

# SOCIAL WORK JOURNAL

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- ◆ Postulating Grounds for school social work in India : A Review - Rajashree Roy, Ratna Huirem and Kathiresan L.



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## *Editorial*

It gives us immense pleasure 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 and the issues of North East India.

The paper on “warriors of peace: Naga women in/and a conflict Zone, attempts to find out longest struggle of women at grassroots level by Sib Sankar Mazumder.

The second paper on “women empowerment through SHG/IGA training” is jointly authored by Manorama Nanda and Subhabrata Dutta attempts to find out the importance of SHG/ IGA is a tool for social, economic development and capacity building of women have been increased. It is a way to achieve women empowerment also.

The paper on “understanding the challenges faced by women tea plantation labourers and role of Social Worker: A study in Durrung Tea Estate, assam by Barsha Kalita. It focuses to study the lived experiences of women tea plantation labourers and the plausible role that social workers can play in emancipating the lives of these labourers.

In the paper “Women empowerment in Assam with special reference focus on Udalgiri district” by Jayanta Kalita and Ritwika Rajendra discusses how the role of microfinance and SHGs have helped the women for their empowerment in Udalguri district of Assam.

The joint paper on “Role of NGOs in promoting women Entrepreneurship: A case study of RWUAA, a state level NGO in Guwahati, Assam” by Bijoy Das and Chandra Kr. Chetry describes the important roles of NGO for promotion of women entrepreneurship.

The joint paper of Rituparna Rajendra and Sutanuka Deb “Aspirations for Social Worker; a way to subtle art of facilitation” aims to study the importance of Facilitation in Social Work practice is a developmental educational method which encourages people to share ideas, resources, and

opinions and to think critically in order to identify needs and find effective ways of satisfying those needs.

The paper on “Reproductive security and women empowerment: A North East Indian perspective” by Birupakshya Paul Choudhury, Shubaddeep Roychoudhury and Ritwika Rajendra try to bring out the exact status of reproductive security of women in northeast India in relation to their empowerment in this diverse, remote and vulnerable landscape.

The paper on “Empowering rural women through Social positioning: A study on costumes and ornaments of Deori women from South bank of Brahmaputra valley in Assam” by Guptajit Pathak tries to investigate the role of costumes and ornaments as a mode of social positioning as a way of life.

In the paper on “Women in Urban slums: Towards a Social Work Intervention” by Rajdeep Dutta describes the picture of slum women and challenges encountered by women in Indian urban slums and the social work intervention levels and approaches.

The joint paper on Ruma Deb Nath and Bijeta Barman “Food, Hygiene habit and health of the Barmans in Cachar district of Assam” tries to focus on food and hygiene habits and its impact on health of Barman tribe of Cachar district of Assam.

Lastly, the paper on “Postulating Grounds for school social work in India” by Rajashree Roy, Ratna Huirem & Kathiresan L. Highlights the scope for school Social Work in India.

**Prof. Gopalji Mishra**

**Dr. Ritwika Rajendra**

# Warriors of Peace: Naga Women in/and a Conflict Zone

Sib Sankar Majumder<sup>1</sup>

## Abstract:

*The question of positionality, perspective and gender from which an author represents a given reality has been radically redefined in the postcolonial era. Through this paper, which would deal with the condition of Naga women as represented in the stories of Temsula Ao, I would try to highlight how effectively Temsula Ao's short stories represent this situation. The stories which narrate the deepest wounds inflicted in the body and minds of Naga women remained untold in her maiden collection of stories titled These Hills Called Home (2006). It appeared in the next book Laburnam for My Head (2010). In Laburnam there is a story about a brave and deeply concerned village women who finds herself in a situation of 'double-bind' because she had supplied extra rice to the underground ultras as a result of which her husband is captured and kept in detention in a camp of the Indian Army along with all other adult males of her village. The fundamental dilemma which any reader of Ao's story would experience is what a woman could do or not do in such circumstances.*

*Temsula Ao has portrayed the rigidly patriarchal nature of Naga society in general but there is also a general accusation against her that she has usually assumed an essentialist position in her stories. Whether Ao has succeeded in representing the reality of Nagaland through her stories or not is an issue which should be left to her readers but one thing which she has accomplished brilliantly is that she has opened up the doors of an unknown world and faithfully portrayed its innocence, its beauty, its chasm and also its cruelty. An unmistakable element of truthfulness is clearly decipherable in her stories. She is an eternal optimist, who is passionate about her home land, its people and their warmth. She has taken up the responsibility to record the pain of the unknown and unnamed. And in a befitting manner to her characteristic attitude one of the last stories in These Hills Called Home: Stories from a War Zone ends with a positive vision, with a resurrected spirit.*

**Key Words:** Peace keeper, conflict zone, terrorism, repression, resistance

Women in India's Northeast have had a long history of spearheading movements of protest against social and cultural oppression. In Nagaland, which has witnessed the longest struggle against the Indian state till date, women have been very visible components of the struggle, albeit at an informal, grassroots level. Their exclusion from formal spaces of power and decision-making reflect certain social and political realities

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regarding the status of women in Naga society (Triveni Goswami 68).

There is a popular folklore about creation of Naga tribes and their abundantly gifted homestead which originates with Lijaba, a creator-god. The tale of Lijaba has certain resemblances with other creation stories scattered amongst different ethnic groups of North East India:

“Lijaba created the world. At first he worked slowly and carefully, making broad, even valleys, and level plains. But, as he started work on Nagaland, a great cockroach appeared and told him that some enemies were coming to attack him. Lijaba quickly put together a jumble of hills and valleys, not taking time to level and smooth them in his haste to finish his work. This is why today Nagaland consists of steep mountains and cliffs, unlike the broad, smooth plain of the Brahmaputra valley” (Beck et al 273).

Nagas are a conglomeration of forty ancient ethnic groups belonging to a Mongoloid race who are the primarily the inhabitants of a hilly state called Nagaland and other neighbouring states of North-Eastern India like Manipur, Assam and Arunachal Pradesh. Anthropologists maintain that these groups have migrated from Southeast Asia to the densely forested areas of North Eastern India. Nagas traditionally enjoyed friendly relations with other ethnic-tribal communities of the region. However, they always proudly insisted on a distinct ethnicity and a different history from other indigenous tribal groups of the region. From ancient times Nagas maintained a patriarchal society where the notions of male supremacy have been an unquestioned norm of social governance. It was their continued suspicion of most ‘foreign’ things and their steadfast attachment to traditional tribal customs and rituals because of which prompted the colonizers dubbed them as ‘anti historical’ people. The extended history of struggle for separation from the Republic of India is rooted in the Naga worldview that they are a ‘distinct people’ with a unique history and also that they have never been a part of the political or cultural ethos of mainland India. By the early 20<sup>th</sup> century Nagas made it amply clear to the colonial government that they were not interested in joining the Indian confederation rather they strongly emphasized on the idea of being given an autonomous statehood which would ultimately lead to a full-fledged sovereign nationhood after the departure of the British from the subcontinent. As early as on 10<sup>th</sup> January 1929, a collective leadership of Nagas wrote to the Simon Commission:

“...we pray that the British Government will continue to safeguard our rights against all encroachment from other people who are more advanced than us by withdrawing our country that we should not be thrust to the mercy of other people who could never be subjected; but to leave us alone to determine ourselves as in ancient times” (Hazarika 50).

But the Nagas felt betrayed when no concrete provisions were earmarked for Nagaland under the Transfer of Power Accord of 1946. Since then the man who is often credited to raise the Naga's demand for cession from the Republic of India in front of the International community is Phizo. Since Phizo's death in exile, the movement for independence has experienced various setbacks. It suffered a vertical split in the year 1988 and two new factions were born – one under the leadership of S. S. Khaplang styled itself as NSCN-K and the other under the dual leadership of Issak Chishi Swu and Thuingaleng Muivah called NSCN-IM. Both the factions, in their race for supremacy on the other have routinely targeted, killed and maimed each other's cadres. Each have continuously accused the other of betrayal and of being controlled by the Indian Army. After a prolonged guerilla warfare, spanning over many decades, Naga insurgent groups signed a difficult and fragile cease-fire agreement with Indian Army and routinely extended the tenure of cease-fire from time to time. But the possibility of an enduring peace has always deluded the commoners of Nagaland and adjoining region as cease-fire agreements provided the opportunity for extortion and ransom-killing to the ultras. When incidents of such widespread extortion increased during the last few years of the previous decade, the factional rivalry increased sharply in and around Dimapur, the financial epicentre of the state. Cadres of both NSCN-(K) and NSCN-(IM) fought pitched battles with the most sophisticated weaponry in thickly populated areas of town under broad day light, which resulted in a significant number of casualties of common people. It was at this crucial juncture, the Naga Mothers' Association (NMA) and Naga Women's Union of Manipur (NWUM) decided to intervene into the hostile scenario in order to save the lives of innocent people and even members of the insurgent groups. Naga women approached state and central government, the Indian Army, the ultra organizations and other non-state actors for mobilizing a mass consensus towards permanent peace and reconciliation between the Naga factions. It was through the continuous invigilation and constant of these peaceniks that finally peace seemed to make some headway in an otherwise hostile political atmosphere of Nagaland. Various influential bodies like the Naga Nationalist Council (NNC) and Naga Hoho have

acknowledged the contribution of the female vigilante groups in ushering an atmosphere of peace. Perhaps the words of Paul Leo, a former president of United Naga Council would provide us a clear idea about the efficacy of the female peaceniks in a critically complex peace negotiation not only between the state and non-state actors but also between factions of ultra groups – “When men talk, they reinforce their rigid positions. Women are more diplomatic and willing to compromise. They can be relied upon to pacify” (Manchanda VIII).

The position of a woman in traditional Naga society is fairly secure though her status may vary from clan to clan. For example a Mayon woman may be allowed to participate in a village council meeting which might not be true in case of other clans. An Angami woman wields considerable power within her family but the it is not same in case of a Ao woman, who have traditionally played a greater role in social circles. In *Strangers No More*, journalist turned peace activist Sanjoy Hazarika narrates the story of a young Naga woman called Lungshang who lost one of her aunts during the assault of Indian Army on remote Naga village,

“She discovered that the woman who had been blown apart by the first mortar shell lobbed into Benreu was her aunt, and the child she had been feeding, her cousin. For many years, the information had been held from her by the woman’s brother, Lungshang’s father, concerned about the impact it would have on her...Lungshang cried that day, as she listened to this story and other stories of beating and harassment, in the hearth of a village home, in pain and deep abiding grief for two lives she had never known, for the hurt of not knowing, of that knowledge being kept from her. ‘I’m sorry’, she kept saying as she wept, ‘I don’t know, I did not know. I can’t help myself’ (Hazarika 63).

The reality is that such stories of tragic death can be heard almost in every Naga village where women seem to be paying the price of an increasingly insane conflict heavily controlled and fought by men. There are many instances where women walk upto the nearest camp sites of Indian Army or Naga insurgents and plead the leaders not to ambush each other’s positions since they happen to be situated very close to human habitations. Social historian Sajal Nag emphasizes it is not easy for a women to act as a peacemakers in Northeastern India, least of all within a fiercely conflict ridden Naga society because here negotiations does not only involve different clans or tribes but between underground insurgents, called

national workers, and the government of India and at times also between insurgents and other non-Naga population of the region. In the words of Nag it is “not only unique but also unparalleled in entire South Asia” (). Female peace activists of Naga Mothers’ Association (NMA) and Naga Women’s Union of Manipur (NWUM) regularly organize and support social gatherings of Naga and non-Naga mothers from various tribes and ethnic groups to encourage peaceful resolution of conflicts. Such initiatives have culminated into

The history of the Naga’s struggle for independence has remained largely outside the purview of the rest of the world. Through works of literature, authors like Temsula Ao and Easterine KireIralu are foregrounding the hidden aspects of the Indo-Naga conflict. Whereas, the ‘terror tales’ of Ao and Kire may open up a new literary paradigm within the canvas of Indian English literature, more importantly, I would like to argue that these two female authors are making a significant contribution to an ongoing ‘peace-process’ by providing a much needed opportunity to reflect on the nature of violence. Both these authors had the opportunity to experience this violence from very close range and they also emphasized on the role that women can play in toning down its intensity. Temsula Ao’s short stories have been published in two volumes titled *These Hills Called Home: Stories from A WarZone* (2006) and *Laburnam for my Head* (2009). The subtitle of *These HillsCalled Home* is suggestive of an insider’s impression of having witnessed conflict and violence from very close range. In the ‘Preface’ to *These Hills Called Home* (again suggestively titled ‘Lest We Forget’) Ao clarifies her objective,

“...in these stories, I have endeavoured to re-visit the lives of those people whose pain has so far gone unmentioned and unacknowledged” (Ao 2006, ix).

The overwhelming impression after reading the stories in *These Hills Called Home* is one of a naked survival within a warlike scenario. The turmoil and conflict which is a part of life in Naga society is not quite visible to the rest of the world. Ao tells as stories about a set of ordinary rural folk braving hardships of life with a sense of anthropological accuracy. She writes about men and women who have lost their sons, their daughters, their wives and husbands, their peace and their crop, their private conviction and public conscience in a fight for dignity against a formidable enemy and the condition of women is most vulnerable in the given scenario. She writes on these issues with a sensitive heart. One the most poignant stories in *These Hills Called Home* is titled *The Last Song*. It

is about Apenyo, a petite village girl of early teens, who is gifted with the most wonderful voice in her small village. On a Sunday morning the soldiers of Indian army ravages her village. Apenyo and her mother are subjected to brutal rape inside the church premises by the soldiers and their Captain. In order to destroy all evidence of the heinous act the soldiers put the church building to fire. But neither the assault of rape nor death could take the song away from her lips.

However, the saddest aspect of Apenyo's story surfaces elders of her community refuses to provide the mother and daughter a proper Christian burial inside the village graveyard. They are denied because of an old Naga tribal custom which refuses the right of a proper burial to people who suffer an unnatural death. Elderly men from Apenyo's village violates her after death by prioritizing the idea of Naga pride as someone bluntly argues – "So what, we are still Nagas aren't we? And for us some things never change" (Ao 2006, 30). At the end a compromise is reached whereby both the women were "buried just outside the boundary of the graveyard" but with the stipulation that "no headstones would be erected for any of them" (Ao 2006, 31). The treatment meted out to Apenyo and her mother is reflective of the plight of the Naga women caught in the midst of tradition and modernity in a male dominated society. They are further repressed and marginalized by a state which has miserably failed to provide them a sense security and fundamental rights.

There is a story about Satemba, titled *The Curfew Men in These Hills Called Home*. who is torn between conflicting ideas of loyalty when an officer of the Indian Army forces him to spy against his own people. However the ugly face of Naga leaders becomes exposed in the figure of a local leader who regularly brings teen-aged girls home and tortures them to spread words about his proverbial sexuality when in reality he is impotent. The impact of the story is highly ironical. In a different story titled *Shadows* we come across an insurgent leader called Hoto, who will unleash the most gargantuan atrocity on the people of his community only to feed his ego in front of the young cadres to provide them a lesson in the idea of 'manliness'.

However, the story which would narrate the deepest wounds inflicted in the body and minds of Naga women appears in her next book *Laburnam for my Head*. In *A Simple Question* we come across the story of Imdongla, a brave and deeply concerned village woman, who is not only very intelligent and resourceful but also loyal and witty. The story begins at a dramatic juncture as we see a group of poor Naga villagers who express concerns over

subsequent crop failures for two consecutive years. The situation further complicates when on a fateful day some young ultras makes a sudden visit to this village and threaten people of dire consequences if their demands are not met in time. Somehow, she manages to get some extra rice and saves one of her neighbours from being shot. The village elders, of whom Imdongla's husband is the headman are mutually discussing in a hushed voice the demand of the insurgents for contributing more rice and grain to the 'cause'. By evening the incident is reported to the Indian Army, which is camping just outside the village. The army men force the entire adult male population of the village in custodial detention inside their camp. At this moment of great adversity Imdongla performs an extraordinary act of courage by engaging in a fierce argument with an army officer. She demands an immediate unconditional release of her husband and all other innocent villagers. After repeatedly being threatened with life and other even loathsome consequences she does not budge, which ultimately leads to the release of the suffering man in custody.

"It is women who expose human rights violations, provoking the underground leadership to take corrective action. Women work through the tribal network and sometimes enlist the support of women within the underground movement, particularly when sexual abuses have occurred ().

[Imdongla was barely literate, able to read the Bible and the Hymn book only. But, she was otherwise a worldly-wise woman, knowledgeable about the history and politics of the village (Ao 2009 81)]

Introducing Temsula Ao's contribution to the oeuvre of literature in English from North Eastern India, Prshanta Das observes,

The stories in *These Hills Called Home* are set in the nineteen fifties and sixties when the Naga rebellion was at its height. Ao's stories remind us of the human costs of "integrating" the Nagas into the "mainstream". But she does not make the Nagas mere victims of the Indian state (Das 11).

"Stories live in every heart, some get told, many others remain unheard – stories about individual experiences made universal by imagination; stories that are jokes, and sometimes prayers; and those that are not always a figment of the mind but are, at times, confessions (Ao 2009 ).

Easterine Kire's *Bitter Wormwood* () is the first Indian English novel based on the issue of Naga insurgency.

There has been an accusation against Temsula Ao that most of her short stories in *These Hills Called Home* do not adequately represent the violence and trauma of the Naga conflict and that she reduces the complexity of the situation into “a set of standardized and predictable narratives” (Ray 62). Certain reviewers have opined that Ao’s stories are not ‘political’ enough; that she has

“These stories however, are not about ‘historical facts’; nor are they about condemnation, justice or justification of events which raged through the land like a wildfire half a century ago. On the contrary, what the stories are trying to say is that in such conflicts, there are no winners, only victims and the results can be measured only in human terms. For the victims the trauma goes beyond the realm of just physical maiming and loss of life – their very humanity is assaulted and violated, and the onslaught leaves the survivors scarred both in mind and soul” (Ao ix-x).]

More importantly, Das argues that Ao’s choice of the genre of short story instead of novel is quite provocative.

After all, the novel has played a crucial part in imagining and representing the nation. Also, while theorists have noted the novel’s tendency to be deployed as “national allegory” novelists like Salman Rushdie, Amitav Ghosh, Siddhartha Deb and others have used the novel to question the idea of nation. Ao’s use of the short story instead of the novel may indicate a political position (Das 11).

Temsula Ao draws a very powerful and deeply penetrating pen picture of the roughly battered and bruised Naga psyche. In a press briefing, shortly after being awarded with the prestigious Padmashree, Ao she commented in the following manner, “For those who know what we have done to ourselves...I hear the land cry, over and over again, let all the dead awaken and teach the living how not to die”. The point is precisely that – thousands of Naga women are silently but passionately working on the face of all imaginable and unimaginable odds on earth to save the lives of their precious ones.

These men, the father  
Of my child among them,  
are an absurd lot  
rejoicing over some ugly  
severed heads, stupidly unmindful  
about marauding animals

devastating standing crops  
and threatening women and children (Temsula  
Ao, *Trophies* 2007)

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# Women Empowerment Through SHG/IGA Training

Manorama Nanda<sup>1</sup> & Subhabrata Dutta<sup>2</sup>

## Abstract

*A woman is the face of humankind – a fact we need to be reminded of from time to time. Great is the power of women's existence in the world, in the society and in the family. It's amazing to see these women possessing so much of inborn power, energy, talents and qualities. Women do the impossible and transform into incredible. Women are the most lovable, adorable and valuable being. Women through their manifold contribution to the family, society, and country become the channel of development, a sign of hope, and love. But very often their contribution is not recognised. Many forms of degradation, discrimination still exists today in our society. It is impossible to think of a society without a woman. Today we need to salute the women who are our mothers, wives, daughters and sisters. The society must recognise, appreciate and acknowledge for all that, the women represent and bring about change in the life of humanity. Women empowerment is to give power to the women. Empowerment is the ability to transform and enhance the status of women in the society. There are various ways of empowering women and one of which is formation and strengthening of Self Help Groups (SHGs). In the course of monthly savings, meetings women are taught and trained about Income Generating Activities (IGAs). As a result, women get empowered. SHGs and IGA Training become primary tools for women's holistic development, particularly economic development. Such trainings give women, new power, new knowledge, self confidence, generate employment, income and improve living conditions. The present study revealed that through SHGs social, economic, and monitoring development and capacity building of women increased. In this findings Case study method has been adopted.*

**Key words:** Empowerment, Women, SHG, IGA, Training, Socio-economic development

## Introduction

Women empowerment through Self Help Group has changed women's life. It has transformed the community, society and the world. SHG as a platform for women's empowerment is based on social and economic development and enables women to save money develop finance and invest in Income Generating Activities. (IGA) Regular SHG meetings have strengthened women's self belief, self confidence and will power to work hard and enhance development. *“Always aim high, work hard, and care*

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*deeply about what you believe in. And when you stumble, keep faith. And when you're knocked down, get right back up and never listen to anyone who says you can't or shouldn't go on.*"(Clinton, 2018) SHG signifies not only empowering women but also in respect of investment, production and marketing effort of women. This is one of the most effective ways to promote the micro-finance in the society & seen as an important tool for the empowering of women. Empowering women have generated change of attitudes in them. As it is said united we stand, divided we fall, Self Help Group as the platform has been uniting women for development. SHG has educated the women, empowered the women and ensured sustainability to women. I can promise you that women working together, linked, informed and educated, can bring peace to this forsaken planet. (moderntejana)SHG and IGA training has become a key to improving household productivity, employability and income-earning opportunities and creating better livelihood for women. Today they are empowered women who have become aware of various social, economic, political and legal issues that affect them. "A woman is like a tea bag - you never know how strong she is until she gets in hot water." (Eleanor Roosevelt). [www.wiseoldsayings.com](http://www.wiseoldsayings.com) "Women are not the problem. They're the solution". (Sheryl Wudunn)

They have come across in the society, the common attitudes and practices toward them as:

- A woman's life is a burden from her birth to her grave. (unpublished, 2016)
- Household work is meant only for girls/women even if they are working or studying they are expected to manage both.
- Most often advertisements are made on woman's body.

These conditioning have been the obstacle to the progress of women. This has prevented women from truly being themselves. "Above all, be the heroic of yourself, not the victim". (Ephron, 2013) Women's dignity has often been unacknowledged and lost. Women who are living in poor economic and social conditions are facing a lot of such problems. Women are facing sexual harassment, abuse, exploitation, torture, rape (Baruah, 2019)domestic violence. (<https://timesofindia.indiatimes.com>, June 2019) It is high time for the society to change the attitudes and save the dignity and worth of women.

Even the Government of India has introduced developmental programmes for the community, to improve the social and economic conditions of

women and reduce their vulnerability. One such programme was the Microcredit Self Help Groups (SHGs) established by the National Bank for Agriculture and Rural Development (NABARD). From its beginning, SHGs have been under the patronage of the Central Government of India under a programme called Swarna Jayanthi Gram Swarozgar Yojana (SGSY). SHG is a voluntary and homogenous group. The members relate to each other for common purposes. The members want to improve their living standard. SHG is a micro group, autonomous and independent with a life of their own. In this micro group personal interaction is easily possible and visible; members know each other and establish personal relationship. Here interdependence is very much felt by all the members. In such small group consist of 10-12 members; feel free to share their ideas, problems and feelings with each others. Feelings of trust, caring, fellowship, friendliness are visible.(s.j., 1981) Therefore empowerment of women through SHG is a clear evidence.

### **Basic purpose of SHG:**

The basic purpose of SHG is; 1.Self Employment, 2.Starting Income Generating Activities, 3.Personal work.

Including these the goal of SHG is micro savings, inter loaning and to develop economic and living conditions. To educate, to empower and to sustain the group, trainings have been organized, on the various topic, like documentation, reporting, accounting, banking, Participatory Rural/Urban Appraisal (PRA), Human Rights and Women Rights etc. As women come together and discuss on certain social issues, they get new ideas, they experience freedom, courage, and get motivated for social action. They learn how to talk and express their views, and they listen to each other. They become open to each other and begin to share with one another. They do have initiated rallies and joined various campaigns against any type of violations towards women and girls. Today SHG women have become powerful assets of our society and nation. "I wish I could just go to tell all the young women. I work with all these fabulous women, 'Believe in yourself and negotiate for yourself. Own your own success.' I wish I could tell that to my daughter". (Sandberg, 2015)

### **Objectives of SHGs**

- a) To motivate every member for economic development and transforming the living standard of the poor.

- b) To initiate regular savings and utilization of local resources for group interest.
- c) To building awareness on the rights which could help in financial assistance.
- d) To identify problems, analyze and find solutions.
- e) To act as a media for socio-economic development of the village.
- f) To rapport building with likeminded institutions of NGOs.
- g) To gain mutual trust and confidence.
- h) To ensure team spirit.
- i) To enhance qualities of the leaders.

<http://www.journalijcst.com> International Journal of Current Science and Technology, IJCST- (2017)

### **Research Methodology**

In this study the researcher selected a Self Help Group from Bethany Social Service Centre, an NGO Guwahati. Case Study method has been used to study a group and to understand the women empowerment; especially socio-economic development of women of this group. The researcher collected the data from the group by observation, personal interview and structured questionnaires. And clarified the doubts of any questions. (Tehra, 2014) An Empirical Case Study of Women Self Help Group (SHG) functioning in Nanded City (2014) Dr. R. V. Tehra

**Main Findings:** Following are the findings from the study.

The SHG (named Marami) has 10 members. These members are from one locality place called Kathabari, (near by families) Guwahati in Assam. It is a Registered SHG under Guwahati Municipality Corporation (GMC). Each member pays Rs 100as monthly savings. The savings are kept with a bank. This common fund is in the name of the SHG. They have regular monthly meeting, interaction and discussion. They follow participatory method in decision making. The group keeps the accounts of financial transactions. The group maintains the following records such as: Minutes book, cash book, attendance register, savings register, individual pass book and bank book. They follow a common Bye-laws. All the members are involved in Income Generating Activities (IGA). Like, Animal raring, pan shop, signboard making, and grocery shop, tea stall. The group has received Rs 25,000 as loan from Assam Grahmin Vikash Bank in two instalments. They have utilized the amount in their group multi-items shops that they run and

other IGAs. They also take inter loaning. And the members have shown certain improvement in socio-economical conditions.

