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EDITORIAL

It gives us an immense pleasure to bring out the fourth issue of Social Work Journal by the Department of Social Work, Assam University, Silchar. At the outset, we would like to apologize for not bringing this issue on time due to some unavoidable circumstances. The journal in your hand is comprising of two issues namely Vol. 2 and No. 2 and Volume 3 and No. 1. This issue is comprising of total 24 articles on various issues of importance by the various Social Work educators, practitioners and social science researchers across the country. Hoping to satisfy the expectations of the readers of this journal. Following is the brief outline of the content of the current issue of this journal:

A paper by Dr. Subhabrata Dutta on '*Women's Participation in Election: A Changing Scenario in India reflects'* women's representation in the parliament with the advent of changes in politics and policies in India. Amendments to the constitution have given a new dimension to the issue of women's empowerment by making provision for women's compulsory participation in local governing bodies and involvement in development activities and decision making process. The paper by Dr. Subhabrata Dutta brings forward critical analysis of women participation in election in India.

Ms. Kalavati H Kamble and Dr.B.S. Gunjal in their paper '*Women Empowerment through Self Help Groups with special reference to Northern Karnataka*' highlights the need for abolition of gender- based discrimination in all institutions and structures of the society and promote effective participation of women in policy and decision making process.

Dr. Ramesh b and Mrs. Prathima, in their paper '*A Study on Dynamics of Women Empowerment in Urban Slums* (*With special reference to Bangalore city*)' analysed the existential situation of women in the slums and suggested innovative measures to accelerate the process of women empowerment.

Dr. Tarun Bikash Sukai in his paper '*Women Education in India: A Review*' emphasizes that women in India have not been able to take full advantage of their rights and opportunities, thus the paper analyzes different national and international initiatives to promote women's education in India.

Ms. Rini Bhattacharjee in her paper **'***Factors leading to Gynaecological Morbidity among the Reproductive Age'* highlights the importance of various factors that lead to gynaecological morbidity among the reproductive age group of women who have come to Silchar Medical College for treatment.

Dr. Lalmuanpuii and Dr. Kalpana Sarathy in their paper '*Socio-demographic and Physical Challenges of Older Persons in Mizoram'* focuses on the present physical challenges and the mental health problems of the Mizoram elderly. The data were collected from three hundred respondents from an equal number of urban and rural and focused on socio-demographic information as well as living arrangements, physical and mental health problems.

Dr. M. Tineshowri Devi and Ms. Irom Shirly in their paper **'***Human Rights and Elderly: A Perspective'* highlights the present changing institutions of family in the society (with special reference to Imphal Districts of Manipur) lead to decline the status and opportunities of elderly people which lead to uncomfortable, un-respectful, neglected, unattended and lack of care by their respective family members and relatives. Further, the paper emphasizes on violation of rights of elderly within family and society at large.

A paper by Ghanshyam Yelne and Bhalchandra Deshmukh on '*An Analysis of Farmer Suicides in the Context of Globalization: A Study of Yavatmal District of Vidharbh'* highlights agriculture is a back bone of Indian Economy but due to the crisis of agriculture has led to certain unexpected events where a large number of farmers in the state of Maharashtra, Andhra Pradesh, Punjab, Kerala, Karnataka, and Chhattisgarh have committed suicide owing to the agrarian crisis. The paper explores the causes of farmer suicide and the reasons for failure to survival in Globalization contest.

Dr. Gangabhushan M. Molankal in his paper discusses the impact of structural changes on the labour force in general and women in particular. The paper entitled *'Labour Restructuring in India and Impact on Employment Avenues'* brings forward the issues arising out of liberalization impinging upon the basic rights of labour leading to increasing vulnerabilities of labour in general and women in particular.

Dr. Subhabrata Dutta & Ms. Chongtham ChanChan in their paper '*Women Workforce in Urban Informal Sector in India'* discuss the concept of informal sector in

relation to urban labour force and the involvement of women where women have been forced to accept jobs in the unorganised or informal sectors.

Another paper on '*Good Governance and Sustainable Human Development: Role of NGOs*' by Dr. Aditi Nath delineates the complementary role of NGOs in ensuring good governance and sustainable human development through ensuring community participation.

Mr. Mrityunjay Singh in his paper **'***NREGA and Sustainable Livelihoods'*** highlights the significant role of MNREGA in providing measures of inclusive growth by ensuring people's economic and democratic rights and entitlements, creating labour intensive infrastructure and assets. The paper advocates for the increase of number of working days, convergence of other schemes and judicious utilization of resources.

The paper on **'***Use of Substances and Risk Behavior in Relation to HIV/AIDS in Mizoram'* Dr. Kalpana Sarathy, Dr. Lalnilawma and Dr. Zoengpari " was an outcome of a Communication Needs Assessment study conducted in Mizoram through the initiative and sponsorship of the Mizoram State AIDS Control Society. The paper emphasizes the risk behavior of the respondents with regard to HIV/AIDS.

Ms. Grace Laltlinzo in her paper '*Exploring the Experiences of HIV Positive Pregnant Women: A study of Churachandpur District, Manipur'* explores the experiences of HIV positive pregnant women in Churachandpur district, Manipur and also aimed to generate the knowledge applied by health service providers in planning policies and practices to improve treatment and care of women infected by HIV/AIDS.

Kamei Beeju in her paper '*The level of awareness about HIV/AIDS between student and non student youth in Imphal: The role of social worker in the helping process'* discusses that both young men and women are vulnerable group due to lack of access to accurate Knowledge on HIV/AIDS and the women are more vulnerable for having lesser power to exercise control over their sexual lives. This paper focuses on empirical study on awareness level among the youth covering both male and female and student and non-student in Imphal and explore the scope of professional social worker on that issue.

Mr. Lalzo S. Thangjom in his paper on '*Political Commitment and Role of Professional Social Workers in HIV and AIDS Mitigation in Manipur'* highlights the roles of various actors including that of the professional social workers in curbing the impending disaster. It also focuses on digging out what lies beneath by employing a method of political discourse analysis involving politicians, leaders, functionaries of NGOs and beneficiaries of government schemes and sanctions.

Mr. Neelam Prasad Yadav and Gangabhushan M. Molankal in their paper 'Incident Response System'- A New Lexicon of Disaster Management' brings forward the emerging concepts of disaster management systems in general and Incident Response System in particular. The IRS system has been borrowed from west and implemented with little modification in India on pilot basis suiting to Indian situation. The paper advocates for the need for a coordinated effort and interface between the civil society organizations, government personnel and people to internalize community based disaster management. Capacity building of people will go a long way in effectively implementing the same.

Dr. M. Tineshowri Devi in her paper '*A Study of National Rural Employment Guarantee Scheme (NREGS) and Its Implementation in Hatitilla Community of Cachar District, Assam'* attempts to study and understand the implementation of NREGS and the role of the local village committee under NREGS. It further explains the awareness level and the problems of village people who are availing the services of NREGS.

Mr. Abhimanyu Datta in his paper on '*National Rural Livelihood Mission – An approach towards Rural Development'* highlights the functions of NRLM in 42 blocks of Assam state with an aim to reduce rural poverty. The paper further discusses the importance of joint venture of different professionals like Social Workers, Veterinary doctors, scholars from agricultural science, etc. keeping in consideration of better opportunities and scope for better rural livelihood promotion and rural poverty eradication within the time frame.

Dr. Dhriti Ray Chaki in her paper ' *Right to Education Act and Strategies to Overcome School Dropouts: A Case Study in Kolkata'* highlights Investment in education is most important and a powerful instrument to develop human capital and an

economically prosperous society. This paper has tried to analyze the reasons of drop-out and strategies to be adopted for reducing the drop-out rate in Kolkata.

In a paper of Dr. Shukhdeba Sharma Hanjabam *'Contextualizing Social Work Education: Illustration from India's North East'* focused on Social Work education that the course contents of the programme both at the university level as well as at the college level have little space for the regional issues. The initiatives and the importance of contextualizing social work education are addressed in his paper.

Mr. G. Albin Joseph in his paper '*Practicing Realities among Professional Social Workers in Tamil Nadu'* discusses the momentum of Social Work Profession in India which needs to have its holdings as complete Profession. The paper further helps in understanding the importance of social work education in maintaining a standardized Professional Social Work.

Ms. Rini Bhattacharjya in her paper '*Knowledge and Misconceptions about Menstruation and Associated Factors: A Study of Gynaecological Patients'* highlights the various aspects related to the menstrual behaviour of the women of reproductive age and other factors which may have consequences on their gynaecological morbidity. This paper emphasizes the importance of health education among women to fight with the problems of gynaecological morbidity.

Mrs. Debrani Chandrani's paper 'Prevalence of Cancer in Cachar District: An Overview' is significant contribution in the context of increasing menace of tobacco related cancer in North East region. The paper brought forward the various influencing factors leading to tobacco related cancer and advocated for the need of concerted efforts from both government, non-government organizations and social work institutions to eliminate the factors leading to cancer in general and tobacco related cancer in particular.

We would like to express my gratitude to Assam University community for providing encouragement and support in sustaining the publication of Social Work Journal.

We also would like to acknowledge with sense of gratitude to all the paper contributors, referees, members of the advisory board, editorial board who have made our task by being responsible in preparing the papers, editing and sequencing. We look

forward to the continuity of this academic exercise in strengthening the social work literature.

Editor in Chief   **Joint Editor**

Dr. B.S. Gunjal   **Dr. M. Gangabhushan**

SOCIAL WORK JOURNAL

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Women's Participation in Election: A Changing Scenario in India

Subhabrata Dutta

Abstract

The Indian Constitution has guaranteed to all women, irrespective of caste, creed and colour, the fundamental right to equality and political participation. But after the lapse of sixty one years from 1950, women's participation in politics and political activities has been very minimal and has not made much headway. Various causes have been cited for the low participation of women such as patriarchal attitude, secondary status of women, low level of education, minimum mobility, lack of information and political awareness. Political parties are reluctance to consider women as members of important decision-making bodies in political sphere. But along with the passage of time, their participation in politics and political activities has been gradually expanding and through various elections by way of voting, campaigning as well as contesting candidates. The increased turnouts of women voters for casting their vote and a higher representation in Parliament (2009) have a greater significance for the democratic governance. Higher female turnout and higher female representation in Parliament indicate that sensible thinking about politics and policies among women are taking deep roots in India. The 73rd and 74th Amendments have given a new dimension to the issue of women's empowerment by making provision for women's compulsory participation in local governing bodies and involvement in development activities and decision making process. The 81st Women's Reservation Bill for one-third reservations for women in Parliament and legislatures was first tabled in Parliament in 1996 and till date there is not any significant progress in that direction besides debate and discussions. Under these circumstances, this paper discussed the changing scenario of women participation in election in India considering all these dimensions

Key Words: Election, Participation, Women, Constitutions, Reservation

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Introduction

The Indian Constitution has guaranteed to all women, irrespective of caste, creed and colour, the fundamental right to equality and political participation. But after the lapse of sixty years from 1950, women's participation in politics and political activities has been very minimal and has not made much headway. The number and level of women's participation in politics and playing politically active has been far from being satisfactory. Politics still remain a male-dominated area and male game. But it cannot be allowed to continue in the same way. Women have to be politically empowered so that they can fulfil the aspirations of women citizens.

Different studies have pointed out low participation of women in elections both as voter as well as contesting candidate. Various causes have been cited for the low participation of women such as patriarchal attitude, secondary status of women, low level of education, minimum mobility, lack of information and political awareness. But along with the passage of time, their participation in politics and political activities has been gradually expanding and through various elections by way of voting, campaigning as well as contesting candidates. This increase in the turn-out of women voters, particularly of the lower class and castes is due to the higher degree of mobilization and a greater political consciousness. They have understood the value of voting right. But some practical problems are there such as long distance from the polling booths, fear of violence, household work and care, health, which act as discentives'.

Women are generally viewed only in terms of their voting rights. Consequently, many political parties approach them during the time of elections in the form of campaigning with various promises. But the political parties are reluctance to consider women as members of important decision-making bodies in political sphere. Even the most enlightened and radical political parties are less interested in utilizing the productive resources of women. This is reflected in the reluctant of the political parties to sponsor women candidates and in the low participations of women in different political activities. But, of late, all political parties have realized the importance of utilizing the potentials and capabilities of women, particularly in the context of political participation and exercise of political rights with the objective of promoting other rights and interests of women.

Due to the increasing awareness of the importance of women's participation in politics and decision –making process, the 73rd Constitutional Amendment on Panchayati Raj Institution had been enacted. This enactment guarantees one third reservation for women in the local governing bodies and panchayats. This Constitutional Amendment is undoubtedly a revolutionary step for chennelizing the potentials and capacities of women in the context of political participation and exercise of political rights. This amendment has been strengthened by various legislations and elections in the different states of India. The recent Panchayat elections in West Bengal had witnessed enthusiastic participation of women. They are taking up the challenge and preparing themselves to enter into politics at the grassroots level in the spirit of self-governance. At the same time, the general view that women will not come forward to fight elections has been somewhat disproved in practice.

Table No:1

Voting Percentage in Lok Sabha Elections (from 1952)

General Election	Year	Male	Female
First	1952	53.00	37.10
Second	1957	56.00	38.77
Third	1962	63.31	46.63
Fourth	1967	66.73	55.48
Fifth	1971	60.90	49.11
Sixth	1977	65.63	54.91
Seventh	1980	62.16	51.22
Eighth	1984	68.18	58.60
Ninth	1989	66.13	57.32
Tenth	1991	61.58	51.36
Eleventh	1996	62.06	53.41
Twelfth	1998	65.72	57.88
Thirteenth	1999	63.97	55.64
Fourteenth	2004	61.66	53.30

 (Source: The Statesman – dt. 17.04.2009 – P – 3)

The Table No:1 shows that there is a steady increase in the voting percentage of women in all successive general elections from 37.10 percent in 1952 to 53.30 percent in 2004. The table also shows that the voting percentage of women had declined from 58.60 percent in 1984 to 53.30 percent in 2004. But the male turnout in all successive general elections was always higher than the female turnout. The variation ranges from 8 percent to 10 percent per election.

Let us look at the picture of the Fifteenth Lok Sabha election of 2009. In the Fifteenth Lok Sabha election the total numbers of candidates all over the country were 8070. Out of 8070 Candidates, 7514 were male contestants and 556 were female constants. What is extraordinary in the Fifteenth Lok Sabha election is that the ratio of the wining female candidates was higher. Out of 12 women contestants one candidate won the election. But one male candidate out of 15 male candidates won the election. The Fifteenth Lok Sabha has total number of 59 women MPs.

Table No: 2

Year	Total number of seats	Percentage of women MPs
1952 (first)	489	4.40
1971 (fifth)	518	4.20
1984 (eighth)	542	7.90
1991 (tenth)	543	6.60
2009 (fifteenth)	541	10.86

(Source – The Statesman)

Uttar Pradesh has sent the highest number of female MPs (12) , followed by West Bengal (7) , Andhra Pradesh (6), Punjab (4), Madhya Pradesh (4), Bihar and Rajasthan (3 each), Assam (2), Haryana (2), Maharashtra (2). Once again we have witnessed that the number of women candidates contesting the election is on the increase. In this election the female turn out is also higher. Some polling booths attracted the highest percentage of female voters. In many places, women stood for hours, waiting patiently to exercise their right to franchise fort deciding the future of one of the world's fastest growing economics and increasingly a very influential nation. By turning and waiting to cast their vote, women had reaffirmed their faith in the efficacy of the Parliamentary democracy which in a

country like India with so many diversities seems to be the only system which can give some scope for expressing the hopes and aspirations of the common men. The increased representation of women MPs in Parliament also increases hopes and expectations from the women MPs.

Significance:

The increased turnouts of women voters for casting their vote and a higher representation in Parliament have a greater significance for the democratic governance. In the first general election in 1952, only five political parties competed for the voters' patronage which gradually increased to more than two hundred in 2004. But in 2009 poll, more than a thousand political parties came into the political area for the voters' patronage. By increasing the party, the politicians are presenting the perplexing challenge for the voters. In this way, the politicians are diluting the ideals of nationhood which is already in disarray under various strains like casteism, communalism, regionalism, separatism etc. Such developments are totally diversionary as well as damaging and unproductive in the cause of India's integrity and development.

As per data furnished by the National Election Watch, had 70 members with criminal background in the last Parliament (14th). This time we have a number of law-makers who have some criminal backgrounds of extortions, kidnapping, murder etc. Moreover, there is rampant corruption among the politicians who want to capture power as a protective shield. Thus criminalization of politics and politicization of crimes, growing role of muscle, money and mafia power and influence of casteism, communalism and religionalism and corruption in political life present a disturbing national scenario. Against this dismal political background, the greater representation of women MPs in the Parliament is surely indicative of a changing scenario. For cleansing this Augean stable, women who constitute 50 percent of the total electorate must assume a significant share of responsibility. As per record, no woman MP has any criminal background. The higher participation and greater representation may have a positive bearing on electoral reforms improving democracy and governance.

Higher female turnout and higher female representation in Parliament indicate that sensible thinking about politics and policies among women are taking deep roots in

India. Women representatives will appear to be more sensible, more honest, future – oriented, pro-people and pro-women than any male representative.

Massive turnout for voting and greater representation in Parliament is one of the important qualitative indicators of women's empowerment. It indicates a changed attitude towards women's participations in politics and willingness to participate in politics. It also shows that women have emerged as a significant force in politics. We are fortunate in having a galaxy of women leaders; some of women have great caliber, compliance and commitment. It is expected that they would be able to fulfill the aspirations and hopes of the common countrymen who have reposed their great faith in electing and sending them to Parliament.

Women Reservation Bill:

Securing greater participation of women in the institutions of democracy and governance is now an important item on the global agenda. Naturally, it has gained a new dimension which was never associated with women issues and development. But smaller representation of women in the institutions of democracy and governance is not peculiar to India or India –specific. Prominent first world nations have low levels of women's political representation. Many 'second world' nations of Eastern Europe have a declining number of women representation in political institutions. Gender discrimination is a universal phenomenon.

The 81st Women's Reservation Bill for one-third reservations for women in Parliament and legislatures was first tabled in Parliament in 1996. This bill was tabled in Parliament with the hope that had been raised by the introduction of 73rd and 74th Constitutional Amendment for reservations in Panchayats and municipalities. But caste and communalism have been central to the history of reservations in India. Naturally, the 81st Women Reservation Bill is no exception. The Bill was soon mired in the conflict over the demand for special quotas (sub - quota) for women of the other backward classes and minorities. The resurgence of caste and minority issues within a 'women's issue' seems to suggest that after so much progress after independence, the issues of caste and minority are still vital, living and potent force in Indian history. The major political parties supported the demand although they themselves gave less than 15 percent of their total number of tickets to women. But the Bill could not be passed and was referred to a

Joint Select Committee. In 1998, the Bill (now the 84th Amendment Bill) was introduced again by the BJP government to strong opposition and was derailed once again. The fate of the Bill continues to be uncertain as it ever was. Now the Bill is opposed on the ground that the Bill in its present form in anti-minority and anti-dalit. However, the fifteenth Lok Sabha has raised some hopes and there is silver lining. It is really a glorious moment in the parliamentary democracy of India and in the empowerment of women. It carries a message of double empowerment – that of women and Dalits : Ms Meira Kumar's election signifies the need to bring together all the marginalized oppressed and vulnerable segments of population with the objective of creating a society based on quality and inclusiveness. The election of a dalit woman as Speaker marks an important milestone. It is the right beginning of a journey towards genuine empowerment of women. The presence of more women in Parliament would lead to a change in direction of debates and policy.

Concluding Observations and Suggestions:

Women's empowerment becomes a buzzword in the common parlance of the politicians and the bureaucrats. It has become a household word after the official pronouncement on the status off women and the enactment of the Constitutional Amendments. The 73rd and 74th Amendments have given a new dimension to the issue of women's empowerment by making provision for women's compulsory participation in local governing bodies and involvement in development activities and decision making process. These Amendments set aside one-third of the total number of seats in panchayats and municipalities for women. Due to these amendments one million elected representatives out of three millions representatives in panchayat and municipality are women.

But these amendments do not fully succeed in changing the conditions and status of women. The lives of the majority of Indian women are still characterized by low income, ill health, low nutrition, sub-ordination and high level of exploitation.

It is undoubtedly a good sign for greater involvement of women in politics and political activities. It will gradually lead to political empowerment which will be instrumental in addressing the needs of women adequately. But its continuance and growth lies in the relative position it attains with the assistance of their male counterparts. The mindset of the male counterparts should be changed and should be women- friendly.

It is already observed that the most important challenges to mobilization and greater participation of women in politics have been increase in the crimes against women. Rape, sexual harassment, dowry death and even murder are posing serious challenges to women's greater participation. These are also the way of patriarchal responses to increasing political consciousness and greater participation of women in politics. To meet the challenges, interventions at all levels are essential.

Secondly, women should be educated so that they can gear themselves up to enter politics at all levels. For that the governmental , non-governmental and local groups need to take up programmes to educate women for making themselves aware of different issues , functions of the government, the intricacies of planning and management, of the methods of facing and solving public and private challenges and problems. Political education, training and information should be imparted to women. Skill-building is necessary through education and training.

It is found that with increased participation of women in local governing bodies , local power structures is being less dominated by elitist and vested groups who are less interested in over-all human development. Political empowerment that lead to a qualitative transformation not only in the lives of women but also in over all functions of public institutions and nature of politics.

Not only reservation can change the scenario. It needs a set of strategies and actions that would take care of the deficiencies of women and empower them indifferent ways so that they can play their political role in an effective and meaningful way.

Mere participation and higher representation of women in political institutions is not sufficient. What is essential is the huge involvement of right women who are politically conscious and empowered. Involvement of right women is required for fulfilling this hopes and aspirations of women in general.

Finally, some support services need to be provided such as creation of funds for women for fighting elections. Creation of an appropriate environment for political training in which women can feel comfortable and convenient is essential.

I am willing to end this article with some of my favourite quotes. Oilver Goldsmith once said "Success consists of getting just one more time than you fall". Confucius has Voiced: "Our greatest glory is not never fail against in rising up every time

we fail". In the present situation, we do not fully agree with Edmund Burke who observed: "Politics is a game of compromise; shed a few tears, you women and you have none, except your own lovely hands to wipe them off."

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2

WOMEN EMPOWERMENT THROUGH SELF HELP GROUPS
(with special reference to Northern Karnataka)

Kalavati H Kamble

B.S. Gunjal

Abstract

The emerging changes in the values and attitude of the members of the SHGs(Self Help Group) are a clear manifestation of socio-economic empowerment interventions yielding relatively quicker results. The socio- economic programmes reinforce each other and promote all-round development of the children, the women, the families and the communities. It is a process which ultimately leads to self fulfillment of each member of the society. It is in this direction that SHGs are moving towards fulfilling their objectives with meaningful strategic direction.

In recent years, empowerment of women has been recognized as a central issue in determining the status of women empowerment covers aspects such as women's control over material and intellectual resources. Empowerment is a process not an event which

challenges traditional power equations and relations. Abolition of gender- based discrimination in all institutions and structures of the society and participation of women in policy and decision making process at domestic and public levels are few dimensions of women empowerment.

Key words: SHGs, Women Empowerment

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Introduction

The origin of SHGs is from the brainchild of Grameen Bank of Bangladesh. Which was founded by Mohammed Yunus. SHGs were started and formed in 1975. In India NABARD(National Bank for Rural Development) is initiated in 1986-87. But the real effort was taken after 1991-92 from the linkage of SHGs with the banks. In Karnataka the SHGs were started in the year of 1992.

Concept of SHG

The concept of SHG serves to underline the principle of "for the people", "by the people" and "of the people". The Self Help Group (SHG) is a homogenous gathering of persons who join on voluntary basis. The main objective of the group is to improve the economic and social status of the members. While the group activities are multi purpose.

They quite often have a special focus on thrift and credit management. Although unregistered, they function within the framework of an informal set of by-laws framed by the members themselves. (Pilani & Selvaraj 2008)

Self- Help Group (SHG) is a group of people having a common goal of socio-economic sustainable development, discussing their problems and resolving is through appropriate participate any decision making.

Women Empowerment through Self Help Group: A Review

The terminology of empowerment has arisen from the theoretical debates as well as practical debates especially from the especially of women working at the grass root level in many parts of the world. In 1990s when terms like " Participation", "Consultation'

and began to enter the development thinking importance given by development agencies was shifted to enabling approach i.e. enabling people to identify and express their needs and priorities. It is in context the nation of empowerment has arisen."

The dictionary meaning of the term empowerment is to give power, to give them capacity to perform some physical or mental activity, to delegate authority, to give legal rights., to enable, to entitle, to endow (invest with powers)

"Empowerment can be viewed as a means of creating a social environment in which one can take decisions and make choice either individually or collectively for social transformation. It strength innate ability by way of acquiring knowledge power and experience" (Biswas).

Empowerment is a multi-dimensional social process that helps people gain control over their own lives communities and in their society, by acting on issues that they define as important. Empowerment occurs within sociological, psychological economic spheres and at various levels, such as individual, group and community and challenges our assumptions about status quo, asymmetrical power relationship and social dynamics (Sharma 2006).

Empowerment by means of education, literacy or modest income-generating projects is clearly insufficient to ameliorate the prospects for a higher quality of life for women. The process of empowerment is taking place at so many levels that it is quite difficult to gauge the actual nature and extent of empowerment in improving status of women. Certainly the process is entangled in the straggles of civil society against the state and under the weight of historical practice and ongoing debates over the appropriate role of ideologies.

Women Empowerment

Empowerment is a process of awareness and capacity building, leading to greater participation, greater decision- making power and control the transformative action. The empowerment of women covers both individual and collective transformation. It strengthens their innate ability through acquiring knowledge, power and experience. For the empowerment of women, several programmes and schemes has been launched in the past few years by government of India in order to fulfill its vision of expanding women's horizons of autonomous decision- making and control over resources, becoming equal

partners to their men fold to achieve "the ultimate goal of complete development". Several programmes and schemes brought economics and social reforms, but not in significant manner. This leads to search for alternative ways to serve the rural poor in general and rural women in particular. In such search the women Self-Help Group is praiseworthy. The concept of SHGs is a new window for the development of the rural mass (Pilani & Selvaraj 2008).

Empowerment of women through SHGs

The empowerment of women through Self-Help Groups would lead to benefits not only to the individual woman, but also for the family and community as a whole through collective action for development. These SHGs have a common perception of need and an impulse towards collective action. Empowering women is not just for meeting their economic needs but also more holistic social development. The SHGs provides credit and empower women socially, economically and politically. They encourage women to participate in decision- making in the household, community and local.

Statement of the Problem

The Karnataka state is constituted with 29 districts for the present study the scholar intended to focus on northern 4 districts namely Dharwad, Belgaum, Gulbarga and Bijapur and excluded the remaining districts of the state from the present study. Government and non-government had given financial assistance to the functioning SHG for their members' empowerment.

Objectives of the study

The overall objective of the present study is to analysis the empowerment of women through SHGs in Northern Karnataka's two district of Gulbarga and Belgaum. The specific objectives are as follows.

1. To study the general background of members of SHGs.
2. To study the income, expenditure and savings of the members before and after joining SHGs.

Methodology:

To satisfy objectives of the study exploratory research design has been employed. The SHGs which were formulated by BSRDS (Gulbarga) and Vimochana Devadasi Punarvasati Sangh, (Belgaum) NGOs and working successfully since last 5 years and got linkage with bank in Aland taluka and Athani taluka was selected. Totally 8 SHGs were selected for the study, each group consisting of an average members of 12 to 15.

This study is compiled with the help of the primary data covered only 6 months period (July-December 2010). The primary data were collected with the help of specially prepared interview schedule. The schedule included questions related to general information about the income, expenditure, savings and loan schemes available to SHGs members. 102 respondents were selected from 8 SHGs (15) out of 120. The rest 18 members could not study because some of they were not available at the time of interview and some other were not in a position to attended interviews. Hence, the simple random sampling method was adopted.

Analysis and Interpretation

The studied members of SHGs were from three villages in Aland Taluka- Gulbarga district and three villages in Athani taluka- Belgaum district in Karnataka.

Table No 01: Age distribution of the members of SHG

Age of Respondents	Frequency	Percentage
25-34	22	21.56%
35-44	54	52.94%
45-54	14	13.72%
55 and Above	12	11.76%
	102	100%

Above table shows that, the age distribution of the members of SHG. Out of 102 respondents, a majority of the respondents 52.94% age group between 35-44 years of age, a good percentage (21.56%) of the respondent's age group between 25-34 years of age and small percentage (13.72% & 11.76%) of the respondent's age group between 45-54 years of age and 55 and above years.

Table No-02 Type of the family of the members the SHG

Type of Family	Frequency	Percentage
Joint Family	24	23.52%
Nuclear family	74	72.54%
Extended family	04	3.92%
Total	**102**	**100%**

Above table shows that the types of the family members of SHGs. Out of 102 respondents a majority respondents (72.54%) belonged to Nuclear family, a small percentage of the respondents (3.92%) were from Extended family and a good percentage of respondents (23.52%) belonged to Joint family. This trend shows that joint family system has been loosing its importance even in rural areas due to changing socio-cultural system. The joint family system is the system that protects everyone in the family, irrespective of their age and income. However due to change in the family system, the future of elderly people seems uncertain.

Table No-03 Occupation of the members of SHG

Occupation	Frequency	Percentage
Agriculture	37	36.27%
Coolie	54	52.94%
House Wife	08	7.84%
No Work	03	2.94%
Total	**102**	**100%**

Above table shows the occupation of the member of SHGs. Out of 102 respondents a majority of the respondents (52.94%) occupation have coolie, a good percentage (36.27%) of respondents occupation have agriculture, 7.84% respondents were House wives and a small percentage (2.94%) of respondents were no work.

Table No-04 Purpose of Joining SHG

Purpose	Frequency	Percentage
Getting Loan	32	31.37%
Promoting Savings	30	29.41%
Social Status	21	20.58%
Financial Status	10	09.80%
Other	09	8.82%
Total	**102**	**100%**

A majority of respondents (31.37%) have joined SHG for the purpose of getting loan, 29.41% to promote savings and 20.58% for social status. A small percentage of respondents joined SHG for financial status (9.80%) and other purposes (8.82%)

Table No -05 Monthly Income of the members before and after Joining SHGs.

Purpose	Before joining SHG		After Joining SHG	
	Frequency	Percentage	Frequency	Percentage
Rs. 500 to Rs.1000	16	15.68%	08	7.84%

Rs. 1000 to Rs. 1500	25	18.62%	08	7.84%
Rs. 1500 to Rs. 2000	15	14.70%	20	19.60%
Rs. 2000 to Rs.2500	13	12.74%	18	17.64%
Rs. 2500 to Rs. 3000	08	7.84%	12	11.76%
Rs. 3000 to Rs. 3500	06	5.88%	22	21.56%
Rs. 3500 to Rs. 4000	05	4.90%	07	6.86%
Rs. 4500 and above	02	1.96%	05	4.90%
No earning members	12	17.64%	02	1.96%
Total	**102**	**100%**	**102**	**100%**

Above table reveals that the Monthly Income of SHG members. The income level of sample respondents has increased after joining SHGs. The monthly income majority of sample respondents were below Rs. 1500 before joining SHGs but it increased after joining SHG up to Rs. 3000 to 3500. This signifies that the SHGs helped the members in increasing their income by taking up productive activities.

Table No: 06 Family Expenditure of the members before and after joining SHGs.

Monthly Expenditure	Before joining SHG		After Joining SHG	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Below Rs.1000	14	13.72	04	3.92%
Rs. 1000 to Rs. 2000	30	29.41%	25	24.50%
Rs. 2000 to Rs.3000	27	26.47%	24	23.52%
Rs. 3001 to Rs. 4000	13	12.74%	26	25.49%
Rs. 4000 to Rs. 5000	08	7.84%	11	10.78%
Rs. 5000 and above	10	9.80%	12	11.76%
Total	**102**	**100%**	**102**	**100%**

Above table shows that the Monthly Expenditure of sample respondents has gone up after joining SHGs. The table also shows the fact that the number of sample respondents whose average monthly expenditure is up to Rs. 3000 before joining SHGs has declined and the number of respondents whose average monthly expenditure is Rs. 3001 and above has increase after joining the SHGs. This indicates that the members spending power increased after they become members of SHGs.

Table No: 07 Family Savings of the members before and after joining SHGs.

Monthly Savings	Before joining SHG		After Joining SHG	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Below Rs.100	20	19.60%	10	9.80%

Rs. 100 to Rs. 200	25	24.50%	42	41.17%
Rs. 300 to Rs.400	15	14.70%	35	34.31%
Rs. 500 to Rs. 600	00	--	08	7.84%
Rs. 700 to Rs. 800	02	1.96%	05	4.90%
Rs. 800 and above	00	--	02	1.96%
No Saving	40	39.21%	00	--
Total	**102**	**100%**	**102**	**100%**

Above table reveals that the family savings of the respondents before and after joining SHGs. Out of 102 respondents majority of the respondents were not in the habit of savings before joining SHG but after joining SHG all the members started savings, 24.50% of respondents were saving about Rs. 100 to Rs.200 before joining, but after joining the SHG it increased to 41.17%, and 19.60% of respondents were savings about below Rs. 100 before joining SHG but after joining the SHG it decreased to 9.80%.

In serial no 3 & 5 members before joining the SHG were saving 14.70% &1.96% respectively. After joining SHG there is an encouraging increasing in saving. That is 34.31% and 4.90% respectively.

None of the members had saving capacity Rs. 500 to 600 and Rs. 800 and above before joining SHGs but after joining the group 7.84% and 1.96% of the members able to save Rs.500 to Rs.600 and above Rs. 800.

Thus by joining the SHG rural poor have inculcated the habit of saving and banking culture.

Table No 08 Maximum amount of loan taken by SHGs members.

Maximum Loan amount	Before joining SHG		After Joining SHG	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Below Rs.1000	43	42.15%	00	--
Rs. 1000 to Rs. 2000	52	50.98%	00	--
Rs. 2000 to Rs.3000	00	--	05	4.90%
Rs. 3000 to Rs. 4000	00	--	02	1.96%
Rs. 4000 to Rs. 5000	02	1.96%	35	34.31%
Rs. 5000 to Rs. 6000	00	--	15	14.70%
Rs. 7000 and above	05	4.90	40	39.21%
Not taken	00	--	05	4.90%
Total	**102**	**100%**	**102**	**100%**

Above table shows the Maximum Amount of loan taken by the SHG members. Before joining in the SHG out 102 respondents half of them like 50.98% were maximum

taken loan by SHG members between Rs. 1000 to Rs. 2000, a majority of the respondents were 42.15% maximum amount of loan taken by the SHGs between below Rs. 1000, a small proportion of the respondents were 4.90% maximum taken loan by the SHG members between 7000 to above a only 1.96% of respondents were maximum taken loan by the SHG members between Rs. 4000 to Rs. 5000. There was no single member in remaining categorized group Rs. 2000 to Rs. 3000, Rs. 3000 to Rs. 4000, Rs. 5000 to Rs. 6000 and not taken.

After joining the SHG, maximum amount of loan taken by SHG members was as follows. Out of 102 respondents, a majority of the respondents were 39.21% and 34.31% maximum amount of loan taken by the SHG members between Rs.7000 and above and between Rs. 4000 to Rs. 5000, 14.70% of respondents were maximum amount of loan taken by SHG member between Rs. 5000 to Rs. 6000 and an equal proportion of respondents were maximum amount of loan taken by the SHG members between Rs. 2000 to Rs 3000 and not taken. A small proportion of the respondents were between Rs. 3000 to Rs. 4000 and there was no single member in remaining categorized group below Rs. 1000 and Rs. 1000 to Rs. 2000.

Major Findings of the Study

Major findings of this study, a majority of the respondents belonging to age group   35 to 44 years. Most of the respondents living in nuclear families. The major occupation of respondents was coolie. 31.37% of sample respondents have joined SHGs for getting loan, 29.41% to promote savings and 20.50% for social status. Majority of the respondent's monthly income was increased after joining SHGs. Monthly expenditure of the sample respondents has gone up after they became members of SHGs. Majority of the respondent's monthly family savings has gone up after they became members of SHGs. Maximum loan taken before was Rs. 1000 to Rs. 2000 and after was it increased to Rs. 7000 and above.

Conclusion

This study was undertaken the women empowerment through SHGs in the Northern Karnataka. It is found that the income of the women has been increased after joining the SHG. So that the monthly household expenditure also has been raised considerable level.

But the savings is increasing at slow rate because the incremental expenditure is higher. Mostly they are spending for present consumption. The members should change it. SHGs helped women to become economically independent, self confident with improved prestige in the community. When Self-Help Groups should be increased. It will support for the development of the economy of the country and removal of poverty among the poorest of the poor.

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3

A Study on Dynamics of women empowerment in urban slums

(With special reference to Bangalore city)

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Abstract

Women and children constitute the most vulnerable group in the urban slum population, which needs special attention. For women themselves, empowerment means that they gain the power to express and fulfil their needs, gain greater self esteem and control over their lives and relationships. Because the right to reproductive and sexual health is so integrally related to a women's well being, women's empowerment is directly related to achieving reproductive health and family planning goals. Women empowerment could be taken to mean a process of increase of knowledge, awareness, improvement of skills and participation of women with the objectives and facilitating their roles in the decision making process.

The present study is a community based exploratory study. 61 women living in the slums were interviewed. In-depth interviews were conducted regarding the respondent's lives, reproductive health and areas where they need to negotiate power regarding their lives. The objectives of the study were to analyse the existential situation of women in the slums with a view to articulating the status and position of women and to suggest corrective and innovative measures to accelerate the process of women empowerment.

Key words: Women empowerment, Slums, Reproductive health

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Introduction

In Bangalore the number of slum dwellers in a decade has risen from 23% in 2001 to nearly 30-40% of the city's current population. The city attracts large numbers of migrants in search of employment from other states most notably Tamil Nadu, Kerala and the backward districts within Karnataka. Many have been brought in as labour for construction. So as the economy grows, more and more slums are also needed to house the people providing services. The service work force thus includes transport workers, masons, plumbers, electricians, sweepers, dhobis, peddlers, hawkers, cobblers, daily wage workers, laborers, dhobis etc. Most women folk engage themselves as domestic or office helps, or else generate a source of income from some cottage industry like making of incense sticks or agarbathis.

Thus nearly 1.7 lakhs households crowd into the more than 400 slums in the city. Nearly 1.7 lakh households live in these slums. There is ambiguity regarding the number of slums in the city. While the Karnataka Slum Clearance Board places the number of slums in the city at 473, other sources place it at 45014, 73315 and 56916. According to Bruhat Bangalore Mahanagara Palike, city hosts 569 slums — of these, 228 are notified and 341 unauthorized.

The locations of slums are least desirable from the habitat point of view – low lying areas that are susceptible to inundation, quarry pits, tank beds, along railway lines, near cemeteries, slaughter houses, etc. According to a project report prepared for the Karnataka Slum Clearance Board by the Center for Symbiosis of Technology, Environment and Management (STEM), 1/3rd of slums in the city are located in environmentally sensitive and filthy areas, where water stagnation breeds mosquitoes and other health hazards. Almost 90% of all slum houses are kutcha and semi pucca shabby dwellings.

Empowerment has been defined as a change in the context of women's life that enables an increased capacity for leading a fulfilling human life. Its external attributes are health, mobility, education and awareness, status in the family, participation in decision making and also material security. It also includes internal qualities such as self awareness and self-confidence (Afshar H, Alikhan F. 1997).

Women, as compared to men, are more affected by poverty, with the attendant problems like low wages, lack of job security, long working hours and drudgery. The social conventions and gender-based prejudices, both at private and public levels, deprive women of their resources. They have been kept away from the main stream of economic contributions, social status, economic and political activities with little or no say in planning their development at any level. Entrepreneurship among women and economic independence of women has not been considered a crucial input for economic development of the country. (Albrecht L, Brewer RM 1990).

Empowerment has become an important tool for enabling marginalized individuals to gain access to resources and to value their own experiences (Afshar and Alikhan, 1997; Albrecht and Brewer, 1990; Rowlands, 1995, 1998). However there is no clear understanding of what the term means and how it might be usefully employed both analytically and in practical terms.

The aim of this research has been to achieve a better understanding of what empowerment could mean in the context of dire poverty and very restricted choice.

Empowerment implies more power to women within homes, communities and societies. It also means that changing policies and legislation to ensure that women can exercise their rights and have full access to educational and economic opportunities and health care in order to benefit from economic development and lift themselves and their families out of the poverty trap. It means giving women choices to decide freely their family size and timing and spacing for their children, free from violence, coercion and discrimination based on sex.

For women themselves, empowerment means that they gain the power to express and fulfil their needs, gain greater self esteem and control over their lives and relationships. Because the right to reproductive and sexual health is so integrally related to a women's well being, women's empowerment is directly related to achieving reproductive health and family planning goals. Thus it seems, women empowerment could be taken to mean a process of increase of knowledge , awareness, improvement of skills and participation of women with the objectives and facilitating their roles in the decision making process.

Prathibha (2000), in a study on sources and mechanisms leading to empowerment of women living in certain slum areas of New Delhi evaluated the strengths , weakness and impact of the empowerment programmes of various agencies. Despite all problems most beneficiaries/respondents opined that the schemes are very useful and they could not have pursued education without scholarship. The women in general and the girl students in particular are not properly and fully aware of the schemes and the provisions therein. The study also provided strong support for the argument that direct and indirect sources of women's empowerment play a role in determining patterns of attitude towards girls' education and future fertility preferences in slums in Delhi. Even after controlling the socio-economic, demographic and structural sources, these influences are not uniform. There are socio-cultural variations in the level of empowerment. The type of family in which a women lives, has a strong association with the mechanisms of empowerment. The basic services like child care, health services and education inputs are not met adequately by women in slums.

Slum is a structure and group of structures or an area, which becomes unfit for human habitation due to deficiencies in the nature of living accommodation and deficiencies in the environment. They represent the lowest sections of people in the society. They are the medley of all that is considered worst about the human situation – filth, pollution, crime and prostitution, gambling, poverty, disease and misery. Women and children constitute the most vulnerable group in the urban slum population, which needs special attention. So many converging programs for their betterment have been launched from diverse sources which aim at ameliorating their condition and in the process empowering them. There are simultaneously several forces in the urban society, which are working towards their degradation also. It is imperative that these forces should be identified so that their harmful influences could be offset and ground is prepared for the development and empowerment of the concerned groups. Therefore the forces and influences emanating from various sources impinging on the slum population need to be studied scientifically and their empowerment potentials assessed to arrive at certain conclusions. The present study is an attempt in this direction.

Present Study

This is a community based exploratory study. 61 women were interviewed. In-depth interviews were done about the respondent's lives, marital history, reproductive health and sexual behavior. This study aimed at understanding the existential situation of women in the slums with a view to articulating the status and position of women. The study aimed to suggest corrective and innovative measures to accelerate the process of women empowerment.

Sample

The respondents were selected from three slums (Koramangala, Bagalur and Gandhi colony slums) of Bangalore.

Recruitment of the sample

Women in these slums were identified through key informants, residents and other respondents. Oral consent /willingness to participate in the study were obtained first by the key informants and other residents. The potential respondent was then personally contacted by the research staff for participation. They were recruited for the study after the formal written consent was obtained. Snow ball technique was used. Each respondent was asked to refer a known potential respondent for the study. The sample was determined after taking into consideration the inclusion and exclusion criteria.

Inclusion criteria:

- Respondent should be a female
- Respondent woman must be in the age range of 14-45 years,
- She must be from lower socio economic strata and residing in an urban slum
- She should be willing to participate in the study with her formal consent for the study.

Exclusion Criteria:

The Respondent were excluded in the study

- Any major psychiatric, neurological or neurosurgical disorder, which interferes with the interview
- Unwillingness to participate in multiple sessions of the study

Ethical Consideration:

- Issues like confidentially of information shared by the key informant and the respondent was assured and maintained.

PROCEDURE:

Data was gathered by holding in-depth interviews using a semi structured schedule.

Brief description of Semi Structured Schedule

In-depth interviews were used to gather information about respondents. A semi structured schedule with 3 components was used over 4-5 interviews sessions. Both qualitative and quantitative methods were used to elicit data. The data was recorded in the form of narratives. The various sections included in the semi-structured schedule were Socio- demographic questionnaire to obtain individual and family details like age, religion, marital status, education, caste, occupation, family income etc. Marital History was asked regarding marriage, initial years of married life, and relationship with spouse, children, current difficulties, satisfaction in marriage etc. Sexual and reproductive health history focused on attitudes and information about sex, pre –marital sexual experience, experience with partners, marital sexual experiences, effects of sexual activities, sexual practices etc. Multiple face-to-face interviews were conducted.

Data Analysis

1. Quantitative analysis of socio demographic data using SPSS software
2. Quantitative analysis of Marital, sexual and reproductive health history was done using SPSS software.
3. Qualitative analysis of family, marital and sexual and reproductive health history was done through content analysis and Text based- Beta , a soft ware package.

Results

Socio demographic Description

A majority (99%) of the respondents were between 20 to 40 years of age. More than two-thirds of them were illiterate. Most of the respondents were daily wage earners. Ninety percent had independent earning. Majority of them were involved in financially supporting the household. Most of the women were illiterates (65%) and 17.5% of them

had studied up to primary level i.e., 1-4 years and the remaining 17.5% up to 6-10 years of formal education. The respondents were mostly married and living in nuclear families.

Major Findings

Qualitative and quantitative data obtained in the present study reveals the following key findings:

Women and living conditions

More than half the respondents lived in the slums in single room houses. More than two thirds had to use common sanitation or public places for their toileting. 56.1% of them had bathroom situated outside the house. 14% of them had no bathrooms and used public baths or other facilities. Only 22.8% had access to their own toilet facilities. 73.6% of them had their own electricity connections where as 31.5% had water facilities. 61.4% had their own ration cards. 57.6% of them use fire wood for cooking. 29.8% of them use pump stoves and only 3.6% of them have cooking gas connections. Privacy in most families was through saris or half walls which formed screens.

Women and work

42.1% report anomalous working conditions. 26.6% of them report of poor pay as difficulties in work place.71.9% of them have worked in childhood and 28.1% of them started working in the age range of 6-10 yrs. Most of them worked as domestic help, coolie and the money earned were taken by parents in 56% of them. 42% of them have earned less than rupees 100 per month as wages. Majority of them worked as construction coolie, domestic help and corporation sweeper. 76.5% of them pursuing single job, 18.2% of them pursuing dual jobs. 12.2% of them are house wives.

Family of origin

Family sizes were most commonly three to five (66%). Majority of the respondents reported of supportive relationships with family of origin.

Women and Mental health problems:

6(10.3%) of them said that they had family history of mental illness, of which 5(8.9%) was mother to the respondent. 4 (7.1%) of them had family history of suicide in mother and 3 (5.4%) suicide in sister. 7(10.7%) reported of having a family history of epilepsy.

Women and Menstrual Period:

Majority 49.1% of them did not have knowledge of menarche. 33.4% of them got some information about menarche from their mothers. Out of 50.9% only 10.5% of them had adequate information about menarche. 56.1% of them were very fearful and had checked whether there was any wound on the body and 34.9% of them had not felt anything after menarche. 78.9% of them have regular menstrual periods. And majority of them (62.6%) report of pain during menstruation.5.4% of them had attained menstruation after marriage.

Women and Violence:

95%of them report violence in marital relations of which 91% of violence is by husband. The reasons for violence are multiple like respondents intoxication, daughters love marriage and refusal to have sex.

54.4% respondents alone meet the needs of their children. Only in 15.7% of the cases both respondent and husband take care of the children.

Women and Marriage:

45.5% of them had arranged marriage38.4% of them had married by choice and 15.7% of them were co habiting without marriage. 73.6% of them had not got any dowry before marriage. 19.2% of them say that drinking together is one of the activities shared together.56% of the respondents take care of financial responsibilities. 82% of them have incurred debts and 16.6% of them state that they had taken money from neighbours and chit funds.

35% of them find their husband supportive and 15.7% of them as affectionate. 40.6% of them were indifferent and 24.5% of the husbands were reported to be critical. 73.6% of the respondents are in contact with parents and siblings of husband. 49% of the respondents stayed with in-laws immediately after marriage. And 19.4% of them stayed with parents. 19.4% of them were living separately after marriage. 42.1% of the respondents were supported by in-laws.

68.5% of the respondents reports dissatisfaction in their marriage. 56% of the respondent's reports fights between their husbands always. 26.6% of the respondents reported that their husband's were married earlier. And 17.6% of their husbands had

children from earlier marriage. 8.8% of them of their husbands are still in contact with earlier relations.14.1% of the respondents reported that their husbands co habiting with new partner. 15.8% of the respondents were married earlier.

Women and Reproductive health:

50.7% of them had their first child in the first year of their marriage.56.1% of them had 3-5 children , 19.2% of them had 2 children, 5.4% of them had 1 children. 14% of them had more than 6 children. 40.4% of the respondents wanted 3 children, 14% wanted 2 children and 8.8% wanted one child only. 31.4% of them had not thought about the number of children they wanted, it just happened to them. 49.1% of them had hospital delivery. 31.5% of them had initial few births at home and then later on in the hospital. 1.8% had roadside delivery.

77.9% had less than 5 abortions.16.6% had more than 10 abortions. 5.5% had more than 5 abortions in their lifetime. Reasons for abortion being physically abused by husband, conceived because of extra marital relationship, not wanting the child, her alcohol use, poverty and it got aborted naturally. 77.9% of the respondent's husband was aware of abortion. 28.1% of them abstained from sex for a week, and 5.4% of them abstained from sex for a month following abortion. 87.4% of them abstained from sex for a week following delivery. 7% of them were abstinent for more than 10 days.

36.8% of the respondents were aware of family planning measures and 63.2% of them were not aware of family planning measures. 22.6% of them had undergone family planning operation and 10.6% of them were using oral contraceptives and 3.6% of them were using copper T and only 3.6% of them had undergone vasectomy.   The respondent reported health problems like pain abdomen, fatigue, back pain, increased white discharge, and decreased menstrual flow after sterilization. Reasons for not adopting family planning measures were fear of taking oral pill, anaemia, wanted children, takes long time to conceive, and might get married again.   Sexual abstinence, decreased frequency of intercourse, loss of interest in sex, pain during intercourse were the changes reported in their sexual lives after sterilization.

33.3% of the respondents husband were infected with STD. 12.2% of them had sought treatment for STD. 59.6% of them were aware of AIDS. Their understanding about AIDS is that AIDS is transmitted sexual relations through multiple sexual partners,

spreads when they use same toilet and beds of infected individuals, and by having contact with the affected persons. AIDS means sores in the genital area and spreads to other parts of the body, it is a dangerous illness and leads to death.

47.8% of them were aware about STD; the understanding about STD was that it affects those who are in contact with CSW or having multiple relationships. STD is an ulcer in private part, there would be sores /warts on genitals, and pus formation in private parts, swollen penis, skin comes off in layers and affected persons would die, it is same like AIDS and treatment is available.

Extra Marital relations

33(58%) of them have knowledge of husband's extra marital affairs and of which 17.6% of them have ongoing extramarital relations and 21(36.7%) of them had past extra marital relationships.31% of them do not know the reasons for their husband's extramarital relations. others feel that he had known the other person before their marriage (7%).31.5% of the family members are not aware of husband's extramarital relations. 49.3% of the respondents said that husbands' extra marital relationships affects their marital relations.

21.1% of the respondents are having extra marital relationships and give multiple reasons like torture given by husband, emotional and financial needs met by the other partner and because of husband's extra marital relations

Recommendations/Suggestions

The following are important areas which require intervention:

- A family based intervention to address interpersonal difficulties and improve stability of the family unit would be important in addition to a gender based approach.
- Women need to be empowered with regard to sexual negotiation and decision making about relationships, this is equally important for males in the community. The findings of early sexual experience and early emotional involvement in heterosexual relationships raise the need for developing appropriate programmes.

- Despite multiple community based interventions by various NGO's in the areas under study, knowledge on HIV/AIDS and family planning was extremely low. Reasons for this need to be understood and the situation remediated.

