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Editorial

This combined volume of two bi-annual issues of the Journal of the Department of Social Work carries altogether 14 articles over a range of topics broadly dealing with the overarching theme of health. It also has articles that deal with gender issues. A couple of articles also discuss the environmental and sustainable development issues. Thus, it presents a myriad collection of topics.

The first article deals with the rights-based perspective of healthcare, the social determinants of healthcare, and governance and policy directions within the context of human rights. It highlights how HIV/ AIDS patients have been at the receiving end of human rights violations in terms of exclusion and inequalities with regard to healthcare. The next one discusses how focussing on western medicine alone, can make us lose out on the power of traditional medicine. In a tradition-bound and vast country like India, traditional medicine can fill the yawning gaps, for which an integrated healthcare system and medical pluralism is espoused. The third paper brings in a very pertinent discussion about what should be the role of law and society, and where must each one draw the line in terms of terminating a pregnancy, especially in the case of probable deformities in the foetus, thus endangering the unborn life and presumably weighing very heavily upon the mental well-being of the would-be mother.

The next article discusses about out-of-pocket expenditures on health, which unfortunately remain one of the prime factors that push the poor into further poverty today in India. It discusses OOP in the context of Tamil Nadu, which is a model state for several advancements in the country. It points out a very gradual decline in Tamil Nadu, but simultaneously notes how it had risen during COVID-19. The ensuing paper pulls in a very contemporary discussion on LGBTQ people and maps how they are now placed, presented, and empowered in the public realm through Indian cinema. It traces the evolution of their representation which was earlier rather stereotyped and suppressed; to one that helps people to understand and accept them. Their life-experiences are no more trivialised and neither are they reduced to some humorous caricatures or subjects of ridicule.

The following topic deals with education, and the role of youth in tea gardens to promote sustainable development, which is very important in today's context. It was an empirical study and the findings were not encouraging as there was clear gender imbalance in employment and educational qualifications were also below the mark, where 82.3% were below matriculation. The next article discusses how stress can cause burnout among school-teachers. It emphasizes the various factors that can cause stress such as prolonged work-hours, an unfavourable teacher-student ratio, and lack of social and family support, all of which contribute to emotional exhaustion. It suggests meditation and enhanced self-efficacy to counter stress. The next discussion

revolves around the Tuitha river in Manipur and highlights how unless the river is conserved and protected from the ravages of development, fish and other molluscs will no more thrive like they used to. As the river is drying up, the author calls for accountability and responsibility in protecting the river.

Misings are a community in Assam. In this article, the plight of the Mising women is highlighted in the context of caregiving especially for the elderly, as lifespans increase continually. It critiques how the feminine is invoked to justify and encumber upon the woman, the burden of caregiving. Another very relevant topic the journal presents is how the internet, which is the rage especially amongst youngsters such as college students can unsettle family life. The field research finding highlights that although the internet has not exactly triggered conflict or disturbed bonding among family members, it reveals reduced family time with each other. This could pave the way for future conflicts and caution must be exercised.

The next topic presents discussions through a bibliometric analysis about the concept of the “glass ceiling”. It points out that studies done on the concept have been rather dispersed although there are several. This is followed by post-colonial feminist perspective for social work practice. It advocates a culturally sensitive approach and emphasizes the interconnectedness between race, class, culture, and gender. Thus, it conveys that such an approach will positively impact the well-being of individuals. The second last article discusses the literacy situation in India from a Social Work perspective. The final one presents with illustrative cases the harrowing daily-life experiences of women street vendors in Manipur and their innate resilience, in the face of structural adversities.

These range of topics that have been covered in this volume thus broadly encompasses healthcare and the burden of out-of-pocket expenditure, changing depiction of LGBTQs in Indian cinema, tea garden youth workers, the environment, internet and the family, the complex world of women as compulsory caregivers, the need to break the glass ceiling, feminist social work practice, and the mundane but unending struggles in the lives of women. Needless to say, they are as diverse as possible and deals with very contemporary and relevant issues in the realm of social work.

It is hoped that these articles will add value to the already existing volume of literature that is available in the domain and will continue to enrich the practice of social work.

Dr. Ratna Huirem
And
Dr. Kathiresan L.

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Persons Living With HIV/AIDS and Human Entitlements: Rights, Governance and Policy Framework

Sigamani Panneer[1], Subhabrata Dutta[2], and Lalhmingmawii Gangte[3]

Abstract

The gross inequalities in health that we see within and between economies present a challenge and contemporary concerns to the industrialized and developing countries. An estimated 39.0 million [33.1–45.7 million] people were living with HIV at the end of 2022. A burgeoning volume of operational research identifies Sociological factors as the root of inequalities in healthcare including HIV.AIDS. Social determinants of healthcare are relevant to communicable and non-communicable disease alike particular HIV/AIDS. Health status is a concern to policy makers in development administration, not solely those involved in health policy. The issues of social exclusion and inclusion in healthcare are multi-dimensional and one form of exclusion will often lead to another. HIV/AIDS has not traditionally been included as a factor contributing to social exclusion but, as this paper will highlight, it can be a major contributor. This paper will deliberate on the consideration of human rights principles on the interdependence of rights, participation and non-discrimination. Further, the key aspects of the right to healthcare overcome some of the challenges as well as to promote transparency and accountability for what is done and how it is done. On the backdrop of these issues, the present paper is divided into four sections. First it looks at the right based perspectives and healthcare, second, it discuss issues on the social determinants of healthcare, thirdly, it deliberate on a case study and empirical evidences linking with social exclusion of the HIV/AIDS patient. Fourthly it focused on the governance and stakeholder approach, the policy direction and end with the critical issues and the protection of human rights and entitlements.

Keywords: *Case synthesis, Human entitlements, Rights Based Approach, Social determinants*

I
Health: A Social Determinants Framework

"Medical progress must be measured by how we treat the least of our brethren"
Abraham Verghese, 2006

In this paper we draw on critical perspectives of social determinants of health and human rights violations and discrimination faced by person with HIV/AIDS. The

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gross inequalities in health that we see within and between economies present a challenge and contemporary concerns to the industrialized and emerging economies. A burgeoning volume of operational research identifies sociological factors at the root of much of these inequalities in healthcare. According to the World Health Organization (WHO), "Health is a state of complete physical, mental and social well being and not merely the absence of disease. The enjoyment of the highest attainable standard of health is one of fundamental right of every human being without distinction of race, religion, political belief, economic and social condition" (Sharma, 2007). In this definition the biomedicine aspect (ideal) is focused instead of health determinants factors (actual) such as social and economic.

Achieving greater equity in health is a goal in itself, and achieving the various specific global health and development targets without ensuring equitable distribution across and within populations are of limited value. Although many public health programmes have achieved considerable success in reducing mortality and morbidity, they often fail to capitalize on interventions that address the social context and conditions in which people live, i.e. interventions that have a potential to contribute to greater health equity. Moreover, national-level statistics often mask unfair disparities within and between population groups in terms of health outcomes resulting from unequal access, extreme vulnerabilities and exposure to various risk factors. It has also been acknowledged that many key public health targets, including the health-related Millennium Development Goals (MDG), are not easily attainable even if there is a massive scale-up of available technologies. According to Qadeer (2003)...ill health is a major case of indebtness economic pressure in rural areas and also she recommends the limits of ignoring socio-economic roots of disease. Medical interventions have to be part of overall strategies of development that focus on improving well-being, reducing inequality and promoting inter-sectoral linkages. Health is much more than the absence of disease, social development and welfare management are the integral part of health. Indian healthcare systems faced multiple inequalities within the system; inequality of resource distribution, inequality of access, inequality of participation and inequality of health status. People on SC/ST are not only more vulnerable to infections but also have minimum access to healthcare services.