### **Loaning system of the group**

All the members have taken the inter loan from the group for various purposes between Rs6000 to Rs 10,000.

Group members are from the Lower to Middle class income group. Hence we can say that the SHGs are very beneficial for the Socio-Economic Development of BPL families as well as low income families. The loan interest of the group is 3 per cent. Timely various training programmes are organized to strengthen the capacity of the members by GMC as well as NGO. Training was on documentation, accounting reporting, economic development, banking, marketing and utilization of the finance, micro enterprise, team work, recording etc.

**Social Development:** The women of this group are being recognised by the society as productive and hard working group. This group has become the member of Area Level Federation (ALF) which means 10 SHGs of the same are together form into one federation/cluster. Out of which Marami SHG is such as one. SHG members have done some social activity. The group has received the scheme for building drainage for outlet of used water, for the area where they live. Their husbands do cooperate and help for the decision that they take for the common good of the society. Women have gained courage and confidence to contact the government officials of GMC and Bank. Even in the family they are respected and recognised as valuable and earning members of the family. A very poor woman became self employed along with her husband with the available loan by the group and the local resources and their skills and knowledge they stated their own tea shop. Earlier they were depending on the daily labour work. But now they work in their own tea shop. They have 5 children; now they can get admission in the school easily. The SHG group also is helping other poor families' children's education and their admission. All the members are happy and contented. Three members have bought refrigerator, mixer and other utensils for their house. Self-help groups (SHGs) is an instrument that brought change in social condition of women. Women participated in common festivals and cultural spheres of life, meetings, and decision makings. Even the president of this group has got a higher position leader for ALF. Women can face the crowd and express the views. Along with the women all the families have become empowered. (Sharma, 2016).

**Parwar (2014)** National Rural Livelihood Mission (NRLM) is a successful programme for the poor in rural areas, it has to collaborate in its functioning and follow three Fs. They are: formation, financing and federation of women SHGs. **Uma and Rupa (2013)** SHGs have brought about a change on finance and Socio-economic conditions of women. Social development has improved women's lifestyles through SHG/IGA incomes, skills development and employment. Social transformation based on cultural and environmental factors have brought about. There is equality between men and women. Through the various programmes like women's day celebration, SHG Exhibition, women have gained respect, dignity and self confidence. Women are recognised in society and at district level. They were involved in the cleanliness drive. Women are utilising their talents and skills for better future life. Women have developed rapport building with bank, GMC, Ward Councillors.

**Economic development:** The economic status of women and her role in the society is interrelated. The Self-help groups have provided economic benefits to the women by providing various income generating activities. Poor women became self employed and have started their own business. They have daily satisfactory income. Women through SHGs indirectly participate in the economic affairs of GMC and wards meetings. Economic development plays an important role in the development and growth of any society. The importance of promoting women to engage in economic activities is being increasingly realized. Women felt self satisfied. Not depending on husband. Economic growth has enabled the women for better marketing ability. Women have overcome poverty. They found better and immediate treatment in times of sickness. Women became free from tension and worry. There is improvement in the regular schooling of their children. Women have learned accounting, banking, loaning. The whole family enjoys good health. They are employed and got better income. There is increase in income opportunity; employed women are able to contribute to family as well. Women learned accountability. Economic power strengthened women's participation and decision making. They have improved their quality of life. Economic growth helped to reduce taking government loan. Economic growth played an important role to empower women. They found more demand of their products. Economic empowerment is essential for improvement of female sex ratio but economic empowerment is possible only when women are educated.

**Monitoring and development:** The group has regular monthly savings meeting. The researcher checked the monitoring system of the group and found that they maintain every document up to date. Bank pass book is updated regularly. At the time of meeting even there is a procedure that is followed for the meeting. Within the SHG there are 3 appointed members who hold the responsibility of the group. They are president secretary and treasures. They have joint account and personal bank book. Every SHG has to be monitored for its effective result. Monitoring is very important see the group's growth. Monitoring system has encouraged the members to be transparent. IGA has been monitored Monitoring is the regular observation and recording of activities taking place in self help group programme. It is a process of routinely gathering information on all aspects of SHG/IGA. Monitoring and evaluation together provide the necessary data to guide strategic planning, to design and implement programmes and projects.

The group meeting takes place in rotation in the member's house. Every month on 5<sup>th</sup> meetings are held. Rs 100 per head are the monthly savings and 3 per cent interest. The SHG group received fund/loan from the Government as well as Bank for Income Generating Activities. Minutes are being documented with individual's signature in the register. Members maintain individual passbook. And joint bank pass book. The fund received has been monitored and activities are systematically planned. It is evaluated in a regular basis. At every meeting they take attendance. The pattern of leadership is rotating once in 6 months. Leaders, who represent the group matters in various platforms. The leaders are elected from the members on rotation. Leaders aid to democratic function of the group. The purpose of rotation is to see that the leadership qualities are developed among all the members of the group. Members underwent various trainings on Documentation, banking and skill training.

**Capacity Building:** BSSC and GMC had organized several capacity building training programmes for the group members. The topics were group dynamics, conducting group meetings, saving and bank linkage etc. When these women joined the group, none of them were able to put the signature but over a period of time all the group members could put their signature as they started attending the literacy class conducted by the NGO. The group started a grocery shop and goat rearing. As a result the group gained profit. It was initially a group venture but in course of time the goats were divided among members. Presently each members individually rearing the goat with a better profit. On an average, each member of the

group make Rs 4000/- to Rs 5000/- per month. This increased family income and improved economic status of the families of the group members. This group also is a member of the SHG Federation (ALF) called Smriti promoted by GMC. The group gets support from the federation for mobilization of resources. Federation acts as a link between resource agency and individual SHGs. Beside economic activities, the group also is involved in other activities beneficial to the community i.e group is managing public distribution system (vaccine door to door) BPL ration (food distribution) as well as mid-day meal programme in the schools. This group has reached a level of independence and self-reliance. Women have gained courage, knowledge and skill. The capacities of all the members have strengthened by all these trainings. The objective of the training is to bring out the hidden talents and capacity of all the SHG members. All the SHG members were given this basic training.

**Social Action:** Social action became a very powerful instrument in the hands of the women of this group. To secure social justice and human rights the group voluntarily made efforts mobilized themselves and other peoples of the society to demand the govt. scheme that they should get done the drainage for the betterment of their community and get their rights. Informal efforts and service of Women applied for water drainage system in the society. Members have motivated the people about the social problem, specially the drainage problem. Then together strategy plan was made. As it is defined by Friedlander (1963): “Social action is an individual, group or community effort, within the framework of social work philosophy and practice that aims to achieve social progress, to modify social policies and to improve social legislation and health and welfare services.” The researcher collaborated with the local authority. And brought change as a group. They also have helped out a very poor family’s for children’s admission in the school. They have joined in clean drives. Efforts of the group had in common, was a vision of helping humanity progress materially and be happy. On building the capacity of all women, generated successful action in society.

## **Conclusion**

It is necessary to empower the women more and more through SHG and initiate social and economic development of the family in particular and the nation in general. The researcher confirms that without the active contribution of women’s social and economic empowerment, no society will develop. SHG is a powerful instrument to empower the poor women



and to secure social justice and human rights. The empowered women's effort have produced a range of outcome. The women's empowerment program is on setting up SHGs and in making credit facilities available to them so that they can engage in economic activities betterment of the family, society and country.

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# Understanding the challenges faced by women tea plantation labourers and role of social worker: A study in Durrung Tea Estate, Assam

Barsha Kalita<sup>1</sup>

## ABSTRACT

*Tea plantation is not just an economic space for production and profit making but it is also a social space for the labourers. Women labourers are significant part of tea plantation sector; however their life is conditioned by gender norms and its resultant hierarchies which lead to their oppression, deprivation and miseries. Based on a research conducted in Durrung tea estate in Assam, this article is an attempt to understand the lived experiences of women tea plantation labourers and the plausible role that social workers can play in emancipating the lives of these labourers.*

**Keywords:** Women tea plantation labourers, Lived experiences, social work intervention

## INTRODUCTION

Tea plantation industry has been vital for the economy of India as well as Assam. However, the lives of the tea plantation labourers have been surrounded by untold suffering, oppression and exploitation. The plantation labourers are isolated and are deprived from their basic needs. Almost half of the population constitute of women labourers. But despite being significant part of plantation sector, women labourers are discriminated and exploited (Sarkar & Bhowmik, 1999). Women's work is often underestimated because it is considered as subsidiary and intermittent to their non-economic household work. Moreover, women in the plantations often become victims of gender-based violence. They have to face physical exploitation at the hands of manager and senior employers at work sphere, and domestic violence, discrimination and sexual abuse in domestic sphere (Behal, 2010; Philips, 2003). However, with time women are gradually becoming more aware and have started voicing their opinions. They also became more conscious and aware of their rights and government initiatives (Sharma, 2006). Government has also made various efforts to improve the living conditions of the labourers. But despite various state

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interventions, labourers still lead a deplorable life. So, in this scenario, a social worker can play an important role in mobilising and empowering women tea plantation labourers.

## RESEARCH METHODOLOGY

This paper is based on a research that attempted to understand the life of women tea plantation labourers within a gendered space. Further the paper attempted to highlight the plausible role that social worker can play in emancipating the challenges faced by women tea plantation labourers in their everyday lives. Thus, in order to get an in-depth understanding of the lived experiences of women tea plantation labourers a qualitative approach was adopted. A feminist perspective had been assumed to study the problem from the perspective of women's experience as the voices of women tea plantation labourers are seldom heard. This guided the theoretical framework and the logic of procedure of the study.

The ontological assumption on which the study was based is that the problems women tea plantation labourers face, depend on their socio-economic and cultural milieu in which they have been nurtured and moulded. The lives of these women tea plantation labourers are influenced by social, political, economic, ethnic and gender-based forces which have manifested over time into social structures that are taken to be natural. The epistemological assumption was that the relationship between gender-based forces and the lives of women tea plantation labourers can be understood through in-depth interactions and discussions with them as well as by observing their everyday lives. The focus was on the status and lived experiences of women tea plantation labourers and the factors which have influenced their lives. The logic of procedure of the study as emanating out of the theoretical framework had been predominantly inductive as the aim of the study was to develop an in-depth understanding of various aspects of the lives of the women tea plantation labourers.

For the purpose of the study, theoretical sampling had been used where theoretical interest had guided the selection of the sample cases. There was no pre-determined sample size. The criterion for judging when to stop sampling the different groups pertinent to a category was the category's theoretical saturation. Grounded theory approach was adopted for developing theory that is grounded in the lived experiences of women tea plantation labourers. Grounded theory methods consist of systematic,

yet flexible guidelines for collecting and analyzing qualitative data to construct theories 'grounded' in the data themselves. A social constructionist approach to grounded theory encourages researchers to make measured assessments of their methods and of themselves as researchers. Constructivist grounded theory assumes that neither data nor theories are discovered, but are constructed by the researcher as a result of his or her interactions with the field and its participants (Charmaz, 2006). The methods selected for data collection were guided by the research questions, theoretical framework and logic of procedure. Unstructured, open-ended interviews had been conducted to collect data from the women tea plantation labourers. Further, focused group discussions (FGDs) had been conducted to elicit views and opinions of the women tea plantation labourers on various issues concerning them. Besides, non-participant observation had also been adopted which gave access to the respondents' behaviour in an undisturbed social setting. The tools that had been adopted for data collection were interview guide and FGD guide. Using constant comparison method data collection and analysis was done iteratively.

The study area was Sonitpur District in Brahmaputra Valley. The sample of the study had been selected from Durrung Tea estate of Sonitpur District. Women tea plantation labourers, belonging to Mundas, Santhals, Kurukh, Gonds, Kharia, Bhumij, Tanti, Saora communities, commonly known as *Adivasis*<sup>i</sup>, had been interviewed for the purpose of my study.

## FINDINGS OF THE STUDY

### Intersection of Ethnicity and Identity

The tea plantation labourers in Durrung include people from multiple ethnicities hailing from Jharkhand, Orissa and West Bengal. The common tribe/ caste groups are *Bhumij*, *Dhanwar*, *Ghatowar*, *Kurmi*, *Kharia*, *Kormokar*, *Munda*, *Oraon*, *Rajwar*, *Sahora*, *Santhal*, *Tanti*, etc. Even though they belong to different ethnic groups they prefer to identify themselves as *Adivasis*. The differences between the culture and tradition of different caste groups have gradually reduced over the years and the present generation identify themselves with one common identity of being *Adivasi*. '*We work in tea plantation so we are called Adivasi or baganiya. We may belong to different caste but together we are known as Adivasi which is our common identity.*' (Seema<sup>ii iii</sup>).

Their close association with the tea gardens had given them this identity. The present generation have little or no contact with their places of

origin. They have accepted Assam to be their home and have no desire to return to their native places. So, the present generation, being more aware have begun voicing their demand for 'Schedule Tribe' (ST) status. They believe that this will bring them reservation in education and government employment.

*We want ST status as it can improve our life. Our children do not get job even if they get educated. For getting a job they ask for money, where will we get money? We earn so less that it becomes difficult to make ends meet. So if we get ST status, our children can get jobs and their life can improve. If others can get ST status why can't we get it?*  
(Reema)

This reflects how their demand for ST status is combined with a hope for better life. However some feel it is a search for their identity.

*We are demanding ST status as it can help us get an identity of our own. We may belong to different castes or ethnic groups but we are connected by these tea gardens which gave us our identity as Adivasis. So as Adivasis we would like to have an identity of our own which will help us in getting recognized as one and also in accessing various benefits and services like government jobs. Currently no one recognizes us.* (Malati)

Their demand for ST status is a hope to gain an identity. Over the last few years various protests and strikes were held. Various conflicts took place like November, 24, 2007 incident, when Adivasis went to Guwahati to demand ST status but soon the peaceful protest took an ugly turn following clashes between locals and adivasis. An adivasis girl was stripped and assaulted in public. This act of vandalism is seen as ultimate expression of inbuilt prejudice and class hatred and result of Assamese-Adivasis clash (Mishra, 2007). Some of the men of Durrung also took part in this protest and had fled to save their life. What they expected to be their fight for identity turned to be a nightmare. Speaking about this incident one woman shared her views,

*I remember that incident. Some of the men from our garden went early in the morning to attend the protest. I don't think any woman attended. On the next day, when they returned we heard stories of how they were beaten up and had to flee from there to save themselves. I heard women were also beaten up; it is good we did not go. Adivasis went*

*only to demand their identity. Don't we deserve that? If others can have ST status why can't we have?(Swapna)*

Importantly, the incident and the above reflection highlight intersection of gender and ethnicity as experienced by *adivasi* women. On the one hand women do understand the importance of having a unique ethnic identity for their empowerment but their participation in a social movement is still lower than men. Moreover, it highlights that participation of women in protests is more dangerous as compared to men. Thus *adivasis* also believe that the fight for ST status is for restoration of their tribal identity to which they are entitled but have been denied. There also have been instances of conflicts between *Bodos* and *Adivasis*. 1990s saw various clashes which took an ugly turn especially in Kokrajhar and Sonitpur area where number of people were massacred, houses were burnt, people got displaced and women got molested (Bora, 2014). On this incident, one woman expressed

*This conflict could not reach us as our garden is situated in the interiors but those tea gardens near Balipara, Rangapara, Dekhiajuli had to suffer a lot. Many people were killed including women and children, houses and markets were burnt. There was also curfew. What did they get by killing innocent people? We adivasis are peaceful people; we just want our rights. (Malati)*

Malati's views reflect that *adivasi* women do have clearly articulated political opinions and understanding of social issues but these voices are always part of the private sphere and hardly do they become public. Again subjugation of voices of marginalized communities, especially women belonging to these communities is a common practice. This incident got marked as another shameful incident where innocents were killed and poor people were further pushed in a deplorable state of fear, starvation and oppression. While it did not directly impact the *adivasis* of Durrung tea estate but it inflicted fear and helplessness in their minds. For them they were just demanding their identity rights which are rightfully theirs. Such incidents had shaken the entire state but besides women like Malati, there are many women tea plantation labourers who were unaware of their demand about on-going chaos. This highlights the high levels of domestication that many women experience in the tea plantations despite being a productive work force.

*I do not know about Adivasis demanding ST status. I have no idea about it. If no one informs us anything then how will we know? Most of the time it is the men who go for the meetings or protests held outside the garden. Women in this garden generally do not go to protests which are held outside so we are not aware of such things. If we ask our husbands what happened in the meetings they ask us to concentrate on household work rather than focusing on these things. (Gauri)*

This presents the picture of awareness level of women tea plantation labourers, who are mostly ignorant about their identity issues and the conflicts going on for the demand of ST status. They remain bounded within the garden which makes them oblivious to the outside world. Women were seen to be too involved in managing the domestic as well work sphere that they can hardly manage time to take part in these protests!

### **Working and living conditions of women tea plantation labourers**

The workers in the tea plantations are usually classified into field workers and factory workers; field workers are employed in hoeing, pruning, planting, spraying, and plucking. Factory workers include shifting mazdoor, room workers, fermenting room workers, withering mazdoor, packers, and tea makers. In Durrung tea estate, women are mostly engaged in field, where they have to do plucking, hoeing, planting, pruning, etc. Some of the women and adolescent girls are however employed in factory. They are engaged as fibre extractor and shifting mazdoor. They are given less skilled jobs as they are considered to be less skilful than their male counterparts. The women labourers working in the factory get rupees seventy per day as wages compared to their male counterparts who get Rs. 137 per day. Apart from it, there are two types of labourers – permanent and faltu. The permanent labourers get various facilities like whole year employment, ration, house; medical expenses even if treatment is done outside garden hospital but faltu labourers are deprived of such facilities. Faltu<sup>iv</sup> labourers are employed for six months and only get ration. Moreover, all faltu labourers do not have a Provident Fund account, only those who have worked for more than 15-20 years have PF account. During off-season, women faltu labourers have to go in search of other jobs at construction sites or people's home to work as domestic helps in order to meet their basic needs.

*Permanent labourers get various facilities, but faltu labourers do not get anything except ration. Permanent labourers get ration, house, firewood, better medical facility, sick leave and can work whole year but faltu labourers like us do not get house, we have to construct our own. When there will be less leaves they tell us not to come, what will we do? My sister-in-law is permanent, she got firewood, but I did not get. I also did not get tarpaulin, sandal and umbrella. (Shanti)*

The management in Durrung were not fully successful in providing the facilities that they were supposed to provide. Facilities such as houses were constructed during British times as a result they require urgent renovation. Moreover, faltu labourers were not provided house and they need to construct and repair their own house at own cost. *'We can't sleep at night during rainy season, nor can we cook food. The water leaks from the roof. We do not have money to repair our house but the management do not help us.'* (Puja) Such instances reveal the hardship faced by these people.

The yearly provisions such as firewood, tarpaulin, basket, umbrella, and sandals are neither sufficient nor regular. Earlier water facility was provided which stopped after few months. People had to invest in their own ring well or tube well. Still, most of the people have no access to electricity. As a result women try to finish their household work as soon as they come home from work, even if they are too tired. This takes a toll on their health since after working whole day in scorching sun they hardly get time to rest. Moreover, lack of hygiene along with hard work has made them more prone to diseases.

Lack of proper water and sanitation facilities and no drainage system in the garden have further added to their woes. Latrines are constructed under Swach Bharat Abhiyan, but due to improper construction people failed to utilise it. They still practice open defecation which leads to various health problems. For women, the problem is graver as they have to go for defecation before sunrise. The hospital facility provided by the management in Durrung is also in appalling state. Due to lack of infrastructure, medical facilities and medication, most of the emergency cases are referred to other hospitals.

*Hospital facility is not so good. Yesterday I went to the hospital, I was having fever, head was paining and I had weakness in my leg, doctor told me that may be I had high blood pressure but did not check*



*properly. He told due to weakness I had high blood pressure. Even when my child got sick, he became so weak, but the doctor did not give proper medicine, he just gave 1tbsp tonic. It is not possible to go every day for that 1tbsp tonic. Once I was also very unwell, I had weakness I could not eat anything still doctor did not give me saline. Now due to heat all of us are suffering from boils but we are not treated here properly. Doctor gives us some cream in a piece of paper, how can it heal? (Priya)*

This characterizes the health status of the people in tea estate. Labourers mainly suffer from water borne diseases like diarrhoea, gastro-intestinal diseases, tuberculosis, fever, cough, cold, body pain and headache. Excessive consumption of salt tea results in high blood pressure among the people especially among women. The labourers believe that since, they had to work in sun; they sweat a lot, so their body will need more salt to cope. As a result, they drink large quantity of salt tea. Another health issue arises due to early marriages in tea garden community. Mostly girls get married by the age of 15–16 years. This also results in early pregnancy.

*Girls get married so early here. Some months ago a 16 year girl came to the hospital for check-up, she was pregnant. Later I heard, she had delivered a girl child at her home, soon afterwards the girl died of excessive bleeding. Their family have left the garden now. – Nurse of Garden Hospital, field notes Durrung.*

Such instances show the lack of knowledge with regard to reproductive health and hygiene. Moreover, on an average, women in the garden have around four to five children. The reason behind it is lack of contraceptives distribution and medical negligence. Those women who approach the garden hospital for tubal ligation are immediately not operated upon. They are asked to wait so that few more such cases come up and then they can send them together to the government hospital, but in the meantime, women get pregnant again. Most importantly, women in tea gardens hardly have the decision making power over her own reproduction. It is the man who decides how many children to have.

*I did not wish to have four or five children. Even my mother-in-law asked me to have an operation after my second child was born. But my husband wanted more children after my third child, I told doctor to conduct my operation but he said let some more women come then we*

*will take you for operation. In the mean time I again got pregnant, like that two more children were born. I even asked for oral contraceptives but the doctor told me that women are still conceiving after having contraceptives so it is useless, he did not give them to me. (Surekha)*

Thus, it is the women who have to face the burden of giving birth and managing the children. Earlier due to lack of medical facilities, deliveries were conducted in home with the help of mid wife. However, at present they started visiting the garden hospital for deliveries. But normal deliveries are only conducted, whereas caesarean delivery or high risk pregnancy cases are referred to other hospitals. Pregnant mothers often suffer from anaemia and preeclampsia (severe swelling of hands and feet). Menstrual hygiene is another issue in the tea estate as women and girls do not maintain proper cleanliness. During menstruation, women and girls use clothes as there is no provision for distribution of sanitary napkins. Even if some of them use, they don't change it frequently which results in infections. Used clothes and pads are discarded in the open. Those who suffer from dysmenorrhea have to get medicines from outside private clinics as doctor does not provide any medicine to them.

*My daughter gets severe cramps during menstruation but the doctor says that if painkiller will be taken then the waste blood will stay inside the body so doctor does not give. He asks her to bear it. But when she can't bear the pain then she takes medicines from outside pharmacy.(Aarti)*

This depicts the negligence on a condition which is still considered to be a taboo. Women are silenced and asked to bear the pain about which men are clueless. They are discriminated and things have not changed over the years. It seems as if these women have internalised the discrimination done towards them.

### **Gender Discrimination in Tea Plantations**

Women in workplace as well as in domestic life have to undergo various forms of discrimination, as under patriarchal set-up they are always considered inferior to men. From time immemorial women's labour had remained imperceptible, they never got due recognition for their work. Tea plantations are male dominated and people in Durrung are no exception. Women labourers are discriminated, oppressed, devalued and ignored. Be it work sphere or domestic sphere, their work receives no recognition, they are not considered fit for skilled jobs and even after striving hard they get

abused emotionally, physically and mentally. Right from birth they are considered to be liabilities and are discriminated against. Girls have to take up responsibilities of younger siblings and household work even before they understand the meaning of responsibility. Most of the women and girls in Durrung tea estate are either illiterate or have studied only till primary level. Parents feel educating girls is wastage of time and money. They feel rather than wasting time in getting education it is better to learn household work which will help after marriage. Educating girls is also seen as financial burden as they will get married and will not financially contribute even if they get a job. Even if some parents educate their daughters, they prefer to send only their sons to English medium schools. One of the women accepted she wants to get her son admitted to English School but not the daughter stating financial constraints but it depicts the differentiation done between a boy and girl child. *'We have one son, so we must get him educated in English school but let's see about my daughter. I think I will send her to government school. We will not have enough money to educate both in English school.'* (Purvi).

Moreover, those families who consume *haria*<sup>v</sup> regularly are found to be less interested in their children's education.

*We do not sell or drink haria but most of the adivasi people are addicted to haria. They say they can't manage their household without selling haria. We don't sell, are we not managing our house with our income? Some people say they have to educate their children so they have to get that extra income by selling haria but those household who sell haria also consume haria and then engage in fights. How can their children study in such environment? Most of their children run away and get married due to disturbed environment at home. They also engage their children in serving customers haria and making them wash the serving bowls later. If children remain busy doing these works, when will they get time to study?(Gauri)*

Thus, it can be said that socio-cultural factors are also responsible for less education in tea gardens and the differentiation done. Even though thinking of these people had modernised to certain extent but still certain people believe in black magic and superstitious beliefs. Widows are especially held responsible of casting black magic on children. There had been instances where women are termed as witches and considered to cast an evil eye on people. Some months back, one woman was killed in the

garden in the name of witch hunting. But such issues were not talked about openly, rather hushed upon.

*There are witches in our village but no one will discuss about these issues. Even if I know I will not tell others and others will not tell me. The woman in that house opposite ours is a witch, don't go there. She casts black magic on others and makes people ill. (Tani)*

This reveals how people still holds superstitions more important than life of a person and women are mostly the one who have to suffer on account of such superstitious beliefs. Even in the administrative sphere, women labourers are paid much lower wages than their male counterparts for the same job. They are also engaged in less skilled jobs. Women are mostly employed in the field. In the factory, only twenty four women are employed, in less skilled jobs. But even after their immense contribution, their work remains invisible.