- Women with high level of alcohol use in their families of origin and procreation are at high risk to abuse alcohol and require targeted intervention.

- High levels of tobacco use are also associated with serious public health problems and need to be addressed.

- In general, Social Work professionals should work for effective participation of women in every sphere especially in Panchayat Raj Institutions (PRIs).This means equal access to education, social, political, health and other services. This will lead to greater participation and in turn improve the social and political status of women.

- Horizontal and vertical networking and creation of pressure groups seems to be a necessity to ensure genuine representation of women.

- There should be a shift in the power relations existing in the society. Women's empowerment cannot be achieved without sensitizing men on gender issues

Conclusion:

Women in their roles as mother, wife, daughter or sister are supposed to take care of the children and home; they do not have any reproductive or sexual rights. Women are forever scared of unwanted pregnancies and of contracting STI's and HIV. Women are abused physically and mentally. Women do not have any freedom to protect themselves. Women do not have the freedom to ask their partners to wear condoms. Men consider it demeaning to be told about what to do sexually. The data revealed in the study enabled some of the women in the slums to reflect on their experiences. Their experiences show that they have important roles and responsibilities in supporting and guiding their families through the life course.

Empowerment neither has a beginning nor is an end in itself. It is an ongoing process. Strong social and political structures have to be built devoid of gender biases to enhance women empowerment. The approach should be bottom up rather than top down. Efforts should begin at the micro level and women should not only be participants in planning but also be decision makers.

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4

Women's Education in India: A Review

Tarun Bikash Sukai

Abstract

Women education in India has been a major preoccupation of both the government and civil society as educated women can play a very important role in the development of the country. Education is a reasonably good indication of development. The right of every individual to education is one of the important provisions of the Universal Declaration on Human Rights. But education is often neglected in societies struggling to meet the needs of their people. Recently education has received greater priority as planners and policy makers finally recognized it as a key factor in determining the pace of development. Women in India constitute 50 per cent of the country's human resources and their contributions are vital for the nation's progress. But the

magnitude of illiteracy among women is very high especially in rural area. Only 65.46 per cent of women are literates as per 2011 census. Even though the education system expanded very rapidly, the gender gap in literacy remains conspicuous by its presence. The Constitution of India confers on women, equal rights and opportunities in all fields. The Government of India has endorsed the same through its plans, policies and programmes. In spite of all these, women in India have not been able to take full advantage of their rights and opportunities in practice for various reasons. Therefore, an attempt has been made in this paper to analyze different national and international initiatives to promote women's education in India.

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Introduction

The status of women in India has been subject to many great changes over the past few millennia, from equal status with men in ancient times through the low points of the medieval period, to the promotion of equal rights by many reformers, the history of women in India has been eventful. Women in India constitute 50 per cent of the country's human resources and their contributions are vital for the nation's progress. Women's development is regarded as an important approach to raise the levels of productivity and to break the vicious circle of poverty, for which better health and education are important. These factors not only improve the physical well-being of the individuals directly, but also enhance their productivity and ability to contribute to the 'National Income'. In any society, education is a reasonably good indicator of development. Spread and diffusion of literacy is generally associated with essential trait of today's civilization such as modernization, urbanization, industrialization, communication and commerce. Therefore, education is highly essential, to acquire a better quality of life. The word 'education' implies the characteristics of both types of knowledge, material as well as spiritual. Mahatma Gandhi said that "education is a means for an all-round development drawing out of the best in child and man-body, mind and spirit. Literacy is not the end of the education or even the beginning. It is one of the means where man and woman can be educated". Thus, Gandhi's concept of education stands for the balanced and harmonious

development of all the aspects of human personality. Moreover, the 'Human Rights' concept also tells that each human being has right to live with human dignity (Universal Declaration of Human Rights, 1948, Articles 14-26).The Constitution of India also confers on women, equal rights and opportunities in all fields – political, social, economic and legal. The Government of India has endorsed the same through its plans, policies and programmes launched at different points of time. The article 15 of the Constitution of India prohibits any discrimination on grounds of sex. In spite of these, women have not been able to take full advantage of their rights and opportunities in practice for various reasons. One of the major reasons is high magnitude of illiteracy among women in India. Only 65.46 per cent of women in India are literates as per 2011 census. It reflects that India is not utilizing the potential workers in a proper way. There is either non-utilization or underutilization of women's capacities and skills. Therefore, an attempt has been made in this paper to analyze different national and international initiatives to promote women's education in India.

Methodology

The data for the present study have been gathered from various secondary sources. Information on women's enrolment at different levels of university and professional colleges was obtained through the reports of the University Grants Commission (UGC),Census Report and the Report on Selected Educational Statistics, Published by the Statistics Division, Ministry of Human Resource Development, New Delhi.

Discussion

It is nearly over six decades since the UN General Assembly adopted the Declaration of Human Rights – on 10th December 1948. This declaration listed 30 Articles. The Article 26 states that:

- Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.

- Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and

fundamental freedoms. It shall promote understanding, tolerance and friendship among all nations, racial, religious groups and shall further the activities of the United Nations for the maintenance of peace.

- Parents have a prior right to choose the kind of education that shall be given to their children.

In Independent India, education acquired special significance and has been supported by the Government from time to time through its policies and programmes. Therefore, in recent years, the education system expanded rapidly. But the gender gap in literacy rate remains conspicuous by its presence. The following facts and figures throw light on the gravity of the problem which is a reality.

Table 1: **Literacy rates in India – 1951-2011 (%)**

Year	Total Literacy (%)	Male (%)	Female (%)	Gap in Literacy Rate between Male & Female (%)
1951	18.33	27.16	8.86	18.30
1961	28.30	40.40	15.35	25.05
1971	34.45	45.96	21.97	23.98
1981	43.57	56.38	29.76	26.62
1991	52.21	64.13	39.29	24.84
2001	65.38	75.85	54.16	21.70
2011	74.04	82.14	65.46	16.68

Source: *Census of India 2011.*

Table-1 reveals the percentages of literacy rates as per 2011 census among males and females in India. The gap which was 18.30 per cent in 1951 increased to 25.05 per cent in 1961 and 26.62 per cent in 1981 (See Table-1). After that there was a slow decrease in the gap as the literary rate among women started gradually increasing after 1991 (54.16% in 2001 and 65.46 % in 2011) due to the various measures taken by the government. But still nearly 35 per cent of women are illiterates.

During the pre-Independence time (1901-1947) literacy rate for women had a very poor spurt in comparison to literacy rate of men. This is witnessed from the fact that literacy rate of women has risen from 0.7 % to 7.3 % whereas the literacy rate of men has

risen from 9.8 % to 24.9 % during these four decades. During the post-independence period literacy rates have shown a substantial increase in general. However, the literacy rate of male has almost tripled over the period 1951 (27%) to 2011 (82%).Surprisingly the female literacy rate has increased at a faster pace than the male literacy during the decade 1981 - 2011. The growth is over 7 times e.g. 8.8 % in 1951 and 65 % in 2011. But, from this analysis, one can also infer that still the female literacy rate is lagging behind male literacy rate. The rate of school drop outs is also found to be comparatively higher in case of women. This higher rate of illiteracy of women is undoubtedly attributing for women's dependence on men and their subordinate role. The lack of education is the root cause of exploitation and negligence of women folk in India. Only education can help women to understand the Indian's constitutional and legislative provisions that are made to strengthen them. Thus promoting education among women is very important in empowering them to accomplish their goals at par with men in different spheres of life.
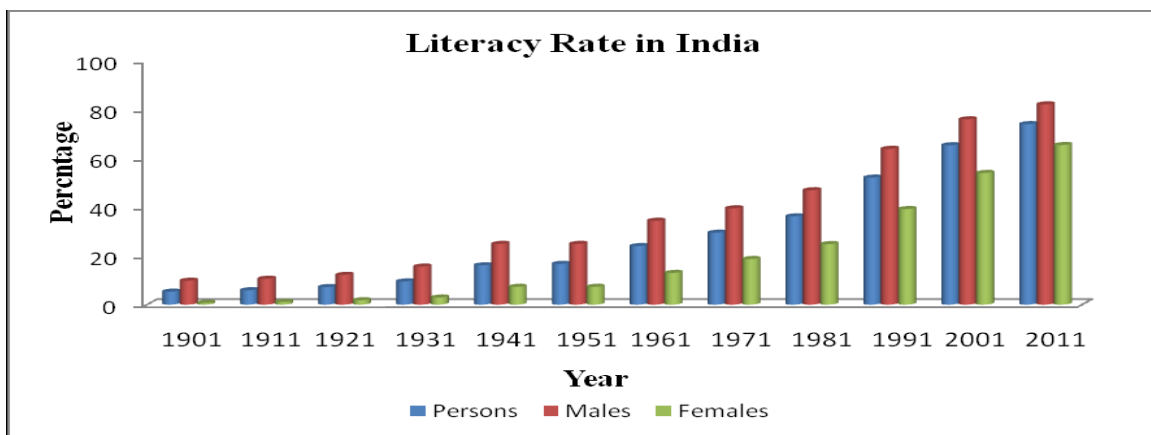
Table-2:**State-Wise Percentage of Female Literacy in India as per 2011 Census**

Sl. No.	Name of the State	Female Literacy (%)
1	Andhra Pradesh	59.7
2	Arunachal Pradesh	59.6
3	Assam	67.3
4	Bihar	53.3
5	Chattisgarh	60.6
6	Delhi	80.9
7	Goa	81.8

8	Gujarat	70.7
9	Haryana	66.8
10	Himachal Pradesh	76.6
11	Jammu and Kashmir	58.0
12	Jharkhand	56.2
13	Karnataka	68.1
14	Kerala	92.0
15	Madhya Pradesh	60.0
16	Maharashtra	75.5
17	Manipur	73.2
18	Meghalaya	73.8
19	Mizoram	89.4
20	Nagaland	76.7
21	Orissa	64.4
22	Punjab	71.3
23	Rajasthan	52.7
24	Sikkim	76.4
25	Tamil Nadu	73.9
26	Tripura	83.1
27	Uttar Pradesh	59.3
28	Uttarakhand	70.7
29	West Bengal	71.2
	Union Territories	
1	Andaman & Nicobar Islands	81.8
2	Chandigarh	81.4
3	Dadra & Nagar Haveli	65.9
4	Daman & Diu	79.6
5	Lakshadweep	88.2
6	Pondicherry	81.2
	All India	**65.46**

Source: Census of India 2011

Table-2 clearly shows the percentage of female literacy rates in India as per 2011 census. The high literacy rate is 92.0% in Kerala and least literacy rate is 52.7% in Rajasthan. Among the six Union Territories except in Dadra and Nagar Haveli (65.9 percent), in all the other UTs the female literacy rate is more than 75 per cent. While comparing literacy rate of female during 2001-2011 is increased from 54.16% to 65.46%, but still its lagging behind male literacy. Women's are growing well in the last 10 years due to various steps and plans initiated by the government for their betterment.

The participation of girls at all stages of education has been increasing steadily through the years (Table-3). Since 1950-51, girls participation has increased many folds in Primary (from 28.1% to 46.7%), Middle (from 16.1% to 44.4%), Secondary/Senior Secondary stages (from 13.3% to 41.5%) and Higher Education levels (from 10.0% to 38.9%). However, the girls participation is still below fifty per cent at all stages of education.

Table 3: **Percentage of Girl's enrolment to total enrolment by stages**

(1950-51 to 2004-05)

Year	Primary (I-V)	Upper primary (VI-VIII)	Secondary/Higher Secondary (XI-XII)	Degree Level & above
1950-51	28.1	16.1	13.3	10.0
1960-61	32.6	23.9	20.5	16.0
1970-71	37.4	29.3	25.0	20.0
1980-81	38.6	32.9	29.6	26.7
1990-91	41.5	36.7	32.9	33.3
2000-2001*	43.7	40.9	38.6	39.4
2004-05*	46.7	44.4	41.5	38.9

*Provisional

Source: Govt. of India, Selected Educational Statistics, 2004-05, Ministry of Human Resources Development, Department of Higher Education, Statistics Division, pp. 146-147, 2007.

Factors Responsible for Low Literacy Rates among Women

The literacy rate in the country has increased from 18.33 per cent in 1951 to 74.04 per cent in 2011 census. The female literacy rate has also increased from 8.86% (in 1951) to 65.46% (in 2011). It is noticed that female literacy during the period 1991-2001 has increased by 14.87% whereas male literacy has rose by 11.72%. But during 2001-2011, female literacy rose by 11.30% and male literacy rose by 6.29%. Hence, the

decadal growth rate of female literacy is comparatively less in 2001-2011. Though there is an increase in female literacy rate, still 35% of women are illiterates in India.

In spite of a number of National and International Programmes are in implementation to eradicate illiteracy from our country, especially among women, the gap between male and female literacy still persists. In this context, the factors responsible for low female literacy rate in India are identified and listed below:

- Gender based inequality
- Social discrimination and economic exploitation
- Occupation of girl child in domestic chores
- Low enrolment of girls in schools
- Low retention rate and high dropout rate
- Deprived of access to information and alienated from decision – making processes
- Absence of female teachers in schools
- Schools established in faraway places, etc.

As a result of these factors, women are caught in a vicious self-perpetuating cycle and their inability to pursue education again reinforces the different stereotypes among women.

Women's Education-The International and National Initiatives

International Response: India has ratified various International Conventions and Human Rights instruments and committed to secure equal rights of women. Key among them is the ratification of the Convention on Elimination of All Forms of Discrimination Against Women (CEDAW, 1979) in 1993. CEDAW was adopted by United Nations General Assembly in December 1979, and there are more than 150 states parties to the convention.

1. **CEDAW – 1979:** This Convention calls for equal rights for women regardless their marital status in all fields - political, economic, social, cultural and civil. It appeals for a national legislature to ban discrimination; recommends temporary special measures to spread equality between men and women and actions to modify social and cultural pattern that perpetuates discrimination.

2. **Conference on Education for All Girls, UNICEF 1992:** Special studies reveal both the extent to which women have been deprived and oppressed and elements in the tradition of all civilization that promote positive images to and ease the conflicts experienced by many women in pursuit of their advancement and new roles in society. The programme of Women Studies has attempted to dismantle stereotypes and build up women's esteem. The programme for promoting Women Studies envisages assistance to Universities for setting up separate centers and cells for Women Studies. The centers and cells are required to undertake research, develop curricula and organize training and extension work in the areas of gender equality, economic, self-reliance of women, girl's education, population issues, issues of human rights and social exploitation (Mazumdar, 2003).

3. **Beijing Conference: Platform for Action 1995:** After the Mexico Plan of Action (1975) and the Nairobi Forward Looking Strategies (1985), the Beijing Declaration (1995) as well as the Platform of Action (2000) were held. The United Nations General Assembly adopted the outcome Document in its Session on "Gender Equality and Development and Peace for the 21st century". India has unreservedly endorsed the actions and initiatives to implement the Beijing Declaration and the Platform of Action for appropriate follow up. Beijing Conference adopted a Declaration and Platform of Action on the concluding day. The Platform of Action is addressing the unequal access to and inadequate educational opportunities of women. It has suggested the following strategies to be adopted by the Governments.

   - Ensure equal access to education
   - Eradicate illiteracy among women
   - Improve women's access to vocational training, science and technology and continuing education.
   - Develop non-discriminatory education and training
   - Promote lifelong education and training for girls and women (Beijing Platform of Action – Five Years after).

4. **World Conference on Education for All:** The World Conference on Education for All in 1990, sponsored by UNESCO, UNICEF, the World Bank and the UNDP, took stock of the persistence and dimensions of the gender gap. Its final Declaration stated that drawing attention to poor environments experienced by hundreds of millions of girls, it calls for ensuring that all learners receive the nutrition, health care and general physical and emotional support they need.

National Response: The development strategy in Independent India in the 1950s depended heavily on planning. Therefore, the development plans prepared for five years are referred as the Five Year Plans. The first two plans referred to the problems of women's education and occupation. The Report of the Committee on the '*Education of Women, 1959'* made extensive recommendations which led to a more focused thrust in the subsequent plans. But disparities in the literacy rates between men and women continued. These were amply substantiated by the Report of Committee on the *'Status of Women, 1974'*. This led to a broader perspective and the Sixth Plan linked education to the participation of women in the development process.

1. **The National Policy on Education (NPE):** The National Policy on Education 1986, which was revised in 1992, also emphasized the role of education in empowering women in order to overcome inequalities and disparities. It has been regarded as a land mark approach to women's education and also attempted for the first time to address itself to the basic issues of women's equality. Education will be used as an agent of basic change in the status of women. In order to neutralize the accumulated distortion of the past, there will be a well-conceived edge in favour of women. The national education system will play a positive, interventionist role in the empowerment of women. It will foster the development of new values through redesigned curricula, text books, training and orientation of teachers, decision makers and administrators. The NPE also provided detailed information about the recommendations of the Rammurthy Committee and Education for All by 2000 AD. This has presented an overview on the status of women's education in India since 1995 in

all its aspects, particularly empowering women through 'Mahila Samakya Programmes'. These programmes are directed to create a learning environment where women can collectively affirm their aim, the strength to demand information and knowledge, and move forward towards attaining a quality life.

The Eighth Five Year Plan marked the adoption of two National Plans for Action in 1992 - one for children and the other one exclusively for the girl child (VIII Five Year Plan, 1992-97).In the Ninth Plan, the thrust was on strengthening the early joyful period of play and learning in the young child's life to ensure a harmonious transition from the family environment to the primary school. Towards this, special efforts were made to develop linkages between ICDS (Integrated Child Development Scheme) and primary education. Their operational linkage aimed at reinforcing coordination of timings and location based on community appraisal and micro planning at grass root level. Girl's education was viewed as a major intervention for breaking the vicious inter-generational cycle of gender and socio-economic disadvantages. The effective expansion of day care services, linkages of child care services and primary schools was a major input to promote developmental opportunities for the girl child's participation in primary education and supportive services for women (IX Five Year Plan, 1997-2002). During Tenth Five Year Plan, a programme called 'Sarva Siksha Abhiyan' was launched with an objective – that all the children in the school going age (below 14 years) in India must be in schools and should complete five years of schooling by 2007 (X Five Year Plan, 2002-07).

Dr. Manmohan Singh, Prime Minister of India has termed the XI Five Year Plan as India's Educational Plan. The NDC (National Development Council) in December 2007 places the highest priority on education as a central instrument for achieving rapid and inclusive growth. It aims at:

a) Increase literacy rate for persons of age 7 years or more to 85%.

b) Lowering gender gap in literacy to 10 percentage points.

c) Reduction of dropout rate of children from elementary school from 52.2% to 20% by 2011-12.

d) Developing minimum standards of education attainment in elementary school, and by regular testing and monitoring of the effectiveness of education to ensure quality (XI Five Year Plan, 2007-12).

2.   **Education for All:** It means extending educational opportunities to all, regardless of race, colour, creed, sex or ability. In the Indian context, the government initiated many programmes like - Universalization of Elementary Education (UEE), Expansion of Early Childhood Care and Education (ECCE), equal educational opportunities for women, removal of regional and gender disparities, systematic programme for Non-Formal Education, providing vocational training, etc.

3.   **Gender Sensitization:** Government attaches greater importance to those efforts which trigger changes in social attitudes towards women. The women's development division of the National Institute of Public Cooperation and Child Development (NIPCCD), New Delhi organizes training programmes with a focus on gender issues. These programmes include para-legal training, training of elected women representatives of panchayats, training of NGOs engaged in women awareness and gender sensitization programmes, etc.

In addition to this, the Women's Studies Centers of various institutions and universities have been imparting training on gender sensitization to different target groups (students, officials, administrators, police personnel, PRI functionaries, etc.) The programme of education for prevention of atrocities against women was started in 1982. Based upon the recommendations made in the National Perspective Plan (1988), and the National Policy for the Empowerment of Women (2001), the proposal for setting up 'National Resource Center's for women is now at an advanced stage.

4. **Expenditure by level of Education in India:** The total expenditure on all sectors (Elementary, Secondary/Higher Secondary, Adult and University level education has been increased from Rs. 1,46,711.53 to 8,19,231.90 lakh crores during the

period from 1990-91 to 2004-05. The Govt. of India has been investing mainly on Primary Education followed by Secondary, Adult and Higher Education. The percentage of education in total expenditure on all sectors is also gradually increasing. In 1951-52, the expenditure on education was 0.64 % of GDP and gradually increased to 3.13 % of GDP in 2008-09, but it is not adequate enough.

5. **Contribution of Literacy Campaigns to Female Literacy:** The provision of educational opportunities for women has been an important part of the national endeavor in the field of education since India's Independence. Though these endeavors did yield significant results, gender disparity persists with uncompromising tenacity, more so in the rural areas and among the disadvantaged communities. This is not only a matter of national anxiety and concern but also a matter of national conscience. It is with this concern that the Government of India launched the National Literacy Mission in 1988 for eradication of adult illiteracy. The Total Literacy Campaigns launched since 1988 have been making efforts to create an environment where women can demand knowledge and information for empowering themselves to change their lives.

Some of the significant ways in which the literacy campaigns have contributed to the promotion of female literacy and women's empowerment are - heightened social awareness among women, increased school enrolment rate of girls, increased self-confidence and personality development, promoted gender equity and women's empowerment, improved the status of women in the family, educational equity – gender gap in literacy levels have gradually reduced, encouraged women to take up entrepreneurship, increased household savings and access to credit and provided awareness about health and hygiene. In addition to these, following are the some strategies recommended to encourage girls/women's education in India:

- Involving women's groups like DWCRA and Self Help Groups (SHGs) in promoting women's literacy
- Providing free and compulsory education for all girls up to 20 years.
- Establishment of more number of primary school.

- Bringing out changes in the attitudes of parents and in the society.

- Inclusion of Literacy programmes in all governmental schemes.

- Effective implementation of follow up programme.

- Removal of gender bias in the school curriculum

- Establishment of more number of NFE (Non-Formal Education) schools to enroll girls and women of different age groups.

- Widening the scope of Distance Education Programme to cover all categories of people especially rural women.

Conclusion

The right of every individual to education is one of the first provisions of the Universal Declaration on Human Rights. But education is often neglected in societies struggling to meet the many needs of their people. Recently education has received greater priority as planners and policy makers finally recognized it as a key factor in determining the pace of development. Creating educational opportunities for girls and women is strongly emphasized in the work of the UN, CEDAW suggests 'encouraging co-education' as one way of eliminating the stereotyping of women. Education, being the most powerful instrument for empowering women, assumes special priority in the recent plans and programmes of national and international organizations. Since independence concerted efforts are also made to bring more women into the purview of education. In spite of these initiatives, still there is a wide gap between male and female literacy levels in India. Keeping this in view, the future programme of action has to be formulated so as to reduce the gender gap as well as illiteracy rate among the girls and women.

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5

Factors leading to Gynaecological Morbidity among the Reproductive Age

Rini Bhattacharjya

Abstract

This paper highlights the importance of various factors leading to gynaecological morbidity. The diseases specifically related to the women apart from pregnancy or child birth are generally considered as gynaecological diseases. There are various factors which affect the reproductive health of women. Unhygienic condition, nutritional status, nature of work done, social taboos, social stigma, social value and attitudes etc. are leading factors. The reproductive behaviour such as age of marriage, age of child bearing, fertility rate etc. also affects the disease situation. Unsafe abortion practices and their complications with regard to gynaecological morbidity are also discussed. Women's less participation in the decision making process in the family restricts their

reproductive behaviour as well as their health seeking behaviour. In this paper, various factors are mentioned and their consequences on the gynaecological diseases are narrated separately. Lastly, the burning need of addressing the gender specific health needs of women is highlighted.

Key words: Gynaecological morbidity, Reproductive health, women

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Introduction

Till today gynaecological diseases i.e. the diseases specifically related to the women apart from pregnancy or child birth are given less importance. Apart from the medical aspects these diseases have social implications too. Social pathology of the gynaecological diseases means a lot. The health habits, maintenance of hygiene, health seeking behaviour etc. has a close relation with the disease situation. Women of reproductive age group are more vulnerable to gynaecological diseases because this group is sexually active. Thus, the sexual habits and reproductive behaviour of the women also have some contribution to such diseases. Various studies also revealed that STD, STI, RTI etc. spread through unprotected sex, use of multiple partners, unhealthy practices etc. The reproductive behaviour such as age of marriage, age of child bearing, fertility rate etc. also affects the disease situation. Again the perception of the people and their awareness level guide their sexual behaviour. Even among the educated population also son preference is prevalent and a woman is held responsible for her baby being male or female. There are instances where a man remarries to get a son when his first wife repeatedly gave birth to girl child only. But as a matter of fact, sex chromosome y of the male decides the sex of the child. Man posses both x and y chromosomes, whereas a woman posses only x chromosome. When the x chromosome of male unites with x chromosome of female the baby becomes a girl and when the y chromosome of the male unites with the x chromosome of the female the baby becomes a boy. These combinations of genes are decided at the time of conception and a woman is no way responsible for the gender of the child.

Factors leading to Gynaecological Morbidity

1. **Nature of work**

The important biological differences by sex which put women and men at differential risks from environmental factors have often been recognized when examining environmental health issues. When compared to men, women have a smaller structure, their vital capacity is 11% less, and their haemoglobin is approximately 20% less. They have a larger skin surface area when compared to circulating volume, and more fat content in their bodies. Moreover, women's role in biological reproduction exposes them as well as their unborn children to additional health risks. Women's involvement in three types of work such as productive work at home, productive work outside home and reproductive work exposes them to different types of risks. Apart from the general health hazards of women there are particular health hazards related to the gynaecological diseases. Woman's nature of work also can contribute to the disease situation. Heavy work can lead to genital prolapse, though early child bearing practices and high fertility rate are also of great importance. Fetching water from a long distance can lead to back ache, chronic fatigue and uterine prolapse. Again some gynaecological diseases can also restrict the regular work of a woman like dysmenorrhoea (painful menstruation).

2. **Social taboos**

There are particular problems of gynaecological diseases i.e. social taboos. This is a very unique character related to the gynaecological diseases which make the diseases situation worse. Women feel shy to discuss freely about such diseases even with the family members. There are various types of misconceptions related to the menstruation, pregnancy, child birth etc. among different communities. Many beliefs concerning disease causation and bad luck revolve around issues of sex. In some cultures, a couple is supposed to stop having sex when during the third trimester, others believe that if a lactating mother has extra marital sex, the breast feeding child will be affected somehow. People, who want to succeed in their business, may be required to have incestuous sexual relations. Similarly, specific forms of sexual activities may be prescribed by traditional healers in order to ensure recovery or success in one's chosen enterprise. Cases where by men commit rape and defilement allegedly at the instigation of traditional healers are increasingly being reported in the local press since the passing of the Sexual Offences

Act in Tanzania. In some parts of India it is believed that sitting under moonlight by the pregnant woman will make the baby fair. Some believe, it is very bad if menstrual blood is seen by the crow. During her menstrual period a woman should not touch males or should not cook. Position at the time of sexual intercourse can determine the sex of the child. There are variations among the myths and misconceptions among communities, provinces, nations or continents, but myths and misconceptions were present at the earlier times and even till today they are present, may be their form vary from Africa to Alaska, or from Kashmir to Kanyakumari. Among the gynaecological diseases RTI, STI, STD and infertility are more stigmatized. Till today infertile women are considered as inauspicious, where as sexually transmitted diseases have different stigmas. Such myths and misconceptions also lead to adopt some faulty health practices.

3. Unhygienic practices

Unhygienic health practice is a great contributory factor in case of gynaecological diseases. There are diseases which spread through infection. Leucorrhoea, cervicitis, PID, vaginitis, UTI etc. can spread through infections. Lack of access to safe and adequate water for washing (and privacy in urban slums) has implications for menstrual hygiene(regularly changing, washing and drying cloths) and RTIs. Further, poor women's restricted access to toilet facilities and the compulsion to resort to prolonged urinary retention must surely be associated with rectal prolapse and a variety of urinary tract problems. Unsafe abortion practice also can lead to some major infections which may be fatal. In general, there is practice of going to traditional healer or quack for abortion cases, but in case of unmarried mothers to maintain the secrecy people go to traditional healers or quacks. A girl getting pregnant before her marriage is a very shameful spot on her character as well as on her family as per the societal expectations. This is because society has different sets of values for man and woman. Though it is tough to identify, even if it is identified that a male is involved in premarital sexual activity, he is not as victimized as a female by the society. Using unclean toilets and unhygienic practices during periods can also be the carrier of some infectious diseases. In general, unhygienic condition and improper sanitation are well-known causal factors in the emergence or spread of diseases and for the gynaecological diseases it is of more

importance. Generation of health and hygiene awareness among the masses can minimize the occurrence of such diseases.

4. Nutritional deficiency

Adequate food and nutrition are essential from conception to adulthood for proper growth and physical development, to optimal work capacity and normal reproductive performance, and also to ensure the adequacy of immune mechanisms and resistance to infections. Under nutrition increases susceptibility to infection and disease, and reduces work capacity and productivity among adults. Among women vitamin deficiency, calcium deficiency, iodine deficiency, anaemia etc are very common, where as they need more nutrition. This also can pave the way for some associated gynaecological diseases and adversely affects the reproductive health such as problems related to menstruation, white discharge, and complications during pregnancy, child birth and lactation. Malnutrition can be a major cause for primary amenorrhoea and leucorrhoea. Even the health of the child is also hampered if the mother is malnourished. Nutritional needs of women are not adequately taken care off. The reason may be the secondary position of the women in the patriarchal societal system. As the power structure is mainly revolved around the males, females automatically get a less important status.

5. Reluctance about health matters

Reluctance about health matters sometimes leads to serious health complications. A disease which can be treated better if diagnosed early can also turn into a fatal one if recognized very late. In general it is seen that some people have reluctance about health matters but in cases of gynaecological diseases it is the most. Late recognition is a very common factor associated with the gynaecological diseases which leads a pivotal role in making the disease situation more complex. The cause behind irregular menstrual bleeding or DUB, may be cervical or endometrial complications leading to even cancer. The reason behind this may be the ignorance about the health matters. Several studies show that women in India tend to consider gynaecological symptoms, such as discharge, menstrual disorders, abdominal and lower back pain and weakness, as 'normal', which prevent them to seek treatment. Women's reluctance to undergo a clinical gynaecological examination has been reported in several studies in India, particularly in communities

where women have never experienced any type of internal examination. Part of women's reluctance to undergo an examination is related to embarrassment of the process and fear of being identified as a woman with an STD. Thus the educational level or the awareness level of the patients and their family members has a great impact on the disease situation. Time and again it has been proved that better educated people are less likely to be reluctant about health matters.

6. **Women's less participation in the decision making process**

Women's less participation in the decision making process in the family also have some contribution to the disease situation. In some families women are not allowed to go to the hospital alone, before seeking medical treatment they have to take permission from the family members. Within a given social setting and a given availability of health services, an individual's access to services may be seen as determined by factors such as distance, availability, affordability and the appropriateness and adequacy of services as perceived by users. While these factors affect both women and men, there are important differences by gender that cut across social groups. In case of women there is an added factor that is permission from the family member. So in case of women, acceptance of their disease by their family members is also an essential must. This less participation of women in the decision making process also restricts her to decide over her reproductive behaviour such as age of marriage, willing ness for sexual intercourse, when to get pregnant, number of children, whether to use family planning device or not etc. Reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents.

7. **Gender based discrimination**

Social values and attitudes which defines men's and women's roles within the family and in the community, and norms governing acceptable behaviour for men and women, give

rise to differentials in access to resources and health care. For example, son preference may influence the investment in health care of boys and girls. Because of the socialization of men and women to adhere to prevailing gender norms, their perceptions and definitions of health and ill-health are likely to vary, as is their health-seeking behaviour. Finally, gender differentials in access to and to control over resources, such as money, transport and time and differences in men's and women's decision-making power within the family, affect women's access to health services. Women may be allowed to decide on seeking medical care for their children, but may need the permission of their husbands or significant elders within the family to seek health care for themselves. Restrictions on women's physical mobility also make it imperative for women to be accompanied to a health facility by a male family member. Women's decision-making typically is affected by three levels of her interaction. The farthest is the external environment which provides her the services. She is a part of the society. This society has its own culture which governs the concept of health-seeking behaviour. This cultural environment, which has a daily interaction in her life, affects her in ways more than one. First, these norms go on to shape ways which she is expected to follow unquestioningly. Second, these norms, on account of awareness, become strong beliefs and stay as stigmas until the veil of ignorance is diminished. Ignorance or lack of proper knowledge influences the women's perceptions and affects her knowledge about dos and don'ts of reproductive health and her health in total. Education is one of the governing agents in shaping the perception of women or society at large, but this again depends on the accessibility and availability of educational institutions like schools, colleges etc. Women's position in the family and society in countries of the South East Asia presents a complex picture of modernity and tradition, and of strivings for gender equity amidst pressures to maintain the status quo. On the one hand, there is evidence of women's growing awareness and assertiveness of their rights, educational advancement, and increased participation in the economy and in the public arena. At the same time, there is continuing domination of patriarchal values and traditions reflected in son preference, seclusion of women among some populations, and restriction of their mobility among others. Laws that restrict women's inheritance and make them unequal partners in

marriage infringe on women's sexual and reproductive rights. All these have serious negative consequences on women's health and quality of life.

Conclusion

The relationship between the reproductive health and mental health is found in global literature though not much highlighted. Unfavourable reproductive histories (such as infertility, repeated child loss, failure to give birth to sons) and the burden of blame and cultural disapproval that they engender may be seen to constitute one link between reproductive and mental health. Sexual abuse and domestic violence may also constitute an assault on women's mental health. Further, the experience of STIs may also have mental health repercussions. During her pre and post menopausal phase a woman faces mental ups and downs. So this gynaecological morbidity has a great influence on the mental health of the patient. Thus, it is seen that gynaecological morbidity has a great influence on the women's lives in various aspects and it restrict their productive capacities.

Thus, it is well understood that the health of the women is not only important for the women folk but also for the men folk too. So, there is a burning need of addressing the gender-specific health needs of women. And this can not be dealt with in a social vacuum. The whole familial, environmental, social, economic, political, educational, geographical, cultural aspects of a woman's life should be taken into consideration, because, each and every aspect of a women's life is interrelated and has a great impact on her health status. So these problems should be highlighted and taken care of, in order to move towards the ultimate goal of human development, which can not be a complete one leaving the women folk behind.

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6

Socio-demographic and Physical Challenges of Older Persons In Mizoram

Lalmuanpuii and Kalpana Sarathy

Abstract

This study aims at understanding the physical problems of the older persons in Mizoram. Little data is available when it comes to the understanding the issues and challenges of the elderly living in the North Eastern states. Although an attempt to understand the prevalence of elderly problems had been undertaken by the government through the state Health and Social Welfare departments, the information collected is limited and revealed only a few insights of the problems of the elderly. The state of Mizoram does not have even a single geriatric care clinic. This paper focuses on the present physical challenges and the mental health problems of the Mizoram elderly. The paper is the outcome of study involving a total number of three hundred respondents and information from an equal number of urban and rural elderly on socio-demographic information as well as living arrangements, physical and mental health problems.

Key Words: Quality of Life, Physical Health, Mental Health, Elderly, Older Persons, Mizo Upa Pawl (Mizo Elderly Organization).

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Introduction:

Quality of life is one of the most important factors to determine the status of an individual belonging to any category of age group. Quality of life maybe understood as the standard

of living lived by an individual or family. It does not necessarily imply wealth and property assets. It is explained in terms of social and psychological well being. QOL is measured in terms of living standard, eating habits or diet, clothing, level of satisfaction in life, self esteem, values and health.

The World Health Organization (2004) defines quality of life as "(an) individual's perception of their position in life in the context of the culture and value system in which they live and in relation to their goals, expectations, standards and concerns. It is a broad-ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships and their relationship to silent features of their environment".

The term 'older persons has begun to replace the term elderly as it is considered more respectful.(In Desai,K.N. and Lalmuanpuii, 2007).Older couples who stay together are far better placed than those who stay single are, hence, enjoying a far better quality of life (In Joshi A. K. 2006). Liebug S. P, Rajan I. S, (2005) found that the blessings of Indian society with old age traditional virtues- "good family virtues, vegetarianism, non-sedentary life, spirituality, practice of cost effective medical approaches, indulging Yoga" accrue benefits of healthy aging among the older persons. They also found that the Indian elders have great capacity and potentiality remarkable for adaptation to the changing world in so many fields without envy which creates satisfaction in their quality of living.

About 78.1 per cent of the elderly in India live in rural areas against 74.3 per cent of the total population living in urban areas. The mortality rate for the elderly, as obtained from the scheme of the Sample Registration System (SRS) indicated that mortality rate in the 60+ in 1996 was 50 per 1000 elderly population. This was 55 for males as compared with 46 females. (In Vanlalchhawna, 2007).

Mizoram covering 21,081 square kilometers, has approximately ten lakh persons and it occupies 30th position in terms of population size among the 35 states and union territories. The state consists of 8 districts with 22 Rural Development (RD) Blocks and 817 villages, out of which 707 are inhabited and 110 are uninhabited. The state is young and attained statehood only in `1987 . The urban area of the state in the 2001 Census comprised of 22 statutory towns. The state is unique on many counts. The rural population consists of 50.4 per cent of the total population while 49.6 per cent live in

urban areas, making it a near equal Rural-urban distribution. Mizoram is one of the highest urbanized states in the country,

The overall literacy rate in Mizoram is 88.8 per cent in 2001 Census. According to Census of India, 2001 the total number of elderly persons (60 years and over) in Mizoram is 49023 (Vanlalchhawna, 2007). According to the 2001, Census of India, in 2001 elderly persons constitutes 5.52 per cent of the population of Mizoram and more than three quarters (78.1%) of them reside in the rural areas. According to the same source, majority of the male elderly in Mizoram (77%) are literate.

Mizoram is a unique state with several associations and organizations. All Mizos by virtue of being Mizo are members of the Young Mizo Association (YMA) and it is the YMA that organizes all community activities and events and offers maximum support during the times of crisis and death. YMA organizes the funeral services of all its members. The MHIP (Mizo Women's Federation) is an association of women and all Mizo women are part of it . The Mizoram Upa Pawl (Mizoram Senior Citizen's Organization) was founded in 1957 to work on the issues, needs and challenges of the elderly in Mizoram. The motto of the organization is "to be a blessing to others". The age at which a person may join the Mizoram Upa Pawl (MUP) is fifty years.

The MUP today has more than 500 units and 4 Sub-Headquarters all over the state. All urban localities and rural villages have a branch of the MUP. The executive committee assembly has recently resolved to constitute Charity Fund amounting to 50 lakhs to assist the needy members of the organization. The MUP has also instituted 'Mizo Medal' award to those persons who exhibit extra-ordinary bravery, scholarship, high quality of social contribution. Besides these activities, the MUP also give consensus to the families (those belonging to below poverty line) of the member who has passed away.

In Mizoram as in most other tribal societies, older persons are respected within the family, neighbourhood and in the society as a whole. This has been attributed to religious beliefs, traditional values, cultural heritage, social norms and education. However, the living standards of rural and urban, educated and uneducated elderly does differ. (Thanseia, 2007)

Sen Gupta & Chakroborty in their study found that an overwhelming majority of the elderly covered in their study were chronically ill, Ahmed also found that the problem

of vision is foremost which constitutes to more than eighty per cent in his study followed by psychomotor (78.8%), bone joint (78%), memory (58.8%) and sleep problem (58%) (In Husain M.G. 1997).

Gopalan et al, exhort that the Indian elderly, especially the aged women, are at high risk of chronic under nutrition. (In Nag NG, 1987)

A study conducted in Delhi indicated that more than half of the aged had impaired vision, besides problems such as poor dental health; insomnia; impaired hearing/deafness; giddiness/hypertension; forgetfulness/nervous disorders; lack of free moving limbs (In Nag NG, 1987). Even in the study done in Aizawl by Lalmuanpuii (2004), on 25 elderly respondents, more than half had hearing impairment and aches and pains in bone joints. Almost -two thirds reported problems with memory, while a quarter reported disturbances in sleep.

Methodology

The study is descriptive and cross- sectional in nature. Aizawl District, which consists of one third of the population of Mizoram, is selected as the area of study. Two urban and two rural blocks within the district based on the highest concentration of population was selected namely *Tlangnuam* (Urban) Block and *Phullen* and *Thingsulthliah* (Rural) Blocks. All the older persons who reside within the selected blocks formed the sample frame. One hundred and fifty respondents each from rural and urban areas formed the final sample. Secondary data was collected from MUP office records, government offices including directorate of health services and directorate of Economic & Statistics, hospitals etc. Data was processed with the help of SPSS package. Data is presented in percentages and averages. Appropriate statistical measures were employed to analyze data. Semi-structured interview schedules were administered and information was sought on socio-demographic data, living arrangements , physical and mental health challenges. Quality time was spent with each respondent to acquire accurate information. Results and discussions are presented which is based on the findings of the study.

Results

Social Composition

Two Hundred and Ninety Nine (299) of the respondents were Mizos belonging to diverse clans. One (1) respondent was a non-Mizo (Nepali), however, he has been staying in Mizoram for more than thirty years and is Christian and married to a Mizo.

Figure 1. Gender Distribution of Respondents
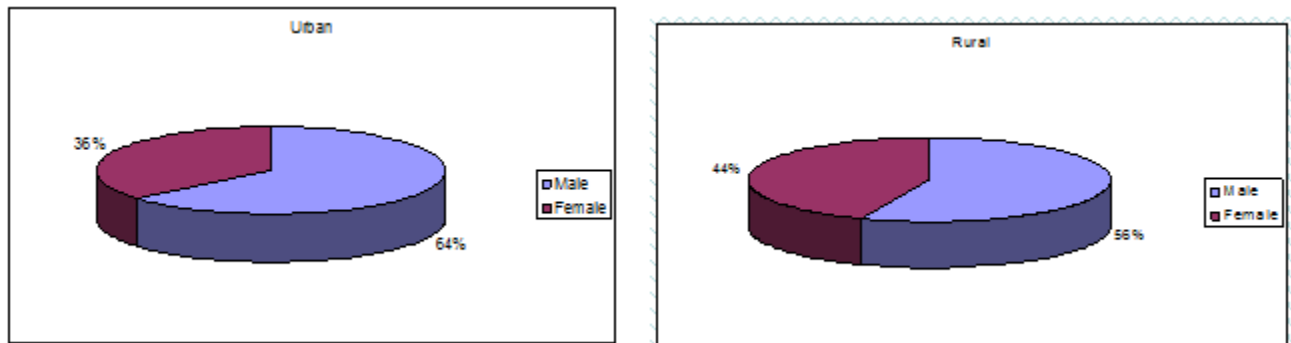

Gender Distribution

Females constituted more than half (55.63%) of the rural respondents whereas the corresponding male respondents was less (43.7%). However, with regard the urban sample male older persons were found to be almost two-thirds of the respondents (63.76%) whereas the urban female respondents were more than a third (36.24%) of the sample (Figure 1). With reference to gender it appears possible that the rural older women have longer life span as compared to their urban counterparts. In general, it is not uncommon to see that women have greater longevity as compared to men. This is corroborated by Husain M.G. 1997, who states that women age with less difficulty than men do.

Age Distribution

Age has a definite bearing on abilities, life satisfaction and general quality of life. In this study more than half of the respondents (55.67%) belonged to the age group of *the young old* ie 60 to 70 year's age group. The Urban older persons constituted more than half of the respondents belonging to this age group (53.39%) whereas the rural elderly also constituted more than half (52.98%) but were less than the urban elderly in this age group. In the *old* (71 to 80 years) category more than a third of the elderly (38.26%)

were from the urban area and an almost equal number (37.75%) were from the rural area. The *very old* (81 and above years) were found to be in a much smaller number forming barely six per cent of the sample. However, of the rural elderly respondents the very old constituted a higher number (9.27%) as compared to the urban area where there was an insignificant minority (3.36%) of older persons in this age group.

Figure 2. Marital Status of the Respondents
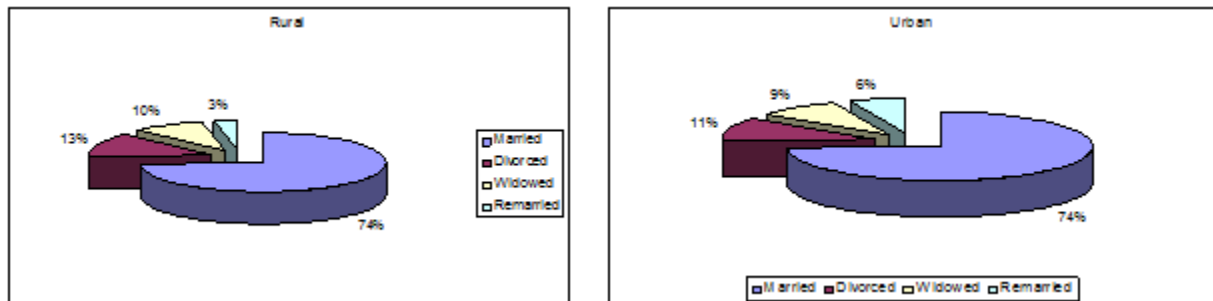
Marital Status

Marital status of a person is also a factor that determines the quality of life of a person. Presence of a spouse and desirable living conditions positively impact the mental stability and life satisfaction of the elderly. In this study, majority of the respondents both from the rural (73.51 %) and urban (74.50 %) area were found to be married. In the urban area it was found that more than a tenth of the elderly were divorced (10.74%) whereas in the rural area the figure of divorced persons is a little higher (13.25%). More number of widows and widowers were found in the rural area (9.93%) than in the urban area (8.72%). Some of the respondents were found to have remarried in both the urban and rural areas; urban remarried elderly formed a higher percentage (6.04%) than the rural remarried elderly (3.31%) .

In another study done by Ketshukietuo Dzuvichu on a sample of 380 elderly from the Angami tribe of Nagaland, which is a north-eastern state and hence comparable to Mizoram, it was found that married men constituted more than a third of the respondents (35.26%) while widows constituted more than a quarter of the respondents (26.31%) and married women were more than a fifth (22.89%) with widowers forming more than a tenth (13.94%) in all age groups. A tenth (10%) of males from the urban area and less than a tenth (8%) of male respondents from the rural areas were widowers. Less

than a tenth (7%) of the urban female respondents and more than a tenth (12%) of the female respondents from the rural area were widowed. In an Angami society, marriage according to the author is considered to be a compulsory assignment for everyone, however, in the study quoted above, it was found that an insignificant minority (0.52%) of the female respondents never got married and remained single.

Educational Status:

Level of education achievement is expected to have a bearing on both life satisfaction as well as quality of life. This study documented more than just the formal educational achievement and sought information on abilities with reference to reading and writing. Such abilities are of great importance in a tribal society that is in transition. The data revealed that illiteracy was more in the urban (10.74%) area compared to the rural area (6.62%). However, it is important to note that urban elderly have moved from the rural area to the urban area due to greater need of social support. In a tribal society like Mizoram, movement from the rural to the urban or vice versa is not uncommon since there is a rural -urban continuum. Further, mobility within the state is frequent.

The study also discovered that elderly who can read only were more in the rural area (7.95%) whereas in the urban area the figure was less (6.04 %). One-third of the rural elderly were able to read and write (33.77%), whereas among the urban elderly, those able to read and write were less than a quarter (24.16%). From the urban area, the elderly who had been educated till primary level of education was almost a quarter (24.83%), but the elderly in the rural area who were educated till primary level was less than a fifth (19.87%). Respondents from the urban area who had been educated till middle school level were found to be less than one-sixth (14.77%), high school also constituted over a tenth (12.08%), college level was much less (7.38%). None of the respondents from the urban area had a post graduation although there was one respondent in the rural sample with a post graduation. As for the respondents from the rural area, those educated till middle school level was about one-sixth (15.23%)/Persons with high school level education were an insignificant minority (1.99%), and graduates were even less (0.66%). In Mizoram formal education was introduced only in 1894, however, in

just over a hundred years of education, Mizoram has the attained the enviable position of being the second most literate state.

The discrepancy between urban and rural elderly in this study is not very stark however, in a study done by Punias on urban and rural elderly in India, it was found that 14 per cent of the urban aged and 67 per cent of the rural aged were illiterate. In a study done by Ketshukietuo Dzuvichu on a sample of 380 elderly from the Angami tribe of Nagaland, it was found that less than half (48.94%) of the female respondents were educated with formal education against male respondents who were lesser in number (46.83%). In a study done by Lalmuanpuii, 2004 on a sample of 25 rural elderly it was found that more number of female elderly were illiterate when compared to the male elderly.

Figure 3. Living Arrangements of Respondents
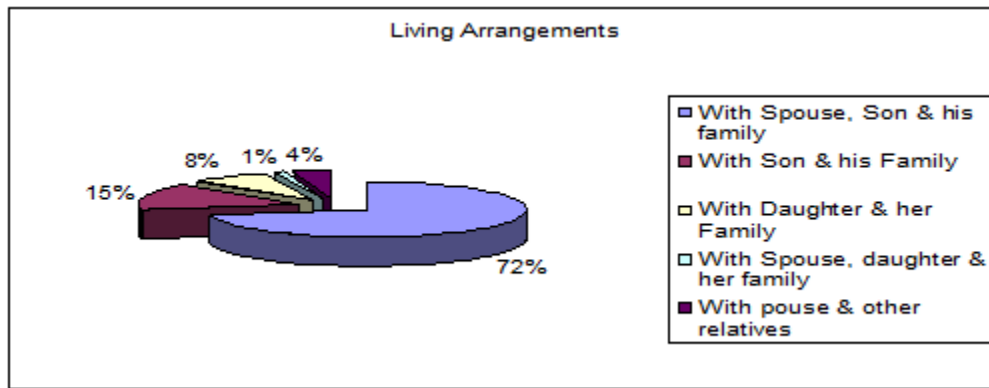
Living Arrangements

The information in this regard pertained to persons with whom the older persons live. Such living arrangements are likely to have a definite bearing on perceived life satisfaction. In this study the elderly were observed to be living with spouse, son and his family, with spouse, daughter and her family, with spouse and other relatives, with son and his family, with daughter and her family. In Mizoram it is customary for the youngest son to look after elderly and aging parents for which purpose property is also handed over to the youngest son.

The data revealed that a high percentage (72 %) of the elderly from both the areas were living with their spouse, son and his family. In the urban area it was found that a majority of the elderly (73.15%) as compared to the rural area(70.9%) living with

spouse, son and his family. More than a tenth (10.74%) of the urban elderly were observed to be living with their daughter and her family in the urban area and the figure was much less in the rural area (4.64%). This is not surprising since younger populations in rural areas show a high degree of mobility and migration into urban areas. Even in Mizoram, it is the same.

More than a fifth (21.19%) of the elderly from the rural area were found to be living without spouse but with son and his family.An insignificant minority (2.68%) of the elderly in the urban area were found to be living with spouse, daughter and her family whereas in the rural area there was no such respondent. Elderly living with spouse and other relatives was found to be more common among elderly who remarry.

Earner or Dependent Status

Quality of life is inextricably linked to perceived and actual economic dependence on others in order to meet daily needs. In this study an attempt was made to understand the status of the elderly with reference to earning and dependency. More than half of the urban elderly (56.38%) and less than two-thirds (62.91%) of the rural elderly were found to be dependent on the family with regard to income. With regard to the elderly earner status, it was found that less than half (43.62%) of the urban elderly were earners as compared to more than a third (37.09%) among the rural elderly.

Physical Health

Physical health has a direct effect on the well-being of a person especially on the elderly, which in-turn affects and moderate the quality of life they enjoy. The physical health aspect was also studied where different variables were rated on a four point scale .Mean and Standard Deviation was calculated for these variables. It was found that the urban elderly (Mean 3.1) had more difficulty in seeing than the rural elderly (Mean 3.0).The findings also revealed that the rural elderly (mean 3.2) had more problems in hearing than the urban elderly (mean 2.8) Even memory failure was more common among the rural elderly (mean 3.2) than the urban elderly (mean2.8). The elderly in this study had a problem or difficulty in falling asleep at night and waking up in the morning and also had pain in joints; it was found to be more common in the rural elderly (3.0) than among the

urban elderly (2.9). Most of the respondents were found to have difficulty in moving around, rural elderly (3.3) and urban elderly (3.0).

