcher is trying to look into the issues and problems encountered by elderly people in Old Age home of both in India and Bangladesh.

Aim of the Study: To study and compare the problems of elderly people at the old age home in India –Bangladesh. The study is also aimed to examine the various socio-demographic factors, economic factors, living conditions influencing the quality of life of elderly in old age home.

Research methodology: In order to obtain the systematic description of living conditions, problems among the elderly people who live in old age home in India and Bangladesh, a comparative research design was be adopted.

Study area : The study area was Kolkata city, West Bengal, India and Dhaka city, capital of Bangladesh. The selected old age homes in Dhaka are Bayashko Punarbasan Kendra old age home (Bangladesh), BAAIGM'S old age home(Bangladesh) and the selected ones in Kolkata, All Bengal Woman Union Old Home(Kolkata Centre), Kalyan Ashram Old Age Home (Kolkata South), Shantineer Old Age Home(Kolkata North) is taken as a basis of purposive technique.

All aged person above 60 years living in old age home under the study area were considered for the study. Five old age homes are chosen as case purposively.

Findings of the study: Bayashko Punarbasan Kendra old age home, Gazipur (Bangladesh)

Case Study – 1

Farida Begum (name changed) is a 72 year old illiterate female and by religion she is a sunni muslim. She was married at a very early age but her husband died at 52 years of age. He was a rickshaw puller by profession. She had four children – 3 sons and a daughter. But daughter died at 3 years of age and her younger son died at 4 months. So, now she has two sons, aged 45 and 43 respectively. The elder son is a bus conductor and the younger son is a manager of CNG Auto. Both of them have families. The elder son has four sons and two daughters while the younger son has a son and a daughter.

When her husband died, she was really in deep trouble. Her husband was a rickshaw puller by profession but more than that, he was a gambler who had wasted whatever he had earned. Naturally, after his death, Farida was penniless from her husband side with two sons. Still she began to work as a maid servant to bring up her two sons, living in a rented house in Dhaka city. But the elder son has also become a gambler and could not bear to look after either his own family or his mother. The younger son also is economically too weak to look after his mother. Farida is also suffering from a number of diseases like diabetes, high pressure and arthritis and she does not have the economic ability to afford the treatment of these diseases. Under the circumstances she had decided to go to an old age home and she had selected the gazipur old age home because it is free of cost. So here she

can avail herself of free of cost living, food and general treatment which has become so necessary for her to survive. So, since January 2018, she has been a resident in Gazipur old age home, sharing a room with nine other inmates.

The facilities that Farida received here are multiple. Medicine, clothes, bedding materials and other necessities are received by her without any charges at this old age home. This naturally benefits her a lot though it must be admitted that apart from these facilities there are some problems as well. On one side, she doesn't have to think about the regular cost of life. But on the other hand she has problems. The authority provides regular generalize treatment with general practitioner but Farida suffer from such diseases which required specialized treatment some times. However it is not possible for the old age home authority to provide specialized treatment for all the inmates. Farida herself also is unable to arrange such treatment for her without any monetary support systems. The authority here also cannot provide any professional care givers and it is difficult for a patient of arthritis like Farida with much restriction on her movements to perform the domestic duty by herself, as is the rule in this old age home. She also has to share one washroom with nine other inmates which sometimes becomes a problem for a diabetic patient like her. The old age home authority here allows her to go to her home only twice a year and her family member also cannot meet her regularly. The use of mobile phone is also strictly prohibited in this old age home. So she has very little communication with her family members and this produces a senses of deep loneliness and depression in her mind. This also makes her aloof in her communication with the other inmates with whom she has a cordial relation but cannot mix with them intimately. Thus Farida stays in the old age home with some facilities and some problems, since she has no other alternative but to adjust to the life in this old age home.

Farida is completely in the dark about the Bangladesh government facilities for the senior citizens and the old age home authority also doesn't provide any information to her. But Farida was admitted that a government help would have been immensely beneficial to herself since she is literally penniless.

Thus with all these ultimately she is spending a life of both satisfaction and dissatisfaction and she will have to go on doing so because that it is the only option left to her.

Bayashko Punarbasan Kendra old age home, Gazipur (Bangladesh)

Case Study – 2

Mr. Kader Islam (name changed) aged 68 is a Sunni Muslim who lives in gazipur. After passing H.S. exam, he worked in the air force, first in Pakistan and then in Bangladesh up to his retirement. His wife, aged 50 is a house wife and they have four daughters all of whom are married.

After retiring from his job, Kaders financial condition was not well enough to sustain the education of his four daughters. However, with the help of a friend, he got a job at a private company with a salary of Rs.12000/- per month and that eased the financial crisis. However, at this time, he committed a blunder at his wife's advice by transforming his total bank deposit of Rs.19 lakhs in the names of his wife and four daughters. But from this time his wife began to suspect him for an illicit relationship with a women and he became the victim of severe mental and physical torture. She even went to the extent of trying to kill him with a chopper. Kader was helpless because there was no law for male torture. Even his pension was taken way by his wife by falsely showing him as dead. Poor Kader became literally penniless and was in danger of even losing his life. So to save himself from his wife, he left his home and went to gazipur old age home where he can spend his life without any expanses. Since 2017 he has been living in this old age home and is sharing a room with 11 other inmates there.

The general facilities that Kader receive here seem to be adequate to him because he his penniless and just getting food and shelter without any expanses is a blessing to him. Moreover even at 68, Kader is quite free from any disease and so the general medical systems existing in the old age home is quite enough for him. But that doesn't mean that his existence here is problem free. First of all what strikes him most is he quality of food here. Being a retired worker of air force Kader naturally maintained a certain standard of life. So the low quality food of the old age home really makes him suffer though he is forced to accept it. He is a literate man while most of the inmates of the Gazipur old age home are illiterate. So Kader faces problem in adjusting himself to the life style of the other inmates and their manners. Another big problem is that he has to share one bathroom with 11 other inmates and he strongly dislikes the everyday fights for bathroom space among the inmates. Kader also think that there should be an arrangement of specialized treatment at the old age home because the general medical facilities are not up to the mark and it does little to control the increase of disease or proper treatment among the inmates.

But the biggest disappointment of Kader is his total separations from his family without the possibility of any contact in future because he is already declare dead by his family. The life of a penniless person makes him suffer hugely and he can do nothing of his own simply due to his lack of money. Sometimes he wishes to reveal the truth, legally and socially but then steps back, not willing to put his family danger. None from his daughters come to visit him and the question does not arise in case of his wife. All these compel him to accept this life of total dependence on the old age home but at the same time it also drives him into serious depression and loneliness as he finds no way out of this life.

Kader being an air force employee carrier is very much aware of the government scheme for elderly people, but as he was a pension holder for six years, he is not eligible for them. But his financial condition is so poor now, that some financial assistance from government scheme would have helped him gently.

In tragedy of Kedar's life is unique in the sense that a living man is force to live such a life by falsely being declared as dead and there is very little scope for him to return to normal life. Perhaps he has nothing but to accept this life of loneliness and depression for the rest of his days.

BAAIGM's old age home Agargaon (Bangladesh)

Case Study- 3

This is the case study of Salina Begum (name changed), aged 60 has religion Islam (sunni). She studied up to SSC and has been married for 41 years to Md. Aminul Islam Khan, aged 70+, passed SSC and by profession a retired service holder in a public sector farm. Salina is a house wife by profession. Her husband has four sisters and three brothers. The two elder brothers have died and they are survived by one son and one daughter, Salina has two sons and two daughters. The elder son is 39 years old. His educational qualification is diploma in commerce and he is a businessman by profession. His wife is a house wife and he has a son reading in class VIII. He lives in a rented house in Dhaka. The younger son is 34 years old. He is an English (H) graduate from Pune University in India and is now working in a private farm. He is unmarried and lives with his elder brother. The elder daughter is 38 years old. She is a house wife and has passed SSC. Her husband is a businessman and they have three sons. They live in a rented house in Dhaka. The younger daughter is 36 years old. She is a master in laws but now she is a house wife and her husband is a lawyer

(service) by profession. They have a son and they live in a rented house in Dhaka.

The conjugal life of Salina is extremely bitter and unhappy. From the very first period she was not only tortured physically and mentally but also was severely harassed sexually by her husband. At one time her husband demanded divorce from her but she never agreed. So the physical and mental torture increased so much that she became sick. Her husband received no sexual pleasure from her. So he became restless for a second marriage. Salina thought that her husband might go for the second marriage but she wanted the second wife to be barren so that her own children might receive their father's affection. Her husband did not pay regularly for their Children's education. Salina paid for their education by sewing. At this time her husband demanded for a 'talaq' but Salina disagreed, though she wrote on a white sheet of paper allowing her husband for a second marriage. The lady who married salina's husband was a mother of two sons from her first marriage. She divorced her first husband and married Salina's husband. But this did not solve the problem. Salina's husband, after the second marriage increased his torture on Salina so much that she became ill again and her womb was damaged. So her sons and daughters kept her in a separate house and her husband lived in another house with his second wife. After some time Salina returns to her own home. Her husband did not give any money to her. He came once and twice to home and gave Rs. 2000/- to his elder son for their daily necessity. He even did not pay anything to Salina when he received a lump sum amount of Rs. 5 lakhs after his retirement. He kept everything for his second wife. He still continued to torture Salina. So her sons and daughter again kept her to a separate house but in spite of repeated torture Salina did not agree for a 'talaq'. When the physical and mental torture by Salina husband on her became severe and her two sons disagreed to look after her, home was not safe at all for her because her husband torture her too much. In this condition her two daughters decided to send her to an old age home when she can at least live safely without any torture. But it has also become a problem for her daughters because the old age home is expensive and the daughters are completely dependent on the husband financially. Their husband also are most unwilling to spend so much on their mother-in-law and the daughters also had to face torture from their husband to get the money for keeping their mother at the old age home, so in 2016 she was brought to an old age home by her daughters.

Salina lives in a single room in the old age home but she does not eat the general food cooked there, she cooks her food on her own. She has a room

rent of 4000/- per month, 1,500/- per month for maid servants for medicine purpose her expense is Rs. 4000/- per month and Rs. 6000/- for food, for visit to the doctor the cost is Rs. 2000/- per month. So approximately the monthly expense is Rs. 18000/- per month. She also has to arrange her daily necessities at her own expense. This expense of her is mainly borne by her elder daughter and sometimes her younger daughter also shares some expense. Salina and her daughters are in deep facing a serious problem to meet up her expanses in the old age home. The monthly expenditure is at about 18000/- Rs per month. Her husband does not give any money to her and her sons also don't take any responsibility of their mother. She does not have any money of her won. Her daughters are covering it up though the majority of the expanses have to be borne by the elder daughter as the young daughter does not have the means to pay regularly. The elder daughter also has to face domestic violence to pay for her mother as her husband is most unwilling to do so. The old age home authority does not share any financial benefit and everything has to be paid by the old age home residents themselves. So Salina has to pay all her expenses by herself and that becomes a huge problem for her, so much so that her daughters consider taking her away from the old age home. The office record revealed that the rental become due month after month and repeated reminders have been sent on behalf of the authority to her elder daughter. She has tried her best to pay in parts but still she could not meet up all the dues because her husband is also not supporting her. Still they could not take her away because she has no other place to live in.