### **Invisibility of Women's Work**

From time immemorial women's labour is invisible, they never got due recognition for their work. In Durrung tea estate, women's economic contribution is recognized but household work is seldom recognized. Family members or their husband accepts that their economic contribution helps in maintaining household expenses. Since, it becomes difficult to manage a family of 5–6 people on a single person's wage so women's economic contribution becomes quintessential. But scenario is different in case of household work. The woman in the household has to get up early in the morning to manage all the household work before going to work. After returning from work, they have to manage the rest of the work before retiring to bed. Apart from these work, most women make and sell *haria* for some extra income. In rare instances, few husbands help their wives in household work or in taking care of children. But even after working hard and managing the house alone, their contribution is hardly appreciated as gender-based division of labour is internalised in a patriarchal society like India. The structured gendered roles have become an unspoken rule of law, which have sustained and institutionalised this discrimination. (Anis, 2017). Durrung tea estate is no exception. A woman has to perform multiple roles as wife, mother and worker and spend all her energy but they are always considered to be less important and are accorded a lower status. Women's unpaid household work is usually neither valued nor considered as a contribution to the economy. It is considered to be their responsibility

which they need to fulfil. But even after that they have to face various forms of domestic violence.

*I have to manage all household work alone, take care of children then go to work. Even after that I get beaten up. On small issues my husband and mother-in-law scold me. Sometimes my mother cries seeing my condition. After my father died she asked me to leave my husband and stay with her, but I do not wish to go because of my children. I do not want to deprive them of their father's love. (Devika)*

This depicts the violence women have to face in their domestic life, but they silently oblige to it as they have internalized manifestations of patriarchy in their everyday lives.

### **Violence against Women**

From the administrative perspective, women labourers in Durrung never faced any sort of abuse from management. The management do not scold or abuse women in Durrung and are treated respectfully. However the scenario is different in case of domestic sphere. Most of the women do not have any control over their wages. They give their wages to their husband or in-laws. Most of the men spend all their money on alcohol and then demands money from their wife. In such instances, if wife refuses to give money, they have to become the victims of domestic violence. 'My husband demands money from me to buy haria. When I do not give he beat me, so I started hiding money for children's need and emergency.' (Seema, Durrung). Sometimes, excessive spending on alcohol, some families have to starve by the end of week. Moreover, wife must consult her husband before making any big purchases from her own income. The expenses made had to be in consultation with their husband and in-laws.

In the domestic sphere a husband's right to his wife's sexuality results in forced sex and unwanted pregnancies as few men on the plantations are trained and / or disciplined to practice safe sex. Domestic violence and alcoholism is much prevalent in tea plantations. A woman does not even have reproductive rights to decide how many children to have. Various literatures state that women in tea estate are often the victims of domestic violence. There were regular instances when husbands beat their wives mercilessly under the influence of alcohol on minor reasons (Philips, 2003). After spending all his wages, husband demands money from his wife but if the wife denies, she has to face physical abuse.

*My husband drinks haria regularly. Even today he drank from the morning and now he is sleeping. He did not go to work. If I say something he will scold me and beat me. Sometimes without any reason he will beat me. I even informed Mahila Samiti<sup>vi</sup> about it, but it is of no use. He does not listen to them. Sometimes there is not enough food to feed the children and sometimes we only have rice soaked in water. What can I do! They are afraid of their father as he beats them too. I can't even leave him as I do not have anywhere to go.(Vani)*

Such instance reveals how women continue being in an abusive relationship due to lack of support. Women also do not have reproductive rights as the number of children required is decided by the husband or in-laws. Moreover, men under the influence of alcohol do not use protection; as a result women get frequently pregnant, even if she does not desire to have many children. Women are also found to have lesser control over their mobility and they have to seek permission from their husbands. There have been various instances when husband doubts on his wife so restricts her mobility and restrains her from maintaining social relations.

*My husband does not let me go anywhere. He does not even let me go to my parent's house or relatives. He doubts on me. I do not why? He does not even let me talk with neighbours. He even breaks the wall of our house during fights. He does not take any responsibility of the children, he just doesn't care. Till now he has not applied for children's birth certificates. How can I do everything alone? He does not even let me go. I wish to go away leaving him but I do not have money and how can I go taking these small children with me?(Malati)*

This depicts how along with physical abuse women also have to face emotional abuse. Another issue that people in tea plantations face is human trafficking. People in tea plantations usually live in poverty, they have very little education and their parents are often saddled with debts. As a result, they become easy target for the traffickers, who approach the girls as placement agents, offering them work in cities such as Delhi. Police say young girls see placement agencies as a way to escape the downtrodden life, lured by promises of good jobs and a steady income. But they find themselves sold as domestic labour and are denied wages, or forced to work in the sex industry. Hundreds of girls in tea districts fall victim to traffickers every year (Human Trafficking and Tea, 2016). Even though there are not many cases of trafficking in Durrung, but there are few instances where girls are taken to big cities for work but they never

returned. Human trafficking issue is not predominant in Durrung but there have been few instances. Some of the girls returned but some have no contact with their families.

*My daughter went to Delhi to work with one woman, and then she returned after one year. Again she went after one year but it has been three years and I have not heard from her. If that woman who took her comes here I ask her about my daughter. She says my daughter ran away from there and she does not know where she is. I do not know what to do, where to search for her. (Puja)*

This reveals how girls become easy victims of human trafficking mostly due to their desire for better life and ignorance.

### **Awareness on Rights, Acts and Schemes**

The tea plantation labourers are kept isolated from the outside world. Mostly women remain bounded within the garden, so they are unaware of their rights, privileges they may receive or about the services provided by state or non-state actors.

*We do not know about any act, no one ever come to tell us about these things. We have to manage with whatever we get. Labourers like us are stupid and ignorant because we are uneducated. Moreover, if someone tells us we will get something, until and unless we do not get it we keep on pestering. So I think that is the reason why the management does not inform us. (Subha)*

This reveals the ignorance of the labourers and negligence on part of the management. The management has failed to provide the labourers basic facilities like drinking water, crèche, canteens, firewood and housing facilities to all. Further their ignorance has forced them to lead a deplorable life.

*If government has made some schemes for our betterment they should also see that it reaches us. We are not aware of most of the schemes and even if we know about some, we do not know how to avail them. Government should make us aware so that we know about schemes and also how to utilize those. (Bina)*

It depicts the perception of these women who feel that they fail to utilize those services because they are unaware about it. Some of them also feel that those who are members of Union, Panchayat or *Mahila Samiti*

utilize those services without informing others about it. But most of them are also unwilling to get involve in union or *Mahila samitis*.

### Trade Union and MahilaSamiti

There is a Trade Union in Tezpur circle with its office situated in Rangapara. In Durrung there are 25 members who are members of union, among them six are women. Most of the women do not prefer to join union citing reasons like hectic schedule and unwillingness. *'I do not participate in mahila samiti and union because I cannot manage time. My husband remains unwell so I have to take care of him. Also manage the expenses by working in people's home so I do not get time'* (Seema). However, some women are restricted from joining by their husbands and in-laws as a means to keep them under control. *'My husband never allows me to participate in union or other things. He does not let me speak with anyone nor does he allows me to go anywhere as he doubts on me.'* (Bina). It depicts how women's mobility and participation is controlled by men. Even in protest and strikes held by all neighbouring tea gardens, few women participate whereas most of them stay at home to take care of domestic needs or are restricted from participation in such events.

Apart from union, there is also a *Mahila Samiti* consisting of five women. The *mahila samiti* members discuss various issues like cleanliness, alcoholism and domestic violence. Since alcoholism is prevalent in the garden and almost everyone consumes *haria* or *fotikas* (local made beer) daily, therefore instances of domestic violence and conflicts are high. The members of *mahila samiti* try to stop incidences of domestic violence and provide counselling to prevent future incidences. But they can interfere only when husband or wife seeks their help. However, a member of *mahila samiti* pessimistically expressed:

*Those people under the influence of alcohol will not understand even if we explain something; they will start shouting on us. It will be useless to say them something. Some people are themselves responsible for the condition they are. They make haria and consume it, and say they get tired and body ache so have to consume it. Don't we work, don't we get tired and suffer from body pain, but we choose not to consume. (Malati)*

The members of *mahila samiti* try to solve the disputes among couples but most of the time they fail to do so as they are not taken seriously. Apart from resolving conflicts they also try to help people in the



community during family functions by providing them with rice, chair, utensils, etc. which they collect from the community people itself.

*When my husband died, I did not have money to conduct his Shradh. No one from his family came to help. At that time MahilaSamiti has helped a lot. They provided rice and utensils to cook, few chairs and also with some money. I am thankful to them.*(Vani)

This reveals how community people help each other in need through *mahila samiti*. But there are many women who fail to manage time to engage in these activities due to their busy schedule. *'I do not get time to take part in all these. There are lots of works at home. So, I prefer to stay at home.'* (Seema) While busy schedule keep some women away from involving in these organisation, some are also restricted from participation by their family members. Men especially feel these to be wastage of time and by restricting them from participating men wants to control and dominate them.

### **CONTEXTUALISING SOCIAL WORK METHOD WITH REGARD TO LIVES OF WOMEN TEA PLANTATION LABOURERS**

*'Social work is a practice-based profession and academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance well-being.'* – IFSW, 2014.

It has been rightly said that social work not only alleviates people's problems but also empowers and liberates them. The goal of social work is not only to improve the quality of life of individual and community but also help them create sustainable living conditions. A social worker can deal with the problems of individual, group or community either through direct intervention or indirectly through some specialised agency or organisation. Tea plantation labourers especially women labourers have to deal with various problems in their day to day life. They lead a deplorable life where they have to struggle to manage their basic needs. Moreover in a male dominated patriarchal society, women further suffer from discrimination, domination and violence. Most of the problems arise in their lives because of their ignorance, isolation and for being domesticated. They are mostly

unaware of acts, laws, schemes or services which may help them in need and improve their life.

Thus, social workers can help these women by spreading awareness about various acts, laws, schemes, services as well about maintaining health and hygiene. Women in tea plantation are not aware of The Plantation Labour Act, 1951, so most of the potential benefits promised like housing facility, water facility, crèche facility, canteen facility, etc. remain unachieved. Awareness of the act will make them conscious of their rights which have been ignored by the management till date. They can put forward their demands and if further ignored can approach the higher authorities. Social workers can assist them and guide them in approaching management and higher authorities so that at least their basic needs are fulfilled. Further, women are also not aware of welfare schemes like Ujjwala Yojna, 2016 where free cooking gas is provided to BPL people. Women in tea plantation still have to depend on firewood provided by management. But, due to its irregularity; they are forced to collect firewood or purchase from market at high price. Their ignorance of acts, laws, rights and schemes mainly results from illiteracy. Social worker can thus use the process of social welfare administration by collaborating with government agencies to assist these labourers in availing various welfare measures.

Most of the women tea plantation labourers are illiterate. Education of girls in tea plantation is not much preferred since it is considered to be wastage of time and money. Girls are considered to be their husband's property who will get married and earn for their husband's family. Moreover, parents feel it is better to learn domestic works and undertake household responsibilities rather than waste time in education. From a small age girls are domesticated and burdened with household responsibilities. In this scenario social worker can provide counselling to the parents and inform them about various scholarships like pre-matric scholarship, post-matric scholarship, scholarship to girl's students of class 9 to 12 under gender responsive budget which can help them financially.

Social workers can also encourage girls to get education so that they become aware and independent. Due to ignorance, women in tea plantation also suffer from various health issues. Early pregnancies, frequent pregnancies, practice of open defecation, unhygienic menstrual health practices and poor hygiene impacts the health of the women. Thus social worker can conduct awareness camps and health camps. Awareness can be spread about maintaining proper hygiene during menstruation, maintaining

personal hygiene and cleanliness, maintaining gap between pregnancies, use of contraceptive methods, etc. Social worker can form women groups based on their age and conduct health awareness camps which will be enriching in their day-to-day life.

Periodical health check-ups can also be conducted so that diseases can be diagnosed at early stages and can be treated on time. Early marriages are also very much prevalent in tea plantation which leads to early pregnancies and health risks associated with it. Social worker can counsel parents as well girls regarding the effects of early pregnancies and health risks. Moreover, there are also incidences of frequent pregnancies which impacts the health of the mother as well as results in financial constrains for the family. So in collaboration with NRHM condoms and contraceptive pills can be distributed. Also findings have stated that tubal ligation operations are delayed which results in unwanted pregnancies. So ASHA workers of the area can be contacted and with the help of management help women with immediate operation. Social worker can work at the community level by collaborating with NRHM to deal with these issues. Community awareness and quick action by management as well as government hospitals will help in dealing with the issues.

Women in tea plantation are also frequent victims of domestic violence. Men under the influence of alcohol physically and mentally abuse women. Women's mobility is restricted, she have no control over her own wage and has no say in her household decisions. She is restricted from maintaining relations and has no control over her own body. By use of physical force and violence men in tea plantation dominates and controls women. But most of the women face abuse silently because they have nowhere to go or are not aware of whom to approach. In this situation social worker can help the victims by providing counselling and try to access the victim needs and situation. If the victim wants to file a case, social worker can help the victims in filing the case and help her by linking with organisations dealing with domestic violence. Social worker can make her aware of The Domestic Violence Act, 2005. Social worker can also form a group of women facing domestic violence and together they can take a stand against injustice done towards them. Individually woman may not gather enough courage to take a stand, however group formation will help her to gain confidence and gain support of women undergoing the same. Some women however do not want to file any case or approach police. In such situation social worker can counsel the husband and if it

does not give the desired result police and management can be involved later to deal with it. Women are also isolated and remain bounded within the garden. Some women also do not receive family support to restart her life if she wishes to divorce her husband. In such situation social worker can help the victim connect with organisations that help such women to deal with such situations. Social worker can acts as raisers of consciousness at individual level. Social worker can deal with such women individually by understanding their issue, supporting them and providing them with various intervention options to come out of abusive relationship.

Thus, social worker can use these various methods to improve the condition of the women tea plantation labourers. Social worker can play the role of friend, counsellor, guide and supporter. By spreading awareness, mobilizing them, motivating them to take a stand against injustice, social worker can empower them to create a sustainable way of living for themselves. Since women labourers are isolated, domesticated, controlled and are dependent on their male counterpart, social worker can make them aware, support them and guide them to solve their own problem.

## CONCLUSION

Women are significant part of tea plantation sector and had made immense contribution in success of this sector. However they lead a deplorable life. Domination, abuse, suppression, invisibility and negligence are part of their everyday life. Moreover, they are ignorant and suppressed so they silently bear the discrimination done towards them in a male dominated patriarchal society. They often become the victims of patriarchal setups at every step of their life. Thus social workers through various ways and means can help them in emancipation from the shackle of exploitation. They can help women become aware, confident and empowered so that they can deal with the everyday problems and emancipate themselves from being dominated, discriminated and exploited.

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### **Notes**

<sup>i</sup>The term Adivasi refers to tea plantation labourers who were forcefully migrated from poverty stricken areas of Andhra Pradesh, Bihar, Madhya Pradesh, Orissa, Uttar Pradesh and West Bengal belonging to different communities such as, Mundas, Santhals, Kurukh, Gonds, Kharia, Bhumij, Tanti, Saora, etc.

<sup>ii</sup>Name of the respondents have been changed due to ethical principle of confidentiality.

<sup>iii</sup>The verbatim quotation from field notes (primary data) has been italicised.

<sup>iv</sup>Faltu refers to those temporary workers who work in the garden or factory.

<sup>v</sup>The term Haria refers to local made rice beer. It is a type of local liquor which is very popular among the tea plantation labourers.

<sup>vi</sup>Mahila Samiti is a local organization formed by a group of women tea plantation labourers who work on family issues and community work.

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## Women empowerment in Assam with special focus on Udalguri district

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### Abstract:

*Empowerment can be defined as a process of alteration of power relation by which exploited persons gain some control over their lives and concerned in the matters, which affects them directly. We know that the role of women in development is most closely related to the goal of wide-ranging socio-economic development. Empowerment is the redeployment of power that challenges ideology and male dominance. It is the greater conversion of the structure or institutions that reinforces and perpetuates gender discrimination. It is the process of women to redefine gender roles that allows for them. It also includes the higher literacy level and education for women. Now a days Self Help groups have been playing a significant role in employment generation for women. Micro - finance is directly helping poor to empower the setting of women in Assam in general and in Udalguri in particular. But women in Udalguri are still lagging behind in comparison to the other part of the Assam in the field of education, politics and so on. So this paper will try to look into the impact of not only the role of Self Help groups but also in the field of education, literature, violence against women and the status in political field of women in Udalguri district. This study is carried out in Assam with special reference to Udalguri district.*

**KEYWORDS:** Women, Empowerment, Self-Help, Education, Udalguri,

### Introduction:

It is universally accepted that no society can make remarkable progress in any field of life if their women are exploited and discriminated. So empowering women is very much necessary for uplifting their status in the family, community and nation. But status of women in most parts of the world is not equal to men and they are less privileged (Rahman and Naoroze, 2007). Women are doing more hour of work than men but they earn little because 60% of total unpaid work is done by them (UN-2007). Despite their hard work and contributions to world economy, women have only one percent of the total world assets in their names (Al Mughairy, 2004). However the term women empowerment has become a popular dialogue among the educationist, politicians, intellectuals in

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different meetings, seminars and workshops concerning human development and socio-economic progress of the country.

The dictionary meaning of the word empower is “to give somebody the power of authority to do something or to give somebody more control over their life or the situation they are in.” Power is a key term in word empowerment. Rowlands (1997) suggested four forms of power i.e. power within, power to, power with, and power over, whereas power within refers to self-esteem and awareness, power to refers to capacity building, power with refers to collective consciousness, and power over refers to conflict between powerful and powerless. Women empowerment involves welfare, access to resources, awareness rising and control (UNICEF 1994). Here welfare deals with the material benefit without active participation of women, access to resources deals with easy availability of resources, *awareness* refers to consciousness rising for the acquisition of gender equality, and *control* refers to the ultimate level of gender equality and women’s empowerment.

Women empowerment is a process of being set free from legal, social, political, economic, caste and gender-based discrimination. It is the process of women to redefine gender roles that allows for them to acquire the ability to make life choices. Empowerment is not just a word or to provide facilities. It is a multi-dimensional process which should enable people to realize their full identity and powers in all spheres of life. Women empowerment is also an indispensable for creating a good nation. Empowerment includes higher literacy level and education for women, better health care for women and children equal ownership of productive resources, their rights and responsibilities, improves standards of living and acquiring empowerment include economic empowerment, social empowerment and gender justice that is to eradicate all types of one-sidedness against women and the girl child. It helps women to face the challenges and to change the structure and ideologies that keep them subordinate. It is a dynamic process of creating awareness and capacity building.

### **Status of Women in Assam**

In Assam, the status of women is high in comparison to the women of some other States of India. One salient feature in the Assamese society was the absence of the dowry system. Assamese society (except those came from Rajasthan, Uttar Pradesh and other places) did not have dowry as a part of

marriage, as is the custom found in other States. But in the post-independence era the evil of dowry system has stealthily been invading the Assamese society with the result that some dowry death cases have been reported. In the field of education, women in Assam are in a better position than the all-India average. As per 2011 census the literacy rate for Assam is 72.19 percent as against 74.04 percent for India. While male literacy is 77.85 percent (India 82.14 percent), female literacy stands at 66.27 percent (India 65.46 percent). Female work participation is another indicator of women's status in the society. The more number of women in paid jobs, the better is their status for most women in the world are engaged in unpaid or in low paid jobs. Assam is not the worst among major states of India in terms of human development and gender equality but it ranks quite low. Assam has a largely rural agrarian economy, which is characterized by high rate of work participation of women. Though Female Work Participation Rates (FWPR) is high, as it is subsistence farming, women do not benefit economically, though they share a disproportionate share of the work burden. The work participation rate of the women in Assam is considerably lower than that of men in general except in the primary sector where the rates are in favors of women. It is a fact that the status of women in Assam is the worst in terms of their position in decision making bodies. Participation of women is low not only in the elected bodies but also in administrative posts. The overall picture seems to be quite dismal. However, there are much possibilities and potential for increased participation of women of Assam in the national mainstream.

### **Status of Women in Udalguri**

Udalguri is located at 26<sup>0</sup>46'2"N 92<sup>0</sup>08'2"E and 26.77<sup>0</sup>N 92.13<sup>0</sup>E. This district is bordered by Bhutan and Arunachal Pradesh in the north, Sonitpur district in the east, Darrang district in the south and Baska district in the west. Total geographical area of the district is about 1,985.68 sq. km, while the population of the district is 832,769 (Census 2011). Male constitute 423,617 and female 409,152. Table-1 makes it apparent that the total literacy rate and the female literacy rate in the state is 72.19% and 66.27% respectively, whereas the total literacy rate in Udalguri district is 65.41% and 50.14% respectively which is below the state average. As per Table-2 we find considerable variation in male and female illiteracy rates along with disparity in total illiteracy while comparing the illiteracy rate of Assam with Udalguri district. The illiteracy rate of Assam is 27.81%, out of which 22.15% is male illiteracy and 33.73% is female illiteracy. On the contrary,



Udalguri district presents a very shadowy picture. Out of the total illiteracy of 34.59%, male illiteracy stands at 37.31% and female illiteracy shows a figure of 49.86% in the district. As far as literacy is concerned, women of Udalguri district are indeed behind males but it is to be noted that they are also behind their female counterparts of Assam by a margin of 16.13%.

Table – 1

## Data on percentage of literacy

Category	Total Population	Total Literacy	Total Literacy	
			Male	Female
Assam	31205576	72.19%	77.85%	66.27%
Udalguri	832769	65.41%	62.69%	50.14%

*Source: Census Report 2011. Statistical Branch DC office Udalguri.*

Table – 2

## Data on percentage of Illiteracy against total population

Category	Total Population	Illiterate Persons	Illiteracy rate	Illiterate Population		Illiteracy rate	
				Male	Female	Male	Female
Assam	31205576	8678271	27.81%	1922237	6756034	22.15%	33.73%
Udalguri	832769	251097	34.59%	107473	143624	37.31%	49.86%

*Source: Census Report 2011. Statistical Branch DC office Udalguri*

However, it is noticed that the female working population of Udalguri is higher than the state average of female working population. In Table-3 we find the picture of working and non-working population of male and female of Assam with comparison to Udalguri district.

Table – 3

## Comparison of percentage of Male and Female working and Non-working population.

Indicator	Population		Sex	Assam	Percentage	Udalguri	Percentage
	Assam	Udalguri					
Total Worker	11969690	345030	Male	8541560	71.35%	230690	66.86%
			Female	3428130	28.64%	114340	33.13%
Total Non-worker	19235886	486638	Male	7397883	38.45%	190927	39.23%
			Female	11838003	61.54%	295711	60.76%

Source: Census Report, 2011, Office of the Registrar General & Census Commissioner, India

The data shown in the table-3 are not very recent and therefore to know the present status of working women specially in Udalguri district are collected from the teaching profession of different level which profession generally they choose. Table-4 shows that from lower primary to Degree level women representation is too poor with comparison to Men in the field of teaching profession..

Table – 4

Representation of Male and Female in Teaching Profession from LP to Degree level.

Year 2017-18

District	LP School			ME School			High School			Higher Secondary			Jr College			Degree College		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Udalguri	1759	825	2584	939	261	1200	822	240	1062	305	142	447	36	14	50	76	27	103

Source : Statistical Branch of Different level offices under Udalguri District.

#### Notable Women in Udalguri

Women in Udalguri now participate in all activities such as education, sports, politics, art and culture, service sectors, literature etc. Kamali Basumatary, an active politician who have been serving as Member of Legislative Assembly(MLA) from 64 Panery Constituency since 2001. She is the only member who is able win continuously 4<sup>th</sup> times from 64 Panery constituency since indipendance. Dr Anjali Daimari, a renown social activist, presently acting as the president of Bodo Women Justice Forum. She was the former professor of Barama College who has remarkable contribution to the field of literature and has many publications of her own in many national and international reputed journal. Dr Anjali Daimari also received Sahitya Academy award in Literary translation. Arupa Patangia

Kalita is the another prominent women of Udalguri who received Sahitya Academy Award in Assamese literature. Dr Rita Boro also received Bodo Sahitya Academy Award and contributing many to the society. Urmila Boro is the role model for youth who received Gold Medal in Boxing in the National Level Competetion. These are the few example of notable women of Udalguri district.

### Crime against Women in Udalguri

The United Nations 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 against women and girls has many manifestations, including forms that may be more common in specific settings, countries and regions. Violence against manifests itself as physical, sexual, emotional and economic. The most universally common forms include domestic and intimate partner violence, sexual violence (including rape), sexual harassment, and emotional / psychological violence. Women of Udalguri district are also not far beyond from these social evils which adversely affects this locality’s human, social and economic development. Table- 5 shows different crime record which indicates a very pathetic picture of Udalguri district.

**Table – 5**

**Data represents the number of cases registered as crime against women.**

Crime against Women & Children of Udalguri district.							
FOR THE YEAR 2018							
HEAD	Rape	Molestation	Kid napping	Cruelty by Husband		Traffickin g	POSCO
				Dowry related u/s 498(A)	Dowry death		
No of cases regd	21	72	135	57	2	12	34
FOR THE YEAR 2019 till May .							
No of Cases Regd	5	21	40	25	0	1	2

*Source :Crime branch. SP office Udalguri.*

## Conclusion

Education of women is the foremost requirement in improving the status of women in the society. Developing positive attitude towards women is also necessary. While government actions and steps are necessary for removing gender inequalities and injustices and for empowering women, these can become effective only if society's attitudes and outlook towards women change.