Mizoram is a state with hilly terrain and it renders mobility difficult . For the older populations this is an even more daunting task and many of them mentioned in the interviews that they rarely go for medical help and only tend to venture out of the house when it is an emergency. Most of the respondents from both the areas were found to have regular bowel functions, rural and urban elderly mean score was equal (3.1). Difficulty in breathing prevailed marginally less among the elderly in urban areas (3.1) than among the rural elderly (3.3). The respondents reported a monthly regular check up and this was more common among the rural elderly (2.9) than the urban elderly (2.8) due to frequent medical camps by the health directorate of Mizoram.

Table: Physical Health

Sl.No	Physical Health problems	Locality				Total	
		Urban		Rural			
		Mean	SD	Mean	SD	Mean	SD
1	Difficulty in seeing	3.0	0.8	3.1	0.8	3.1	0.8
2	Difficulty in hearing	2.8	0.7	3.2	0.7	3.0	0.7
3	My memory is failing me	2.8	0.6	3.2	0.7	3.0	0.7
4	Difficulty in falling asleep at night and waking up in the morning	2.9	0.6	3.0	0.8	2.9	0.7
5	Aches and pain in joints	2.9	0.7	3.0	0.8	3.0	0.7
6	Difficulty in moving around	3.0	0.6	3.3	0.7	3.2	0.7
7	Regular Bowel functions	3.1	0.7	3.1	0.8	3.1	0.7
8	Blood Pressure Tends to remain normal	3.0	0.5	3.1	0.7	3.0	0.6
9	Difficulty in Breathing	3.1	0.6	3.3	0.8	3.2	0.7
10	Sugar Level is Under Control	2.7	0.8	3.3	0.8	3.0	0.8
11	No Problem in Liver	2.9	0.9	3.3	0.8	3.1	0.9

12	Bladder Control Regular	2.8	1.0	2.9	1.0	2.9	1.0
13	Regular Monthly Medical Check Up	2.7	1.1	3.2	1.0	3.0	1.1
14	Satisfied the treatment Received	2.1	1.1	1.9	1.1	2.0	1.1

Source: Computed

However, in spite of these frequent check- ups the respondents were found to be dissatisfied with the treatment they received. Dissatisfaction was more among the rural elderly with a mean score (1.9) higher than the urban elderly mean score (2.1).

Discussion

Among the varied challenges of the older persons in Mizoram, the older persons are living longer and hence the need to study their quality of Life and Physical problems such as bowel movements, sleep, aches and pains, living arrangements, leisure time pursuits and dietary become necessary. This study reveals that three are differentials among the urban and rural older persons and among older men and women too. Education among the older women is found to be poor. Poor medical facilities and poor satisfaction from the medical services accessed indicate that more services need to be initiated both in urban and rural areas.

Since physical health and medical problems constitute important aspects of the quality of life of the elderly and further since there are no geriatric clinics in the entire state, suggestions from this study indicate the need for both the government and the NGO Sector to open health facilities and offer services that cater to these needs. Research with Gender differentials among populations of the very old and on the network and support system are inadequate and require further exploration as well.

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7

Human Rights and Elderly: A Perspective

M. Tineshowri Devi and Irom Shirly

Abstract

The changing demographic scene and social values, the situation of the elderly in Indian society is becoming more critical. In old age, individuals depend on their children as they often have no other alternativedue to the physical and mental ailments. The individual has lost from being self-supporting individual to dependent individual. The loss of physical capabilities, mental capacity and greater economic vulnerability are unique to the elderly population and call for special legal recognition. The paper will highlight the present changing society with special reference to Imphal Districts of Manipur that decline in status and opportunities to aged members which lead to uncomfortable, un-respectful, and neglected, unattended and lack of care by their respective family members and relatives. Their basic rights like right to life, freedom from torture and inhuman treatment, right to the highest attainable standard of health, are often violated within the family and society at large.

Key Words: Elderly, Human Rights, Family and Society, Human Rights Policies and Programmes.

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Introduction

According to UN 1975, "old age is seen as the last stage of the development of a person, there is little consensus as to the exact age at which this last stage begins or the specific physical signs that marks its onset. The ages 60 to 65 mark the beginning of this stage, while in others the general pensionable age is 60 for men and 55 for women, and in still others countries it is 55 for men and 50 for women. However, the arbitrariness of these ages should be noted."

The population of the elderly persons has been increasing over the years. As per the UNESCO estimates, the number of the aged (60+) is likely to 590 million in 2005. The figure will double by 2025. By 2025, the world will have more elderly than young people and cross two billion mark by 2050. In India also, the population of elder persons has increased from nearly 2 crores in 1951 to 7.2 crores in 2001. In other words about 8% of the total population is above 60 years. The figure will cross 18 % marks by 2025.

In India, the changing demographic scene and social values, the situation of the elderly in Indian society is becoming more critical and of late abuse and neglect of the elderly in the family context especially is emerging as a significant problem.31% of older persons reported facing abuse. More than half of those abused were facing it for many years and all these were facing multiple forms of abuse. 24% older people faced abuse almost daily. 75% of those who faced abuse lived with family and 69% were owners of the house in which they were living. The primary abuser was the son in 56% cases, followed by the daughter-in-law with 23% cases. There are many cases which remains unreported.(A Helpage India Report, 2012).

In old age, individuals depend on their children as they often have no other alternative. The individual has lost from being self-supporting individual to dependent

individual. Added to all, their health conditions are not in good shape and also there are changes in economic status which follows loss of employment resulting to mandatory retirement, accompanying with a feeling and sense of useless, worthless and insecurity as well as the recurring need of dependency. All these are the difficult challenges of changes that elderly has to endure. Often their rights have been violated by the new generations where their statuses have become from bread-earner to the neglected one within the family in particular and in society at large. Thus, in this context the researcher is trying to look into the perspectives of human rights and elderly with reference to Manipur.

Human rights are fundamental to the stability and development of countries all around the world. A human right is a universal moral right, something which all men and women no matter of age, sex, caste, creed and race, everywhere, at all times ought to have, something of which no one may be deprived without a grave affront to justice, something which is owing to every human simply because he is human.

A The Human Rights of Elderly at Global level:

1. **Certain human rights which are of particular relevance to aged persons include**:

- Right to life; Freedom from torture and inhumane treatment; Freedom from arbitrary detention; Right to family life; Right to privacy; Right to an adequate standard of living, including adequate shelter, food and clothing; Right to social security, assistance and protection; Right to the highest attainable standard of health; Full and active participation in all aspects of political, economic, social, and cultural life of society; and Full and effective participation in decision-making concerning their well-being.

2. **Vienna International Plan of Action on Ageing 1983:**

This Plan of Action provides that States will:

- develop and apply policies at the international, regional and national levels which are designed to enhance the lives of the ageing as individuals and to allow them to enjoy in mind and in body, fully and freely, their advancing years in peace, health and security; and study the impact of ageing populations on development and that of development on the ageing, with a view to enabling the potential of the ageing to be fully realized and to mitigating, by appropriate measures, any negative effects resulting from this impact.

3. **UN General Assembly Proclamation on Ageing 1992**

This Proclamation seeks to ensure, amongst others, the following:

- Appropriate national policies and programs for the elderly are considered as part of overall development strategies; Policies which enhance the role of Government, the voluntary sector and private groups are expanded and supported; Old and young generations cooperate in creating a balance between tradition in economic, social and cultural development; Policies and programs are developed which respond to the special characteristics, needs and abilities of older women; Older women are given adequate support for their largely unrecognized contributions to the economy and the well-being of society; Older men are encouraged to develop social, cultural and emotional capabilities which they may have been prevented from developing during breadwinning years; and Community awareness and participation is encouraged in the formulation and implementation of programs and projects with the involvement of older persons and families are supported in providing care and all family members are encouraged to cooperate in care giving.

4. Madrid International Plan of Action on Ageing 2002

- This was adopted in order to respond to the opportunities and challenges of an ageing population in the twenty-first century and to promote the development of a society for all ages. The Plan of Action has three priority areas: persons and development; advancing health and well-being into old age and ensuring enabling and supportive environments.

B. Protection and safeguards of elderly in India:

1. Constitutional Protection:

- Art. 41: Right to work, to education and to public assistance in certain cases: The State shall, within the limits of economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement, and in other cases of undeserved want.

- Art. 46 : Promotion of educational and economic interests of ……. and other weaker sections: The State shall promote with special care the educational and economic interests of the weaker sections of the people…..and shall protect them from social injustice and all forms of exploitation.

   However, these provision are included in the Chapter IV i.e., Directive Principles of the Indian Constitution. The Directive Principles, as stated in Article 37, are not enforceable by any court of law. But Directive Principles impose positive obligations on the state, i.e., what it should do. The Directive Principles have been declared to be fundamental in the governance of the country and the state has been placed under an

obligation to apply them in making laws. The courts however cannot enforce a Directive Principle as it does not create any justifiable right in favour of any individual. It is most unfortunate that state has not made even a single Act which is directly related to the elderly persons.

2. **Legal Protections:**

- **Under Personal Laws:**

  The moral duty to maintain parents is recognized by all people. However, so far as law is concerned, the position and extent of such liability varies from community to community.

- **Hindus Law:**

  Amongst the Hindus, the obligation of sons to maintain their aged parents, who were not able to maintain themselves out of their own earning and property, was recognized even in early texts. And this obligation was not dependent upon, or in any way qualified, by a reference to the possession of family property. It was a personal legal obligation enforceable by the sovereign or the state. The statutory provision for maintenance of parents under Hindu personal law is contained in Sec 20 of the Hindu Adoption and Maintenance Act, 1956. This Act is the first personal law statute in India, which imposes an obligation on the children to maintain their parents. As is evident from the wording of the section, the obligation to maintain parents is not confined to sons only, and daughters also have an equal duty towards parents. It is important to note that only those parents who are financially unable to maintain themselves from any source, are entitled to seek maintenance under this Act.

- **Muslim Law:**

Singh, R. (2008), Children have a duty to maintain their aged parents even under the Muslim law. According to Mulla of Muslim law:

(a) Children in easy circumstances are bound to maintain their poor parents, although the latter may be able to earn something for themselves.(b) A son though in strained circumstances is bound to maintain his mother, if the mother is poor, though she may not be infirm.(c) A son, who though poor, is earning something, is bound to support his father who earns nothing. According to Tyabji, parents and grandparents in indigent circumstances are entitled, under Hanafi law, to maintenance from their children and

grandchildren who have the means, even if they are able to earn their livelihood. Both sons and daughters have a duty to maintain their parents under the Muslim law. The obligation, however, is dependent on their having the means to do so.

- **Christian and Parsi Law:**

  The Christians and Parsis have no personal laws providing for maintenance for the parents. Parents who wish to seek maintenance have to apply under provisions of the Criminal Procedure Code.

3. Under the Code of Criminal Procedure:

Prior to 1973, there was no provision for maintenance of parents under the code. The Law Commission, however, was not in favour of making such provision. According to its report:

- The Cr.P.C is not the proper place for such a provision. There will be considerably difficulty in the amount of maintenance awarded to parents apportioning amongst the children in a summary proceeding of this type. It is desirable to leave this matter for adjudication by civil courts.

  The provision, however, was introduced for the first time in Sec. 125 of the Code of Criminal Procedure in 1973. It is also essential that the parent establishes that the other party has sufficient means and has neglected or refused to maintain his, i.e., the parent, who is unable to maintain himself. It is important to note that Cr.P.C 1973 is a secular law and governs persons belonging to all religions and communities. Daughters, including married daughters, also have a duty to maintain their parents.

4. Governmental Protections:

- The Government of India approved the National Policy for Older Persons on January 13, 1999 in order to accelerate welfare measures and empowering the elderly in ways beneficial for them. This policy included the following major steps:

(a) Setting up of a pension fund for ensuring security for those persons who have been serving in the unorganized sector,

(b) Construction of old age homes and day care centers for every 3-4 districts,

(c) Establishment of resource centers and re-employment bureaus for people above 60 years,

(d) Concessional rail/air fares for travel within and between cities, i.e., 30% discount in train and 50% in Indian Airlines.

(e) Enacting legislation for ensuring compulsory geriatric care in all the public hospitals.

- The Ministry of Justice and Empowerment has announced regarding the setting up of a National Council for Older Person, called age well Foundation. It will seek opinion of aged on measures to make life easier for them.

- Attempts to sensitize school children to live and work with the elderly. Setting up of a round the clock help line and discouraging social ostracism of the older persons are being taken up.

- The government policy encourages a prompt settlement of pension, provident fund (PF), gratuity, etc. in order to save the superannuated persons from any hardships. It also encourages to make the taxation policies elder sensitive.

- The policy also accords high priority to their health care needs.

- According to Sec.88-B, 88-D and 88-DDB of Income Tax Act there are discount in tax for the elderly persons.

- Life Insurance Corporation of India (LIC) has also been providing several schemes for the benefit of aged persons, i.e., Jeevan DharaYojana, Jeevan Akshay Yojana, Senior Citizen Unit Yojana, and Medical Insurance Yojana.

- Former Prime Minister A.B. Bajpai was also launch 'Annapurna Yojana' for the benefit of aged persons. Under this yojana unattended aged persons are being given 10 kg foods for every month.

- It is proposed to allot 10 percent of the houses constructed under government schemes for the urban and rural lower income segments to the older persons on easy loan. The policy mentions:
  The layout of the housing colonies will respond to the needs and life styles of the elderly so that there is no physical barrier to their mobility; they are allotted ground floor; and their social interaction with older society members exists.

- Banks have come up with several schemes for providing personal consumption loan including housing loans for the senior citizens over & above the extra interest rate on deposits accepted from the senior citizens

Review of literature

The modernization, industrialization and urbanization have made a tremendous change in the pattern of the society. It has weakening traditional bonds of the joint family system in

the society. This breakdown of the joint family system is more common in urban areas due to evolving nuclear family system. The elderly happen to be the main sufferers of the changing social values and family system. The society is becoming more individual centric. The old values, culture and tradition is deteriorating due to the tremendous westernization of the society. This will lead to emergence of old age as a social problem. The ever growing population of old age needs to give a thoughtful consideration.

Elderly were subjected to various forms of abuse which results to negative outcome that included lack of enthusiasm, disturbed eating, sleep problems, feeling of powerless, isolation, neglect and material abuse of the elderly from fulfilling their basic needs such as food and medicines creating the feelings of insecurity. The feeling of being unwanted and having no one to trust in the family appears to be resulting in suicidal ideas in a sizeable number of the elderly population (Srinivas, Vijayalakshmi, 2001).

Elders are encountering both physical and psychological distancing in joint as well as nuclear families where the new life style among the youth do not allow them to care for the personal, physical and emotional needs of elders as a result many a times they actively or passively abuse them (Jain, 2008).

A Help Age India (2012) survey carried out in the Ahmedabad highlighted that in 56% of cases, the elderly did not report the abuse. Among these, a whopping 80% kept quiet as they wanted to keep family matters 'confidential'. The rest 20% expressed fear of retribution as the reason for their silence. It is also found that most of the abuse related to property disputes, particularly in cases where the son was the perpetrator. According to the survey, 65% of the elderly surveyed in reported abuse from their sons followed by the daughters-in-law (21%). While the daughter did not figure in the list of perpetrators of abuse, the son-in-law turned out to be the abuser in 1% of the cases. Other abusers included a relative (5%), care giver or servant (7%) and others (1%).

A study was conducted by Delhi-based NGO Agewell Foundation (2012) among 50,000 senior citizens where 29000 from rural areas and 21000 from urban areas, spread across 300 districts covering 25 states and Union Territories. The study revealed that the violation of human rights of older persons is higher in urban areas of the country in comparison to rural areas. 85.9 per cent of the total older persons interviewed had never heard about human rights. The situation is critical in rural areas, as only 4.81 per cent

senior citizens said that they have heard about human rights. The situation is slightly better in urban areas, where 28.04 per cent older persons expressed knowledge about human rights.

A study in Manipur revealed that an elder is respected as long as he/she is on an activity schedule. It is further focused that as long as active, the most elderly in his /her 70s won't suffer mental agony as he is still looked up as the pride of all his kith and kin. But once shrunk in oblivion, he/she sinks in the estimation of both kin and equals: as lacking basic motor skills and the ability to hear, drive, stand up, straight, walk, think clearly, or provide basic financial support for him/herself. Besides being closer to infirmity, he is pushed, as it were, by his own people towards that oblivion. S/he might have a cognizable 'right' more on the basis of experience to participate in group-discussions, public functions; but under such hostile environment he starts self-doubting as only half-capacitated or half- incapacitated. (Sharma, 2009).

From the above discussion and review of literature, there was a little study of elderly and their human rights, thus the researcher has attempted to into the perspectives of human right and elderly in Manipur.

Methodology:

Descriptive research design was used for the study. Purposive sampling technique was applied for the study where 20 case studies were taken from 52 respondents of Imphal West district. Study concentrates on elderly both male and female who are 60years or above. The researcher used interview schedule as a tool in obtaining primary data for the study and also use observation method. As the sample was small in size, the finding could not be generalized.

In Manipur, there are 14, 5470 elderly in whom 73,233 are male and 72,237 are female. Where, 10, 2047 elderly were living in rural area and 43,423 elderly were living in urban area (Census of India, 2001).There are 34,342 elderly in Imphal West District in which 14, 243 elderly were living in rural area and 20,099 elderly were living in urban area of Imphal West District (Census of India, 2001).

Age-Group	Total	Rural	Urban

	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
1	2	3	4	5	6	7	8	9	10
All ages	2,166,788	1,095,634	1,071,154	1,590,820	808,953	781,867	575,968	286,681	289,287
60-64	48,133	24,343	23,790	34,517	17,654	16,863	13.616	6,689	6,927
65-69	35,897	17,990	17,907	25,501	12,921	12,580	10,396	5,069	5,327
70-74	28,806	14,561	14,245	19,905	10,271	9,634	8,901	4,290	4,611
75-79	15,459	7,894	7,565	10,527	5,487	5,040	4,932	2,407	2,525
80+	17,175	8,445	8,730	11,597	5,939	5,658	5,578	2,506	3,072
Age not Stated	4,533	2,420	2,113	3,136	1,687	1,449	1,397	733	664
Total number of elderly population	1,45,470	73,233	72,237	1,02,047	52,271	49,775	43,423	20,961	22,462

(Source: Census 2011)

Findings:

1. Discrimination and the problem of ageism

Discrimination against the aged is typically associated with certain "ageist" trends in society that may portray the elderly in a negative light. It is a set of attitudes that may have been made worse towards elderly that lead to vulnerable to abuse. Although the right to equality is a distinct right, the problem of discrimination against the aged is also a much broader conceptual and social problem that deserves to be analyzed from multiple angles. As a result of discrimination, the elderly may be denied access to health care, voting, work, education, etc, on the basis of their age. Some of the cases are highlighted below:

- **Deprived of effective participation in decision making concerning well-being**

Leima (name changed), 88 years old. She has three sons and one daughter. Eldest son and middle son died of alcoholism. She stays with youngest son, who is married and has one grand daughter and one grandson. All the property has been distributed between her sons. Now she feels helpless with no income. She expressed that she received old age pension scheme which is a meager amount of Rs100.Her daughter-in-law was not happyto stay with her as she became old. She was often isolated and left alone in many of the occasions. As her daughter- in-law dislikes her, she cannot get love and care from her son, granddaughter and grand son. She is not involved in all the decisions taken within and outside the family. She was not given any respects by daughter- in-law and son. The

family members do not want her to sit and talk with people around and also when the guest comes at her house. Her daughter –in-law thinks her a burden to their family so wants her to leave their place. On the contrary, when daughter-in-law was discussed about the family support, she mentioned that she is providing all the cares any daughter-in-law could do to their in-laws.

2. Right to family life

Recommendation 29 of the Madrid International Plan of Action on Ageing "encourages Governments and non-governmental organizations to establish social services to support the whole family when there are elderly people at home and to implement measures especially for low-income families who wish to keep elderly people at home". The right to family life means that elderly may be particularly dependent on family life, including access to their children and grandchildren. A problem arises when elderly couples are separated or died because of illness, the family members hardly notice the psychological dilemma the elderly faced, they are often neglected and left alone with little care.

Ahanbi (name changed), 84 years old. She is widow. She is not been looked after and taken care by her family members. She does not have sources of income. She cannot go for work as she is ill. So, her family members do not want her to stay with them. They think her as a burden in the family. Now, her son and daughter-in-law have sent her off from their family. She is now staying with relative.

Tombi (name changed), 76 years old. She is widow and staying with her second son and daughter-in-law and three grand-sons. Actually she has also one daughter (already married) and three sons. All of them are married. Even though she has got very little of pension of her late husband, she is not able to utilize the money according to her wishes. Her son and daughter-in-law will take and utilize the money without consulting her but according to their needs and wishes. Her daughter also wants financial assistance from the same amount of pension she gets. Her son and daughter are not in a good terms. As a result she has to suffer a lot between their grudge. She had distributed property including the house among her sons and thus remained helpless. She does not have any security for her own. Sometimes she gets sick, she is left without money so, she could

not afford to go for health check-up and get medicine. She feels helpless and expressed that "she is just like a rug cloth which is hanged in the fence".

3. **Deprived of freedom from torture and inhumane treatment**

Violence against the elderly is the more obvious form of abuse that elderly may experience. This abuse may involve any forms of neglect like sexual abuse, insufficient medical care, hospitality, malnutrition, humiliation, etc. Thus, there is an urgent call to make sure for the use of human rights protections to minimize the potentials for abuse towards the old age people.

Pravathi(name changed), 85 years old. She has three sons and three daughters. Among three sons, two sons live separately and the youngest son died due to alcoholism. While she stays with her elder son, she faces lots of hardship. She was given sleeping pills without doctors' prescription and they use to tie her up. Now she stays with the youngest daughter. At her youngest daughter home also her son-in-law is not willing to let her stay. Above all her son-in-law is a drunkard so there is financial deficit at the family. Except her youngest daughter, all her sons and daughter were not concern of her. They do not bother for her food, shelter and clothing. The property which her husband given to her was also been distributed among her sons. She is now helpless.

4. **Deprived of right to highest attainable standard of health**

Ebemcha (name changed), 60 years old. She is married to a person who was already married and became second wife to her husband. Her husband's first wife was no more. After her husband death, she was survived with the first wife's three children. She brought up all the three children(step-children) whereby two were daughters and one son. She does not have her own child. All her daughters and son are married. She is staying with her son, daughter-in-laws and grand-children. Initially her son was unaware that her mother is a step mother. But he came to know recently from locality about her step mother and thus started abusing her. He had started drinking alcohol very heavily and remained drunk for days. He often shouts at her for being his step mother resulting to sleepless night. She is very weak and very restless. Her son and daughter-in-law have stopped working, thus, she is left to earn for her livelihood and also to look after the family. Recently, she got an accident while working and fractured her right leg. When she was bedridden due to accident no one was bother to take her to the hospital. She is

still very weak and could not recover well from the illness as she could not access the health facility on time. She cannot live in peace and no one is there to listen to her woes.

Tampha (name changed), 90 years old. She is a widow and has two sons. Both her sons died and now she is survived with two daughter-in-laws, grand sons and grand daughters. She stays with her elder daughter-in-law along with her grandsons. As she became old, she was bedridden. No one looks after her, no one think about her health and hygiene and no one bother to give healthy food to her. Instead family member scolded her and treated her like a slave; calling her a slave. They even shouted at her of the bad odors as she herself could not look after her health and hygiene. They did not even bother to take her to the doctor for treatment. Now, she is left helpless and waiting to die.

5. Deprived of Right to Information

Old age people have lots of experienced in their life and have all the information and knowledge of what was happening in and around their surroundings. They again further passed the information and knowledge to their younger generations. But when they became old and could not do anything without help, they were left helpless and isolated from the facilities, information, etc. If they were given a little information regarding the available resources and facilities, they will be helped immensely for their livelihood. Unfortunately their rights to information are deprived by the family, society at large.

Majority of the respondents revealed that they are unaware of any governmental programmes and policies functioned in the study area. They were also not provided any facilities from government side. They also further mentioned that they were unaware of any NGOs functioning for old age people.

Conclusion:

From the above discussion, it can be emphasized that during olden days, old age people were respected and were used to be the head of the family, but due to the changing trend and the life style patterns has made old age people deprived from various human rights. There has been a tremendous change in the pattern of the family where family bond is disintegrating which lead to isolation of old age people from decision making of family matters and increase the feeling of emptiness and it also leads to increase the cases of atrocity, abuses to the elderly. At this juncture there is a need to address the issues and

challenges of human rights with a special focus to the old age people. The policy makers should frame the government policies and programmes by looking into the context of socio-economic and cultural aspects of different regions and states of India. It should also be made aware to the section of old age people so that they can easily access the available resources. The government and NGOs need to work hand in hand to provide helpline in the different states for elderly and also need to provide more old age homes for their safe and security. The academicians, activist, media, etc. also need to discuss and highlight the issues and challenges of old age people so that the masses of the society are able to understand the real picture of the conditions of old age people and isolation from their basic human rights.

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8

An Analysis of Farmer Suicides in the Context of Globalization:
A Study of Yavatmal District of Vidharbh

Ghanshyam Yelne and Bhalchandra Deshmukh

Abstract

Agriculture is a back bone of Indian Economy. Before and after independence majority of the population depend upon this sector for their livelihood. But today the crisis of agriculture has led to certain unexpected events which have held the nation's attention. A large number of farmers in the state of Maharashtra, Andhra Pradesh, Punjab, Kerala, Karnataka, and Chhattisgarh have committed suicide owing to the agrarian crisis. According to National Crime Records Bureau (NCRB) more than 2,00000 farmer committed suicide in India and Maharashtra have crossed the 40,000 mark. In 2007 for the third time in four years its crossed the 4,000 mark. The rate of suicide is every 30 minutes 1 farmer committing suicide in India. In Maharashtra Vidarbha is on top position in farmer suicide, till November 2010, nearly 6,962 farmers ended their lives. According to Governments data, from 2001 to 2010, more than 2,000 farmers committed suicide. Suicide in Yavatmal district is 290 in 2009, 311 in 2008, 359 in 2007, 360 in 2006, 167 in 2005, 142 in 2004, 52 in 2003, 38 in 2002, 18 in 2001. These figures

definitely suggest suicide rate in Yavatmal district is high since 2001 in comparison to national suicide figure.

In the context of an alarming increase in the farmers' suicide, the Government of Maharashtra announced a Special Package of Rs. 1,075 crore for six districts of Western Vidarbha in December, 2005. Subsequently, Hon'ble Prime Minister Dr. Manmohan Singh announced a comprehensive Package of Rs.3,750 crore for development of agriculture and allied sectors. Yavatmal district 2001 to 2005, 417 farmers committed suicide and 2006 to 2010. The incident of famers' suicide has increased after the package period i.e. 1,320 farmer committed suicide during this period. In this paper an attempt is made to explore the causes of farmer suicide. For this purpose the basics questions has raised-why farmer committing suicide? What was their situation on suicide time? Why & How they failed to survival in Globalization contest?

Key Words: *Agriculture, Farmer, Suicide, Globalization, fertilizers*

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Introduction

Agriculture in India is not merely an independent economic activity; it is rather intertwined with social and cultural activities. It remains an important sphere of Indian society and is often perceived as " a way of life". The late Prime Minister of India, Lal Bahadur Shastri, coined the famous slogan, *Jai Jawan, Jai Kisan*. Through this, he recognized the importance of agriculture in general and farmers in particular in the process of nation-building (Garada, 2009).

In the 1950s, India was dependent upon on others for food grains. Because production and productivity of Indian farm was very low, technology and other equipments were not up to the mark. The quality of seeds and fertilizers was not good. Thus, it resulted in low income and productivity of the farmers in India. After Independence, Indian Government decided to develop agricultural sector. During the first

five year plan, government allotted more budget on agricultural sectors which resulted in Green Revolution. Resultantly, by the early 1990s, India was self sufficient in food grain production.

The rate of growth of agricultural output was gradually increasing over 1950-1990, and it was more than the rate of growth of population. In the 1980s, the agricultural output grew at about four per cent per annum. Thus, India became self-sufficient in food and started exporting wheat and rice. But during the next ten-year period after the introduction of liberalization, the rate of growth declined to two per cent. According to the Mid-term Appraisal of the Tenth Five Year Plan (200-07), the rate of growth of the GDP in agriculture and allied sectors was just one per cent per annum during the year 2002-05 (Kumar et al 2007). The share of agriculture in the GDP was registered only 17.8 per cent in 2007-08 which was 36.4 per cent in 1982-83 (Jadhao, 2008). Thus, agrarian sector in India is in crisis. More than 2 lakh farmer suffered in this Agrarian storm (Shashtri 2011).

Farmer Suicide

Agriculture is a backbone of Indian economy. Before and after independence majority of the population depended upon this sector for its livelihood. But today the crisis of agriculture has led to certain unexpected events which have held the nation's attention. A large number of farmers in the states of Maharashtra, Andhra Pradesh, Punjab, Kerala, Karnataka, and Chhattisgarh have committed suicide owing to the agrarian crisis. According to National Crime Records Bureau (NCRB) more than 2,00,000 farmers committed suicide in India and Maharashtra has crossed the 40,000 mark. In 2007, for the third time in four years it crossed the 4,000 mark. The rate of suicide in India is 1 per 30 minutes. In Maharashtra *Vidarbha* is on top position in farmer suicide, till November 2010, nearly 6962 farmers ended their lives.

In *Vidarbha* region Yavatmal district has recorded the highest number of suicides. According to Government sources, from 2001 to 2010, more than 2,000 farmers had committed suicide. Suicide in Yavatmal district is 290 in 2009, 311 in 2008, 359 in 2007, 360 in 2006, 167 in 2005, 142 in 2004, 52 in 2003, 38 in 2002, and 18 in 2001. These figures definitely suggest suicide rate in Yavatmal district is on the ascending side and since 2001 and higher in comparison with national level suicide figures.

In the context of an alarming increase in the farmers' suicide, the Government of Maharashtra announced a Special Package of Rs. 1,075 crore for six districts of Western Vidarbha (December, 2005). Subsequently, Prime Minister Dr. Manmohan Singh announced a comprehensive package of Rs. 3,750 crores for the development of agriculture and allied sectors

In Yavatmal district 2001 to 2005, 417 farmer committed suicide and 2006 to 2010 its means after the package period 1,320 farmer committed suicide. The figure showing after the relief package the rate of suicide continuously increasing.

This paper attempts to find out the causes of farmer suicide. For this purpose, the basic question has been raised - why are farmers committing suicide? What was there situation at the time of suicide? Why and how they failed to survive in the context of globalization?

Objectives –

1) To study of impact of globalization on Indian agriculture.

2) To know the socio- economic status and problems of farmers.

Methodology -

The study was conducted using a Random Sampling Method from a sampling frame of 359 farmers whose names were enrolled in the District collector list of 2007 in the Yavatmal district. From each talukas (Total no. of Talukas being 16) 5 cases had been chosen by draw system. Thus 80 family members were selected through draw system. For this study primary and secondary data was used. Primary data was collected from the family members of farmers, who have committed suicide with the help of the structured schedule.

Yavatmal District at a Glance

Geography of Yavatmal District

Yavatmal district falls in the Vidarbha region of Maharashtra and shares its borders with Andhra Pradesh. Covering a total area is 13584 sq. kilometer Yavatmal district is bounded by Amravati district in North, Wardha District in the northeast, Chandrapur district in the east, Washim in the West and the Hingoli district in the southeast.

The Yavatmal district experience a minimum temperature is 5.6 Celsius and maximum is 45.6 Celsius and average rainfall is 1056 mm. The climate of the district is

generally hot and dry with moderately cold winters. May is the hottest month and December is the coldest month of Yavatmal.

There are 100005265 hectors of the total area is under cultivation, non-cultivation is 77309 hectors while the forest cover 224456 hectors. The chief river flows through the district are Wardha and Penganga.

The land of Yavatmal is arid desert, tropical rain forest and mountain range.

Population of Yavatmal District

As per 2001 census, Yavatmal had a population of 20.77 Lakhs. While the rural population is comprised of 17.20 Lakhs, the urban population is around 3.57

Yavatmal has a total literacy rate of 74 percent. As far as religious beliefs of the people of Yavatmal district is concerned 81% of the total population follow Hinduism, 9% are Buddhists and 8% are Muslims (India net Zone)

An Impact of Globalization on Indian Agriculture

The liberalization of India's economy was adopted by India in 1991.Facing a severe economic crisis, India approached the IMF for a loan, and the IMP granted what is called a 'structural adjustment' loan, which is a loan with contain condition attached which relate to structural change in the economy. The government ushered in a new era of economic reforms based on this condition. These reforms can be broadly classified into three areas: Liberalization, privatization and globalization (Rao, 2006).

Increased expenditure on seeds

Before liberalization, farmers across the country had access to seeds from state government. Its cost was also minimum. Seed cost per acre in 1991 was Rs. 70 but in 2005, after the dismantling of APSSDC and other similar organizations, the price jumped to Rs.1000 a hike of 1428 %, with the cost of genetically modified pest resistant seeds like Monsanto BT cotton costing Rs.3, 200 or more per acre, a hike of 3555 % (Sainath, 2005). In this way expenditure on seed increased rapidly.

Loss of Right on seeds

Earlier, farmers could save a part of the harvest and use the seeds for the next cultivation. In addition, these costly seeds need to be bought every year, because their very design is to make seeds non-renewable, seed that isn't renewable by its very nature, but whether it

is through patenting systems, intellectual property rights or technologically through hybridization, nonrenewable seed is being sold to farmers so they must buy every year.

Hike in Price of Fertilizers and Pesticides

Liberalization policies reduced pesticide subsidy (Explicit condition of the IMF agreement) by two thirds by 2000. Farmers in Maharashtra who spent Rs.90 per acre now spend between Rs. 1000 and 3000 representing a hike of 1000%to 3333 % Fertilizer prices have increased 300% (Sainath, 2005).

Social Status of Farmer

Gender

Table-1 shows the social status of farmer who committed Suicide. Data indicate that almost suicide was the male farmer, Which percentage is 91.25 followed by the Female farmer (8.75 percent)

Age Group.

The maximum suicide by farmers has been reported in the age-group of 31-40 years, i.e. 36.35; the next major age-group is 41-50 years, in which 21.25 of the total suicides have been reported. In the youngest age-group of 10-20 year, the proportion of farmers committing suicide is minimum, i.e. at 1.25 per cent. However, if we combine the percentage of suicides in age group of 31 to 60, it comes to 88.75 per cent, which is quite serious because of this group is fully matured in any thinking process.

Religion

Table -1: Social Status of farmer

Sr.No	Attributes	Category	Frequency	Percentage
1	Gender	Female	73	08.75
		Male	07	91.25
2	Age(yrs)	10-20	01	01.25
		21-30	15	18.75
		31-40	29	36.25
		41-50	17	21.25
		51-60	10	12.50
		60+	08	10.00
3	Religion	Hindu	75	93.8
		Buddhist	05	06.3
4	Caste	Open	03	03.8
		OBC	20	25.0

		SC	07	08.8
		ST	17	21.3
		NT	11	13.8
		VJ	22	27.5
5	Family Size	Small Family(1-4Member)	47	58.70
		Medium Family(5-7)	30	37.50
		Large Family (7+)	03	03.80
6	Education	Illiterate	34	42.50
		Lower-Primary	17	21.25
		Higher-Primary	21	26.25
		Middle	05	06.25
		Higher Secondary	02	02.50
		Graduate	01	01.25
7	Marital Status	Married	72	90.00
		Un-married	08	10.00
8	Experience in Farming	1-5 years	12	15.00
		6-10	07	08.78
		11+	61	76.25
10	Living Place	Middle of the village	26	32.50
		Outside of the Village	06	07.50
		Banjara Tanda	21	26.25
		Aadivasi Poda	13	16.25
		Pardhi Bedya	04	05.00
11	SHG Membership	Yes	21	26.25
		No	59	73.75
13	Total No. Of Case & Percentage		80	100
Source: Field Data				

Table 1 clearly shows that majority of the Hindu farmer (93.8%) committing suicide followed by Buddhist farmer (6.3%). Not a single case fond in any religious group. According to the 2001 census, in Yavatmal district percentage of the various religious group is, 81 Percent of the total population follow Hinduism, 9 percent are Buddhists and 8 percent are Muslim (India net Zone)

Caste category

The study also revealed that the largest group of farmers committing suicides belongs to the backward class (SC-8.8%, ST-21.3%, NT-13.8%, VJ-27.5%) which percentage in total percentage is 71.2. Followed by upper class (28.8%). Nearly this figure matches to 2001 Census figures. The Census of 2001 estimated that 10.28% of the population of the

district belonged to Scheduled Casts and 19.25 % belonged to Scheduled Tribes (HDR 2002).

Family size

The table further indicates that the small families (58.70) were preferred, followed by medium family (37.30%) and very few farmer was living with large family (3.80%). This is the changing indicators of types of family in rural area also; already urban area accepted this type (Nuclear family) family.

Education/Literacy

Role of education in improving farm efficiency and technology adoption has to be well established (Lockheed et.al 1980). Literacy emerges as an important source of growth in adoption of technology, and use of modern inputs like machines and fertilizers. Recognizing that in the liberalized economic environment, efficiency and growth orientation will attract maximum attention, literacy will play a far more important role in the globalised world than it did in the past (Sinha, 2009:9).

In our study, we found that maximum number of the farmer were illiterate. Which percentage are 42.50. While near about an equal number of farmer, i.e. 21.25 per cent and 26.25 per cent had studied primary group. Only 1.25 per cent studied up to graduate.

Marital Status

As per the table -1, almost 90 per cent farmers were married. Only 10 per cent were unmarried.

Experience in farming

This is very important to know, where farmer had experienced or not. This study clearly indicates that about three-forth, i.e. 76.25 per cent of the farmers were well experienced (11+ years) and only 15 per cent farmers entered in farm, from last 5 years. It is surprising to note that after a great experience, farmers have committing suicide.

Location of the residence /Living place

Location of the residence always influences the possibility of getting information from various sources. If we live in remote area or separate place there is lack of chance to get

new information, technology or any scheme. Thus, we found 68 per cent farmers were living in their traditional places, like - *Banjara Tanda*, *Aadivasi Poda*, *Pardhi Bedya* or outside of the village. Only 32.50 farmers were living in middle of the village. On this basis we can correlate, why backward group farmer is committing suicide.

Membership of Self Help Group (SHG)

In India Self Help Group is playing vital role to improve lifestyle of the backward group. This study reveals that most of the farmers were far away from the SHG. Only 26.25 per cent farmers or their family member were directly - indirectly involved in SHG. This could be shocking where many backward casts involved in the SHG in Rural area. We tried to find out the reason behind them, thus family members has given answer due to regular money it's not possible to take the membership of SHG.

▪ **Economic Status**

Size of Landholding

It is important to know the size of the land holdings of the farmers to understand the Economic Status of the sampling farmers. The data shows that out of the 80 farmers committing suicides in the district, if we joined the marginal farmers (11.25%), the small farmer group (41.25%) and semi medium farmers group (32.50) together formed about 85% of the total suicides. Hence this group appears to be greatest sufferer in this tragic episode of farmers' suicide in the district, the other group of landholders committing suicides belongs to the category of medium farmers (10-20 Acres), their proportion in total suicides is only 15.00 percent. Not a single case found in the group of large land-holding farmers.

Types of land

At the end of the June 2008, out of 13,58,400 ha. land, there were 8,86,816 ha. land was under irrigation. Thus, we tried to know how many farmers have irrigated land. Table - 3 clearly shows that only 3.75 per cent farmers had irrigated land. It means maximum portion of land was dry or non-irrigated where most farmers preferred Bt. Seeds. This seed has been more effective in irrigation land.

Table2- cast –landholding (In Acre)

Cast Category	Land Holding				Total
	0-2.5	2.5-5	5-10	10-20	
Open	00	00	01 (33.3%)	02 (66.7%)	03 (100%)
OBC	02 (10.0%)	09 (45.0%)	05 (25.0%)	04 (20.0%)	20 (100%)
SC	02 (28.6%)	04 (57.1%)	00	01 (14.3%)	07 (100%)
ST	02 (11.8%)	08 (47.1%)	06 (35.3%)	01 (5.9%)	17 (100%)
NT	01 (9.1%)	02 (18.2%)	06 (54.5%)	02 (18.2%)	11 (100%)
VJ	02 (9.1%)	10(45.5%)	08 (36.4%)	02 (9.1%)	22 (100%)
Total	09 (11.3%)	33(41.3%)	26 (32.5%)	12 (15.0%)	80 (100%)
Source: Field Data					

Table -3 Economic Status

Sr.No.	Attributes	Category	Frequency	Percentage
1	Size of Land Holding (Size in Acres)	Marginal Farmer (Below 2.5-5)	09	11.25
		Small Farmer (2.5-5)	33	41.25
		Semi Medium (5-10)	26	32.50
		Medium (10-20)	12	15.00
2	Types of Land	Irrigated	03	03.75
		Non irrigated	69	86.25
		Both	08	10.00
3	Monthly Income	Below Rs.1000	19	23.75
		Rs 1000-1500	26	32.50
		Rs.1501-2000	09	11.25
		Rs.2001-2500	03	03.75
		Rs.2501-3000	07	08.25
		Rs.3001-3500	02	02.50
		Above Rs.3500	14	17.50
4	Other Joint occupation	Yes	15	15.00
		No	68	85.00
5	Indebtedness	Below Rs.10,000	02	2.63
		Rs 10,000-20,000	21	27.63
		Rs 20,001-30,000	22	28.94
		Rs 30,001-40,000	08	10.52
		Rs 40,001-50,000	04	05.26
		Rs 50,001-60,000	07	09.21
		Rs 60,001-70,000	02	02.63

		Rs 70,001-80,000	02	02.63
		Rs 80,001-90,000	03	03.94
		Rs 90,001-1,000000	02	02.63
		Above Rs 1,00000	03	03.94
6	Source of the Lone	Moneylender	26	34.21
		Bank	15	19.73
		Society	11	14.46
		Moneylender+Bank	07	09.21
		Monelender+Society	06	07.89
		Bank+Society	04	05.26
		Bank+ Relative	02	02.63
		Society+Relative	03	03.94
		Monelender+Bank+Society	01	01.31
		Monelender+Society+Relative	01	01.31
Source: Field Data				

Monthly Income

Data indicates that more than half, i.e.56.25 per cent of the farmer's monthly income were below Rs.1, 500 and other 25.75 per cent farmers income belong to Rs.1, 500 to 3,500 group. Only 17.50 per cent farmer income was above Rs.3, 500. If we calculate average income on actual income it was only Rs.1, 787.5.

According to the Situation Assessment Survey of Farmers-2003 the National levels farmers' Average income was Rs.2115 and Maharashtra's farmers average income was Rs.2463 (Chamaria, 2006). Compare to this income sampling farmers income were low.

Chandy (2009:96) mention in his Research on Indian Council of Medical Research (ICMR, 181) recommendation base, for a hard-working farming family of 6 members net income required for a human life with dignity at the present market rate would be Rs. 4,55,760 per year to meet its food plus non-food expenditures or Rs.37,980 per month or Rs.1,266 per day.

From this research it is clear that a family having less than Rs. 4.5 lakh income cannot send a child to a professional college.

Other Joint Occupation

The study also revealed that most (85%) of the farmers have no any other occupation excluding farm. Only 15 percent farmers have engaged in joint occupation which was related to the agriculture.

Indebtedness of Sample Farmers

We found in our study that out of the total sample, near about 30% have availed a loan of up to Rs.20,000. And 44 % have taken loan ranging from Rs. 2,001 to Rs. 50,000. The percentage of 50,001 to Rs. 1,00,000 range were 21, few (3.94%) of the total sample farmers have taken loan above Rs.1,00,000

The minimum loan amount found were Rs.10,000/- and Maximum loan amount was Rs.1,65,000.

Sr.No	Pattern	Category	Frequency	Percentage
1	Craft Pattern	Single craft	24	30.00
		Double craft	44	55.00
		Multi craft	12	15.00
	Soil Checking	Yes	15	18.75
		No	65	81.25
2	Exchange of craft	Yes	28	35.00
		No	52	65.00
3	Planning-Record kipping about craft & other work	Yes	10	12.5
		No	70	87.50
4	Plugging & other work-Instrument[Bull, cart, Plough,]	Own	10	12.50
		Dependent	70	87.50
5	Training Prog.- Exposure visit to other farm	Yes	08	10.00
		No	72	90.00
6	Craft Insurance	Yes	26	32.50
		No	54	67.50
Source: Field Data				

Source of the loan

Data regarding the source of the loan have been given Table-3, which indicate that farmers used a number of sources for lone. But one thing is clear mostly (54%) farmers preferred to moneylender, only 37 percent farmers had given preference to the Bank.

It is clear that it is still being ruled by moneylenders even after 61 years of independence. The borrowings from these moneylenders are a significant portion of total borrowing of the farmers.

▪ **Agriculture Pattern under Globalization**

One of the major parts of this study was to find out the agriculture pattern of farmers who committed suicide. Regarding the information have been given in Table 4, which indicates that 30 per cent farmers used single cropping pattern. For these purposes, they used only cotton and 55 per cent were use double cropping pattern (Cotton & Jowar, Cotton & Tur) only 15 per cent farmers used multi-cropping pattern. Like Cotton-Jowar-Tur-Soyabean.

Table 4 - Agriculture Pattern under Globalization

This type of cropping pattern is very dangerous as maximum number of farmers depend upon natural sources. It means rain comes on proper time everything is good but it fails everything fails.

Soil Checking

These factors plays very important roles in agriculture not only grow up the productivity but also less down the expenditure. It suggests that which types contents is already available in soil and which is required. It also suggested that which type's seed can be use by the farmer.

In our study we found that only 18.75 per cent farmers checked their soil. This figure is shocking because without knowledge of the soil, they were using cropping pattern, as well as fertilizers. In this situation how we can expect a better productivity in the Global context.

Exchange of Craft

This is one of the easy methods of improving the productivity. Hence, we checked how many farmers have given importance to this type method. This one is very surprising figure. Only 35 per cent farmers have given importance to this method.

Planning in Farming

In any modern enterprise, planning is both essential as well as condition to its success. Thus, agriculture , if it is to be made sustainable, also requires of planning and management. We found only 12.5 per cent farmers kipping records about the cropping area, labour, wages, fertilizers, pesticide, other expenditure. It is a very serious matter as due to lack of knowledge and education, farmers have to remain deprived of the fruits of their own labour.

Plough, Other Work Instruments & Livestock

It is very important to know how many farmers have their own instruments and livestock. We observed only 12.50 per cent farmers had their own instrument like bull, cart, plough, etc. and very short farmer had livestock like buffalo, cow, ship, etc. According to Ashley (et al.1999), livestock contributes to the livelihood of the farmer in many ways - income from products, insurance against drought, emergency cash requirements tenancy for share cropping household nutrition, fuel for cocking, manure for crops, draught power for farming etc.

Training Programme –Exposure Visit to other visit

According to the government (Shetkari, 2007) source in Yavatmal district, there were 3,645 programmes (Training Field Visit, Exposure visit) implemented under relief package. Our data shows only 10 per cent farmers have taken benefit of this programme. And 90 per cent farmers were ignorant of this scheme.

The situation of crop insurance is also similar. Only 32.50 per cent farmers have taken benefit of this scheme. Where government figure shows 1,64,715 farmers have taken benefit of this in Yavatmal district.

▪ **Conclusion**

It is little wonder but true, that despite the government's efforts in pumping more money in to the suicide belt, the suicide epidemic among farmers remained unabated through 2006-10. It is clear that in the context of globalization, farmers' situation is becoming worse. Following are some of the problems, Lack of education, lack of information about new technology, inadequate irrigation sources, insufficient instrument, without livestock

farming pattern, indebtedness of farmer, lack of credit availability for small farmers, repeated crop failures etc.

Secondly, the agricultural policy of the state has made the situation worse and contributed to farmer's suicide. For example in the year 2010-11, the price of cotton at the initial state was Rs.3, 600 to Rs.3, 800 per qt. Most of the farmers sailed their cotton on that price but in February first week, the government took decision to export cotton, by this way the price has increased rapidly from Rs.3, 800 to Rs. 6,300. It is needless to tell that when the prices increased, the farmers were left with no cotton to sell. The traders had already purchased their cotton at low cost. At this state of crisis, the state preferred to be silent, ultimately benefitting the traders.

▪ **Suggestions**

Thus, these problems cannot be solved unless they are analyzed and understood properly and comprehensive policies and programme are formulated -

1. Private money-lending should be strictly banned and credit societies for the peasantry should be started with state support. Social security should be provided to the marginal farmers.

2. It is very important to improve primary formal education and provide agricultural, technical knowledge to the farmers.

3. As most of the families of the cases of suicides are related to either indebtedness or economic distress, the rate of interest and the loan installments need to be lowered.

4. The direct cash subsidy should be provided to the actual cultivation

5. The money lending act and the wage act need to be modified.

6. There should be direct contact between the government and the farmer.

7. The pattern of farming was traditional and dependent on other farmers. Due to this type of pattern, productivity was very low. There is a need to use new technology and cooperative farming pattern to increase their profit.

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9

Labour Restructuring in India - Impact on Employment Avenues

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Abstract

The nature of labour structuring has undergone significant transformation in the recent past. Post liberalization phase has witnessed a major change in the labour restructuring in India. It is based on a model where market-let development is given greater incentive and state-led development is slowly withdrawn. This process of re-structuring, now

underway in the country, is also designed to encourage greater international linkages to our economy and industry. Major elements in economic re-organisation are imports and exports, where 'global trade' is projected as a vehicle for taking economic development and industrial production forward. The phase of re-structuring also includes opening the domestic economy up to global capital and industry, or 'globalisation' as it is called- but where it is crucial to recognize that this 'integration' and 'globalisation' means being linked into and made dependent on the economies and needs of the industrially-powerful group of countries. This will allow much grater freedom for multi-national corporations to enter the Indian economy, both in terms of the supply of goods and services and in terms of production; and in particular the taking out of the profits generated. In order to deal with this in the short run, the de-evaluation of the Indian currency and making it linked to the dominant foreign currencies like the US dollar, which are part of the IMF's conditionalities for making available credit, have been taken as necessary short term measures within the package of Structural Adjustment Programmes. The so-called SAP in India is seen as just one part of a wider process globalisation, imposing a new global order. The policies have significant adverse affects on employment. The situation of those employed in the organised sector of economy have worsened with the attempt to discipline the labour force freeze their wages. This has created larger pools of under-employment and underemployment labour in the country. As a result, it has further worsened the situation of those who are marginally employed and have no sustained basis of survival. Whereas it has given a wide range of major tax breaks to the middle class, and has at least offered to negotiate with organised labour and create a 'safety net' for them, exposing them to greater exploitation.

The implications of this restructuring has also resulted into the extensive denial of democratic and constitutional rights; and the control and regulation by the State of almost every aspect of human endeavour in the country. Most particularly, the current situation of the vast majority of rural and urban poor, migrants, the tribals and dalits, and especially of women among all these sections, and also increasing number of the dis-employed working class, is the clearest evidence of the crisis facing the Indian economy and polity.

The paper is an attempt to bring forward the implication of labour restructuring on the Indian labour force. The macro level policy changes have deepened the impoverishment of the already oppressed, the concentration of wealth and therefore social disparities; and taken in this context, the present policies will do irreversible debate to the sovereignty of the country as well as to the democratic processes within the country and the right of people to develop their lives. This situation needs concerted efforts on the part of civil society to ameliorate the conditions of the working class through seeking transparency and accountability in the functioning of the administrative process and ensure rights of the vulnerable sections of the society.