Table 1: Infant and Child Mortality (per cent) by Caste/ Social Groups in India

Social Groups	Neo-natal Mortality	Post-natal Mortality	Infant Mortality	Child Mortality	Under five Mortality
SC	40.1	20.2	60.4	25.2	84.0
ST	35.6	22.1	57.6	23.4	79.6
OBC	35.3	15.8	51.2	16.3	66.6
Others	29.8	13.7	43.5	14.1	57.0
Total	43.4	24.2	67.6	29.3	94.9

Source: Adapted from Nayar: 2007[1]

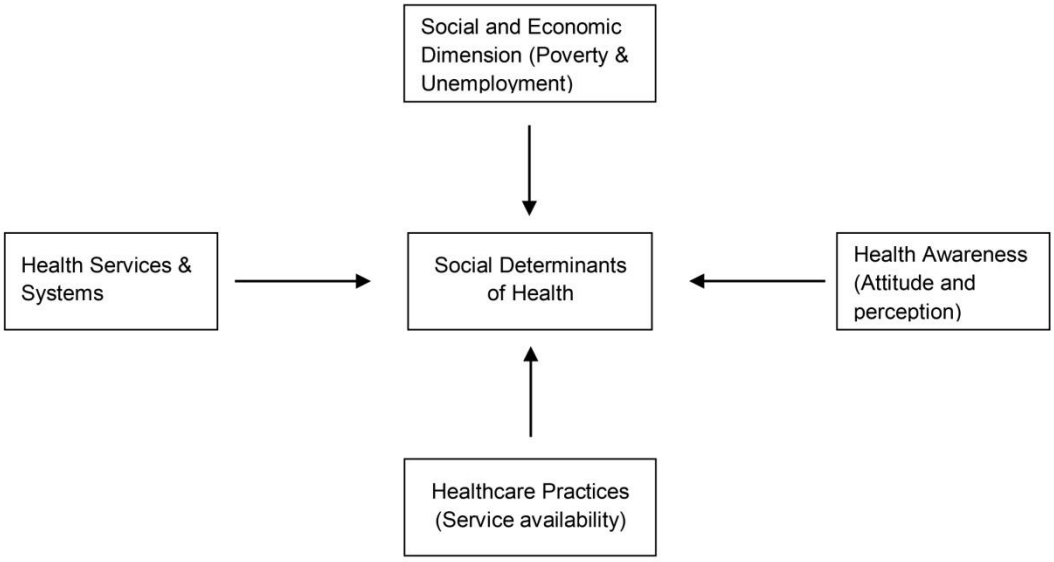
Health is a matter of concern to all strata of the society. Health is a large domain which affects all aspects of human existence. It has wider implications for social, economic and political life of an individual and cannot be fully understood within the confine of medical models. Social scientists have been actively engaged in empirically examining the social factors (including the economic and social conditions particularly early childhood, security, food security, health services, and access to services, housing, social exclusion and stigma (Dean and Fenton, 2010) which contribute significantly in promoting good health and controlling diseases. Their persistent efforts to understand health from social perspective have firmly rooted social scientist in addressing larger issues related to causes and cures of health problems.

There are four sectoral models of health socio-economic concomitants of health, health services and systems, health care practices and health attitudes and perceptions (see figure 1). There are a number of socio-economic and socio-demographic constructs, like ethnicity, gender, age, religion, caste and social class, which affects the exposure and vulnerability to disease, shapes the perception of and response to health problems actuates the effectiveness of health promotion efforts and creates an impact on an individual's life and well-being. Poverty conditions, for example, create a major institutional challenge and no community health care programme can succeed unless it addresses wider issues of social and economic nature. The sector health services and systems are concerned with developing the health of the people by delivering health care services which

[1] Nayar K R. 2007. *"Social Exclusion, Caste & Health: A Review Based on the Social Determinates Framework"*, *Indian Journal of Medical Research*, 126: 355-363.

are acceptable and accessible to the people. The following figure exhibits the dependence and interdependence factor of social determinants of health:

Figure 1: Health and Development: Social Determinants



Source: Developed from Dalal and Ray, 2009.

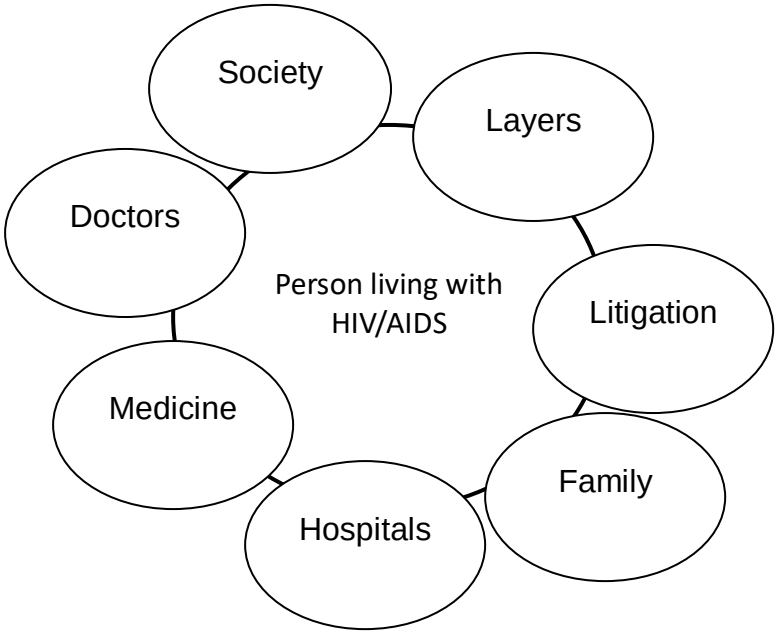
The sector of healthcare practices deals with health behavior and practices of the communities and the way sick people are treated in the society. It is an effort to understand health issues from community's perspective, the informal health care practices and remedial measure taken by the communities. Research dealing with peoples attitudes and perceptions of health deals with people's own understanding of the cause of illness, their health behavior, and the ways they take care of themselves when they fall ill. This micro-level approach deals with the illness experience, as well as on person's construal of health and illness.

II

Right to Health: Rights Based Approach Perspectives

The term human rights frequently used by social and political activist groups in the context of the rights of an individual which are natural, inherent in our nature and without which we cannot live as an human beings. These rights required to be protected against the authority of the state. In India, the protection of Human Rights Act, 1993, says "human rights" means the rights relating to life, liberty, equality and dignity of the individual guaranteed by the constitution (Shah, 2004). Deliberate consideration of the human rights principles of the interdependence of rights (including attention to the legal and policy environment), participation, non-discrimination, accountability, and key aspects of the right to health help to identify and overcome some of the challenges to increasing and sustaining access to treatment and needed services, as well as to promote accountability and transparency for what is done and how it is done. (Sofia et al, 2007). The following figure exhibits rights perspectives and stakeholder role:

Figure 2 - Health: Rights Perspectives



Source: Developed from Parker and Aggleton, 2002 and 2005.

The right to the highest attainable standard of health is a human right recognized in international Human Rights law. The international covenant on Economic, Social and Cultural Rights widely considered as the central instrument of protection for the right to health recognizes "the right to everyone to the enjoyment of the highest attainable standard of physical and mental health".

From the above figure it can be said that right to health is an inclusive right and also underlies health education related information as a determinant of health.

Table: 2 Communicable Disease and Annual Death worldwide (2005)

Infectious Disease	**Annual Deaths (million)**
Respiratory infections (eg: pneumonia, bronchitis, influenza)	3.96
HIV/AIDS	2.77
Diarrhoeal diseases	1.80
Tuberculosis	1.56
Malaria	1.27
Vaccine-preventable childhood diseases	1.12
Sexually transmitted diseases (other than HIV/AIDS)	0.18
Meningitis	0.17
Hepatitis B and C	0.16
Tropical Parasitic diseases	0.13
Dengue	0.02
Other infectious diseases	1.76

Source: Adapted from: World Health Organization (www.who.int/whr/en)

As we can see from figure 2, communicable disease such as respiratory infections, HIV/AIDS, Diarrhoeal diseases, Tuberculosis and malaria contribute to the causes of deaths of millions worldwide. Majority of deaths happen in developing countries. Human Rights violation is also higher in the developing countries as we can see from table 3. HIV/AIDS prevalence rate is also higher in developing countries as compared to developed countries, figure 4. Doctors across the globe agree that action to promote health must go well beyond healthcare. The condition in which people are born, grow, live, work and age and the factors that influence those conditions-power, money and resources or the lack of thereof must be addressed. In a global economy, infectious diseases have both health and economic consequences. Severe respiratory syndrome (SARS) which was first

detected in Southern China, spread within five countries, and cost an estimated USD 10 billion in response interventions and lost productivity. Recognizing the importance of scaling-up new innovations for tackling neglected infectious diseases in the developing world, the 2007 High-level Forum on Medicines for Neglected and Emerging Infectious Disease agreed on the Noordwijk Medicines Agenda (NMA). The NMA identifies opportunities for creating coherent policies for innovation to improve the availability of medicines to treat neglected and emerging infectious diseases.

Table 3: Human Rights Violations/ Discrimination faced by person with HIV/AIDS and Rights Entitlements: Case Synthesis

Country	Human Rights Violations/Discrimination	Rights Entitlements/Legal protection
Industrialized democracies		
UK	Stigma, delay in treatment, work place discrimination	The disability discrimination act of 2005
USA	Stigma, work place discrimination	The Americans with disabilities act
Russia	Lack of confidentiality, mandatory HIV testing, lack of adequate care and treatment	
Canada	Dentist will not treat person living with HIV/AIDS, travel restrictions,	
Emerging Economies		
India	Workplace discrimination Right to confidentiality Right to marriage , Stigma on diagnosis and treatment Gender inequality, Sexual violence, Domestic violence Refusing to treat PLHIV Refusing to enroll children with HIV	Constitutional and judiciary measures, Autonomous organizations
Philippines	Discrimination at the work place, schools, travel habitation, public service	Law to protect the rights of PLHA AIDS prevention and control act 1998.