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## **Role of NGOs in Promoting Women Entrepreneurship: A Case Study of RWUAA, A State Level NGO in Guwahati, Assam**

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### **Abstract**

*In today's era, contribution of the entrepreneurship in the economic development of a country is very high. India is a country with one of the highest percentage of unemployment, and so we are in need of job providers and not just mere job seekers. However, this can be achieved through the growth of Entrepreneurs. NGOs are such institutions those have started taking initiatives to encourage entrepreneurial and other activities in various rural areas. If we see the efforts of NGOs, they have tremendous contribution in empowering women through promoting various entrepreneurship development activities. Most of the time, it is found that women are considered as marginal and underprivileged group where they are confined only to household chores because generally it is assumed that entrepreneurial activities are meant only for men. But in this globalized era, with the flow of changes women are also giving much importance in various developmental activities. Thus, this paper attempts to understand such roles of NGOs in promoting sustainable women entrepreneurship through a case study of an NGO named Rural Women Upliftment Association of Assam (RWUAA), a state level NGOs in Guwahati, Assam and also to study their effectiveness especially in rural areas of Assam.*

**Key Words:** *NGOs, Women, Sustainable Entrepreneurship & Development.*

### **Background of the Study**

Entrepreneurship is the backbone of a nation's economic development. It is what we look to produce and generate employment opportunities mere seeking employment. Lavan & Murphy (2007) stated that entrepreneurship has emerged as a developmental inspiration for the business world (cited in Lenka & Agarwal (2017), p.1). With the changes and development in technologies and also with the flow of globalization world has become a global village (Pahuja & Sanjeev,) with full of competition in developing business and entrepreneurship. And to become an entrepreneur there is need of a zeal, merger ideas, initiatives and opportunities which facilitates encouragement for entrepreneurship. Today number of young entrepreneurs

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has emerged with various new and innovative ideas and competing in the global world. There are few definitions on entrepreneur and entrepreneurship; according to Oxford Dictionary, 'An entrepreneur is someone 'who set up a business or businesses, taking on financial risks in the hope of profit. On the other hand many of authors have viewed on entrepreneurship as 'It is the process of creating or seizing an opportunity and pursuing it regardless of the resources currently controlled' (Timmon, 1994). Drucker says 'Entrepreneurship is a 'risky' mainly because so few of the so called entrepreneurs know what they are doing', and he further said entrepreneurship is a practice. A success story to this addition will give more strength to define entrepreneurs that is the story of Mr. Anil Agarwal, founder chairman of Vedanta Group who initially started career scrap metal dealer in 1976 which is presently venturing into power generation. The group entered into London Stock Exchange in 2003, sterility industries was listed on NYSE in 2007 in the largest IPO in the US by an Indian Company (Mallya, 2011).

But in developing country like India there is a need to promote entrepreneurship to strengthen economic activities of the country because it is one of the largest sources of capital accumulation (Bharatrajan, 2007) because India is one of the sufferers from a huge numbers of unemployment. This is because of twin contribution of the problems of poverty and unemployment and also limited job opportunities in government as well as in private sectors. This is also increasing the ratio of unemployment across the country. To minimize such issues various initiatives have been taken by different individual efforts, government and NGOs in the form of providing empowerment and livelihood of the underprivileged people. As a Result there is a new trend of becoming an entrepreneur among men and women in present days. In the mean time, it is noticed that development of entrepreneurship has emerged as a national movement due to its strengths to solve the twin problem of unemployment and poverty. Hence, in India most of entrepreneurs development activities are confined to Micro, Small and Medium Entrepreneurs (MSME) sector which provides large numbers of employment to rural as well as urban segment that 37.54 percent to nations GDP and 4.5 percent industrial production and 40 percent to total exports (MSME Report, 2012).

### **Women and Entrepreneurship in India:**

Women constitute about 48% of India's total population. In India a total of 332 million people are employed while women constitute only 88 million. Apart from this, 4.5 million women are engaged in organized sector while

remaining 83.5 million are engaged in unorganized sector (Cave & Minty, 2004). Besides this, India women have highest number of involvement in small scale industries especially in Kerala, Tamil Nadu and also it is apparently increasing in Assam and other northeastern states (Development Commissioner (MSME) Ministry of micro, Medium and Small Enterprises, 2016). Government of India has defined women entrepreneurs is ‘ an entrepreneur owned and controlled by a women having minimum financial interest of 51.0 percent of the capital and giving at least 51.0 percent of the employment generated in the enterprise to women’.

If we see in India women entrepreneurs comprises a small proportion of total entrepreneurs but gradually we can see that the growth of women entrepreneurship has been accelerated by the efforts of many government, voluntary agencies, mahilamandals etc. with the initiatives of manufacturing solar cookers, capacitors and etc. there are the examples set in India by the state of Andhra Pradesh, Chandigarh, Gujrat, Kerala and Rajasthan who took steps to promote women entrepreneurs. Among the states of India, Kerala has become a model for the promotion and development of women entrepreneurs those are in the field of readymade garments and to high tech computers. There are examples set by many Indian women in the field of promotion of women entrepreneurship such as the lady named Mrs. Indu Jain who is the chairperson of India’s largest media group, Bennett, Coleman and CO. Ltd. that attracted and owns the Time of India and other large news papers. She has also received Padma Bhushan award. Further, the story of VLCC product today is one of the burning examples of promotion of women entrepreneurships. The lady who behind this success story is Shri Vandana Luthra whose VLCC products are now available in 11 countries across Asia, Africa and the GCC (gulf Cooperation Council). She has started the journey in 1989 through homemade products. She also received Padmashri Award and listed in 33<sup>rd</sup> most powerful women in business sector in India by fortune. Another success story reveals from northeast India, the lady named Lalfakzuali of Mizoram who started wove to earn her living by making ‘shawls’ and ‘puana’ i.e. traditional Mizo skirts. Later on, she along with her sisters carried out their weaving business. Today four women she employed and running her business in Aizwal, Mizoram.

Hence, to promote women entrepreneurship in India, the Government of India has initiated women participation for economic development since the Fifth five year plan (1974-1978) and several schemes and programmes

were introduced to empower women such as; Rajiv Gandhi Scheme for Empowerment of Adolescents Girls, National Mission for Empowerment of Women, Leadership Development of Minority Women Sewa-Shakti Project, Rashtriya Mahila Kosh, Micro-Small and Medium enterprise (MSME) and etc. There are also few programmes and schemes for developing entrepreneurship such as a) streeshakti package for women, b) Dena Shakti and many more.

### **Review of Literature:**

This part of the paper deals with review of literature which helped the researcher to go in depth on women entrepreneurship. Vinesh (2014) in his study “**Role of Women Entrepreneurs in India**” stated that in this era women are no longer engaged only in household works but are also very enthusiastic to be engaged in some professional activities relating to trade, industry and engineering. The study also pointed out that if the women entrepreneurs are to flourish and grow just providing them some infrastructure or financial assistance alone is not sufficient, rather a movement should be there to transform the potential entrepreneurs into entrepreneurs. Similar study has been conducted by Mishra (2015) on ,” ***Impact of capacity building on women entrepreneurs - A literature analysis***”, which has found that that now a day’s women are no longer only engaged in household activities but rather they are seeking opportunities and started becoming self reliance through enterprise creation. If they provided with proper and healthy external intervention, they can do exceptional work in the field of entrepreneurship. Her study further explains how training and networking initiatives can serve as a possible route to building courage and confidence among women towards entrepreneurship. In addition, Malin, L., Monica, L., & Johann, P. (2011) stated in their study, “**the role of NGO’s in supporting women’s entrepreneurship: A study of Quadruple Helix innovation systems in the Baltic Sea region**” that there is huge gender gap between the acceptance of the entrepreneurs in the society. Through their study they aim to analyze the gendered norms and consequences of dominating innovation models and also provided how to bridge the gender gap of entrepreneurship and innovation in future innovations, where the importance of women are considered to be less than that of men. Further, the study of Iyer (2005) on “***Women entrepreneurs in the NGO sector in India***” found that in the making of Women entrepreneurs in the NGO sector the family, friends, past experiences plays a very vital role. One of



the findings of the study was that most of the women entrepreneurs were well educated and the main motive behind such activities was not mere profit motive but rather to do some good for the social cause as well as to do something good for the marginalized society such as upliftment of women or betterment of child education and even health care.

Hence, the above mentioned review of literature related to women entrepreneurship has stated few of the important contribution of NGOs in developing women entrepreneurship but simultaneously the authors have also pointed out some of the obstacles and challenging factors for women. Most of the study has mentioned only the need and interests of women to become entrepreneurs but they failed to focus on the strategies of NGOs in promoting women entrepreneurship especially through highlighting cases. Thus, the present study attempts to understand the role of NGOs based on the analyzed activities of an NGO named RWUAA, a State Level NGO in Guwahati, Assam.

**Objectives of the study:** This paper attempts to study the role of NGOs in promoting women entrepreneurship specially by taking an RUWAA as a case study.

The objectives of the study are

1. To study the role of NGOs in promoting women entrepreneurship.
2. To study the effectiveness of such roles in promoting entrepreneurship.

**Rationale of the study:** As the present study is focused to know the role of NGOs in development of women entrepreneurship, it may encourage other various NGOs to initiate entrepreneurship development programme for women. Further, it may provide directions to the policy makers and researcher to promote developmental programmes for women entrepreneurs.

**Methodology:** The present study is a qualitative in nature based on analyzed activities of NGO's. Related information for the study has been gathered through both primary and secondary sources. As primary source, the researcher consulted with the NGO officials such as; Chairman Project Coordinator of RWUAA, Cluster Development Executive and discussions with few SHG members with unstructured interview schedule and different archive journals from different websites, web portal of RWUAA and annual reports have been used as secondary sources for the study.

### **Analysis and Discussions:**

What NGOs basically does? They are bridging the gap of government and private sector intervention. NGOs basically focus on capacity building, community mobilization, advocacy, role playing, and project demonstration to promote and sustain women entrepreneurship. No doubt government of India has tried by providing self-employment and anti-poverty programmes such as PMEGP, TRYSEM which involved some qualities. But today, NGOs have come above their traditional bounds like health, sanitation, education, family planning and many more which contributing in promoting entrepreneurship development across the country. There are few NGOs such as National Alliance of Young Entrepreneurs (NAYE), World Assembly of Small and medium entrepreneurship (WASME), Xavier Institute of Social Studies (XISSL), SEWA of Ahmadabad; Y Self-employment of Calcutta etc. are giving their endless efforts in the field of developing entrepreneurship (Sinha, nd.). A case study reported Lenka & Agarwal (2014) on Naari Shakti Samiti in Purkal Village of Himalays where they initially started school for poor children and later on, they promoted business with the homemade 'namkeens' (biscuits). Despite of few struggle, of lack of manpower and lack of access of marketing facilities they stood up with their business. Another case study of an NGO named Bharatiya Gramyottan Sanathan in Tehri, Gharwal, a registered NGO working for social and rural development as well as women entrepreneurship for past 20 years. The NGO basically generate employment for women through handling various projects in handicraft and handloom such as wool, cotton, jute and natural fiber. The NGO also promotes development and SHGs to uplift the status of women. Hence, the present study has gained some practical experiences based on a case study of RWUAA and the discussion has been presented in below;

### **About RWUAA**

Rural Women Upliftment Association of Assam a state Level leading NGOs working with the vision to bring smile for everyone established in 1989 and Registered under SR Act XXI of 1860 vide no 3613 of 1992 for the welfare and development of underprivileged, down trodden, weakest of the weaker, economical Backward class such as schedule caste, schedule tribes with a special focus on women empowerment. The NGO was recognized as a Mother NGO by Ministry of Health and Family Welfare Government of India and National Health Mission for RCH I and II. The organization works for promotion of Reproductive and Child Health

services through immunization programme. RWUAA conducts immunization in villages on every Wednesday in different rural areas of the state.

**Vision:** To facilitate strengthen the rural and disadvantaged people to be empowered by building capacity and develop their skills in respect of alternative livelihood opportunities Health and Education Support Services

**Mission:** To provide welfare services on Social, Health & Family welfare, Agriculture and Education Environment, Socio-Economic Culture and related issues.

**Objectives of RWUAA:**

- To provide welfare services on Health and Family Welfare, Agriculture and environmental development.
- To promote Social Empowerment and Human resource Development through income generating enterprises.
- To organize scientific workshop & training programmes awareness and research development.

**Activities of RWUAA/RWUAA in promoting women empowerment:**

Despite of giving different health services RWUAA also promotes awareness among women to be self reliant and to generate employability among the women through various Self Help Group. RWUAA also provides different training programmes to the women of rural area especially on handicraft, handloom products, making of bamboo products which promote business enterprise and self reliant. The role of RWUAA can be summarized in the below mentioned points:

- ***Helps in formation of SHGs:*** From the discussion it is revealed that one of the main roles of RWUAA is to help various underprivileged women in formation of SHGs. There are total 40 numbers of SHGs have been formed in rural areas of Majuli and Barpetawith an aim to make them self reliant and they can be capable of earning a livelihood. They further revealed that that these SHGs doing comparatively better than their initiation.
- ***Provides Financial Assistance:*** RWUAA also helps the SHGs formed by the women in getting financial assistance at the initial

stage after the formation of SHGs and also the business so that they can sustain till they become self reliant.

- ***Helps in getting necessary raw materials, technical expertise & skills:*** The study revealed that besides helping the women in formation of SHGs they also supply and provide the necessary raw materials, skills and training at the initial stage. The NGO also helps in finding out which line of business to deal in such as weaving of Ethnic wears or traditional wears, Crafting bamboo products, infact even some traditional mask are being crafted by the women through the help and guidance of the NGOs. Besides this, it also conducts training prgramme for using various machinery equipments, cane and bamboo products and for Mask products.
- ***Helps in promoting the products:*** Apart from providing the above two guidance or role it also plays a major role in providing the products produced by the women a proper market.They helps in the promotional activities of the produced and even exhibitions are conducted at state as well as national level such as National Trade Fair, Regional Trade Fair, Expo's etc.
- ***Deals in various projects:*** RWUAA also deals in a numerous project at the same time, may it be agriculture and development programme, Immunization programmes, Reproductive and Child Health services under National Health Mission, Skill Development and training programmes etc. So the focus of the NGOs is not merely only on one activity but on a number of activity which ultimately contributes to the development of the society.

### **Discussions with the Members of SHGs:**

After having discussion with the SHGs it was clear that the present condition of the women was far better than Earlier. At present there are 200 plus numbers of women in all total 24 SHGs(in the district of Majuli) engaged in such entrepreneurial activities such as engaged in bamboo crafting, traditional mask making, traditional and ethnics wears.As per discussion they are even provided with exposure and expand their market base at National as well as international level trade fairs such as Indian International Trade Fair where they were even ableto sell their hand made products at a decent level. And also they were of the opinion that the Returns which they get from the sale of their products were suitably distributed among the members.

### **Discussion with the Cluster Development Executive:**

The Cluster Development Executive is a person who sees over the activities of the members of SHGs and also makes sure that they get timely support be it financially or technically. As per the discussion with CDE it was known that Actually there are three agencies with go hand in hand in providing such women a base for helping them grow in the society as well as individually, and they are being provided various facilities which comes under MSME, and IIE acts as a Nodal Agency and RWUAA acts as the implementing agency. One thing was clear from the conversation that any raw materials or any financial help which was provided to the members at the initial stage depended on the number of members they have in the SHGs, More the number of members more will be the quantity of raw materials and vice versa.

### **Challenges facing by RWUAA in implementing its activities and roles:**

Even though, RWUAA has succeeded in making many underprivileged women self reliant, still they are facing various hindrance in their progress. As per the discussion held with the NGO they are of the opinion that even after imparting with various skills, guidance etc, and the growth of the women is not that satisfactory. They also pointed out that proper follow up is missing due to they being engaged in various other activities as well. They are also facing various problems in helping the women's in the formation of SHGs & also to provide them with financial assistance due to various complexities in the procedure of the formation and in procurement of funds.

### **Conclusion:**

Hence, this is very true that women are not behind in the era of globalization. They are much more empowered with the advanced technologies, modern trends and because of which they are engaged in service sector as well as business and in entrepreneurship. Even NGOs too are playing a greater role in promoting women entrepreneurship. Example cited in the study as Xavier Institute of Social Studies (XISS), SEWA of Ahmedabad; Y Self-employment of Calcutta, Naari Shakti Samiti Bharatiya Gramyottan Sanathan of Gharwal which have mentioned NGOs roles in promoting women entrepreneurship. Present study reveals some of the important strategies of RWUAA those are helping in promoting women entrepreneurship such as formation of SHGs, providing financial supports, providing training programmes and scope for marketing of various products

made by women SHGs. Thus, it can be concluded that the women's participation in the field of entrepreneurship has grown to a great extent and with proper guidance and support it can contribute towards the betterment of the society and the nation as a whole.

### **Suggestions& Recommendations:**

- NGOs can conduct more regular training programmes on skill development for women entrepreneurs especially to the people of rural areas.
- They should stimulate to bring entrepreneur attitudes among the youth especially those having innovative ideas.
- As youth are more access in social media NGOs can promote the products through using social media such as facebook, Instagram, whatsapp and also promote their products throughonline marketing.
- Proper steps should be taken to continue follow up of the activities of women SHGs.
- Provide necessary financial assistance as well as moral support to eradicate the weaknesses of entrepreneurs.

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## Aspiration for Social Worker: a way to subtle art of facilitation

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### Abstract:

*In the realm of today's social work context it is important to uphold its productivity with the enhancement of people understanding and appreciating it with the loop to strength its grip. The core vision that social work/er visualizes is that the dynamics of facilitation should endeavor to brings in changes in a systematic and scientific way. Therefore it has become a real time challenge for many to make things work as they lack real practice and how to deal with it. Let this article unfold certain facts on facilitation in order to have a better initial foundation of the entire topic.*

**Key Words:** Social Worker, Facilitation, WASH

Facilitation is a way of working with people which enables and empowers people to carry out a task or perform an action. The facilitator does not perform the task, but uses certain skills in a process which allows the individuals/group to reach their decision/ set their goal/learn a skill. Facilitation is a developmental educational method which encourages people to share ideas, resources, opinions and to think critically in order to identify needs and find effective ways of satisfying those needs.

Facilitation is a method that can be used in many settings like groups of people or individuals. The following are examples of where facilitation takes place:

- Therapists may use facilitation with clients.
- Teachers may use facilitation skills to encourage learners to think and develop opinions and ideas.
- Career planners may use facilitation skills to enable clients to chart a career path.
- A community activist may use facilitation skills to discover the needs of people in a particular area.

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Facilitation encourages greater participation and responsibility for decisions. Through facilitation, group members come to value and develop their own expertise and skills. Facilitation involves many facets of interaction between individuals, such as clarification, conflict management and planning. It can be learned and developed through practice and supervision. Openness to constant learning and development is necessary for anyone seeking to improve his/her facilitation skills.

A facilitator helps people to decide what they want to accomplish, reminds them of their responsibility in achieving it, encourages and helps them to complete an agreed task or activity. In some settings the facilitator plays an objective role, asking questions, encouraging responses and enabling group members to discuss, to respond and to reach a conclusion. In other situations, s/he may be stimulating group members to create solutions to problems they have identified by offering suggestions or creating simulations which the group can practice.

In facilitation there is an equal emphasis on achieving the task and on the process involved in that achievement. Group members work together towards a defined end/goal and, at the same time, focus on how they are working together to ensure the development and support of each other within the group and throughout the process.

Inherent in facilitation are the principles of equality, inclusion, participation and affirmation. In group terms this means recognising the value of each person's contribution, encouraging the active participation of each group member in identifying and utilising her/his skills, experience, creativity and analysis. This understanding and sharing of skills enables individuals and groups to plan for development and change.

Facilitation is influenced by principles which support the view that people should be actively involved in determining their own life and that in this way a more equal society can be created. Facilitation has been accepted as a good practice to be adopted and used in the area of personal, group, organisational and social development as well as in the voluntary and community sector.

#### Styles/types of facilitation-

Facilitators use a wide range of styles with groups, depending on the task/activity and people involved, time available and needs of group members. The various styles enable particular matters to be addressed most

effectively, and facilitators should be able to modify their style to meet the group's needs.

For the task, a facilitator's approach/role may be one or a combination of the following:

- Directive: giving people information, instructing them how to do something, such as: 'This is how to develop a work plan.'
- Exploratory: asking questions, encouraging people to voice their experience and ideas, such as: 'What did you find useful in the last community group you were part of?'
- Delegating: assigning tasks, roles, functions to individuals. For example, in planning a facilitation training session with a group, some organisational tasks may need to be shared.
- Participative: taking part in discussion, sharing personal experiences and encouraging others to do likewise, such as: 'The first time I ever did a skill-sharing workshop like this was ...'

For the process, a facilitator's approach/role may be one or a combination of the following:

- Interpretive: putting other words on a contribution or helping someone to find the words to express what s/he means.
- Cathartic: encouraging and modelling the expressions of feelings and emotions as they emerge by asking a question such as: 'And was that a very painful time?'
- Evaluative: assessing what someone says, providing a statement of value in relation to behaviour, such as: 'That seems to have worked well for you.'
- Sharing: encouraging the sharing of past and present feelings and those about future events, with a question such as: 'Does anyone else feel this way?'
- Directive: guiding members as they explore their feelings and begin to express them, such as: 'Let's take a few moments to gather our thoughts and think about how this event has affected the group.'

#### Principles and values of facilitation-

Facilitators should demonstrate, verbally and non-verbally, their commitment to the following principles:

- Listening: facilitation means listening to what people are saying and tuning in to what they are not saying. This includes being aware of verbal and non-verbal means of communication.
- Confidentiality: to participate fully, people must be confident that everything of relevance can be discussed freely without inappropriate reporting outside the group. Group members will normally decide what level of detail can be reported to those not in the group.
- Respect: a facilitator must acknowledge and respect each individual and prevent other group members from undermining the basic respect that should be accorded to each individual in the group.
- Equality: each person is regarded as having an equal right to contribute, to influence, to determine the direction of the group as another. Equality also relates to respect, valuing of personal experience and participation.
- The value of personal experience: each member's contribution to a discussion/skill- sharing activity is equally valid and valuable.
- Agreed goals: members must share an agreed goal if they are to develop a belief in and sense of ownership of the group.
- Group process: facilitation requires giving attention to how the group operates. This includes attempting to resolve conflict or any other difficulty that might arise in the group.
- Trust and safety: to ensure maximum participation, the facilitator must encourage the development of trust and safety.
- Inclusion and encouragement: everyone in the group must be included and encouraged to participate, to share ideas, suggestions, solutions and take initiative.
- The importance of a positive/beneficial experience: facilitators must recognise that everyone is entitled to positive experience in the group. This means the facilitator meeting realistic individual needs and/or being aware of and challenging unrealistic expectations of the group or the facilitator.
- Participation: facilitation succeeds when there is a genuine belief in the value of responding to stated needs in relation to the work of the group. Consultation with group members on direction, pace, content and method with an openness to change is vital.

### Limitations of facilitation-

Facilitation is not a panacea for all group work. It has its limitations. Facilitated groups are not therapy groups, although therapy groups may be led by qualified counsellors/ therapists skilled in facilitation. Personal development groups may be led by facilitators who are also trained in the use of other more specific skills, such as organisational development or community development and vice versa. Agreeing the purpose of each group is important so that appropriate and relevant boundaries can be developed and maintained. Facilitating groups is not an easy task group members may focus on the facilitator as the cause of their discontent or may use her/him to avoid confrontation with other group members.

Facilitation is a method of working – it is used to agree goals, plans, actions which depend on the values and vision of the people being facilitated for the outcomes to contribute to a better and more equal society. But the method of facilitation is also used by people whose vision of society does not involve change in the current situation. It is important to remember that it is the values, principles and beliefs of the group members and of the facilitator which can channel the outcomes to positive social change and not facilitation by itself.

For a better perceptive on the topic few case studies have been taken from a project on Water, Sanitation and Hygiene (WASH) which was conducted in 133schools in Meghalaya in the year 2016-2017. The work was done under the Corporate Social Responsibility initiative of HDFC Bank Limited, in response to the clarion call of Swaccha Bharat Mission of Honorable Prime Minister of India implemented by Society for Action in Community Health (SACH).

These are few of the genuine case studies which helped in the formulation and molding of project and also in making it successful.

### Sustainable WASH Practices-

The efficacy and the real impact of the WASH project could be gauged from the strategies adopted by the schools authorities for the cleanliness following the construction of the new toilets. This major component of WASH has given a major fillip to the upkeep and the maintenance, regular monitoring of these sanitation units; and most importantly the behavioural change among the students. The sustained efforts by WASH team played a major catalyst in this gradual transformation through a series of steps such

as, orientation programmes, formation of School Sanitation Management Committee, building a large and strong cadre of student volunteers and the community resource persons (CRPs) and special events and cleanliness drives in the schools and within the community.

All this could be possible through well defined strategies by all the stakeholders. While in some schools teachers made a work plan on the basis of three activities- clean toilets, clean surrounding area and clean classroom, in others the schools authorities set up a robust monitoring system after attending an orientation programme. In many schools SSMCs prepared day-wise plans for cleaning and monitoring the sanitation facilities with focus on personal hygiene.

There have been instances where students themselves took to cleaning and encouraged others to follow them. Many schools set up a grade system for the student volunteers and other students engaged in cleaning activities with prizes at stake. The best thing that has emerged is that WASH team replicated these practice in other schools as well which acted as cross learning across broad spectrum. In one particular school in West Jantia Hills, a school teacher who is also a CRP was so over whelmed by new sanitation unit and the subsequent WASH activities that she built a toilet in her house for children and imparted all the knowledge she gained from SACH WASH team.

These initiatives have not only laid down the ground rules for the safe sanitation in the schools but also motivated the community to support and adopt ideas about cleanliness emerging from within and outside.

### Ownership

One of the major goal of the WASH project was that all its stakeholders take the ownership of this initiative. This was based on the premise that all initiatives and efforts made for the society must have a sustainable impact.

The chief focus of WASH project was not only to ensure proper maintenance and upkeep of the sanitation units built under the School Sanitation Project, also but to take the message of the safe sanitation and hygiene practices to a level where the society itself owns the programme and makes it sustainable.

To make it possible, WASH team sought to get on board all the stake holders such as students, teachers, community and the government agencies to ensure that the best WASH practices showcased in the exclusive

modules/ manuals and the strategies adopted to implement them remain in place even after the intervention ends. To measure its impact in terms of sustainability and ownership, WASH team conducted various case studies which indicate the entire process has succeeded in achieving the desired goals to a large extent.