Key Words: Labour Restructuring, Implications on Employment of Labour and their Rights

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Introduction:

National economic policies and macro policies have a direct bearing on the organized sector directly and unorganised sector indirectly. The present economic reform in India was initiated in July 1991. It was intended to improve efficiency and growth through free competition in an open market economy. These policies were initiated by many other developing as well as developed economies. The policy prescribes a free market, profit-maximisation and withdrawal of state regulation and participation in production and market activities. Often termed as the Structural Adjustment Programmes (SAP), it is recommended to make the economy strong. The states are advised to a) drastically reduce government expenditure b) reduce corporate taxation c) increase the rate of return on capital investment and abolish the tariff barriers to release free competition for national and domestic industries d) reduce labour costs. Thus, globally the role of the state as the provider of a wide range of services is increasingly getting reduced. Overall, the result is of a dual economy and society. On the one hand islands of affluence amidst gross poverty – increased luxuries of life for some while uncertainty for large sections of population. It does improve the income and consumption of the rich and the upper middle class but at

the cost of the large number of poor and destitute. The most adversely affected are the landless agricultural labour, marginal farmers and unorganised workers in urban as well as in rural areas (Pandey, 2001:254).

The new economic policy and its structural adjustment programme profess to make Indian industry more competitive both domestically and globally. There is now emphasis on reduction of public sector expenditure by disinvestments of government share and on shifting public sector from being a model employer to a model profit earner. Such a policy is likely to have adverse effect on the country's workforce. The largest portion of labour force in India is mainly comprising of unorganised sector which may get adversely affected due to change in the economic policies at national level.

Impact of Liberalisation on Employment: The process of liberalization have made an impact on the employment condition in the organised sector and which has led to an increase in the informal and unorganised sector. In India, decline of employment in the organised sector may be due to reasons which predate liberalization, but liberalization has paved way towards downsizing of regular, salaried jobs through various schemes of retrenchments, contractual employment, sub-contracting, outsourcing etc. Unorganised and informal sector in India provides employment opportunities for survival to a large number of unskilled and semiskilled workers who are excluded from employment in the formal sector. With growing demographic pressure and mechanisation of agricultural operations the avenues of employment for agricultural labour is also declining. This phenomenon has resulted in the casualisation of labour which had made rural labour circulatory in nature generating several streams of migration. Thus forcing a large number of them to seek employment outside the organised sector and join the unorganised sector.

According to Arup Mitra (1998: 479) the process of casualisation is on rise due to the structural adjustment programme. Within the rural areas the growth of the non-farm sector which is predominated by informal sector, is governed by two major forces; first it expands in response to those thrown out of the agricultural sector and second with industrial dispersal, increasing commercialisation and increase in public works programmes. The new development strategy of linking the country with the global economy is expected to accelerate the rural-urban migration. Because of low income,

poor women are compelled to join labour market. Generally, women join unskilled, insecure, inferior, part time and low wage jobs keeping them subordinate to the interest of their husbands.

According to a report of 1999-2000 of Ministry of Labour, Government of India, 'more than 90-95 per cent women are employed in unorganised sector. The Census of 2001 indicates that the total number of workers are 402.51 million, consisting of 313.17 million main workers and 89.34 million marginal workers. Compared to the 1991 Census the growth of the marginal workers seems to be higher than the main workers. The unemployment situation for the marginal workers indicates that for the rural male it is 22.13 per cent; for the rural female it is 4.53 per cent; 36.42 per cent for urban-male and 10.07 per cent for urban female (Kumar and Sharma, 2002:1712 and 1713).

According to Kundu's the new development strategy of linking the country with the global economy is expected to accelerate rural-urban migration. But, if new employment opportunities are not created on a large scale in the organised sector, this would lead to increasing absorption of labour in the informal sector. The strategy also hold that the industrial growth may not be high in the long run and the present low rate of infrastructural investment would slow down even the present agricultural growth, leading to larger flows of migrant labour from rural to urban areas and subsequent expansion of the urban informal sector (Cited in Mitra, 1998:475).

The new economic reforms in India had significant implications on the country's labour marketing general and women in particular. It is manifested from the fact that women's share in urban workforce was increased after liberalisation. Liberalisation policies facilitated the changed in terms of employment. The policies have led to a reduction in the rate of growth of employment in the organised sector and to an accelerated growth of employment in the unorganised sector. However, the growth in female employment has occurred mainly in casual work. With the advent of economic reforms, liberalised market has become more and more flexible. In order to achieve cost effectiveness in the highly competitive markets, producers are resorting to casualisation and feminisation of the work force. The employers take undue advantage of the poverty and insecurity of the casual or contract female labour, who are subjected to various kinds of discriminations. In many cases they are denied even government legislated social

security standards. Thus, though employment opportunities for women are increasing in the wake of economic reforms, majority of them are casual, low paid and insecure jobs. These developments have considerable negative impact on the health and welfare of women. (George, 1999:737). According to the 55th Round of the NSSO again, about 40 per cent of women workers in rural India were employed as casual labour during 1999-2000 as against 36 per cent among men (NSSO, 2000: 21).

Impact on women:

With the advent of increasing policy changes, women had to bear the brunt. It is manifested in the changing pattern of employment, income, health and social security. Though the data shows that women's entry into the labour market continues, but the gender gap in labour participation has been reduced by 3.5 per cent worldwide. The women are being least recognised as workers. A large number of women work without pay. A significant proportion of women are self-employed which means they are engaged in informal work. They have poor working conditions and they lack social security. There is inequality within this informal work. Women are disproportionately represented and they occupy lower quality jobs within the self-employment. In the case of highly skilled jobs, 28 per cent of the positions are occupied by women and it's increasing. But the gender pay gap still persists due to the inequality and the lack of anti-discrimination laws (ILO, 2007).

Poor women are invisible workers and the invisibility is thrust upon them by confining them to the so called subordinate roles. The statistics thus collected even by the official agencies largely categorises them as non-workers. They are classed as weaker sex, confined to strenuous and monotonous work and withdraw voluntarily from the labour force as and when the situation demands (Bannerjee, 1988).

Half of the 22 million women non-agricultural workers in the unorganised sector in 1999-2000 were independent self-employed workers. Nearly 29 per cent or 7 million were wage workers. About 5 million or 21 per cent were home-based workers, more or less disguised wage workers. In 2004-05, the total self employed women (home-based workers and self employed) constituted 21 million having increased from 15 million in 1999-2000. Among the women wage workers, less than half or 47 per cent were casual workers. A smaller proportion of 20 per cent was engaged as domestic workers in private

households. Regular workers formed about 53 per cent of the women wage workers. 54 per cent of the regular workers were employed by private households as domestic workers, which is an increase from 37 per cent in 1999-2000 (NCEUS, 2007).

The impact of these policies have further deteriorated the status of women in the country. As seen from many poor households, women are often the major bread earner and family supporters. The impact of unemployment, rising prices and decrease in social services have first and foremost affect women, their role, and the workload on them, their health, and their status. SAPs as implemented in other countries indicate that women's employment may seem to increase while that of men may decrease in relative terms. But this is so only because female labour is seen as docile labour; and textile industries in many countries of the world use female labour in large measure for this reason.

These policies have had a deteriorating effect on women's employment. This is largely because women are being forced to take up jobs that offer very poor wages and little social security, in response to the employers' need for a more flexible labour force. Women's weaker bargaining power, vis-à-vis employers as well as male co-workers, is generally regarded as a prime reason for the employment of women in such large numbers in the unorganised sector. The workers in this sector suffer from lack of protection in terms of job security, wages, working conditions and welfare due to various factors. The vulnerability of labour force in this sector is also due to the various characteristic features like casual and seasonal employment, scattered places of work, poor working conditions, lack of a concrete employer-employee relationship, irregular working hours, and a complete lack of legal protection or government support. The problems of women workers in this sector revolve around issues such as unequal wages, lack of maternity benefits and childcare facilities and discrimination at the workplace. It is important to recognise that women workers who are forced to work in the unorganised sector are often from the poorest sections. Poverty traps them into working in the least protected and most low paid jobs. Maternity benefits and childcare, which are crucial for their mental and physical wellbeing, are denied. The rights of the women workers are not being protected both in the newer as well as older forms of work in the unorganised sector.

Increasing feminisation, extensive use of child labour and a continuing substantial dependence of labour force on the unorganised sector, particularly agriculture, have led to uneven development of labour associations to protect labour interests. This growth of the informal sector has been accompanied by casualisation, part-time work and a depressing effect upon the real wage rates just when the rise in the heterogeneity of the workforce has weakened the latters' capacity to bargain the way the organised sector's labour could.

In many cities street venders are at the receiving end of exploitation from the local administration due to non compliance with the rules and regulations of the local administration. Very often they are subjected to expel from the market places. The vendors have little option than to pay the bribes so that they can carry out their trade and earn their livelihood. This is very much happening in the city of Mumbai. The authority includes police constables, the BMC staff and the Regional Transport Office (RTO) officials (Anjaria, 2006). Kolkata is not having a provision to issue licence for street vendors and street vending is considered as a non-bailable offence in the city. In Bhubaneswar, the street vending activity is regulated by the Orissa Municipality Act. The street vendors are given licences based on some conditions and if the prescribed conditions are not satisfied the licence will be cancelled (Bhowmik, 2003).

Like street vendors, the home-based workers also face a number of problems. In India, where there is a surplus of unskilled labour, piece rates to home-based workers are very low. Exploitation by the local employers is the beginning of the exploitation in the global value chain. Home-based workers have little access to the market and the final consumer (NCEUS, 2007).

The agricultural labourers also vulnerable to various problems like, lack of credit facilities. Farmers need credit to maintain the subsistence levels and also for production purposes to meet the increasing costs of cultivation. Increasing indebtedness is one of the major reasons for the increasing farmer suicides. In addition to that, landless and poor tenants continued to lease-in land, but remained unrecorded tenants, without security of tenure and without the benefit of rent regulation (NCEUS, 2007).

The informal sector workers lack social security. There is no job security for them. They will be in big trouble whenever they are in need of medical aid as they are not covered by insurance. There is no pension or any other benefit for them. Above all, they

are not fully unionised which in turn reduces their collective bargaining power. Lack of proper unionisation is visible in almost all the sections of informal work (NCEUS, 2007 and Chen, 2002).

Women domestic workers also tend to face sexual harassment and many a times their working conditions are very bad. They are forced to work for about 16 hours a day (Reshmi, 2005). Also they are paid very less and due to the lack of bargaining power, they are not in a position to demand more. They are replaced frequently, in case of better wage demands, as they are in surplus in the market.

What needs to be done?

It is clear that the new situation demands a detailed understanding of the impact of these emerging trends and policies at the local level, and informed practice at this level. The sustained dissemination of these issues of new economic policy as a critical requirement of the present moment. The challenge is to understand and interpret the issues, problems and the struggles of the poor and the marginalised in the framework of these emerging policies in such a way that they can understand their daily experience in terms of this context. This process of dissemination, interpretation and education, significant mobilization of the people can be made to struggle in the face of the emerging adverse consequences; and that independent, voluntary action has a major role to play. The mobilization must be not merely to resist what is being proposed but to challenge the efficacy and the consequences of that which is being handed down.

There are also some New Trade Union Initiatives which are exclusively for the informal sector workers. Specific unions for the informal sector will bolster the unions negotiating power. This in turn is characterised by solidarity among the workers and a limited labour pool (Luthje and Scherrer, 2000). The Self Employed Women's Union (SEWU) in South Africa is one such initiative (Gallin, 2001). The Self Employed Women's Association (SEWA), a trade union, is engaged in micro-credit schemes and child care along with unionisation which will help the members in the long run. National Association of Street Vendors of India (NASVI) is the main federation of street vendors in India which played a major role in pressurising the government to have a national policy for street vendors. (Bhowmik, 2006)

Concluding Remarks:

Macro level changes have a micro level implications on the labour force in general and women in particular. With the advent of decreasing welfaristic role of the State, the vulnerable sections of the society like the labour in the unorganised and informal sector are exposed to the open competition which in turn is increasing the vulnerabilities of labour force in general and women in particular. While the feminization of work force has not led to a commensurate rise in contribution to output, the awareness that this is so is adding a welcome dimension- the gender dimension to the problem whose solution in course of time should lead to greater output and prosperity for all.

In order to stimulate social justice to the labour engaged in unorganised sector, multifaceted initiatives are required from many actors. The role of State is pivotal in ensuring effective implementation of legislations for improving the working and living conditions of the labour. The need of the hour is to explore the possibilities of reforming the unorganised sector and promote appropriate policies to reduce poverty, regulate child labour and build human capital.

Appropriate agency of the local and national government could be more vigilant in the proper implementation of different Acts in vogue for the benefit of workers in respect of providing them with improved working conditions, improved living condition (for migrant workers), health facility, education facility for the children of the migrant workers, maintenance of stipulated working hours and insurance facilities. Effective implementation of the existing legislations will determined by the political will of the government and collective claiming of the rights by the labour. Role of civil society organisations play a pivotal role in ameliorating the conditions of the unorganised, informal sector labour force in general and women in particular.

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10

Women Workforce in Urban Informal Sector in India
Subhabrata Dutta & Chongtham ChanChan

Abstract

Informal sector is to define it in the terms of the source of employment of the urban poor. In Urban areas, majority of the labour force, particularly the poor depends on private sources of employment, public sector employment is considered to fall outside the informal sector. Informal sector has been attributed to different meaning by various researchers over a time viz. urban poor, urban proletariat, low income households, urban population living in slums and squatter settlements. With the advent of modernisation and industrialisation and the new economic policies the problem of working women has become increasingly serious. Looking the macro picture of India's labour force as it has evolved over the present century, it cannot escape notice that female participation rate in India as a whole has gone down. Women have been forced to accept jobs in the unorganised or informal sectors. This paper discussed the concept of informal sector in relation to urban labour force reviewing related literatures and the involvement of women workforce.

Key Words: Informal sector, Urbanisation, Women Labour, Entrepreneurships.

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Introduction

In developing countries a major part of economies consists of small production units, which usually run on an informal and self-employment basis (Rao, 1994). Not only are agricultural activities in these countries informal in character, a high proportion of their urban activities are also carried on an informal basis (Mittar, 1988). Despite the failure of the 'modern' sector to absorb these labour supplies, large-scale unemployment has not been rampant in the metropolitan centres as was predicted by competitive models.

(Mehta, 1985). The surplus labour unable to gain entry into the 'modern' sector has been generally found to be absorbed by the rest of the urban economy, which has been loosely termed as the informal sector (Mehta, 1985).

The theoretical basis of the concept assumes some dichotomy in the urban economy arising out of the dualistic tendencies. The models of sectoral dualism were put forth first by Lewis (1954) and Fei and Ranis (1964). Hart first used the formal-informal 'dichotomy' in a study of Urban Ghana in 1973. During his fieldwork among the urban workers in Ghana, he came across a large self-employed sector, which provided means of livelihood for new entrants to the urban labour force who were unable to obtain employment in the formal sector. Most of the literature (Sethuraman, 1976) using this concept from the studies undertaken under the auspices of international bodies such as ILO, World Employment Programme and World Bank. In the early sixties, it was recognised that the assumed trickle down effects under accelerated growth policy were not operating. This led to a search for alternative solutions. Hart's (1973) study of 'Urban Ghana' identified a number of income and employment generating activities in the 'unenuemerated' sector of urban settlements. He observed that many income-generating opportunities are informal in nature. The workers engaged in this sector and mainly work as self-employed, as against the wage labourers of the 'enumerated' sector. The new entrants to the urban labour market, particularly migrants from the rural areas were forced to work in the informal sector due to lack of adequate opportunities in the formal sector and also due to workers lack of skills and experience required for the jobs in the formal sectors. He used the term informal income generating activities, unorganised sector, unenemerated sector, self-employed individuals, and urban proletariat in his study more or less interchangeably and alternatively to signify this segment. He also mentioned informal sector as unregulated, traditional, household and peasant activities.

One of the most convenient ways to identify the informal sector is to define it in the terms of the source of employment of the urban poor. Since a majority of the urban labour force, particularly the urban poor depends on private sources of employment, public sector employment is considered to fall outside the informal sector (Sethuraman, 1976). Likewise, the large industrial and commercial establishments in the private sector particularly foreign-financed ones are excluded for the simple reason that only a small

fraction of their labour force consists of the urban poor. Thus, the informal sector, defined as a residual, includes all the remaining private enterprises in the urban economy. In this context an enterprise is broadly defined to include any economic unit engaged in the production of goods and services –whether it employs only one person (the proprietor) or more, whether or not it uses fixed capital, whether or not it has a fixed location for conducting business. Thus, self-employed construction workers, self-employed service workers are all treating as constituting an individual enterprise even they hire no employees.

ILO (1985) has defined the informal sector, as that set of economic activities, which take place outside the framework of, corporate public and private sector establishment (Deolankar, 1992). Such activities are usually characterised by small-scale operation, few barriers to entry, reliance on family labour, local resources, labour intensive technology, low capital endowments, high degree of competition, unregulated market, unskilled workforce and acquisition of skills outside the formal education system (Desi and Wadhwa, 1984). This sector usually does not employ with established regulations governing labour practices, taxes and licensing. By contrast, formal sector refers to the activities in private and public owned enterprises of an established, minimum size that are registered, generally complying with licensing procedures and labour and tax laws and are paying regular wages and salaries to the employees. Formal sector has relatively protected labour force having strong trade unions and the workers are covered by effective labour legislation. On the other hand the workers of informal sector is deprived of such benefits (Vashistha, 1990).

The most striking feature of the development process in Latin America in recent decades has been the slow expansion of productive employment opportunities inspite of fairly rapid economic growth urban based production were set-up in the first place to satisfy a small and highly diversified demand for consumer goods.

Guy (1974) argued that formal-informal sector can be broken down into two sub-sectors: (a) an 'irregular sector', consisting of a variety of legitimate low status-fringe activities (imploring, various forms of casual labour, such as gardening, car washing and leaf raking and so on) and, (b) the 'informal sector proper' consisting of small-scale economic activities, commonly non-wage and carried on by family concern. Moreover,

Latin American industries grew up to a large extent during a period of worldwide expansion by subsidies, and this left its mark on the type of goods produced and on the technology employed. Finally, while the technical advances introduced were ostensibly capital saving, their net effect was actually labour saving.

Majumdar (1973) distinguished the formal-informal sectors based on size, employment, security of jobs and ununionism of the factory labour force. He also stated that the entry into labour market is unrestricted by norms and procedures. Whereas, in the formal sector labour market is restricted by artificially raised hiring standards, norms and procedures. Majumdar pointed that this sectors as the unprotected sector. He observed that employment in the formal sector is protected by the actions of trade unions and Government, while the same is denied to the informal sector labour. He has brought out the distinction more sharply by arguing the entry of the sector.

Weeks (1975) provided an analytical base to the highly descriptive nature of the distinction between formal and informal sector. He explained his idea that officials are favourable to the formal sector in many forms to improve their business like, restrictions of competition, reduction in risk and uncertainty through tariff quotas protection, low interest rates, credit facilities, licensing of operations, access to resources etc. While the informal sector does not carry the benefits as they are outside the system of official regulations.

Joshi (1976) analysed the formal-informal sectors in a study of Bombay under three major heads: (i) market structure, (ii) technology and (iii) relationship with the Government. They defined informal sector as those engaged in economic activities, who are not identifiably performing for the formal sector.

Steel (1977) distinguished between the informal-formal sector, intermediate sector and the modern sectors on the basis of the fixed capital. He identified that informal sectors firm use virtually no fixed capital. They are characterised by small-scale operation, labour intensive techniques, low-income levels and indigenous ownership. In his study on Calcutta, Lubell (1973) commented that the informal sector constitute the residual labour market. He stated that people entered in this sector as self-employed, low-income producers of marginal goods and services for lack of any other means of earning of livelihood.

While attempting to quantifying informal sector, Souza and Tokman (1976) stated that this sector comprises all those engaged in domestic service, casual labour, the self-employed and employees of white collars, blue collars and family workers in enterprises with a total staff of not more than four. Yap (1976) classified certain occupational categories based on published statistics in Brazil into formal and informal to examine the relation between rural and urban migration and informal sector in Brazil. Breman (1976) considered mode of production as a basis for analytical distinction between formal and informal sectors.

Focusing on the employment and development policies in an urban economy, Sethuraman (1976) defined informal sector as one, which consists of small-scale units engaged in the production and distribution of goods and services with the primary objective of generating employment and incomes. He further stated that informal sector would include all unregistered commercial enterprises and all non-commercial enterprises that had no formal structure in terms of organisation and operation.

Popala (1981) opined that the distinction between the formal and informal sector employment could be made on the basis of the registration of the manufacturing enterprise under the Factories Ac, 1948. Under the act registration is obligatory, the size of employment is ten workers with the use of power and twenty workers without the use of power. Once the enterprise is a registered factory, the conditions of work such as recruitment, working conditions, hours of work, leave, payment of wages, dismissals etc., get regulated. In the case of non-factory organisation the conditions of work are not regulated and are quite informal.

The ILO (1985) conducted a study, on informal sector employment in Pakistan and the findings of the study, the concept of the informal sector can thus be given an operational definition. This has been demarcated with the three major criteria:

The first of which must be met- that the informal sector contains household enterprises only, (ii) the second one concerning to the size, and (iii) the third one pertaining to the basis of registration. Therefore, the classification of an enterprise as formal or informal depends on the following criteria.

1. If the enterprise is a corporate enterprise, such as a government office/department, bank, hospital limited or unlimited companies, it belongs to the formal sector,

2. If the enterprise is not incorporated but it runs as if it were, keeping full, written accounts, it is considered quasi-incorporated and belonging to the formal sector,

3. If the size of the enterprise (measured by the number of persons it employs) is above a certain minimum (more than nine in case of Pakistan) a certain degree of organisation and some division of tasks and responsibilities become necessary and this creates a formal structure, and

4. If an enterprise is registered under legislation governing factories and follows some rules and regulations which require a certain measure of organisation. This makes the enterprise formal.

At the conceptual level the informal sector being defined by Amin (1987) while talking about the role of urban informal sector in Bangladesh. He stated that one of the most important and dominant attributes of the urban informal sector is the absence of official status. In other words, enterprises, and individuals in the informal sector operate outside the incentive or social security system offered by the state and its institutions. The lack of status is due largely to the tiny size of these enterprises and their unauthorised operations. In practice, some easily identify the physical features and the legal characteristics, which distinguish them. Hence, rather than rely on the size of the enterprise as the sole criterion, the definition adopted for the urban informal sector comprises enterprises that employ fewer than ten workers (including the owner) and meet at least one of the following additional criteria: the enterprise is not registered under the Factory or Commercial Enterprise Establishment Acts; it operates in an unauthorised location and because of that it is operating illegally; or it is located in a temporary structure or in a person's home backyard. Amin (1987) also pointed the five categories for the urban informal sector. These are (a) street selling and other petty retailing, (b) repair and other personal service (c) crafts and other manufacturing, (d) construction work, and (e) rickshaws and other informal means of transport.

Defining the informal sector, the Central Statistical Organisation (another Governmental source), (cited from Devala, 1994), stated the unorganised sector to be those unincorporated enterprises and household industries which are not regulated by any legislation and which do not maintain annual accounts or balance sheets. Self Employed Women's Association (SEWA), member work in what has been termed as the informal

economy where is no clear employer-employee relationship, workers are not covered by social security measures and workers and the sector as a whole tends to remain unorganised.

From the above discussion of informal sector has been attributed to different meaning by various researchers over a time viz. urban poor, urban proletariat, low income households, urban population living in slums and squatter settlements. Generally this sector includes not only traditional artisans, services and petty traders but also small units in manufacturing, construction, trade and commerce, transport and services sectors, engaged in the production of goods and services, carpenters, cobblers, tailors, washerman, metal and leather products, hawkers, rickshaw pullers, who operate on very small scale basis and has no formal business organisation (Amin, 1987). The term 'informal sector' has no analytical meaning in itself; most often it is used 'for lack of better alternatives' (Sethuraman, 1976). Hart (1973) based his dual model on one simple characteristic namely the distinction between income opportunities in wage and self-employment. Employment in the formal sector was correlated with wage employment while that in the informal sector with self-employment.

Women and the Informal Sector:

The vital role of women in the Indian economic force and their contribution to the national economy has been established beyond doubt. It is not easy for a woman to take up employment, unless there are alternative ways to save time at home. Also they should be sufficiently remunerated to be able to justify their employment outside. With the advent of modernisation and industrialisation and the new economic policies the problem of workingwomen has become increasingly serious. Looking the macro picture of India's labour force as it has evolved over the present century, it cannot escape notice that female participation rate in India as a whole has gone down (Gulati, 1994). Of the several factors behind the decline in women's work participation rates from one Census to the other, a major factors seems to have been decline of many traditional industries and services in which women were involved. As a result several women were forced wither completely out of work on into the self-employment. Since agriculture offered limited scope for employment and those thrown out of traditional employment had generally little choice

but to stay at home, whatever may be the economic compulsions are joining in the urban informal sector for economic survival.

This problem of working women has been further aggravated, especially for the working mothers due to the gradual disappearance of traditional joint family system and its inbuilt security system. In addition women spend on an average 7-10 hours a day on domestic chores, therefore the large amount of energy expended by women on these domestic chores (Banerjee, 1985).

The size of female population in India indicates the potential strength of women in the total human resources in the country. Women play an incisive role in the Indian economy since the early stages of civilised life (Reddy, 1988). There is a widespread view among the scholars that the best way to judge a nation's progress is to find out the status of its women there. Indeed, many writers have equated cultural levels with the type of treatment meted out to women. Women are active participants in the process of production throughout the Third World counties (Kiran, 1994). Yet, labour force statistics do not reflect their contribution. Consequently, planning related to population, employment, production and distribution remains incomplete. The rise of female participation in the informal sector is more due to economic compulsions than any change in work ethos. In a labour surplus economy like India with low employment avenues and increasing cost of living, females have been increasingly pushed into the labour force. The rise of employment of women seems to be absorbed outcome of the employer's preference for female employees, as there exists gender differentiation of wages. Such employment of females due to economic compulsion has been breaking many existing cultural taboos of the Indian society. To elaborate, these female workers not only take up all or most of the household chores, but also undertake income-generating activities under stringent working conditions in the informal sectors (Rustogi, 1997). For the informal sector is necessarily characterised by the lack of legislative protection of workers' rights, non-existent labour organisation and job insecurity. Additionally, job related harassment and problems of females is not uncommon today.

Concluding Discussion:

The informal sector is more visible in India. It is found that in all most all the sectors of the Indian economy; in agriculture, industries, households and services sector. In India

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the formal sector which received large resources has failed to provide employment for the growing labour force resulting in the problem of labour force explosions (Deolankar, 1992). . A glance through the data on occupational distribution in India during the period 1901-1981, revealed that a predominant role of the informal sector. The Indian economy has been undergoing a transformation from a traditional to a modern versatile economy. The occupational distribution as well as the share of the informal component in the employment tends to explode this myth. For the economy as a whole that nine out of every ten workers are informally employed even after 40 years of economic planning on development efforts in the country. In such situation informal sector is accorded a crucial place in the process of development. However, development of the informal sector with a view to increase employment and productivity levels raises a number of issues.

A majority of women are to be found in the vast rural and urban unorganised sector. But employment in this sector is characterised by low paid jobs, long hours of work, low productivity, low skills and lack of job security. One of the major reasons for women's work becoming increasingly limited to acquire skills and training, which could facilitate occupational shifts. Economic necessity compels most of the women workers to accept such low paying jobs, thereby, making their aspiration wages lower in comparison to the male workers. But there is a silver lining with government's initiative towards the development of the unorganised sectors. The last (2013) annual budget allocated more money for the no- plan sector.

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11

Good Governance and Sustainable Human Development: Role of NGOs

Aditi Nath

Abstract

Good Governance has become a key concept in development debate. It is the basic tool for achieving of faster and inclusive growth on sustainable basis. Recently the focus of development has shifted firstly from economic growth to socio-economic development, and secondly from socio economic development to human development with emphasis on removal of poverty. Human development has been expanding the choices for all people in society particularly the poor and vulnerable as they are the centre of development process. Government has been introducing different programmes for the upliftment of poor and vulnerable. Now a day it has been seen that NGOs being a mediator between the individual and the Government, working hard to link the poor, vulnerable groups with different welfare schemes introduced by the Government for them.

Key Words: Governance, Development, Partnership, Participation, NGOs

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Introduction

Development will be very short lived and self-destructive unless it is sustainable in the sense that it meets the needs of the present without compromising the ability of the future generations to meet their own needs (World Commission on Environment and Development: 1987). Development must be sustainable, not only in political, social and economic terms, but also ecologically.

The concept of human resource development has its existence through the ages. More importantly, the concept of human resource development could be well traced back to early human history and be found in many cultures and religion. Aristotle was of the view that wealth is evidently not the good we are seeking, for it is merely useful and for the sake of something else. The early founders of quantitative economics namely, William Petty, Gregory King, Francois Quesnanay, Antoine Lavoiser and Joseph

Lagrange and the pioneers of political economy, Adam Smith, Robert Malthus, Karl Marx, John Stuart Mill focused on the concept of human development.

In recent times the concept of human development acquired a wider meaning. Human Development has become a central idea in international development since the early 1990s. It is an important tool for examining the living standards and well-being of people all over the world. Wellbeing of man is not evaluated any more in terms of economic factors alone It is not confined to growth in Gross National Product (GNP) or increase in national income or per capita income, as it was notion earlier. It is no longer determined by economic growth in quantitative terms rather by progress in all spheres-political, social, environmental and culture. It encompasses all aspects of human life. Mahbul-ul-Haq who is considered the father of the concept of human development opines that the new paradigm of development should be the Human Development Paradigm Development is being looked upon as a process of creating a suitable enabling environment for people to lead long, healthy, productive and creative lives. The basic objective of development is to create an environment for people to enable them to enjoy a long and healthy life. Human Development requires a situation where people can freely identify and select their choices. According to Human Development Report 1996, economic growth does not automatically lead to sustainable human development and the elimination of poverty. . For sustainable human development the following aspects that all are affecting the lives of the poor and vulnerable are need to be taken care of.

- **Empowerment** - The expansion of men and women's capabilities and choices increases their ability to exercise those choices free of hunger, want and deprivation. It also increases their opportunity to participate in, or endorse, decision-making affecting their lives.

- **Co-operation** - With a sense of belonging important for personal fulfillment, well-being and a sense of purpose and meaning, human development is concerned with the ways in which people work together and interact.

- **Equity** - The expansion of capabilities and opportunities means more than income - it also means equity, such as an educational system to which everybody should have access.

- **Sustainability** - The needs of this generation must be met without compromising the right of future generations to be free of poverty and deprivation and to exercise their basic capabilities.

- **Security** - Particularly the security of livelihood. People need to be freed from threats, such as disease or repression and from sudden harmful disruptions in their lives.

Development is not possible until and unless the development of human capital is kept in mind. In facilitating this, the government processes need to be effective and efficient. This leads to crucial aspects of governance, which is called 'Good Governance'.

Governance has become a key concept in development debate. In order to explain why a number of countries failed to develop despite the fact that they have adopted the eco-liberal adjustment policies imposed on them by the IMF and World Bank, the World Bank 1989 introduced the concept of governance. Governance is important for all countries at all stages of development (Camdessus: 1997). It is the basic tool of achieving faster and inclusive growth and for equitable development. In general governance is associated with efficient and effective administration in a democratic framework. It involves the exercise of political economic and administrative powers in managing county's affairs and includes the process of formulation as well as implementation of decision. Over the past decade, the concept of governance has become wider in complexion integrating a number of key elements and principals. Governance is considered to be effective and good if it is able to fulfill its basic commitments efficiently, effectively and economically

Good Governance: A Conceptual Understanding and Methods of Operation

Governance is a system used by boards to set the strategic direction of the organization, Develop policy to help implement this direction, Monitor and supervise the results of the organization, Ensure accountability that will include reporting to stakeholders, ensuring legal compliance, reviewing audit reports and the role of the board is to provide Good Governance.

The idea of Good Governance has been floated by the World Bank in the late 1980s and early 1990s as a strategy to address the problems of sustainable development

and rapid economic growth. Good governance has eight major characteristics. It is participatory, consensus oriented, accountable, transparent, responsive, effective and efficient, equitable and inclusive and follows the rule of law. Good governance assures that corruption is minimized, the views of minority are taken into account and that the voices of the most vulnerable in society are heard in decision-making. It is also responsive to the future needs of the society.

- **Participation**

  Participation by both men and women is a key cornerstone of good governance. Participation can be either direct or through legitimate intermediate institutions or representatives. It is important to point out that representative democracy does not necessarily mean that the concerns of the most vulnerable in society would be taken into consideration in decision making. Participation needs to be informed and organized. This means freedom of association and expression on the one hand and an organized civil society on the other hand.

- **Rule of Law**

  Good governance requires fair legal frameworks that are enforced impartially. It also requires full protection of human rights, particularly those of minorities. Impartial enforcement of laws requires an independent judiciary and an impartial and incorruptible force.

- **Transparency**

  Transparency means that decisions taken and their enforcement are done in a manner that follows rules and regulations. It also means that information is freely available and directly accessible to those who will be affected by such decisions and their enforcement. It also means that enough information is provided and that it is provided in easily understandable forms and media.

- **Responsiveness**

  Good governance requires that institutions and processes try to serve all stakeholders within a reasonable timeframe.

- **Consensus Oriented**

  There are several actors and as many view points in a given society. Good governance requires mediation of the different interests in society to reach a broad

consensus in society on what is in the best interest of the whole community and how this can be achieved. It also requires a broad and long term perspective on what is needed for sustainable human development and how to achieve the goals of such development.

- **Equity and Inclusiveness**

  A society's well being depends on ensuring that all its members fell that they have a stake in it and do not feel excluded from the mainstream of society. This requires all groups, but particularly the most vulnerable, have opportunities to improve or maintain their wellbeing.

- **Effectiveness and efficiency**

  Good Governance means that processes and institutions produce results that meet the needs of society while making the best use of resources at their disposal. The concept of efficiency in the context of good governance also covers the sustainable use of natural resources and the protection of the environment.

- **Accountability**

  Accountability is a key requirement of good governance. Not only governmental institutions but also the private sector and civil society organizations must be accountable to the public and to their institutional stakeholders. In general an organization or an institution is accountable to those who will be affected by its decisions or actions.

Good Governance: A Key Instrument of Human Development

According to the former UN Secretary General, Kofi Annan, "Good Governance perhaps the single most important factor in eradicating poverty and promoting human development". In India poor are still poor and have even increased in absolute numbers. More than 37% of India's population of 1.35 billion as of 2010 still continues to eke out a living under conditions of extreme poverty and deprivation. More than 22% of the entire rural population and 15% of the urban population of India exists in this difficult physical and financial predicament. A 1992 UN report found that "the number of rural women living in poverty in the developing countries has increased by almost 50% over the past 20 years to an awesome 565 million -- 374 million of them in Asia, and 129 million in

Sub-Saharan Africa. While poverty among rural men has increased over the last 20 years by 30%, among women it has increased by 48%". They are deprived of basic needs like access to education, health services, food, housing, employment and the fair distribution of income. They are unable to participate in different Government's welfare programmes like MGNREGA, IAY, and SGSY due to lack of information.

In this direction Government's initiative is still weak; resources available for public investment and development are still scarce. The basic need of clean drinking water for the masses still goes unmet. As a result they are falling prey to different diseases. Thus, there is a need to emphasize the need of the human being first and to make strategies to fulfil the needs. As well as they need to be empowered to expand their use of available resources in order to meet their own needs, and change their own lives. Special attention is to be paid to ensure equitable treatment of women, children, people of indigenous cultures, people with differently abled, and all members of populations considered most vulnerable to the conditions of poverty i.e. the need of the hour is to have sustainable human development and it is possible only through the Good Governance. In same cases it has been observed that the overburdened Government is unable to meet the needs of the poor as they don't have much contact with the grassroots people and they have been inviting NGOs to work as partner in implementing different programmes.

Role of NGOs

NGOs are organizations of committed individuals and social workers who can go to and live in the communities (if the situations so demand) as they have strong grassroots connections and acceptance and can work with the people. For the development of governance in the development activities the NGOs can play the following roles.

- NGO should work to provide information regarding the development programmes by organizing periodical interface between community and service organization in the project area for acquiring information and sensitization as well as convergence of programmes. NGOs can adopt street drama as one of the method to reach to the understanding level of poor ignorant people more easily.

- It should develop communication by working as a facilitator to exchange information between communities people, various communities prepared for the development work so that transparency can be achieved.

- NGOs can work towards social mobilization for the effective implementation of the programme by channelizing people's participation in economic and social activities and organize them into more powerful groups to gain access to public resources.

- NGOs can play the role of institution building with CBOs to identify plan, execute and monitor the programme by checks and balances on bureaucratic power and monitor social abuses by mobilizing the poor people.

- Capacity Building is one of the crucial areas where NGOs can play an effective role. They should offer opportunities to the people to improve their knowledge and skills to take the advantage of the development programmes and to participate in it.

- NGOs can work towards developing Networking and for Advocacy. NGOs will get connected with other NGOs to form a network for sharing and learning the experiences of each other to strengthen their services in the similar field. For advocacy the networking is very crucial where the role on behalf of the poor people to play about their rights for various welfare programmes.

Concluding Discussions

Good governance is very important for better implementation of policies and poverty alleviation schemes and for ensuring community participation. Good Governance is the essence of human development. In other words, governance is the basic ingredients of the development. Governance and development are correlated and if the NGOs become a partner in the development process there is a possibility better development out put. It is also said that if the level of governance is better, the development will take place at its full capacity and vice-versa. In brief, "Better Governance, Higher the Development Pace; Worse the Governance, lower the Development one."

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12

NREGA AND SUSTAINABLE LIVELIHOODS

Mrityunjay K Singh

Abstract

The Mahatma Gandhi NREGA has given rise to the largest employment programme in human history and in a paradigm shift from earlier programmes its bottom-up, people-centred, demand-driven, self-selecting, rights-based design is new and unprecedented. It provides a legal guarantee of wage employment. Unlike the earlier wage employment programmes that were allocation-based, Mahatma Gandhi NREGA is demand-driven and resource transfer from Centre to States is based on the demand for employment in each State .It aims to create sustainable rural livelihoods through regeneration of the natural resource base, i.e., augmenting productivity and supporting the creation of durable assets.

This paper examines the role of NREGA in providing livelihood security to poor and marginalized, it also tries to find out whether the livelihoods generated under this programme is Sustainable in the long run and also whether this strategy leads to sustainable development in rural areas.

The MGNREGA has led to major increases in wages of rural workers and when one recognizes the fact (attested by NSSO data on "landed labourers") that the majority of MGNREGA workers are impoverished small and marginal farmers, especially in tribal areas, one can see the direct impact MGNREGA has made on raising incomes of our small and marginal farmers. since a very large proportion (80%) of the works under MGNREGA are also focused on soil and water conservation on the lands of the small

and marginal farmers, it is clear that MGNREGA is making a potential contribution to raising their incomes through improved agricultural productivity, and also reducing the need for small and marginal farmers to continue to work on MGNREGA sites. Besides enhancing agricultural productivity, it has successfully reduced water, soil and agricultural vulnerability.

In terms of its implementation, average annual person-days of work generated under MGNREGA since inception has never exceeded 54 days. So there is a need for training of Panchayat members for successful implementation of the programme. In this context role of civil society organization is crucial in capacity building and ensuring accountability. This paper argues that in certain areas the cap of 100 days should also be increased. In its implementation it is still top-down.so there is a need to make it more participatory. In order to provide sustainable livelihood, only providing unskilled wage work is not sufficient in the long run, there is a need to link it with National rural livelihood mission for skill development and sustainable employment.

Key Words: *Sustainable Livelihood, Agricultural productivity, Convergence.*

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Introduction

In recent years, Government of India (GoI) has made substantial public investments for strengthening the rural economy and livelihoods base of the poor, especially marginalized groups like Scheduled Castes (SCs)/Scheduled Tribes (STs) and women. The Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) was enacted on 7 September 2005 as "An Act to provide for the enhancement of livelihood security of the households in rural areas of the country by providing at least one hundred days of guaranteed wage employment in every financial year to every household".

The objectives of MGNREGA are to: • provide wage employment opportunities; • create sustainable rural livelihoods through regeneration of the natural resource base, i.e., augmenting\ productivity and supporting the creation of durable assets; and • strengthen

rural governance through decentralization and processes of transparency and accountability.

MGNREGA was implemented in a phased manner with 200 districts, with the first phase being notified on 2 February 2006, followed by another 130 from April 2007, and the remaining districts going into effect from 1 April 2008. The Act is now effective in the rural areas of the entire country, covering 619 districts.

While poverty in India declined from 36 per cent in 1993-1994 to 28 per cent in 2004-2005, close to 300 million people (27.5 per cent of the population) still live in chronic poverty on less than one dollar a day. Unemployment and out-of-labour force days of rural agricultural labourers total 104 (76 days for males and 141 days for females). About 73 per cent of the poor live in rural areas, more than 77 per cent of India's total labour force is rural, and 85 per cent of women participating in the labour force are in rural areas. Poverty is unevenly spread: scheduled castes, scheduled tribes and women-headed households are the worst affected. Extensive erosion of the natural resource base over the last 50 years has resulted in some of the worst natural disasters adversely impacting agricultural productivity and employment opportunities.

Growing poverty and unemployment have led to the fragmentation of land and an increase in the number of agricultural labourers. Agricultural labour increased significantly from 56 million during 1981 to 107 million during 2008. At the same time, the percentage of operational land holdings under small and marginal farmers rose from 70 per cent in 1971 to 82 per cent in 2001.

MGNREGA evolved against the background of persistent poverty and inequality, embedded in the policy architecture of inclusive growth and rights-based policies, foregrounding State obligation as law. MGNREGA, with its 'rights based' approach is a paradigm shift from most other earlier Government programmes and schemes. The Act has become a significant instrument for strengthening grass root level community participation and decentralized governance system by giving a pivotal role to Panchayat Raj Institutions (PRI) in planning, monitoring and implementation, and towards regeneration of natural resources. The Act includes a unique feature that guarantees time-bound employment and wage payment within 15 days, incentive–disincentive structure to the State Governments for providing employment, as 90 per cent of the cost for

employment provided is borne by the Centre, whereas unemployment allowance is borne by the state. It emphasises on labour-intensive works prohibiting use of contractors and machinery.

MGNREGA work helps to earn wages and creates productive assets. Permissible works under the Act as per Schedule I, in order of priority, include: (a) water conservation and water harvesting; (b) drought-proofing (including afforestation and tree plantation); (c) irrigation canals, including micro and minor irrigation works; (d) provision of irrigation facility, horticulture plantation and land development facilities on land owned by households belonging to the scheduled castes and scheduled tribes or families below the poverty line or to the beneficiaries of land reforms or to the beneficiaries under the Indira AwaasYojana of the Government of India or to small farmers or marginal farmers as defined in the Agriculture Debt Waiver and Debt Relief Scheme (2008); (e) renovation of traditional water bodies including de-silting of tanks; (f) land development; (g) flood control and -protection works including drainage in waterlogged areas; (h) rural connectivity to provide all-weather access; and (i) any other work that may be notified by the central government in consultation with the State government and that currently includes the construction of village and block-level knowledge centres (Bharat Nirman Rajiv Gandhi SewaKendras) as a permissible work. Almost all works relate to natural resource regeneration, addressing causes of chronic poverty such as soil erosion, water scarcity and land degradation. Being green jobs, MGNREGA works constitute a strategy for climate-change adaptation and contribute to sustainable development.

Initial evidences generated through independent studies indicate enhancement of agricultural productivity (through water harvesting, check dams, groundwater recharging, improving moisture content, check in soil erosion and micro-irrigation), stemming of distress migration, increased access to markets and services through rural connectivity works, supplementation to household incomes, increase in women workforce participation ratios and regeneration of natural resources(Dreze,J,2007). Several studies and reports have evidenced the programme's impact. A detailed study undertaken by National Council of Applied Economic Research (NCAER, 2009) and Public Interest

Foundation (PIF, 2010) has come out with a list of flaws and bottlenecks in implementation of MGNREGA

This programme, since its enactment, has been a safety net and lifeline for many labourers and small and marginal farmers who would otherwise have been adversely affected by jobs lost and reduced pay because of the economic crisis. The programme has had an important role to play in helping the poor to tide over the immediate impact of the global economic crisis. The fact that MGNREGA has a predominant focus on natural resource regeneration with public works that are related to drought-proofing and irrigation—like planting trees, building irrigation canals and watersheds and de-silting ponds—thus boosting agriculture and food security has been the other benefit of MGNREGA. The findings of the Planning Commission's mid-term appraisal report gives a critical view of MGNREGA(kumar Devesh,2010).

The Working Group of ministry of rural development on Works to be taken up on Individual Land is examining the draft guidelines prepared periodically and the practices in 'major' states and shall make recommendations for improvement. This working group has been set up to suggest measures for optimising the potential of MGNREGA in enhancing agricultural productivity and reducing economic vulnerability of the programme(k.raabe,2010).

Expanding the scope of MGNREGA by including new types of work and widening the scope of asset creation has witnessed large support from representatives of state level political parties too. In an endeavour to increase scope of asset creation under the scheme, the GoI has come out with a convergence plan of MGNREGA to other Government schemes related to agriculture, water resources, land resources, forests and rural roads.

Convergence with other programmes

Convergence of other programmes with MGNREGA as against it being a stand aloneprogramme is accepted by almost all stakeholders because convergent action between ongoing programmes with similar or complimentary works and MGNREGA is felt necessary for creation of durable assets and strengthening livelihoods resource base of rural poor. Convergence intends to add value to MGNREGA works by creating

durable efforts and enabling planned and coordinated public investments in rural areas(sapna kedia,2010).

Convergence assumes optimum usage of MGNREGA funds for purposes and activities which are unmet by other programmes without diluting MGNREGA objectives. It would involve identification and prioritization of needs and preparation of suitable shelf of projects involving implementation agencies.

It is worthwhile here to look at the experiences of Madhya Pradesh and Kerala in this context. Madhya Pradesh is the first state to introduce convergence of the different rural development programmes. It has also developed guidelines to implement Watershed Development activities under MGNREGS.

MGNREGA through KapilDhara wells have improved the productivity, intensity and diversity of the crops wherever water is available. This scheme has added to livelihood security of the small and marginal farmers. This programme has been converged with SGSY and diesel pump sets are provided to KapilDhara beneficiaries for irrigation. In spite of certain reported irregularities, these irrigation structures have checked distress migration from villages. Through the Vanya sub-scheme under MGNREGS, plantation has been done in several villages with wire and stone fencing to protect it. The Madhya Pradesh Rural Livelihoods Programme's (MPRLP) convergence with MGNREGS, in the past four years, has an outreach of 26,867 households and has generated more than 0.6 million person days of work. MPRLP has also planned for 41,472 households and projects worth ` 2,249 have been sanctioned benefiting 4,485 households. (MPPRD)

Kerala—Involvement of PRIs and SHGs gives good results

In Kerala, MGNREGS is implemented through Kudumbashree, a Government sponsored women's network for poverty reduction. The scheme's implementation is totally controlled by local governments with each Gram Panchayat having its own model of convergence. While creation of durable assets was avoided the initial phases, it is subsequently getting included in a controlled manner. The Gram Panchayats in Kerala are successfully converging with the Departments of Agriculture, Forest and Irrigation.

The success of MGNREGA need not be measured just in terms of employment generation, even though it has created a success record far better than other programmes.

MGNREGA is a model for innovation in many areas of public service delivery. Starting from providing land-based employment to the wage earner, MGNREGA has had innovative initiatives like financial inclusion, social security provisioning for workers in the unorganized sector and identification of the poor. In the rural areas 0.92 million zero balance bank/post office accounts have been opened because of MGNREGA. Many households have been included in the financial network for the first time. This is an achievement considering that financial inclusion is not a stated objective of the programme. Similarly, as against the stated objective of one-third of women participation in total person days generated, the actual numbers have reached 50 per cent. An expected spillover has also been the rise in wages in almost all states since the initiation of the programme. Evidently, the self-targeting inherent in MGNREGA has had a better score in targeting the poor than the officially listed BPL households, thereby providing rural poor an opportunity to stake claim to the fruits of growth (Pankaj, Ashok and RukminiTankha. (2010).

The two massive Government programmes—National Rural Livelihoods Mission and National Food Security Mission converged with MGNREGA can revolutionalize Indian agriculture. It is projected that in the next two decades, Indian agriculture will meet the requirements of food security, will rapidly diversify and will function in a rural urban continuum. Indian agriculture is already increasingly demand driven. This is expected to further accelerate in the future.

MGNREGA has potential to contribute towards greening India by benefiting the small and marginal farmers directly through convergent action. For convergent action, the following action points are important:

1. Strengthening and endowing capacities of the PRIs by providing them requisite technical and social human resource so that they are empowered to formulate plans and implement accordingly.

2. Social mobilization by a cadre of mobilizers at the village level holds the key to shape MGNREGA into a truly demand driven programme.

3. Improving the productivity of agriculture and convergence with other allied programmes make a big change in ensuring sustainable livelihoods to the rural poor.

Conclusion

Given the unprecedented scale of the MGNREGA activities and vast potential for convergence under various schemes along with the enthusiasm in which it is implemented, the programme offers a big platform for multiplier effects beyond wage employment. Scaling up of convergent action will largely depend on how action points are factored in the pilot phase graduates to mega efforts across states.

Two issues emerge clearly one, positive aspects of MGNREGA and shortcomings in its implementation, two, issues where MGNREGA and other schemes intermingle. It can be concluded that MGNREGA has helped improve the income level of the beneficiaries, their food security and all by productively utilizing scarce resources. The targeted groups are the main beneficiaries of MGNREGA. The MNREGA has played important role in providing measures of inclusive growth by ensuring people's economic and democratic rights and entitlements, creating labour intensive infrastructure and assets. However, many more things need to be done to improve the situation of rural India. The mandatory work can be extended to 200 days, more food items can be distributed through improved PDS. The major schemes need to be converged and resources used judiciously. The RashtriyaKrishivikasYojna can play a leading role. This paper argues that in certain areas the cap of 100 days should also be increased. In its implementation it is still top-down.so there is a need to make it more participatory. In order to provide sustainable livelihood, only providing unskilled wage work is not sufficient in the long run, there is a need to link it with National rural livelihood mission for skill development and sustainable employment. It also argues for convergence between NREGA and the Integrated Child Development Scheme (ICDS) for women and child welfare at work sites .Renewable energy parks based on the resource most suited to the endowment of each village-crop residues and animal excreta based bio-gas, solar, micro and mini hydel could be useful addition to specified list of works permissible under it.

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Use of Substances and Risk Behavior in Relation to HIV/AIDS in Mizoram

Kalpana Sarathy, Zoengpari and Lalnilawma

Abstract

This paper is an outcome of a Communication Needs Assessment study conducted in Mizoram through the initiative and sponsorship of the Mizoram State AIDS Control Society. The aim was to understand how Prevention efforts in Mizoram may be better addressed. An attempt was also made to understand the risk behavior of the respondents with regard to HIV/AIDS. This paper brings forward the risk behavior of people who are prone to use substances.

Key Words: *Substances, Risk Behaviour, HIV/AIDS*

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Introduction

In 2006 UNAIDS estimated that there were 5.6 million people living with HIV in India, which indicated that there were more people with HIV in India than in any other country in the world. In 2007, following the first survey of HIV among the general population, UNAIDS and NACO agreed on a new estimate – between 2 million and 3.1 million people living with HIV. In 2008 the figure was estimated to be 2.31 million. In 2009 it was estimated that 2.4 million people were living with HIV in India, which equates to a prevalence of 0.3%. While this may seem low, because India's population is so large, it is third in the world in terms of greatest number of people living with HIV. With a population of around a billion, a mere 0.1% increase in HIV prevalence would increase

the estimated number of people living with HIV by over half a million.[1] Of the 1.2 lakh estimated new infections in 2009, the six high prevalence states account for only 39% of the cases, while the states of Orissa, Bihar, West Bengal, Uttar Pradesh, Rajasthan, Madhya Pradesh and Gujarat account for 41% of new infections.