		Discrimination in all its forms and subtleties, against individual with HIV/AIDS shall be considered inimical to individual and national interest
Thailand	Gaps between policy and practice	Mandatory HIV testing,
Bahamas	Workplace discrimination, Gender based human rights abuses	Explicitly protected HIV/AIDS under the employment act of 2001
South Africa	Discriminatory attitude and practices of health workers, No medicines (life-saving HIV/AIDS medications), Denial of patients rights	Promotion of equality and prevention unfair discrimination act of 2000 (prohibits unfair discrimination)
Zimbabwe	Stigma, violation of women's rights, child abuse etc	The labour relations (HIV/AIDS) regulatory prohibit mandatory HIV testing during recruitment.
Malavi	Stigma, delay in diagnose, treatment and	The Malawi national HIV/AIDS policy
Cambodia	Stigma and denial of services	Law of prevention and control of HIV/AIDS
Uganda	Domestic violence (economic dependency, polygamy)	Health policy, programmes and human rights provisions.

Sources: Developed from: Reubi, 2011; Aggletion and Parker, 2002 and 2005; Sofi et al, 2007; Roseman Jane Mindy et al, 2004; Person Asha et al, 2011; Gable Lance et al, 2007; AIDS CALGARY Awareness Association, 2008; Hiremath Vijay, 2007; London Grace et al, 2011; Patterson David, 2004.

Dimensions of human rights

Figure 3 Dimensions of Human Rights



Specific human rights violation/discrimination is faced by person living with HIV. At the individual level, it is because of the affordability issue and denial from the family and the health care providers because of their HIV status. Women are not able to negotiate for safe sex because of violence and sexual dominance of men, gender inequality and poverty. HIV infection primarily transmitted through sexual practices roots in women disempowerment. Discrimination in the community can be seen through avoidance and leaving the company of the HIV infected person, public ridiculed and harassment. In the work place, discrimination is based on their HIV status coupling with race, gender and sexual harassment leading to loss of employment (figure 3)

The Alberta Human Rights, citizenship and Multiculturalism Act governs provision of health services, including services available in hospitals, dental

services and any other health service normally available to public. People are protected from discrimination on the basis of HIV status and hepatitis status. Many medical professionals are licensed and governed by professional associations and it require their members to adhere to Alberta Human Rights Legislation as part of their code of ethics and those violating the human rights of their patients or staffs can face repercussions, including the loss of their license to practice. In recognition of the roles and responsibilities of health care providers, the following guidelines outline best practices and an appropriate and respectful approach to providing health services for people living with HIV: put patients interest first and act to protect them, respect patients dignity and choices, protect the confidentiality of patients information, co-operate with other members of the patients health team and other health care colleagues in the interest of patients, maintaining professional knowledge and competence and trustworthiness (AIDS Calgary, 2008).

III

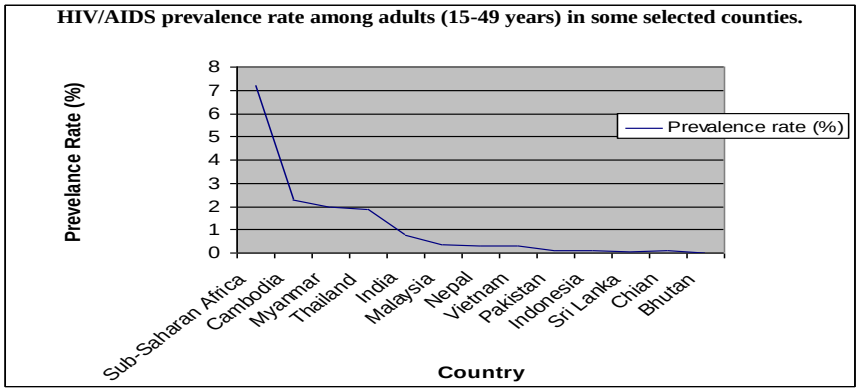
Human Rights and Entitlements

The right to health contains entitlements (See table 3) which include the right to a system of health protection providing equality of opportunity for everyone to enjoy the highest attainable level of health; the right to prevention, treatment and control of diseases; access to essential medicine; maternal, child and reproductive health, equal and timely access to basic health services; the provision of health related education and information; participation of the population in health related decision making at the national and community levels. Some groups or individuals such as children, women, persons living with disabilities or persons living with HIV/AIDS face specific hurdles in relation to the right of health. These can result from biological or socio-economic factors, discrimination and stigma or generally a combination of these. Considering health as a human right requires specific attention to different individuals in society, in particular those living in vulnerable situations. States should disaggregate their health laws and policies and tailor them to those most in need of assistance rather than passively allowing them to those most in need of assistance rather than passively allowing seemingly neutral laws and policies to benefit mainly the majority group.

HIV/AIDS epidemic is both a public health issue and a human rights issue. They both share common objective of promoting and protecting the rights and well being of people. In the context of HIV/AIDS epidemic, human rights is necessary to achieve the public health goals of: reducing vulnerability to HIV infection; lessening the adverse impact of HIV/AIDS on those affected and empowering

individuals and communities to respond to HIV/AIDS (ICASO, 1999) There are 33 million people living with HIV/AIDS and more than 25 million people have died of AIDS in the past 25 years, making it one of the most destructive pandemics in recent times. Since emerging as a major health emergency, the epidemic has had a serious and devastating effect on human rights and development. Protecting and promoting human rights are essential for preventing the transmission of HIV and reducing the impact of AIDS on people's lives. Human rights that are relevant to HIV/AIDS are, right to freedom from discrimination, the right to life, equality before the law, the right to privacy and the right to the highest attainable standard of health. State legislation, policies and programmes should include positive measures to address factors that hinder the equal access of these vulnerable populations to prevention, treatment and care such as their economic status (WHO, fact sheet 31, The Right to Health).

Figure 4



Source: Developed from WHO, 2005, and NACO, 2003[1]

To substantiate the prevalence rate depicted in the above figure 85 per cent of the infection occur through sexual route (sexually active and economically productive are group 18-49 years), 8 per cent through injecting drug use,4 per cent through blood transfusion which makes it fundamental for prevention and treatment.

All UN member states have endorsed a commitment to protect human rights in the global fight against HIV and to ensure universal access to HIV prevention, treatment, care and support. To assess progress towards fulfilling the commitment,

[1] http://www.naco.nic.in

countries submit reports to UNAIDS biennially, known as United Nations General Assembly special session on HIV (UNGASS) reports. The Vienna Declaration (2010) launches at the XVIII AIDS Conference, stipulates that prevention and other health promotion efforts among the PWID populations are undermines by international drug prohibition policies, widespread criminalization of drug users and in some countries appalling human rights violations, including torture and execution. In China, incarceration, forced labor and the ill treatment of the drug users have been documented in an extensive report by Human Rights Watch (2010). Homosexuality is subject to death penalty in Iran. Iran's commitment to human rights is framed in terms of providing equal access to employment, health care and education for people with HIV, not a commitment to extend human rights to sexual minorities affected by HIV.

South African Constitution prohibits unfair discrimination on the basis of sexual orientation. Countries in different region of the world face starkly dissimilar HIV epidemics, yet often face similar challenges in achieving universal access and human rights for most-at-risk populations. There is little doubt that there are considerable structural and economic barriers to developing effective response to HIV/AIDS. Yet it is also clear that criminalization, stigma and discrimination are barriers in and of themselves. Three decades into the global epidemics, many countries still have political, cultural and legal environments that marginalized and punish, rather than help and protect, people vulnerable to HIV/AIDS. Addressing Human Rights and universal access for most at risk populations (MARPs) will require political commitment not only to legal reform, but also to comprehensively tackle structural inequalities, institutional denial and discrimination, and social and religious prejudice, which contributes to undermining local responses to HIV/AIDS. The MARPs includes MSM, PWID, sex workers, transgender people, prisoners and migrant workers. At the global level, it will require the international communities not only to step up the pressure on government that shirk their human rights obligations, but also to provide the economic support needed to enable reform and hugely complex social interventions. (Asha et al, 2010). Let us discussed some rights and entitlement for the HIV/AIDS infected person.

- **Right to a dignified life:**

Box 1

Case -1

Where is her dignity?

Mrs. X is from a secluded area in Manipur's hills. She moved to the valley to work as a housemaid. Her employer had a son living with HIV. With one daughter, he is a divorcee. The employer hurriedly set up a marriage between their son and Mrs. X out of concern for prejudice and shame from the community. The fact that Mrs. X is unaware of her spouse HIV status. It was only after she became pregnant that she learned about HIV/AIDS and her husband's status from an antenatal clinic. Her husband began to frequently become ill due to all of the symptoms, at which point she assumed the position of caregiver. His family moved him into a hospice center out of fear that he might spread the disease to them as well. Following her husband's death, the in-laws began abusing her and her two-year-old child physically and psychologically. In addition to facing prejudice, stigma, and marginalization, she lacked housing, food security, and work stability. After extensive intervention, community organizers helped her get the backing of a nonprofit organization and a consistent source of income for her and her kid. She also passed away in a hospice facility and her daughter is currently in an orphanage in Delhi.