It was found that many schools have done value additions to the sanction units after WASH intervention. While in some schools built pathways up to the toilets to keep them clean, others made long term strategies and set parameters to attain a certain level of sanitation and hygienic conditions not only in the school campus but also within the community.

The coming together of students, teachers and the CRPs under SSMC (School Sanitation Management Committee) one umbrella is real testimony to the fact that the society has owned the programme

### **Leadership**

The project has become the catalyst of change and gave people a reason to live a dignified life by motivating them to adopt safe sanitation practices. Their grit and ability to take on challenges, overcome difficulties, and create a space for themselves and their communities for a better and clean world, have offered an opportunity for the stakeholders to look at their contributions in a way that could inspire others to follow in their footsteps.

### **Conclusion-**

All these concerted efforts resulted in creating awareness about the importance of building a robust system for clean school campus and clean surroundings. They have not only inspired others to understand the meaning of safe sanitation and hygiene, but also provided sustainability to this initiative and bridged the gap between learning centers and the community.

From the above case study a social worker can rely on the following points-

- Motivation is to be achieved at the entry point of the primary stage
- A facilitator needs to realise the needs of other components beside the deliverables of the project.
- Ground study is the chief component in a project it helps one to comprehend the baseline needs
- Rapport building with each and every individual is very much essential as each one has a different perceptive.

- Affinity to community level intervention is also very much required to be a part of the entire group.
- Time management and using it very effectively is very required as people offer their imperative time. Sometimes even extensive programmes can bore the audience and they start to lose interest.
- Many changes need to be adopted during the project based on the need of the hour; everything has to be very flexible and one needs to acclimatize to these changes.
- Understanding the problem and seeking for solution to the problems in the field need to be carried out very strategically and in line. Working with patience is very much vital.
- Alternative or back up plans need to be geared up before accelerating. So that if anything come up the show must go on.
- Information, Education and Communication (IEC) materials is require to prepared very tactically so that it matches up to the level of the understanding of the people.

These are few of the guidelines which is necessary to be kept in mind while one steps in the field. A social worker can web the project only through dedication and the dedication which they receive from the field.

NOTE: A special thanks to Society For Action In Community Health, SACH, for their factual information & case studies which provided a better understanding of the topic.

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# Reproductive Security and Women Empowerment: A Northeast Indian Perspective

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## Abstract

*Empowerment is the process of upliftment in terms of strength, competence and ability to succeed. Women empowerment includes their social, economic, cultural upliftment and better decision-making potential. It impacts their reproductive as well as general health. The relationship between women empowerment and family planning is mostly direct where empowered women are involved in deciding their family size, household activities, entrepreneurship programmes ensuring reproductive security. Reproductive security basically includes access to contraceptives, safe sexual practice and management of maternal health care. As compared to the developed world, the developing and underdeveloped nations have a substantially higher percentage of women who are lagging behind in the use of contraceptives, family planning measures and reproductive security. Northeast India is a hub of diverse communities and ethnic groups having multifaceted problems arising out of its relatively remote geographical location, apart from other factors such as lack of modern industries or avenues for employment, lack of developed healthcare system as well as lack of awareness among the rural population. Although certain section of women in northeast India appear to be relatively empowered in terms of education, self-employment, and decision-making abilities, a large majority still remains deprived of their rights. Formulation of proper research strategy is necessary to reveal the exact status of reproductive security of women in northeast India in relation to their empowerment in this diverse, remote and vulnerable landscape.*

**Keywords:** Reproductive security, women empowerment, family planning, contraceptives, northeast India

## Introduction

Empowerment is a method by which self-efficacy, life enhancing decisions, and control over resources can be improved (Prata et al., 2017). It is a feeling of competence, strength and ability to succeed (Chamberlin, 1997). Women empowerment includes all aspects of life, be it economic, social, cultural or educational. In some societies, women are overburdened with day to day family and subsistence activities and may neglect their health and well being. With increasing reports of sexual abuse and reproductive health issues, there is a growing need of ensuring better reproductive security for women in order to avert incidences of sexual violence,

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unwanted pregnancies, reproductive and maternal health, mortality and psychosexual dysfunction. Reproductive security is achieved when individuals are able to identify, prevent and manage substantial risks to their reproductive health issues. This approach includes reproductive risk analysis, encouraging healthy reproductive behaviour, community empowerment, institutional capacity building, use of healthcare technologies and public policy advocacy. Access to contraceptives, proper maternal health care, practicing safe sex and reproductive health management are the basic pillars of reproductive security (Middleberg, 2003).

Social work enables individuals to participate in decision making that enhances their livelihood (Browne, 1995). Empowerment approach connects both social and economic injustice as well as individual pain and suffering. Social work approach facilitates participants to investigate reality and address the obstacles faced by individuals who are economically weaker, physically or mentally challenged etc. (Lee and Hudson, 2011). Social work is associated with development of public health. In United States, almost 600,000 social workers deal with public health merging clinical, intermediate, and population approaches for greater health impact (Ruth and Marshall, 2017). Family planning is an important aspect of public health and it also plays a significant part in national policy. It is a basic right of an individual and a health measure that has been social workers' concern for a long time. Family planning is defined as the liberty and responsibility of couples to decide the number of children they desire and having the knowledge and tools (such as contraceptive measures or fertility enhancers) for addressing the purpose (Sensoy et al., 2018). Social work and family planning have a similar value by itself - both respecting the right to self-realization and self-determination (Schlesinger, 1972). Women have played a substantial role in the field of social work since its inception (Anyikwa et al., 2015). Women empowerment is of concern because of the fact that women face higher rates of abuse, mood and nutritional disorders as compared to men (Stevenson and Allen, 2017). Empowerment of women has become an emphasis for development efforts worldwide over the past two decades. In fact, there exists an inverse relationship between women empowerment and the number of children they desire, demonstrating increased awareness of family planning and better fertility decision making ability (Upadhyay et al., 2014). In short, women empowerment also indicates the role of women in sexual relations and/or reproductive decisions (Viswan et al., 2017).

Women empowerment programmes have gained pace in recent years, however, much more needs to be done. In the 12<sup>th</sup> Five Year Plan of the Planning Commission of India (presently NITI Aayog), stress has been laid upon women healthcare and family planning, supporting mother and child health programmes. Still, women empowerment remains a less talked about subject in northeast India despite steady implementation of important policies in the region. Although there are provisions of setting up self-help groups and strengthening non-governmental organizations (NGOs) to enhance women empowerment (NEC, 2015), the rate of crimes committed against women in Assam during 2012 accounted for 5.5% of the total crimes committed in India in that year (NEC, 2015). This is an example of many such issues with which the northeastern states are burdened. Following sections of the article focus on the relationship between empowerment of women and family planning issues which affect their reproductive health as well as general health from a global, national as well as northeast Indian perspective.

### **Reproductive Security and Women Empowerment: Global Picture**

Women empowerment is not an absolute terminology as it covers multi-dimensional concept which acts on a different level and is measured by education, employment and awareness status (Kiani et al., 2018). Empowered women have skilled communication within and outside household matters. Inadequate communication within the household events may affect the reproductive security of women (Middleberg, 2003). Lack of empowerment among women can interfere with their sexual relationships. It is also one of the contributors behind poor child nutrition in some south Asian countries. In India, maternal autonomy of decision making within the household issues have been found to be important for child nutritional status (Ramalingaswani and Jonsson, 1996). Worldwide prevalence of contraceptive usage is also alarming. The World Health Organization (WHO, 2018) has estimated that around 214 million women of reproductive age in developing countries who want to avoid pregnancy are not using modern contraceptive methods. Such methods are nothing but medical procedures or products that interfere with reproduction resulting out of sexual intercourse (Hubacher and Trussell, 2015). A study conducted in Bangladesh has revealed a positive correlation between women empowerment and use of contraceptives to prevent unwanted pregnancy (Deb et al., 2011). Iranian women have been reported to consider control over fertility plan as a key component of empowerment which is hastened

by knowledge of family planning and autonomy in decision-making. Strikingly, these women reported of being more empowered when their husbands cooperated in planning the family and use of contraceptives (Kohan et al., 2012). Majority of the Namibian and Zambian couples were found to use contraceptives to ensure family planning and healthy reproductive life whereas in Ghana and Uganda the use of contraception was very low (Do and Kurimoto, 2012). In sub-Saharan Africa, rise in birth rates was associated with the decline in women empowerment (Upadhyay and Karasek, 2012). Women empowerment has been associated with the freedom with which females can use contraceptives of their choice (Kaler, 2001). It was found that women with decision making autonomy had 32%-69% higher chances of using modern contraceptives than their counterparts (Viswan et al., 2017). Empowerment led to the usage of modern contraceptive methods and delivered the child in a healthy facility with a skilled attendant (Corroon et al., 2014).

There is an association between educational status of women and use of modern contraceptives. Studies conducted in Ethiopia revealed that women within the age group 25-34 and with higher education had better control over family planning and decision making. Furthermore, employed women showed better decision-making ability than unemployed ones (Belay et al., 2016). Lack of proper education still leads to child marriage, frequent pregnancies and overall deterioration of maternal and child health (Hossain et al., 2011). In Tanzania, level of women education was found to motivate a couple's fertility preferences and family planning issues rather than that of their husband's. This indicated a direct relationship between empowerment of such women and decline in pregnancy rates (Larsen and Hollos, 2003). Lower social status of women has been associated with lack of empowerment and poor health outcomes (Lailulo et al., 2015). Empowerment not only helped Ethiopian women in deciding family size but also made them financially stable as they could invest their time and energy in small businesses or enterprises, balancing the resources of the family, and obtain higher education for themselves (Alano and Hanson, 2018). Reports from the Philippines suggest that maternal empowerment status decides daughter's sexual debut and reproductive health outcomes such as, delayed sexual activity of daughters whose mothers were empowered educationally, socially and financially (Prata et al., 2017). These daughters when properly educated select the use of contraceptives for better health and family (Gipson and Upchurch, 2017). Legalization of abortion or termination of pregnancy as a part of women empowerment

have also been suggested (McReynolds-Pérez, 2017). In developing countries, there is a direct link between empowerment and gap between successive pregnancies. Socio-cultural empowerment impacts the age of marriage thereby influencing the fertility status of the couple and planned family. Such women who are culturally, economically and socially awakened enough are thought to have the ability to control pregnancy with the use of modern contraceptive methods and hence maintain better reproductive health.

### **Reproductive Security and Women Empowerment: Indian Perspective**

The foremost approach of reproductive security is accessibility to contraceptives and safe sexual practice. Most of the rural households lack such approach. As a result, there is prevalence of high fertility rates as well as early pregnancies in rural India which has resulted in rise in population. Around 60% of women in rural parts of the country get married before the age of 18 years. Among many other factors, economic dependency of women is a major feature behind their struggle. This often prevents them from participating in household decisions such as family planning (Reed et al., 2016). Women respondents from Chhattisgarh and Odisha expressed their empowerment in terms of having bank account, own money and control over it as well as participating in community level programmes (although the prevalence of domestic violence was found to be high in Odisha). There exists a relationship between low violence and contraception among rural north Indian population. Conversely, both contraceptive use and prevalence of violence are high in rural southern India (Singh and Shukla, 2017). Surprisingly, a study revealed that women are safe from domestic violence if they have a bank account which provides them economic independence (Raj et al., 2018). Use of modern contraceptive methods is very low amongst women particularly in Bihar (10%) and Chhattisgarh (10%), and they lack the basic amenities of family planning (Reshmi et al., 2019). Studies conducted in slums of Mumbai revealed that within the economically weaker sections of the society, women prefer sterilization to avert pregnancies rather than temporary use of contraceptives. Female sterilization does not protect from sexually transmitted diseases (STDs) or human immunodeficiency virus (HIV) infection. Lack of awareness about the spread of such diseases results in unprotected sexual practices since there is no risk of conception after sterilization (Brault et al., 2016). It is estimated that 54% married Indian

women currently use contraception, mostly through female sterilization. About 17% couples have coordination among themselves regarding the use of contraceptives whereas 68% couples reported of not using any contraceptives or measures for family planning (Shakya et al., 2018).

### **Reproductive Security in northeast India**

Northeast India, which includes the eight states of Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura are inhabited by more than hundred different communities of people (Saikia, 2005; NEC, 2015). Some of these states have hilly terrains and lush green forest covers with poor communication facilities for the inhabitants. Health care facilities in the region are also inadequate barring few cities and a large section of rural communities and tribes still depend on the traditional healers and folk medications for treatment (Panmei et al., 2019). Moreover, rural population also depend on various forest-based products for food, fuel, economy and health. Unsustainable harvesting of forest products and ecosystem services often contributes to degradation of environment (Dattagupta and Gupta, 2016). Owing to its geographical complexities, industrialization has not taken place in the region as compared to other parts of the country. Even today, the indigenous people depend on traditional agricultural practices. As a result, the nutritive and healthcare options of the region remain underprivileged. There exists scarcity of employment, technological advancements, proper education and awareness among the masses.

Reproductive security approaches and family planning are less talked about practised among the married couples of northeast India. Reports of National Family Health Survey (NFHS, 1998-99) suggested that around 74.4% of the married couples never used any family planning method (Dey and Goswami, 2009). One of the probable factors behind this may be attributed to the presence of diverse communities of people in the region. There is difference in contraceptive usage and family planning among tribal and non-tribal population. The lifestyle, food habits, social and cultural orientation of such communities differ from others. Only 60% women belonging to tribal community were aware of the use of condoms as compared to 78% of non-tribal women in India. Among such communities, 36% of Christian tribal women were found to use modern contraceptives as compared to 45% of Hindu tribal women (Prusty, 2014).

However, the trend has changed with time. Recent surveys show an increase in contraceptive use in some parts of the northeast Indian states. In Assam, Contraceptive Prevalence Rate (CPR) was 56.5% for any method and 27.0% for modern methods of contraception (NFHS 3) but recent data revealed that CPR is 52.4% for any method and 37.0% for modern methods (NFHS 4) showing an increase in use of modern contraceptives (NFHS, 2006, 2016). This also suggests the increasing awareness regarding the use of contraceptive methods and family planning in the northeastern India (Fig 1). CPR in northeast was 56.3% for any method of contraception and 48.5% for modern methods during 2005-2006(NFHS, 2006). 2015-2016 data suggest that the CPR in northeast is 53.5% for any method while 47.8% for modern contraceptives (NFHS, 2016). A possible reason behind the growing use of contraceptives by the people of India in general and northeast in particular, is the greater proportion of lower age group individuals in the current population. The share of youths in total population has increased from 30.6% in 1971 to 34.8% in 2011 and India is expected to have 34.33% youths in total population by 2020 (MoSPI, 2017).

Northeastern states account for the highest percentage of women participation in household decision making in India led by Nagaland (97.4%), Mizoram (96%), Manipur (96%), Sikkim (95.3%), Tripura (92%), Meghalaya (91%), Arunachal Pradesh (89.1%), and Assam (87.4%). In contrary, Meghalaya and Manipur have low application of contraceptive methods (Singh et al., 2019). Low use of contraceptives indicates less concern about reproductive health among these women. It appears that the region is lagging behind in ensuring reproductive security for women and lack of their empowerment. This can be due to the lack of proper education or awareness towards sexual health. Sometimes, economic dependency of the women debars them from household decision making. In contrary, certain sections of women in northeast India are self-dependent. They run their own enterprises and contribute to family income and enjoy economic freedom as well. For instance, Shillong' *slewduh* (*Bara Bazar*) market is dominated and managed by women. One of the world's biggest markets, *Khwairamband* in Manipur is also managed by women. According to a survey, 12.5% of the enterprises in northeast India have been under the management of women as compared to 7.7% in rest of the country (Sinha, 2003). Assam also exhibited an increase in self-confidence, self-reliance and independence of rural women due to involvement in the entrepreneurial and other activities (Saikia and Deka, 2017).

Apart from cultural and economic factors, religious aspects also influence the reproductive health of women. According to Saikia (2005), women belonging to tribal ethnicity in Meghalaya are forbidden from controlling birth due to religious issues and thus most of them do not use modern contraceptive methods. Many tribal groups are also concerned over the loss of cultural identity and injustice as they account for lower population in comparison to non-tribal communities. Consequently, there is prevalence of high fertility rates in some of the tribal communities like that of Khasis in Meghalaya (Saikia, 2005). Among the rural population of Assam's Barak Valley, contraceptive usage has diverse trends. In rural parts of Hailakandi district, use of modern contraceptive methods is higher (34%) as compared to Karimganj (31.7%) and Cachar (29%) districts (Fig 2). In contrary, Cachar district has greater percentage (20.9%) of rural women who have received 10 or more years of schooling as compared to the rural women of Hailakandi (18.1%) and Karimganj (16.1%) districts (Fig 3) (NFHS, 2016). These data contradict the role of primary education in creating awareness for reproductive health and family planning. It also shows the crude picture of contraceptive usage in villages and other backward areas.

Recently, there has been serious outcome of reproductive health issues in northeast. As per the 'HIV Estimations 2017 Report' of National Aids Control Organisation (NACO), HIV prevalence in Mizoram (2.04%), Manipur (1.43%) and Nagaland (1.15%) were higher than the national average of 0.22% (NACO, 2017). This is dismaying as it indicates the lack of awareness towards health, safe sex and sex education. In the 'North Eastern Region Vision 2020' published by the Ministry of Development of North Eastern Region (DoNER) and North Eastern Council, there are provisions for maximizing women's participation in economic decision making so as to improve their economic empowerment, productivity and health (DoNER, 2008). Enhancing reproductive security practically requires modulating the negative impacts of gender discrimination (Middleberg, 2003). Policy makers are stepping forward to build an empowered society but unless all sections of people, irrespective of their economic or social status are involved, better outcome remains hindered. Reproductive security in the northeast is still lagging behind as compared to the setup sanctioned by the policy makers. The people of northeast India especially the women and youths need to quantify their reproductive health issues. Now-a-days, most of the people are connected to media via internet, although many people are not aware of its beneficial use. Taking advantage of the facility, women should connect themselves with rest of the world and

garner information regarding possible family planning options and contraceptives, so that they may enjoy a life full of freedom and empowerment.

### **Need of the Hour**

Women empowerment and family planning are major areas for concern for the policy makers. In fact, India was the first country in the world to launch a family planning programme way back in 1952 (WHO). There have been provisions for setting up 'A National Resource Centre' to bring MS programme's insights on women's empowerment, learning, education and institution-building to address gender barriers into the mainstream. Provisions for introducing Manual Vacuum Aspiration (MVA) technique for Medical Termination of Pregnancy (MTP) also benefitted some people to ease in abortions (Planning Commission, 2012-2017). The policy makers remained serious, but the northeast, being relatively isolated geographically and otherwise, still awaits major developments in healthcare and education sector. Although there have been provisions of home delivery of contraceptives to all beneficiaries by the Accredited Social Health Activist (ASHAs) (Ministry of Health and Family Welfare, 2015-16) but the rural areas still have high rate of pregnancies, indicating lack of awareness towards family planning and reproductive health. Women still need to be strengthened socially, economically and culturally in order become self sufficient and meeting their demands on their own. Thorough research needs to be conducted considering northeast India's socio-cultural diversity, economical constraints borne by the rural population and the topography of this region. The reproductive health care systems in the rural and also urban northeastern region need more efficient regulation in order to make inroads among the masses.

### **Conclusions**

The issue of reproductive security has not been properly comprehended by the Indian population especially those residing in the northeast. Women empowerment exists among all strata of the society but somewhere down the line it remains ineffective and unfamiliar to the masses even today. The northeastern states of India, owing to poor communication with rest of the country, lack amenities such as proper health care systems and employment opportunities. Several ethnic groups rely on traditional agricultural, folk medicines and consequently have compromised health, nutrition, economy. Though certain sections of northeast Indian women appear to possess



their own financial freedom and enterprises, most of the rural and economically backward sections of the society need to be trained about the rights of women which involves educational, economic, social, cultural as well as reproductive security. Women need to ponder upon ways which can improve their livelihood, economy, and have impact on reproductive health, and family's healthcare. India, including its northeastern region requires greater awareness and participatory approach towards the issues of reproductive security and empowerment. Further research is warranted to address the issues of sexual abuse, unplanned pregnancies or ineffectual role of women in the rural areas, slums or the hilly terrains of northeastern India.

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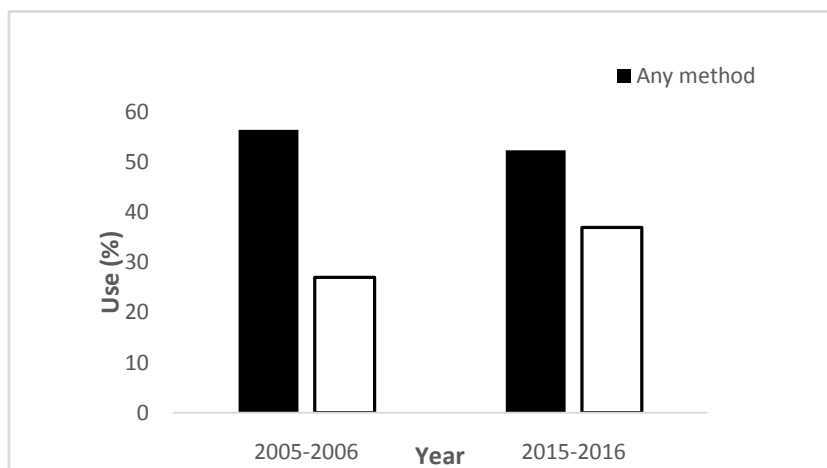
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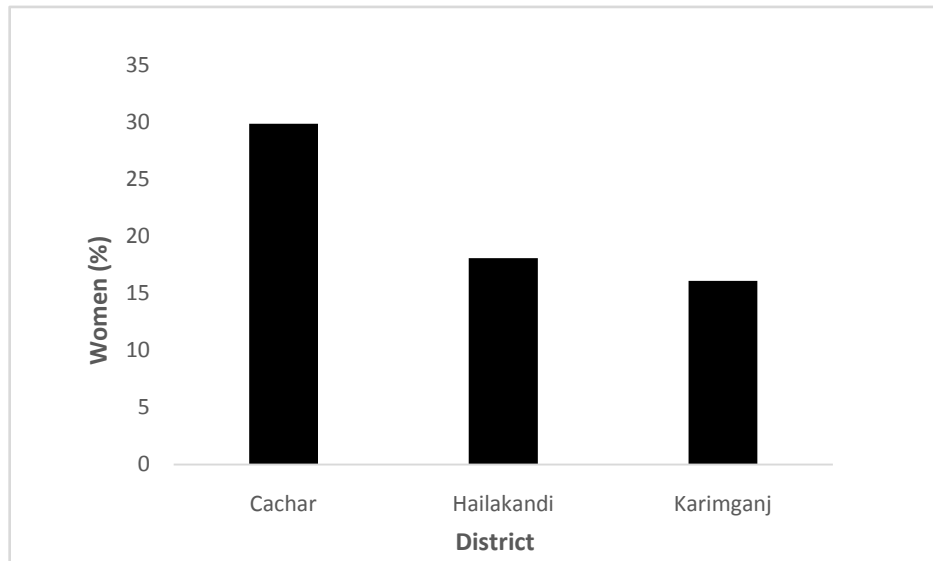
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**Fig 1: Use of contraception in Assam. Increased use of modern methods of contraception during 2015-2016 as compared to 2005-2006 (State Fact Sheet Assam, National Family Health Survey, India, 2015-2016).**



**Fig 2: Use of modern methods of contraception in rural areas of Barak Valley districts, Assam. Increased use of modern methods of contraception in the rural parts of Hailakandi district as compared to Karimganj and Cachar (State Fact Sheet Assam, National Family Health Survey, India, 2015-2016).**



**Fig 3:Proportion of rural women in Barak Valley districts of Assam with education upto class 10 and above. Education of rural women upto class 10 and above was higher in Cachar district in comparion to Hailakandi and Karimganj (State Fact SheetAssam,National Family Health Survey, India, 2015-2016).**

# **Empowering Rural Women through Social Positioning: A Study on Costumes and Ornaments of Deori Women from South Bank of Brahmaputra Valley in Assam**

**Guptajit Patha<sup>1</sup>**

## **Abstract:**

*Costume is a set of cloths in a mode typical of a particular country or historical epoch. Ornament is a thing used to make something appear more eye-catching but habitually having no realistic reason, particularly a small aim such as a figurine. The paper investigates the role of costumes and ornaments as a mode of social positioning as a way of life. The result of the paper is supported by data collected from close field work among the Deori women in South Bank of Brahmaputra Valley in Assam.*

**Key Words:** Empowering, Rural Women, Social Positioning, Costumes, Ornaments, Deori, Women, South Bank, Brahmaputra Valley, Assam.

## **Introduction:**

India is identified for multiplicity of peoples, their traditions, ethnicity, folklores, folktales, religion, caste system, costumes and ornaments. In order to understand the traditional identity of the Deori tribal women of South Block of Brahmaputra Valley in Assam, a study was carried out on the Costumes and Ornaments.

## **Tribal Costumes and Ornaments:**

Indian traditional costumes are very good-looking, colourful and striking. Without a doubt India's North East India is full of varieties in tribes, languages and dialects, customs, traditions, costumes, ornaments, folkart etc. Traditional Costumes and ornaments of the Deori tribe and women of Assam depicts the magnificent and stunning history. Tribal Jewelry is first and foremost proposed to be worn as a structure of beautiful decoration also recognized as a repository for wealth since ancient times. The tribal people are the symbol of heritage to the Indian land in world civilization.

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### **Statement of the Research Problem:**

Costumes and Ornaments are the main pedestal for any identity. Hence, tribal women are exceptional. To understand Deori women's identity Costumes and Ornaments are of great value. Since there is lack of research and awareness on the Costumes and Ornaments of Deori tribe and Deori women, therefore to conduct a programme on the Deori women of South Block of Brahmaputra valley in Assam is of significant value.