Among the states, Manipur has shown the highest estimated adult HIV prevalence of 1.40%, followed by Andhra Pradesh (0.90%), Mizoram (0.81%), Nagaland (0.78%), Karnataka (0.63%) and Maharashtra (0.55%). Besides these states, Goa, Chandigarh, Gujarat, Punjab and Tamil Nadu have shown estimated adult HIV prevalence greater than national prevalence (0.31%), while Delhi, Orissa, West Bengal, Chhattisgarh & Pondicherry have shown estimated adult HIV prevalence of 0.28-0.30%. All other states/UTs have lower levels of HIV.[2] In the North-Eastern region, the dual HIV epidemic driven by unsafe sex and injecting drug use is of high concern. So, the strategy of Prevention and Control of HIV infection in these states is largely focusing on prevention of HIV infection in this sub population along with other components of the programme. The HIV epidemic in the North-Eastern region of the country is largely driven by use of HIV infected syringes and needles by Injecting Drug Users (IDUs) and increasing transmission of HIV through sexual mode in the region. This dual HIV epidemic in the northeast, driven by IDUs and sex workers, remains unabated. As per the HIV Sentinel Surveillance conducted in 2007, HIV seropositivity among pregnant women was 0.75 percent, 0.60 percent and 0.75 percent in Manipur, Nagaland and Mizoram respectively. In addition, HIV prevalence among sex workers appears to be increasing in Nagaland and Mizoram.

Mizoram stands second in prevalence of AIDS/HIV amongst the North Eastern states and was only next to Manipur. Mizoram, having a population of around 10 lakh, has 6165 HIV infected people (3867 male, 2298 female) while 234 (M=152, F=72, Children=10) people have died in the state since 1990 when the first HIV case was detected with those in the age range of between 25 and 34 years being the highest. According to the Mizoram State Aids Control Society (MSACS), sexual contact is a major cause of the high incidence of HIV/AIDS, followed by blood transfusion and

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[1] http://www.avert.org/aidsindia.htm
[2] NACO, Press Release 01 December, 2010

sharing of syringes and needles by drug users. With an average of 100 fresh cases of HIV detected every month, the Mizoram State AIDS Control Society (MSACS) has stated that the AIDS scenario in the state is "disturbing" after Manipur, where the situation is "very alarming".

Communication is one of the most important strategies in the fight against HIV/AIDS. In the absence of a vaccine or a cure, prevention is the most effective strategy for the control of HIV/AIDS. Information, Education and Communication (IEC) is the tool of behavior change by combined use of mass media, traditional and interpersonal media having the effect of behavior change and de-stigmatizing HIV/AIDS.

Information, education and communication (IEC) plays a crucial role in bringing about this change. IEC is seen as an essential component of an AIDS prevention and care programme. However, IEC alone is not enough it must be supported by health and social services and should be planned for in the context of the overall programme objectives and activities.IEC is a broad term comprising a range of approaches, activities and outputs. It is a cross-cutting and integral strategic intervention in all components of HIV and AIDS prevention, care, support and treatment programme. A key priority is to motivate behavior change in a cross-section of identified population at risk.

A Communication Needs Assessment study was conducted in Mizoram through the initiative and sponsorship of the Mizoram State AIDS Control Society. The aim was to understand how Prevention efforts in Mizoram may be better addressed . As part of the study an attempt was also made to understand the risk behavior of the respondents with regard to HIV/AIDS. In order to know the risk behavior, the respondents were asked questions on consumption of tobacco and intoxicants, opinion on pre-marital and extra-marital sex, sexual relationship with same sex, reading and watching of pornography, seduction and sexual abuse.

Methodology

As per MSACS requirements , the study assessed the communication needs of different groups of people across gender on HIV/AIDS. Preliminary visits to the localities were made to get baseline data. During the preliminary visits Community Leaders and NGOs such as Young Mizo Association (YMA), Mizo Hmeichhe Insuihkhawm Pawl (MHIP) and Mizo Upa Pawl (MUP) were consulted. The team approached the Election Office for

complete list of voters in the identified localities. Based on the list obtained from the Election Office, 5 different age groups of voters were derived viz. 1) Age group of "18 – 20 years", 2) Age group of "21 – 25 years", 3) Age group of "26 – 35 years", 4) Age group of "36 – 45 years" and 5) Age group of "46 – 55 years". In determining the sample size, 15% of the total voters in each category was randomly drawn to have a fair representation of each category. While deriving the sample from each category, efforts were made to have equal number of male and female to the extent possible. A total sample of 1245 was derived on random basis which comprise 616 males and 629 females. The age distribution of the selected sample was as follows. The total number of 120 (60 males and 60 females) respondents were selected in the age group '18 – 20 Yrs'. 258 (123 males and 135 females) respondents were selected in the age group '21 – 25 Yrs.' A total of 422 (208 males and 214 females) and 274 (141 males and 133 females) respondents were selected in the age group '26 – 35 Yrs' and '36 – 45 Yrs' respectively. The rest 171 (84 males and 87 females) respondents were selected in the age group '46 – 55 Yrs.'

Data Sources

Required data for the CNA were obtained from both primary and secondary sources. The primary data was collected with the help of 8 investigators using a structured interview schedule. Briefing of investigators on the conduct of field survey and schedules was done prior to the actual field investigation. The schedule formulated for the purpose of CNA was pre-tested by the investigators in their own assigned localities. After necessary modifications of the schedule based on the pre-test results, the actual collection of field data using the final version of schedule took place during the 3rd and 4th week of November 2011.

The questions in the schedule are divided into 5 sections, starting with respondents' personal information followed by HIV/AIDS related awareness and practices, information sources, media habits and risk behavior. Presented below however is the information pertaining to Risk Behaviour and Use of Substances .

Results

1.1 Consumption of Tobacco and Intoxicants

According to the data, there are respondents who consume T*uibur* liquid tobacco (16.47%), smoke cigarette (38.55%), chew tobacco (37.99%) and consume alcohol (16.87%). There are few respondents who consume other type of intoxicant/drugs like dendrite (0.48%), cannabis (ganza) (0.72%), heroin (0.16%) and proxyvon (0.40%). Former users of the intoxicant/drugs account for 2.01% (tobacco), 1.85% (cigarette), 1.93% (tobacco), 0.24% (dendrite), 4.74% (liquor), 0.56% (cannabis), 0.48% (heroin) and 0.40% (proxyvon).

Liquid tobacco (Tuibur)

Among the respondents who consume liquid tobacco, the rural sector has slightly higher number of respondents (17.71%) than that of urban sector (15.50%). The data further reveals that the highest number of respondents in rural sector belongs to the age group '26 - 35 Yrs' (23.89%) followed by '21 - 25 Yrs' (16%), '36 – 45 Yrs' (15.83%), '46 – 55 Yrs' (20%) and '18 – 20 Yrs' (4.48%). In the urban areas the age group '21 – 25 Yrs' has the highest number with 17.09% which is followed by '46 – 55 Yrs' (16.67%), '26 – 35 Yrs' (16.12%), '18 – 20 Yrs' (13.21%) and '36 – 45 Yrs' (12.99%).

The use of *Liquid tobacco* or *tobacco water* as it is referred to is a fairly common practice in Mizoram. The gender and age-wise data on consumption of *liquid tobacco* reveals that female group has more respondents (24.64%) who reported that they consume liquid tobacco while the male group has only 8.12%. Among the male respondents who reported the consumption of *liquid tobacco* the age group '46 – 55 Yrs' has the highest number with 15.48% followed by '26 – 35 Yrs' (9.13%), '18 – 20 Yrs' (6.67%), '21 – 25 Yrs' (5.69%) and '36 – 45 Yrs' (4.96%). Among the female group the age group '26 – 35 Yrs' has the highest number with 29.44% followed by '21 – 25 Yrs' (26.67%), '36 – 45 Yrs' (24.06%), '46 – 55 Yrs' (20.69%) and '18 – 20 Yrs' (10%).

Cigarette

Smoking of cigarettes (local and others) is again very common in Mizoram . Therefore the data presented below is of importance not only to risk behavior studies but to all health professionals since Mizoram is also leading in incidence of Cancer in the country. According to the sector and age-wise data on smoking cigarette,there are more respondents in rural areas (39.48%) who smoke cigarette than the urban areas (37.84%).

Among the rural respondents who reported that they smoke cigarettes , the age group '21 – 25 Yrs' has the highest number with 43% followed by '46 – 55 Yrs' (42.67%), '36 – 45 Yrs' (41.67%), '26 – 35 Yrs' (41.11%) and '18 – 20 Yrs' (22.39%). In the urban areas as similar to that of rural areas, the age group '21 - 25 Yrs' has the highest number who smoke with 39.87% followed by '36 – 45 Yrs (39.61%), '18 – 20 Yrs' (37.74%), '26 – 35 Yrs' (37.60) and '46 – 55 Yrs' (32.29%).

The age and gender-wise data on smoking of cigarettes presented reveals that majority of male respondents (65.26%) reported they smoke cigarettes while only 12.40% of female respondent reported the same. Among the male respondents who smoke , the age group '21 -25 Yrs' has the highest number with 73.98% followed by '26 – 35 Yrs' (66.83%), '36 – 45 Yrs' (65.96%), '18 – 20 Yrs' (55%) and '46 – 55 Yrs' (54.76%). Among the female respondents who smoke, the highest age group '46 – 55 Yrs' has the highest number with 19.54% followed by '36 – 45 Yrs' (13.53%), '26 – 35 Yrs' (12.15%), '21 – 25 Yrs' (11.11%) and '18 – 20 Yrs' (3.33%).

Tobacco (Sahdah/Khaini)

On consumption of tobacco *(sahdah/khaini),* the rural sector has more respondents (40.96%) who consume this form of tobacco as compared to the urban sector (35.70%) . The data further reveals that in rural areas the age group '26 – 35 Yrs' has the highest number of respondents who consume tobacco with half (50%) of the age-group sample which is followed by the age group '21 – 25 Yrs' (46%), '46 – 55 Yrs' (45.33%), '36 – 45 Yrs' (37.50%) and '18 – 20 Yrs' (10.45%). In urban areas the highest number of respondent who consume this form of tobacco belong to the age group '46 – 55 Yrs' with a little over half (51.04%) of the age-group sample followed by the age group '36 – 45 Yrs' (43.51%), '26 – 35 Yrs' (31.82%), '21 – 25 Yrs' (29.75%) and '18 – 20 Yrs' (20.75%).

Consumption of *sahdah/khaini* is more popular among female (55.17%) than the male (20.45%). Data reveals that among males who consume tobacco, the age group '46 – 55 Yrs' has the highest number of respondents (39.29%) who consume tobacco followed by '36 – 45 Yrs' (20.57%), '26 – 35 Yrs' (18.27%), '21 – 25 Yrs' (17.89%), '18 - 20 Yrs' (6.67%). The highest number of respondents who consume tobacco in this form among the female group belong to the age group '36 – 45 Yrs' (62.41%) which is

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followed by the age group '26 – 35 Yrs' (60.28%), '46 – 55 Yrs' (57.47%), '21 – 25 Yrs' (52.59%) and '18 – 20 Yrs' (23.33%).

Liquor

According to the data on consumption of liquor there are more respondents in rural areas (20.85%) who report consumption of liquor than in the urban areas (13.80%). Among the rural respondents who consume liquor, the age group '26 – 35 Yrs' has higher number with 27.78% followed by '21 – 25 Yrs' (26%), '36 – 45 Yrs' (20.83%), '18 – 20 Yrs' (10.45%) and '46 – 55 Yrs' (6.67%). Of the urban respondents , the highest number reporting consumption of liquor belong to the age group '21 – 25 Yrs' (16.46%) followed by '26 – 35 Yrs' (14.88%), '36 – 45 Yrs' (13.64%), '18- 20 Yrs' (13.21%) and '46 – 55 Yrs' (7.29%).

The gender-wise data reveals that the male group has much higher number of respondents (32.14%) who report consumption of liquor than the female group (1.91%). The age and gender-wise data shows that the highest number of respondents who report the consumption of liquor among males belong to the age group of '26 – 35 Yrs' (39.90%) followed by the age groups '21 – 25 Yrs' (37.40%), '36 – 45 Yrs' (31.91%), '18 – 20 Yrs' (23.33%) and '46 – 55 Yrs' (11.90%). Among the few female respondents who consume liquor, the age group '21 – 25 Yrs' (4.44%) followed by the age groups '46 – 55 Yrs' (2.30%), '25 – 35 Yrs' (1.43%) and '36 – 45 Yrs' (0.75%).

Heroin

The sector-wise data on the use of heroin reveals that there is no respondent who reported consumption of heroin in rural sector while the urban sector has only 0.28% of its sample who reported heroin consumption. The urban respondents who consume heroin are in the age groups of '46 – 55 Yrs' with 1.04% and '21 – 25 Yrs' with 0.63% . The gender-wise data on the use of heroin further reveals that consumption of heroin was reported by only male respondents which accounts for merely 0.32% of the male sample. They belong to the age groups of '46 – 55 Yrs' (1.19%) and '21 – 25 Yrs' (0.81%) .

Proxyvon

The sector-wise data on consumption of proxyvon shows that there are very few respondents in both rural and urban sectors who reported that they consume proxyvon with 0.18% and 0.57% of their respective samples. The rural respondents who reported consumption of proxyvon belong to the age group of '36 – 45 Yrs' which accounts for only 0.83% of the age group sample. On the other hand, consumption of proxyvon is reported by different age groups in urban areas wherein the age group '18 – 20 Yrs' has the highest number with 1.89% followed by '46 – 55 Yrs' (1.04%), '21 – 25 Yrs' (0.63%) and '26 – 35 Yrs' (0.41%).

According to the gender-wise data (Table 1.13), the use of proxyvon is reported by only male respondents (0.81%). Of these, the age group '18 – 20 Yrs' has the highest number with 1.67% of the age group sample followed by '46 – 55 Yrs' (1.19%), '21 – 25 Yrs' (0.81%), '36 – 45 Yrs' (0.71%) and '26 – 35 Yrs' (0.48%) .

Discussion

The results presented above are alarming in reference to consumption of Tobacco and liquor . Under Reporting with reference to consumption of harder substances is not uncommon particularly with reference to studies that seek information on aspects related to HIV/AIDS. Communication Needs assessments have to take cognizance of the population that are being reached out to and it is with this purpose that information was sought regarding the use of substances. The study draws comparisons at many levels . It presents data on Sector wise (Rural and Urban population) across two districts of Mizoram . At the same time it also gives insights with a Gender perspective and reveals that some forms of tobacco consumption are more among females than males (with reference to Sahdah/Khaini) while consumption of tobacco is fairly high across both the genders. Liquour consumption and Drug use is higher among the males as per the reportage.Studies like the one above would need to suggest the direction of further research .Indicated are studies that document the pattern of substance abuse and how they translate into risk behavior in relation to HIV/AIDS.

2

Exploring the Experiences of HIV Positive Pregnant Women: A study of Churachandpur District, Manipur

Grace Laltlinzo,

Abstract

This paper is an attempt to explore the experiences of HIV positive pregnant women in Churachandpur district, Manipur. The initiative sought to explore the circumstances in which women learned about their HIV status, their feelings on finding out they were HIV positive, the nature of husband-wife relationship prior to and following discloser of women's HIV status, the extent of support and discrimination women experienced and women's perspectives about ways in which there multiple needs can be met. It tries to bring faces and voices to the reality of HIV epidemic, particularly among married women. It also aimed to generate knowledge to be applied by health service providers in planning policies and practices to improve treatment and care of women infected by HIV/AIDS. This continues to be the plank of women's empowerment.

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Introduction

There have been a number of studies about the connection between gender and HIV/AIDS. Although the male was the focus of the epidemic in the beginning today, with a greater access to awareness, testing and counselling services and ART, he is no longer threatened with quick death. We have seen that it has been a man's world, in the case an HIV positive man who has been drawing all the attention and finances and a woman has never been considered to need an equal treatment. In the beginning of the epidemic in the United State and Europe, women were not even considered as an object of research. It is

only now that the world has woken up to the reality that women and girls need far more attention if the epidemic has to be checked. Both at the Millennium Development Goals Summit in 2000 and the UNGASS on HIV/AIDS in June 2001, this issue was taken up on priority. Later in 2004, the theme of World AIDS Campaign was "Women, Girls, HIV and AIDS" (Verma, 2010). By now it is being realized that if a women is allowed education and employed, she becomes healthier and if she spend the money which she earned most on her children, they also grow healthier (Verma, 2010).

Today women are more vulnerable to HIV than men for a variety of biological and social reasons. Policy makers have recognized this phenomenon as the Feminization of AIDS (CHGA n.d; Global Coalition in Women and AIDS 2004; Germain and Kidwell 2005; Piot 2007). This awareness of women's vulnerability has step up prevention work with women and focused attention on HIV and Gender. While this is a necessary development, it is not without controversy. Arguably, the focus on women reinforce pattern of stigma and blame directed at women, portraying them as either vector or victims of the epidemic (Awid and Kinoti, 2008). A focus on women's particular vulnerability with regard to HIV and AIDS alone does not have the transformative potential needed to control and finally halt the spread of HIV.

Women social and economic vulnerability and gender inequality also lie at the root of their painful experiences in coping with the stigma and discrimination associated with HIV infection. HIV positive women bear a double burden. They are infected and they are women. In many societies being socially ostracized, marginalized and even killed are very real potential consequences of exposing once HIV status. Yet HIV testing is a critical ingredient for receiving treatment or for accessing drug to prevent the transmission of HIV from women to her child.

The challenges faced by HIV positive pregnant women are unique to her, different from those of other pregnant women without the disease while being pregnant demands some life adjustments to be made, other demands are added for a woman who is pregnant and HIV positive. In addition to worrying about the unborn child's well-being and future, HIV positive pregnant women often have to think about the chances of transmitting the HIV virus to the unborn child and about protecting the baby from contracting the disease when caring the child.

Review of Literature

Serulira et al, (1993) and Sowell et al, (2002) indicate that an HIV-positive test result has several psychosocial implications particular to pregnant women. The HIV-positive result may come as an extreme shock to these women due to their very special condition of expecting a child, and hence their focus on augmentation of life and not on death and dying. Giving the women the information about additional possible risks to the child they are carrying adds to the trauma. The knowledge and the awareness of the fact that she might infect her infant dramatically increase the distress. De Bruyn, (1992), indicate the fact that postnatally the women may have to wait 12-24 months (when maternal antibodies have disappeared from the child's blood and it can be determined if the child has HIV) before they can confirm their child's HIV status, leaves them in uncertainty for a very long time. Both Cates, (2001 and De Bruyn, (2002) have shown that postnatally, HIV-positive women are greatly concerned for the welfare of their child/children and in the midst of all other worries have to find someone to provide care for the child/children once they themselves die. Since HIV-positive women's partners are also usually infected, these women moreover commonly face the additional burden of potential loss of their partners through death.

How and who HIV-positive women tell about their positive HIV status has been noted to depend on a weighing of the perceived social risks of disclosure against the mental and physical stress of non disclosure (Maposhere et al, 2002). Other clinical trial studies in antenatal clinics aimed at reducing mother to child transmission of HIV, have indicated that many HIV-positive pregnant women keep their status secret to people in their close social circles such as partners/spouses, friends, family members or health workers (Serulira et al, 1993; Maman et al, 2007). High levels of HIV-related worry have been reported to occur among HIV-positive women who do not disclose their sero-status. Inadequate emotional and financial support has also been reported to increase the rate of worry and depression (Joseph, and Bhatti, 2004).

Biehl, (2007) indicate that the generally accepted notion that HIV-positive women should not become pregnant, make it particularly difficult for HIV-positive women to disclose their status to family planning service providers and to other health workers, especially to the maternity and antenatal care providers. Although some studies

have shown that disclosure of HIV status to partners and families is difficult. Bala Nath, (2006) indicate that many women do disclose their status to existing partners and families. However, women are less likely to disclose their status to new partners because of fear of rejection and violence and because they are often being blamed for bringing AIDS into the family.

The impact of HIV/AIDS stigma obviously has an effect on the psychological well being of women. The stigma in HIV-positive women carries a particularly challenging connotation: the person who has the virus is envisaged to have acquired it through immoral sexual behaviour, and is now passing it on to an innocent unborn child who will end up dying (de Bruyn, 2002).

de Bruyn, (2002) and Berer, (2001) report however that when HIV-positive women want to keep their sero-status secret, it becomes difficult for them to comply with WHO recommended PPTCT regimes related to breastfeeding. Seidel et al, (2000) and de Bruyn, (2002) moreover indicate that since breastfeeding is the overall norm, avoidance of breastfeeding may lead people to question why a particular woman does not live up to the norms. Speculations may arise about the HIV-status of the woman and the woman may indeed be accused of `killing her baby'.

Policies regarding pregnancy and childbirth in light of HIV have been prescriptive, emphasising reproductive control and prevention. Due to considerations of women's health and the risk of vertical transmission to the foetus, HIV-positive women are advised to avoid becoming pregnant, or to terminate their pregnancy (WHO/UNAIDS, 2003). This policy has been noted to pose substantial challenges for women, as the ability to have children plays a vital role for many women's social status. Serulira et al, (1993) indicate that childbearing may indeed be more important to women of many cultures than a fear of illness or death. Therefore, despite knowledge of being infected, many women may become pregnant or continue their pregnancy.

A number of issues arise when considering interventions to prevent unintended pregnancy among HIV-infected women. First and foremost, all women—including HIV-infected women—have the right to decide the number and timing of their children, and counsellors of women known to be HIV-infected should support the client's family planning decisions, even if they disagree with the client (Joseph and Bhatti, 2004). In

Africa, a woman's right not to conceive often is compromised by a lack of opportunity to limit fertility (King et al., 1995). Studies in Zimbabwe and Thailand show that HIV-infected women may not be able to terminate pregnancies because they lack information and access to safe, legal, and affordable abortion services (de Bruyn, 2002). On the other hand, HIV-infected women often are counselled to terminate a pregnancy or to avoid having children, a practice that compromises their reproductive rights (de Bruyn, 2002).

In addition, a woman who decides to conceive should be offered advice about how to do so while minimizing the risk of infecting her partner or of becoming re-infected by him, by learning to recognize when she is most likely to conceive and avoiding intercourse or using barrier contraception at other times (de Bruyn, 1992).

Methodology

Sample

In-depth interviews and focus group discussion were conducted with one hundred thirty five HIV-positive pregnant women attending antenatal clinic in Churachandpur District, Manipur. The women were part of Prevention of Parent To Child Transmission project linked with Manipur AIDS Control Society. The study explored the lived experiences of HIV-positive pregnant women.

Majority of the pregnant women belong to the sexually active group with more than half below thirty years of age. Forty five per cent of the women were illiterate, forty one per cent had completed up to class ten and few of the women were college graduate.

Most of the women have no income at all and solely depend upon their husband or family, very few i.e. thirty five per cent reported an income of less than rupees thousand a month.

Means of Gaining Access and Recruitment of respondents

The study was conducted in Churachandpur district, one of the high HIV prevalence rate among pregnant women in Manipur. Within the district, there are three PPTCT NGOs and they were selected for the study because of their experience in the field of prevention and care.

The women were recruited upon receipt of permission from the project coordinators of the NGOs. Pregnant women who indicated willingness to take part in the

study were met, and information about the research was given. After obtaining oral consent, appointment for the in-depth interview were made as per the women preference either at their home or in the office.

Data Collection Process

During the interview women were first ask general questions about themselves such as their age, marital status, educational status and occupation. After building rapport, women were ask more specifically about their experiences of being HIV positive, including how they found out about their status, their reaction to their status, their worries and concerns.

Focus group discussions were also conducted with few selected women in order to gain more understanding to their worries and future concerns. Observations of non-verbal cues were also part of the interview sessions.

A non-directive approach was used and the women were encouraged to give detailed responses with minimal intervening from the interviewers' side. Throughout the interview, a monologue was encouraged with minimal verbal and non-verbal probes. Every effort was made to protect the confidentiality of the women.

Findings and Discussion

Reaction to their HIV Status:

Pregnant women typically expressed a range of feelings on being informed of their status, including denial, shock, frustrated, angry, depressed and sad, some even contemplated suicide.

Not surprisingly, the most common reaction was one of denial and shock, 36 percent said that they felt sad, and depressed on hearing their HIV status. 20.8 percent got frustrated and angry and some women about 3.6 per cent had even contemplated committing suicide. Thus a committee sensitive to the issues of people living with HIV needs to be set up to monitor the quality of counselling provided in order to help women cope with the result (see figure 1).
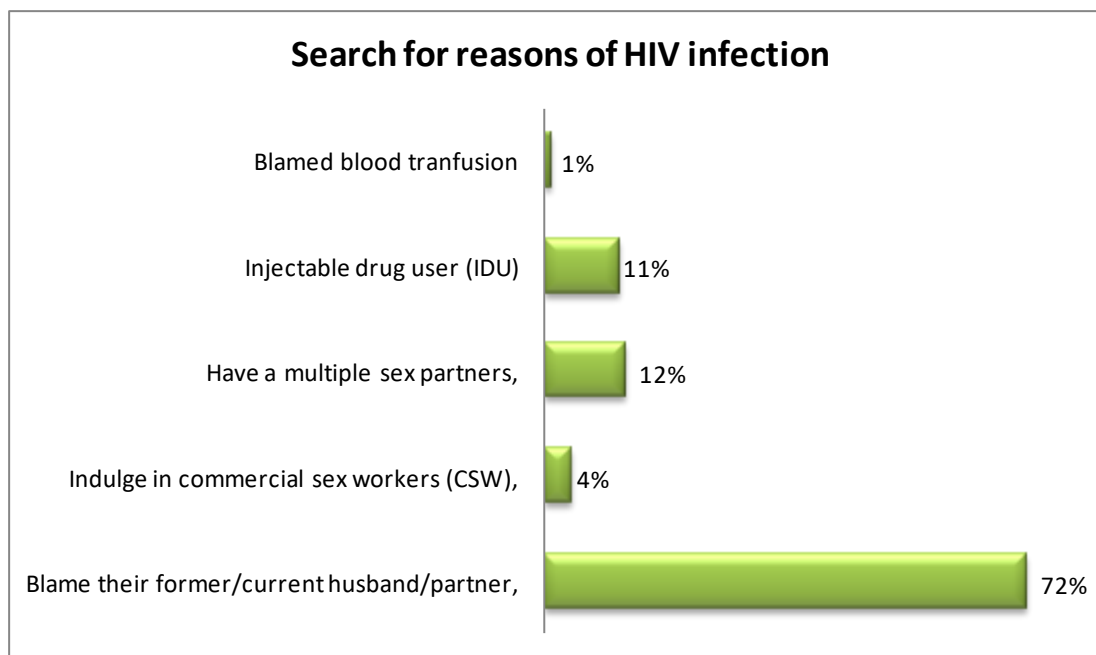
Figure 1

Reaction to their HIV status
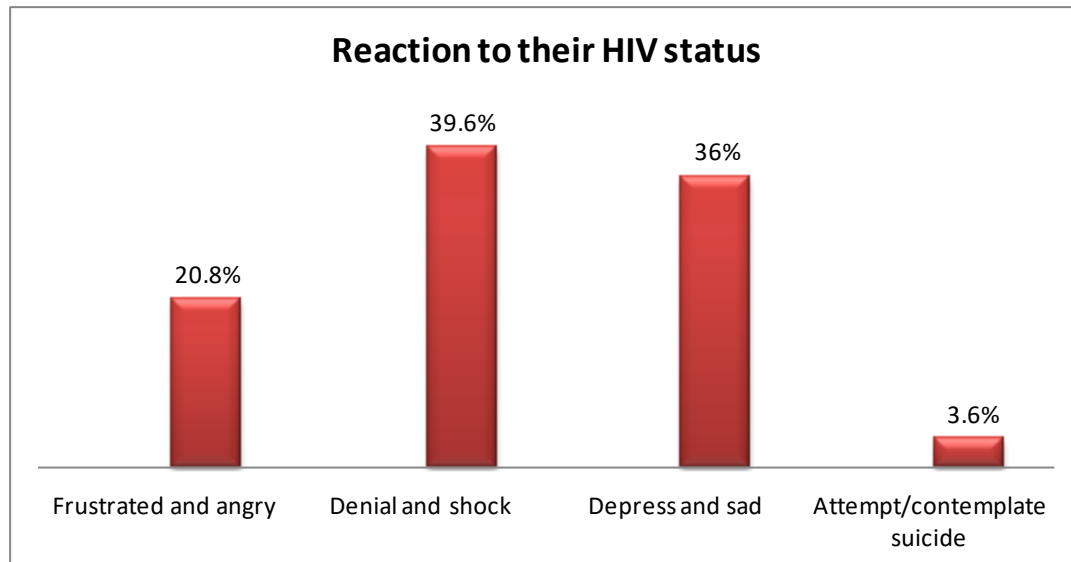
The search for reasons

The pregnant women tried to justify or explain their HIV positive result as a process of blaming their husbands or partners. They talk of their current or former husband or partner as the one transmitting the virus to them. Majority of the women i.e. 72 percent blame their former current husband or partner, and felt that they had been cheated by their husband but at the same time, had reconciled themselves to their situation and accepted their positive status as their fate. The remaining did not blame their husband or partner as 4 percent of the women had indulge in commercial sex work before marriage, 12 percent had multiple sexual partners before marriage, and 11 per cent had indulge in injectible drug using behaviour and 1 per cent blamed blood transfusion (See figure 2).

Figure 2

Search for reasons of HIV infection

Blamed blood tranfusion	1%
Injectable drug user (IDU)	11%
Have a multiple sex partners,	12%
Indulge in commercial sex workers (CSW),	4%
Blame their former/current husband/partner,	72%

Disclosure of HIV status.

A positive aspect was that all the women of 135 positive pregnant women have disclosed their status to some one or the other. The confidents were their husband/partner, sibling(s), parent(s), friend(s), co-worker(s) or any close relative(s). Majority of 67 per cent revealed their status first to their husband/partner, which was followed by parents (20 percent), and siblings (10 percent). A small percentage (3 percent) disclosed their status either to their neighbour or co-worker. The findings showed the strong bondage between couples and need for support that HIV infected pregnant women seek from their husband (see below figure 14).

When the remaining 33 percent of the women were further ask about the reason for not disclosing their status to their husband, most express fear of being abandon and were apprehensive of the rejection attach of being HIV Positive.
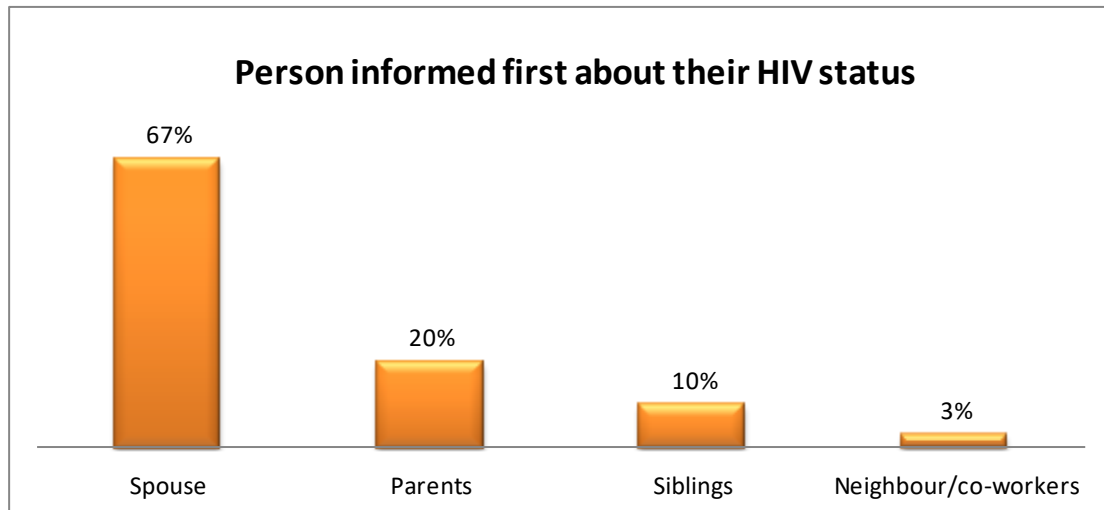
Some of the women made a statement.

"If I tell my HIV status, he will leave me and my children. He will get married again. I am afraid of that." HIV-positive pregnant woman

"Ours is love marriage [marriage by own choice as opposed to marriage arranged by family]. If I tell him [my status] he will have doubt on me. He is the only person looking

after me. If I tell him he will surely leave me and go. So I do not want to tell him. I will become helpless." HIV-positive postpartum woman

Figure 3

Person informed first about their HIV status

Spouse	Parents	Siblings	Neighbour/co-workers
67%	20%	10%	3%

Experience of support from current husbands

Pregnant women relationship with their husband prior to disclosure and following disclosure of their HIV status.

Prior to Disclosure

Most women reported being in happy and contended relationship prior to either partner being diagnosed as HIV positive. Of the 135 interview, 90 of the women had reported that they had been happy and their husband had been affectionate and have taken good care of them when they had started living together. Nonetheless a few women i.e. 45 of women reported that their relationship with their husband had not been a positive experience even at the beginning of their married life.

Following Disclosure

Out of those interviews, 67 percent who have disclosed their HIV status to their husband, 75 percent of them have received a supportive relationship, comforting each other and seeking treatment together, when both the partners are tested and found to be HIV Positive. Another 25 percent reported that their relationship had become acrimonious subsequent to their disclosure of their HIV status. In eight cases the respondents said that

their husbands had started shouting at them and had picked a fight for no reason. In few of the cases when only the wife is tested Positive, the husband had blamed their wife for bringing the infection in to the family. One of the interviewer said that "*he would be irritated just the sight of me*"

The above statement indicates that the positive pregnant women received support from their husband when the husbands are also infected with HIV. Whereas when the husbands are not infected with HIV, then women do not receive support from their husband and family members. They are being blame for bringing the disease in to the family.

The women who reported disclosing their status were asked if they felt they should not have done so. Majority of the women did not regret their decision to share their status with their spouse.

"I had to get the support. Also I needed to share this with someone close."

HIV-positive pregnant woman

"I did not want to hide; rather I wanted to tell."

HIV-positive postpartum woman

"Hiding my status will make me feel guilty"

HIV-positive pregnant woman

"I felt relieve after sharing my status with my husband"

HIV-positive pregnant woman

There were some women who felt otherwise and felt they should not have shared their status to their husband. Some of the remarks made by the HIV positive pregnant woman are

"*After sharing my status with my husband, he neglects me."*

HIV-positive pregnant woman

"My husband attitude toward me has changed after I share my HIV status with him"

HIV-positive pregnant woman

Stigma and Discrimination.

A high level of stigma was observed in the in-depth interview of HIV-pregnant women. Some of the women described their perceptions of how people would react to them if they learned the women's HIV status (see figure 4).

"People will look down upon us is also one more reason for not disclosing to others."
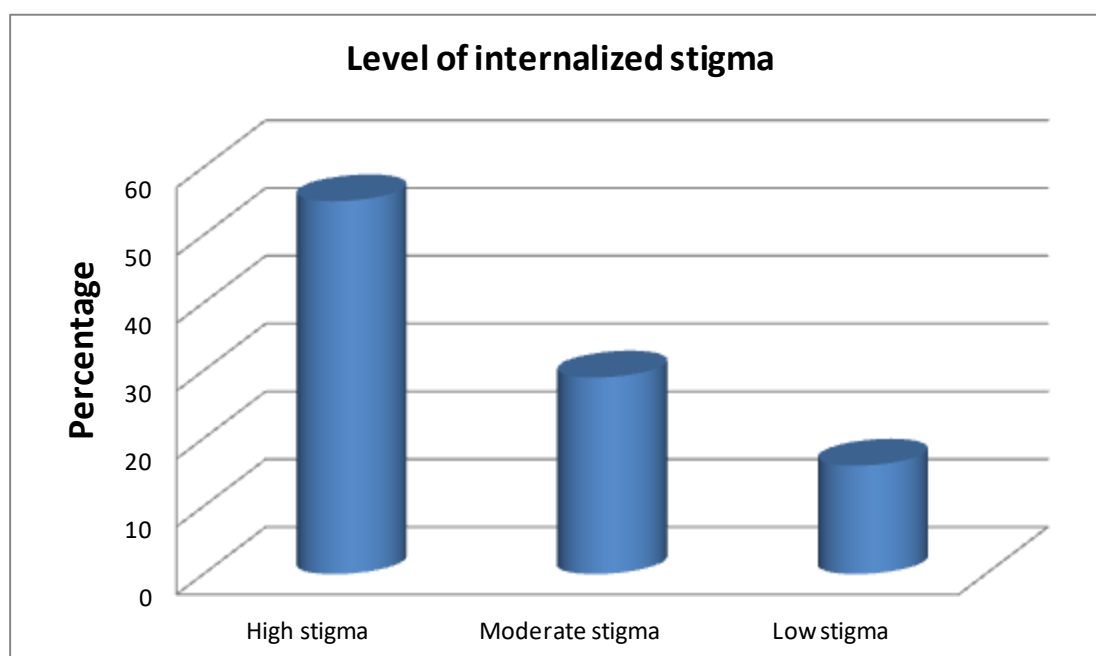
HIV-positive pregnant women

"How people looked at me, make me feel uneasy"

HIV-positive pregnant women

"If they know I'm HIV positive, they will consider me as loose character"

HIV-positive pregnant women

Figure 4

Level of internalized stigma

While 30 percent women had received support from their natal family, a high number of women that is 70 percent had not revealed their HIV status to their natal family members as they were apprehensive of experiencing discrimination or were concerned about family members worrying about them.

"My sister and brother do not know [about my HIV status]. If they get to know,

*they will never look at me. My younger brother will kill me."* (35 years, separated, 1 child, no schooling)

"I hid it [HIV status] from my family. How can I tell them? They will feel very bad.I didn't tell anyone. I just kept it to myself." (40 years, married, 2 children, schooling up to Class 10)

Discrimination in Hospital settings

A hospital is an Institution which is suppose to provide treatment and care. It is the place that one is associated with providing care and support to the sick. However, when discrimination takes place here, one's faith in the system is totally shattered. Majority of the interview i.e. 62 percent said that they face discrimination from health staff due to their HIV status. This discrimination may vary from isolation, breach of confidentiality to simply being denied access to treatment thereby making them seek care from personnel who were not aware of their status. The attitude of the medical fraternity in terms of the discrimination experience by the pregnant women is inexplicable. There is strong need of conducting numerous campaigns to sensitize the public on HIV so as to create an enabling environment.

Figure 5 indicates the various instances through which the respondents felt discriminated. These include like isolation, Breach of confidentiality, referred to other Hospital, verbal abuse and deprive of treatment and care.

Figure 5
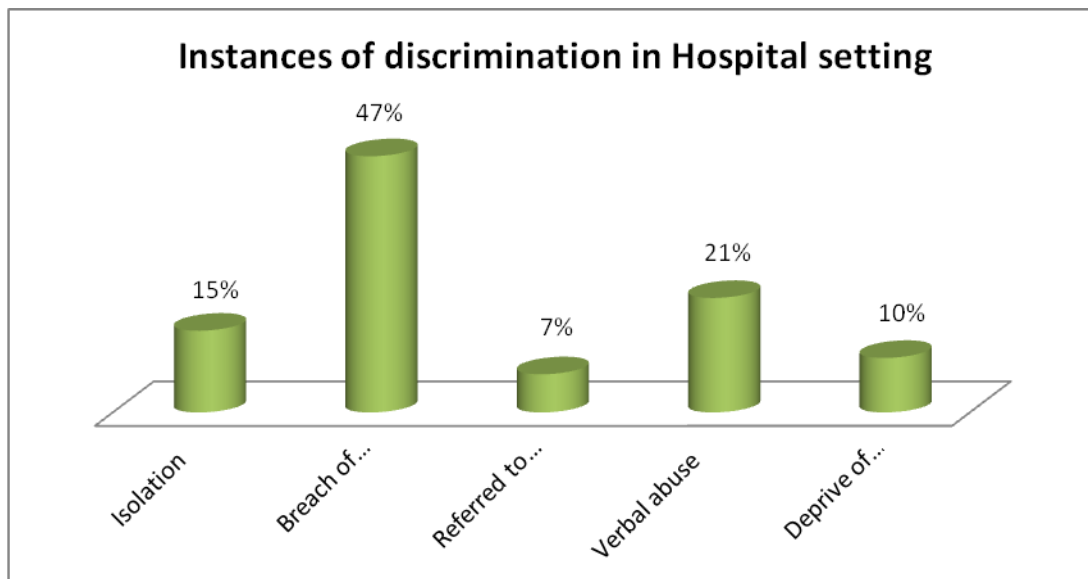
Spiritual consolation

Majority of the interview i.e. 72.1 percent expressed finding consolation in God through prayer and deep faith, and tried to ignore the issue by focusing on having a healthy child. Some of them expressed that God was in control of their pregnancy, and would not allowed them to become pregnant if it would lead to delivering an infected child. For

some of the informants, learning their HIV-positive status had led to a deepening of their faith.

"I have tried not to think about it because persistent worry might affect the outcome of this pregnancy, and I feel we can make our self sick by thinking about all the consequences. I have left everything in the hands of God, because I know He cannot let me have an infected child. I believe that. "

<div align="center">HIV positive pregnant women</div>

"My faith in God has been strengthened with my results (HIV-positive test result). Every concern I just give it to God in prayer… He will take care of us, I know." HIV positive pregnant women

WORRIES OF THE HIV PREGANT WOMEN

The worry of HIV transmission

Fear of transmission of the virus to the child was a key issue in the interviews. One women cried when she said;

"I am so afraid of transmitting the virus to the child. Sometimes I imagine sitting with the child wasting away in my eyes… I wish I could have avoided this pregnancy. My prayer is that this Nevirapine should work for the coming child".

<div align="center">HIV positive pregnant women</div>

"I am worried of transmitting the infection (HIV) to the baby. I feel bad bringing a child to this world infected. This is my last child, this is our plan as a family. "

<div align="center">HIV positive pregnant women</div>

The thought of breastfeeding while HIV-positive implied a cause of great worry for the women and they expressed extreme uncertainty as to how to handle it. With a deep sign few of the pregnant women who has never disclosed their HIV-positive status to anyone expressed with sadness their worries about infant feeding options; They express worries that if they did not breast feed what will people think of them.

"My main worry is on the issue of breastfeeding. I do not know what to do. I cannot afford baby formulae. I have asked the PPTCT counsellor and she has refer me to PPTCT NGO's for nutritional support. Still if I do not breast feed what will my husband and relatives think of me... "

HIV positive pregnant women

Worry about the future care for the children

Beyond the thorny issues of pure survival for the child, the women were greatly concerned for their children's future. The worries mainly centred on the lack of care for them once they as parents become critically ill and eventually die.

"I do not want to think about who will take care of my children because I have not disclosed my positive test result to anyone… But if anything should happen my mother will take them". HIV positive pregnant women

"I am worried that when I start showing signs of the infection and cannot take care of myself, what is going to happen to my three year old child and the coming child…" HIV positive pregnant women

"I am afraid of what will happen when I become ill, who will take care of me. I also do not know who will take care of my four year old child and the coming baby …my husband also has the infection." HIV positive pregnant women

"What is going to happen to my children? I do not even know their serostatus. HIV positive pregnant women

Worries about deteriorating physical health

The accounts of some of the women indicate continuous worries related also to their own health. They were afraid that a new pregnancy might threaten their health by accelerating the progression of the disease, and hastened to express that this was surely their last pregnancy. Some of the women pointed to the threats of divorce from their husbands if they did not have a boy child, as a factor that now contributed towards their deteriorating health.

"I am worried about my husbands' threats of divorce if I do not have another boy child. I am afraid that one day I will die with pregnancy complications, and it is my children who will be left alone." HIV positive pregnant women

"I am really afraid that my pregnancy will deteriorate my health. This is my last pregnancy." HIV positive pregnant women

"As much as I do not want to think about this disease, I am always anxious as to when the signs will show up, what will they be like will I have treatment for them? " HIV positive pregnant women

Uncertainties related to prevention of future pregnancies

The knowledge and actual use of contraceptives is very limited. The finding indicates that most of the pregnant women reported that they surely did not want to become pregnant in the future. Most of them were not sure of how to go about not having more children. Some of them where both the partners are positive highlighted that they were not 'frequently' using condoms. They thought they personally did not need to use condoms, and that condom use would imply both a physical and emotional barrier in the relationship with their partner. It would lead to conflicts in the family once the issue is introduced. When asked in the following way; *"You have told me that you plan not to have any more children. Can you please tell me the action you will take to prevent future pregnancies? "* answers such as the following came:

"My future plans are that I should never become pregnant again, but I am not sure about the family planning methods. I have to discuss with my husband."

HIV pregnant women

"We have not yet decided. I do not know much about family planning methods."

HIV pregnant women

"Yes, I do not want to have any more children, but I do not know the method I can use"

HIV pregnant women

"As I told you, I have problems because my husband is forcing me to have children or he will abandon me, so I cannot use any kind of method. I will see once the child is born..."

HIV pregnant women

"Since we got married we have never used condoms, and for us to use it now is difficult. We always quarrel over this issue because he does not like using condoms ... I have now given up." HIV pregnant women

Financial worries

Almost all the pregnant women indicated the issue of finances and was a concern underpinning many other issues. They were worried about where to get money for infant formulae as PPCTC NGO will stop providing infant formulae once the baby reaches six months. They were also worried about the everyday expenditures for school fees for their children as well as for food and other household expenditure when their husbands who in all cases were the main breadwinners become ill.

Majority of the pregnant women said that they cannot go out and work like before with their health deteriorating and also with the responsibility of having to look after their babies.

Most of the women make a remark saying....

"It is so sad that my husband is also HIV-positive. I depend on him financially and I am worried who is going to take care of us when he gets ill. "

HIV positive pregnant women

"Who will support us financially once my husband is ill? We will need money for food and house rent... I should not think about it now, we will see. "

HIV positive pregnant women

Worries of loneliness

The fear of leaking information about their status continued to haunt these women throughout their pregnancy. Several of them indicated that the diagnosis had led to withdrawal from some of their intimate relationships more generally due to the fear of rejection.

"Since I was informed of my positive diagnosis, I no longer visit my friends. I am always at home. I just feel as if everyone is staring at me. That is why I have distanced myself as much as I can."   HIV pregnant Women

"After knowing my status, I have distance myself from my friends"

HIV Pregnant Women

Much emphasis was related to the worry about unwillingly disclosing at the time of delivery. The place of delivery where most of the pregnant women have been told to go by their PPTCT counsellors came up as a major concern. The women expressed fear of disclosing their HIV-positive status to 'strangers' at the hospital. Other patients could also be overhearing information about their status thus revealing their HIV-positive status beyond the individual(s) who had been carefully selected for the information.

"I wish we (HIV-positive pregnant women) had a separate delivery and postnatal room so that we could be free to disclose our status to the nurses in confidence. I do not think I would be comfortable disclosing my status in our labour ward and inform the nurses to administer the Nevirapine to the baby...The place is just too congested for privacy. "

HIV Pregnant Women

The pregnant women indicated that although they got some professional support from their PPTCT counsellors at the ANC, they felt an intense need to get more support from groups of women living with HIV. They felt very lonely keeping the knowledge of their status more or less secret. They indicated that other HIV-positive women's experiences and opinions would have given them incredible comfort. They could then have allayed their anxieties and have encouraged each other.

"We need to chat with friends especially those who are positive; we need to encourage each other and to discuss issues of daily living."

HIV Pregnant Women

The pregnant women enrolled in PPTCT programme highlighted that the focus group discussion at PPTCT centers were of great help to them.

Testing For Children

Paediatric HIV testing is one component of national PPTCT programme. Under this programme, all babies born from positive pregnant women must go through HIV testing. However, women accessing the PPTCT programme express their concern about the non-availability of testing their new born baby by PCR test i.e. Polymerase Chain Reaction Test, an HIV test for infant at 3 months. This creates a problem for the women as they have to wait for their babies to reach 18 months in order to know their HIV status. This waiting period of 18 months give a lot of emotional stress to the positive mothers.

Moving ahead

It is clear from the study that HIV pregnant women have specific needs and vulnerabilities, and efforts are required at various levels to address these needs. Findings show that most women's initial reaction to learning of their HIV-positive status was an overwhelming sense of helplessness and even thoughts of suicide; in this context, interventions would need to focus on providing appropriate counselling services at the time of disclosure to address the emotional and mental health needs of HIV-positive persons including feelings of depression so commonly reported by women in the study. Socio-cultural obligations to have children appeared to outweigh the fears and risks associated with the prospects of deteriorating health, the risk of giving birth to infected infants, and as well as the fear of leaving children orphaned. Improved intervention

strategies and diverse forms of support groups for HIV-positive pregnant women which can address issues of pregnancy decision making as well as coping and disclosure are in urgent demand. Further, the finding that many women experienced marital discord following disclosure underscores the urgent need to address the lack of communication between spouses; couples should be provided marital counselling, particularly following disclosure, so that both partners can live safe and healthy lives.

The findings on stigma and discrimination have implications for how PPTCT services needs to be delivered. A significant proportion of women had a high level of internalized stigma and perceives discrimination and this could influence their utilization of other health or support services. Perceived stigma was an important factor in women's choice of infant feeding. The attitude of the medical fraternity in terms of the discrimination experienced by the women is in explicable. PPTCT staff needs to learn how to help women cope with real and perceived stigma and health workers need to be trained and sensitized on how to provide services that are non- stigmatizing.

It is also essential to assess and acknowledge health care workers fears and risk, and then develop and implement workplace policies that ensure staff safety and respect for Health care worker's rights. These policies need to ensure the availability of essential supplies (eg. Gloves, post-exposure prophylaxis) for maintaining Optimum infection control practices by health care workers at all times to not only protect themselves but also protect their patients from exposure to infection.

Most important are measures that will enable positive women to become self-reliant. Repeated themes articulated in the narratives were women's concerns about financial security and support for their children. Ways of ensuring financial security for positive pregnant women, and meeting their need for multiple services should also be explored.

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3

HIV/AIDS Awareness Among Students and Non-Student Youth in Imphal: Role of Social Work Intervention

Kamei Beeju

Abstract

Manipur is one of the high HIV-prevalence states. In this state, the proportion of young drug injectors infected with HIV zoomed from virtually zero in 1989 to over 67% in last three decades. According to epidemiology data released by the Manipur state AIDS Controls Society (MSACS), as of May 2008, 10,213 men and women between the ages of 21-30 years are HIV-Positive. This is 43.10% of the total persons living with HIV in the state. The second highest prevalence, at 35.71% is in the 31-40 age groups. Both young men and women are vulnerable group due to lack of access to accurate Knowledge on HIV/AIDS and the women are more vulnerable for having lesser power to exercise control over their sexual lives. So this paper is going to make a presentation of an

empirical study on awareness level among the youth covering both male and female and student and non-student in Imphal and will explore the scope of professional social worker on that issue.

Key words: HIV/AIDS, Awareness, Youth

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Introduction

HIV or human Immunodeficiency Virus has emerged as a serious threat to the life of human beings in recent years. The Human race have witnessed controlled and even eradicated many fatal diseases like leprosy, influenza plague, malaria, yellow fever and small pox. However the emergence of HIV, which eventually leads to AIDS or Acquired Immunodeficiency Syndrome, had threatened the life of masses throughout the world. Amidst the growing number of people dying of AIDS, the bulk of it comes in the category of youth. Youth is an energetic stage in the cycle of life.

The spread of HIV in Manipur has been diverse, with 29,602 PLHA; Manipur is one of the high HIV-prevalence states. In the early stages, the epidemic was concentrated among IDU's but now it is spreading fast among the general population through unprotected sexual intercourse. According to epidemiology data released by the Manipur state AIDS Controls Society (MSACS), as of May 2008, 10,213 men and women between the ages of 21-30 years are HIV-Positive. This is 43.10% of the total persons living with HIV in the state. The second highest prevalence, at 35.71% is in the 31-40 age groups.

Culture: Youth at risk.

The common form of Marriage in Manipur society is marriage through elopement. Eloping is culturally and socially accepted. There are diverse viewpoints on the feasibility of this method. Girls are getting more democratic in choosing her life partner. The eloping couples try to get pregnant on the first night itself to those couples who know that parent may object them. The unsafe practice taken place at the high risk of contracting sexually transmitted diseases. This makes young girls more vulnerable and

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violence and some may commit crime. Young women are biologically more vulnerable to HIV infection than young men, due to lack of access to accurate Knowledge on HIV/AIDS and even lesser power to exercise control over their sexual lives. Youth are the most vulnerable group.