Source: Case from the field (North-East, India)

The Universal Declaration of Human Rights states that “everyone has the right to a standard of living adequate for the well being for him (her) self, his/her family, including food, clothing, housing and medical care and necessary social service” (Nayar and Kapoor, 2009). A whole network of international organizations and actors is engaged in monitoring global trends, global problems and global crisis, based on the assumption that problems must be solved by joint action and with the participation of all. The global trends and adverse health impact of HIV, viral hepatitis, STIs, and TB remain among the major and urgent public health challenges of our time. These conditions account for substantial morbidity and mortality, with devastating fiscal and emotional costs to individuals, families, and societies (Hazel et al, 2010). It is true that individual-level determinants, including high-risk behaviors such as unsafe sexual and drug-injecting practices and Men who have Sex with Men (MSM), are major drivers of disease transmission and acquisition risk. More vulnerable to this whole gamut are widows and orphans

who are illiterate and at the mercy of the family for support and at the receiving end like we see in case-1. The culture of silence remains within and no amount of awareness lessen their suffering. Social determinants that influence the health of people and communities as a whole includes the economic and social, conditions for early childhood development, education, employment, income and job security, food security, health services, and access to services, housing, social exclusion, and stigma and discrimination. Many of these conditions arise because of the circumstances in which people grow, live, work, socialize, and form relationships, and because of the systems put in place to deal with illness, all of which are, in turn, shaped by political, social, and economic forces.

Box 2

Case -2

The Sonagachi (Calcutta, India) STD/HIV intervention programme was designed to prevent among sex workers through clinical services, condom promotion and IEC. Sex workers were themselves the best agents of change to fight AIDS; by recognizing human dignity, not allowing their occupation as sex workers exclude them and equally allowing participating in all interventions including decision making.

Source: adapted from International Council of AIDS Service Origination, 2004

The Human Rights perspectives on the Commercial Sex Workers cater to a different spectrum of approach unlike the IDUs, the widows, the orphans and the vulnerable in the society. The patterns and distribution of HIV/AIDS in the population are further influenced by a dynamic interplay among the prevalence of the infectious agent, the effectiveness of preventive and control interventions, and a range of social and structural environmental factors leading to them to become the agent of change.

- **Public health and the right to life:**

Public health and right to work: Bostwana and South Africa have both declared their commitment to provide universal access to antiretroviral therapy (ART). Many other countries are exploring ways to roll our ART. The WHO goal of three million people in developing countries receiving ART by 2005 shows the progressive implementation. Programme staff should be aware of international

commitments and initiatives when designing, reviewing or implementing programmes which include a health care components, and look for opportunities to support these commitments and initiatives.

Box-3

Case-3

In the spring of 1997, one of Israel's four private sector health insurance providers decided it would no longer pay for the antiretroviral medications. As a result, many persons living with HIV/AIDS were forced to stop their treatment in mid-stream and began to get critically ill. A task force was established and a plan of action was developed by a coalition of 15 human rights NGO and HIV/AIDS initiated by Israel AIDS Task Force (IATF). They carry out the following activities: National media campaign, lobbying, petition, demonstration, lawsuit and additional activism. On December 14, 1997, the tribunal in Tel Aviv that heard the lawsuit issued an order temporarily requiring the health insurance providers to make the ART available. Two weeks later, the government agreed to include seven new AIDS drugs in the basket of drugs to be subsidized. In February 1998, the government decided that all new HIV/AIDS treatment s approved by the government would be available free of charge and would be reimbursed by the government through the health insurance providers. This fight was won because of the coalition that was created, which requires strong leadership, good organization, a clear division of roles and an effective strategy.

Source: adapted from International Council of AIDS Service Origination, 2004

Health and human rights are complementary approaches for defining and advancing human well being. The inter dependence of health and human rights has substantial and practical implications. Research, teaching, field experience and advocacy are required to explore this intersection. HIV/AIDS pandemic affects women's rights and particularly denial of reproductive rights to HIV positive women and rights at risk in relation to mother-to-child transmission. Protection and recognition of the rights of the girl child are essential in the face of the AIDS pandemic in Southern Africa. There is a wide linkage between HIV/AIDS, gender inequality and poverty. Women are more vulnerable to HIV/AIDS reason being they are violated of their economic rights, political rights and cultural beliefs. There is a connection between domestic violence and HIV/AIDS, chronic abuses of women's human rights compound the problem of

HIV/AIDS. The abuse include domestic violence, violation of women's property and inheritance rights, bride price, widow inheritance, ritual sexual cleansing and the sexual abuse of girls. Recent court decision in South Africa have held states bound to respect and serve HIV/AIDS patient' human rights to indicated and available medical care (women, HIV/AIDS and human rights, 2008)

- **Inclusion of people living with HIV/AIDS in programme development:**

In June 2002 with funding from Canadian International Development Agency (CIDA) and USAID. People living with HIV/AIDS were invited to the meeting, provided financial support to attend and time was allotted in the agenda for the presentation and discussion of this perspective. One outcome of the workshop was a 'checklist of guiding principles for regional action on HIV/AIDS which includes the principles of the meaningful participation of people living with HIV/AIDS as well as vulnerable and affected communities. Policy maker should support the participation of person with HIV/AIDS and persons from vulnerable groups in programme design, implementation and evolution.

Box 4

Case-4

The Zambian AIDS Law Research and Advocacy Network (ZARAN) is an incorporated association of lawyers and students, with close links to the Zambian Network of People living with HIV/AIDS. In 2002 ZARAN commenced a CIDA-funded two year capacity building project with technical assistance from the Canadian HIV/AIDS Legal Network. One focus of activities was a successful advocacy campaign to reverse a government proposal for the exclusion of HIV positive recruits from the Zambian armed forces.

Source: adapted from International Council of AIDS Service Origination, 2004

Inclusion of person with HIV/AIDS and vulnerable groups at the UNGASS on HIV/AIDS: In September 2001, Canada championed the participation of people living with HIV/AIDS in the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS. Canada included a person living with HIV/AIDS on its official delegation, and also supported the inclusion of representatives from the International Gay and Lesbian Human Rights Commission in an official round table conference. This public stand on the inclusion of PLWHAs and representatives of affected communities was a highly visible and significant

statement of the importance of meaningful participation and inclusion in the global response to HIV/AIDS. The participation of representatives of disadvantaged and stigmatized groups should be supported, particularly in forums where these voices would not otherwise be heard.

IV

Global Public Health Challenges

The causes of global public health challenges are varied ranging from social constraints of health and disease to epidemiological transition. There is a lack of curative and preventive healthcare services as also the health infrastructures require our attention. Furthermore, there are certain implications and emerging challenges like human rights discrimination and allocation of rights entitlement. The perception with regards to the governance and public health view is also another concern. Finally, the goal for more inclusive healthcare services is the need of the hour.

The global fund to fight AIDS

The GFATM is an independent foundation catering to the needs of developing countries. The USA is the largest single contributor to the GFATM. The problem of accountability especially many countries funds were withdrawn and cancelled by the foundation. Such countries include; Ukraine, Nigeria, Pakistan, Senegal, South Africa, Uganda and Myanmar. The emerging issues are the financial flexibility of the programme. The initiative has become a weak mechanism to protect the rights of the person with HIV/AIDS.

In providing health care, many health care providers face the challenge of providing optimum care and respect for patients with minimizing health and safety risk for themselves and others. In the case of caring for patients living with HIV, this can be a challenge fraught with questions and concerns. Health care providers cannot refuse to serve new patients due to their HIV status, drug and alcohol use, sexual orientation, country of origin or source of income. (AIDS Calgary, briefing document, March 2008)

The Philippine National AIDS Council: The Philippine National AIDS Council was formed in 1992 as a multi-sectoral body to advise the President on policy development and coordinate implementation of a National Strategy. It has 13 government and 7 NGO representatives, including the President of the PLWHA organization. The Council formulated a National AIDS Prevention Strategy, using

a national consultative process which included the perspectives of people living with HIV/AIDS and vulnerable groups. A key achievement of the Strategy is the mainstreaming of AIDS information and education in government departments responsible for education and the interior

The impact of HIV/AIDS on women and children

Globally 46% of all new HIV infections were among women and girls in 2022 (UNAIDS, 2024). International legal obligations and sound public health practice require that to reduce the spread and impact of HIV/AIDS, policies and programs must protect and promote human rights. The human rights approach offers a potentially effective, globally integrated framework for addressing the underlying determinants of HIV infection, care and impact over the longer term. However in practice, difficulties arise in the design and delivery of human rights-based HIV/AIDS programs often because some donors and welfare services organizations are still considering what a human rights approach means for HIV/AIDS programming; human rights, democracy and governance programs and projects often focus on civil and political rights, including issues such as media freedom and free and fair elections, and rarely include an HIV/AIDS perspective; and the experience of human rights programming in the context of HIV/AIDS has not been adequately documented.