### **Rationale of the Study:**

Costumes and Ornaments of the Deori Women are of immense value for Indian tribal identity.

### **Objectives of the Study:**

1. To study about the principal features of costumes of Deori women.
2. To highlight about the national costumes.
3. To be acquainted with modern costumes.
4. To be familiar with the traditional ornaments.
5. To recognize the modern ornaments.

### **Hypothesis:**

1. There is no principal feature of costumes of Deori women.
2. There is no national costumes of the Deori women.
3. There is no modern costume of the Deori women.
4. There is no traditional ornaments of the Deori women.
5. There is no modern ornaments of the Deori women

### **Research Methodology:**

The research paper is based on descriptive study which followed the quantitative method. A Purposive and Stratified Random Sampling Technique was adopted for the selection of sample so that necessary data can be collected from the Deori women regarding the Costumes and Ornaments from the South Bank of Brahmaputra Valley in Assam.

<b>Table 1</b>			
<b>Details of Methods and Data Source of the Objectives</b>			
SI No.	Objectives	Data	Method
1	To study about the principal features of costumes of Deori women	Primary	Percentage, Bar diagram



2	To highlight the national costumes	Primary	Percentage, Bar diagram
3	To be acquainted with modern costumes	Primary	Percentage, Bar diagram
4	To be familiar with the traditional ornaments	Primary	Percentage, Bar diagram
5	To recognize the modern ornaments	Primary	Percentage, Bar diagram

### Research Design:

- (i) **Type of the Study:** Descriptive study has been pursued.
- (ii) **Locale of the Study:** The study was conducted in rural areas of South Bank of Brahmaputra Valley in Assam.
- (iii) **Sample:** Since the Investigator visited 200 Deori household but selected 145 samples for the study.
- (iv) **Selection of the Respondents:** In the present study, villages 1. Bordeori Village of Narayanpur Revenue Circle in Lakhimpur district as biggest 2. Baghgarah Village of Bihpuria Revenue Circle in Lakhimpur district as middle and 3. Dusutimukh Village of Bhogpur of Narayanpur Revenue Circle in Lakhimpur district in Assam as smallest in the South Bank of Brahmaputra Valley in Assam as per the noteworthy discussion and direction of the Deori Community since there is no plenty census report for its definite facet.
- (v) **Tool Used:** Questionnaire was used as a tool.
- (vi) **Procedure for Data Collection:** Investigator collected the data personally by visiting the households of the sample Deori Women.
- (vii) **Method of Data Analysis:** The data are analyzed by using quantitative method.

### Delimitations of the Study:

The present study is delimited to –

1. The population of the sample was 3(three) selected rural villages of South Bank of Brahmaputra Valley in Assam.
2. The study was restricted only to the Deori sample women.

3. The findings of the study would be significant only for the quantitative method related to information.

### Observations and Interpretations:

The study for the objects covers the opinions regarding costumes and ornaments of the Deori women of South Bank of Brahmaputra Valley in Assam. The results of the study and its discussions have been obtained under following sub headings.

**Table-2**

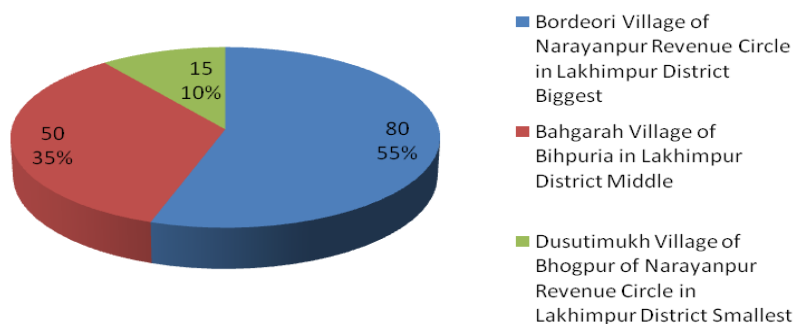
- Respondent(s) in Selected Villages:

Sl No	Villages of Respondent	Size (area wize)		Percentage
1	Bordeori Village of Narayanpur Revenue Circle in Lakhimpur District	Biggest	80	55.17
2	Bahgarah Village of Bihpuria in Lakhimpur District	Middle	50	34.48
3	Dusutimukh Village of Bhogpur of Narayanpur Revenue Circle in Lakhimpur District	Smallest	15	10.35
Total			145	100

*Source: Primary Data (Field survey)*

**Figure-1**

**Frequency**



**Table -2:** represented the Costumes and Ornaments of the Deori women from South Part of Brahmaputra Valley in Assam where 145 samples are collected from the 3(three) Deori rural villages.

For this reason, 145 samples are used for the study after calculating Cochran's sample size determination formula.

It is highlighted that B-N1, M- N2, S- N3. Hence, N1+ N2+ N3.

**Table – 3**

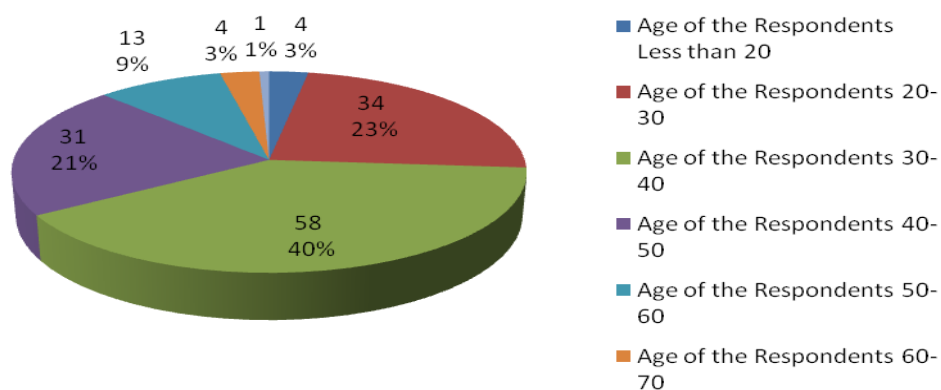
**General Characteristics of Respondents**

Characteristics of the Study		Frequency	Percentage (%)	Mean $\pm$ S.D.
Age of the Respondents	Less than 20	4	2.8	38.40 $\pm$ 11.448
	20-30	34	23.4	
	30-40	58	40.0	
	40-50	31	21.4	
	50-60	13	9.0	
	60-70	4	2.8	
	More than 70	1	0.7	

*Source: Primary Data (Field survey)*

**Figure-2**

**Frequency**



**Table 3:** displays age of the respondents.

**Table-4**

Sl. No.	Characteristics of the Study		Frequency	Percentage (%)
1	Marital Status	Unmarried	13	9
		Married	126	86.9
		Widow	6	4.1
2	Educational Qualification	Illiterate	8	5.5
		Half	8	5.5
		Primary	7	4.8
		Middle	17	11.7
		High	37	24.8
		Higher Secondary	32	24.8
		Degree	16	10.7
		Vocational	0	0
3	Occupation	Agriculture	121	83.4
		Service	18	12.4
		Business	5	3.4
		Social Welfare	1	0.7
Total			145	100

**Table-4:** displays marital status, educational qualifications and occupations of the respondents.

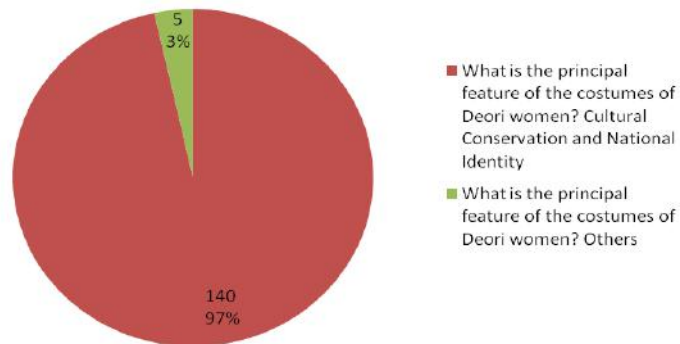
**Table-5****Costumes and Ornaments of South Bank of Brahmaputra Valley in Assam**

Objective No	Characteristics		Frequency	Percentage (%)
Objective 1	What is the principal feature of the costumes of Deori women?	Cultural Conservation and National Identity	140	96.5
		Others	5	3.5
Objective 2	Are there any national costumes of Deori women?	Yes	132	91.7
		No	13	8.3
Objective 3	Do you were modern costumes?	Yes	141	97.9
		No	4	2.1
Objective 4	Are there any traditional Ornaments of the Deori Women?	Yes	145	100
Objective 5	Do you wear modern ornaments?	Yes	142	97.9
		No	3	2.1
Total			145	100

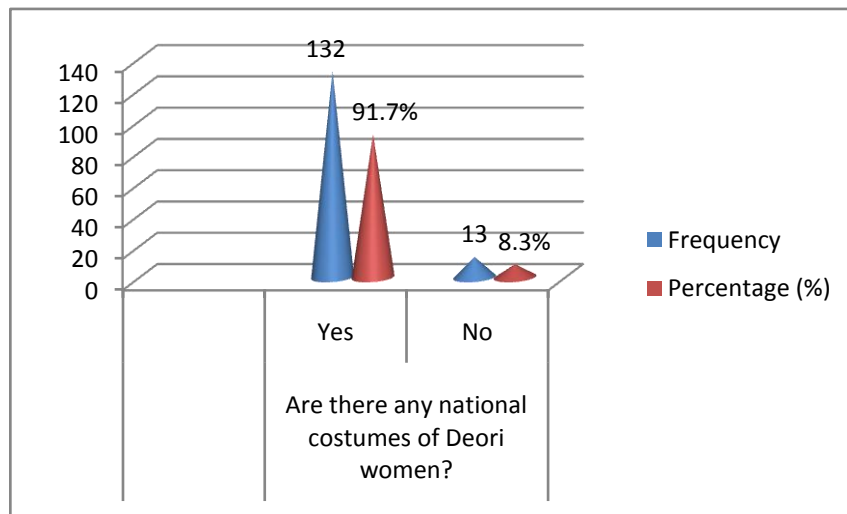
**Source: Primary Data(Field survey)**

**Figure-3 (Objective 1)**

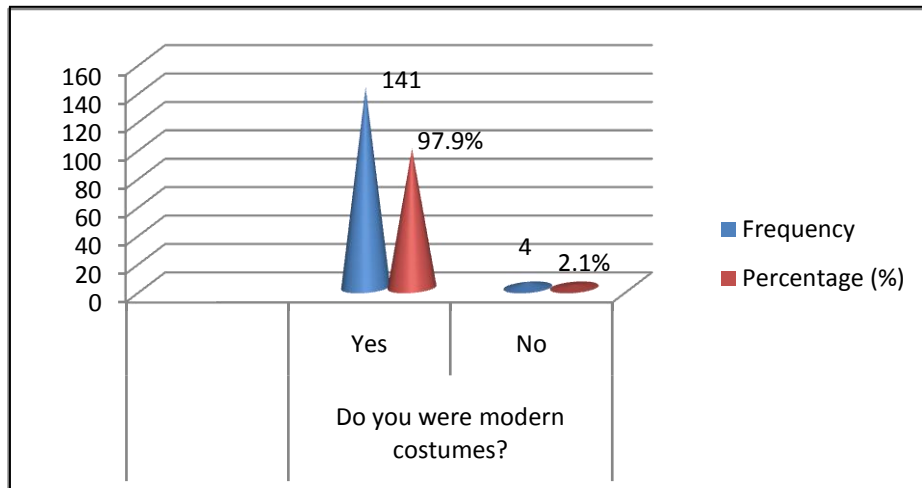
**Frequency**



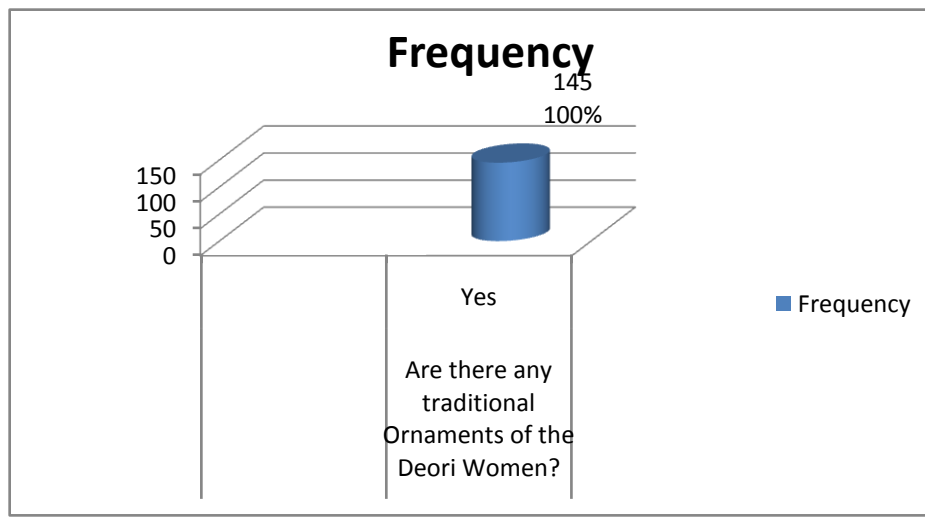
**Figure-3 (Objective 2)**



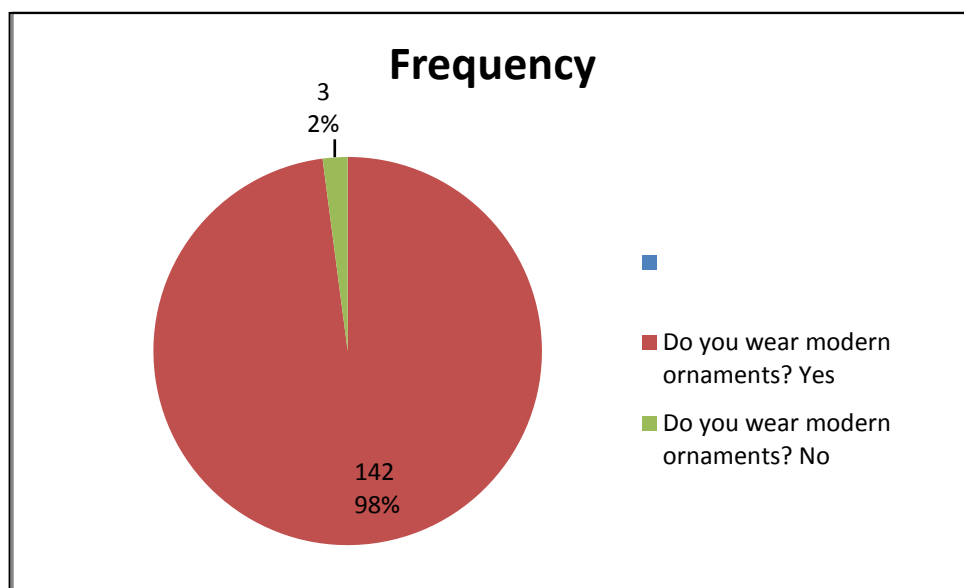
**Figure-3 (Objective 3)**



**Figure-3 (Objective 4)**



**Figure-3 (Objective 5)**



**Table 5:** highlighted the Costumes and ornaments of the Deori women from South Bank of Brahmaputra Valley in Assam. The observation on Costumes and ornaments is found through the questionnaires depicted that the Deori women are linked to the preferred background or not.

In the general characteristics of the respondents the acquaintance and practice level of the Deori women in the preferred areas were accumulated and estimated.

To find out the present objects as the characteristics of Costumes and ornaments through the Deori women is the chief issue. This implies that how well a Deori woman is knowledgeable on the various issues which are connected to Costumes and ornaments and what is the knowledge level she is having, is being compared to the practice stage that exit with the Deori women.

The 5(five) objectives depicted as percentage (%) are:

1. Concerning the first object on the principal feature of the costumes of Deori women, out of 145 samples 96.5% of the respondents were aware and 3.5% of the respondents were not aware.

2. Relating to the second purpose on national costumes of Deori women, out of 145 samples 91.7% of the respondents were conscious and 8.3% were not.
3. Involving to the third object on the modern costumes of Deori women, out of 145 samples 97.9% of the respondents were conscious and 2.1% were not.
4. Linking to the fourth object on the traditional Ornaments of the Deori Women, out of 145 samples 100% of the respondents were conscious.
5. Connecting to the fifth object on the modern ornaments of Deori women, out of 145 samples 97.9% of the respondents were conscious and 2.1% were not.

### **Hypotheses Testing:**

- (i) In case of the first hypothesis regarding the costumes and ornaments of the Deori women, the respondents who have viewed significantly on their costumes and ornaments. Therefore, null hypothesis view on the particular issue is rejected.
- (ii) In case of the second hypothesis, the respondents who have positive views on national costumes. Hence, the null hypothesis involvement is rejected.
- (iii) In case of the third hypothesis, the respondents who have positive views on modern costumes. Simply the null hypothesis is rejected.
- (iv) In case of the fourth hypothesis, the respondents viewed positively on traditional ornaments. Therefore, the null hypothesis is neglected.
- (v) In case of the fifth hypothesis, the respondents viewed positively regarding modern ornaments. That's why, the null hypothesis is rejected.

### **Conclusions:**

- The paper has exposed an importance on Costumes and ornaments of the Deori women of South Bank of Brahmaputra Valley in Assam. The thoughtfulness on Costumes and ornaments of a tribe is of measureless impact.



**Some suggestions:**

- The strength of frankness on Costumes and ornaments is an excellent sign.
- The outlook of Costumes and ornaments is highly essential for the cause of traditional identity. Appropriate knowledge related to Costumes and ornaments need to be highlighted by the guidance of the particular community.
- Both the genders should be remarkably and consistently addressed concerning the significance of costumes and ornaments.
- Costumes and ornaments should be given importance as nation's identity by Deori tribes and Deori women for the cause of cultural and societal background.
- An awareness programme on costumes and ornaments would no doubt lead to positive impact and thinking of any community.

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# Women in Urban Slums: Towards A Social Work Intervention

Rajdeep Dutta<sup>1</sup>

## Abstract

*Globally, slum is the most common part of urban phenomenon. Urban slums are the major location for the poor urban families and migrant marginalized group. Among the marginalized group, slum women are in the most frontline. She is suffered in terms of many aspects like social, economic and health etc in her daily slum living. In that context, social work intervention levels and approaches can be used to diminish the outbreak conditions of women in urban slums. Hence, the present paper is an attempt to understand the women in urban slums towards a social work intervention. The first part of this paper introduces the understanding of urban slums and its features. While the picture of slum women and challenges encountered by women in Indian urban slums from some perspectives are highlighted in the second part. The third part describes the social work as a tool for empowerment of women in urban slums. Accordingly, the social work intervention levels and approaches in that arena are discussed in the fourth part and the conclusion is made in the final part. This paper is based on the review of secondary sources. The secondary information collected from various sources like reports, books, journals and websites to shed the lights on the paper. With this backdrop, the paper also underlines implications for upcoming research and practice.*

**Keywords :** Women, Empowerment, Perspectives, Social Work Intervention, Urban Slums

## Urban Slums: An Understanding

Slums are the most common part of urban phenomenon. Migrations from rural to urban areas are widespread all over the globe including the underdeveloped and developing countries. There has been increasing of migration people due to the speedy industrialization. As a result, there are blowup of shanty towns and slums in the cities. The figure of people living in slums is growing very fast. The growth of slums and its population in India presently stands at 65.4 million (Census of India, 2011). In India, there is huge growth in the urban population from 17% in 1951 to 31% in 2011 (Census of India, 1951 & 2011). Moreover, Pandey (1991) mentioned city poverty has turned into a widespread feature of the new human surroundings. Usually, slum is an overloaded and unclean area of a city or town inhabited

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by extremely poor population. The slums are more often differentiated by high rates of poverty and unemployment. Slums are propagation area for several social issues such as offense, drugs, alcoholism, domestic violence and some other hopelessness. More so, slums in the poor nations are also considered procreation centers meant for disease because of unhygienic surrounds. The word 'slum' speaks volumes about the dilemma of the city deprived. The rural poor migrate from rural to urban areas dreaming of a comfortable living in urban. Though is not as same for all. Truly, it is a little dissimilar but not healthier than what they experience in their rural villages. Once they footstep into the city they suffocate. Because the unpolluted air, water and open living place which they enjoyed in their rural areas are all without to them in cities and towns ([www.uelcindia.org](http://www.uelcindia.org)). The UN habitat, 2007 highlighted slums as:

Conditions of slums may vary from countries to countries. As it is based on their nation's income regards to quality of housing and cruelty of situations, mostly of their access to water and sanitation. Housing [...] that are depreciated once the original residents shifted to new and better areas of the urban. (UN Habitat, 2007, p.1).

In addition, Census of India 2011, define slums have been earmarked in all the statutory towns irrespective of their population size based on the same definition as in 2001. Census 2011 defined the three types of slums namely, notified, recognized and identified as highlighted:

- a. All notified areas in a town or city notified as 'slum' by state, union territories administration or local government under any Act including a 'slum Act' may be considered as notified slums.
- b. All areas recognized as 'slum' by state, union territories administration or local government, housing and slum boards, which may have not formally notified as slum under any act may be considered as recognized slums.
- c. A compact area of at least 300 populations or about 60-70 household of poorly built congested tenements, in unhygienic environment usually with inadequate infrastructure and lacking in proper sanitary and drinking water facilities. Such areas should be identified personally by the charge officer and also inspected by an officer nominated by Directorate of census operations. This fact must be duly recorded in the charge register. Such area may be considered as identified slums (Census of India, 2011).

Moreover, As per Improvement and Clearance Act, 1956 slums is defined as an areas where building are not fit for being habitat in any value or any mixed of the factors that are adverse to safety, healthiness and morality. Hence, the concept of slum is varying from one nation to another depending upon the socio-economic position of the society. The vital features of slums are decaying and unwell housing structures, poor airing, lack of daylights, keen congestion, defective arrangement of streets, insufficient lights, unsafe drinking water, lack of drains, water logging throughout rains, lack of toilet facilities, absence of basic physical and social services. As a fact that urban slums are the major location for the poor urban families and migrant marginalized group. Among the marginalized group, slum women are in the most frontline. She is suffered in terms of many aspects like social, economic and health etc in her daily slum living. In that context, social work intervention levels and approaches can be used to diminish the outbreak conditions of women in urban slums. Hence, the paper is an attempt to understand the women in urban slums towards a social work intervention. The first part of this paper introduces the understanding of urban slums and its features. While the picture of slum women and challenges encountered by women in Indian urban slums from some perspectives are highlighted in the second part. The third part describes the social work as a tool for empowerment of women in urban slums. Accordingly, the social work intervention levels and approaches in that arena are discussed in the fourth part and the conclusion is made in the final part. Hence, the vulnerability of women in urban slums is highlighted in the next fragment.

### **Urban Slum Women: *A Reality of Deprivation***

Women are considered equally significant part in the developmental process. They are the real nation-builders in building future generation. A country can attains more progress if its women are well educated, healthy and enjoy equal status in social, economic and political with man counterpart. There are different welfare activities for women but the status of women in the country is not very sound. Specially, women in slum are more vulnerable due to exploitation and suppression from centuries. Generally slums women mostly faced domestic violence, sexual harassment, early marriage, low education, girl child labour, unsafe and insecurity in all the spheres of their slum life. So, empowerment of slum women is as significant for the overall development of the nation. Since independence a different form of women issues prevailing in the country

such as gender discrimination, oppression, gender injustice are deep-seated evils across the country in varied dimension (socio-economic, health, culture, religious, tradition, caste and so on) including slums. As per primary abstract of slum, 2011 report status of slum women as highlighted in the following indicators (see table 1).

**Table 1: Some Indicators of Slum Women/Females in India**

Indicator	2001	2011
<b>Slum</b>		
Persons Population	5,23,71,589	6,54,94,604
Males Population	2,77,59,224	3,39,68,203
Females Population	2,46,12,365	3,15,26,401
Sex Ratio**	887	928
Female Literacy Rate	63.2%	71.2%
Female Main Workers	77.8%	76.4%

**Notes:** \*\*Number of females per 1000 males

**Source:** Primary census abstract on slum, 2011

The office of the register general & census commissioner, India

The above data reveal that the slum female population is almost half over male population. Further, the sex ratio is less as compare to the country sex ratio that is 943. Also female literacy rate shows slum women literacy is low as per the national average literacy rate that is 74% (census, 2011). Female Main workers are only 76.4% participating in workforce but they are paid very less. Though, the appropriate government has taken various initiatives. But the efforts are either unsuccessful or failed to protect women right and to promote empowerment. Dream for a better life many poor couple moves towards urban area for their bright future. But poverty is an unrepeatable part of slum dwellers. The slum population is backward from social, economic and health perspectives. To develop the conditions, slums women are often engaged themselves in earning and to support the family. As slum women are low educated and unskilled. Hence, women are paid less for their work e.g. payment status of domestic workers in most part of India. Moreover, the health condition of women is bad as compare to male in slums (DFID, 2001). Furthermore, CARE India focuses on empowering women in urban slums as its long-standing planned programme. In addition, migrant women in the urban space faced

harassment, often fuelled by rumor and violence against women etc are common challenges of women in slums.

### **Challenges of Women in Urban Slums: *Based on Some Perspectives***

Urban slums are the habitations to huge attentions of poor, socially marginalized and other downgrade people including lower socio-economic condition in a definite society (Davis, 2006; Devas, 2004). Further, UN Habitat, 2003 reported the challenges of slums as an area characterized by congestion, unfortunate or informal housing, insufficient access to safe water and sanitation, and insecurity of residence. Moreover, slums are frequently contract by the multifaceted wave of poor socio-economic and health positions. The displays of poor conditions due to lack of political will to provide safe, sanitary, and affordable shelters(UN Habitat, 2003). In addition, the situations of women in urban slums are not very impressive. The briefness is given based on some perspectives as highlighted:

#### ***Social Perspectives***

Slums are described as deteriorated housing, overloading and lack of durability (Davis, 2006). Most seen houses are built by the bamboo, tin, aluminum, plastics, wood and concrete and from the available of local materials. It also found that the buildings are built using material like brick and cement (UN Habitat, 2003). The houses are without proper facility of safe electricity, clean water and proper sanitation. Further, slums are not only the lacking of basic civic amenities but also the basic institutional services like schools, health centre, banks etc. As per NSSO 2009 report 86% slums have nearest primary school within one km and only 30% slums have nearest health center available within two km. Regards to Slum women, the issues of governance is more significance as availability. The slum dwellers are often treated as racial, religious and culturally marginal groups. Moreover, social lives of the urban slum women are very deprived in the sense of quality life. The places they live are mostly unhygienic and seem like waste stores. Living in the cities even in slum area family has to buy everything for the bread and butter. So, all family members usually engaged in economic activity in all age normally for poor socio-economic condition.