According to Salina there are problems in the old age home itself first of all, the security system is non-existent. The security guard is at ground floor and cannot be contacted when necessary. Due to lack of it her husband often comes there in drunken condition and tortures her. In spite of repeated complains, the old age home administration does not take any step to stop it neither do they strengthen security system to protect the residence. According to Salina problems with next room resident is regular because she steals her food and this even leads to serious fight between them which some time becomes so serious that it may even lead to life risk. Even in this, the administration does not take any worth with step. As there is no guest room in the old age home, when Salina was ill her elder daughter wanted to stay there to look after her mother but could not stay there. She does not have the financial backing to engage and attendant from outside. She faced serious problems during this period. Medical and geriatric problem also exists in this old age home. A big problem is the total absence of any professional care givers. Salina needs it very much because her

mental stability level is not really normal. She can't keep attendants but that expense also will have to be borne by her. In her financial instability it is an impossible situation for her to keep an attendant on her own. There is a psychological counsellor here but she has been appointed for just about a few months and she still cannot find time to meet Salina and come to know about her problems. There is no group counselling system here and that also prevents to stop these regular problems among the residents. No arrangements of group tours or other ways of mental relaxation is arranged here. So if the authority would really look into this matter and try to solve these problems seriously then the residents could enjoy a much better life in this old age home.

However there are some facilities provided by the old age home authority. 24 hours electricity and water supply are given to the residents free of cost. There is a geriatric hospital inside the premises where they receive medical treatment without any expense, and in emergency they can also be admitted here and receive cost free treatment, regular ambulance facility free of cost is also provided by the authority. Salina herself has been admitted here for the treatment of her sugar problems because she could not be treated outside. And annual picnic is arranged here and side by side some important days are observed like mother's day international women's day, International senior citizen day 1st baishak, Eid, kurbanī Eid etc, there are some of the facilities provided by the old age home authority. They have a library here where the inmates can study newspaper and books.

Salina is suffering from blood sugar, high pressure and thyroid and she has to take insulin regularly. Her mental stability has also suffered a lot. Due to high sugar she often is attacked by urine infection and is often admitted at the hospital inside the campus.

Her daily life consists of her namaz, cooking her food and viewing television and listening to music. She views television late at night almost every day.

Salina is totally ignorant of the government scheme or aids; even her elder daughter does not know anything about it. This government aid might be of the greatest help for her living in the old age home but even the old age home authority does not help in any way regarding the government scheme.

Though Salina is forced to stay at the old age home, she feels sad but her daughters have to bear the expanses facing torture from their husband. She also desires to live in her own home but this is quite impossible because of her husband. So she tries to adjust herself to the life in the old age home.

Naturally it becomes bitter experience for her to stay here. The old age home authority gives no assistance to her in this regards. But Salina always feels that being in a paid old age home, it does not always provide up to the mark facilities. But she has to stay here under neglect and the sense of ignorance from the staff because the behaviour of the staff is not always good and in case of due payment she is often verbally insulted by the authority. So she stays in the old age home rather unwillingly because she does not enjoy her stay here at all but she has no other alternative for her.

This case study on Salina has to be based in a major way on the version of what Salina give about her life before entering the old age home, as well as her present life there. Also her elder daughter provided with some important information otherwise, no one else of her family can be contact, since she has almost no contact with them, which is a usual custom in old age home. Some information is provided by the old age home authority and Salinas next door residence Nadira. So in this way this case study has been arranged to provide proper study of Salinas's life.

All Bengal Women Union Old Home (Kolkata Central)

Case Study- 1

Aruna Dey (name changed), aged 79 and by religion Hindu is a house wife. She is completely illiterate. She was married many years ago and her husband was a small business man. Being a house wife she had led a life of completely dependence. And somehow she had managed to run the family within her husband's limited income. She has a son and a daughter. The son is doing a small job at present and his daughter now married, is a house wife. Her husband died a few years ago. Before that they used to live in a joint family.

After the death of her husband Aruna Dey into a deep crisis. She was in a very poor financial condition and had no house or shelter of her own. Her son and daughter were also not financially warning to look after their mother. So having no shelter of her own and without any money of her own, she decided to come to the old age home run by all Bengal women's union. It is completely free of cost and here she gets shelter completely free.

There are several facilities available in the old age home. Living and fooding is completely free of cost here along with free medical check-up, free medicine etc. According to government scheme, she and the other inmates manufacture quite a few lands work which are sold and

the money is earmarked for the people. The authority conducts one tour every year outside Kolkata and this is also free of cost.

However there are some problems as well here. The authority provides free of cost medicine and medical check up but this has become quite a burden for the authority because they don't receive governments grants. Naturally this becomes a serious problem for Aruna who suffers from hyper tension.

In fact Aruna knows nothing about government scheme for elderly windows and so she has no money at her hand for any emergency purpose. A big problem at the old age home is that for 14 inmates in the old age home, there is only one bathroom for use. This is a major problem for Aruna and others. During leisure time Aruna has to do some house hold work like washing clothes or distributing food for alternatively for the inmates. She also takes active part in preparing things which are put on safe. She also offers daily pujas to the old age home. This is how she spends her leisure time. But she also misses her family a lot because her children keep no contact her in the old age home. So there is a touch of loneliness. She wants to meet her family again.

Kalyan Ashram Old Age Home (Kolkata South) help Age India

Case Study-2

Sarbani Banerjee (name changed) aged 69 by religion Hindu, resident of resident of Dooars in north Bengal. Both her father and in laws house are in the same district. She had passed HS. But then she got married. Her husband worked in a non-government organization and had also a business side by side. She has a daughter who is married. She is a graduate and a house wife. At present she lives in kudghat.

Her husband died in 2008. After her husband's death she had sold her husband's property with the help of his brother and deposited the entire money in a bank. As her daughter is married according to tradition she was unwilling to stay in her daughter's house. So she had willingly to live independently in an old age home. Accordingly, she came to the Kolkata kalyan Ashram old age home under help age India.

She took admission in this old age home in 2008 and during admission she had to deposit an amount of Rs. 25,000/-. It was accepted only for the purpose of medical emergency which is also refundable. She enjoys several facilities here. She shares a four bed room with attached bathroom; there

are several facilities here like 24 hours electricity and water, a free physiotherapy centre which is particularly beneficial to her because she is a regular patient of arthritis; a temple for offering puja and a free medical checkup facility once in a month. All these are completely free of cost. A help is arranged every year for the inmates of this old age home in India or in any other part. There is a house maid for cleaning the room regularly. But she washes her own clothes. But if the amount of clothes becomes much she uses the washing machine.

The main problem that has Mrs. Banergee suffered is the lack of specialized treatment for her arthritis. She had been suffering from this disease since 1982 and now it has become a chronic problem for her out the old age home provides only a general medical checkup once in a month, which is not sufficient for her because she needs specialized treatment so for pathological tests and specialized checkups, she has to go outside at her own cost. There is no lift in the old age home and it is a big problem for her to come out on go inside by using the stairs. These are the problems found by her.

Arthritis has severely impaired her movements. She used to read books regularly earlier but now she has problems holding books properly and so she spend her time by chatting with her close inmates on watching television or offering puja. She used to work in the physiotherapy centre in the old age home but for the last two years she was unavailable to do so because of her arthritis. This is how she spends her time in the old age home.

She is quite aware of the government scheme for the elderly but cannot enjoy any of them because nobody helps her to do so. So, she cannot take any advantage. She quite enjoys her life at the old age home. She has formed a very good bonding with one of her roommates and together they enjoy traveling, seeing movies and other things sometimes. She also goes to her daughter house and meets them. Though the daughter doesn't come to visit her. Thus her experience is quite good though for the last two years her arthritis is troubling her much.

Shantineer Old Age Home (Baranagar Kolkata North),

Case Study- 3

Nemai Charan Dutta (name changed) male, aged around 83 and by religion Hindu, by education graduate was a businessman by profession. He was married and his wife is still alive, and they have been married for 65 years. He has three sons, all of whom are business man by profession in

Hyderabad and they are settled there. All of them are married and they live with their family in Hyderabad along with their mother.

Nemai Charan Dutta also used to live with his sons along with his wife but he had a serious altercation with his eldest daughter-in-law who demanded that all his property might be transferred to her name. But Mr. Dutta disagreed to do so and that resulted to a total discord among them. She bluntly told him to go away on the ground that they could not bear with his life style. This prompted Mr. Dutta to leave his sons house and begin an independent life.

Economically he was self sufficient and so there was no problem for he and his wife to live separately. But he could not convince his wife who insisted on living with her sons in Hyderabad. So Mr. Dutta had no other alternative but to come to the old age home to lead a free life of his own. Being a resident of Baranagar Kolkata for a long time, he selected the old age home close by to like there. He has no regrets for his wife because according to him he was very little understanding with his wife during his 65 years old conjugal life. For these things he came to the old age home to live her.

Mr. Dutta lives in this old age home since 2017. He lives in a two bed sharing room with attach bath with 24 hours electricity and water facilities. At the time of joining the old age home he had to submit deposit money of 3.50 lakhs which is refundable and the monthly rent is Rs. 7,500/-. Apart from fooding and accommodation charge, it also covers free medical, general check up once a month and the cost of maid servants for daily works. 24 hours monitoring is provided by the authority to look after the inmates and the security systems for the safety of the inmates. These are the facilities available in the old age home.

There are several problems that Mr. Dutta faces at the old age home. The food quality is not really up to the mark but he has to adjust to this food with no other quality available. There is a medical check-up once a month but that is also not to the desired level because there is no arrangement for specialized treatment. There is a call on ambulance facility but the expenses have to be borne by the residents. There is no provision of library facility or any other entertainment provision and there is also no arrangement for tours outside. No provision is there for professional caregivers though Mr. Dutta feels the necessity of it. He thinks that in respect of the monthly rent, the facilities are below 40% in respect to the money given by the inmates. These are the problems he is facing in the old age home.

Mr. Dutta lives in the old age home, trying to adjust to the pattern of life here. He has not much of an adjustment with his roommate and doesn't communicate with him very much. Infact it pains him that in spite of having his wife he can't live with her and he cannot even communicate with his family of sons who are not very keen to live with him or to take him back to the family. So he lives a rather depressed and lonely life though he tries to adjust with almost everybody and everything here. He is very annoyed that never does he get a chance to express his own grievances and is always forced to live on his own. This is Mr. Dutta experience in living in the old age home.

Mr. Dutta doesn't have any illness except eye side problems, for the last two years and he is receiving the treatment from an eyes specialist. He also loves reading book and viewing television programs but cannot do anything because of his eye problem. So he spends his times more or less in taking rest. He is not much aware of government policy for the elderly and is less interested about them.