Figure-4 Building Blocks of Governance and Protection of Rights of Person with HIV/AIDS

ADVOCACY (Networking Governance) Regulatory system, Quality management and participation	**ACCOUNTABILITY** (Use of funds and service quality) Social accountability
TRANSFERENCY (Evidence based methods) Cost effectiveness To promote learning environment to the stakeholders	**LEGITIMACY** (Legislation to prohibit stigma and discrimination) Political will Equitable and affordable effective service delivery

As seen in figure 4, the human rights approach to development (which emphasizes participation and inclusion, non-discrimination and equality, accountability and

transparency, and indivisibility and interdependence) provides a framework for development theory and practice beyond HIV/AIDS. Exploring the application of human rights approaches to a major development challenge such as HIV/AIDS can stimulate the integration of these approaches in other areas of health, the environment and development. In order to be effective and sustainable, national and international responses to the HIV/AIDS epidemic must aim to limit the immediate spread and impact of HIV/AIDS, and also address the underlying determinants of infection and impact. Like gender equality, appropriate analysis and responses to HIV/AIDS must be mainstreamed throughout development assistance programming. Programs which respect, protect and fulfill human rights in the context of HIV/AIDS are consistent with international law as well as emerging good practice in international development assistance.

V

Policy Recommendations and the Way Forward

Overall the literature review and experience cross regions consistency suggest that there is need for evidence based research on the following issues:

There is a need to prioritize the public health sector strengthening in the HIV/AIDS prevention and control agenda. To empower community based and civil society led frameworks for accountability (Sheikh K and D H Porter, 2011). Funds from the donor agency should be utilized properly to the extent to improve the health concerns of persons living with HIV/AIDS. Ensuring universal access to HIV prevention, treatment care and support services by legitimizing, enacting, strengthening legislation, regulation and other measures to eliminate all forms of discrimination against and to ensure the full protection of all human rights and fundamental freedoms by people living with HIV/AIDS. Integration of preventive, promotive, curative and rehabilitative services for the person living with HIV should be given a priority. Mainstreaming and incorporating health and development by incorporating health is not only a diseases and also development problem so regulating the private and public blood bank services can be an added advantage. Absence of epidemiological data may reflect huge gaps in reported HIV/AIDS case infection and reported and estimated figures so there is a need to strengthen public and health policy reforms. Promoting new public government initiatives including public private participation in health care service delivery will help elevate the plight of people living with HIV. Better enforcement of existing laws, more protection of women under formal laws, Social landscape of sexual and reproductive health policies, Preventing or remedying the enactment of stigma as violence, discrimination should also be given a priority to have an

impact on the needs of the people living with HIV/AIDS. Strategizing on the determinants of health and increasing access to prevention of mothers to child transmission initiatives including anti-retroviral drugs can help lengthening the lives of the infected people. Lastly, strengthening epidemiological literature addressing the cause of illness with the social and physical environment should be strengthened for holistic view on the rights of the HIV/AIDS individual.

Conclusions

The global trends and adverse health impact of HIV, viral hepatitis, STIs, and TB remain among the major and urgent public health challenges of our time. These conditions account for substantial morbidity and mortality, with devastating fiscal and emotional costs to individuals, families, and societies. Understanding the multilevel and overlapping nature of these epidemics, and their social and structural determinants, is key to designing and implementing more effective prevention programs. There is also a growing appreciation that although some individually oriented interventions have shown results in reducing risk behavior, their success is substantially improved when HIV prevention addresses the broader structural factors that shape or constrain individual behavior, such as poverty and wealth, gender, age, policy, and power. The responsibility of improving social determinants of health is placed on all the players in the society whether private sector, public sector, government, civil societies, communities or international bodies. But the need for realizing the unequal power relations existing in the society, i.e to say that growth alone is not a panacea for achieving health equity, distribution is equally important. So, there are three important pillar: 1) improve the conditions of life and the circumstances in which people live and work 2) address the inequitable distribution of structural drivers-power, money and resources- at the global, national and local level ad finally, 3) measure the problem, evaluate the actions and address the issue of human resources through which health services can be delivered. HIV/AIDS, the first global health issue where human rights issues were deployed to protect those with HIV/AIDS from stigma and discrimination. Global health activist have also used human rights in relations to access to medicines. Medicines sans Frontiers Campaign for Access to Essential Medicines of ART. This global campaign was born from frustration that in many countries essential medicines are unavailable, inaccessible or of unacceptable quality to the majority of the population, especially the poorest. The campaign has used human rights language to push to lower the prices of medicines and to overcome other barriers to access. Finally, need for good governance accountability and grater state measures to help prevent HIV infection and treat HIV/AIDS.

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Medical Pluralism and Health Services in India

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Abstract

Medical Pluralism is an important aspect of the healthcare system that has been undermined for decades. Focusing on Western medicine alone; has resulted in the loss of traditional knowledge systems. The complexity of the Indian system of medicine lies in the overlapping of codified and non-codified systems of medicine. The blurring of boundaries for the non-codified system of medicine often pushes back traditional medicine. Therefore, it is important for rigorous monitoring, evaluation, and regulation by the State. Traditional medicine can help to reduce the gap in healthcare services in the country. An integrated healthcare service system offers more options to patients for better access to healthcare. A holistic healthcare system needs to address well-being and better quality of life. The Indian healthcare system has been struggling with numerous challenges and integrated healthcare services can contribute to addressing it. Social work can be an important part of this process as it has the potential to be an asset by offering multiple approaches for contribution. The future of the healthcare system in India is geared towards ushering in a revolutionary change, both nationally and globally.

Keywords: *Healthcare, Pluralism, Policy, Service Delivery*

Introduction

Medical Pluralism can be defined as the synchronic existence of more than one system of medicine in society. Though plurality in the health system existed since time immemorial, it was only in 1970 that Charles Leslie coined the term while discussing the professionalization of the medical systems in South Asia. The introduction of the word 'medical pluralism' was based on third-world countries, where people are dependent on different options of healthcare instead of the government's public health system. The basic conceptualization of the modern system of medicine is based on recent history and singularity. Modern or Western medicine strongly argues on the foundation of 'science'. The reductionist approach of modern medicine rejects everything that does not stand to the evidence and the world beyond the physical. Various scholars contest the meaning of science as an established form of knowledge system that is embedded in rigidity. According to Patricia Fara (2015), science is the product of culture and is evolutionary. Science transcends national boundaries but it varies when placed

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within reality, theories, instruments, and structures. The scholarship of modern medicine discusses the progress and advancement of medicine based on the timeline in which technology and institutions play an important role. On the other hand, for scholars like Mikhail Teppone (2019), medicine has always been modern and scientific.

Eventually, in the 1990s the world became popular in the West and was included as Complementary and Alternative Medicine (CAM) with the state health administration. Earlier, CAM was often undermined as it was associated with characteristics of societies at the margins. CAM includes different systems of medicine other than allopathic/ modern or Western medicine. Categorization and sub-categorization of traditional medicine based on different criteria to be eligible to fit into the institutional CAM is a different debate. The systems of medicine that are considered to have originated in India along with the systems of medicine from outside India but got assimilated into the Indian culture have been termed the Indian Systems of Medicine (Prasad, 2002). The six major systems of medicine recognized are- Ayurveda, Siddha, Unani, and Yoga, Naturopathy, and Homeopathy. The system of medicine is further divided into codified and non-codified systems of medicine. The Indian system of medicine that is recognized is often referred to as the codified system of medicine while the folk healers, faith healers, traditional bone setters, etc. are referred to as the non-codified system of medicine (Upadhyay, Hegde, Bhat, & Khokhute, 2014). The levels of hierarchy within the systems of medicine are interesting areas that have been explicitly studied (Block & Jonas, 2006; Broom, Doron, & Tovey, 2009 and Lambert, 2018). However, medical pluralism has become an important system of healthcare options in the postmodern world. Many western countries have made it part of the state public health services (Park, et al., 2012; Sanogo, Haridara, & Denou, 2022 and Turner, 2004). However, the uniformity in utilization and recognition is not harmonized across the world.