#### ***Economic Perspectives***

Slums are also demonstrated as of class of differently oppressed people. They are oppressed in terms of social, economic and political situations

such as high poverty and low level of education etc. Though to get relief from economic scarcity the slum dwellers often engaged in different types of work but these are mostly casual such as domestic work, mechanical work, cloth fabrication, toilet attendance, collecting and recycling resources and production of craft or art (UN Habitat, 2013). Moreover, cities are deemed the source of different formal and informal zone for employment opportunities. Slum dwellers are contributing notably in the labor deliver of the economy (Government of India, 2013). As per census, 2011, work participation percentage of slum workers to total workers is 86.5%. The male workers are 89.4% whereas female is 76.4%. Also, out of total slum dwellers, 13.5% are marginal workers. Among 10.6% are male marginal workers and 23.6% female marginal workers. It's shown the high slum participation in work and female marginal worker is more other than male. Again the quality of work is menial and paid very less. In that situation, women living in urban slum hardly get times and money to give attention for their own health.

### ***Health Perspectives***

Globally health is known as wealth. Health issue is a major concern for slum dwellers especially for women. By and large slums are mostly lack of sanitation and clean water. The people dispose of all waste near the surrounds they live, consequential in the pollution of water sources (Water Aid, 2008). Most of the slums are lack access of sanitation systems. The flying toilets contribute to unsafe water conditions, which raises diseases contact to water-borne miasmas that cause dengue fever, cholera, and diarrheal diseases. Moreover, the conditions of slums are mainly harmful for the health of children and women. Children's health is vulnerable by infectious disease connected to poor water quality. As reported by UN Children's Fund 2012 that thousands of children are dying daily in slum living (ibid.). Further slum children also often experience food insecurity. The poor foods lead to poor physical and intellectual development (United Nations Children's Fund, 2012). In addition, women's health is also influenced by disease. Yet, lack access of toilets is a greater threat for women (Nderitu, 2010). Since, lack access of toilet facilities women used to choose the systems of hours darkness. Again, this is resultant physical uneasiness and potential exposure to offense (Yasin, 2012). Therefore, health challenges incorporated the import of water, food and other requisites to the people. Many million populations in low income and informal arrangements in cities or town countenance with the similar health

challenges (UN Habitat, 2003). Thus, to address the challenges, there is a significant requirement of multidisciplinary professional.

### **Social Work as a Tool: *Empowerment of Women in Urban Slums***

Social work is a theory and practice based disciplines and a profession. The knowledge and the skills that social workers are learn through the education and training in social work. These are applied in the fieldwork as an intervention. Social work intervention is consists of the professional application of social work– values, principles, skills and techniques to one or more in the different level of practices. As globally accepted definition given by two bodies namely, International Association of Schools of Social Work (IASSW) and International Federation of Social Workers (IFSW) has been jointly defined in 2014, social work profession is highlighted:

[ *The practice is mainly considered relationship between the perso.*] Social work practice promotes social change, development, social cohesion, empowerment and liberation of its citizens. Practices are fundamentally guided by social justice, human rights, collective responsibility and value for diversity. Using by theories – social work, social sciences, humanities and indigenous knowledge. Social work connects people and structure to deal with life challenges and improve wellbeing *ns and their environment* [italics mine] (IASSW & IFSW, 2014).

Social work profession is uniquely set in social sciences to promote the field level intervention. It is a practice based profession to assist individuals, groups, communities and organizations to meet the issues and to resolve it. Social work profession started under the Sir Dorabji Tata Graduate of Social Work at Bombay in 1936. Since its inception, the profession in India is started and origin with the primary focused on the areas of urban poor and slums (Gore, 1997; Mathew, 1992). The populations of slum dwellers are deeply fueled by Indian major cities like Mumbai (Dharavi), Delhi (Bhalswa) and Kolkata (Basanti) and other cities in India. As per UN Habitat (2007) the place where large numbers of poor group living in substandard housing in urban areas are tagged as slums. Still slum exit in varied form in the rural, urban and suburban communities in the globe (Davis, 2006). According to global monitor of human settlements— ‘*the number of slum dwellers will be twice by 2030, increasing from one billion to two billion inhabitants living in deplorably unsafe and unsanitary surroundings*’ (UN Habitat, 2003). Further, the UN



Habitat (2013) highlighted that the slum household is that which needs 'access to sanitary water, improved sanitation' (Cited in Shekhar, 2013, p.55). In addition, to response the alarming condition, the global policy organizations come with the assessment tools and intervention strategies. So, one could provide help to the slum dwellers to develop their quality of life (UN Habitat, 2013).Moreover, it has been seen informal networks are more active in slums area. Thus creating awareness, by peer group approach will be more effective tools in social work intervention. Informal network worker and peer educator can play a significant role in publicize and educating the slum dwellers and linking with the services of health, education and other services. Social worker can also make aware and to educate the slums women for the basic and constitutional rights. In that arena, as a helping profession, social worker can provide helps one who can helps themselves and others through different levels and approach.

### **Social Work Intervention: *Levels and Approaches***

Helping the slum women is a significant challenge of social work practices. In terms of fulfils their needs for social, economic and health is concern. Eradicate the obstacles that inhibit access to safe, reasonable shelter is a social justice issues (National Association of Social Workers, 2007). Hence, after asses the women are in urban slums and their challenges. The social work intervention can be adopted for improvement conditions of slum women. The vital approaches of social work intervention for the slums women can be women rights, gender poverty, awareness, skill, education, health issues and economic development programme etc. Social worker can provide interventions with or without support of government organizations. The level of social work intervention meets the need of poor women in terms of facilities accesses, self reliance and participation in socio-economic life too. They can provide intervention on micro finance develops for financial empowerment and transformation. However, in the development field, the different professional like law, medical practitioners, economist, social work professional and NGOs practitioners etc ., can work to empower the women in urban slum. In that arena, from the review of information it can be assessed that the social work intervention strategies can be at various levels which are highlighted (see table 2).

**Table 2: Social Work Intervention Level and Approach**

Social Work Practice Level	Social Work Practice-Approach
▪ Micro level	<ul style="list-style-type: none"> <li>– Directly linking with the material supports to meet their basic needs</li> <li>– Empowerment of slum women through skill training, self helps, and educating etc.</li> </ul>
▪ Mezzo level	<ul style="list-style-type: none"> <li>– Assist women to relate their empowerment skills in varying forms like SHGs, Women Clubs etc</li> </ul>
▪ Macro level	<ul style="list-style-type: none"> <li>– Mass awareness, help to formulate and policy change, consult for improve slum condition and to create safe, sanitary, and resonate shelters.</li> </ul>

In micro level intervention, the concerns is given on individual and his/her most dear and near relations like interaction between husband and wife, parents and child, intimate friends, and family members. It is a direct and interpersonal practice interventions are often used in clinical practice. In mezzo level, the focus is given on interpersonal relationships, which are to some extent less closeness as connected with family, other than more individually significant which take place with organizational and institutional representatives. Such relations can be among the individual member in youth clubs, self help groups or peers group at school or work and among neighbourhood. Finally, macro level includes work with community, organization or even society as a total. Evidently, micro level intervention also deals with the interpersonal relationships but it's a lager level of interaction between individual of organization representatives and members of an agency and so on. Macro level intervention are mostly involved with activities like advocacy, awareness, administration, fund rising, policy analysis and resources enlargement etc.

### **Conclusion**

Working with women in urban slum, from the very beginning we need to understand the slum women conditions. The conditions of women in slums are lack of skilled, uneducated, poor health and double work pressure at home and mostly domestic work for their survival needs. Women participation in formal economy is very less. They are deprived in terms of social, economic and health matters too. Therefore, social work intervention can be provided in various levels to develop the circumstances of the poor women in slums. Social worker can assist in empowerment of

women, solution towards their challenges by liking with different GOs-NGOs programmes. The government should assist those women to find the reasonable and safe housing with at least basic infrastructure and services at the subsidized rate. Appropriate law should be made towards women's work fair wage, medical insurance and services. Both GO-NGO should provide the skill development training to slum women. More so, she can be assist to find the work or direct requirement or employment services in formal and informal sectors. Further, while working with slum women, social worker should choose worker from their insider (within slum area) to had wide acceptance by the slum dwellers. There should be major concern for the dignity and security of the slum women. To conclude, the slums dwellers are more vulnerable and mostly forgotten dwellers in the urban society. So, it is required to pay more attention by the educated mind towards the slum dwellers and the women's in urban slums.

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## Food, Hygiene Habit and Health of the Barmans in Cachar District of Assam

Ruma Deb Nath<sup>1</sup> & Bijeta Barman

### Abstract

*Health of a person or community closely related with food and hygiene habit because health is not an isolated phenomena. It is related with social environment, tradition, custom, economic conditions of the people. It is found that people with poor economic background take less nutrition food and living in an unhygienic condition suffer from different types of health related problems than the people with rich economic background. The Barmans are one of the plain schedule tribes of Assam. Ethnically, they are known by the name of Dimasa Kachari and affiliated to the Indo- Mongoloid group belongs to the Tibeto-Burman family. Dimasa's living in Barak valley are known by the name of Barman. Barmans are mostly settled in remote villages of Cachar district of Barak valley where health, educational and other facilities are less. Day to day life of Barmans of these villages are guided by poverty, traditional beliefs and practices. As a result they are lagging behind from other community of the district in terms of education, health, economic condition etc. Present paper made an attempt to understand the food and hygiene habits and its impact on health of Barman tribe of Cachar district of Assam.*

**Key term:** Health, Hygiene, Nutrition, Disease, Treatment and Barman.

### INTRODUCTION

The proverb "health is wealth" is absolutely true because healthy people are more active and creative than unhealthy people and healthy people can be the effective human resource of a country. That is why it is said that health is one of the important indicators of human development and is related to the well being of common man. World Health Organisation define health as 'a state of complete physical, mental, and social well beings and not merely the absence of diseases or infirmity' (Srinivas Murthy, 2013 p. 38). People can maintain good health by living in a clean environment, taking right kind of food and undertaking physical activities throughout the

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life. Good health not only increases longevity but also reduces infant and maternal mortality rate. So balance diet and Personal hygiene are very important to maintain the good health.

## **PROBLEMS**

Every community has its own custom, belief and related practice towards health so as to tribal community also. Majority of tribal community in India lives far from main stream life and that is why they still continue their traditional way of living. Because of these tribal communities of India suffer from different types of health problem .These health problem faces by the tribal people due to unhygienic living condition, poverty, unhealthy food habit, lack of medical service, poor communication system and so on. Number of scholar conducted studies on tribal health and health related problems, some of them are discuss here under.

Anil Jindal et.al (1994) studied health status and health seeking behaviour of different tribal community like- Halba, Maria, Madia and Bhattra of Madhya Pradesh and Orissa. They found that these tribes are poor and did not avail proper sanitation, housing, safe drinking water, etc. which has considerable effect on their health and increases the chances of waterborne fungal and bacterial infections among them. Poor economic status, illiteracy, unemployment etc. are the main reasons for their poor health condition. Bhupinder Singh (1994) in his article “Factors Influencing Health of Tribal Population Groups” studied the health condition and Medicare access of Saora tribe of Orissa and Gond of Chhattisgarh and found that these tribes are disease prone. They are mostly exploited, neglected and suffer from a high degree of malnutrition, morbidity and mortality rate. Poverty, ignorance, traditional mind set, lack of proper health care facilities etc. are the main reasons for their unsatisfactory health condition. Buddhadeb Chaudhuri (1994) in his article “Social and Environmental Dimensions of Tribal Health” said that the traditional medicine man or magicians are responsible for the non-acceptance of modern medicine by the tribal people. He also said that tribal has strong believes on magico-religious practices for treatment of diseases and also believe that the modern qualified doctors are quite helpless against evil eye, sorcery or witchcraft etc. Balgir (2005) said that tribal are highly disease prone especially communicable diseases, like: tuberculosis, hepatitis, sexually transmitted diseases (STDs), malaria, filariasis, diarrhoea and

dysentery, Jaundice, parasitic infestation, viral and fungal infections, conjunctivitis, yaws, scabies, measles, leprosy, cough and cold, HIV/AIDS, etc due to lack of sanitation and unhygienic living condition. Subramaniam (2006) said that tribal face a number of risks factors like high rates of poverty, illiteracy, harsh living environments, high rates of smoking, alcohol use and poor access to health care etc. which is reflects their health.

All the studies show that health condition of different Indian tribal community is not good and for this number of factor plays significant role. On the light of above discussion an attempt has been made to understand the food, hygiene habit and health condition of Barman tribe of south Assam.

### **Objectives of the Study**

- (i) To understand the food habit of the Barmans of Kalahower village.
- (ii) To understand the hygiene habit of the Barmans of Kalahower village.
- (iii) To study the health conditions of the Barmans of Kalahower Village.
- (iv) To understand the impact of government health facilities on the Barmans.

### **Methodology**

The study utilises both primary and secondary data. Primary data were collected from field through structured interview scheduled during March to December 2018 and respondents were both male and female. The secondary and documentary data were collected especially from books, Journals, office record like panchayat office records, sub-divisional statistical office, census report etc.

### **Universe and Unit of the Study**

Kalahower village is the universe of the study and 34 % household of the village are selected on random basis as unit of the study. Kalahower village is situated in the Cachar district of Assam. The village came under Sonai Revenue Circle, Narshingpur Development Block and Sewrarthal Gram Panchayat. It is nearly 60 kilometres far from the district headquarter Silchar. The village is inhabited by Barman tribes only and surrounded by number of Barman village as towards east of Kalahower Joynagar village is situated, towards west Dhanipur village, in northern side of the village Mohanpur and in south is Panchora and Dholakhal village is situated. Total household of the village is 325 and population is 1950 out of which 1026 are male and 924 are female (Household survey.11.12.2018).

## **DISCUSSION AND FINDINGS**

### **The Barmans**

The Barman is one of the major plain tribe of South Assam. Historically, they are known by the name of Dimasa Kachari which belongs to the Tibetan Barman family of Mongoloid race. Kachari community are divided into several sub-groups which includes Bodo, Dimasa, Garo, Mishing, Deori, Tiwa, Tipra etc and living in different parts of Assam, Tripura, and Bengal. It is believed that Dimasa King after settled down in Barak Valley adopted Hinduism and also adopted Barman as their surname and consider themselves as Kshatriyas. Later all his fellowman considers themselves as Hindu and started to use Barman as their surname. Barman society is patriarchal in nature but they have both patri-clan and matri-clan. Blood relationship is traced through both the male and female line and the clan solidarity is over emphasized by the Dimasa, the lineage as such has no specific function in their social structure.

### **Food/Nutrition**

Food habit and nutritional status is closely related to the health conditions of the people. Barmans are non-vegetarian and their staple food is rice. Their food items contain rice, dall, vegetable, fish, dry fish, meat etc. They also said that daily they cannot manage fish, meat, milk, fruits and other nutritious item due to poverty. They take mutton, chicken, card, milk occasionally but they regularly take rice with vegetable, dry fish, chalani fish (imported fish) and locally available green leaf, bamboo shoot etc. They take much chilli, boil vegetable and pork is very popular among them because it is much cheaper than chicken or mutton.

### **Eating Practices**

Majority of male respondents are working and female respondents are house wife but both male and female engaged work from early morning. Most of the respondents said that they take food three time in a day like morning (6-8 AM), afternoon (12-2 PM) and night (7 to 9 PM). Around 72.72% respondents take food three times, 22.72% take food two time and only 4.54% take food one time in a day. Those who take food one time in a day ,they mostly take lunch with rice ,fish or vegetable curry etc and other light food item like milk, biscuit, fruit in morning and night mainly due to illness. (See table 1.1)



**Table: 1.1 Meal taken by Respondents per day**

Meal Per Day	Respondents		
	Male	Female	Grand Total and Percentage
One time	03	02	05(4.54%)
Two times	19	06	25(22.72%)
Three times	63	17	80(72.72%)
Total	85	25	110(100)

Source: Survey Conducted during March 2017-December 2018

Not only this, respondents also said that they could not maintain gap between two meals regularly. Taking food largely depends upon availability of time from work .During cultivation and harvesting season gap between meals are more than 10 hours. Among the Barmans both man and women work hand in hand in agricultural field and women have to do additional household work along with weaving of cloths. So in this tight work scheduled when they get time they take food. Majority of them are unaware about the effect of this food habit on their health.

### Addiction towards Intoxicated Things

Barmans of Kalahower village are habituated of taking intoxicated things like bidi, cigarette, betel nuts and leaf, tobacco, wine and so on. Around 44.54% take betel nuts and leaf, and wine, 19.09% takes Bidi, cigarette, betel nut and leaf, and Wine, 15.45% take betel nuts and leaf, tobacco, wine, while, 11.81% take bidi, cigarette, betel nuts and leaf, 6.36% take tobacco, Wine and cigarette and only 2.72% take wine and cigarette. So, it is found that betel nuts (Goi, Miti), bidi (Laigorh) cigarette (biri) wine (Zuu) are common intoxicated things taken by the Barmans of Kalahower village. (See table 1.2)

**Table: 1.2 Respondents Addiction towards Intoxicating Things**

Intoxicating Things	Respondents		
	Male	Female	Grand Total and Percentage%
Bidi, cigarette, betel nuts and leaf	11	02	13(11.81%)
Betel nuts and leaf ,tobacco, wine	15	02	17(15.45%)
Betel nuts and leaf ,cigarette and wine	36	13	49(44.54%)
Bidi, cigarette, Betel nuts and leaf, wine	16	05	21(19.09%)
Tobacco, wine and cigarette	05	02	07(6.36%)
Wine and cigarette	02	01	03(2.72%)
Total	85	25	110(100)

Source: Survey Conducted during March 2017-December 2018

## Hygienic Habit

Personal hygiene habit is clearly related to health. It includes bathing, washing hand, oral care, hair and nail care, cleaning utensils, cloths etc. It is found that good personal hygiene habit help to prevent oneself from different types of diseases. Maintaining personal hygiene habit largely depends on the culture of the people. Barmans of the village by and large maintain minimum personal hygiene habit. Only near 7% respondents maintains their personal hygiene habit irregularly and rest of 92.72% maintain their hygiene habit regularly. More than 90% respondents take bath, wash cloth, and clean their teeth regularly. (See table 1.3)

**Table: 1.3 Respondents Personal Hygiene habits**

SI No.	Hygiene habit	Respondents		Grand Total and percentage (%)
		Regular	Irregular	
1	Bathing	13(12.74%)	Nil	13(11.81%)
2	Bathing and Washing cloth	36(35.29%)	03(37.5%)	39(35.45%)
3	Bathing, Washing and Cleaning teeth	53(51.96%)	05(62.5%)	58(52.72%)
	Total	102(100)	08(100)	110(100)

Source: Survey Conducted during March 2017-December 2018

Thus it is indicate that most of the respondents have regular habit of bathing, washing, cleaning teeth. This picture further encourages to know what types of materials they are using for bathing, washing cloth and cleaning teeth. Majority of respondents said that they did not use bathing soap regularly because of poverty and also not wash cloth regularly with detergent or soap. Similarly majority of them clean their teeth with twig of neem, ashes and salt, twig of bamboo etc. and a very less number of them uses tooth paste and brush for cleaning teeth. So regular habit of bathing, washing cloths and cleaning teeth also not help them to maintain personal hygiene properly which ultimately has its effect on their health.

## Washing Hand

Barmans of Kalahowar village are not habituated to wash hand properly before taking food, even after handling pet animal, working in paddy field and coming out from loo. Around 53.63% and 40.90% respondents inform that they wash their hand with plain water before taking food and after coming from loo respectively, 31.81% and 10% respondents wash their hand with sand and ashes after coming from loo and before taking food, 19.09% and 18.18% respondents uses soap after

coming from loo and before taking meal, 18.18% and 5.45% respondents uses soap and sand before taking food and after coming from loo (See table 1.4).

**Table: 1.4 Respondents habit of washing hand before taking Food and Coming out of Loo**

SI No.	Washing materials	Respondents	
		Before taking food	Coming out of loo
1.	Plain water	59(53.63%)	45(40.90%)
2.	Sand and Ashes	11(10.00%)	35(31.81%)
3.	Soap	20 (18.18%)	21(19.09%)
4.	Soap and sand	20 (18.18%)	09(5.45%)
5.	Total	110 (100%)	110(100%)

Source, field work, March 2017-December 2018

So it can be said that villagers still follow traditional means for maintaining personal hygiene and they are not fully aware about the bed effect of it on their health.

Not only personal hygiene habit but also hygienic surrounding like clean houses, safe drinking water, power consumption, sanitation etc also effect health condition of the people.

### **Housing condition**

House type largely depends on economic condition along with the environmental factors such as, physical features, tropical climatic and drainage system etc. It is a basic requirement of human well being. Most of the respondents that is around 61.81% live in hut, a little more than 31.81% live in Assam type houses that half break wall with tin roof houses, and only 6.36% people live in RCC houses (See table 1.5).

**Table: 1.5 Respondents house types**

SL No	Types of House	Respondents	Grand Total and Percentage
1	Hut	68	68(61.81%)
2	Assam type	35	35(31.82%)
3	RCC	07	07(6.36%)
	Total	110	110(100)

Source, field work, March 2017-December 2018

All most all the huts of Kalahower village consists of one /two room with one door and one or two small windows .Size of the rooms also small and hardly accommodate all family members. The villagers keep their domestic animals either in the verandas of their house or build small sheds attach to their houses which are also dangerous for health.

### Sources of Water

Barmans of Kalahower village collect water from different source for meeting their daily need like bathing, drinking, cooking cleaning etc. Near about 61.81% respondent collect water from spring available near the village, 32.72% collect water from well and rest of 5.45% respondent collect water from ponds(See table 1.6).

**Table: 1.6 Sources of Water**

SL No	Sources of water	Respondent
1	Spring Water	68(61.81%)
2	Wells	36(32.72%)
3	Ponds	06(5.45%)
4	Total	110(100)

Source, field work, March 2017-December 2018

The villagers are not habituated in purifying drinking water. They drink water from whatever sources they collect without purifying it .As a result they regularly suffer from the diseases like dysentery, typhoid, fevers and hepatitis etc.

### Sanitation

WHO define Sanitation as a means of providing facilities and services for the safe disposal of human urine and faces ([www.who.int/topics/sanitation/en/](http://www.who.int/topics/sanitation/en/), down lorded on 23/8/17). Inadequate sanitation is one of the major causes of different types of diseases all over the country especially in rural areas. Barmans of Kalahower village are not much conscious about sanitation and still some of the villagers defecated in open space. They do not consider open defecation is harmful for health. In Kalahower more than half of the respondents 50.00% uses of kachcha toilet, 37.27% uses semi-sanitary, 12.01% uses sanitary latrine and 2.72% defecated open space. Except sanitary and semi sanitary latrine, open defecation and using kachcha latrine is not good for health and cause for different type of intestinal diseases (See table 1.7).

**Table: 1.7 Sanitation Facilities**

SL No	Types of latrine	Respondent
1	Open	03 (2.72%)
2	Kachcha latrine	55 (50.00%)
3	Semi-sanitary	41 (37.27%)
4	Fully Sanitary	11 (12.1%)
	Total	110 (100)

Source, field work, March 2017-December 2018

**Garbage Disposition**

Pattern of garbage disposition is also related to health. People of Kalahowar village are not at all conscious about garbage disposition and throw garbage here and there in their surrounding which effects environment as well as health of them. More than half (54.54%) of the respondents throws the garbage outside of the boundary, 38.18% have their personal composed pit and 7.27% have common village pit (See table 1.8).

**Table: 1.8 Method of Garbage Disposition**

SI No.	Place of disposition	Respondents	Percentage (%)
1	Personal composed pit	42	42 (38.18%)
2	Common village pit	08	08 (7.27%)
3	Outside the boundary fencing or common land	60	60 (54.54%)
	Total	110	110 (100)

Source, field work, March 2017-December 2018

**Diseases**

The Barman's of Kalahower village are highly vulnerable to disease with high degree of malnutrition, unhygienic living condition, casual approach towards health and diseases etc. They suffers from different types of diseases like fever, malaria, gastric, dysentery, Tuberculosis, tooth pain, jaundice, small-pox, chicken fox, skin disease and so on. They frequently become victim of repeated epidemic of the above mention diseases. Around 44.54% respondents suffer from fever, stomach pain, headache, diarrhoea, 20.90% suffer from weakness, cold and cough, 9.09% suffer from typhoid, dysentery, gastric problem, 6.36% suffer from skin problem, teeth problem whereas, 5.45% suffer from diabetes, blood pressure 2.72% respondent free from disease and 1.81% suffer from malaria(See table 1.9)

**Table: 1.9 Types of Diseases from which Respondents suffer from last 2 years**

SI No.	Types of diseases	Respondents	Percentage (%)
1	Malaria	02	02(1.81%)
2	Typhoid and dysentery	10	10(9.09%)
3	Fever, Stomach pain, Headache, Diarrhoea	49	49(44.54%)
4	Weakness, cold and cough	23	23(20.90%)
5	Gastric problem and weakness	10	10(9.09%)
6	Skin problems, teeth problem	07	07(6.36%)
7	Diabetes and Blood pressure	06	06(5.45%)
8	Diseases free	03	03(2.72%)
9	Total	110	110(100)

Source, field work, March 2017-December 2018

### Treatment

Barmans of this village suffer from different types of diseases throughout the year. For any type of diseases they first adopt home remedies based on traditional knowledge and if not get relief then they approach local hiller or kobiraj and lastly approach allopathic or homeopathic treatment. It is found from the data that still large number of villagers depends upon traditional treatment. Around 21.81% respondents depends upon traditional treatment for their diseases, 42.72% adopted allopathic treatment along with home remedies, 14.72% respondents adopted homeopathic treatment along with home remedies, 14.52% adopted ayurvedic treatment along with home remedies, and 8.18% respondents take medicine by themselves without consulting doctor along with home remedies, (See table 1.10).