Why especially young people?

The young are in greater danger of HIV infection than other age groups. Youth are the times of discovery and experimentation with more curious feelings, want to explore new types of behavior and relationships. Experiments with drugs and sex involve the highest risks of infection.

Of the millions infected with HIV infection or AIDS, at least a third is young people. People who inject drugs are exposed to high risks of HIV infection .In Manipur, the proportion of young drug injectors infected with HIV zoomed from virtually zero in 1989 to over 67% in just three years. Due to the awareness programs have brought this down.

Review of Literature:

Since premarital sex is traditionally taboo in India, it is widely believed that the rather rigid social norms governing premarital sex and marriage and the practice of sex segregation of young people prevent sexual behavior among them. It is also commonly assumed that family and educational institutions exercise greater control over the sexual behavior of unmarried youth in India than in West.

Young people traditionally have entered marriage before or on attainment of Puberty, premarital sex has been rare in India. However, studies conducted in different parts of the country show that sexual behavior among unmarried adolescents is on the rise, especially in urban areas , where an estimated 20-255 of unmarried young males and 6-19% of unmarried young females have experienced premarital sex (Rakesh:1992;Savara&Shirdhir:1993'Goparaju:1993).

Sachdev in a study on sex on the campus (1998) a study of knowledge, attitudes and behavior of university students in Delhi found that female students seem to be rejecting traditional Indian repressive sexual standards of premarital and non- procreative sex and the gender differenced are beginning to narrow. Despite their sexual awareness,

the students were highly ignorant of the facts of life. Being male and married did not make them knowledgeable. Eight hundred and eighty seven students from two major universities in Delhi were surveyed using a self administered questionnaire, about their sexual knowledge, attitudes and behavior.

Methodology:

Following methodology had been adopted for undertaking the current study.

Objectives;

1) To find the level of knowledge among college student and non student on HIV/AIDS.

2) To find the level knowledge on the route of transmission of HIV/AIDS

3) To find the level on treatment of HIV/AIDS.

4) To study the social work intervention in order to increase the level of awareness about HIV/AIDS.

Universe of the study:

The universe consisted of college student and non- student youth between the age group of 18-22 of years in Imphal.

Sample size:

The sample size consisted of 30 youth, 15 college students and another 15 non student who are presently not studying and who have failed in their Xth standard examination. Both were in the age of 18-22 years.

Results and Discussion:

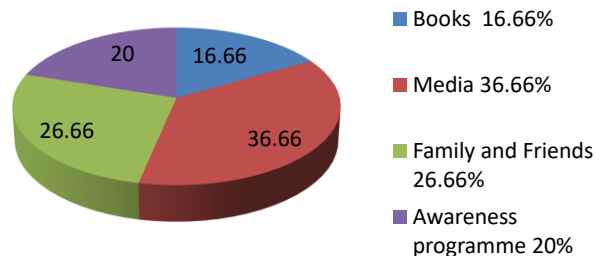Table No.1 The details of the interviewees Knowledge of Route of transmission.

Response	Student	Non-student	Total
Unprotected Sex	1 (3.33)	3 (10)	4
Blood Transfusion	3 (10)	4 (13.33)	7
Infected or contaminated	3	1	4

| needles	(10)	(3.33)	
Mother to child	-	1 (3.33)	1
All of the above	8 (26.66)	6 (20)	14
Total	15	15	30

The student and non student groups reveals that (26.66 per cent) of the student group were aware of all the four routes of transmission of HIV/AIDS while (20 per cent) of the non- student group were aware of all the four routes of transmission. This shows that the student group is marginally superior in terms of knowledge of route of transmission in comparing to the non student group.

Source of acquired knowledge about HIV/AIDS

The study is based on the level of knowledge among two distinct groups, it is very important to know the channel or medium through this knowledge has been acquired by the respondents and whether there is difference in the medium among the student and non student groups. This will reflect which medium is more effective in communicating to which group.

Figure 1(Student)

Books 3.35%

Media 43.33%

Family and Friends 10%

Awareness programme 26.66%

Drama/skits 10%
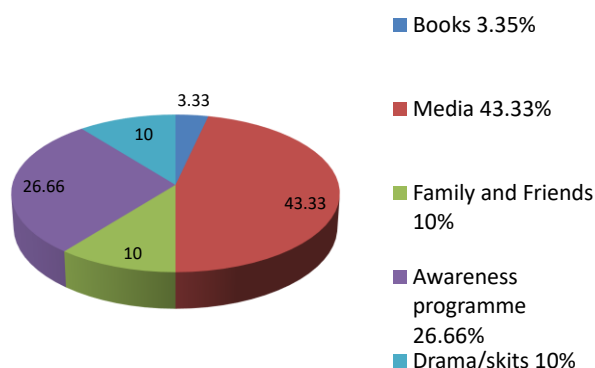
Figure 2(Non-Student)

While comparing the student and the non-student groups it was found, Media played a major role in communicating about HIV/AIDS to them (36.66 and 43.33 per cent respectively). The second most important source of information for the student group was their family and friends (26.66per cent) while in the non-student group it was the awareness programme(26.66 per cent). It was observed that Media and awareness programme were the chief sources of information regarding HIV/AIDS.

Table No. 2 Diseases/ infections prevented by use of condoms

Response	Student	Non-student	Total
HIV	1(3.33)	5(33.33)	6
STI	3(10)	1(3.33)	4
Pregnancy	1(3.33)	1(3.33)	2
All above	9(30)	6(20)	15

Don't know	1(3.33)	2(6.66)	3
Total	15	15	30

From Table.2 it can be seen that 30 percent of the respondents were aware that the use of condoms can prevent the spread of HIV, STI and a serve as a contraceptive. It is revealing that about 20 percent of the respondents were not aware of it as condom use is widely advertised in the media. A comparison of the two groups showed that 30 percent of the student group and 20 percent of the non-student group were aware of the use of condoms in preventing diseases like HIV and STI and their role in prevention of pregnancies. This lacunae needs to be urgently addressed as youth without this knowledge can contract the disease due to ignorance.

Major findings:

1. The average age of the respondents were found to be 21 yrs among student and 19 years among the non student. The student group was marginally older than the non -student. All the youth were unmarried.

2. It is observed that media and awareness programme were the chief source of information regarding HIV/AIDS for the student youth group (36.66%) and for non student (43.33%) as compared to other responses.

3. The student and non student groups reveals that (26.66 per cent) of the student group were aware of all the four routes of transmission of HIV/AIDS while (20 per cent) of the non- student group were aware of all the four routes of transmission i.e from unprotected sex, blood transfusion, infected or contaminated needles , mother to child.

4. 96.66 percent responded that AIDS awareness should be brought to every Institution or in schools and 91.66 per cent of the respondents said that Skits/shumang lila (Local dialect, a local play) by the artistic association or organizations an effective method to increase the level of awareness about HIV/AIDS.

Social work Intervention:

Social work as a profession field aims to work among the most vulnerable and weaker sections of society. The role of social worker is to make inquires on the degree of the AIDS problem in the area and then study the problem in detail, identify the available resources from the community and mobilize them.

Social work too has the capability to bring about transformation in the thinking pattern of the society in respect of PLWHA and thus sowing the seeds of attitudinal changes. The social work profession can be a great facilitator for preventing HIV/AIDS while at the same time imparting the need for a healthy behavior towards the section of the society and those individual most vulnerable to HIV/AIDS and those individuals affected by it. Professional social workers are capable of performing the following roles in preventing HIV/AIDS.

A channel for communication and discussion; One of the role of social worker is to open the channels for communication and foster discussions about the HIV/AIDS and interpersonal relations. Addressing HIV/AIDS through different programmes can have an enormous impact on the society at risk.

A vehicle for creating a supportive and enabling environment; Through the mass media the social workers can be instrumental in breaking the silence that envelopes the disease and in creating an encouraging behavior for combating the existing social norms and making positive changes in the society.

A tool for creating a knowledge base for HIV/AIDS related services; The collaborative efforts of the NGOs , state organization, service providers have brought to the lime light the availability and source of beneficial services like counseling treatment and social care and support.

Suggestions;

1) There is urgent need to spread HIV/AIDs awareness among the youth, an important means could be awareness programmes within educational institutional and also in different areas.

2) Awareness programmes and media role were found to be defective medium of communication for the non student youth group. Therefore, different organizations working in this field need to promote awareness through such effective means of communication.

3) The people in general must be taught to treat infected people with dignity and respect thus reducing stigma and discrimination.

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UNAIDS 2008 Report of the global AIDS epidemic

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Political commitment and role of professional Social Workers in HIV and AIDS mitigation in Manipur

Lalzo S. Thangjom

Abstract

Twenty years have passed after the first HIV case in the state has been detected from a blood sample collected from Intravenous Drug Users. Since then the infection has spread rapidly to other sub-population like Female Sex Workers, Men having sex with Men and to their sexual partners and children and finally to the general population. Even though the officially reported cases of HIV infection are around 30,000-40, 000, there is gap between the reported and estimated figure.

Manipur needs to perceive the epidemic as an impending disaster of colossal proportion as the disease has spread from urban to rural, valley to hill areas and from individual practicing risk behaviour to the general population. In fact, there is growing realization that there indeed is an association between insurgency, high drug use and HIV/AIDS in the state. Since there is persistent political conflict in Manipur, survival negotiations and coping and management of fear has been an agenda where all sanctions and schemes are being regulated by the might of the barrel. Regardless of the State Government claims of treating the problem with great urgency and given top priority, what has been the scene reality and said has great difference.

The present study will focus on digging out what lies beneath by employing a method of political discourse analysis involving politicians, leaders, functionaries of NGO'S and beneficiaries of government schemes and sanctions. Considering the adverse socio economic and developmental impact of HIV and AIDS on the society, the present study will try to highlight the roles of various Actors including that of the professional social workers in curbing the impending disaster.

In this regard interview schedule is being used to draw views of People Living with HIV and AIDS, Heads of NGO and their functionaries and expert in the field of HIV and AIDS.

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Introduction:

The Acquired Immunodeficiency syndrome (AIDS) pandemic has become part of the contemporary global problems after its detection in the latter half of the 20th century. It is affecting the individual psycho-socio and political economy of all countries. The growing menace created by the HIV and AIDS (human immunodeficiency virus/acquired immunodeficiency syndrome) has alarmed not only the public health officials but also the general community. HIV and AIDS are more than a health problem and its impact reaches far beyond the health sector with severe economic and social consequences. HIV and AIDS affect individuals, families and communities at the micro-level whereas it equally affects the various sectors of the economy at the macro-level. Worldwide, most of those infected by HIV and AIDS are working men and women, the mainstay of families, communities, enterprises and economies.

Challenges of HIV and AIDS would be seen in terms of government commitment towards framing policies, providing services like infrastructure, medicines etc. Broadly it would be viewed through Structural and personal commitment.

Study Area:

The capital of Manipur, Imphal is taken as it has the highest number of HIV cases contributing to an estimated 63% of the state's total cases followed by Thoubal and Churachandpur. Manipur is a small state with a population of 27.21 lakhs (2011 Census) and a land area of 22,327 Sq. Km. having an international boundary of 358 Km. with Myanmar. Manipur with hardly 0.2% of India's population is contributing nearly 8% of India's total HIV positive cases. United Nation Security Council Resolution 1308, adopted 17 July 2000, highlights the close relationship between conflict, displacement and HIV and also recognizes HIV as an important security issue. There is a lingering political conflict and HIV and AIDS in the North Eastern states of India especially in

Manipur. It is the ordinary people and communities who battles for survival in an insurgency infested state coupled with the problem of HIV and AIDS. Every new dawn, coping and management of fear is the most important concern cutting across class region in this area. It is a well known unspoken fact that even the press has its mouth regulated by the might of the barrel or where every scheme and sanction has to first pass through the filter of the UG (underground) groups.

Sampling:

A total of 8 politicians were interviewed representing different national and regional political outfits of the nation. Views of 60 beneficiaries who are all HIV+ , two (2) functionaries and (1) head each from twelve (12) NGO'S have been incorporated to highlight the gaps if any in the government supported services and schemes.

Methodology:

There is a methodological difficulty because commitment could not be measured by single independent variables. It involved various independent variables like controlling corruption, insurgency, displacement, employment and developmental issues like infrastructures, services provided etc. Primary sources of data were collected using interview guide. Upon discussing a particular question, topics were elaborately discussed if need be. For the secondary data the content of the assembly debates have been analyzed making thematic segregations of the data.

Objective:

The broad objective of the study is to find out, whether HIV and AIDS is still a challenge after so many years of intervention.

- To find out degree and level of Commitment of politicians towards HIV and AIDS mitigation; realities and issues
- To suggest scope of intervention for professional social workers

Commitment would be seen in terms of the government commitment towards providing services, infrastructure, frequency of the issues raised in the assembly debates and their involvement in various activities, forums created for HIV/AIDS mitigation etc.

Leaders from different political parties were chosen to avoid any biases in their response, as leaders from only one political party would give the same lines of response

A total of 8 politicians were interviewed using interviewed guide. The analysis that was conducted revealed a number of themes. The responses and viewpoint of the political leaders has been elaborately discussed to draw inferences and conclusions. Circumstantial evidence has also been taken into consideration and not only on the basis of direct observation but results which came out of conversation. Every issues and concerns which were discussed have been subdivided into topic heads constituting a topic of discourse.

Picture 1
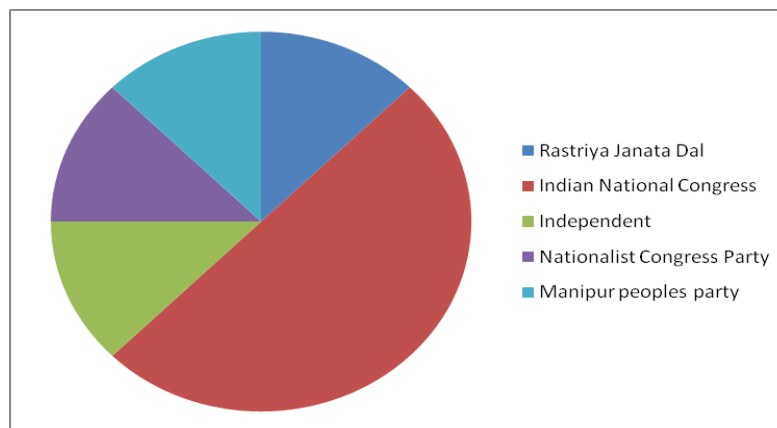
Pie chart representing different political parties

The political representations of different parties are given above in the pie chart. There are in all four (4) politicians from the INC and one (1) each from RJD, MPP, NCP and Independent.

View of politicians on HIV and AIDS, involvement in forums, workshops and party affiliation.

Political parties and leaders of the state consider HIV and AIDS as developmental and political issue as it has adverse economic and human security effect. During interaction it emerge a spectrum of opinion. Opinion went to the extent of considering HIV and AIDS of not only political; rather affecting socio-economic life of individual as it has engulfed the state of affairs. The formation of Manipur State Legislative forum on HIV and AIDS is one of the indicators that politicians of the state consider HIV and AIDS as a political issue.

Politicians are involved in various capacities in the forum created among the legislative members. Their involvements are reflected through their work done. There are members who have been invited as a chief guest in the constituency they represented, during a football match and spoke about HIV and AIDS. Congress chief of the state hinted about the party and his individual involvement in many forums. He said that Congress party itself holds many awareness programs during the years gone by. Some of their activities include selecting and targeting some constituencies for raising awareness about the issue.

None of the politicians have any problem in their affiliation to a particular party on their stand with respect to social issues such as HIV and AIDS. One of the respondent cited he being an independent member doesn't affect his stand and spoke about the issue on various occasion. One of the responses was "*Not at all as it is a common issue for the ruling and the opposition party alike, we don't have any problem*". The responses show that politicians of the state consider HIV and AIDS as political issue.

Involvement of the politicians in media

Media, be it printed or electronic plays an important role in spreading awareness especially when there are different barriers of communication. Politicians of the state are involved in various capacities to the media to talk about HIV and AIDS as their response shows. *I was invited twice by the media as a speaker of Manipur Legislative Assembly and as president of Manipur Legislative Forum on HIV and AIDS.* One of the members has been invited on many occasions to talk about HIV and AIDS as a secretary of Manipur Legislative Forum on HIV and AIDS.

Political leaders showed their willingness to espouse and stand for the cause of HIV and AIDS mitigation in their constituency. Showing their willingness in action, members interact and consulted the church youths and pastors to give awareness about HIV and AIDS when holding a mass. One respondent said "*Being an M.L.A I can take advantage of the crowds who gathered during a meeting and spread awareness. I mobilized the church leaders and village chiefs association within my constituency for awareness generation towards the causes of HIV and AIDS*". The involvement and the willingness of the politicians could be seen as their response show "*I will stand by the need of the people within my constituency in particular and the needs of the people from*

the state of Manipur in general". Politicians also showed their willingness to train the elected members like Zilla Parishad, Pradhans etc so that they act as a middlemen between the MLA and the people to mitigate stigma attached to HIV and AIDS.

Opinion on priority issues pertaining to HIV and AIDS showed shades of opinion that prevention and its methods and strategy were given most important followed by tackling stigma, treatment and targeted intervention for specific groups like women and children. Prevention strategies should focus on reducing stigma and greater investment in treatment is needed.

Assembly budget allocation and utilization of Local Area Development Fund (LADF) for HIV and AIDS

After analyzing the responses and opinions regarding assembly budget allocation, budgets for HIV and AIDS takes a backstage. Priorities were given to developmental issues like education, road construction and building of infrastructure. It has been viewed that the gravity of the HIV virus has not really reached the minds of the policy makers. Though certain amount of budget has been earmarked for HIV and AIDS the amount is not sufficient to tackle the present crisis

Budget allocation and the importance given with regard to HIV and AIDS can be criticized as there has never been a special session in Manipur with respect to HIV and AIDS. None of the responses also has any indication of having been conducted so far. Specific budget to tackle the causes of HIV and AIDS has not been made so far. However with the coming of the 3rd Revised Manipur AIDS policy 2010 a new development has taken place. All the sitting MLA'S and ministers has to contribute Rs. 1 Lakh each from their local area development fund. All the legislative members are also authorized to utilize their local area development fund towards the cause of HIV and AIDS.

HIV and AIDS Policy:

Commitment of the state for development with other key societal actors being willing participant (i.e. political settlement is committed to development) for HIV and AIDS mitigation. For combating the menace of HIV and AIDS in Manipur, Manipur State AIDS Policy 1996 was launched. Manipur stands out to be the first state in India which has a specific policy on HIV and AIDS since 1996 and the direction it has given to AIDS

programming in the state can well be applaud as the numbers of HIV positive who are Injectible drug user has come down to around 16% in the state. Of the many program activities being carried out by MSACS out of the policy, Targeted Intervention program for Injectible drug users called Rapid Intervention and Care project has been one of the most successful.

Certain aspects of the responses showed that the policy has a great impact positively though on the other hand beneficiaries and functionaries couldn't be reached due to law and order and geographical barriers. Besides the policy giving a new direction and new strategy in the control of HIV and AIDS it has to be more accommodative reaching to the unreached. More than half of the beneficiaries excused themselves for not getting ART and other facilities due to constant strikes and blockades coupled with financial difficulties to reach to the centre.

Manifesto analysis:

Manifesto, it is a public declaration of the intentions and promises made by a political party released well in advance by the party to seek the support of the voters. All the political parties of the state do have mention about people living with HIV and AIDS and few parties goes to the extent of protecting the rights of PLWHA. Political parties, be it the left wing or the right wing, socialist or democratic of the state talked about protecting the rights of PLWHA. Congress party goes to the extent of saying that they have it in their manifestoes of halting and reversing the spread of HIV and AIDS. A socialist party of the state response indicates that manifestoes should not only be in paper and goes to the waste bin the next day. It should rather be implemented as promised. The response says that *Manifesto shouldn't only be in paper it should be properly implemented as is promised.*

Manipur Legislative Forum on HIV and AIDS:

UN General Assembly Special Session on HIV and AIDS (UNGASS) meeting in 2001 was a significant milestone in the political response to HIV and AIDS in India. Understanding the gravity and seriousness of the HIV and AIDS pandemic a parliamentary forum on HIV and AIDS was formed under the leadership of Mr. Oscar Fernandes on March 2000 at the national level as a convener. With the support of

UNAIDS and in line with the Parliamentary Forum on HIV and AIDS, the Manipur State legislative Forum on AIDS was formed under the leadership of (L) Dr. S. Budhichandra Singh, the then Speaker of Manipur Legislative Assembly and Dr. I. Ibohalbi Singh, MLA as the Chairman and Secretary of the Forum respectively on 30th June 2007 with the following broad objectives: Reducing the gravity of stigma and discrimination, Awareness generation to the MLA's and Local leaders by holding seminars, workshops etc for the community. Containment and raising awareness on HIV and AIDS among the legislative members and state free of health problems.

After the formation of the forum they have been constantly organizing seminars, workshops reaching out to the people to raise awareness. Manipur legislative forum on HIV and AIDS plays an important role in spreading awareness by utilizing the forum to raise the issue in a bigger forum. The forum seek the attention of the 60 members by conducting conferences, workshops etc. among the legislative members. In a bid to hold 60 political conventions during their term, the forum already conducted a series of political conventions as an initiative to involve the people. The forum initiatives includes involvement of village chiefs, Panchayat leaders, religious leaders, local clubs and various stake holders in the fight against HIV and AIDS.

Collaboration with various Ministries:

The Indian government's strategy for dealing with the pandemic emphasizes a comprehensive and decentralized approach. The pandemic does not differ only from one state to another and there may be dramatic differences from one district or village to another. The Indian government faces two main challenges which is integrating the response to HIV and AIDS with the rest of India's expanding public health goals and raising the budget for HIV and AIDS to a level which commensurate with the problem. The government involved ministries other than Health and family welfare like education, sports, transport and communication etc so that the spread of HIV and AIDS is contained.

Discussion and Debates in the Manipur Legislative Assembly:

Discussion and debates in the Manipur legislative assembly has been discussed under different topic heads starting with the address made by His Excellency the governor of

Manipur. The period **2002-2010** has four successive governors' and has been chosen keeping in mind the availability of government documents to support the analysis.

Sl.no.	Governor	From	To
1	Shri.VedPrakash Marwah	2nd Dec 1999	12th June 2003
2	Shri Arvind Dave	13th June 2003	5th August 2004
3	Dr.Shivinder Singh Sidhu	6th August 2004	23rd July 2008
4	Shri Gurbachan Jagat	23rd July 2008	Till date

Table 1: The governors of Manipur during the study period 2002-2010

His Excellency Shri Ved Prakash Marwah from his statement made before the elected representatives within two consecutive years shows his commitment and his desire to control and reverse the epidemic. One notable initiative taken up by Shri Ved Prakash would be the introduction of school AIDS education from class VI to X. However in the matter of steps already taken up by the state government a response from the beneficiaries shows that the increase of targeted intervention projects from 17 to 28 was not enough to cater to the needs of the people.

His Excellency Shri Arvind Dave on his statement to the Manipur Legislative Assembly on 06-02-2004 didn't particularly mention about benefits and welfare schemes for people living with HIV and AIDS. He talked about commitment in providing quality Health and Family Welfare services to the people in general. Besides giving emphasis on improvement and for Up gradation of medical infrastructure like increasing the number of mobile dispensary units from 3 to 6 he talked about construction of 100 bedded hospitals in Thoubal district and the construction of trauma centre at Jawaharlal Nehru hospital in Porompat, Imphal.

His Excellency Dr. Shivinder Singh sidhu talked about initiatives and steps undertaken by Manipur government. A project called Organized Response for Comprehensive HIV Interventions in selected High-prevalence Districts (ORCHID) supplements the efforts of the State Government. Also, Medicines sans Frontiers, an International NGO based in Holland in collaboration with Manipur AIDS Control Society has started ART (anti retroviral therapy) for 500 AIDS patients in Churachandpur District. The governor address shows the commitment of the government by not only

depending on international initiatives but the initiatives of the Indian government and the state concerned.

His Excellency Dr. Shivinder Singh Sidhu focuses his address to commitment in medical infrastructure of the state. The state has proposed to construct one fifty bedded hospital each at Ukhrul, Senapati, Tamenglong, Chandel and Jiribam. The JN Hospital is being upgraded to 300 bedded hospitals and all efforts have been made to convert this complex into Jawaharlal Nehru Institute of Medical Sciences. The state is also implementing national health programmes like national vector borne disease control, national T.B Control, national leprosy control, national programme for blindness, national aids control and the iodine deficiency disease programmes. Regardless, commitment of the governor could be seen in infrastructural development for general health care in his address but particular mention was not made regarding people living with HIV and AIDS in particular and the causes of HIV and AIDS in general. Administrative heads of an NGO, Beneficiaries and functionaries argues that out of the five proposed hospitals none has been materialized till then.

His Excellency Shri Gurbachan Jagat talked about the commitment and achievement of his government. The declining rate of HIV infection among IDU's, infrastructure development like opening up of mobile integrated counseling and testing centre was few of the achievement he highlighted.

The four successive governors of Manipur shows commitment towards the greater cause of Health care and three governors of the period went to the extent in their address by particularly quoting causes and concerns of people living with HIV and AIDS.

In view of the beneficiaries especially people from Tamenglong district they are of the opinion that they are not reached by the schemes and facilities provided by the government. Tamenglong district is considered to be one of the most backward districts of Manipur. The reason varies from geographical barriers to insurgency problems.

Analysis of the assembly proceedings

In order to find out commitment of the political leaders, assembly proceedings reports from 2002 to 2010 have been analyzed. Question ranges from policy making to program implementation and their involvement at the grassroots level taking into account not only the levels and degree of knowledge but also at the roots of the potential ignorance.

Besides assembly debates, bills, laws, government or ministerial regulations, and other institutional forms of text and talk have been incorporated.

Discussion and debates in the assembly from 2002- 2010 has been analyzed by dividing them according to the issue as it appears in the assembly proceeding procedures.
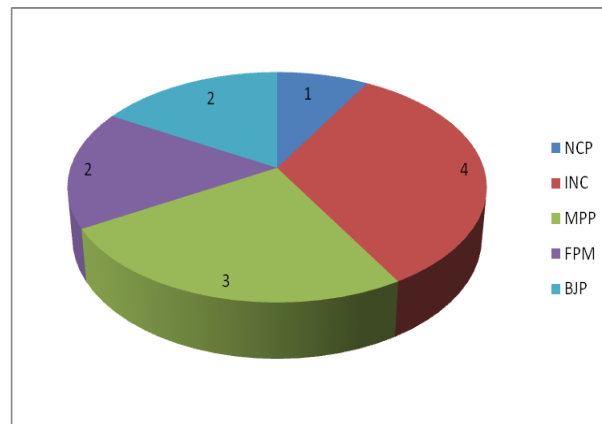
Picture 2
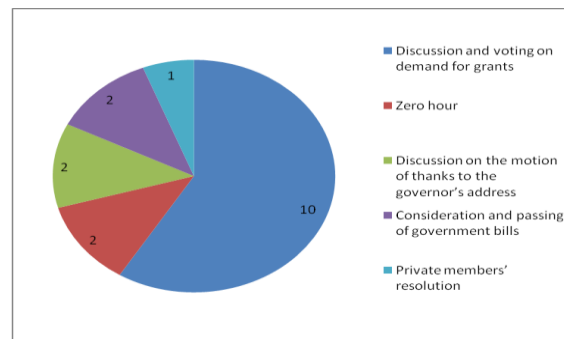
Pie chart showing the frequency of HIV/AIDS

issue as it appears under different topic heads

The above pie chart shows that maximum number of the discussion revolves around discussion and voting on demand for grants. During this session demands related to giving benefits to people living with HIV and AIDS and infected mothers and children like AAY cards, Vocational training and even reservation of jobs in the government sector, highlighting the gaps in the policy requiring the need for immediate improvement in infrastructure was the need of the hour. Highlighting many concerns of PLWHA like Increasing the number of ART centres, requiremnet of maintaining vital statistics of HIV patient, widows and childrens of HIV+ patients are neglected. Funding related issues takes a centrestage during this session in terms of discussion on the inadequacy of funds, the need to pool in more funds and proper utilisation of funds and also equal distribution of it to all the districts.

During zero hour clarification regarding the irregularities of appointing the procurement officers were highlighted as it hampers the smooth functioning of MSACS programs and strategies. During discussion on the motion of thanks to the governors address federal party of manipur highlighted the need for specific policies to controll the HIV and AIDS pandemic. The ruling congress party reassure the august gathering of the commitment of their government by promising to establish rehabilitaion centre with external fundings in the days to come. During consideration and passing of government

bills Manipur people's Party and Bharatiya Janata Party alike cautioned the ruling government of misusing and mismanagement of the fund allocated and the dismal allocation of funds. During the session of hearing private member resolution, one member suggested the august house for the introduction of compulsory HIV testing before marriage.

Picture 3

Pie chart representing question and clarification made
by different political parties during the assembly

Picture 3 above shows that during the period under consideration maximum number of the questions and clarifications were made by Indian National Congress followed by Manipur People's Party. Bharatiya Janata Party and the Nationalist Congress Party also showed their commitment by raising issues ranging from policy to services rendered. Analysis of the statement shows that the ruling congress party covered the three aspects of policy, programmes and strategies. Most importantly all questions related to follow up services of the government were made by Manipur people's party.

Picture 4
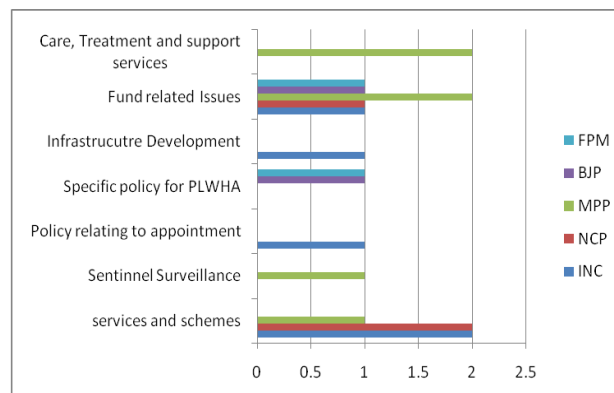
Bar Graph showing thematic classification

of questions raised by different parties

Note: INC-Indian National Congress, FPM- Federal Party of Manipur, BJP-Bharatiya Janata Party, NCP Nationalist Congress Party, MPP-Manipur People's Party

The above picture clearly indicates which party is more vocal than their other counterparts. Apart from the ruling Indian national Congress, Manipur People's Party seems to be more PLWHA centric as they are the main opposition party and raises questions from funding to care, treatment and support services provided. They also question the ruling government about their credibility in providing services to PLWHA community.

Trends of HIV/AIDS Sero-surveillance in Manipur

Year	No. of Blood samples screened	No. of HIV positive reported	Percentage rate of infection
1996	2021	557	0.275
2006	31811	2749	0.0864
2009-2010	83836	1961	0.02339
2010-11 up to Jan	71305	2560	0.03590

Table no: 2 Epidemiological analyses of HIV/AIDS in Manipur, MSACS 2011

The above table shows the decrease in the rate of infection at the initial 14 years. However, one can see the sharp rise of 53.484 % from 2009-10 to 2010-11. From 1986 till 2011 January the number of blood samples collected was 393006 and out of which 31256 is HIV positive. Indication is that out of the population of 27.21 lakhs (2011 census) only 14.5 % of the population blood samples are tested and around 8% turns out to be HIV positive. One can imagine what would be the turnout if more blood samples are tested. This poses a great challenge for the policy makers and the program implementers. It would be interesting to study the effectiveness of the new revised draft Manipur HIV and AIDS policy 1996.

Findings and limitations

Irregularity of the funds being released by the state government hampers the continuity of the intervention programmes. Out of the 26 functionaries interviewed 10 respondents did

mention about lack of sufficient funds to organize community meetings and awareness program on timely basis.

Critical Analysis of the responses highlighted the following barriers in the implementation of HIV and AIDS programmes in Manipur.

- Problems of law and order like the insurgency in Manipur in particular have been widely accepted as political and economic problem. Frequent Bandhs and blockades fuelled by stigma and discrimination create a great hindrance in HIV and AIDS intervention programmes. According to some respondent discussion on the issue of sex and sexuality are taboo and not many people come forward to utilize their services

- Lack of or inadequate financial resources.

- Limited human resources and professionals to implement the programmez. Gaps have been identified in almost all the NGO's directly or indirectly supported by MSACS, in various areas of health care and related skills, such as counseling.

- Poor service infrastructure, especially in the rural areas, limited access to services for a majority of the population.

- Traditions and cultural norms sometimes prevent openness and militate against effective implementation of prevention and impact mitigation measures.

- Poor or lack of community involvement in programmes.

- Weak care and support services, especially lack of strategies and programmes to assist PLWHAs and care givers in most of the NGO's.

- Poor monitoring and evaluation of the effectiveness or lack of intervention programmes.

Recommendation and role of professional social workers

- Professional Social Workers have the potential to act effectively on behalf of people living with HIV and AIDS as they are free from political interference.

- There is a need to decriminalize drug use and sex work if they are to receive and access to healthcare and all public services. Professional Social Worker can advocate this to the policy makers and the concerned authority

- Universal access to HIV treatment must be provided to all migrants including those who are undocumented or without lawful residency status

- Gender specific Intervention programmes need to be designed like specific HIV testing program for women and children, the orphan etc.
- Best practice should be drafted for NGOs on how best to advocate and litigate around HIV and legal issues.

For the best implementation of AIDS control policy in the state one respondent said we have to focus on international borders where many types of trades are being carried out. We should register the brothels and monitor it. Political parties of the state should be encouraged in creating conducive environment for HIV prevention, Involvement of the church, Temple board, Masjid board Meira Paibi's and various religious and cultural groups etc. has to be involved. Services of the government and non-governmental should be more reliable and people oriented, transparency in services and coordination between different Ministries and participation from the local people are needed. Over and above participation and owning of the issue by one and all was the felt need of the hour.

Conclusion

Positive development in the new revised Manipur State AIDS Control Policy 1996

- Manipur state government will now allow utilization of MLA Local area Development Program (MLA LAPD)
- Introduction of District AIDS Prevention Control Unit (DAPCU)
- Inclusion of one male and female PLWHA in MSACS Committees
- Policy for involvement of CBO, FBO, Social Organization only for IEC Programs
- Compulsory training for student for two days to be eligible to appear for Xth and XIIth exam and teacher for three days to enter into state service.
- Provision of free travel for PLWHA
- Provision of Opportunistic Infection drugs
- Monitoring and Evaluation once in every year.

There are spectrum of opinions from the beneficiaries with regards to political involvement in various forums, media, assembly budget allocation for HIV and AIDS. Of the total respondent 80% of the respondents are involved in various forums in various capacities. Media, be it printing or electronics, politicians are involved in various levels.

In terms of budget allocation commitment of the government takes a backstage and majority of the beneficiaries felt that various measures have to be taken up. In reply to the governors address beneficiaries felt that apart from infrastructural developmental promises made, after care services for PLWHA has to be included. Of the total functionaries 86 percent are of the view that there is a political commitment in infrastructure but as of involvement in media, assembly budget allocation it has really to be reconsidered.

Administrative heads of the organizations are of the view that politician's involvements in various forums and media is laudable. Discussion and debates in the assembly should not only focus on funding but for the welfare's of PLWHA opined the Administrative heads. The HIV and AIDS policy might go for a revamp but it should be more PLWHA centric.

In order to have a better political and legislative climate with regard to HIV/AIDS, one must strive for enhanced liaison between legislative forums and civil society organizations as well as local community based organizations. Commitment of the politicians in terms of providing services, infrastructure and frequency of the issues raised in the assembly debates and their involvement in various activities; forums created for HIV/AIDS mitigation cannot be neglected. It can be concluded that on the part of the government efforts has been made and it is thus the collective responsibility of the government and various stake holders. It is difficult to come to any hard conclusions about who is responsible; the government or the other stake holders.

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5

'Incident Response System'- A New Lexicon of Disaster Management

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Abstract

Key Words: Incident Response System, Disaster Management and Social Work

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Introduction:

The Incident Command System (ICS) is standardized method disasters/events. It is a primarily a management system that is flexible & adaptable to suit any scale of natural as well as man made emergencies/incidents. The main objective of ICS is to transform the confusion during the early stage of an emergency situation into a well managed response process by providing answers to questions such as "who is in charge?" and "what's my job?" "To whom do I report?" and so on.

Recent organization science research has indicated that an expanding number of organizations are facing increasingly unforgiving socio-political-economic context. Operational failures resulting in inappropriate, incomplete, otherwise mindless organizational responses to unexpected and demanding environmental (such as major and unforeseen competitive threats, product malfunctions and recalls, supplier collapses, technology breakdowns, etc.) are ever more likely to be immediately and critically disabling. Consequently, reliability-i.e., the capacity to continuously and effectively manage working conditions, even those that fluctuate widely and are extremely hazardous and unpredictable, is becoming a vital organizational quality or competency. Traditional bureaucratic or mechanistic systems apparently become more unreliable as situational volatility rises. In fact, efficient functioning organizations require to compete successfully under stable operating conditions, but they also severely limit the flexibility of organizations need to cope effectively with complex, ambiguous, and unstable task environments. Not surprisingly, then, a growing number of managers are experimenting with new organizational forms that purportedly achieve flexibility, and thus a degree of reliability under turbulent conditions, by way of more organic and temporary work arrangements. Hybrid, network, and virtual are several of the terms that have been used to identify these emerging organizing principles.

However, the incident command system (ICS) points to be possibility of new, highly bureaucratic and temporary organizational forms able to attain remarkable reliability under a broad range of working conditions (including those marked by extreme uncertainty and instability). An ICS-based organization appears able to capitalize on efficiency and control benefits of bureaucracy, while at the same time avoiding or overcoming the considerable tendencies toward inertia usually thought accompany

bureaucratic systems ICS-based organizations may be more reliable for extreme conditions then organizations founded on alternative approaches. They appear able to structure and restructure themselves on a moment-to-moment basis, and provide members with means to oscillate effectively between various pre-planned organizational solutions to the more predictable aspects of a disaster circumstance and improvisation for the unforeseen and novel complications that often arise in this types of situations.

The Origin of ICS

The ICS was originally developed in USA through a cooperative effort among a member of federal, state and local governmental agencies in response to the harmful disorder that occurred among various organizations (e.g., Municipal and County Fire Departments, the California Department of Forestry, and State and Federal Governments) attempting to suppress massive wild land fires in California during the 1970s. A task force investigating these incidents identified a number of recurring problems that suggested responding organizations lacked sufficient means to effectively coordinate activity in large complex and dynamic emergency situations. Examples of major deficiencies included a basic inability to adjust (e.g., expand or contract) organization to accommodate shifting situational demands, nonstandard terminology and communication procedures among responding agencies, and problematic action planning protocols at emergency scenes. Designed to address these type of issues , the ICA approach turned out to be a major departure from previous large-scale emergency management methods. Although initially developed in response to problems associated with wild and fire fighting, the ICS evolved into an all-risk system supposedly suitable for almost any type of emergency (e.g., natural disasters, riots terrorist attacks) and for emergencies of nearly any size (ranging form a minor incident involving a single unit, such as a fire engine company, to a major event involving numerous agencies). Consequently, the use of fundamental ICS principles expanded rapidly. For instance, the ICS was adopted by the National Fire Academy as its standard for incident response. Many states of US have adopted the ICS as their model for responding to all types of incident. Finally, the ICS is a cornerstone of Federal Emergency Management Agency's Integrated Emergency System (IEMS). The IMES has the objective of developing and maintaining a credible,

wide nation emergency management capability involving all levels of government and all types of hazards.

The Origin of ICS in India

India on account of its geo-climatic condition is highly vulnerable to number of natural disasters such as floods, cyclones, droughts, earthquakes, landslides, avalanches etc. due to such disaster, the country suffers substantial losses in terms of life and livelihoods and damaged to public and private property during 1985-2000 the average annual damage caused by natural disasters has been estimated to be Rs. 70 crores.

Empirically it is found that handling disasters in India have highlighted that there is often delay in mobilizing and deploying resources at the sight of the incident in the event of an emergency. Resources available may not be utilize in the most effective and efficient manner due to lack of developed planning process and logistic support. There is also a felt need to address the requirement of specialized disaster management/mega event management functions at various levels, whether it is the State, District, Subdivision or Tehsil. Often the designated coordinating officers at these levels are not backed up with professional teams whose members are trained for performing specialized functions such as materials/logistic management, management of search and rescue operations, management of personnel, communication etc., these issues and managerial tasks ultimately devolve upon the coordinating officer who is required to take decisions on all aspects of an emergency like drawing up plans; logistic management; handling of media, transport etc. As a result of the manifold imperatives, the officer concern may get overwhelmed and available resources are not use optimally. To give an example arrival of large quantity of relief supplies during an emergency requires professional training for designated officer to handle it efficiently which otherwise can create additional problems in essence for better management, the field functionaries at these levels responsible for the overall coordination need to have a better system and support for mobilizing different agency including local NGOs and CBOs, in monitoring the situation, coordinating the response, tackling logistics dispatching materials and providing assistance in the event of a disaster. Professional management requires an approach which recognizes importance of such specialized rules and training of officers and local NGOs and CBOs to perform these rules at the time of emergencies.

Initiatives of governments of India: To address these issues, Ministry of Home Affairs in collaborations with the United States Agency for International Development (USAID) has adopted a programme known as Incident Command System (ICS) and initiatives taken for institutionalizing Incident Command System (ICS) in India where the National Academy of Lal Bahadur Shastri Administration, Mussoorie is working as a nodal agency since 2003 to institutionalize the ICS through imparting training on it.

The objectives for such causes are as follows:

1. Adaptation of the Incident Command System to suit Indian conditions
2. Preparation of operational manuals incorporating Incident Command System principles
3. Training of officers belonging to Indian Administrative Service (IAS) and group-A Central Service Officers in all aspects of Disaster Management and exposure to Incident Command System.
4. To conduct of National Level Training of Trainers (TOT) programmes for the Incident Command System.
5. To coordinate with identified Regional and State Training institutes for the training of field staff in Incident Command System.
6. To undertake documentation and development of case studies/other training materials relating to Disaster Management.

ICS Structure

The basic structure of a fully elaborated Incident Command System (ICS), one appropriate for large scale emergency or disaster such as floods or powerful earthquake or cyclones occurring in highly populated areas, defines the major ICS elements. In brief, the ICS appears to exhibit many of the hallmarks of bureaucracy. The system is highly formalized, based on standardized routines, and required particularized training. Positions are arranged hierarchically and related to one another on the basis of formal authority. Basic system objectives and plans are established at or near the top of the hierarchy and used as bases for decisions and behaviors at lower levels.

Incident Response System

Incident Response System, IRS in short is a professional disaster response system and is the version of Incident Command System (ICS) adapted to suit Indian administrative and

field conditions. ICS is the main disaster response system used effectively in the USA and also in some other countries to manage disasters. ICS has been used in event management also and found to be a very effective management tool. National Disaster Management Authority (NDMA) examined ICS thoroughly; taking into account pilot projects of ICS in three states and has issued guidelines for use of the adapted version IRS in keeping with the needs of our country.

Government of India had constituted High Powered Committee (HPC) in August 1999 to look in to disaster management practices in the country and suggest measures for improvement. One major recommendation of the HPC was to examine some of the best practices in other countries with a view to improve our own management of disasters. Government of India Collaborated with USAID in a project 'Disaster Management Support Programme' and one of the components was to bring in ICS to India, adapted it to suit our needs and professionalize disaster response in country.

Incident Command System is a management tool which can be used to respond to incidents of various kinds and magnitudes such as earthquakes, floods, cyclones, landlines etc. It is useful also in managing emergencies like train or road accidents or in case of a large complex disaster like tsunami. As a Management System, ICS draws its strength from its applicability to a wide range of incidents/disaster of varying scales. The primary intention in using ICS is to transform into a systematic and well managed response process with the help of clarity of objectives, roles and functions.

The ICS provides a framework, which makes use of management concepts such as-

- Management by Objectives to make the system objective-driven,
- Unity of Command to indicate clear line of authority,
- Organizational Flexibility for different scale of incidents,
- Standard Terminology for better communication,
- Systematic and uniform Resource Management procedures
- Clear Guidelines, Span of Control and Action-Plan for effective incident response.

Today there is a growing need for multi agency and multi functional involvement in incidents/emergencies. Therefore it has also increased the need of a Uniform and

Standard Management System which can be used by all agencies involved in disaster response. The use of such a Uniform System will help to effectively deal with some of the factors that affect our disaster response as listed below.

- Shortages of resources requiring optimizing resources use
- Linguistic and cultural differences
- Accountability of functionaries
- Lack of reliable incident information
- Lack of uniform terminology
- Different emergency response agency structures
- Lack of coordinated planning
- Unclear line of authority
- Unclear objective
- Multi-jurisdictional incidents
- Inability of the organizational to expand and contract as required by the situation.

Government of India in collaboration with United States Agency for International Development (USAID) started to work on institutionalization of ICS in India by way of adaptation to suit our system of administration. Lal Bahadur Shastri National Academy of Administration (LBSNAA), Mussoorie and National Institute of Disaster Management (NIDM), New Delhi were designed as the Nodal Training Institutes for organizing comprehensive training programmes to train the administrators, disaster management practitioners and trainers across the country. As a part of the 'Disaster Management Support Programme' three states were selected to be taken up for Pilot projects of the ICS which started with three districts in Gujarat. Later two major states, Assam and Andhra Pradesh were also taken up and accordingly experience was gathered in ICS pilots in three districts in Andhra Pradesh and two districts in Assam.

In Assam, two districts Cachar and Kamrup Metro were selected for the ICS Pilot projects and Districts Incident Management Teams were formed in accordance with the ICS principles. These two teams were subjected to a systematic training programme ranging from basic to advanced courses and at the end the learning outcomes were tested through simulation exercises which were observed and assessed by the leading experts on ICS drawn from different parts of the country.

NDMA organized several rounds of Seminars, Workshops and discussions to examine the core issues of adaptation of ICS and to make it suitable for our requirement in the country. Incident Response System (IRS) has evolved from these exercises and is ready for operationalization throughout the country.

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6

A Study of National Rural Employment Guarantee Scheme (NREGS) and Its Implementation in Hatitilla Community of Cachar District, Assam

M. Tineshowri Devi

Abstract

A number of special employment and poverty alleviation programmes like National Rural Employment Guarantee Scheme (NREGS), Swarnajayanti Gram Swarozgar Yojana (SGSY) and Swarna Jayanti Shahari Rozgar Yojana (SJSRY) have been launched. These schemes aim to provide additional or seasonal employment and also to supplement the income of poor people. Thus, this paper attempts to study and understand the implementation of NREGS and the role of local village committee under NREGS. It further tries to explain the awareness level and problems of village people who are

availing the services of NREGS. The study is determined by 100 respondents who have job card holders of NREGS and key informants like Goan Panchayat members, Village committee members of Hatitilla Community, Cachar District, Assam. Descriptive research design is used for the study and simple random sampling is chosen to select the respondents. Interview schedule and focused group discussion were used as tools of data collection. The study will further suggest the importance of evaluation and monitoring to curb the corruption at different levels and its impact on livelihood security.

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Introduction

Unemployment in India is not a straightforward issue that can be either estimated directly with a single measuring rod or addressed with a single policy initiative. Even if a person is not reported to be unemployed on a particular point of time, he/she may be actually unemployed/under employed. Poor and weaker sections of society, particularly those who are engaged in subsistence agriculture and low income earning self-employment activities frequently face this situation as they do not get employment round the year. Hence, various approaches are used to measure different dimensions of unemployment in the country. The estimates for 2004-05 varied from 10.8 million (as per usual status - widely referred to as 'open unemployment') to 35 million (as per daily status which includes both open unemployment and underemployment). Hence, addressing underemployment along with open unemployment is important for policy initiatives, particularly, from the point of view of 'inclusive growth'.

According to the Ministry of Labour and Employment 2010, the unemployment data for the year 2004-05 reveals that unemployment rates are very high in urban areas, particularly, in the age group of 15-24 years. Further, female unemployment rate in the age group of 20-24 years is the highest at approximately 27%. Among males, the highest unemployment rate is reported in the 15-19 years age group both in rural as well as urban areas. However, in the 20-24 years age group, male unemployment rates are 12% and

16% in rural and urban areas respectively. Overall, in rural areas unemployment among youth (age 15-24 years) is approximately 12 to 15%.

According to Planning Commission (2010), the generation of productive and gainful employment with decent working conditions is viewed as a crucial strategy for 'inclusive growth'. Further, it is equally important to make the employment opportunities accessible to all, especially poor and weaker sections of the society. This would require a proper understanding of the nature and characteristics of the existing and emerging labour market situation in India so that along with overall employment growth, issues relating to the weaker and disadvantaged groups are adequately addressed in all relevant policies.

The general employment pattern in India reveals unfavourably. It is noted that the problem of under employment exists with a large magnitude than the open employment. The approximate data sets show that there is declined in the employment growth from 2.82 per in 1980's to 1.02 per cent in 2000. Similarly the employment structure in the three sectors namely, agriculture, industry and service sectors reveals a considerable decline in agriculture from 74 per cent to 57 per cent and a slight increase in the industrial sector from 11 per cent to 18 per cent; and a remarkable increase in the service industries from 15 per cent to 26 per cent during the period 1980 to 2000. The nature of employment growth in the recent past highlights the increasing casualization.
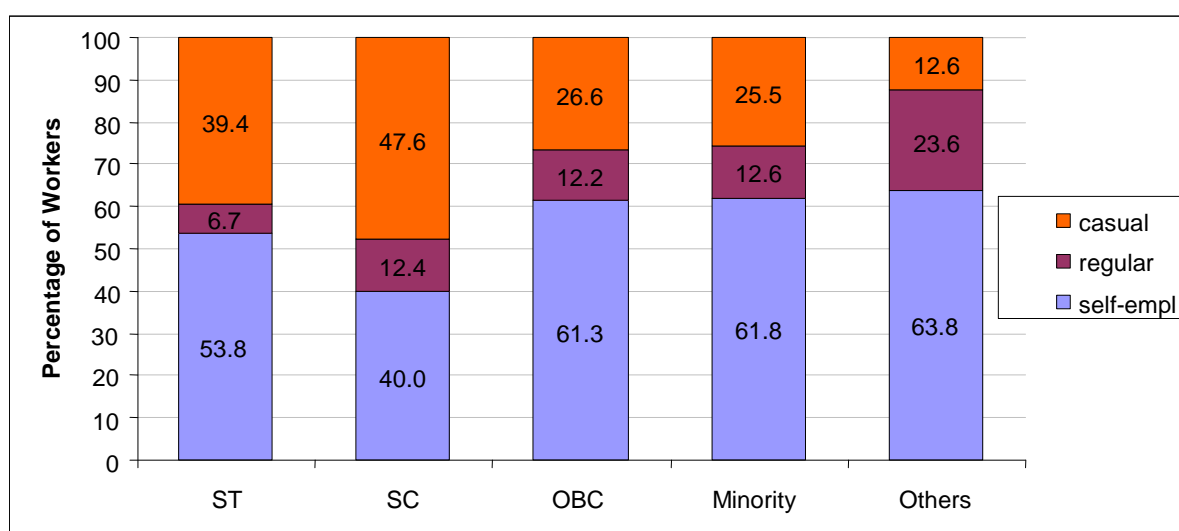
Fig: 1. Source: Calculated from Unit level data of NSSO, Employment & Unemployment Survey, 2004-05

Workers from Scheduled Tribes (STs), Scheduled Castes (SCs) and Minorities are predominantly engaged in labour market as casual labourers, self-employed in agriculture and small manufacturers and traders. Proportion of regularly employed workers is as low as 6.7% among STs and little more than 12% among SCs, OBCs and Minorities. As against this, proportion of regularly employed persons is approximately 24% among others. Approximately 48% of SC workers are engaged in labour market as casual labourers. In addition, wages paid to SCs and STs are significantly lower than the wages paid to the other categories. The wage differentials across social groups are more pronounced for regular workers than for casual workers and for male workers than for female workers.