DISCUSSION

The old age home concept in India and Bangladesh has been nurtured for quite some time though it must be admitted that in the last few years it is being prominent and it is going to gain more and more importance in future. It can be easily observed that more and more elderly people are taking shelter in old age homes, both in India and Bangladesh, to spend the last phase of their life. If we take into account the reasons which make them choose old age homes as their residence, many different and varied reason will come out as the possible factors that make them go for this choice. Every elderly person wishes to spend their time in old age in a family atmosphere. But in today's world it is not always so, with the breaking of the joint family system and the arrival of nuclear families. They are usually neglected, tortured both physically and mentally and suffer total neglect from the family and no place is allotted to them in modern nuclear family. In many cases, particularly for the female elderly, the situation becomes vulnerable as they get tortured either by their husband or when they become widow from their children and have absolutely no financial, emotional or social support for them. The male elderly also, sometime suffer in hands of wife and children. So, with very little support available to them and suffering total neglect and humiliation from family members, they turn to old age homes for being safe from family sufferings and getting food and shelter and required peaceful life. Rahaman (2012) has emphasized on the social isolation and loneliness as the major factor for which the elderly are coming

to the old age home from both sexes to lead a life of some self –respect and peace. Yadav (2014) found another pertinent reason that in some cases the elderly people don't wish to live with their married daughter, and living in the old age home is a far more better option for them. The study found that a self-honoured life in an old age home is more acceptable to many elderly than living with the family in an unwanted situation and they considered residing in an old age home with security and respectability as the best solution for them in their old age. The study also found that the residents as the old age homes have shown general satisfaction about the services they received but there are some questions regarding institutional services like medical facilities, particularly lack of specialized treatment, a lack of adequate number of bathrooms, excessive amount of room rent and the quality of food served them. Of course the key informants have mentioned that the rent money is reasonable and the facilities are also quite adequate. The study findings have also highlighted that though there are government scheme for the benefit of the elderly but most of them are not even aware of them and are getting no benefit at all of the government scheme. It must be said that in spite of several facilities and institutional care in general, in India and Bangladesh is not up to mark and there is a vast scope for improvement. So the study clearly points out that living in an old age home is definitely not similar to live in family atmosphere but it is definitely the best alternative solution for elderly welfare in the absence of family care.

CONCLUSION

The increase of elderly population has become an important concern and a serious issue in both India and Bangladesh. Due to the changes in family frame work and traditional values, the elderly are becoming more and more vulnerable in terms of living arrangement, health care and living with honour and dignity. Security and peace is essential for them and when he family life cannot supply these necessities they are turning more and more to the old age home. No doubt it is providing them an alternative mode of life, though as it has already being pointed out, there is still scope for improvement. The study brings out all these concepts and the following recommendation are suggested for ensuring elderly welfare.

i. **Introducing specialized medical care services :**

Specialized treatment facilities must be introduced to the old age home services as this has been a prominent demand of the respondents, since most of the elderly people suffer from serious diseases which need

specialized treatment. They don't have any health policy and the government should come forward to introduce health policies for them.

ii. **Introducing adequate government scheme :**

As the existing government scheme for the elderly are not at all adequate and most of the elderly are not aware of it, the government should introduce adequate financial benefits for the elderly and should take steps to make them aware of it. They should establish more old age homes and try to setup such homes in as many districts as possible which can really benefit the elderly population of both the countries.

iii. **Introducing better institutional care :**

The institutional care services in the old age homes is not up to the mark and more professional care giving services must be introduced in the old age homes. Maintaining the family atmosphere is also very important for their mental health. The family, the NGO's and mass awareness is very necessary for the overall benefits of the elderly people who live in old age home.

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The Paradoxical Problem of Child Marriage in India

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ABSTRACT

Marriage in India is always celebrated with great pomp and splendour in the life of every adult, but there are no such valid reasons for celebration in child marriage. Such marriages are rampant and spread across India. Girls are regarded as liabilities and therefore parents believe them in getting them married at an early age. The major reasons are poverty, backwardness and illiteracy. These conditions deprive the young girls from participating in activities related to childhood. Once married, they are encumbered to perform different chores having little or no knowledge of it. Lack of education takes away their future opportunities of proper employment and overall development. This paper is written with an objective to develop an understanding of the legalities surrounding child marriage and to gain insights on the determinants and consequences of child marriage.

Keywords: Child Marriage, Early Marriage, Legal Measures, Child Abuse

INTRODUCTION

The institution of marriage is a solemn occasion of immense joy and celebration particularly in the Indian society. It is also one of the most important events that encumbers upon almost every social and economic obligation, kinship bonds and traditional norms and values. However, child marriage in the country is still prevalent even though the practice is considered to be against the law. Due to the complex web of socio-economic and cultural factors, poor implementation of laws, etc., child marriage takes place violating the human rights of the adolescent girls. The reasons cited are poverty, no importance to female education, lack of knowledge regarding reproductive and child health, the inability to pay a higher dowry with increasing age, the fear to face society if the girl isn't married and most importantly, the desire to control her sexuality. Such reasons increase the prevalence of child marriage and thus perpetrate violence on the young bride which scars her for her whole life. The child bride becomes vulnerable to different forms of abuses suffering from severe

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bruises and damages since she has to bear the pain of giving birth to children at a very tender age when her body is not physically and mentally fit for motherhood.

The NHFS-4 (2015-2016) data of India reveals that 26.8% of women between the ages of 14-20 years were already victims of child marriage. Moreover 7.9% of women aged between 15-19 years have already attained motherhood or were pregnant when the survey was conducted. In India, child marriage is pervasive in various nooks and corners of the country, where the young girl is married off before she is physically and mentally matured to bear the various tasks of being a wife and a mother. Within the complex structure of societal traditions and customs, economic factors and the deeply rooted prejudices child marriage remains ingrained leaving behind physical and emotional scars for life. The paper based on secondary data tries to look into the hegemonic practice of child marriage in India, the legal provisions and the various determinants and consequences of child marriage.

THE HEGEMONIC PRACTICE OF CHILD MARRIAGE IN INDIA

Child marriage has been a trend in India for decades and centuries. As soon as girls enter into the institution of marriage, they are forced to become women even if they are too young. These young girls endure misery and most of its impact remains hidden.

The case of Rukhmabai was the first case in the 19th century that brought to light the fight against the evil practice of child marriage. Rukhmabai, the first lady doctor to practice medicine in India was herself a child bride who was married off by her mother under societal pressure when she was 11 years of age to a person named Dadaji Bhikaji, who was 19 years of age at that time. Hardly educated and unwilling to develop himself, her husband demanded his conjugal rights when he turned 20 years old which made him file a case in the court for demanding his marital rights over her. The case was compromised on the grounds of Rukhmabai's husband accepting an amount of two thousand rupees as compensation saving Rukhmabai from going to prison (Burton, 1998; Pal, 2016; Bahukhandi, 2017).

The second case was Phulmonee's death, an 11 year old child bride, forcefully married to a man of 35 years. She succumbed to death because of vaginal split by her husband Hari Maiti, who forced himself upon her and left her bleeding to death. According to the Hindu norms, it was accepted that once the child bride attains puberty, sexual intercourse with their wives is considered to be legal. It further stated that there will be penalty of

marital rape only if the child wife is under ten years of age. Hari Maiti therefore was exempted from the charge of rape but was held responsible for the death of Phulmonee unconsciously by a rash or casual act. It was because of Phulmonee's case, the government took the decision to increase the age of consent from 10 years to 12 years for marriage of girls (Sarkar, 2000).

The above two cases give an idea of how men exert control over women physically or psychologically through the institution of marriage they are always expected to offer their consent unconsciously or consciously to their subordination before male power is secured. Arnot(1982) states that women have accepted the patriarchal culture irrespective of the various forms of abuses making themselves subjugated by men throughout their lives. Men having authority frequently dominate women since they are considered inferior to them leading to harassment of the latter. It is a common sight for men to exercise hegemony over women by showing their strength in harassing women mentally, physically and sexually within the institution of marriage thereby making men stronger and women weaker. Thus, women all over the world suffer hegemony and harassment by men because they have accepted that men are the ones who achieve the best of everything and are masterful while women are the one who underachieves and defers. They are always encouraged to choose their inferior status freely and accept their exploitation as natural.

LEGAL PROVISIONS AGAINST CHILD MARRIAGE

The above two cases helped in increasing the age at marriage along with taking into serious consideration the concern of choice and consent within the institution of marriage which further led to discussions and legal formalities with regards to child marriage in the twentieth century.

The bill, known as the Sarda Bill, intended to prevent the solemnisation of child marriage was taken forward in the constituent assembly by Rao Haribilas Sarda on 20th September, 1929. According to the law, a fine of Rs 1000 along with imprisonment up to a month were made legally binding to the adults who were responsible for solemnizing marriages of below fourteen years of age. Moreover, if the groom was found to be below 21 years of age, he could be imprisoned too. However, there were instances where adults who conducted the marriage were of the opinion that married girls were over the legal age since there was no proper documentation in order to prove the actual age making such claims valid (Hatekar, Mathur &

Rege, 2007). Thus, such loopholes within the law continued to favour and perpetuate this evil in society.

The Prohibition of Child Marriage Act, 2006 substituted the Child Marriage Restraint Act, 1929. The shift from the Child Marriage Restraint Act reflects the stronger target of the country not only to restrain solemnization but prohibition of such marriage where the groom has not attained 21 years of age and the bride has not completed 18 years of age. The three purposes of the Act were “prevention of child marriages, protection of children involved and prosecution of offenders.” It prescribes punishment for the ones who solemnize or encourages such marriages. The punishment for a male has been fixed at imprisonment of up to two years or with a fine of one lakh rupee or both and demanding maintenance and habitation for the child bride until her remarriage. Due to limited knowledge regarding the implementation of the laws and the penalty associated with it, prohibition of child marriage is negligible that undermines the functioning of the Act.

Majority of the societies do not oppose child marriage, rather express their unwillingness to deal with the issue. Such case is of Bhanwari Devi hailing from Rajasthan who herself being a child bride campaigned against a child marriage and reported such incidents to the authorities. When she went to stop a marriage of a girl who was nine-months old, she was raped for opposing such a long standing custom. The moment she went public with her complaint, she was charged of lying. Moreover, the police did not take her case sincerely, and the government denied taking strict action against the culprits ignoring the different protests staged by the various groups of women. This case reflects how inactive laws are that safeguard to work for the elimination child marriage. Bhanwari’s case gives us an idea about the various challenges faced by the individuals and the organizations working towards eliminating child marriage in the country (Manchanda, 1996; Gupta, 2012; Murthy, 2013).

Even after the existence of a law that aims to restrain the evil practice of child marriage, it is still a reality in our country making the overall growth of the child crippled. Even today girls in the nooks and corners in the country are socialized to accept child marriage as the norm. Despite the existence of punitive measures society gives more importance in organizing and perpetuating the evil practice. In order to safeguard the interests of children, collective efforts should be taken to reduce child marriage by socially isolating the ones who practices it.

DETERMINANTS OF CHILD MARRIAGE

The major factors that perpetuate early marriages are traditions and customs, poverty, patriarchy, lack of education and the urge for protection of girls from unwanted sexual relationships outside marriage (Srinivasan et al., 2015; UNICEF, 2001). They are discussed in detail below.

Traditions and Customs

In India, majority of the societies regard customs and traditions in high esteem. The possession of traditional perspectives and viewpoints are also regarded as aspects that encourage child marriages. It is believed that early marriage would lead to improvements in the living conditions of young girls.