**Table: 1.10 Pattern of treatment adopted by the respondents**

Pattern of treatment							
Sl. No.	Types of diseases	home remedies and Allo-Pathic	home remedies and Homeopathy	home remedies and Ayurvedic	home remedies and Traditional	home remedies and Self Madication	Total and % Percentage
1	Malaria	02	--	--	--	--	02(1.81%)
2	Typhoid and dysentery	5	2	--	3	--	10 (9.09%)
3	Fever, Stomach pain, Headache, Diarrhoea	10	9	11	13	6	49 (44.54%)
4	Weakness, cold and cough	10	2	05	4	2	23 (20.90%)
5	Gastric problem and weakness	7	--	--	2	1	10 (9.09%)

6	Skin problems, teeth problem	4	1	--	2	--	07 (6.36%)
7	Diabetes and Blood pressure	06	--	--	--	--	06 (5.45%)
8	Diseases free	03	--	--	--	--	03 (2.72%)
	Total	47	14	16	24	9	110 (100%)

For any kind of diseases Barmans of the village first take home remedies like for stomach pain they first they take Barmi leaf(Tankuni blai), Pudina (blai), Dhurba leaf(dubri blai) for cold and cuff they take Tulsi (tulsi blai) Neem (neem blai) Ginger (Hajing) Honey (beredi) etc. Not only this for body pain, restlessness, burning sensation in any part of body they first approach to local medicine man or Hojai and take mantra jal, mantra solt etc because the Barmans have strong believes on black magic, witchcraft and also believes that most of diseases occur due to black magic, bad vision of witch, spirit etc and modern medicine cannot help to cure from that diseases. Mr. Bimal Barman 46 year old farmer said that his 12 years old daughter Barshi Barman, one day suddenly started vomiting and gradually she became weak. By watching all this neighbour suggest him to approach kobiraj (Hojai) accordingly he visit Kabiraj, after listening all from him kabiraj said due to witch vision his daughter suffer and suggested number of remedies in the form of puja and other. He did all with the help of kabiraj and now his daughter is fine.

### Health Service and Government health Policies

The village suffer from shortage of medical facilities. The nearest primary health centre of the village is Dholai Government Hospital which is near about fifteenth kilometre away from Kalahower. That is why they largely depend upon private outdoor clinic of the village which is run by three Registered Medical Practitioners namely Bono Barman, Gautam Sinha and Sofer Uddin Laskar. They give first aid treatment to the villagers, because it is not possible for them to approach this PHC, for treatment every time. These poor health facilities restrict the villagers to get the benefit of different health scheme lunch by the government of India for the improvement of health of the people such as Ayushman Bharat, Mamata, Janani Suraksha Yojana (JSY), Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), National Tobacco Control Programme (NTCP), Integrated Child Development Service (ICDS), Rashtriya Swasthya Bima Yojana (RSBY), National AIDS Control Organization (NACO), Weekly Iron Folic Acid Supplementation (WIFS), Sanjeevani-Village Health Outreach Programme, Susrusha-Financial Assistance for Kidney Transplantation and so on . Ayushman Bharat is the world largest government funded healthcare programmes and it was renamed as Prime Minister Arogya Yojana (PMJAY) started from 25<sup>th</sup> September 2018. But unfortunately people of Kalahower village are fail to avail much of

the health facilities due to the lack of health service near to their village. The respondents inform that regular immunization programme are arranged in their village like polio immunization, TB vaccine etc. After the implementation of National Rural Health Mission one Accredited Social Health Activist that (ASHA) is working in the village, and helps the pregnant women for safe and institutionalised delivery and give protection to the new born baby. At the same time villagers also inform that for any treatment they have to go to Dholai government Hospital and it is very difficult for them. Due to the lack of proper road communication the villagers also fail to access ambulance service during emergency. So, it can be said that Barmans of Kalahower village unable to access the full benefit of government health scheme due to distance of primary health centre, lack of road transport, casual approach towards health etc.

### Conclusion

In sum, it can be said that health condition of Barmans of Kalahower village is not good as large number of them suffer from different types of diseases like typhoid, malaria, gastric, dysentery, tooth pain, jaundice, skin disease etc. Most of the diseases they suffer occur due to unsafe drinking water, unhygienic living condition, taking less nutritious food, taking intoxicated things etc. Moreover, casual approach towards health, strong believe on supernatural means of treatment, poor health facility, road transport system, non accessibility of government facilities contribute more to their poor health. For improvement of health condition of the Barmans of Kalahower village there is a need to educate them about health issues like importance of proper hygiene habit, taking safe drinking water, bad effect of intoxicated things, arranging primary health service facilities and so on.

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# Postulating grounds for school Social Work in India : A Review

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## Abstract

*With the increase in the range, frequency and nature of school problems that are reported in India, a suitable and promising social work practice is required to address them. School social work practice which stands on empirical evidence and informed framework has been a specialized practice in schools especially in the European nations to address at risk students concerns. This practice has thus caught on from the western countries to many Asian countries. But in India, the practice has not matured owing to absence of advocacy and requisite research. This paper is an endeavor to underline the scope of such a practice in the Indian context. It also attempts to make us understand the concept of school social work, essentialities of its services and magnificence of the professionals associated with such practice in dealing with many problems and issues which arise in school as a whole.*

**Keywords:** School social work, School social workers, School mental health.

## Introduction

A child's most formative period is spent in school, where tales of nostalgic experiences are ever cherished throughout the life. According to Freudian theory of personality, early childhood experiences shape our personality based on how consciously and unconsciously these experiences are processed within the developmental stages of a human being. The psychological and social transition from being a child to becoming an adult is also full of events with concrete thinking, lack of abstract reasoning capabilities and problem solving skills to becoming emotionally independent by overcoming challenges to behavioral change and expanding problem solving skills. Both these periods are spent in school; hence the root manifestation as human beings takes place in our school journey. Those who could respond or conform to the school environment are winners and those who could not do it effectively drop out. In contemporary society, there are many hardships which makes it difficult to cherish those nostalgic moments of school life. To preserve the significant congruity of early as well as later childhood experiences, school social workers are always at the

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forefront. But the problem is the undermined identity of school social worker in India. School social work as a profession suffers from stunted growth in India. In our country, counseling and guidance services are emphasized through trained teachers and school social work has not reached anywhere significant in its practice form unlike that found in its genesis in America or even the other western nations.

### **School Social Work Practice and the School Social Worker**

School social work practice encompasses services for school children and youths which identify and improve the dysfunctional transactions that seriously interfere in the constructive use of school experiences by building on their individual strengths and coping capacities; and improve overall school conditions for all students. School social work is a complex and specialized field of social work which focuses on coordinating the efforts of schools, families and communities for helping students improve their academic achievement and thus enhance their social, emotional and behavioral competence by using its unique ecological perspective of viewing the person in environment (Costin, 1981, Essex et al.,

2016). It is thus a spectrum of tasks which serve the school children, youths, their families, teachers, administrators of school and the community through direct and indirect services. According to School Social Work Association of America (SSWAA), the direct services are the interventions for at risk students to help them with school related concerns which range from stress, bullying, truancy, dropout, harassment, sexuality issues, psychiatric issues, medical issues, family issues, economic issues, and rehabilitative services for disadvantaged children as well. Among the indirect services are multidisciplinary team collaboration, community outreach, assistance to families and teachers, school improvement planning, rehabilitative services planning, etc. Presented briefly below is the history of school social work and its genesis in the United States of America (SSWAA, n.d.).

School social work set its roots during the year 1906–1907 at the same time in New York, Boston, Hartford, and Chicago. They were called “visiting teachers”. The foundation of the essence of school social work was laid in 1931 when these visiting teachers were appointed by a school system in Rochester to enhance the cooperation between the home and school so that forces outside the school system shouldn’t hinder the endeavor to provide education to the children. The scope for school social work expanded with the widening scope of the compulsory attendance laws. Casework was practiced as a changing vehicle for maladjusted children (Constable, 2009). School social work as a

specialty has also been established by the NASW by-laws in 1955. In the U.S Office of Education, school social work became a specialist position in 1959 (Dupper, 2003). The period of 1975 to 1997 marked the crucial years for school social work because on the one hand school social work was gaining its importance through legislations and on the other hand it was developing more into a specialized service. For the first time, the importance of school social work was recognized and codified in The Education for All Handicapped Children Act in 1975 (Dupper, 2003; Kelly, Raines, Stone, Frey, 2010). The 1980s and 1990s marked the inclusion of the school social worker in more legislations.

School social workers were included as qualified personnel in Part H of the Education of the Handicapped Act Amendments of 1986, the Early Intervention for Handicapped Infants and Toddlers, and the Elementary and Secondary School Improvement Amendments of 1988. The American Education Act of 1994, regarded as the major piece of legislation, also included school social worker to achieve eight national goals laid in the Act, of which the major objectives were research promotion, consensus building, and systemic change, to ensure equality of educational opportunities for all students. Furthermore, two pieces of legislation – The Individuals with Disabilities Education Amendment Act of 1997 (formerly known as The Education for All Handicapped Children Act) and No Child Left Behind Act Amendment of 2006 have influenced the job and role of school social worker (Allen-Meares, 2013).

The present school social work as a profession has strong base from these legislations and reforms which brought additional changes to its overall practice. The Individuals with Disabilities Education Amendment Act of 1997 introduced Individualized Education Program (IEP) as a major tool to understand a student's involvement and progress and emphasized Positive Behavioral Support (PBS) interventions to address classroom management, school climate, social skills and violence prevention (Dupper, 2003). In

1971, the Washington State Board of Education adopted guidelines in a system model for competency- based certification of the school social worker and the goal was to ascertain that the candidate has achieved the competence equivalent to the BSW level of training (Ellis and Bryant, 1976). In 1992, NASW developed the school social work credentialing exam which is 'The Educational Testing Service' and for the first time Allen- Meares was administered. Also in 1992 NASW Education Commission Task Force revised the standards for school social workers. Many state associations have come up in the US that have set standards for highly qualified school social worker and introduced post-masters mentorships to provide permanent certification to the school professionals who are highly qualified (Constable, 2009). In 2012, NASW has again revised the guidelines for school social worker. More recently, in 2015, the Congress replaced the most controversial 'No Child Left Behind Act' with 'The Every Student Succeeds Act' and this new Act has molded new roles for

school social worker and other specialized instructional support personnel in identifying low scores of school students and minority students, improving school literacy, ensuring school safety, supporting mental and behavioral health of students among other roles (Strobach, 2015).

### **Multifaceted Functions of School Social Worker**

School social workers are the professionals available to students, their families and communities to initially identify and provide interventions. According to Openshaw (2007), school social workers are the generalist practitioners who must have the requisite skills for working with individuals, groups, and communities. SSWAA have defined school social worker on their official portal as those who “are trained mental health professionals with a degree in social work, who provide services related to a person’s social, emotional and life adjustment to school and/ or society. School social workers are thus the link between the home, school and community in providing direct as well as indirect services to students, families and school personnel to promote and support student’s academic and social success” (SSWAA, n.d.).

It is essential that school social workers are trained in cultural diversity, systems theory, social justice, advocacy, child rights, risk assessment & intervention, consultation & collaboration, and clinical intervention strategies to address the mental health needs of students. They work to remove barriers to learning which result due to inequality, poverty, inadequate health care, and violence. They work with teachers, administrators, parents, and other educators to provide coordinated interventions and consultation which are designed from evidence-based framework of practice to retain students in school and help families access the support needed to promote students’ success. They often focus on providing support to the vulnerable populations of students who are at a high risk of dropping out of school and truancy, the students who are homeless, foster, and migrant children, students transitioning between school and treatment programs or the juvenile justice system for rehabilitative services, or students who experience domestic violence and sexual abuse. School social workers must coordinate with the interdisciplinary teams with information from collateral sources and complete assessment of students at risk. They have a crucial role in crisis intervention when there are problems of suicide threats, deaths of students, any family members or teachers, and any other school crisis situations (Costin, 1973; Open shaw, 2007; Kelly et al., 2010). To design and implement school-based programs to promote a positive school climate among all students is another specialty about school social work (Costin, 1978).

School social worker works with the entire student body to identify students in need of more intensive interventions and connect these students to additional services in the community where needed. They serve as a resource

person to the Principal and other educators, providing consultation and training on identifying students with mental health problems and extend to provide referral services when they are sought. Working more closely with individual students and their families, school social workers also create a bridge between the school and the community with the other members of interdisciplinary team of mental health professionals. This coordination is very important in a successful school and community partnership to maximize limited resources, facilitate better service delivery, and maintain communication between partners. School social worker uses the helping measures which are based on and grow out of values and knowledge of social work profession and they have an advantage of implementing the ecological perspective of practice.

### **Alarming Statistics**

The first incidence study done in India examined the incidence of childhood psychiatric disorders in the community setting. It was six years follow up study which reports that the incidence of child psychiatric disorders to be 18/1000 per year among the 10-17 years old adolescents and the rate could be said to range between 18-37/1000/year. According to the study, the pattern of psychiatric disorders fell into the category of neurotic, stress related and affective disorders; personality and behavior disorders. They conclude that these conditions are basically adult disorders which had their onset during childhood. It has been reported that the peak hazard rate for major depression, mania, OCD, phobias and drug and alcohol disorders was in childhood or adolescence (Malhotra, Kohli, Kapur and Pradhan, 2009).

In a study to ascertain the prevalence of depressive disorders among school going adolescents (13-18 years) in Chandigarh in north India, it showed that a significant proportion of them suffered from depression which is around 40%. The study also reports that the associated factors of depression are modifiable and suggests that the modification is required in schools as well as in home environment (Singh, Gupta and Grover, 2017). Another study explored the factors associated with depression. According to the study, the factors associated with the development of depression in children and adolescents have been clinic-based or school-based. Researchers evaluated life events, demographic factors, or clinical factors associated with the development of depression. These factors can be categorized as those related to studies or education, relationship issues in the familial context, familial issues, economic difficulties, and other factors (Grover, Raju, Sharma and Shah, 2019).

In India, the young people in the age group of 10-24 years are precious resources but at the same time they are vulnerable to many factors which threats or affect their well-being. It is estimated that India's population has more than 30 % of young people of age 10-24 years, which means that every third person belongs to this age-group (Singh and Gopalkrishna, 2014). In studying the

health and behavior problems among young people, Singh and Gopalkrishna (2014) found nutritional disorders (both malnutrition and over-nutrition), tobacco use, harmful alcohol use, other substance use, high risk sexual behaviors, stress, common mental disorders, injuries such as road traffic injuries, suicides, violence, behavioral problems, poor health, mental and neurological disorders affect this population.

Bhatia, Vij and Madhura (2013) in their study of stress level among adolescents in Government and Public schools of Delhi found that stress as a cause of anxiety within them affects their academic performances. Stress in examinations, leisure time-activities, home and school environment, sleep pattern and also consumption of junk food before and during the examinations are the reasons for increasing stress and anxiety among the adolescents. The study also informs that mental health of adolescents going to private schools are found significantly better than those who attend government schools.

In a study based in Kolkata city of India in order to understand anxiety among adolescents, it is found that anxiety prevails more in boys than girls. Also medium of instruction flares a role and it was found that students of Bengali medium are more anxious than those of English medium. Adolescents of working mother of middle class are more anxious and a substantial proportion of them perceived that they did not receive quality time from fathers and mothers. A majority of them added that they did not feel comfortable to share their personal issues with parents (Deb and Walsh, 2010).

An exploratory study on the experience of bullying in India reports that males have higher incidence of bullying. Their psychosocial functioning assessment had shown depression and antisocial personality problems at a higher rate. The study finds that people with bullying experiences tend to have more psychological problems compared to those who had not faced bullying. It is suggested in the study that bullying experiences lead to long-term consequences for the victims which are needed to be identified at school level and plan interventions for them (Bhuyan and Manjula, 2019).

These studies are not the definite list of alarming statistics of the health, behavioral and psychiatric problems of children and adolescents in India, but they are exemplary. It is evident from these that the incidence of children requiring mental health services are quite high. If these are addressed in schools, efficacy of preventive interventions as well as treatment interventions gets finer (Openshaw, 2009).

### **Fissures, lacunae and argument**

School social work practice appeared in India during the late nineteen fifties but unfortunately has almost died. The practice came to light through the placement of student social workers in schools for fieldwork placements and through some bold attempts by the associations of trained social workers in New

Delhi, Parent Teachers Associations, and the Municipal Corporations of New Delhi and Mumbai. This field has not attained the stability ability and the level it deserves mainly because of a sheer lack of scientific studies conducted in this field (Gandhi, 1990). However, it gradually gave away as no research was being done on it to either prove or disprove its essence. Therefore, the importance of this practice could not be put forth before the policy makers. Literature review also reveals that in India, there is very less work done as a part of research practice to promote school social work. India realized the potentialities and need for a school social worker during the 1970s but these services almost don't exist now (Allen-Meares et al., 2013). It appears to lack a strong identity in our country and there is very less awareness of the need for these services or even its scope in the Indian schools. However, guidance and counseling services in some form, quite distant from what a trained social worker would follow; is provided by some of the educational boards in the country. National Council for Educational Research and Training (NCERT) emphasized teachers as facilitators and introduced diploma courses for teacher training as counselors in schools. After the training the teachers become Education and Vocational Guidance Counselors (EVGC) (NCERT, 2015). In India, teacher training programs are more popular and hence such a practice is adopted.

There are more than 1.6 million schools under the 54 different educational boards in the country, including the Central Board of Secondary Education (CBSE), Council for the Indian School Certificate Examinations (CISCE) which is the umbrella for ICSE and ISC and the various State Educational Boards. A relatively smaller number of schools in the country are affiliated to various other boards like the Madrasa boards of various states, the Central Tibetan School Administration, International Baccalaureate (IB) and Autonomous School. In Council for the Indian School Certificate Examinations (CISCE) rules for affiliation, there is a guideline for appointing Counselor and Special Educator among the personnel (CISCE, 2013). Even in a Circular by CBSE, the board has directed to all its affiliated schools to appoint a full-time counselor for regular and periodic psychological counseling sessions for every student in the school (CBSE,

2012). But so far there is no explicit mention of school social work services which is more extensive including counseling. CBSE is the first board of education in the country which has provisions for psychological counseling services to the stakeholders since 1998. Its counseling programs runs in two phases: Phase-I- Counseling services are provided through multiple modes which includes telephonic counseling, support materials and tutorials on CBSE website and newspaper at the time of preparations and during examinations, and Phase-II at the time of declaration of results. After Life Skill Education (LSE) got recognition in the National Policy of India, CBSE is the first board to adopt and incorporate LSE in curriculum as Continuous and Comprehensive Evaluation (CCE) for the IX and X standards with



the grading system. CBSE laid guidelines for the teachers and conducts training of teachers on LSE. Inadequate teaching- learning resources, lack of training of teachers on LSE, time- constraints, inadequate evaluative measures of qualitative skills are some of the issues related to LSE in the case of CBSE (Behrani, 2016). Thus there is an entanglement in perception as well as implementation of social work services with those of counselors thus perplexing the practitioners as well as policy makers.

Presently, there is no study which tells us how school social work that arose has diminished and why. Seth (2001) says social workers in schools are found preferred for counseling and home-visits initially, but gradually they are preferred for community services for which they are mostly engaged in Socially Useful Productive Work (SUPW) and in community work which is a part of it. School counselors are preferred for counseling as the Principal reported the inadequacies on the part of social worker and thus the role of school social worker has emerged as community service teacher. A study by Julia Punnackapadavil and K. Hemalatha (2016) shows that many school counselors are professional social workers who have a high awareness of the skills required by professional counselors attached to schools in Kerala. Counseling which is one of the services of school social work gained attention but the holistic practice of school social work remained undiffused. Thus, school social work services and school social workers' contributions are almost unidentified by the school education system in India. However a few of the schools social work services are being provided such as counseling and career guidance, but the other prominent components of such services remain unidentified. There is a problem of too many professionals, paraprofessionals, self-proclaimed counselors and psychotherapists purporting to offer services that eclipses the role of a social worker. Many non-professional social workers are providing parts of the school social work services because there are overlapping roles. On the other hand, trained social workers have been appointed to provide limited school social work services but have been referred to by different nomenclatures such as counselor. It creates a dilemma when a school social worker is labeled as counselor and such labeling also delimits the other important functions of school social work apart from counseling (Leung, 2013). Thus, there is no role definition which differentiates between social workers and non-professional social workers in the eyes of the school system in India. There is no awareness among the policy makers, educational boards, community and various other stakeholders in the Indian education system about the differences among these various disciplines and that, professionals under these disciplines provide unique roles independently.

### **Laying Grounds for the School Social Worker**

School social work services are broader peripherals for better schooling in India, if we see the extent of mental health and at-risk students' concerns and

the suggestions by various authors. It is observed that very few schools in India appoint professional social worker who can reduce the level of stress activating the environment (Rebellow and Asir, 2017). Recently in the draft National Education Policy 2019, emphasis on provision for social workers in schools has been made in the context of reducing school drop outs (MHRD, 2019). But the social workers in school can practice more extensive functions of meeting mental, physical, social and economic needs which are identified in the literature.

A study of guidance and counseling, as emphasized in various policies/curriculum frameworks, indicates that concern for providing guidance and counseling services in schools for school students has continued throughout the years after independence. The provision of guidance services by trained personnel or counselors, or teachers and training of teachers for the purpose has also been emphasized. A number of Education Commissions and Curriculum Frameworks have laid special emphasis on guidance and counseling in school education. Secondary Education Commission (1952-53) of Education, the first Education Commission in independent India also known as Mudaliar Commission, recognized the importance of proper guidance for students as part of education (Mudaliar Commission Report, 1952). Guidance was viewed as both adjective and developmental; therefore it was regarded as an integral part of education and not a special psychological or social service peripheral to educational purpose. Guidance, therefore, was then seen as a continuous process aimed at assisting the individual to make decisions and adjustments from time to time.

CBSE has also laid down in its Circular No. 8 of March 08, 2008 the provisions for full time Counselor at the Secondary and Senior Secondary level (CBSE, 2012). Later, in 2012, another circular was issued which informed the affiliated schools about the amendments in the affiliation bye-laws. It was then changed from “Counselor” to “Health Wellness Teacher” to make it more students/parents friendly. Along with that there has been another addition to the bye-laws, appointment of Health wellness teacher for full time; and part time for school of 300 strengths in Class XI-XII (CBSE, 2012). In rule 53.5 of affiliation bye-laws of Circular no. 20/2014 dated 6<sup>th</sup> February, 2014 it is mentioned that the qualification of “ health wellness teacher” should be Graduate/ Post Graduate in psychology or Post Graduate in Child Development or Graduate / Post Graduate with Diploma in Career Guidance and Counseling. But a candidate with BSW/MSW can also do equal justice to the position of ‘Health wellness teacher’. In fact the expectancies from a ‘health wellness teacher’ can be performed more justifiably by a trained social worker. This is the care argument of this paper.

NCERT and RMSA Project Cell presented Guidelines for Guidance and Counseling to support States/UTs for planning interventions related to guidance and counseling at the secondary stage under RMSA (NCERT, 2015). Even in the guidelines, inefficiency to identify the appropriate measures is

observed because simply guidance and counseling are not enough to deal with the present issues and challenges of school children. More specialized services are needed to cater to their needs and concern. Only guidance and counseling cannot serve the mental health issues. Students with untreated mental health issues may develop more significant problems which can greatly impact their educational experience and result in poor educational outcomes and possibly dropping out of school. The plan proposes full time counselors at district level committee to help the trained teachers as counselors. It speaks of candidates from the liberal arts or with a post graduate degree in education favorably but completely undermines the prospects of school social worker or professional social workers who are experts in evidence-based practice.

Sahu (2014) in his book has analyzed the extent of mental health problems among school children in India and suggested that the whole gamut of childhood and adolescent psychiatric problems 'can be cited, observed, elicited and dealt well in school settings'. The author further suggested that it is better that we must gear school mental health program from non- clinical perspective and that the time has come to make the educational bodies more responsive to the contributions of other professionals like school social worker. He also highlighted schools of social work across the country offer traditional and popular specialization, but not school social work in India.

It has been explained that without any assured job market for the young trainees in social work and psychology, the professional opportunities of working in child mental health gets depleted. The author analyzed that the number of psychiatric social workers, with advanced pre-doctoral level training in psychiatric social work from mental health or medical institutions, available in the country will not be adequate to handle school mental health programs in the entire country. So social workers at Master level and having any specialization can be encouraged to work and contribute. Sahu (2014) has also stated that we need one school social worker for every 1,000 students, but it may not be achievable in the short term. So the realistic approach can be worked out by planning along with the educational boards and the Ministry of Human Resource Development (MHRD). He suggested that the existing mental health policy makers need to form a separate task force for school mental health and thus promote school mental health programs. The author has laid more meaningful suggestions that there is an urgent need for social work institutions to start a specialization of school social work and popularize it as a career for post graduate students in social work and the state ought to have a clear policy on mental health in schools and link it with the National Mental Health Policy and the MHRD (Sahu, 2014).

## Afterthoughts

It can be finally concluded that a breakthrough is required in terms of school social work in India. It requires popularization among the different types and levels of institutions; both as a career option and as a necessary profession. This can have the cumulative effect of promoting healthy transactions within and outside the school environment that can have long lasting impressions upon the child. Looking at the problems that are being faced by the school going children in India, school social work can bring qualitative changes in their lives. Over a period of hundred years it has earned the fame of becoming a specialized practice owing to research on it and the accountability of the school social worker practicing worldwide. In India the relevance of school social worker lies in the light of its knowledge of practice and arising situations demanding such professional to meet the needs of school children.

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