The generic conception of a medical system is thus based on singularity. The colonial rule pushed civilization across the world to follow a single system of medicine which unfortunately survived through the post-colonial era. From institutionalizing healthcare to setting up bureaucratically ordered regulatory bodies, everything is strictly monitored and anything that does not ‘fit’ into the ‘system’ is being rejected. Even healing systems that have survived years of testing are being nullified and termed as quackery or superstition. Societies and communities have been segregated based on the use of traditional and modern medicine, respectively. However, there has been a significant change in the perception of usage and acceptability of traditional medicine. Medical pluralism has been a core symbol of India's diverse population and rich cultural history. The

attempt to integrate it into healthcare services offers more access to options in healthcare services and utilization. Medical pluralism in India can be best utilized for Universal Health Coverage of the country's population (Chaturvedi, Porter, Gopalakrishna Pillai, Abraham, Shankar, & Patwardhan, 2023). According to the World Health Organization, around 88 percent of countries around the world use traditional medicines (WHO Global Centre for Traditional Medicine, 2023). The push for one hundred seventy member countries to prioritize traditional medicine with evidence and data to inform policies and standards, and also for regulating the framework of safety, equitable usage, and cost-effectiveness has been put forward. The first-ever WHO Traditional Medicine Global Summit held on 17th-18th of August, 2023, can be a new direction for pluralism in medicine, in India and globally (WHO, 2023). The socio-cultural practices, biodiversity heritage, and community acceptance are important markers that can assure inclusive, holistic, and diverse sustainability. It is rather unfortunate that the different systems of medicine are undervalued and not recognized. The slow yet steady development of the urge to bridge the gap between the indigenous systems of medicine and Western medicine needs to be based on scientific evidence. It should address the range of healthcare issues from health promotion, prevention, rehabilitation, treatment, and overall well-being. It is interesting to explore the potential of traditional medicine in palliative care.

Challenges of healthcare delivery in India

The diverse population of India is growing at a fast pace which also means the needs and demands of the population are growing equally. Healthcare being an important contributor to the wellbeing of the population needs dedicated commitment. The four major challenges of the public health system in India are:

a) Accessibility: Access to quality healthcare is a big challenge for the Indian population. Unequal service delivery across rural and urban centers along with social factors like discrimination based on religion, caste, gender, demography, and class creates further division (Baru, Acharya, Acharya, Kumar, & Nagaraj, 2010). The range of factors that contribute to access to healthcare includes sociocultural, economic as well and political. Access to healthcare includes direct and indirect components. The direct component includes better healthcare options, free Universal healthcare, better infrastructure, functional institutions, human resources, free medicine, and tests, etc. Whereas, the indirect component includes housing, safe drinking water, nutrition, food security, sanitation, etc. (Barik & Thorat, 2015). Instances of barriers to healthcare also exist despite the availability of services and resources. The

major reason here is social discrimination in the community. Healthcare service refusal, medical delay, medical negligence, and lack of quality care are very often reported in India which is deeply rooted in structural discrimination of the country's social systems (Acharya, 2010).

Integrating traditional medicine into the public health system enhances accessibility in healthcare utilization. It offers more options in healthcare, increases human resources, and addresses the issue of accessibility to a great extent (Mohanty & Sharma, 2021; Rudra, Kalra, Kumar, & Joe, 2017). Majority of the Indian population uses traditional or alternative medicine instead of allopathic medicine and it explains the accessibility. By regulating and monitoring it, the accessibility of traditional medicine can be strengthened.

b) Availability: In healthcare, this concept refers to the availability of medicine, human resources, infrastructure, technology, and every means to access services. The lack of availability of infrastructure, human resources, and machinery hinders the quality of health services offered to the population. At times machines and technology are available but human resources are not available and vice versa. Availability of every aspect of health service delivery is important for quality service. Along with availability, functioning is also important for the full utilization of resources (Sharma & Narag, 2011; Kumar & R.S., 2022).

The availability of components in healthcare can be associated with a positive patient experience and also increases the service satisfaction of public healthcare services (Lamarche, Pineault, Gauthier, Hamel, & Haggerty, 2011). Geographically, India is a rich storehouse of flora and fauna that has been historically used for different medicinal purposes. Starting from medicinal herbs in the kitchen garden to plants, animal-based medicine has been greatly used since the beginning of the Indus Valley civilization (M.S.Rao, 1968; Paul, Paul, & Bhattacharja, 2019). Along with being one of the ancient knowledge production centers of health, wellbeing, and medicine; India is also one of the largest exporters of medicinal plants, plant drugs, and other value-added products like gum, and essential oils to the world. There are more than 9000 manufacturers of traditional pharmaceuticals in India out of which almost 7500 are producers of Ayurvedic drugs (Shi, Zhang, & Li, 2021). Traditional medicine is present in every community and culture which makes it easily available. People even rely on traditional medicine when they fail to get access

to modern medicines. With monitoring and regulation, the availability can be supervised, and thus health service delivery can be strengthened.

c) Acceptability: This refers to the acceptability of the patients by the healthcare workers and vice versa. For acceptability, factors like participant's attitude towards intervention, appropriateness, suitability, convenience, and perceived effectiveness of the intervention should be taken into consideration. For the healthcare worker, accepting the patient as they are without judgment or discrimination is important for effective service delivery. On the other hand, the acceptability of the treatment procedure, and trust of the healthcare worker are important (Sekhon, Cartwright, & Francis, 2017). Acceptability is often challenged by social discrimination, biases, cultural or religious perceptions, and superstitions. Acceptability is associated with past experiences, information, awareness, and trust in the healthcare delivery system.

   Traditional Indian medicine has a higher acceptance rate in Indian households (Pandey, Rastogi, & Rawat, 2013). However, the use of manufactured traditional medicines is not uniform across India (Yadav, Pandey, & Singh, 2007). Though herbal medicines or unprocessed nature-based medicines are commonly used in Indian households, acceptability is comparatively higher than processed or manufactured medicines. Studies on traditional medicine in the form of food in terms of seasonal diet or daily dietary constituents form a part of various household practices (Goswami & Ram, 2017; Sarkar, DH, Dhumal, Panigrahi, & Choudhary, 2015).

d) Affordability: Being able to get access to healthcare at a reasonable and affordable cost increases affordability in healthcare services. Affordability in healthcare has been a concern in India as it causes barriers to access healthcare and also increases Out-of-Pocket expenditure that supports private healthcare services. The low quality of public health services pushes people to the private sector which in turn pushes them to poverty. The lack of insurance schemes also increases the gap of affordability in healthcare among different social classes (Healthcare in India: Current State and Key Imperatives: Review of National Health Policy 2015(Draft), 2016) (Alam, 2017). Affordable healthcare services are based on equity and social justice.

   Based on the acceptability, accessibility, and availability, traditional medicines can be made affordable. The State needs to maintain regulations for better affordability. Traditional medicine can be a rescue to high-priced allopathic medicine with multiple side effects (Gogtay, Bhatt, Dalvi, & Kshirsagar,

2002). These medicines come with an array of health services where patients have options to choose as per their preferences.

Medical Pluralism in India: Past and Present

An integrated approach to pluralism in healthcare is possible through research and policy intervention. Public health financing in integrated healthcare can pave the way forward. The Indian system of medicine is one of the oldest forms of health sciences in the world. The historical evidence of Ayurveda being practiced in the ancient civilization documents the richness of knowledge of medicine (Paul, Paul, & Bhattacharja, 2019). The philosophy of traditional Indian medicine focuses on holistic health and well-being. It is not just based on co-existence and is inclusive of every element of life: Prithivi (earth), Jala (water), Agni (fire), Vayu (air), and Akasha (ether). It symbolizes the equilibrium of life that is based on overall well-being. The inductive approach of healing rather than curing can never be equated with the reductionist systems of the human body as a functional machine.

According to WHO, traditional medicine includes diverse health practices and approaches, knowledge systems, and belief systems that include plants/ animal or mineral-based medicines (processed or in raw form), manual techniques, exercises, therapies, for internal consumption or external application, etc. Traditional medicines can be codified or non-codified and are preventive, curative as well and rehabilitative (World Health Organization, 2002). Traditional medicine was strongly practiced in pre-colonial India along with different forms of medicines that slowly entered the Royal palaces of the Indian kings and gradually assimilated into the larger Indian system of medicine. Along with it, folk medicines and ethnic practices were also practiced. In the Colonial period, the traditional practice of medicine was criticized and Western medicine was introduced. Though it could not be banned, various attempts were made to ‘train’ and ‘educate’ the Vaids and the Hakims. The Dais (midwives) were viewed as 'dangerous' and unhygienic; thus, no training was offered to them. They were attempted to be systematically replaced by Christian women for birthing and as delivery assistants. The 19th century saw some changes and interaction between the two sects of the healthcare system. Towards the end, the Indian system of medicine was informally part of the ‘modern/Western medical system’. However, in the 20th century, the Indian System of medicine was segregated, and medical registration was denied to the practitioners of the Indian system of medicine (Ruhil, 2015).

In post-independence India, there were debates and discussions regarding the position of the Indian systems of medicine. Finally, with the faith of the country's

population and being home to a bio-diverse provider of traditional medicine; the role could not be denied. However, unfortunately, the first health committee of India, the Bhore Committee (1946) completely rejected Indian systems of medicine by labeling them as 'unscientific'. It was later that the Sokhey Committee (1948) recommended training the Vaids and the Hakims. The subsequent committees gradually contributed to the growth of the traditional Indian system of medicine (Srinivasan, 1995). The Department of Indian Systems of Medicine and Homeopathy (ISM&H) was created in 1995 which later in 2003 was renamed the Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy (AYUSH). In 2014 the department was made an official Ministry.