Table1: Average Daily Wages/Earning (in Rs) across Social Groups in India, 2004–05

Social Groups	Rural		Urban	
	Males	Females	Males	Females
Casual				
STs	45.63	33.33	62.69	42.49
SCs	54.92	36.06	72.35	44.31
Others	56.05	34.35	74.98	46.57
Regular				
STs	130.38	78.04	207.02	123.06
SCs	120.53	59.00	147.95	93.56
Others	178.67	113.37	240.04	197.36

Source: Calculated from unit level data, NSSO Survey, 2004-05

Therefore, a number of special employment and poverty alleviation programmes have been launched. These schemes aim to provide additional or seasonal or seasonal employment and also to supplement their income. Schemes such as minor irrigation, land reclamation and soil conservation are meant to provide new and seasonal employment. Schemes such as dairying, poultry and piggery are to provide additional employment and income. Public works programmes such as rural road construction, building etc. are offered as a source of employment during slack seasons. Some of these schemes are supposed to ensure continuity of employment and income. Some other schemes are target group oriented. Small and marginal farmers, landless agricultural labourers, artisans, persons engaged in household occupations, scheduled castes; and

scheduled tribes are the targeted populations. MFAL, SFDA, DPAP and CSRE are some of the schemes that are directed specially to the above mentioned groups. To use optimally existing skills and to provide job opportunities at different levels of skill is one of the major objectives of these schemes. Provision of new openings for, the skilled, semi-skilled and unskilled persons is sought through these schemes. All these programmes have been continued either in one or in other forms.

Active labour market policies (ALMPs) are recognised as an important strategy for providing immediate access to employment for less advantaged groups in the labour market. In India, ALMPs are pursued to generate both wage as well as self-employment. The major employment generation programmes which are currently in operation in India include: Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), Prime Minister's Employment Generation Programme (PMEGP), Swarnajayanti Gram SwarozgarYojana (SGSY) and Swarna Jayanti Shahari Rozgar Yojana (SJSRY). These programmes have reflected immense potential for generating short term rural wage employment as well as sustainable self -employment.

Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)

Recognising the serious problem of unemployment, the National Rural Employment Guarantee Act (NREGA) was enacted on 7.9.2005. NREGA, renamed as Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), provides for the enhancement of livelihood security of the households in rural areas of the country by providing at least one hundred days of guaranteed wage employment in every financial year to every household whose adult members volunteer to do unskilled manual work.

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Mahatma Gandhi National Rural Employment Guarantee Act
Achievements during 2009-10

Employment provided to households (in crore)

Person days(in crore)	**5.25**
Total	282.83
SCs	86.69 (30.6 %)
STs	58.19 (20.1%)
Women	137.39 (48.6 %)
Others	137.95 (48.8 %)
Total Works taken up	45.97 lakh
Works completed	20.84 lakh
Works inprogress	25.12 lakh

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Thus, MNREGA makes the Government legally accountable for providing employment to those who ask for it and thereby goes beyond providing a social safety net towards guaranteeing the Right to Employment. A very significant feature of this Act is that if a worker who has applied for work under MNREGA is not provided employment within 15 days from the date on which work is requested, an unemployment allowance shall be payable by the State Government at the rate prescribed in the Act. The Scheme is working as a social safety net. It has prevented distress migration and helped in empowerment of women. The achievements made under MGNREGA during 2009-10 have been highlighted in the above Box (MoL&E, 2010).

According to the Annual Report (2010) of Ministry of Labour & Ministry, the following are noted as Impact of MGNREGA. For instance,(i) Employment opportunities and wage rates have made a significant impact in rural areas. Wages for rural households under the MGNREGA have increased in Maharashtra from Rs. 47 to Rs. 72, in Uttar Pradesh from Rs. 58 to Rs. 100, in Bihar from Rs. 68 to Rs. 100, in West Bengal from Rs. 64 to Rs. 100, in Madhya Pradesh from Rs. 58 to Rs. 100 in Jammu & Kashmir from Rs. 45 to Rs. 100 and in Chhattisgarh from Rs. 58 to Rs. 100 to name a few states. At the national level, the average wages paid under the MGNREGA have increased from Rs. 75 in 2007-08 to Rs. 93 in 2009-10. (ii) Increase in wage rate and number of workdays in rural areas has increased the income of rural households. Increase in income has resulted in increase in ability of rural households to purchase food grains, other essential commodities, and to access education and health care. (iii) About 46 lakh works have been taken up during 2009-10 and most of these (67%) relate to water conservation. This has resulted in rise in water table in dry and arid regions as large number of water conservation and drought proofing works have been taken up under the MGNREGA, and (iv) Financial Inclusion: More than 9 crore saving bank accounts in the Banks and Post Offices have been opened for the MGNREGA workers.

Thus the study was conducted to understand the existing scenario of job employment and registration knowledge of the scheme NREGS among the community people and the commitment level of local self-government and village committee of a community called Hatitilla of Cachar District of Assam.

Aim of the study

The main aim of the study was to understand the implementation of NREGS, the role of the local village committee, the awareness level and the problems of village people regarding the services of NREGS.

Methodology

Study area: Hatitilla Community is under the Irongmara Gaon Panchayat of Borjalenga Development Block of Cachar District, Assam. The area of the community is 2 sq km. approximately. The inhabitants of Hatitilla are mixed of Bengali with 60 percent and Deswali with 40 percent. In Hatitilla community there are about 140 house-holds and approximately 548 voters (According to GP Office).

Research Design: For this study, descriptive research design was used.

Sampling Design: As it was not possible to conduct the study by considering the entire job card holders under NREGS, so using simple random sampling, 100 respondents were selected for the study. The data for this research were collected through face to face interaction with the village people, verifying the job cards, and also after taking interviews of a few village committee members, G.P. Member and the Gaon Panchayat officials.

Tools of data collection: Interview schedule and focused group discussion were used for data collection.

Findings:
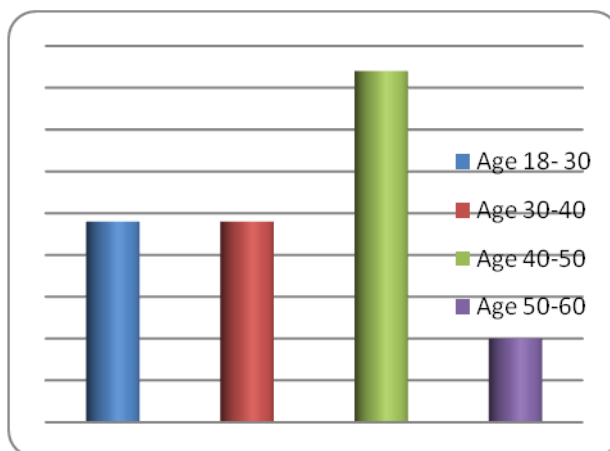
(A) Profile of the respondents.

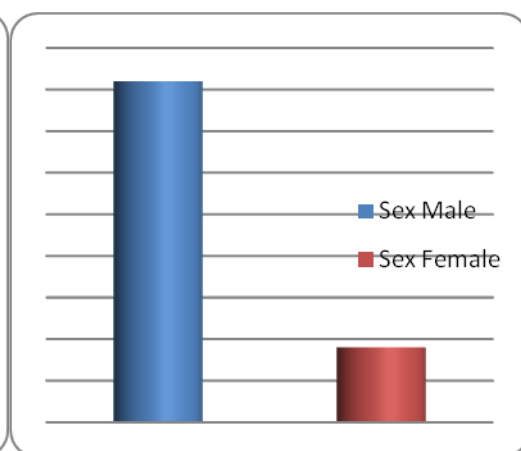Fig 2: Distribution of age group   Fig 3: Distribution of sex

From the above figure, it is seen that majority of the job card holders belong to the age group of 40-50 with 42 percent followed by 22 percent of age group of 18-30 and 30-40. It is found that majority of the card holders of NREGS are male members with 82 percent and only by 18 percent female are having job cards under the scheme. It reflects the poor participation of the women or they were not given more opportunities of jobs under this scheme.

(b) Awareness level of respondents regarding the NREGS

All of them are aware of the scheme of NREGS, but they are not having the proper information of how NREGS is functioned in the villages, how to approach, whom to approach, etc. From the Table no. 2 (below), it is seen that 58 percent job holders of the Hatitilla community know about the existence of the village committee under NREGS but the remaining with 42 percent do not have any idea of its existence. From which we can have an idea about the awareness level of the community people and also the role of the village committee in this regard.

Table no.2: Awareness level of the community people about the existence of the village committee.

Awareness about the existence of the village committee	Response	Frequency	Percentage of peoples response
	Known	58	58
	Not known	42	42
	Total	100	100

It is shown in Fig: 3 that all the respondents were of the same opinion that the village committee never organise any meeting in the community to inform community people about the new jobs and also never aware the community people about the different services available under NREGS. It is seen that no meeting was held during the term by the village committee regarding new job opportunities, services and for educating the village people about the NREGS.

Majority of the repondents percent are not aware of the record keeping of their jobs. It can be said that the awareness level of the community people about the services and procedures of registration is very poor based on the data as it was found that 86

percent people do not know that they have to maintain another piece of record book in the G.P. office after completing the job. Only 14 percent respondents said that they have got the information of record keeping and maintaining of record book in the G.P.Office by the village committee.
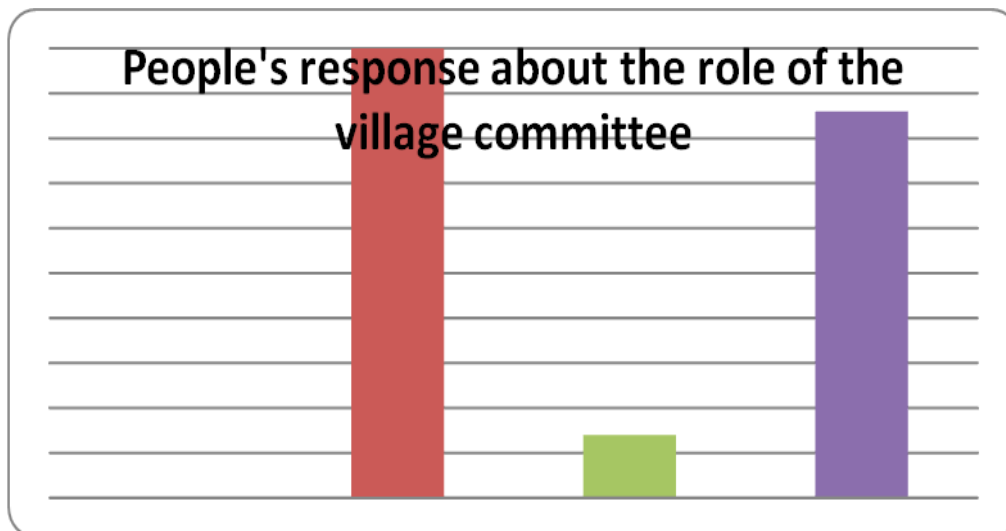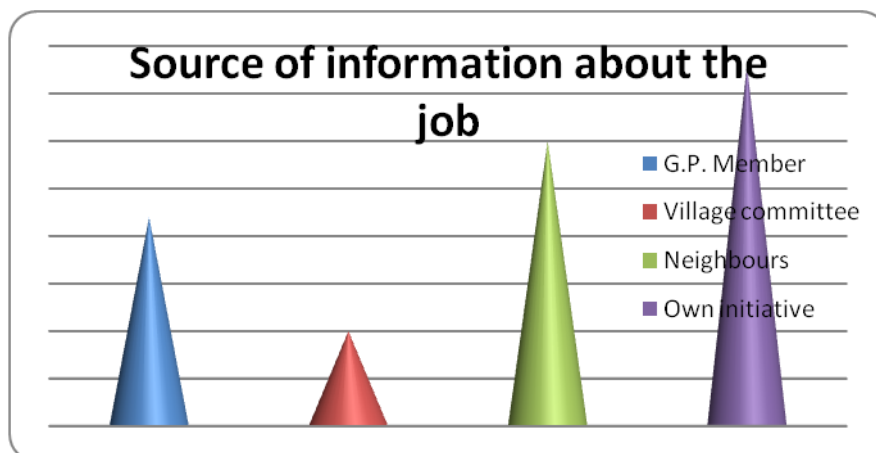

Fig 3: People's response about the role of the village committee

(C) Source of information about the jobs.

Figure 4: Source of information about the jobs

From the Fig.4, it was found that majority of the respondents 38 percent expressed that they themselves took initiative and got information about the job, followed by 30 percent respondents   revealed that they got information from relatives, friends and neighbours. It is surprising to know that only 22 percent of respondents get information about the job from the G.P. Member, and only 10 respondents from the village committee

about the information of jobs. Thus, the role of the village committee and the G.P.Member were very unsatisfactory in disseminating information to the community people.

(D) Types of work involved by card holders under NREGS
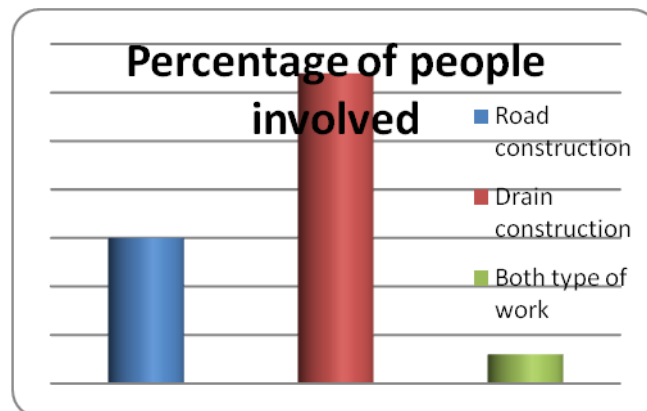

Fig 5: Involvement of people in different
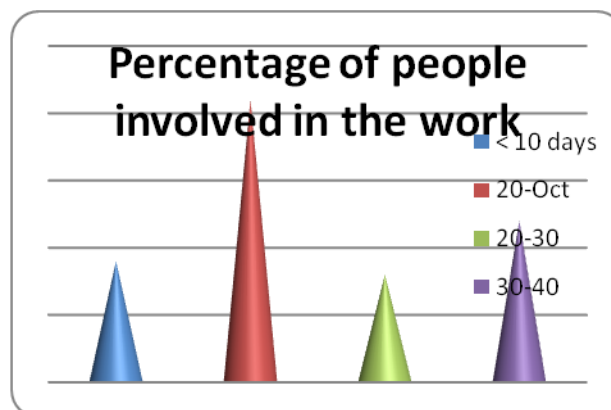
Fig 6: Duration of job engaged by people under NREGS.

Types of work under NREGS.

In the study it is found that in Hatitilla community only two types of work project were initiated between 2008-2012, those were construction of road and construction of drain. About 30% people engaged in the road construction work and 64% people engaged in the work of drainage construction. Only 6 percent people were engaged in both the work. Under NREGS there is a provision of 100 days job opportunities but from the data, it is found the study that majority of the community people get 10-20 days job opportunities since 2008 till March, 2012 under NREGS.

Table No.3 (below), it can be clearly understood that majority of job card holders got 10-20 days job opportunities since 2008 till 2012 under NREGS. Before 2008 they did not get any job opportunities under NREGS. The implementation of NREGS became very late in the village. Further it is also noted that 24 percent of respondents get highest days of employment, i.e., of 30-40 days only from 100 days. It reflects more insensitivity from village committee, village GP members, etc.

Table no. 3 Duration of people's involvement in job under NREGS.

	Duration	Frequency	Percentage of people involved in the work
Days of employment From 2008 to 2012, March	< 10 days	18	18
	10-20	42	42
	20-30	16	16
	30-40	24	24
	Total	100	100

(E)Views of GP members and Village committee regarding NREGS:

They expressed that they have tried their best to provide the facilities of NREGS to the village people. As the construction work is less in the area and there are many villages in the Block, they could not provide all the villages' job under the scheme. They have also expressed that as the payment system is lengthy, villagers do not want to do the job because once they complete their jobs, they are supposed to collect the payment from the nearby post office. They further mentioned that time to time they tried to update the news of the job through village committee. They also revealed that services like unemployment allowances are not prevalent in this area.

From the above discussion it reflects the poor involvement of the village committee and the G.P. Member. It also reflects the lack of awareness among the job card holders making them more deprived from the benefits of the schemes which are initiated for their economic development. The complexity of the registration process and due to the low wages people are more attracted to other source of income. The unavailability of jobs and the time gap between two jobs compels people to look for alternative source of income, which hampers the success of the scheme. Low rate of women participation indicates the existence of male influence in decision making which should be given more

focus and attention by the higher authority for the success of the scheme and development of the society.

Conclusion

NREGS must aim at creation of productive employment. The approached adopted by the government for rural people have not really impacted the village communities. The employment patterns among villagers reveal that there is disguised employment than open employment. Although data sets reveal higher work participation among the rural people, it is not at all helping the needy people. For the effective development of NREGS, the foremost important is the evaluation and monitoring of the scheme in all the systems and levels so that it can give a clear picture of its effectiveness and the impact on the development of people at large, it can also further prevent from corruption of stakeholders and their performances in bringing a change to the people's attitudes towards the scheme. Thus, instead of the simple calculations on jobs demanded and provided, the NREGA needs to be evaluated and monitored on its impact on livelihood security.

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7

National Rural Livelihood Mission – An approach towards Rural Development.
Abhimanyu Datta
Abstract

National Rural Livelihoods Mission is an approved restructured form of Swarnajayanti Gram Swarojgar Yojana (SGSY) under the Ministry of Rural Development. The paper will attempt to highlight the initial phase of NRLM that functions in 42 blocks in Assam state with an aim to reduce rural poverty. The paper further discusses the importance of joint venture of different professionals like Social Workers, Veterinary doctors, scholars from agricultural science, etc. keeping in consideration of better opportunities and scope for better rural livelihood promotion and rural poverty eradication within the time frame. The paper also emphasizes the importance of professional social worker in making a successful implementation of the programme from the Grass root level to the administrative level.

Key words: NRLM, rural poverty, professional Social Worker

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Introduction

National Rural Livelihoods Mission is an approved restructured form of Swarnajayanti Gram Swarojgar Yojana (SGSY) under the Ministry of Rural Development. It is developed keeping in consideration of the drawbacks of the SGSY. Now India's National Rural Livelihood Mission is the largest poverty eradication programme and world's largest programme for women in a country. Keeping in considerations the shortcomings of SGSY like poor Bank Linkages, insufficient capital investment and capacity building facilities, the programme is restructured with new strategies and action plan to reduce the rural poverty.

National Rural Livelihood Mission was launched in June 2011, by the Ministry of Rural Development, Government of India and will cover 12 States that account for 85% of the rural household in India. NRLM aims to reduce rural poverty by ensuring sustainable livelihood to every poor household through institution buildings.

Approaches of NRLM for poverty eradication and to help the rural poor:

1. Strengthening the rural poor through the formation of the primary institutions like SHGs and village level federation.
2. Identification and making involvement of the excluded families in the women SHGs.
3. Bringing saturation by involving one woman of each poor household in women SHG of the rural community.
4. Strengthening the old, existing weak and newly formed SHGs through better and regular skill development training and capacity building programmes.
5. Identification and special focus for the vulnerable section of the community like woman headed family, widows, single woman, SC/ ST Populations, landless, migrant labourer and other socially economically and geographically excluded poor families.
6. Encouraging self employment and placement of the youth through skill based training programmes.

7. Improving financial inclusion by ensuring better linkages of the SHGs with the financial institutions like Banks.

8. Making the poor self empowered through the formations of federations starting from the village level by involving each member of the federation in the sub committees of the federation and making them responsible for self, for the group, for the federation and at large for the community and society.

9. Further strengthening the financial support system by Community Investment Fund along with the earlier support like Revolving fund, Capital subsidy, Interest subsidy and Bank Loan to the SHGs/ Federations.

10. 100% coverage of the (Below Poverty Line) BPL families with special consideration for the SC/ST, minority and person with disability.

A process of Poverty eradication from the household level through institution building:

District Federations

⇧

Sub- District Federations

⇧

Village Organizations

⇧

Self –Help Groups

⇧
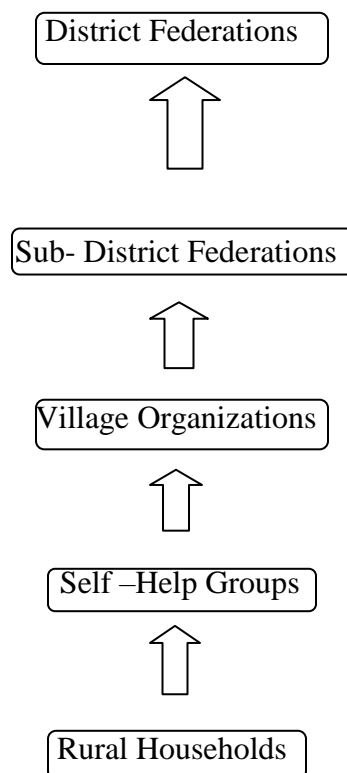
Rural Households

Through SHG formation with the left out BPL families of the villages and by strengthening the capacity of the existing women SHGs, NRLM is a programme to attack

the rural poverty keeping in focus every poor household in every village. This chain approach of the National Rural Livelihood Mission will not only ensure the way of every woman of the poor families to get better livelihood promotion but also empower the rural women which will ultimately ensure a healthy life to all the family members. In our Indian Society, specially the women are the house maker and when the woman of every family will be self dependent and empowered then automatically it may bring a noticeable change in the good health, nutrition of the children and of course in the better livelihood.

Formation of Village organization / Primary federation at the village level with 10 numbers of SHGs and formation of 7 Sub-committees, like SHG monitoring committee, Assets verification committee, SHG Bank linkage committee, Social Action Committee, Social Audit Committee, Repayment committee and Procurement committee under each village level Primary federation will be helpful for all the members of those 10 SHGs to participate in the decision making process and also to do their responsibility for the federation and also for their community. Similarly in the sub-district and District Level Federation the best leaders of the SHGs will get an opportunity to form Committees at the higher level.

The approach of the NRLM will not be just like a programme for poverty eradication through livelihood promotion, it will ensure a path for the woman empowerment at the rural areas. In future, it is possible to bring a major positive change in the life of the rural people only if the joint venture of NRLM can be made successful.

Available strategies and components of NRLM which were not under SGSY:

1. Not only limited to formation of SHGs. By formation of federations under NRLM will ensure a better institution building strategy starting from the community level to District level.

2. Introduction of Community Resource Persons, community activists, Book Keepers in the project was not available in SGSY. Involvement of internal and external (Central Reserve Police) CRPs for capacity building of the existing and new groups.

3. Co-ordination and collaboration with different organization, business associations.

4. Saturation approach by ensuring involvement of every poor household in the SHGs.

5. Availability of a new fund flow as Community Investment fund in addition to earlier available sources like Bank Loans, Revolving Fund, Capital Subsidy etc.

6. Training for better skill development of the youth and their placement.

7. Introducing the strategy of using the Community investment fund and capital subsidy as a corpus for leveraging Bank Loan.

8. Facilities of getting repeated loan to the SHGs and members from the federation for better livelihood promotion.

9. In addition to the provision of getting loans for livelihood, availability of provisions of getting repeated loans for health, education and also loan for coming out of the previous debt trap.

10. Formation of livelihood collectives and producers groups for better livelihood of the rural people.

NRLM in Assam:

Assam Rural Livelihood Mission Society has been setup with an aim to reduce rural poverty. The Society was registered under Societies Registration Act XXI, 1860 on 11th November 2011. Assam State Rural Livelihoods Mission Society (ASRLMS) is designated as State Rural Livelihoods Mission by state cabinet for rolling out NRLM in the state. After completing the recruitment process, the action strategies of ASRLMS has been started at the grass root level. Keeping in consideration of better opportunities and scope for the rural livelihood promotion, professional from different back ground has been recruited. Professionals like Social Workers, Veterinary Doctors and People from Agricultural science back ground has been recruited, so that a joint adventure can be started with an aim of better livelihood promotion and rural poverty eradication within the time frame.

NRLM in Assam is in budding stage. In the initial phase Assam State Rural Livelihood Mission Society has decided to implement NRLM in 42 Blocks of Assam. Out of the 219 Blocks of Assam, at first those 42 Blocks will be developed as resource Blocks, and slowly all other Blocks will be covered in the next 6-7 years.

Scope and Role of the Professional Social Worker:

Person with Social Work background and interest in Community development can have a good opportunity for his/ her carrier in this programme. Already for the better implementation of the programme people with MSW background has been recruited for different posts depending on the previous work experience of the person. As it requires a large human resource for the successful implementation of the programme, so there is a better opportunity for the fresher's also. In Assam at present out of the 219 Blocks of the 27 Districts only in 42 Blocks the work has been started and the remaining Blocks will be covered in the next 6-7 years. So it is a good opportunity for the MSW fresher of the North East region who wants to work in this programme for the better livelihood promotion of the rural poor and poverty eradication.

The professional social worker can play a very important role for the successful implementation of the programme. Starting from the grass-root level up to the administrative level the social workers can play different important role:

1. Using the skills and techniques of the social work profession the social worker can identify the resources available in the community which can be bring into use for better livelihood promotion for the poor.

2. Using the methods of the social work, community people can be encouraged and motivated for realizing their needs and interest.

3. As an educator the social worker can make the people aware of the programme in details, and also about the services to the people.

4. As a resource person the social worker can play an important role for the capacity building of the SHG members.

5. Analyzing and understanding the community dynamics the better community acceptable strategies can be taken care of at the community level by the social worker.

6. Based on research findings at the grass root level the social worker can play the role of facilitator and policy maker for the change in the policy and in the implementing strategies.

7. By imparting correct information and my making people educated about their rights under this programme, the social worker can empower the rural community

people to prevent the blockage in service which may occur due to corruption and political interference.

8. At the administrative level for the better implementation of the programme the professional social worker can interlink the other Organizations for making the service delivery mechanism stronger and effective.

9. By making good co-ordination among all the administrative officials and staff, starting from the State level unit to Block level unit, action strategies can be revised ensuring the community peoples participation in the system.

10. Time to time monitoring and evaluation at all levels by the Social workers in their respective working areas can be helpful for the success result of the programme.

Conclusion:

The successful implementation of the NRLM will bring a positive outcome in achieving the Millennium Development Goals in different dimensions. NRLM with its objective to reduce poverty not only play a key role in achieving the 1st goal of MDGs, i.e. "Eradication of extreme poverty and hunger", but at the same time it will be possible to achieve a better status in Gender equality, better health for mother and children, development of partnership and a better sustainable environment.

Involvement of different professionals from different background, involvement of the financial institutions and civil society in the programme will create a better partnership strategy to attack the rural poverty. But at the same time the accountability system for implementing the programme should be strong enough, so that the service can be reached to all the needy people without any discrimination. The newly recruited staff of NRLM has the major responsibility for the successful implementation of the programme, but again it should be free from biased politics and corruption then only it will be a success story towards a development.

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9

Right to Education Act and Strategies to Overcome School Dropouts: A Case Study in Kolkata

Dhriti Ray Chaki

Abstract

Investment in education is most important and a powerful instrument to develop human capital and an economically prosperous society. Since 1950, the Indian Constitution had emphasized to ensure free and compulsory education for the children up to 14 years. To ensure Education as fundamental rights, Article 21-A inserted by the 86th Amendment of the Constitution and subsequently the Right to Education Act was enacted in 2009. India is the developing country of 74% literates as per the Census 2011 and the land of largest illiterate population than any nation on earth. Though the Gross Drop-out Rate at all levels of education for both males and females has been decreased since 2000-01 after the inception of Sarva Shiksha Aviyan, but it is still high. As per India Human Development Report 2010, 19% of children in age group of 6-17 are still out of school in the country. In West Bengal the dropout rate in 2010-11 is detected as 5.6% at elementary level, as per published DISE Data 2011 in School Report Card. The Annual Status of Education Report (ASER), 2011 also pointed out 5.6% dropout for West Bengal, when national dropout rate was 4%. In 2010, West Bengal was the fifth state in the country followed by Meghalaya, Rajasthan, Uttar Pradesh, and Assam in terms of out of school children. The literacy rate of Kolkata is 87.14% and apparently the number of drop out children have reduced over the years from 2006-07 to 2009-10 from 590 students to 424 children with a reduction of about 39.15 percent. However, in all the years the drop out was maximum in class I and II (34.67% in 2009-10).This paper has tried to analyze the reasons of drop-out and strategies to be adopted for reducing the drop-out rate in Kolkata.

Keywords: Drop-out, Education, Literacy, Sarva Siksha Aviyan, Right to education**.**

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Introduction

Education is a human right and is essential for human emancipation and social development. It contributes to better health, higher productivity, greater income, human freedom, capability and desired living as well as increase participation in community life. Investment in education is most important and a powerful instrument to develop human capital and an economically, prosperous society. Understanding the importance of education, the Indian Constitution had been emphasized to ensure free and compulsory education for the children up to 14 years right from 1950. To combat with high illiteracy rate in India and to enroll more children in schools the Kothari Committee, developed in 1966, suggested about the Common School System based on neighbourhood school. The New Education Policy (NEP), 1986 and the Education Plan, 1992 focused on the importance of upgrading the condition of participation in education, quality of education, quality of infrastructure, quality of application of education and allocation of fund for education. These were because the quality of these indicators had become very poor over the time and was responsible for school dropout or reducing interest of children in institutional education or school system across India. After the declaration of United Nations Convention on the Rights of Children (UNCRC) in 1989 followed by the ratification of Government of India in 1992, a legendary verdict had come from the Supreme Court of India. The Court has declared to ensure free education for the children within 14 years of age as Fundamental Right, referring the case of Unnikrishnan vs. Andhra Pradesh Government in 1993. Forming Sarva Shiksha Aviyan during 2001, attempt has been taken to enroll children in schools. The great challenge was emerged out to retain children in schools and to reduce dropout rate across India.

To ensure Education as fundamental rights, Article 21-A, inserted by 'The Constitution (Eighty-Sixth Amendment) Act, enacted on 12th December, 2002, stating 21A "The State shall provide free and compulsory education to all children of the age of 6 to 14 years in such manner as the state may, by law, determine". To implement this on April 1, 2010, the Government of India has enforced the Right of Children to Free and

Compulsory Education Act, as a fundamental right of Indian citizens after receiving the President of India's assent on August 26, 2009. The RTE Act is a detailed and comprehensive piece of legislation which includes provisions related to schools, teachers, curriculum, evaluation, access and specific division of duties and responsibilities of different stakeholders. It is a historical step to play a pivotal role in ensuring education for all children below 14 year. Now, expectation is high on this Act, to remove all the barriers those are inducing dropout since the inception of formal education system.

Statistical Background of School Dropout

India is the developing country of 74% literates as per the Census 2011 and the land of largest illiterate population than any nation on earth. Though the Gross Drop-out rate in all levels of education for both males and females has been decreased since 2000-01 after the inception of Sarva Shiksha Aviyan but it is still high in secondary level. The dropout rates during 2000-01 were 40.1%, 59.1% and 67.5% for males and 46.0%, 65.1% and 77.0% for female in Primary, Elementary and Secondary levels respectively. The rates for the same during 2007-08 have been decreased to 25.7%, 43.7% and 56% for male and 24.4%, 41.3% and 57.3 % for female in the Primary, Elementary and Secondary level. [*Source: Statistical Background of School Dropout, Government of India, Ministry of Statistics and Programme Implementation, October, 2011*]. The India Human Development Report 2010 prepared by the Institute of Applied Manpower Research said 19% of children in age group of 6-17 are still out of School in the country. In West Bengal the dropout rate in 2010-11 is detected as 5.6% at elementary level, as per published DISE Data 2011 in School Report Card. The Annual Status of Education Report (ASER), 2011 released by the Vice-President Hamid Ansari also pointed the same 5.6% dropout for West Bengal when national dropout rate was 4%. West Bengal in 2010 was the fifth state in the country followed by Meghalaya, Rajashtan, Uttar Pradesh, and Assam in terms of out of school children. West Bengal is one of the states where maximum children go to government schools. As per the report, only 5.9 % children go to private schools in the State. In West Bengal there is also disparity in terms of out of school children in various districts across the state. It has been seen that about 22 lacs children took admission in year 2000; only 11 lacs appeared in class X board examination

under West Bengal Board of Secondary Education in 2010 and only 9 lacs children appeared in class 12 board examination of West Bengal Board of Higher Secondary Education in 2012. Thus, 13 lac children (59.9%) are found dropout in the process of 12 years of education system across West Bengal (other than CBSC, ICSC & ISC Boards Students).

Scenario of Kolkata District

Kolkata is a high population density metro city holding diversity in terms of economical variations, literacy rate, religious differences, multifarious living conditions etc. Out of 4,486,679 populations of Kolkata district as per the Census Report, 2011, the literacy rate is 87.14%. A survey in 2011* in Kolkata shows the existence of 1751 government aided schools (592 upper primary and 1159 primary schools), out of which majority schools have problem of dropout since long period. It is apparent that in Kolkata, the number of drop out children have reduced over the years from 2006-07 to 2009-10 from 590 students to 424 children with a reduction of about 39.15 percent. However, in all the years the drop out was maximum in class I and II (34.67% in 2009-10). Though these data has been collected through government agencies but have long dissimilarities with actual facts. Analyzing the various Government Reports and studies conducted by Sarva Shiksha Mission, Kolkata, as well as through large number of interactions with teachers, students and stakeholders, several facts related to school dropouts have been revealed out. The article highlights all those facts.

Who and from where Dropouts?

It is found that they are - Migrant Children, Street Children, Children who are first generation school learner/illiterate parents, Children who are the victim of corporal punishment, Girl children, Peer pressure for going to work, Children from single working parent, Children whose fathers are alcoholic, Children with Special Need, Where no school is present in approachable distance and Children engaged in unorganized sector.

There are some specific dropout prone schools like—schools situated near slum areas; brick kilns; unorganized industries; where English medium private schools are in majority near the government aided school; schools which are one room school or one

teacher school; where no drinking water and toilet facilities are available for children; schools, those are housed in rented buildings and primary schools where no upper primary schools are present.

Why Dropouts in Kolkata District?

Kolkata is a metro city having near about 3500 schools including government, aided and private schools but still considerable children is found out of school. Apart from there are a large number of never enrolled children in this district, who are mainly migrant children or belongs to migrant families including street children who are basically child labourers. There are certain specific causes behind the dropout in schools of Kolkata district, which are summarizing here below:

1. **Target Group of Government Aided Schools:** Very specifically, schools where dropout is a regular event, it is detected that majority of dropout children are first generation learner or belongs to urban deprived families. In case of any financial crisis in the family, children drop their schools and engage them as child labourer.

2. **Economic Growth and Demand of English Medium Schools:** More employment opportunity resulting into economic growth of the city and that drives parents to send children to English medium or convent schools. This drive reduced the number of children in many government aided schools, which are basically Bengali medium. Importance of the knowledge of English in both writing and speaking has been felt in a large sphere and thus the demand of English medium schools is growing rapidly.

3. **Poor Infrastructure of Government Aided Schools**: Children who are studying in the government aided schools, many are suffering from poor infrastructure of school building that de- motivate children in study. Out of a 200 sample schools in some selected slum reached Kolkata Municipality Wards, following problems have been revealed:s:

   i)   39.18% schools in Kolkata are housed in rented building, where children are deprived of toilet, drinking water and adequate seats.

   ii)   14.75 % have Strength in Class Room (SCR) above 40 and 8 of these schools amounting to 8.43 percent of the sampled schools have SCR

above 50 which is above the acceptable standard revealing that these schools maybe vulnerable to dropping out of children. Contrarily, several sampled schools 35.79 percent of the schools have SCR between 10 and 20 stating that several of the schools in the city are underutilized compared to its capacity, which may and demotivated the existing children.

iii) 16.49 % of the schools are single teacher and 39.18% are functining with 2 teachers below the national average of 3 per pimary school (DISE 2007-08) in Kolkata. Para- teachers or Supplementary Teachers have been engaged in most of the schools to address the need of teachers. In such condition many parents withdraw their children from school due to no attention/even lack of teaching.

iv) There are 10 % schools where the Pupil Teacher Ratio (PTR) is below 10:1, while 10.53% of the schools are overcrowded with PTR above 40 (DISE 2007-08). Overcrowding also leads to dropout.

4. **Socio-economic factors:** due to societal cause or family needs many children drop schools to support their families. Some situations are as follows:

i) Many parents who are illiterates still today do not understand the importance of education and what change education can bring in their lives. As a result when their children get admission in various schools through the government initiatives, they do not encourage their children to continue study. Sometimes due to environmental difference in between their homes and schools as well as due to daily routine disciplines, these children could not adjust themselves and drop schools. It is evident that in School Chalo Aviyan of SSM, a set of children took admission in every year in schools in the consecutive age appropriate classes and drop schools after attending classes for few months only.

ii) It has been found that the fathers, who are illiterates and wage labourers / rickshaw pullers, being the major decision maker, pull their children out of school and engage them in different works (Study Report of SSM, Kolkata).

iii) In the study of drop out children in Kolkata, it has been found that more mothers of out of school children work as maid servants (40.12 percent) than mothers of school going children (31.58 percent). This analysis tells us that children both school going and non school going are mostly from the same socio economic background yet it is observed that there is a group of poorest of the poor families survive with low incomes and other social problems whose children are out of school.

iv) Many girl children were forced to drop school and get marry by the families in their early age due to economic pressure in the family, social security of child mainly in slum areas and also due to social customs prevails in many societies. The rate is also high among single parent (mother) children or if fathers are alcoholic.

5. **Lack of Child Friendly environment**

Many children leave schools due to lack of child friendly infrastructure or environment. Many teachers are not found friendly with children. General assumption of children is that they afraid their teachers. Child participation is not encouraged by many school teachers. Teachers in many classrooms maintain one-way communication and do not use teaching learning materials. In addition schools or class-rooms of many schools are found dull or not attractive to children. Many children recognize themselves as a captive individual where they are forced to spend few hours under fear and strict discipline of stranger teachers. As a result, due to fear children do not clear their doubts from teachers. Not understanding properly they cannot reply or finish their home works and become very irregular, they slowly withdraw themselves from school because of continuous corporal punishment.

6. **Migrant children and non availability of vernacular medium school**

In Kolkata, people from many states come seasonally or for longer period in search of better occupation and job. Majority of schools in Kolkata are Bengali medium. Thus, after arriving Kolkata, migrant children could not take admission

in Bengali medium schools due to language differences. Only few Hindi, Urdu, Odia and Tamil medium schools are in Kolkata but in restricted locations only.

7. **Peer Pressure of child labourers**

   Opportunity to do work in Kolkata is huge and a large number of children are engaged as child labourers in different unorganized sectors. A child labourer is engaged to earn money for livelihood by himself/herself draws attention of more children. This peer pressure attracts more children to become child labourers resulting dropout in schools.

8. **Corporal punishment**

   Many children drop schools because of fear, insult and becoming the victim of discrimination. This is one of the major causes of school dropout. Severely beaten or insulted children do not like to come back in the same class of same school under same teachers. Their trauma forced them to drop schools; even they never like to come back in formal education system.

9. **Poor teaching quality**

   Many parents who withdraw their children from government aided schools commented that their children have not learnt anything from school. Even after studying few years they could not read and write their own. Majority time children were found engaged with violence in school with fellow students. Teacher never showed any attention towards all children. These parents do not found schools worth to learn anything. For them it is better to engage their children in some work so that they can earn and survive in this world.

Intervention Strategies to prevent Dropout in Kolkata District

1. *School Chalo Abhiyan*

   Like districts of rest of India, every year Sarva Shiksha Mission, Kolkata conducts School Chalo Abhiyan, after the extended period of admission. This programme is now known as *Bhartikaran Karmasunchi* or enrolment programme to admit children in age appropriate classes in their neighbourhood schools. In this process SSM involves many Non Government Organizations who work with children.

2. *Child Tracking System*

Sarva Shiksha Mission, Kolkata in 2011 started Child Tracking with the brand name of *Dipankar*. In this tracking system schools are provided with two Forms. One E Form and another is Q Form. E Form contains the demographic data and required to fill up after getting admission in class I. After that school has to fill up for each student the Q Form containing academic achievement details. This tracking system is to assess the quality of education imparting to children in term of their progress. This is to be done in every year after completion of each academic year. This system has been introduced to assess the quality of education which is one of the causes of drop out in government aided schools.

3. *COHORT Study*

   In Kolkata district COHORT study was conducted for a given period of time. Within this period a study was conducted in all school in every year to track children who have taken admission in class I and V where they are now in the consecutive years. Whether they are continuing or dropped school. In case of drop out what are the reasons. This study helped government to assess the dropout in schools and to overcome the reason behind the dropout.

4. *Appointment of Para-teachers*

   Para-teachers are appointed in majority of schools in Kolkata. One of their roles is to track children why they are not regular for more than a week. Para-teachers conduct home visits to find out the cause of drop out and has responsibility to retain children in school. Through this group of teachers government is trying to monitor and regulate dropout in government aided schools.

5. **Sensitization of School teachers and parents on RTE Act 2009**

   Sarva Shiksha Mission, Kolkata in assistance and collaboration with few non-government organizations has taken initiative to sensitize all head teachers and few assistant teachers of all government and government aided schools situated in 23 educational circles of Kolkata districts. This sensitization is on the provisions, duties and responsibilities of schools/ teachers/parents in respect to ensure right to education and to implement the RTE Act 2009. About 6000 teachers and near about 20,000 parents were sensitized since 2011. Special emphasis was given on the enrolment, retention, developing child friendly school, delivering quality

education maintaining continuous comprehensive evaluation etc. Community Action Society is one of the leading NGOs in Kolkata who has sensitized teachers, stakeholders and parents majorly in collaboration with Sarva Shiksha Mission Kolkata with the assistance of Save the Children and UNICEF.

6. **Establishing Residential Schools**

   To reduce dropout and never enrolled rates among migrant children and street children, SSM, Kolkata has taken initiative to establish residential schools free of cost, so that these children can live and continue elementary education. This initiative will definitely reduce the dropout and never enrolment rate in the district and will provide education to many homeless children with the assistance of shelter. There are 10 such schools in the district at present; those have started operating since January, 2013.

How to Combat Dropout?

A. **Provisions of Right To Education Act 2009**

1. *Free Education*

   Children for those money was the barrier in studying in schools, the act ensure free education from class I to Class VIII or entire elementary education. Now children in government and aided schools can continue study free of cost till completion of elementary education.

2. *Free Books and Uniform*

   Behind many dropouts, purchasing books, study materials and dresses were the barriers. Now under the provisions of the RTE Act, 2009 children are getting uniform and study materials free of cost from the school that will definitely reduce the dropout rate. Now only girl children and boys from SC/ST and Minority are receiving uniform but a proposal has been already sent to MHRD to sanction grants for providing dresses to all boys, which will again help to reduce burden from families and also reduce dropout.

3. *Availability of School*

Now RTE Act is ensuring school within 1 Km in case of Primary and within 3 Km in case of upper-primary schools. In Kolkata district, Government of West Bengal notified to ensure schools within half kilometer for primary school and 1.0 kilometer for upper primary school. This is also including vernacular medium schools. A mapping in this regard in under process to assess where new school is required to establish or new section (primary or upper primary) is required to open. If government implements this provision, then no child in need will be out of school due to lack of any school nearby.

4. *Child Friendly School*

RTE act is pointed towards child friendly school. Many efforts have been taken by the Sarva Shiksha Mission to create school child friendly. Along with UNICEF, SSM Kolkata has undertaken initiative to implement BALA (Building As Learning Aid). Construction of Ramp, playground, proper building, availability of toilets and adequate purified drinking water, quality food, child participation etc. as mentioned in the RTE Act, 2009 are given due importance by the government to implement. There is also a need to make schools child friendly irrespective of their rented or ownership building with adequate playing materials, attractive environment and interesting teaching learning materials etc. so that small children attending the primary schools get interest in coming school. It is also important to include games, cultural programmes to make school with a more holistic development environment. Regarding child friendly environment and no corporal punishment, sensitization programme and training has been completed in 2012. If implemented than schools will attract children and dropout rate will be reduced effectively.

5. *Maintenance of Basic Minimum Infrastructure*

RTE Act has specified few basic minimum standards for every school as those are the rights of children. This include proper building, room for each class, toilets, purified drinking water, playground, library, mid-day meal, teaching learning materials and sports materials. If a child can avail these entire things in his/her school then no child will face any problem in school and they will not drop school.

6. *Mandatory People Teacher Ratio (PTR)*

   Under RTE Act maintaining PTR is mandatory. If schools can maintain 30:1 as students: teacher ratio in Primary (40:1 in maximum) and 35:1 in Upper-Primary, then teachers will able to give attention to all children. If children feel that they are taken care of by teacher as an individual with importance then child will love to learn and spend time in school and they will not drop school.

7. *Quality Education*

   RTE Act 2009 has given mandate to impart quality education comprising of all round development of children in school. If the curriculum of NCF implemented properly giving training to teachers then today's children will grow better gaining knowledge and values. Joy of learning will encourage children to stay and learn more in school.

8. *Continuous Comprehensive Evaluation*

   Examination system has created fear and trauma amongst many children. Many children dropped school when they are detained in classes and schools never allowed them to continue study further. Present system of continuous comprehensive evaluation could create a child friendly atmosphere and teachers will now give regular attention to children. Evaluation could eliminate fear from children about learning. This will definitely help to reduce dropout.

9. *No Corporal Punishment*

   Now under the RTE Act 2009, no corporal punishment will be given to any child. The incidents of dropout due to corporal punishment will definitely be reduced under this new circumstance.

10. *No Detention*

    This provision under the RTE Act, 2009 will definitely help many children to continue study till up to elementary education. Earlier many children dropped schools due to detention system. Many children do not continue after detention in the same class due to humiliation.

B. **Regular meetings with parents of children**

   Regular meetings need to be conducted where parents should be empowered to speak about their difficulties and ask questions about the school and about their

child's progress. Such meetings are to be conducted at least once a month. This should be a motivational exercise for the parents.

C. **Capacity Building of School Management Committee**

As per RTE Act 2009, formation of School Management Committee is mandatory in every government and aided school. The 75% members of the SMC will be parents. Capacity building of these members is necessary to look after the causes of dropout of children, who are admitted from the neighbourhood area. It is important to strengthen a partnership environment between the school and the community. The teachers and *Shiksha Bandhus* are to be trained in techniques to plan and conduct the community meetings with parents or other community members. It is also important that the others are empowered and allowed to share their opinions and views. The training needs to be followed up by a field support and monitoring plans to ensure its implementation.

D. **Undertaking building or merging of Rented Government aided school**

Good number of children drops schools which are housed in rented building, because children are depriving of their rights for availing toilets, drinking water and seating facilities. Government needs to take urgent steps to solve the problem and ensure child's rights in those schools. This can be done by merging these schools together with any government aided schools situated nearby where enrolment of children is less or undertaking building through negotiation with house-owners if possible or shifting schools in new building.

E. **Rationalization of teachers**

It has been found that in many schools teachers are in more than the required number and in many schools there is scarcity of teachers. Rationalization of teacher is urgently required to maintain Pupil Teachers Ratio (PTR) and for providing quality education which is one of the major causes of drop out.

F. **Parenting skill of teaching and Non Violent Disciplines:**

In the post no corporal punishment situation, a new environment has been already raised in many schools that leads to no respect towards teachers by children that driven to complete indiscipline situation. Teachers are now helpless; do not know how to combat with this situation which is not conventional or familiar to them.

Many teachers refuse to say anything to children or giving no attention to hyperactive children in the class. This will in course of time will also generate a problem of attention seeking disorder among children, they will lose interest in study and will increase rate of dropout. Projecting towards newly emerging situation, positive intervention is urgently necessary as this many cause a serious interruption in schools. Latest study conducted by Community Action Society with the support of UNICEF reveals that many parents want some amount of corporal punishment in school as many of them are in conflict how to guide their children. Training on Positive parenting skill of teaching and Non violent discipline is urgently required in this regard. Positive parenting refers to the parenting style or parenting skill of teaching which involves rearing up the children with optimal support and care and disciplining them without harsh physical or psychological punishments. This leads to proper kind of disciplining the children as the rate of juvenile delinquency is alarming in all over the world and one of the major causes of dropout. The knowledge is not only required to parents to handle children in home situation but also to teachers who have to look after a bunch of children regularly in school. Otherwise dropout rate will never come to 'zero percent' (ideally).

G. **Effective implementation of Integrated Child Protection Scheme (sponsorship) for needy families**

Government of India in 2009 has introduced Integrated Child Protection Scheme (ICPS) for children in need of care and protection as well as children with conflict of law. Many parents do not able to send children to school as they are not able to earn and use children to earn for the families. A good number of children forced to choose occupation depriving their interest in continuing education for the family. Foster Care and Sponsorship scheme under the ICPS could save a large number of children and their families. Effective implementation of the scheme in this regard is urgently necessary to combat with school dropout.

Conclusion

Dropout is a macro issue of schools since the inception of formal education system. Mystery of dropout has been traced mostly, but also need to assess fully. Government has

also taken programmes to control dropout rate like District Primary Education Programme (DPEP) and through Sarva Shiksha Aviyan, but the issue remains unresolved. Now to reach the milestone of 'Zero percent' drop out (ideally) in government aided schools across Kolkata, we need effective strategies to implement followed by strong monitoring mechanism. The proposed strategies are based on the facts behind the dropouts and provisions of RTE Act, 2009, thus result could only be achieved on the successful implementation of strategies in a defined period of time. Controlling the dropout rate, education among the children can be enhanced and the objective of RTE Act 2009 can be achieved. It will in turn help to develop skilled human capital in India.

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9

Contextualizing Social Work Education: Illustration from India's North East

Shukhdeba Sharma Hanjabam

Shukhdeba Sharma Hanjabam

Abstract

Social Work education was initiated in the 90s but it significantly creates its space only in the last few years with the establishment of many institutions in the region. But, the matter of concern is that the course contents of the programme both at the university level as well as at the college level have little space for the regional issues. So, the issues and problems faced by the people of the region are not address effectively with the programme. However, realizing the importance of contextualizing the programme, various initiatives were taken by different institutions at different capacity. The initiatives and the importance of contextualizing social work education is address in this paper.

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Introduction:

India's North East comprises of the seven states of Assam, Meghalaya, Nagaland, Mizoram, Arunachal Pradesh, Manipur and Tripura. The state of Sikkim has recently been officially bracketed under 'Northeast' after it found its entry to the North Eastern Council (NEC) which functions as the region's apex funding and development agency. The region is also strategically important as it shares a long international boundary with the neighbouring countries of India. The region covers a vast stretch of 2, 63,000 square kilometer. It is a home to diverse ethnic communities with different customs and cultures. Scholars, policy planners and administrators and people from the other regions of India more often than not seem to have a tendency to homogenize the problem in the region overlooking the realities that each state also does have a varied geo-specific concerns and grievances. Many of the problems in the region also emerge as a consequent fall-out of the trust deficit of the government, lack of economic development, etc.

Social Work Education (SWE) which can potentially facilitate in addressing the social issues as well as in managing the social welfare programmes was not in the

priority list in most of the government as well as the academic circle till the early 90s in the region. In addition, there were also acute shortages of trained manpower at the professional and Para-professional levels to manage the development and welfare programmes. However, there were limited initiatives to train the concerned government personnel at the Social Work Institutions based outside the region. In additions, students from Manipur and other North Eastern States have acquired their degrees in the discipline of Social Work from different universities of India including Tata Institute of Social Sciences (TISS), Mumbai since the early sixties. But, the issues and problems faced by the people of North Eastern India are not able to address effectively with these limited initiatives. These also reflect the necessity of contextuizing training and developing professional expertise towards addressing the situation.

Social Work Education in India's North East:

It was only in the 90s, Social Work programme was initiated at Mizoram University and Assam University, Silchar,. It can be noted that both are central universities and none of the state universities in the region have initiated Social Work programme. But, in the last few years, realizing the importance of the programme, few private colleges in Assam, Meghalaya and Manipur have started Social Work programmes. Indira Gandhi National Open University too had started offering courses on Social Work through its various centres in North Eastern India. But, the matter of concern is the curriculum and course contents of the programme both at the university level as well as at the college level, which focuses mostly on the general Social Work Curriculum. The programme offered at Indira Gandhi National University, Regional Centre, Manipur shares the same pattern. The contextualization of the curriculum to the regional and local issues is limited.