Kulkarni (1994) is of the opinion that parents who have more than one daughter wish that their daughters be married before the legal age in order to avoid the wedding expenses which proportionately rise with the rise in the girl's age; and also to reduce the fear of their daughters going astray. The occurrence of child marriage leads to different vulnerabilities for child brides which are mostly the outcome of the patriarchal notions such as social constructions of gender, decision making, traditional rituals that are mostly biased towards men in the society and certain superstitious beliefs making woman as a scapegoat. Society thus, prescribes child marriage as a necessity for girls rather than delaying for preserving their chastity (Santhya, Haberl and & Singh, 2006).

Despite the existence of various customs and traditions that encourage the continuation of the social evil, there are economic reasons associated with it too as the drivers of early marriage. Poverty of the families put pressure on them by sending their daughters to the marital family at the earliest since the rate of dowry increases once the girl gets older (Haberl and, Chong & Braken, 2004).

Poverty

The highest prevalence of child marriage is in South Asia (56%) where women between the ages of 20-49 years marry before the legal years of marriage, i.e. 18 years. Globally, one out of three child marriages takes place in India (UNICEF, 2007). According to the 2011 Census, there were roughly 12 million child marriages amongst the girls below 18 years of age and boys below 21 years of age in India.

Girl children are forced to become child brides since they come from poorer households. When resources and opportunities are limited and

societal risks becomes more acute, it forces parents to marry their daughters at the earliest putting them in a disadvantaged position. Lower levels of economic development and child marriage compounded with poverty have a close relation that ends in victimizing the young girls. However, the reasons parents consider to marry their daughters do not secure the lives of their daughters in their marital family. Majority of the families with limited resources feels that the best option to secure their daughters lives is through early marriage since there are no alternatives to child marriage by making them dependent on the husband and the marital family (Parsons et al, 2015; Lemmon, 2014; Pells, 2011; Mathur et al., 2003).

However, the reasons stated earlier do not alone perpetuate the social evil, be it poverty or traditional customs which are mostly the factors influenced by the decision making surrounding marriage. The most important factor is patriarchy which is deeply rooted in the society leading to complex realities resulting in continuation of child marriage.

Subjugation of Women

Child marriage takes place because of the established societal norms in the patriarchal structure which aims to perpetuate the custom. In India, child marriage is deeply rooted due to gender disparity, where young girls are discriminated on the basis of education, employment and sexuality.

Santhya and Jejeebhoy (2007) concur that due to rigid patriarchal structures, the young married women are subjugated by the male stratum of the family where they are particularly vulnerable and unable to exercise any choice in their marital homes. The married adolescents hardly interfere in decisions related to their lives, their mobility and interaction with outsiders. In a patriarchal society, the birth of a son is considered as a feeling of happiness but in case of the birth of a daughter, it is considered to be an occasion for mourning. It is due to the birth of a daughter, the position of a woman accordingly goes down in the society and the household. Majority of the married women are either beaten or ill-treated because of their inability to give birth to a son. Due to the supremacy of the patriarchal system, the lineage is figured along the male line where the property and name passes from the father to the sons and it is always the supervision of the father that is considered to be supreme within the family (Ghosh, 1991).

The role of a girl is limited to that of a daughter, wife and a mother where she is regarded as a possession of her father and husband which is basically the norm of a patriarchal society. Even after setting the legal marriageable age, child marriage takes place forcefully dropping out girls from school.

Lack of Education

Child marriage often means an abrupt end to the education of a girl. Most of the girls usually drop out of school before their marriage because parents find no benefits in educating their daughters as marriage seems to be the ultimate solace for them. Lack of socio-economic opportunities coupled with poverty, security of the girls etc., acts as a barrier in attaining education of the girl child.

According to UNICEF (2007), the phenomenon is highly related to girls being in school within 10-14 years of age. Girls who receive formal education beyond the primary level tend to marry late. Once married, girls are rarely permitted to continue their education. Educational attainment becomes a dream for those who marry early because these young girls leave their natal homes very early and try to cope with the different problems in their new marital life. Besides, knowing the fact that they need to be married off soon, leaves an impression on the parents that there is no point in educating them (Gorney, 2011).

The NHFS-4 (2015-2016) findings reveals that 30.8% of the girls between the age of 15-19 years in India have never been to school and were already married before the legal age during the time of survey while 21.09% attained education till primary level. 10.2% of girls who received secondary education were married too before 18 years of age. Due to the existing gender disparities, the literacy level of women is lesser than men. Young girls are found to continue their education until they reach the stage of menarche. Once they attain puberty, their names are withdrawn from the school because of the fear of misusing their virginity by outsiders resulting in unequal attainment of education for the girls in rural areas making them devoid of skills to have a livelihood of their own (Chakravarty, 1998).

After marriage, they usually have limited opportunities for acquisition of education and getting engaged in employment opportunities. The individuals in their marital homes are meant to make major decisions in terms of their lives, more so in case of education and employment. When girls are not enrolled in schools and there is lack of education among them, they succumb to the perils of early marriage, which proves to be disadvantageous to them to a major extent.

Virginity of a Girl Child

Parents prefer marrying their daughters at an adolescent age in order to prevent themselves from unwanted social humiliation since family honour

and preference for virgin are given a high social value. The chastity of a girl is of utmost importance in the patriarchal society of India.

Marriage is regarded as a medium to keep the girl away from unsafe sexual relations and protect the honour of the family, and that young girls are easy to control and hence they are preferred. Virginity of a girl is regarded as a prized possession before her marriage in order to avoid illegal sexual activity. The existing society acts a shield over the personal choices of the women when it comes to expressing their sexuality, pain and danger which also results in the violation of their human rights (Mohlakoana, 2008; Kapadia, 1966).

The above cited points are only a few of the reasons among the multiple reasons that lead to increasing number of child marriages. The patriarchal society together with poverty, deeply rooted customs, and inability to attain education make the young girls suffer the most resulting in serious and lifelong effects on the emotional, physical and psychological well-being of the child brides. These consequences of child marriage are disturbing and often determine where life leads to, thereby making the child brides live in poverty leading to negligible access to service and privileges in the society.

CONSEQUENCES OF CHILD MARRIAGE

Young girls desire to study, learn and get involved in various tasks and activities that render a significant contribution in enriching their lives. Girls tend to suffer severely than boys because of the aftermath of child marriage. In rural areas, girls are trained in terms of implementation of household responsibilities rather than taking pleasure in learning and enjoying their childhood. Child marriage deprives them from taking pleasure in childhood activities, exercising their choice about their sexual and reproductive health leading to violation of human rights which are discussed below.

Childhood at Loss

Childhood is one of the important phases in the life of every individual that impacts overall healthy growth and development. However, it is considered to be one of the most difficult periods for young girls as they succumb to the perils of early marriage. Early marriage tends to shorten a girl's childhood resulting in stopping her education and impacting her health (Nour, 2009; Wodon, 2016). Through child marriage, the aspirations and childhood of the girls are crushed making them devoid of their basic human rights, depriving them of educational opportunities, freedom of choice,

decision making and financial independence that could have accompanied them as a result of education and self-empowerment. Girls tend to shatter their childhood once they are burdened with domestic chores which is followed by child marriage without understanding the true meaning neither of marriage nor of family life.

Kundu et al. (2007) speak about the time of transition from childhood into adulthood which is lost when girls forced into early marriage in Indian context. Child marriage denies girls the right to health often pressurizing them to jumpstart into the world of motherhood. They are most likely to experience various forms of violence all the way through their lives bringing an abrupt end to their childhood. Such experiences are worsened by the incomprehensibility of marital and sexual life and tend to leave deep traumas and a longing for the joys of childhood which is snatched from them.

Impact on Reproductive and Child Health

The reproductive health of a woman is a vital and crucial component in her lifetime. Most of the young brides have inadequate knowledge regarding access to contraception and reproductive health care services. Before the girls become physically mature and psychologically ready, they fall prey to unsafe sexual practices and unwanted pregnancy making them susceptible to the various risks associated with it. In their marital homes, no one pays adequate attention towards health care needs of the child brides. Even when they are not feeling well or experience health problems or illnesses, then too, they are compelled to get involved in carrying out the household responsibilities.

Santhya and Jejeebhoy (2007) reveal that young women come across many obstructions in matters related to sexual - reproductive health decisions (unwanted pregnancy) and other associated choices related to their lives. The young brides are obliged to prove their ability to give birth prematurely making them susceptible to various frightful injury and sickness while delivering a child putting them and their children at a danger of dying.

According to UNICEF (2007), a girl under the age of 15 years is five times more likely to die during premature pregnancy and childbirth than a woman in her twenties. The risks associated with pregnancy extends to the infants too. Many a times, these young women are prone to complications during child birth. The new mother being a child herself faces a lot of difficulties in mothering her own children since they are not physically capable of bearing children. Young mothers who are forced to take the role of a

married woman and a mother experience higher rates of maternal mortality.+

While the Maternal Mortality Rate according to the Sample Registration System (SRS) data released by the Registrar General of India was 130 deaths per 1,00,000 live births (Arokiasamy & Yadav, 2014). While the Infant Mortality Rate (IMR) according to the NHFS-4 (2015-2016) was 41 deaths per 1000 live births. 59 deaths per 1000 live births amongst the mothers whose age at birth was less than 20 years were reported from the survey.

The child brides are expected to perform the household tasks in their marital home along with childbearing and childcare. The phenomenon is not as widespread among boys because of the physical dangers associated in relation to girls in case of early childbirth, or status and power in the household is rampant.

Sexually Disadvantaged Position of the Child Bride

Young girls and child brides have limited mobility in the society, and the adolescent phase becomes a silent phase since their voices are not heard. The patriarchal society looks forward to marrying girls as children in order to prevent them from having illicit affair outside marriage. Virginity, virtue and purity are the factors that personify her, the honour of the family, community and a nation that clings onto her sexuality and womanhood.

The husband has right to sex and has sole control over fertility issues in the post marriage scenario making the young women subjected to injustices that are deeply rooted which regards women as sex objects resulting in detrimental consequences on her health, early sexual life and unwanted pregnancies. Women in India are characterized as Goddesses with immense powers; where she is worshipped, but the harsh reality is that she is controlled by regulating her sexuality (Doskoch, 2013; George, 2002). Ouattara, Sen and Thomson (1998) unveil a picture of forced early sexual experiences which brings to light the sexual helplessness of the newly married women. Lack of awareness and prevalent misconceptions among young women make them fall prey to forceful sex by their husbands. Sexual violence within the institution of marriage is very relevant that has a range of problems. Frequent sexual activity and subsequent reproduction makes her maintain a good bonding with her spouse, else she will be treated violently if she fails to listen to demands of her husband resulting in various forms of violence.

Violence and Abandonment

The United Nations Declaration on the Elimination of Violence against Women (1993) defines violence against women as, “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”. Violence includes physical, sexual, verbal, mental, emotional and economic abuse.

The NHFS-4 survey of India (2015-2016) revealed that 33% of women in the age group of 15- 49 years have experienced violence. According to The National Crime Records Bureau data (2016) shows that the rate of crime against women per 1,00,000 female population was 55.2 % where the most reported crime against women was “cruelty by husbands or his relatives”, accounted to 33% of all crimes.