Role of Social Work in Integrated Health Care

Professional Social Work is an integral part of the health sector that contributes at each level of healthcare service delivery. It contributes both directly and indirectly by being part of different socio-economic as well as political institutions. Health social work offers a lifespan approach to health along with holistic wellbeing. A social worker addresses an individual issue in the household, can mobilize the community to achieve a common goal, and also frame policies for overall development. The reach of social work makes it easier to contribute and collaborate with the healthcare sector (Dev & Eljo, 2021). Social work professionals have proved to be an asset in the health sector. With professional training, a social worker is highly skillful in addressing any issues in the health sector (Browne, 2019).

Training special social work professionals for integrated healthcare and Indian systems of medicine would allow them to contribute. Educating, training, and researching the same for social workers can help them to be part of the health service transformation process. The potential of professional social workers can be enhanced and they can be used as human resources for designing programmes as well as promotion. Trained social workers can be part of information-sharing and awareness programmes. As they are good rapport builders and are experts in field-based interactions; they can help in better outreach programmes. This is still an area that has promising potential, but yet underutilized and that can be studied in greater detail.

Conclusion- The future of healthcare is plural

Medical pluralism consists of different traditions and practices that are rooted in distinctive worldviews and divergent epistemological positions of members of society. Societies that reject other forms of healthcare and concentrate on singular medicines reject the eras of the history of civilizations. However, cherishing only traditional systems of healthcare is not sufficient to deal with the ever-growing complexities and demands of health needs. Healthcare needs can be addressed through a systematic and organized approach to integrating different systems of medicine (Cant, 2020). It is also important to address hierarchy and power battles in medicine by giving each branch equal attention through finance and planning. It is equally important to build a transparent and non-hierarchical system of healthcare where each branch shares authority and prestige (Leslie, Leslie, & Young, 1992).

Globalization has connected the diverse world and the transformation is flowing beyond socio-economic and political activities. Medicine and systems of healing have been an important aspect of the global countries moving towards India. The transmission and exchange of ideas, knowledge, and information about different systems of medicine opens up a space of power relations at the international platform. With the integration and strengthening of different systems of healing and medicine; India is not just offering better healthcare service options to the Indian population but also can strengthen medical tourism (Cherukara & Nanalel, 2008; Dave, 2023). India's potential to lead the world in traditional medicine and an integrated healthcare service approach is promising. The initiatives taken by the Government of India under the Aatmanirbhar Bharat goals can change the dynamics of the future of the Indian system of medicine (2022). Different educational as well as research institutions are set up for the promotion and practice of Traditional medicines. The attempt to preserve traditional knowledge through revival, modernization, and integration is actively focused upon (Sen & Chakraborty, 2017).

The National Health Policy (NHP) 2017 strongly argues for mainstreaming the potential of AYUSH as an integrative health approach. It aims to redefine the definition of medical pluralism by integrating it with the National Health Mission, research as well education. It has been appreciated as one of the most powerful policies drafted in the Indian health policy. It aims to materialize medical pluralism in India supported by scientific evidence for the safety and efficacy of the AYUSH medicines and practices. It emphasizes capacity building by creating competent professionals at national and international levels (Shankar & Patwardhan, 2017). The future of the healthcare system of India looks promising

and collaboration from each stakeholder is important towards ushering in a strong platform to build it further upon.

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The Conundrum of Right to Medical Termination of Pregnancy in India: Role of Law and Society

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"*No woman can call herself free who does not own and control her body. No woman can call herself free until she can choose consciously whether she will or will not be a mother.*"

-Margaret Sanger, American Activist, Nobel Peace Prize Nominee.

Abstract

Motherhood is eulogized as one of the greatest boon to women since time immemorial. The fact that women can carry and give life is touted as a miracle and deservingly, revered. But the reality of pregnancy is far from utopian. It is a tough time for any woman in the best of circumstances wherein, ideally, it is a planned child with a supportive partner and best available medical facilities to aid her. The presence of support groups like extended family, friends and neighbouring community would be an added bonus. However, not all girls or women are fortunate to receive this kind of support, especially in a largely patriarchal society like India which prefers boys over girls and vilify or may even physically harm unwed mothers. Further, as medical science has advanced, it is possible to find probable physical and mental deformities in the foetus during gestation which provides women or parents an opportunity to terminate the pregnancy instead of birthing a child who will suffer tremendously in its lifetime. The law relating to abortion in India is governed by the Medical Termination of Pregnancy Act, 1971 and its ancillary central government rules which provides for safe abortions by registered medical practitioners. With its recent amendment in the year 2021, significant changes have been brought to the existing law and yet, women continue to approach the judiciary for relief in abortion cases. This paper is an attempt to understand and analyze the role of society and subsequently, the necessity of law and judicial intervention in protecting women who seek termination of pregnancy in the country.

Keywords: *Abortion, India, Law, Patriarchy, Pregnancy*

Introduction

Women throughout the ages have primarily held the role of a care-giver in the family in most societies. They are a mother, wife or sister and have been relegated to the tasks of keeping the house, child-bearing and rearing. It is only since the past two centuries that gradually, the role of women have evolved to working outside the home and making independent decisions in various spheres of their

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lives. One of the most contested decisions amongst them has been their right to terminate an unwanted pregnancy.

The termination of pregnancy or abortion is of two types, *viz.* spontaneous and induced. The former is also termed as a miscarriage and happens involuntary before the 20th week of her pregnancy. The latter is done medically and is a subject of law and policy in majority of the countries of the world. The World Health Organization (WHO) has categorized abortion based on the safety techniques employed as safe, less-safe and least-safe (Ganatra et.al, 2017). The safe and generally accepted way of abortion involves healthcare workers who conduct the process with methods recommended by WHO.

India is a religious and culturally diverse society where marriage, pregnancy and child-birth are intricately linked. As major parts of the country have been traditionally patriarchal, the society gives precedence to the words and actions of a man over any woman even if the matter significantly impacts the woman. The issue of termination of pregnancy is one amongst them. The disposition of a society influence the law at any given point of time and till the Medical Termination of Pregnancy (MTP) Act, 1971, abortion was illegal in India. There are also penalty provisions in the Indian Penal Code (IPC), 1860, essentially a colonial law, which criminalizes miscarriage of or injuries to an unborn child under Chapter XVI (Sections 312 to 318).

While the Act of 1971 aims to aid women to have safe abortions under certain circumstances, the provisions of IPC, 1860 seek to protect the rights of an unborn child. The global debate on abortion laws have intensified, particularly in the United States of America with the pro-choice and pro-life groups and the overturning of the decision in a landmark judgement like Roe vs. Wade (410 U.S. 113 [1973]).

This paper is an attempt to delve into the nuances of the right to medical termination of pregnancy law in India, its effectiveness and the role of the judiciary. Further, the attitude of the society at large pertaining to this law and its impact on the affected women are two other significant issues.

Historical Background of Abortion Laws in India

It would be reasonable to speculate that abortion as a process is as old as civilization. But despite its universal nature, most culture and societies have attempted to control and regulate it either through religious or moral codes and governmental policies. It has primarily been religions which have preached the sanctity of life, especially that of an unborn child. Several ancient Hindu texts of

India like the *Rig Veda*, *Dharma Sutras* and *Smritis* have references of induced abortion and they all condemn it as sin (Mohan, 1975). In Islam there have been contentions between Shiite and Sunni scholars regarding the conception of life; the former forbids abortion after implantation of the fertilized ovum and the latter agreed 4 months gestation to be the timeline beyond which abortion cannot be induced (Hedayat et.al, 2006). However, abortion is permitted if the mother's life is at stake or the foetus is found to have abnormalities that would severely impair the baby once it is born (Al-Matary & Ali, 2014). The Bible also does not explicitly mention 'abortion' but the different churches of the world have been able to convince their followers that abortion is a sin and the same can be deduced from this holy text (Howard, 2022).

Abortion in the Indian society has always been a difficult topic of discussion. It is something hidden or spoken about in hushed tones within families and its causes vary. The Medical Termination of Pregnancy Act, 1971 legalized abortion in India under a specific set of circumstances. It includes a risk of grave physical injury to the mother, contraceptive failure in case of a married woman or rape which can endanger her mental health, or the likelihood of the child to be born with severe physical or mental abnormalities. Abortion is allowed up to 20 weeks of pregnancy and the consent of the spouse is immaterial for it. The law clearly provides for safe abortions by registered medical practitioners. But unsafe methods of abortion continue to be utilized by many women in the country till date. Two of the primary reasons are pregnancy of unwed mothers and sex selection due to preference of male child by families (Visaria et.al, 2004). The society plays a crucial role here.