Need for Contextualizing Social Work Education:

As mentioned earlier, most of the social work curriculum in the country particularly the north eastern region failed to respond to the diverse issues that are confronting at the state, regional and national level, For instance, the emerging new Indian state has confronted various degrees of political violence ranging from right to self-determination (external and internal) to demanding new areas of governance. The Naxalite movement has been describing as the greatest internal threat by the government of India. Similar are

the issue of Jammu and Kashmir and North Eastern India. Unlike Naxalite movement and movement in Jammu and Kashmir, the movement in North Eastern India which was evolved in the late 40s is hardly known to the other part of the country and also to the international community. But the prolonged conflict has threatened the very survival of the lives and livelihood of the people in the region. The engagement of the state with special powers like Armed Forces Special Powers Act (AFSPA), 1958 to reduce or transforms/solve the conflict could not bear fruit for the last five decades. It, instead, has created many more problems both in terms of variety and volume, thereby destroying human, social, physical, natural capital of the society. In addition, most of the non-state entities except a few, who were initially dedicated and committed to the movement, has now been degenerated to factional fight and become fragile either because of the lost of fighters or leaders. Taking advantage of the situation, there emerges an invisible group for the sole purpose of earning easy money. This has added an additional burden to the common people who are already bearing the burden of being sandwiched in the conflict between the non-state and state actors.

The complexity of the problem is multiplied by the Government of India (GoI) decision to construct 145 mega dams to tap the hydro electric potential of the region but the decision was taken without the consent of the people who are going to be affected. This happens after Department of North East Region (DONER) was upgraded to full-fledged Ministry (Ministry of Development for North East Region (MDONER) in 2004. Interestingly, after the creation of MDONER, International Financial Institutions (IFIs) have been seeking deeper penetration into the region where the awareness of the records of the IFIs is less known and the space to seek democratic oversight and accountability are weak. This is observable with the increasing number of projects including many in the pipeline in different sectors such as Trans-Asian Railways, Trans-Asian Highways, Mining, Dams in-spite of the highest seismic-zone. Look East Policy (LEP) is another contentious initiative whether it is for the Northeast to look South-East-Asia or to look South-East-Asia via Northeast. The absence of industrial and infrastructural base for the competitive market economy undermines the effectiveness of the policy. The policy has impacted upon the economic, political and social of the region but is yet to address effectively. In addition, Insurgency/Militancy has been cited by the government for the

under-development of the region but the view of the government has few takers as under-development was also present before the active existence of insurgency in the region. The Shukla Commission has documented the situation clearly. This idea is projected largely as a strategy to delegitimize insurgency or any form of militancy.

The response of the professional social workers to these regional and local issues is unsatisfactory as most of the social work graduates have done their training from outside the region as well as the curriculum in their courses have limited space for these issues. The disadvantages of training outside have been pointed out by Prof A S Desai (1989) as "the training gained outside the state or the north eastern region does not address itself to the social realities of the region which are quite unique to it. Language complicated the problem, especially in social work where field practice requires the knowledge of the local language. Therefore, the training gained outside the state has limited value and, consequently, it is important to develop training programme, both for the professional and Para-professional personnel, in the field of development and welfare". This clearly indicates the need of contextualizing the training of social work education. If we look deeper, the situation among the states of north-eastern region also differs but there are certain major issue like conflict and its consequences, HIV/AIDS, Dam and development, impact of globalization, Cross border issues like Refugees, Migrations, and Development etc which are reflected in almost all of the North Eastern states.

This, in fact remains a challenges for the effective response through the social work education. Acknowledging the need of professional social work in addressing the human rights issues, the International Federation of Social Workers (IFSW) has adopted the human rights issues in its policy statements. It includes (i) right to life, (ii) right to freedom of liberty, (iii) right to equality and non-discrimination, (iv) ensuring justice, (v) expressing solidarity, (vi) enhancing social responsibility (vii) ensuring peace and harmony with self and others (viii) working for protecting the environment. Similarly the International Associations for Schools of Social Work has approved and assigned professionals to work on Social Work and Political violence. Similarly, the Inter-University Consortium for International Social Development (IUCISD) in 2003 emphasizes the need to contextualize social work education and practice in the local

context. Understanding the importance, the School of Social Work, Tata Institute of Social Sciences, Mumbai have developed various concentrations particularly Human Rights, Peace and Conflict. This does not mean that social work practice has to indigenize, there is also an urgent need to internationalize the practices because of the process of neo-liberal policies and present armed conflict situation.

Initiatives of Contextualizing Social Work Education:

Tata Institute of Social Sciences, Mumbai under the sponsorship of North East Council (NEC) initiated a study on *"Training of Social Development/Welfare Personnel in the North Eastern Region: An Exploratory Study"* (1989) and the report was presented in a seminar at Manipur University (April 4-6, 1989). But the genesis of the study as pointed out by Prof A.S Desai can be traced back to the Review Committee appointed by the Panel on Social Work of the University Grants Commission in the year 1976. The report invocated the lack of social work institutions either at bachelor or master degree at Eastern and North Eastern India. The study strongly recommends the need for professional training at Para-professional, bachelor's and master's level. Prof Mahale, the Vice Chancellor of Manipur University during the inauguration of the seminar suggested the NEC for creating a Chair in Social Work in the Universities interested in the subject. But the recommendations of the study were not materialized and translated into action as it was not considered seriously by the universities and respective states in the region. It may be because of the lack of understanding of the discipline and its applications.

It was only early 21 century, that the process in contextualizing was getting more visible, the initiatives of the universities in regions such as Indira Gandhi National Tribal University (IGNTU), Regional Campus, Manipur, Tata Institute of Social Sciences, Guwahati, Assam University Don Bosco Institute, Mizoram University and more recently Assam Don Bosco University is worth mentioned. For instance, IGNTU, Regional campus Manipur not only organised a two day national consultation on *Contextualizing Social Work Education in North Eastern India* at Imphal (24th -25th March, 2011), but also include a paper on regional issues at the fourth semester which was one of the recommendation of the seminar. Besides, IGNTU, the initiatives of other university, college and institute of social work which give space to the regional issues even to the

terms of main paper and specialization is acknowledged. It is encouraging to note that collective endeavour such as the North East Zonal Task Force which is comprised of all the social work institution in the region. The first meeting which was hosted by TISS, Guwahati was a very productive. The task force with the support of the Universities, College and institute in the region has become a platform for moving towards contextualizing the social work education.

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10

Practicing Realities among Professional Social Workers in Tamil Nadu

G. Albin Joseph

Abstract

Social Work Profession is slowly getting momentum in India but still need to travel further to have its holdings as complete Profession. Unlike other profession such as Engineering and Medicine, Social Work Profession varies in geography and time. It is a recent development that proliferation of social work institutions either in college or university evidently seen all over India and specifically in Tamil Nadu. The estimated number of social work educational institutions is more than 100, and these colleges and universities produce nearly 1500 professional social workers annually. A standardization need to be ensured that Professional Social Workers are indeed Professionals. A quite number of Professional Social Workers have exposed that they are in moderate state of

knowledge and skills. They do face problems with the management of the agencies. This study would surely help in many ways in the field of social work education.

Key Words: *Professional Social Workers, Practicing Realities, Specializations*

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Introduction

Social work is a developing profession in India. The professional social workers who receive formal gradation from institutions running social work courses have employment in variety of development settings such as family service agencies, children's aid agencies, grassroots advocacy organizations, hospitals, schools, correctional settings, industries, grant making foundations, government supported non-government organizations (NGOs), faith based organizations, other non-profit organizations and academic & research institutes. The theoretical and field work learning are prime components of social work course and the human resources with professional social work degree are slowly been recognized in India, yet it has to travel a distance to achieve the complete status of deeming the students of Master of Social Work as '**Professionals**' at par with other students of professional degrees like engineering, medicine, etc.

The six methods of social work are core subjects that groom the learners to acquire theoretical knowledge with concurrent field work experiential learning. Professional social work has ethical values, principles and standards and those practicing their professions with individuals, groups and communities have to imbibe and apply those ideals to solve the problems.

Social Work Education

Social work, unlike an early charity practice, attempts to help the individuals, groups and communities to get a clear insight into the problems that strengthens their ego to face conditions as reality and then try to improve them. At the same time social work attempts to mobilize social forces to resolve those social and economic situations that lead to ill health, mental suffering frustration and social behavior. (Joshi, 2004).

From Indian point of view, social work is a welfare activity based on humanitarian philosophy, scientific knowledge and technical skills for helping individuals or groups or community, to live a rich and full life (Indian Conference of Social Work, 1957),. Moorthy and Rao (1974) stated that social work is a help rendered to any person or group, who is suffering from any disability, mental, physical, emotional or moral, so that the individual or group so helped is enabled to help self or themselves.

Rameshwari and Ravi (1998) perceived the problems of social work education are divided into two parts namely, 'basic problems' which arose out of the existing situation and the 'Problems in Academic Administration'.

Social Work As Profession

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilizing theories of human behavior and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work (International Federation of Social Workers, 2000).

Wilensky (1962) proposed the following steps in the process of professionalisation in a particular occupation:

1. Full time activity at the task;
2. The establishment of university training;
3. The formation of a national professional organization;
4. Redefinition of the core task, so as to give 'dirty work' to subordinates;
5. Conflict between the old times and the new generations who seek to upgrade job;
6. Competition between the new occupation and related ones;
7. Political pressure to gain legal protection;
8. A code of ethics.

A professional social worker is a person whose actions are thoughtful, purposeful, competent, responsible, and ethical. It is incumbent on the social worker to practice in a manner that reflects the highest professional standards. The social worker must constantly

seek to develop his or her knowledge and skills, to examine and increase the quality of his or her practice, and to perform in a highly ethical manner. (Sheafor & Horejsi, 2012).

Values

Kosh (1966) regarded the following ten values as primary values of social work: the worth and dignity of man, the capacity of human nature to achieve full human potential, tolerance of differences, satisfaction of basic human needs, liberty, self-direction, non-judgmental attitude, constructive social cooperation, importance of work and constructive use of leisure and protection of one's existence from the dangers caused by man and nature. The National Association of Social workers Code of Ethics (NASW, 1999) is predicted on six core values that drive the social work profession. They are service, social justice, dignity and worth of the person, importance of human relationship, integrity and competence.

Knowledge, Skills and Practice in relevance to Social Work

Knowledge must be treated as a constant, dynamic process of being. That is to say, it is evolutionary. It has a social career of its own. It is constantly expanded, defined, and redefined according to changes in the socio-political, moral and economic characteristics of a particular society during a particular period by particular governments and by particular individuals and groups. (Vass, 1987)

Pawson, et.al. (2003) identified five potential knowledge sources in social work:

- Organizational knowledge, from social care service management and governance,
- Practitioner knowledge, from practice in social care,
- Policy community knowledge, from the wider policy community,
- Research knowledge, gathered systematically with pre-determined design, and User and career knowledge, gained from experience of using services and reflecting on it.

Chandrashekhar (2012) accentuated that a social worker requires knowledge on availability of the services, of the people their motivations, dynamics and strengths, of values, culture, taboos, problems of the society, and of resources in terms of fiscal, material and manpower.

Dutton and Kohli (1996) emphasized cognitive skills, administrative skills, interpersonal skills, and decision-making skills are the core skills of social work. One of the important goals of social work curriculum is to integrate knowledge, skills and practice. Attainment of this goal seems to be impossible without an integration of theory and practice. According to several scholars there have been conflicts or lack of fit between theory and practice but it has been contended that human service professionals must strive to integrate explanatory knowledge with intervention knowledge, so that they can intervene effectively. (Goswami, 2009).

Practicing Realities – Empirical Research

Claiborne (2004) investigated the job categories full-time social workers occupy in 20 international nongovernment organizations (NGOs). Social workers holding BSW or higher degrees account for 95 percent of the program director and coordinator positions, indicating that now there may be greater use of these professionals. But non-social workers filled 83 percent of the direct services positions. Also disconcerting was the small representation of social workers in administration and development. Thus, social workers are used in program coordination, but underused in leadership and services provision. Organizational resources and programs, when linked to larger annual budgets, may indicate an NGO's ability to provide specialized direct services using social work expertise.

Brown, Prashantham and Abbott (2003) analysed the relationship between personality and social support in predicting various forms of adjustment. This study explores this relationship in a sample of 137 human service professionals engaged in post-degree clinical skills training at the Christian Counselling Centre in Vellore, India. The impact of certain forms of social support on burnout was examined, after controlling for the effect of the personality trait of anxiety. As hypothesized, perceived social support was negatively associated with burnout, even after controlling for the effects of anxiety. This pattern was strongest for the males in this sample. Emotional exhaustion and depersonalization were the components of burnout most strongly related to perceived support. The perception of support received from 'work-related' and 'other' relationships made a stronger contribution than did 'family' or 'social' ties with respect to burnout.

The reviewed literatures show a gap in the analysis of the practical experiences of the Professional Social Workers in applying their learned subjects of Master of Social Work in their work fields. There is a need for filling up the researches in the areas of knowledge of social work, skills aspects, attitude of the Professional Social Workers, practice, application, core values of social work and problems encountered by the Professional Social Workers. Thus, this descriptive study conducted with the Professional Social Workers to observe their practicing realities of applying the learned knowledge and skills in respective specialized areas with the following objectives.

General Objective

❖ To analyse the practicing realities among Professional Social Workers in Tamil Nadu.

Specific Objectives

1. To find out the level of knowledge on social work among Professional Social Workers.
2. To assess the level of skills among Professional Social Workers in accomplishing their job tasks.
3. To analyse the attitude of Professional Social Workers in applying their social work aspects in their work places.
4. To find out the level of social work practice among Professional Social Workers.
5. To determine the level of application of core values among Professional Social Workers in their work culture.
6. To find out the qualifying practice among Professional Social Workers in enhancing their competence.
7. To observe the problems faced by the Professional Social Workers in their work setting.
8. To understand the appropriate models applied by the Professional Social Workers in their work setting.

Methodology

The study was conducted in Tamil Nadu. Tamil Nadu is one of the leading States that has more number of higher educational institutes. Of course, it has good number of colleges

that provide social work education at the Master of Social Work (M.S.W). Currently there is a proliferation of social work institutes. Currently, more than 100 colleges and 5 Universities in Tamil Nadu offer Master of Social Work course. Most of the educational institutions render specializations such as Community Development, Medical and Psychiatry and Human Resource Management (or Personnel Management and Industrial Relations). The research design of this study is descriptive in nature and it describes the knowledge, skills, attitude and practice of learned social work in their work settings.

Snow ball sampling was used in identifying the respondents who fulfill the criteria that who has completed M.S.W and working in different settings in Tamil Nadu and have worked for at least one year were the respondents of the study. Thus, the total number of samples were 338. Questionnaire was developed and covered the objectives of the study for data collection. Primary data collection was conducted with the persons having Master of Social Work or Master of Arts in Social Work, who are working in different work settings. The questionnaires were handed over to the respondents through personal and Email contacts. Secondary source information pertaining to this study was collected from books, journals, magazines, working papers, published dissertations and websites. The review materials collected were used in literature reviewed and also used in the preparation of the tool.

Main findings

The major findings of this study are:

Background Information of the Practicing Social Workers

Most of the social work educational institutions in Tamil Nadu are co-education and both the gender avail the social work education. However, among 338 respondents, most of them (80.8%) are males and less than one-fifth (19.25%) of them are females responded to the study. Many respondents (46.2%) have done graduation in arts subjects before entering MSW. After post-graduation in social work, a majority of the respondents (76.9) have additional qualification like certificate courses, diploma, and doctoral studies. It is observed that a good number of the respondents (34.3%) have total years of work

experience in the range of one to five years. A considerable number of the respondents (22.2%) are working in community development setting irrespective of their specializations. It is found out that most of the respondents (65.4%) are working in the present employment between one to three years. It shows that staff turn-over is high in social work setting. A considerable number of respondents (30.8%) are having monthly income less than Rs.10000 and the same equivalent proportion of the respondents are having monthly income in the range of Rs. 10001 to Rs.20000.

Knowledge on Social Work

Current Knowledge on Social Work such as subject matter, methods, principles, assumptions, philosophy, code of ethics, skills and role a social worker plays in the practice The opinion of the respondents was classified into Very Poor, Poor, Average, Good and Excellent. Accordingly, a considerable number (46.2%) of the respondents have good knowledge on subject matter in social work, social work methods, philosophy of social work, and skills of social work. Most of the respondents (34.6%) have average knowledge on principles of social work, assumptions of social work, code of ethics, and the same proportion of the respondents (34.6%) have good knowledge on code of ethics. Majority of the respondents (38.5%) have excellent knowledge on role of social workers. More than half of the respondents (57.7%) have good knowledge about skills of the respective specialisation. More than half of the respondents (53.8%) have good knowledge about recent development in social work. A larger proportion of the respondents (69.2%) have good understanding on the dynamics prevailing in their work setting. Among respondents of Community Development specialisation, many of them (62.5%) have moderate level of knowledge on social work.

Skills of the Social Work Practitioners
In this research work, it is found out that most (73.1%) of the respondents have moderate level of organising skills. Majority (65.4%) of the respondents have moderate extent of negotiating skills. Among the respondents working in industries, many respondents (60%) have low level of negotiating skills. Most (73.1%) of the respondents have moderate level of problem solving skills. A significant proportion of the respondents

(76.9%) have moderate degree of training skills. Many respondents (73.1%) have moderate level of interpersonal skills. A greater number of the respondents (73.1%) have moderate degree of counselling skills. More than three-fifth of the respondents (61.5%) have moderate level of documentation skills.

Attitude of the Respondents

Social work related attitudes can help social workers to avoid misleading directions in their social work practice. Prejudice is a negative attitude that will spoil the entire atmosphere. Social workers must have positive attitude towards others. A large number of the respondents (42.3%) believe to a better extent that social work methods are practically applicable in their work setting. Considerable proportion (57.7%) of the respondents has keen understanding to better extent in their specialised field. Majority (46.2%) of the respondents apply social work methods in their work field to a better extent. A good number of the respondents (53.8%) adopt the values of social work in approaching the staff to a better extent. Among the respondents with low level of attitude, most of the respondents (66.7%) work in industries.

Social Work Practice

A considerable proportion (76.9%) of the respondents practice the Principles of social work to a moderate extent. Amongst the respondents with low level of practice of principles of social work, absolutely 100 per cent of them work in industries. A good number of the respondents express that community organisation method is most suited for their work setting. Around two-third of the respondents have converted their knowledge into application to a better extent. Majority of the respondents (61.5%) opine that to a medium extent they apply the gained knowledge in their work setting. Most of the respondents (96.2%) are in the ability to exercise the gained knowledge in their work setting.

Level of Core Values in Social Work

There are six core values in social work. They are service, justice, dignity and worth of a person, building a human relationship, integrity and competence. It is found out that majority of the respondents (53.8%) do service to a better extent. Most of the respondents

(57.7%) value justice to a better extent. Most (53.8%) of the respondents have dignity for others to a better extent. Many respondents (53.8%) build human relationship to a better extent. A significant number of the respondents (57.7%) practice integrity to a better extent. Many respondents (69.2%) have social work competence to a better extent. Among the respondents with high level of core values of social work, most of them (40%) work in NGOs and the same proportion of the respondents work in hospitals.

Professional Development Related Activities

Social workers must equip themselves in the social work profession. They must update their knowledge to be efficient in the social work profession. In this study, many respondents (73.1%) often participate as participants in training programmes. A considerable number of respondents (46.2%) often participate as Resource Person in training programmes. Most of the respondents (53.8%) rarely undertake research activities. Many respondents (42.3%) often upgrade their computer skills.

Problems Faced in the Work Setting

A good proportion of the respondents (26.3%) opined that egotism is the major problem with the management, followed by 24.2 percent of the respondents who expressed that there was no recognition from the management for the work done. A significant number of the respondents (46.2%) have problems with the management.

Application of Models

The professional social workers in their field of practice adopt different models. In this study the application of models by the respondents in the work settings were analyzed in relation to their MSW specializations. It is observed that more than three-fifth (61.5%) of respondents exercise model in their work setting in their specialized area of social work.

Conclusion

The research has observed the professional social workers in the dimensions of the knowledge on social work, social work methods, specialization, recent development and work setting, skills, attitude and practice. It reflects the assessment of the professional social workers in executing the social work subjects in their pragmatic work fields. Thus,

the educational institutions promotion social work courses might internalize the knowledge, skills, attitude and practice of the professional social workers and might enhance the social work curriculum.

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11

Knowledge and Misconceptions about Menstruation and Associated Factors: A Study of Gynaecological Patients

Rini Bhattacharjya

Abstract

The present article highlights the various aspects related to the menstrual behaviour of the women of reproductive age and other factors which may have consequences on their gynaecological morbidity. The table presented in the paper is taken from a study conducted over 300 gynaecological patients reported at the out patient department of Gynaecology at Silchar Medical College and Hospital(SMCH). A diagnostic research design is used and the samples are selected through simple random sampling. The main tool used for the study is interview schedule. Various information are collected from the respondents about their socio-econic background as well as their gynaecological history, health habits, health seeking behaviour, reproductive behaviour and social taboos and misconceptions. It is found that the awareness level of the patients is not high and there are misconceptions regarding the restrictions of menstrual period among the patients. This paper emphasizes the importance of health education among women to fight with the problems of gynaecological morbidity.

Key Words: Gynaecological Morbidity, Reproductive Health, Menstruation.

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Introduction

Keeping mothers alive and healthy is good for women, their families, and society. Complications during pregnancy, childbirth as well as from STIs and HIV/AIDS are the leading causes of death and disability among the women of reproductive age in

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developing countries. The implications of maternal mortality and complications it causes for the health of infants and older children are also serious. The risk of death for children less than 5 years is doubled if their mothers die in childbirth. At least 20 percent of the burden of disease among children less than the age of 5 years is attributable to conditions directly associated with poor maternal and reproductive health, nutrition, and quality of obstetric and newborn care. (Sinha, 2007).

Reproductive health is a condition in which reproduction in accomplished in a state of complete physical, mental and social wellbeing and not merely as the absence of disease or disorders of the reproductive process (Radhika Ramasubban and Shireen J. Jejeebhoy, 2000). Women's reproductive health is largely influenced by the state of their health during infancy, childhood and adolescence. Adolescents are parents of tomorrow. Compared with the boys, the adolescent girls' health, nutrition, education and development are more neglected, which has adverse effect on reproductive health. Moreover, a large number of people suffer in silence due to Reproductive Tract Infections (RTI) and Sexually Transmitted Diseases (STD), which are recognized to be important health problems in India. Reproductive Tract Infections (RTI), that are preventable and treatable, are responsible for causing serious consequences of infertility, ectopic pregnancy, pregnancy wastage, low birth weight, etc.

In third world countries comparatively scant attention has been paid to the reproductive health of non-pregnant women. In India women usually do not consult physicians or gynaecologists due to inhibition or to a lack of perception of causes of disease. Their only contact with the health care system is through health workers for family welfare programmers (Bang, 1987).

There are beneficial effects of reducing maternal mortality and morbidity for society. Investments in safe mother hood not only improve a woman's health and the health of her family but also increase labour supply, productive capacity and economic wellbeing of communities. The burden on women associated with frequent or too-early pregnancies, poor maternal and reproductive health, pregnancy complications, and caring for sick children and the elderly drains women's productive energy, hampers income-earning capacity and contributes to poverty. Children, whose mothers die or are disabled in child bearing, have vastly diminished prospects of leading a productive life (World Bank,

1999). Strengthening maternal and reproductive health services also can bring benefits to the over all health system, which can enhance access and use of a broad number of reproductive health care services and can improve economic productivity for society.

In the existing Indian cultural milieu, the society in interwoven into a set of traditions, myths and misconceptions especially about menstruation and related issues. In a traditional Indian society menstruation is generally considered as unclean. Isolation of menstruating women and the restrictions imposed on them are very common. Several studies (Center for Social Research 1990; Talwar 1997; Singh 2006 and Paul 2007) have reported restrictions in daily activities such as, not being allowed to take bath, change clothes, comb hair and enter holly places. Apart from these, dietary restrictions during the menstrual period are also imposed such as restriction on consumption of curd, lassi, sour etc. Poor personal hygiene and unsafe sanitary conditions result in the women facing many gynaecological problems (Bhatia et al. 1995).

METHODOLOGY

In the entire study, interview schedule is the only tool which is heavily used. To know the socio-economic background of the gynaecological patients under the study and to assess the social pathology of the major gynaecological diseases interview schedule is used.

The Diagnostic Research Design is used for conducting the proposed study. Diagnostic design refers to scientific differentiation among various conditions or phenomena for the purpose of accurately classifying conditions. Various information are collected from the respondents about their socio-economic background as well as their gynaecological history, health habits, health seeking behaviour, reproductive behaviour and social taboos and misconceptions.
Majority of the data are collected from the primary source i.e. directly from the respondents.

In the entire study, interview schedule is the only tools which is heavily used. To know the socio-economic background of the gynaecological patients under the study and to assess the social pathology of the major gynaecological diseases interview schedule is used.

300 women aged from 15 years to 45 years are taken as the sample. In order to carry out the study, 150 respondents have been taken from the rural areas and 150 from the urban areas of Barak Valley. Total 300 gynaecological patients of reproductive age group of Barak Valley have been taken as sample. Simple random sampling technique has been used for the present study. The criteria adopted for selecting the respondents / patients as sample are: (i) The respondent must be a gynaecological patient, (ii) The respondent should report at the outdoor of the department of Obstetrics and Gynaecology, S.M.C.H.,(iii) The respondent must be within the reproductive age group,(iv) The respondent should be a resident of Barak Valley.

In the present study both quantitative and qualitative kinds of analyses are made. The quantitative responses of the interview schedule are tabulated, analyzed and interpreted. The qualitative data is analyzed in the descriptive manner to support the objective of the study. Various charts, figures, tables etc. are used for better representation of the data.

RESULTS AND DISCUSSIONS

Age, education and marital status of respondents:

Out of 300 respondents selected for the study, maximum number i.e. 115(38.3%) are from the age group of 18 to 31years. 94(31.3%) respondents are educated up to class eight and 84(28%) are educated up to secondary level. Majority of the subjects i.e. 271(90.3%) are married.

### Menstrual behaviour and misconceptions:

214(71.3%) respondents use cloths during menstruation. 271(90.3%) patients have multiple misconceptions regarding the restrictions of the menstrual period. The beliefs are i) menstrual blood should not be seen by crow cause it has some evil effects on the menstruating women, ii) restriction in cooking and in touching cooking materials(the touch of the menstruating women make the food impure), iii) not to touch males(the touch of the women during menstruation is considered as dirty), iv) one should sleep on floor to keep the bed out of the touch of dirty things, v) one should not enter into any holy place, vi) sexual activities should be avoided during menstruation because it is believed

that the males will get infection from the dirty menstrual flow of the women. 211(70.3%) women wash the used cloth and reuse.

First coital age and consent at coitus:

117(39%) respondents have their first coitus in life in between 18 years to 22 years and 31 percent have first coitus when they are aged below 18 years. In Fig.1 the first coital age of the patients under the study are shown through pie chart. 220(70%) patients have their first coitus within the age of 22 years. In 199(66.3%) cases, consent is taken before coitus.

Fig.1: Patients' age at first coitus
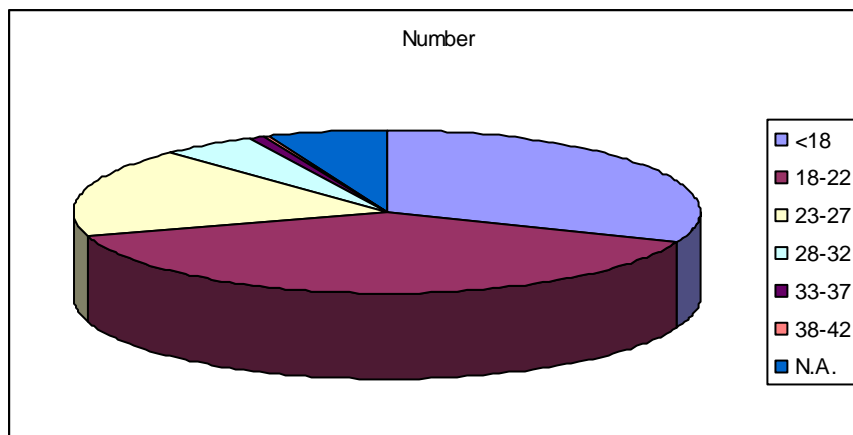
Awareness level:

236(78.7%) respondents have not heard anything about HIV/AIDS. In Fig.2 both rural and urban population are shown separately. Patients are asked the question who is responsible for the child being male or female 236(78.7%) think that a child being male is God's gift. Only 75(25%) patients out of 300, can name water born diseases and 225(75%) can not name.

Fig.2: Patients' knowledge about HIV/AIDS

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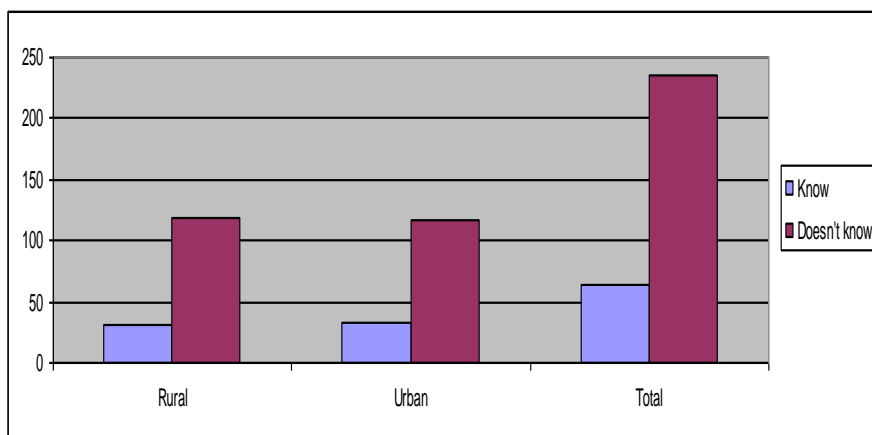
Sanitation and hygiene:

138 (46%) only sanities the house from mosquitoes and flies. In 284(94.7%) of the cases toilets are not cleaned daily. In 218(72.7%) cases the respondents do not use anything to maintain hygiene such as burning garbage or using phenol, citra, dettol, DDT etc. Only 140(46.7%) patients out of 300, wash hands before taking food.

Social stigma:

278(92.7%) patients state that they can not discuss about their gynaecological problems openly. If they have to discuss, they feel it awkward. 295(98.3%) respondents prefer female doctors as compared to the male ones to freely discuss about the gynaecological problems.

CONCLUSION

The results of the study reveal that the awareness level of the patients is not high and there are misconceptions regarding the menstrual period among the patients. 225(75%) patient can not name any water borne disease. Majority of the patients consider that a child being male is God's gift. This also gives an impression of male preference among the respondents. The level of sanitation and hygiene is also not satisfactory. 211(70.3%) women reuse the used cloth for absorption of menstrual blood. Unhygienic health practice is a great contributory factor in case of gynaecological diseases. 46 percent only sanitize the house from mosquitoes and flies, which means the majority (54%) do not sanitize house from mosquitoes and flies. In 284(94.7%) of the cases toilets are not cleaned daily. In 218(72.7%) cases the respondents do not use anything to maintain hygiene such as burning garbage or using phenol, citra, dettol, DDT etc. these factors can lead to the spread of various infectious diseases. The stigma attached with the gynaecological diseases also restrict the health seeking behaviour of the women. To

protect themselves against such infections women must be given proper health education. So that the women folk come out of the grip of ignorance and misconceptions and can contribute to the family, society and nation with a healthy body and a sound mind.

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12

Prevalence of Cancer in Cachar District: An Overview

Debrani Chandrani

Abstract

The incidence of cancer in general and tobacco related cancer in particular, is increasing at an alarming pace in the world. According to World Health Organization

(WHO), one of the most important causes of human mortality in the world is the use of tobacco. Nearly 5 million people die due to tobacco use every year and this figure will increase to 10 million by the end of 2020. Developing countries are also at the receiving end of Cancer. In India, cancer killed 5,56,400 people across the country in 2010. The most striking feature of tobacco-related cancers accounted for 42 per cent of all male deaths and 18.3 per cent of all female deaths. There were twice as many deaths as a result of oral cancer (due to tobacco chewing), compared with lung cancer. The percentages translate to a huge mortality number. Nearly 1,20,000 [84,000 in men and 36,000 in women] deaths from tobacco-related cancers were seen in both urban and rural areas.

In North-East region, states like Assam, Meghalaya and Mizoram have reported very high incidence of esophageal cancer in both sexes. The picture of Cachar District of Assam also depicts the same. As per the report of Population Based Cancer Registry – Cachar District, under National Cancer Registry Programme, an ICMR Project, in the year 2009-10, out of all incidence cases of cancer in males about 50.67% cases were diagnosed as tobacco related cancer and 26.78% in females. The most common site is Oesophagus in both the sexes in Cachar District.

With the advent of increasing cases of tobacco related cancer in this region the paper is intended to bring forward the various influencing factors leading to tobacco relation cancer cases in this region. The paper will address the problems emanating from tobacco related consumption practices. The paper advocates for the need of concerted efforts from both government, non government organizations and social work institutions to eliminate the factors leading to Cancer in general and Tobacco related Cancer in Particular.

Key Words: *Tobacco Related Cancer, Influencing Factors, Social Work Intervention*

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Introduction: Health is a mixture of three important components i.e. emotional, mental, and physical well-being as because an individual cannot have a healthy mind without

healthy body or healthy emotions and vice-versa. Health plays a vital role on an individual's whole personality and its well being also depends on health. In humans, it is the general condition of a person's mind and body, usually meaning to be free from illness, injury, or pain (as in "*good health*" or "*healthy*") (Merriam- Webster, 2011) The World Health Organization (WHO) defined health in its broader sense as "Health is a dynamic condition that is identifiable by a physical and mental state that allows a person to pursue his or her goals, given a set of accepted circumstances".

Once a possible cancer is detected it is diagnosed by microscopic examination of a tissue sample. Cancer is usually treated with chemotherapy, radiation therapy, and surgery. The chances of surviving the disease vary greatly by the type and location of the cancer and the extent of disease at the start of treatment. While cancer can affect people of all ages, and a few types of cancer are more common in children, the risk of developing cancer generally increases with age. In 2007, cancer caused about 13% of all human deaths worldwide (7.9 million). Rates are rising as more people live to an old age and as mass lifestyle changes occur in the developing world.

There are several misconceptions regarding cancer which makes the problem more complicated and furious. India is a developing country with one of the most diverse populations and diets in world. Cancer rates in India are lower than those in Western countries, but are rising with increasing migration of rural population to the cities increase in life expectancy and changes in lifestyle. In India rates of oral and esophageal cancer are some of the highest in the world. In contrast, the rates of colorectal, prostate and lung cancers are one of the lowest. In India the change of diet is among the factors that may be responsible for the changes disease rates. Diet in India encompasses diversity unknown to most other countries, with many dietary patterns emanating from cultural and religious that has existed for thousand of years. Very little is known, however, about the role of Indian diet is causation of cancer or its role, for prevention of cancer more attention has being focused on certain such as vegetables, fruits, spices etc. of particular interest for cancer prevention is the role of turmeric, this is very common in Indian kitchen. The relationship between diet and health has been recognized throughout the recorded history. Cancer is a disease in which the body's cells become abnormal and divide without control. Cancer cells may invade nearby tissues. And they may spread

through the bloodstream and lymphatic system to other parts of the body. Tobacco use is the leading cause of preventable illness and death. It causes many different cancers as well as chronic lung diseases, such as emphysema and bronchitis, and heart disease. Smoking causes many other types of cancer, including cancers of the throat, mouth, nasal cavity, esophagus, stomach, pancreas, kidney, bladder, and cervix, and acute myeloid leukemia. Tobacco use is known as a major risk factor for oral and other cancers. All tobacco products, including cigarettes, cigars, pipe tobacco, chewing tobacco, and snuff, contain toxins (poisonous substances), carcinogens (cancer-causing agents), and nicotine (an addictive substance). People who smoke are up to six times more likely to suffer a heart attack than nonsmokers, and the risk increases with the number of cigarettes smoked. Smoking also causes most cases of chronic lung disease. Cigarette smoke contains many cancers causing substances called carcinogens.

The burden of tobacco related cancer is increasing alarmingly throughout the world. Tobacco is the second most major cause of death in the world. Nearly 5 million people die due to tobacco use every year and this figure will increase to 10 million by the end of 2020. It is not only cause's lung cancer; but it also increases the risk of other cancers like esophageal, oral cavity, hypo pharynx, larynx, urinary bladder, colon, rectum, pancreas and cervix.

The plague of our times is altering its stripes in a way that there is a change in frequency for the types of cancer. The recent data from the National Cancer Registry Programme (NCRP) has brought a remarkable change in the incidence of cancers among men and women all across India from North to South and East to West. This pattern of change in the type of cancer has been widely noticeable in our day to day practice. Current perceptions and evidence has shown Breast and Cervical Cancer being the commonest among women is slowly surpassed by the creeping evidence of Lung Cancer which will be the number one killer in women in the near future. Cancer of the Gall Bladder is also seen to have a rising trend. In men while Prostate Cancer has a high incidence rate and has a hearing on consumption of fatty foods, it is the primary liver cancer which the experts are witnessing in their daily practice certainly head and neck and calm cancer follows thereafter. Indian Council of Medical Research (ICMR), Cancer wing which is called NCRP is working hard to collect data on the incidence of cancer

throughout India has also thrown light on a considerable increase in the number of women with Lung Cancer both in rural and urban population. Since Cervical Cancer tops the list as the most common cancer in women in India, followed with Breast and Ovarian Cancer, as a whole and moreover doctors generally assume, symptoms are not easily detected.

In North-East region very high incidence of all sites of cancers in general and tobacco related cancers in particular have been reported. Both Mizoram and Assam states have reported very high incidence of esophageal cancer in both sexes. The proportion of tobacco-related cancers relative to all sites is highest in Assam and Meghalaya. These proportions are relatively higher than those reported elsewhere in the country. Pattern of tobacco use is different in North-East region where bidis and cigarettes available locally are different from main land. The national incidence of cancer is approximately 100 to 130 individuals per 1,00,000, but in the Northeast, according to the population-based cancer registry of Indian Council of Medical Research (ICMR), the incidence is highest with Assam alone adding roughly 26,000 new cancer patients every year.

Dr. A. Nandakumar (2006) said tobacco was responsible for 50 per cent of cancer incidences in men and 25 per cent in women in the northeastern region. "If we can control our tobacco habit, majority of cancer can be prevented," he told the conference on 'continuous medical education on cancer challenges in India with particular reference to northeast' held at the northeastern Indira Gandhi Regional Institute of Health and Medical Sciences.

Global Scenario

The incidence of cancer in general and tobacco related cancer in particular, is increasing at an alarming pace in the world. According to World Health Organization (WHO), one of the most important causes of human mortality in the world is the use of tobacco. Nearly 5 million people die due to tobacco use every year and this figure will increase to 10 million by the end of 2020. Developing countries are also at the receiving end of Cancer. In India, cancer killed 5, 56,400 people across the country in 2010. The most striking feature of tobacco-related cancers accounted for 42 per cent of all male deaths and 18.3 per cent of all female deaths. There were twice as many deaths as a result of oral cancer (due to tobacco chewing), compared with lung cancer. The percentages translate

to a huge mortality number. Nearly 1,20,000 [84,000 in men and 36,000 in women] deaths from tobacco-related cancers were seen in both urban and rural areas.

Cause of cancer

The vast majority of cancers are sporadic. There is no clear cause why one person gets cancer and another does not. Cancer develops over time when certain normal genes start mutating. Such cells multiply rapidly and become malignant. These gene mutations occur due to a complex mix of factors related to lifestyle, heredity and environment. A risk factor is anything that increases a person's chance of developing cancer. Different cancers have different risk factors. Use of tobacco, certain diets, alcohol, exposure to ultraviolet (UV) radiation, and to a lesser extent, exposure to cancer causing agents (carcinogens) in the environment and the workplace are some of the potential catalysts of cancer. It is important to remember, however, that these factors increase a person's risk but do not always "cause" the disease. Cigarette smoking and regular exposure to tobacco smoke greatly increase lung cancer. Cigarette smokers are more likely to develop several other types of cancer like those of the mouth, larynx, esophagus, pancreas, bladder, kidney, and cervix. Smoking may also increase the likelihood of developing cancers of the stomach, liver, prostate, colon, and rectum. The use of other tobacco products, such as chewing tobacco, is linked to cancers of the mouth, tongue and throat.

In the body of every person there are cancer cells, but are not detected in standard tests for cancer until they multiply exponentially into billions. After treatment when a doctor confirms that there is no more cancer cells in the body after treatment, that actually means that the normal tests are not able to diagnose or detect cancer cells as their number has reduced to undetectable size. These cancer cells occurs in every human beings for at least six to ten times in a lifetime, but due to strong immune system these cancer cells are destroyed, thus are prevented from multiplying and forming a detectable cancer or tumor. A person having cancer means the person has multiple nutritional deficiencies, which can be due to genetic, environmental, food and life style factors and to overcome from it one should take a healthy diet and healthy food with supplements which can strengthen our immune system. There are many causes of cancer but the most important one is tobacco in any form like smoking in form of cigarettes, *bidis*. Chewable forms like *pan*, *gutkha*,

and *khaini* or pan *masala* are very much a cause of oral and ENT cancers. The other causes though less common than tobacco are diet. Now a days adulterated food, food containing high fat and less intake of vegetables, fruits, fermented food, smoked food ,increased fascination for junk foods, fast food, stored and charred foods are responsible for many cancers. The lifestyle is also responsibly for some cancers. There are many factors causing cancer –but the main and common causes are :Weak Immune System - usually caused by a severe negative emotional shock (death in the family, divorce, family problems, financial setbacks, etc.) overworked and run down over an extended period of time, lack of rest, and improper nutrition that reinforces the immune system. Toxins such as dangerous chemicals (in the workplace, home or garden), microbes, parasites and fungus, etc. Improper Diet - An regular consumption of refined sugar and refined oils, such as in fizzy (soft) drinks, chips (crisps), store bought pastries, deep fried foods (French fries, donuts), prepared meats (hot dogs, sausages, bacon, ham) fast foods, food additives, etc. Oxygen Deprivation - Trans fats (margarine, refined vegetable oils) use in deep fried foods and processed foods (mayonnaise, refined vegetable oils) actually suffocate the cells when ingested depriving the body of life giving oxygen. It may be a combination of all four of these "leading causes" or one in particular that a cancer patient can pinpoint as their main reason for having cancer. (http://www.budwigcenter.com)

Prevalence of Cancer in North-East

In the matter of tobacco related cancer, the north-eastern India is moving ahead. It has crossed the country like Japan. The north-eastern region of India is having high rate of all types of cancer. In respect of high rate of cancer, the Mizoram state stands first in the north-east India. Districts in central, south, and northeast India had the world's highest incidence of cancers associated with tobacco, which is chewed as well as smoked in India. Aizawl district in the northeastern state of Mizoram has the world's highest incidence of cancers in men of the lower pharynx (11.5 per 100 000 people) and tongue (7.6 per 100 000 people), the atlas shows. The district also has the country's highest rate of stomach cancer among men. (Pankaj Chaturvedi et. al).

Mizoram and Nagaland have earned the dubious distinction of becoming the highest tobacco consuming states in the north-east. The overall data on prevalence of tobacco use in north-eastern states show that next to Mizoram, which has tobacco

consumption of 67% - including 40% in the smoking category and 41% in the smokeless category – Nagaland has a prevalence rate of 57% with 32% in the smoking category and 45% in the smokeless category. It has been observed that every second, man and every third woman in Nagaland is addicted to tobacco and as per the Global Tobacco Survey (GTS), MOHFW, 69% men and 43% women are using tobacco. The Ministry of Health and Family Welfare delegation also expressed serious concerns over the tobacco consumption, particularly *gutkha*, which has been noted as "very, very high" in north-eastern region. (Pankaj Chaturvedi et. al).

In North-East region, states like Assam, Meghalaya and Mizoram have reported very high incidence of esophageal cancer in both sexes. The picture of Cachar District of Assam also depicts the same. As per the report of Population Based Cancer Registry – Cachar District, under National Cancer Registry Programme, an ICMR Project, in the year 2009-10, out of all incidence cases of cancer in males about 50.67% cases were diagnosed as tobacco related cancer and 26.78% in females. The most common site is Oesophagus in both the sexes in Cachar District.

Cigarettes, the most common form of tobacco used, cause 90% of all lung cancer deaths, according to the American Lung Association. In addition, about 80% of people with oral cancers use tobacco. Cigarettes contain more than 60 cancer-causing agents.

Chewing and Smoking Habits in Cachar:

The district of Cachar is situated in the southernmost part of Assam. It is surrounded by the neighboring states of Manipur, Tripura, and Mizoram on its three sides. It has an area of 3786 Sq. Km. and a population of 14, 42, 141 as per 2001 census. The male and female ratio population is 7, 41, 580 and 7, 00,561 respectively. The population density 321 per Sq. Km. and the rural population comprises the most (89%).

Demographic Profile of Cachar District:

Area in Sq. Km.	3,786 Sq. Km.
Longitude	92^0 24' E and 93^0 15' E
Latitude	24^0 22' N and 25^0 8' N
Population (as per 2001 census)	14,42,141
Male	7,41,580

Female	7,00,561
Population Density	321 per Sq. Km.
Urban Population	2,01,387
Rural Population	12,43,534
Number of Towns	2
Number of villages	895
Literacy Rate	57.06%
Health Care Facility	
Medical College	1 No.
Civil Hospital	1 No.
Community Health Centre	3 Nos.
Block Primary Health Centre	8 Nos.
Mini PHC	14 Nos.
Subsidiary Health Centre	3 Nos.
State Dispensary	2 Nos.
Medical Sub Centre	30 Nos.
Family Welfare Sub Centre	238 Nos.
Urban Health Centre	2 Nos.

School workers, including teachers and other staff members are important role model for students. Tobacco abuse often starts during adolescence and school teachers and other non-teaching staff can potentially influence tobacco abuse in students. The Indian Cancer Society carried out the Global School Personnel Survey (GSPS) which revealed tobacco abuse among school workers in the north-eastern states is very high.

Although various types of chewing and smoking habits are practiced in this district, but only the most common are discussed here. The habit of chewing betel nut is usually practiced in the form of chewing pan. Pan is a preparation of betel nut, betel leaf, slaked lime and many others, but it may or may not be combination of tobacco. The bolus formed by chewing the preparation is either spit out, swallowed or kept in mouth for hours.

Spit tobacco, also known as chewing tobacco and snuff, are forms of tobacco that are put between the cheek and gum. Chewing tobacco can be in the form of leaf tobacco, *gutkha* (which is packaged in pouches), or plug tobacco (which are packaged in "brick" form). Snuff is a powdered form of tobacco, usually sold in cans. The nicotine is released from the tobacco as the user "chews."

Although chewing tobacco and snuff are considered "smokeless" tobacco products, harmful chemicals including nicotine are ingested. More than 28 cancer-causing chemicals have been found in smokeless tobacco.

Chewing tobacco and snuff can cause cancer in the cheek, gums, and lips. Like a pipe, cancer often occurs where the tobacco is held in the mouth. Cancer caused by "smokeless" tobacco often begins as leukoplakia (a condition characterized by a whitish patch that develops inside the mouth or throat) or erythroplakia (a condition characterized by a red, raised patch that develops inside the mouth). Other problems associated with chewing tobacco and snuffs include periodontal disease, tooth discoloration, and bad breath, among others.

Interestingly, *bidi* or cigarette smoking in most of the north-eastern states, especially in Cachar district, is more common in women than men, pointing to the fact that smoking among women is certainly not a taboo in the region unlike most other parts of India. A large proportion of smokers smoking tobacco with ganja especially in the villages or remote areas of Cachar district. The betel quid is the preferred form of smokeless tobacco and is generally used both by men and women. Other smokeless tobacco forms used like *gutkha*, *gul*, snuff etc. are used more by both the sexes in Cachar district.

From the chart of total number of Tobacco related cancer (TRC) cases in the year 2009-2010 of Cachar district, it has been understood that the 'Oesophagus' is the commonest site of tobacco related cancer in both the sexes.

Tobacco related cancer (TRC) cases in the year 2009-2010 of Cachar

Male			Female		
Site of Cancer	Number (#)	Proportion (%)	Site of Cancer	Number (#)	Proportion (%)

Oesophagus	127	16.56	Oesophagus	90	28.21
Hypopharynx	110	14.34	Lung	35	10.98
Lung	108	14.08	Mouth	32	10.03
Larynx	84	10.95	Tongue	31	9.72
Tongue	79	10.30	Stomach	31	9.72
Mouth	52	6.80	Hypopharynx	27	8.46
Stomach	50	6.52	Salivary Gland	19	5.96
Tonsil	39	5.08	Larynx	14	4.39
Bladder	33	4.30	Tonsil	10	3.13
Salivary Gland	27	3.50	Pharynx unspecific	9	2.82
Oropharynx	19	2.48	Lip	8	2.51
Pharynx unspecific	16	2.09	Oropharynx	5	1.57
Lip	14	1.83	Nasopharynx	4	1.25
Nasopharynx	9	1.17	Bladder	4	1.25
Total (TRCs)	767	100	Total (TRCs)	319	100

Source- Report of ICMR

Apart from all these data, India recorded 9.8 lakhs new cases of cancer in the year 2011, an increase of about 80,000 new cases as compared to 2009.

Conclusion:

In Cachar district, a large percentage of cancer patients are victims of tobacco use. Consumption of tobacco should be stopped. Here, both government and non-government organizations can play a vital role to help the people of the region in giving up the habits of consumption of tobacco. Various projects can be implemented in this regard. Very recently, a team from Australia has visited the Cachar Cancer Hospital, a philanthropic hospital of Cachar district. The Australian team is planning to include the hospital in the project '*Hamrahi'* – a collaborative venture between Pallium India and Australia Palliative Link International, for fighting against the cancer causes by consumption of tobacco. Awareness programmes can be organized specially in the remote part of the

district for making the people aware about the fact that what actually the tobacco is, what are its after affects, how it is associated with cancer, what types of health problems a cancer patient faces etc. Along with these awareness programmes, campaigning and counseling must be provided to the people who are prone to consume tobacco.

Cancer incidence is attributable to life style choices such as diet, habits such as smoking, drinking, and environmental factors. Culture is the single force most influential on life style. From the study, it has been found the most common late effects affecting physical well being are paying and fatigue ness, these two are largely ignored because it is not considered as life threatening problems. These two physical problems lead to non functioning of patients in household works which is the result of malfunctioning of the whole family. Due to this illness it has been observed that many behavioral changes occur in patients like anxiety, fear, depression, which affects their family life.

Social Work Intervention for Cancer Patients:

Interventions to improve both physical and psychological well being have become even more imperative as recent advances in cancer treatment have extended the length of cancer survivorship. Cancer survivors require attention to these important needs in order to resume employment or carry on roles and responsibilities. Both the physical and psychological domains are often neglected in long term survivorship when patient encounters with the health care system become less frequent. Psychological support for long term survivors is of special concern and is at particular risk amidst the current reductions in health care delivery.

People with cancer have specified and complex social care needs due to the length and nature of treatment, impact of treatment on mobility, and their ability to perform daily tasks, the emotional impact of diagnosis and treatment and care support needs. People affected by cancer can have a range of needs for social care and support at different stages of the patient pathway. Social care needs for people with cancer can vary according to age, gender, socio-economic status and stage of the cancer journey, including diagnosis treatment follow up. Cancer patients encounter numerous social and emotional challenges that affect their daily lives from the point of diagnosis to post-treatment. The length and nature of treatment can impact on their wellbeing, mobility, and ability to perform daily tasks. In addition, it is seen that family and relatives of those

living with cancer can also be emotionally affected by the diagnosis and physical effects of the treatment that patients experience.

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Note for Contributors

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