According to Krishnaraj (2007) marriage thrust various responsibilities of adulthood on young girls and invites violence for non-performance or neglect of expected behaviour. The child brides in their marital family are devoid of having a say in any events surrounding their lives. They end up deserting their desires and ambitions, and succumb to the dangers of teenage pregnancy and other forms of physical and emotional violence. Women tend to accept that it is right for the husbands to beat them which highlight the role of social mores and their effect on social perception. The various forms of oppression can only be understood from the viewpoint and experiences of the subjugated women only when they speak of their experiences (Kopelman, 2016; Jenson and Thornton, 2003).

Violation of Human Rights

The rights of the girl children are violated once they fall into the trap of child marriage curtailing their overall development. Women in India are still considered to be backward and marginal in all spheres of life where they are neglected by the policy makers, administrators and the ruling class. Almost in all spheres of life, men dominate the different socio-economic activities of women which in turn put them in a detrimental position regardless of the various laws available that aims to safeguard to position of women and protect their human rights.

The Office of the United Nations High Commissioner for Human Rights (OHCHR) regards child marriage as “a human rights violation and a harmful practice that disproportionately affects women and girls globally, preventing them from living their lives free from all forms of violence”.

Human rights of women are violated in child marriage where women experience infringement with regards to forceful marriage without taking their consent. The rights of the young women are denied within the institution of marriage which is considered to be the most private sphere of the life of an individual (Ouattara, Sen and Thomson ,1998).

Violation of the rights of the young women leads to consequences that are grave for them, in relation to their health, social status, domestic violence and deprivation of land and property where they lack in ability to determine their own lives. Irrespective of the various rights attributed to them, women are still not aware of the rights because they are used to acceptance of such treatment without any hesitation. The situation of human rights with regards to women in India is miserable where often Indian women are looked at in terms of violation, humiliation and crimes against women both at the state, societal, familial and individual level.

CONCLUSION

As a result of prevalence of the above stated determinants, the practice of child marriage still exists. The major consequences of child marriage primarily have an unfavourable influence upon girl children. Poverty which is certainly one of the issues but regressive societal and cultural norms, patriarchy, lack of education and protection of the girl child because of their sexuality are some of the key factors behind the occurrence of child marriage that snatches away their future compelling them to stay in environment they are unprepared for. Child marriages continue to abuse young girls by struggling poverty and placing too much emphasis on the purity of women while patriarchal values are heavily ingrained. Hence, it can be stated that child marriage imposes barriers within the course of leading to improvement within their overall quality of life.

The complexity of child marriage is an outcome of the above mentioned factors along with the ingrained patriarchal norms making the future of the child brides' grave which therefore needs attention. For the prevention of child marriage, it is very important for the individuals belonging to rural communities, and deprived and socio-economically backward sections of the society to understand that girls should be made provision of equal opportunities as boys. In addition to educational opportunities, they work towards enhancement of their skills and abilities, maintain effective terms and relationships with them and do not consider them as liabilities. When positive viewpoints are formed in terms of girl children, then progress opportunities would be made available to them, preventing child marriages.

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Perception of Women Beneficiaries on MGNREGA in 24 Longpi Autonomous District Council Constituency, Tamenglong District, Manipur

Lalzo S. Thangjom¹

Abstract

The study discussed about perception of women beneficiaries on MGNREGA covering aspects of the scheme, implementation of the scheme, level of job satisfaction, participation at the community levels and socio economic contributions. It uses descriptive methodology to draw opinions about the scheme, socio economic contribution and its implementation. A total of 72 women beneficiaries, 4 from each village proportionately, out of the total 1005 women work force from 18 villages were selected. Four women beneficiaries each from the 18 villages were selected out of the total women work force of the village using lottery method from the register maintain by the village authority.

The findings of the study shows improvement in the family economy, increased participation level from members of the family especially the women groups in community levels. Womenfolk of these villages reported of increased food security. It also serves as an alternative to livelihood especially during the dry days.

Keywords: Empowerment, job satisfaction, economy, livelihood, economic stability

Introduction

Social inclusion and gender equality has been a narrative setting itself as an agenda in the contemporary India. However there has been tremendous differences in what has been said and practice. The conservative ideology of male hierarchy in the Indian society still dominates. Empowerment has great potentialities to transform the lives and developmental agendas of the country especially when the women folks of the country are empowered. MGNREGA is a flagship program launched by the United Progressive Alliance government in order to address India's skewed progress due to inclusion and exclusion. Though the program didn't talk about direct empowerment of women but it has a component which talks about equal wages for equal work, one third provision for women workers would create jobs for women and give them economic empowerment. The other prominent feature is that women would get opportunity to earn without foregoing their family obligations.

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The present location of the study, villages under 24 Longpi District Council Constituencies are villages located under Nungba Sub-division Tamenglong district, Manipur. There are 18 villages under this 24 Tamenglong District council with a total population of 3596 (Male 1873 female 1723 census 2011). Jhum cultivation is the main occupation of these villages. Womenfolk of these villages are important contributors to the village economy.

Statement of the problem

Longpi district council constituencies comprise of 18 small villages having only 628 houses with a population of 3596 people only (2011 Census). It is administratively located under Nungba Sub Division, around 32 Km at extreme south west in the interior forest from the District Headquarter. People of these villages has yet to see the dawn of electricity, they are devoid of Motor able road, but surprisingly it has average male literacy rates of 70.19 and average female literacy rate is 62.83 as against the state average of 76.94%. Isolation in terms of Development, Health Care, Education and basic Communication has been the curse plaguing the region even after 70 years of India's independence.

Objectives of the study

1. To prepare profile of women beneficiaries
2. To study beneficiaries perceptions on socio-economic and implementation of MGNREGA Scheme.

Methodology

A descriptive methodology of both quantitative and qualitative method is employed. Total 72 beneficiaries were taken from the total women work force for the study (Census 2011). Out of the total female population of 1723, only 1005 working women are or having a job card. The remaining women are not having their card due to old age or other difficulties. A total of 72 women beneficiaries out of the total 1005 women work force were first selected randomly by using lottery method. Further a proportionate sample of 4 each beneficiaries from each 18 villages were selected.

A semi structured interview schedule was used to collect both quantitative and qualitative data showing socio demographic, social and economic empowerment, problem and satisfaction level of the workers under MGNREGA.

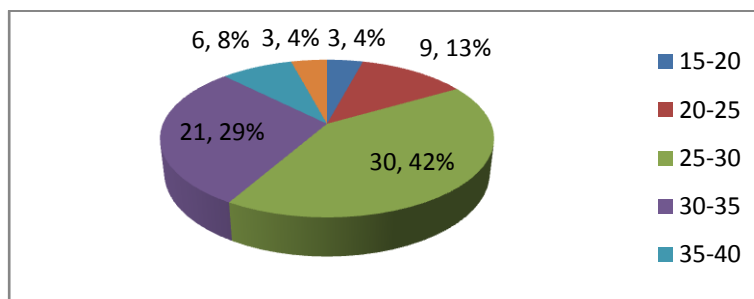
Analysis

Despite some weaknesses, the MGNREGA is a remarkable legislation under which local administrations are legally bound to provide work on demand to any worker or group of workers who apply for work, within fifteen days of receipt of a work application, provided workers are willing to undertake 'unskilled manual labour' on public or private worksites operated under the NREGA (*Reetika Khera and Nandini Nayak. Rome 2009*). After the landmark legislation womenfolk has asserted their independence socially and economically. However though, womenfolk of the north eastern states enjoyed a respectable position even before the advent of the scheme. This particular scheme has added dignity and confidence and gave substantial jump in their income level.

A proportionate sample of 4 women from each village were selected making 72 women beneficiaries out of the total 1005 total women work force from 18 village. Four women from each village were selected using lottery method.

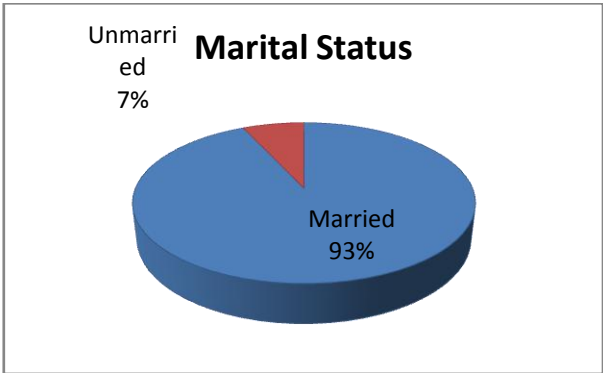
The whole analysis has been divided into seven parts, namely Part I- General information about the beneficiaries. Part II, discusses about opinion on Empowerment of women workers. Part II is further divided into two portion, a) Social Empowerment and B) Economic empowerment. Part III discusses women opinion about participation in community programme. Part IV discusses about level of job satisfaction. Part IV discusses about general opinion about the scheme. Part VI discusses about implementation of the scheme and part VII is about any other relevant information followed by recommendation and conclusion.

Part I Profile of the Beneficiaries



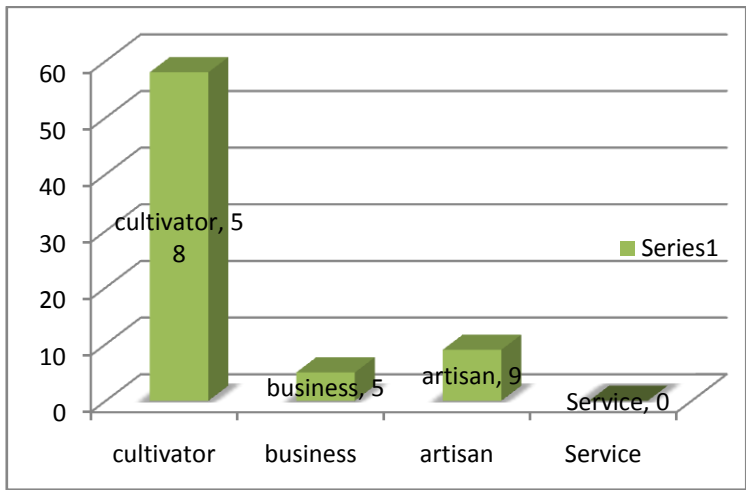
Picture No. 1 Age of the Beneficiaries

Looking at the age of the beneficiaries, 4% of the respondent belongs to the age group 40-45. At the age group 15-20 there are 4% and the maximum number of the respondents belongs to the age group 25-30 which otherwise consider to be the most productive prime. The next highest age group of respondents belongs to 30-35 age grouping. This clearly shows that in the villages under study, maximum of the respondents belongs to the two age groups 25-30 and 30-35.



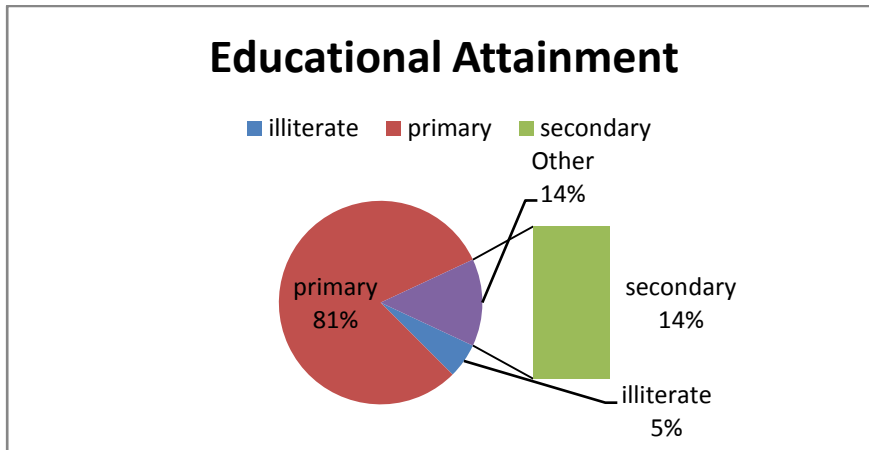
Picture No.2 Marital Status

All the respondents were given the option of married, unmarried, widow and divorcee; however the respondents opted only for married and unmarried. This shows that 93% of the workers are married and only 7% are unmarried.



Picture No.3 Occupation Bar Chart

Majority of the villagers are engaged in cultivation as the above chart shows over 80.55 % percentages are cultivator, followed by artisan 12.5 % and only 6.9 % are engaged in marginal business.

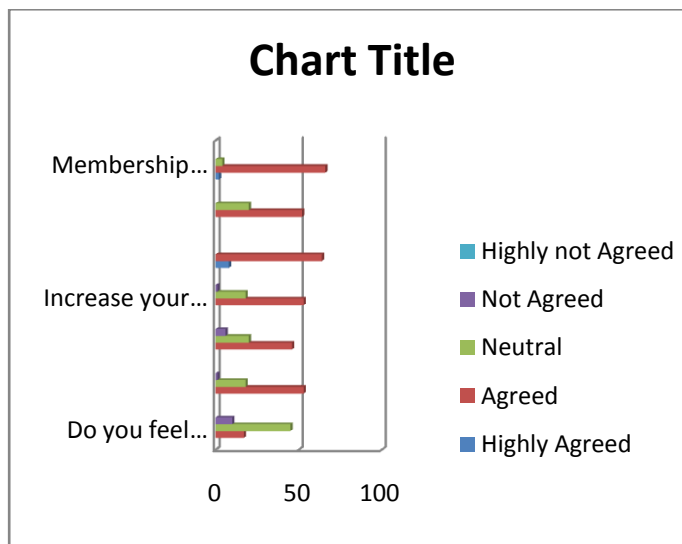


Picture no.4 Educational Level

The above picture no. 4 discusses about educational attainment among the respondent. More than 81% of the respondent attained primary level of education, 14% studied up to secondary level and 5% of the respondents are illiterate.

Part II. Analysis about empowerment of women workers

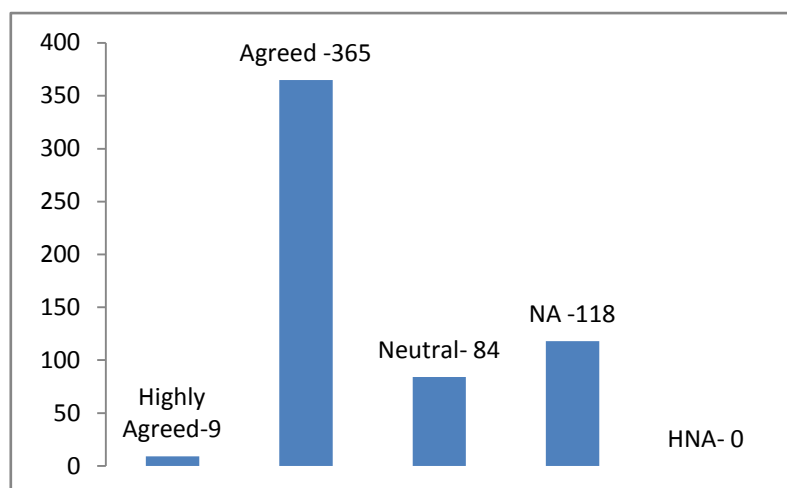
To find out empowerment of women workers, this section has been further divided into two parts, Social Empowerment and Economic empowerment.



Picture Bar Chart No:5 Social Empowerment

Beneficiaries opinion on Social empowerment were drawn based on various factors associated with factors increase ranked from highest to lowest as Highly agreed, agreed, neutral, not agreed and highly not agreed.

Only 17 beneficiaries agreed that that they are recognised by the society after Joining MGNREGA. More than 62% or 45 respondents are neutral about being recognised and 10 respondents openly don't agree to it. In response to solving of family problems, 53 respondents fully endorsed that their family problems are being minimised. While 18 respondents are neutral about the particular factors. More than 63% of the respondents felt that their family's social contribution has increased. Over and above 88% of the respondents said they feel delighted, joy and have pleasure being a member. More than 72% and 91% of the respondents increase their level of participation in social function and membership in organisation respectively.



Picture No.6 Economic empowerment

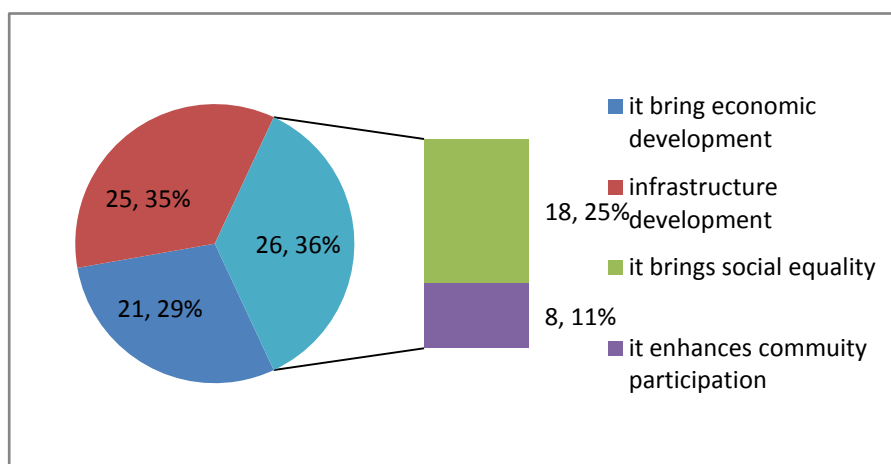
Beneficiaries opinion on economic empowerment were drawn based on various factors associated with factors increase ranked from highest to lowest as Highly agreed, agreed, neutral, not agreed and highly not agreed. Factors such as increase in average annual income, increase in average contribution of other members to the family, increase in average level of economic knowledge, increase in income spent on food consumption, increase in average asset possession, increase in average assets of the family, increase in average facilities availed in life and increase in average working hours per day were put forward and opinions of the respondents shows that more than 63% agreed to various increase in these factors. Only

14% percent of the response showed that they are neutral about it and 20.4% don't agree to it.

Part III Participation of Women in Community Programme

Particular questions pertaining to real interest to perform the present work under MGNREGA, the response shows that 95.8% fully agreed to it and only 1.4 % disagrees to it. A majority 95.8% of the respondents are satisfied with the programme as 93.1% of them have also informed them about the schemes. One hundred percent of the respondents agree that the scheme is beneficial for the village and feel that it is successful.

As far as the benefit of MGNREGA is concerned, it brings socio economic and infrastructural development and also it enhances community participation as shown in the picture below.



Picture no. 7

Part IV Level of Job Satisfaction

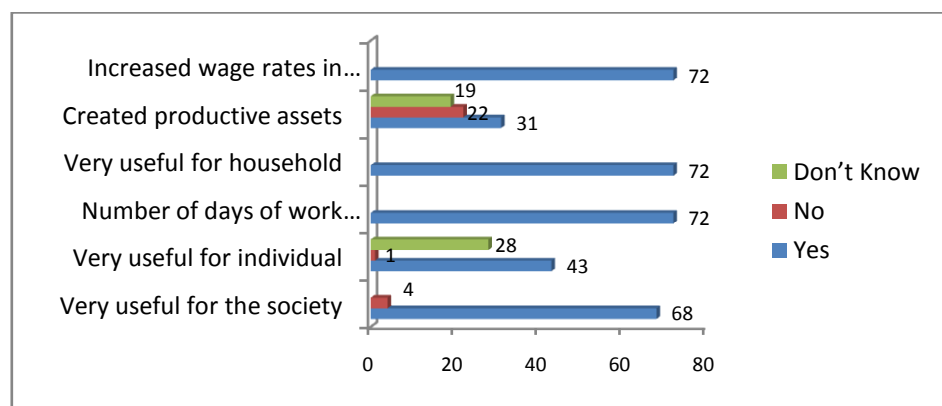
In this part the Job satisfaction levels of the respondents were measured using strongly agrees, agree, neutral, disagree, and strongly disagree to ascertain the degree of satisfaction. A question ranging from bearing a risk shows that 36 responses are neutral to a particular question. As far as job security is concern it shows that 46 respondents agree to it. From salary, requirement of skills, interest

Reasons	Level of Job Satisfaction					Total
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
This job bears an element of risk		3	26	41	2	72
There is job security		46	26			72
Salary and allowances are attractive		27	23	22		72
Sufficient welfare measures like medical care leave			46	26		72
Concession and housing are provided				72		72
This job requires no skill		29	43			72
This job is monotonous			33	39		72
The nature of job I do is interesting		29	43			72
My job helps to improve the standard of living of my family		21	37	13	1	72
Self confidence is improved		38	23	11		72
Poverty is reduced due to this job		44	28			72
My family members encourage me to do the same job		44	12	16		72
Lack of proper training		32	40			72
Non availability of modern technologies		61	11			72
I am satisfied with my job		35	36	1		72
As a result of the job that I hold, my social circle has widened		50	20	2		72
Inadequate assistance from financial agencies and banks	1	33	20	18		72
Work does not affect health		72				72
The job is challenging		12	5	55		72
Adequate support from family members		72				72
Total	1	648	472	316	3	1440

Table no. 1 Response showing level of job satisfaction

As far as health and support from family is concern, a whopping cent percent said the work undertaken under MGNREGA does not affect health and they got adequate support from their family member.

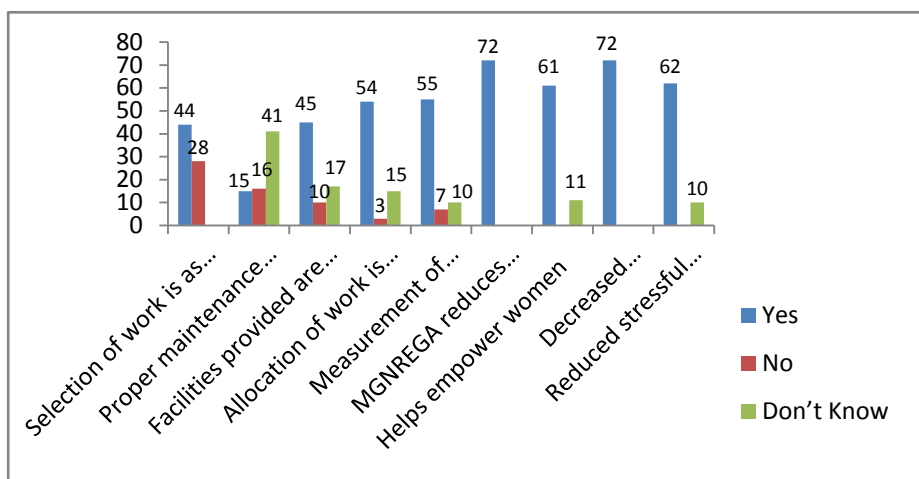
Part V. Opinion about the scheme



Picture no. 8 opinion about the scheme

As far as the scheme is concern, cent percent of the respondent said there has been tremendous increased in wage rate, It is useful for household and provided them adequate number of days of work to keep the kitchen burning. Out of the total responses of 432 on opinion about various characteristics of the scheme, 358 responses were yes, 47 don't know and only 27 response were no.

Part VI Opinion about implementation of the scheme



Picture no.9 Opinion about implementation of the scheme

According to the responses MGNREGA reduces stressful borrowings among the rural women. Womenfolk of the villages started developing a sense of autonomy, confidence and decreased dependency on men.

Part VII Other relevant Information, Recommendation and conclusion

One hundred percent of the respondent talks of not enjoying any additional benefits. Maximum response 88.9% are satisfied with the work done in their block and only 11.1% are not satisfied with the work done in the area.

Recommendation and conclusion

On the basis of the above analysis the study makes few recommendations.

1. Specific project should be created especially to be run and maintained by women.
2. Day care service centre should be provided for working women
3. Proper monitoring and evaluation should be done such as timely issuance of job card, project approval and payments etc.

4. There should be an involvement of Church leaders, Village youth clubs, village authority should extensively be involved to create awareness among the prospective workers regarding rights, entitlements, provisions and procedure of the program.
5. There should be Public Private Partnership in identifying, designing, programming and implementation so that, MGNREGA is a success

The participation level of women in socio- economic and co-curricular activities has been enhanced due to MGNREGA. Overall job satisfaction level has increased. There is rise in participation at the community levels in co-curricular activities of the village. Women socio economic contributions in the village have seen an upward trend. The findings of the study also shows improvement in the family economy, increased participation level from members of the family especially the women groups in community levels. It also serves as an alternative to livelihood as men and women of the village are especially dependent of agricultural produces from Jhum Cultivation.

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Inclusion of Youth with Disabilities in the mainstream: Realities, Challenges and Rehabilitation in Karimganj District of Assam State

G. Albin Joseph¹, M. Gangabhushan² & Amlan Das³

Abstract

Youth with Disabilities are one of the most vulnerable sections. They are pushed in the margin and excluded from the mainstream society. However they are neglected and getting less amount of status in our so called society. The purpose of the study is to understand the present scenario of youth with disabilities in Karimganj district of Assam state. The paper discusses the various issues pertaining to the youth who are differently abled and comes out with various suggestions to strengthen the youth with disabilities.

Keywords: Youth, Disability, Rehabilitation, Karimganj, Assam.

Introduction

Youth with disabilities are among the most marginalized and poorest of the world's youth population and are more likely to face severe social, economic and civic disparities as compared with those without disabilities, even in developed countries. The Persons with Disabilities (PWDs), are facing various kind of discrimination in our society which put them in margin of our society. Mainstreaming them in various developments should be a prime concern. There are anecdotal evidences which show how PWDs are striving to overcome from social, economic and other elimination.

Youth is a more fluid category than a fixed age-group. 'Youth' is often indicated as a person between the age where he/she leaves compulsory education, and the age at which he/she finds his/ her first employment. Often, Youth age-group is defined differently by different countries/agencies and by same agency in different contexts (NYP2014). For many young people with disabilities, exclusion, isolation, and abuse as well as lack of educational and economic opportunities are daily experiences. Social oppression imposed restriction on PWDs to engage in societal activities.

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(Census of India, 2011) The total population of India is 1.21 billion and the latest figures on disabilities have shown only a marginal increase in the number of disabled in the country with the figure rising from 21.9 million in 2001 to 26.8 million in 10 years. In percentage terms, it has risen from 2.13 per cent to 2.21 per cent. There are 14.9 million men with disabilities as compared to 11.8 million women in the country with the total number of disabled people over 18 million in the rural areas and just 8.1 million enumerated in the urban settings. The percentage of men with disabilities is 2.41 as against 2.01 in women.

Assam is one of the seven sister states of North East India. It covers an area of 78438 square kilometres. It has 27 districts and the literacy rate of the State is 73.18% (Government of Assam 2016). There are 31,169,272 people in Assam. Out of these, there are 4,80,065 persons with disability (Census of India 2011). Barak valley of Assam consists of Cachar, Karimganj and Hailakandi districts. It has 56,012 of disabled population. It represents more than $1/10^{\text{th}}$ of entire disabled population in Assam i.e., 4, 80,065. Karimganj district occupies an area of 1,809 square kilometres (698 sq mi). It is bordered on the north east by Cachar District, East and South by Hailakandi District, South by Mizoram, South West by Tripura state, and on the West and Northwest by Bangladesh. Karimganj Town, the administrative headquarter and main town of the district also bears the same name, that is, Karimganj. Karimganj town is located on the Northern fringe of the district adjoining Bangladesh, by the river Kushiya. (Wikipedia) As per census 2011 it is seen that 18,832 PWDs are from Karimganj.

The Convention on the Rights of Persons with Disabilities (CRPD) and with the 2030 Agenda for Sustainable Development are making strides towards the greater inclusion of youth with disabilities in society and development, as well as toward the realization of their human rights. As countries continue their efforts toward poverty reduction and equitable development, it is crucial that all youth are offered equal opportunities to participate in and contribute to society at all levels, which includes youth with disabilities.

Concept:

Youth: Youth is a more fluid category than a fixed age-group. ‘Youth’ is often indicated as a person between the age where he/she leaves compulsory education, and the age at which he/she finds his/her first employment. Often, Youth age-group is defined differently by different

countries/agencies and by same agency in different contexts. United Nations defines 'youth' as persons between 15 and 24 years of age. In the National Youth Policy-2003, 'youth' was defined a person of age between 13-35years, but in the current National Youth Policy 2014, theyouth age-group is defined as 15-29 years with a view to have a more focused approach, as far as various policy interventions are concerned.

Disability: Disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while participation restriction is a problem experienced by an individual in involvement in life situations. Thus, disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives (<http://www.who.int/>, 2011).

The United Nation Convention on the Rights of Persons with Disabilities 2006 (UNCRPD) defines "Persons with disabilities include those who have long term physical, mental, intellectual, or sensory impairments which in interactions with various barriers may hinder their full and effective participation in society on an equal basis with others"

The Rights of Persons with Disability Act 2016 defines "person with disability" means a person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others.

Review of literature

"Disabled people in rural India are often excluded from education livelihoods, medical care and social life. But so are people from lower castes and poor people in rural India and in particular the girls and women among them. Poor people too may be unable to send their children to school or afford a good doctor. They too may be found it hard to find a decent husband for their daughter without being able to pay a dowry. The difference is that disability adds additional barriers to full participation and thus exacerbates other cause of exclusion" (Klasing, 2007) Though the right to education Act2009 talks about inclusive education and implementation through inclusive education department of Sarva Shiksha Abhiyan but sadly there is no effective change wide gap in the policy and practice. Studies show that school teachers of regular primary school and high school in Delhi are not good enough to deal with Children with

Special Needs (CWSN). 70% teachers had neither training in special education nor they have experience in this field. Further it explores that 87% of teachers did not have access to support services in their class room (Das, Kuyini and Desai 2013).

Teachers with negative attitudes believe that inclusion is a burden on teachers and they should receive special service delivery in special education settings to avoid the negative impact on their typically developing peers in the regular classroom (Zambelli and Bonni 2004).

Education is free and compulsory for all school going children who are studying in the public schools up to 14 years. The PWD Act 1995 provides the privilege for the CWDs for their free education up to 18 years. Among 142 CWDs in the age category of 6-18 years, little more than two-fifth (42.95%) get inclusive education in public schools. Among 61 school going CWDs, just one-fifth (19.67%) got scholarships from the government. It is observed that most of CWDs do not have ID cards to apply scholarships. (Joseph and Raj 2014),

Social work curriculum consists of three important components namely, theory (knowledge), fieldwork (practice) and research (project/dissertation/thesis). The theoretical knowledge, fieldwork practice and research on social work are more suitable to work with persons with disability and the disability studies can be incorporated in social work course.

(Joseph and William, Social Work with Disabled: An Integrated Social Work approach and practice for persons with disability 2014)

In India there are four important Acts for persons with disability. They are as follow: Mental Health Act, 1987; Rehabilitation council of India Act, 1992; National Trust Act, 1999 and the Rights of Persons with disabilities Act, 2016. In spite of having such legislations in India still the problems of disabled people are not solved. The new act that is Rights of Persons with Disability Act 2016 came up with 21 types of disabilities which cover Blindness, Low-vision, Leprosy Cured persons, Hearing

Impairment (deaf and hard of hearing), Locomotor Disability Dwarfism, Intellectual Disability, Mental Illness, Autism Spectrum Disorder, Cerebral Palsy, Muscular Dystrophy, Chronic Neurological conditions, Specific Learning Disabilities, Multiple Sclerosis, Speech and Language disability, Thalassaemia, Hemophilia, Sickle Cell disease, Multiple Disabilities including deaf blindness, Acid Attack victim, and Parkinson's disease.

“Young people with disabilities often experience rejection and seclusion due to peers’ misconceptions, or prejudices. Feelings of loneliness and isolation may be reinforced by activities and spaces that are inaccessible to persons with disabilities. Ignorance and misinformation about disability itself may contribute to feelings of isolation from peers.” (United Nations Enable, 2019).

Objective of the Study:

This study is carried out to understand the present scenario of youth with disabilities in Karimganj district of Assam state.

Methodology:

Descriptive method has been adopted for this s

tudy in order to

understand the present scenario of youth with Disabilities in Karimganj district of Assam. Both the qualitative and quantitative technique have been employed. 50 respondents have been interviewed from different blocks of Karimganj district for the study. Respondents were selected with the help of SAKSHAM NGO. Interview Schedule has been constructed to collect primary data from the respondents and who are not able to give information

Table:1 Socio-Economic profile Characteristics

	Respondents	Percentage
Gender	50	%
Male	28	56.0
Female	22	44.0
Age		
15-19	17	34.0
20-24	19	38.0
25-29	14	28.0
Caste		
ST	02	04.0
SC	18	36.0
OBC	06	12.0
GEN	24	48.0
Marital Status		
Married	01	02.0
Unmarried	49	98.0
Religion		
Hindu	37	74.0
Muslim	13	26.0
Level of Education		
Illiterate	28	56.0
Lower Primary	08	16.0
Upper Primary	08	16.0
High School	06	12.0
Family income		%
2000-5000	12	24.0
5000-8000	16	32.0
8000-11000	11	22.0
11000-15000	05	10.0
15000-above	06	12.0

due to high degree of disability in that case the parents and guardians are interviewed. Secondary data have been collected from various Government offices and NGOs who are actively working with PWDs in Karimganj District.

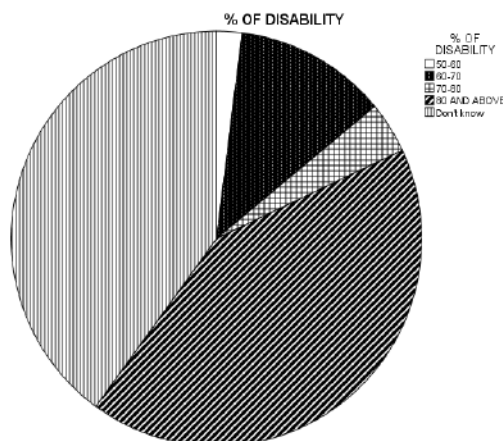
Major Findings:

- ❖ The study explores the social background of the respondents where it is found that the out of 50 respondents there are 56% respondents are male and rest 44% are female respondents. As the study is done on youth age category 15-29years, it is found that 34 percent respondents are from 15-19 years, 38 percent respondents belongs to 20-24 years and rest 24 percent is shared by 25-29 years age respondents. Surprisingly, it is found that only 2% respondents are married. It is observed that 74% of respondents belong to Hindu community and rest 26% of them are from Muslim community.
- ❖ Among the respondents general category constitutes major portion that is 48 percent, SC constitute 36 percent, 12 percent of the respondents are OBCs and only 4 percent of them are STs.
- ❖ The economic background of the family of respondents can be seen in the table no.1. Monthly family income of the 24 percent respondents is between 2000-5000. 32 percent constitute between Rs.5000-8000, 22 percent constitute between Rs. 8000-11000, 10 percent constitute between Rs.11000-15000 and lastly 12 percent family's monthly income is above Rs.15000. 60 percent respondents said that their family income is not enough to run the family and to maintain them, 20 percent said their family members help them to manage the family, while 40 percent respondents said that relatives help them to manage their disability and helps in running family.
- ❖ Table No.2 shows the various types of disabilities which are considered under RPWD Act 2016, Among the respondents it is seen

Table: 2 Types of Disability	Frequency (%)
1. Blindness	7(14.0)
2. Low vision	2(04.0)
3. Hearing Impairment (deaf and hard of hearing)	7(14.0)
4. Locomotor Disability	8(16.0)
5. Dwarfism	1(02.0)
6. Mental Illness	5(10.0)
7. AutismspectrumDisorder	7(14.0)
8. Cerebral Palsy	4(08.0)
9. Speech and Language Disability	4(08.0) 5(10.0)
10. Multiple Disabilities	50(100)
Total:	

that 16 percent of respondents are suffering from locomotor disability which is highest among the respondents, 14percent constitutes in Blindness and Autisimspectrum disorder, 10 percent of respondents are suffering from each Mental illness and Multiple disabilities,8percent in each

- ❖ Cerebral Palsy and Speech and Language disability, 4percentconstitutes low vision and 2 percent of respondents constitute Dwarfism.
- ❖ Degree of disability among youth of Karimganj District is seen in the pie chart Surprisingly it is found that two- fifth (40%) of respondents do not have any disability certificate hence, they do not know the percentages of their disability.



42percent respondents belongs from the range 80% and above, 12 percent respondents are suffering from 60-70% of disabilities and 2percentrespondent suffer between 50-60% as degree of disability.

- ❖ Majority of the respondents (70%) are not getting any entitlements whereas only 30 percent respondents are getting facilities. The 30 percents respondents are currently getting Deendayal Divyangjan Pension Achoni. Despite of having disability certificate, 30 percent respondents are not getting any entitlements. While interacting with respondents and their families it was found that they do not even know about the schemes and other facilities that is meant for PWDs. Another reason they expressed that they do not know where to apply. 40 percent respondents not getting anything because they do not have disability certificate.
- ❖ In this study it is found that 40 percent of respondents and their family members said that they do not have any disability certificate because some of them do not know how to apply, hospital is far away from their native place and it takes time and money as well to take them into hospital, it consumes their whole day. Moreover most of them are daily wage workers and have small shops. They do

not want to skip their job even for few days due to their livelihood will be affected.

- ❖ Majority of the respondents (70%) consulted with specialists about their disabilities and remaining (30%) never visited to a specialist. 20 percent respondents receive treatment and remaining (80%) do not take any kind of treatment or medication. It is found that 88 percent respondents don't have any other health issues (TB, HIV/AIDS, Hypertension, Diabetics, etc.) whereas 12 percent they don't know because they have some problem but have not consulted with medical practitioner. 14 percent respondents said that they are able to bear the medical expenses where as it is seen that 86 percent respondents are not able to bear expenses that is why some of them have not consulted specialist and some of them are managing money from their relatives.
- ❖ In this study it is found that 26 percent of respondents received support from local NGO who provided assistive devices to them and linked them to get certificate.
- ❖ 26 percent respondents need help or supervision in their daily activities most of the time their mothers or female members who

Table: 3 Social Relation and participation Statements	To a great extent	Moderate extent	Less extent	Not at all
1. Bullied or teased in public places.	1(2.0)	8(16.0)	23(46.0)	18(36.0)
2. Feel alienated in society.	2(4.0)	10(20.0)	19(38.0)	19(38)
3. Satisfied with the support given by person outside family.	4(8.0)	39(78.0)	6(12.0)	1(2.0)
4. Feel discrimination in family gathering.	0(00.0)	6(12.0)	19(38.0)	25(50.0)
5. Engaged with friends.	5(10.0)	18(36.0)	16(32.0)	11(22.0)
6. To What degree justly treated in social function.	1(2.0)	37(74.0)	12(24.0)	0(00.0)
7. To what degree justly treated in Religious function.	1(2.0)	37(74.0)	12(24.0)	0(00.0)

take care of them.

- ❖ Social relations and participation of respondents are seen as moderate condition. As 2 percent respondents are bullied or teased in public places(school/street/roadside etc.),16percent reported at moderate extend,46 percent respondents said they were bullied to a less extent where as 26 percent respondents said they have never

being bullied at public places. 4 percent respondents feel alienated in society to a great extent, 20 percent to a moderate extent, 28 percent to a less extent and another 28 percent said they never feel alienated in immediate society. 8 percent respondents said they are satisfied with the support of the person outside their family whom they trust to a great extent, 78 percent said they are satisfied to a moderate extent, 12 percent to a less extent and 2 percent said they are not at all satisfied to the support provided by person outside family. 12 percent respondents said they feel discrimination in family gathering to a moderate extent because of their condition, 28 percent said to a less extent whereas majority respondents 50 percent said that they have not faced any discrimination in the family gathering. 10 percent respondents said they engaged with their friends, 36 percent engage moderately, 32 percent to a less extent and 22 percent respondents do not engage with friends. 2 percent respondents said they are justly treated in social and religious functions to a great extent, 74 percent respondents said they treated to a moderate extent and 24 percent respondents said they are treated to a less extent in social and religious functions.

- ❖ Majority of the respondents (92%) do not participate in Gramsabha and remaining 8 percent of the respondents participate in Gramsabha. Among them only 4 percent respondents are member of women SHG. Majority respondents (79%) said that they do not want to go, whereas 13 percent of respondents said they feel pity about their condition that's why they don't want to go/ participate.
- ❖ Majority of the respondents (52%) never go for voting, 28 percent respondents go for voting and the remaining 20 percent are under 18 years of age. The majority of the respondents never go because of their poor health condition and lack of accessibility which prevent them to go for voting.
- ❖ In this study it is found that majority of the respondents (72%) were not working the remaining 28 percent respondents were doing work. It is found that among 28 percent 10 percent female were working in small tailoring shops and 18 percent male respondents are earning their livelihood as helper in the shops, street vendor, has own small shops and were working as a mechanic in electronic item repairing shops.

- ❖ More than half of the respondents (54%) faced difficulties while taking admission in the educational institution and rest 46 percent respondents didn't face any problems, 88 percent respondents did not continue their studies due to disability, financial crisis and there is no proper infrastructure for the students with disabilities in the school, they find difficulties in continuing their studies.
- ❖ Little less than one-third (32%) of respondents said they are not able to work due to disability, their condition prevents them from working. They want to learn new things and to establish. When it was asked that what limiting their learning opportunities, 76 percent respondents said due to financial reasons they are unable to learn new things, 92 percent said due to lack of information about resources they are not able to learn, 96 percent respondents said there is no learning opportunities in their localities specially for PWDs, 44 percent said poor health condition prevents learning new things, 76 percent also said due to disability related reasons they cannot learn, 54 percent said due to lack of help or assistance they are not able to access learning opportunity, 4 percent said due to other pertinent reasons which all together limits their learning opportunities.
- ❖ Regarding accessibility of transportations responses from respondents were not found good as 42 percent respondents are not able to use public transportation because of difficulties in boarding public transport there are no ramps and seat reservation in local public buses, 26 percent can use at less extent, 24 percent to a moderate extent and only 8 percent can use public transport system to a great extent. Most of the time to travel they have to hire a car which cost them a good amount also affects their economy.
- ❖ 6 percent respondents said they were victim of violence (physical assault) by school mates and neighbour, it happened long days back. They didn't file any police complaint it has been solved through community level discussion.
- ❖ More than half of the respondents (54%) strongly agreed that vocational training would make them productive.
- ❖ Majority of the respondents (70%) strongly believed that special education could promote the dignity of differently abled persons.
- ❖ Most of the respondents (62%) strongly agreed that awareness could help to remove the negative attitude of others about disability.

- ❖ All the respondents (100%) agreed and strongly agreed that social interaction led social skills.

Conclusion:

Youth with disabilities face the various issues and concerns as those without disabilities, but societal ignorance and isolation leads various problems for youth with disabilities. It is seen that most societies have not fully integrated youth with disabilities. Public and Govt. attention is required to create an integrated and equitable environment for youth with disabilities. Providing opportunities for full and equal social, civic, economic, and political participation is beneficial not only to youth with disabilities, but also their surrounding societies, allowing youth to contribute towards the development and economic growth to fullest extent of their abilities.

The study shows present status of youth with disabilities in Karimganj district, it is found that they are disadvantage of their rights, as there are no proper rehabilitation services for differently abled. Poor planning and management of programme with lack of inter-sectoral coordination leads to poor functioning of the services to disabled. Non-availability of evidence-based facts, lack of co-ordination between the Government and NGOs, the absence of a coherent community level strategy, limited competence and capacity of decentralizing services. Disability should be considered as an important issue by the Government so that this important public health problem can be tackled in the community. The services should cover all types of disabled who need rehabilitation services and it should be part of mainstream development in the community. A multi-sectoral approach including social integration interventions, health, education, and vocational programs are important issues related to rehabilitation services. The educational sector should be more inclusive by implementing the programs effectively and adapting newer techniques with respect to content of the curriculum, methods of teaching, competent special educators, and educational materials more accessible. Sarva Shiksha Abhiyan (SSA) should focus on the thrust area of this programme and to focus more on implementation part. Local NGOs can collaborate with Govt. skill development department and other training institute which will ensure that both youth and adults with disabilities so that they have access to training and work opportunities at community level. Productive and decent work in a conducive environment is essential for the social and economic integration of Persons with Disabilities (PWDs). The administrations should

focus on the accessibility in all aspect so, the differently abled persons can access public transportation, public buildings, etc. Local NGOs should focus on Community Based Rehabilitation programme and formulate DPOs in Karimganj district so youth with disabilities can get benefit.

It is necessary to design accessible infrastructure and provide equal opportunities for youth with disabilities to participate in all aspects of development, by doing this they

are equally prominent in promoting full participation and inclusion of the communities in which they live.

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