The Indian society is conservative when the questions of marriage and procreation arise. The notions of preservation of family honour and lineage are intertwined with them. These concepts are so deeply woven into the societal fabric that any deviation from, especially in the form of pre-marital relationships is highly discouraged. Therefore, if a girl conceives a child prior to her marriage, even if it is in a consensual relationship, she is left with no support. The fear of society, which at times may include her own family members, leads her to seek unsafe methods of terminating her pregnancy by quacks or local medical practitioners not licensed to perform such procedures. It may lead to at best, future complications in pregnancy or at its worst, maternal mortality. The purpose of provisions relating to causing miscarriage under the Indian Penal Code, 1860 is to prevent such illegal acts (Rao, 2012, p.230).

Under Section 312 of the Code, any person voluntarily causing a pregnant woman to miscarry, when such miscarriage is not done in good faith for saving the life of the woman, will be punished with simple or rigorous imprisonment up to three

years, or with fine, or both. Further, if the woman was in advanced stage of pregnancy wherein movements of the child could be felt, i.e. a quick unborn child, the punishment may extend to seven years of imprisonment along with the liability of fine. A pregnant woman who may induce her miscarriage in such a manner is also within the meaning of this provision. Similarly, under section 313 of the Code, any person who commits the above offence without the consent of the pregnant woman is punishable under the law with imprisonment up to ten years and fine. Section 314 penalizes the death of a pregnant woman by an act done with intent to cause miscarriage with imprisonment of up to ten years and fine. Sections 315 and 316 provides for punishment when an act is done with an intent to prevent a child being born alive or to cause it to die after birth and the causing of death of a quick unborn child would be considered an act of culpable homicide. In all the above mentioned situations, maximum punishment may amount to ten years imprisonment and are also liable to fine.

The provisions of the Indian Penal Code, 1860 are primarily focused on punishing wilful miscarriage by either the mother or any other person. Its aim is to deter termination of pregnancy unless it is to save the mother's life and must be done with her consent. However, being a law enacted in a different century, it misses out on a wider range of issues including termination wished for when the mother is not ready to have a child for reasons including being unmarried or financially unstable. These provisions of law would be fear-inducing in any such girl or woman as they would be penalized in a situation already dire for them. The modern era required that India moved with the times and recognized the legal rights of women in relation to termination of pregnancy. A stronger protection of the law was required in such situations wherein any woman's identity is first and foremost that of a human being and citizen. It is their right to have safe abortions under any circumstances and with this as its primary objective, the Medical Termination of Pregnancy Act, 1971 was enacted by the Indian Parliament.

The Medical Termination of Pregnancy Act, 1971

The risk involved in abortions done by unqualified medical practitioners, be it of a female child or an unwanted child prompted the government to bring forth a specific law relating to termination of pregnancy in India.

The Medical Termination of Pregnancy Act, 1971 is a precise legislation consisting of eight sections that deal with various aspects like the time, place and circumstances in which a pregnancy may be terminated legally by registered medical practitioners. A person who possess any recognized qualification as

defined under the Medical Council Act, 1956 and is entered in the State Medical Register is considered as a medical practitioner as per section 2(d) of the Act.

It was clearly provided under section 3 of the MTP Act, 1971 that a pregnancy which has not exceeded 12 weeks could be terminated on the opinion of a single medical practitioner while a pregnancy between 12 to 20 weeks requires the opinion of at least two medical practitioners. The opinions must be formed on good faith and be based on the fact that continuance of such pregnancy would endanger the life of the mother physically or mentally. If the pregnancy was a result of rape or due to failure of any contraceptive methods used by a married woman or her husband for limiting their number of children, the same would be the cause of mental anguish for that woman and hence, the law has incorporated these factors.

The second factor for termination of a pregnancy would be the detection of any substantial risk to the child who, if born, will suffer from severe physical or mental deformities as to be seriously handicapped. It is only under these circumstances that a pregnancy can be terminated legally with the consent of the mother and that of her guardian if she is below the age of eighteen years or a lunatic as per the law. Any such termination can take place only in a hospital established or maintained by the government or a place approved for this purpose.

In addition, the Central and State Governments have been given powers to make rules and regulations under sections 5 and 6 of the Act relating to experience or training of a registered medical practitioner if they intend to terminate pregnancy, certification by such a practitioner of any opinion, intimation of such terminations and prohibition of disclosure of information. The Central Government adopted the Medical Termination of Pregnancy Regulations, 1975 to give effect to the same. The Act has also been given an overriding effect by section 5(2). It creates a specific offence where pregnancy is terminated by an unregistered medical practitioner and shall not affect the provisions of the Indian Penal Code dealing with offence of causing miscarriage.

The Act aims to provide protection to the physical and mental health of the mother and also to the unborn child in the womb. It is able to challenge the rigidity of the provisions of the Indian Penal Code, 1860 which was enacted in terms of the prevailing British Law on the subject of that time period. The punishing of the mother and person conducting the abortion procedure was in direct contradiction when the mother would be a married woman aiming to have a small family in line with the National Family Programme of India of the 1950s; the popular slogan being ‘hum do, hamare do’ (we two, our two). However, the primary issues have been in relation to female foeticide and abortions done in an illegal manner.

The intention to commit female foeticide is a product of social factors beyond the control of law. It may be argued that factors like poverty, illiteracy and the patriarchal system influences asection of the Indian population to commit this offence. The preference for a male child and dowry system also emanate from the same factors. The falling sex ratio in the country led the Parliament to enact the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 which was upgraded to the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 2003. This law prevents a doctor from conducting any procedures that may lead to sex selection during pregnancy. However, studies have shown that immigrant Indians continue to practice female foeticide in countries like Canada (Leung, 2016) and the United Kingdom (Singh, 2014). Therefore, lack of education or economic conditions do not appear to be the immediate factors of this issue but rather the patriarchal mindset of the society.

Recent changes to the Law

The law relating to termination of pregnancy continued to change over time with recent amendments to the Act of 1971 in 2002 and 2021; and also to the central regulations in 2003 and 2021. The primary changes in the Act include the increase in number of weeks from 12 to 20 for termination of pregnancy on the opinion of a single medical practitioner and from 20 to 24 weeks on the opinion of at least two medical practitioners. The purpose for which termination of pregnancy may be sought remains the same. The Medical Board was also specified to include a gynaecologist, paediatrician, radiologist or sonologist and such other members as may be notified by the State Government or Union Territory.

A new section 5A was also inserted to protect the privacy of a woman who had undergone a procedure under this legislation. A medical practitioner cannot reveal any details of the woman to anyone apart from to a person authorised by law to be a party to such information. The Medical Termination of Pregnancy Rules, 2021 specified the powers and functions of the Medical Board which includes permission or denial of termination of pregnancy beyond 24 weeks of gestation. The safety of the procedure for the mother's life and the foetal malformation which may be incompatible with life are the primary concerns during such a decision.

A significant albeit debatable change has been Rule 3B which provides a list of women eligible for termination procedure up to 24 weeks constituting of survivors of sexual assault, rape or incest, minors, change of marital status during pregnancy (widow or divorcee), women with physical or mental disabilities, foetal malformation that may lead to severe disabilities once the child is born and

women with pregnancy in situations of disaster, emergency or humanitarian settings as declared by the government. Although the list is fairly inclusive, it leaves out one important section of women, *viz.* the unmarried mothers; the women who are truly at risk of terminating pregnancies by unsafe methods and who require tremendous support and usually get none.

The Act includes the word 'partner' when including women, whose method of protection has failed her and may thus, seek termination but the Rules remain silent on the same which created a dichotomy. Such issues have led to the involvement of judiciary on more than one occasion when affected persons have approached it for their legal rights in the matter when the existing law had failed them.

Role of the Indian Judiciary

The system of governance in India follows the *doctrine of separation of powers* wherein, the three organs of the government, *viz.* legislature, executive and judiciary, function independently of each other drawing their powers from the Constitution of India. However, the higher judiciary, constituting of the Supreme Court of India and the High Courts of different states are empowered under Articles 32 and 226 of the Constitution, respectively, to hear any matters that impact the fundamental rights of the people in the country enumerated under Part III, Articles 12 to 35. Further, if the issue at hand affects a larger section of the public, then any public spirited citizen can file a *public interest litigation* (PIL) under Articles 32 and 226 before the court of law. The issue of unsafe abortions had reached such a high proportion that it became a public concern.

Abortion has been legal in India since 1971 but several social barriers continue to hinder the procedure. A study was conducted in six states of India (Assam, Bihar, Gujarat, Madhya Pradesh, Tamil Nadu and Uttar Pradesh) of 4001 public and private health facilities in the year 2015 regarding facility based abortions (Singh et al., 2015). The results revealed that out of 15.6 million abortions in 2015, only 22% were done in health facilities and about 73% women used medication outside these facilities. The abortion rate was estimated to be 47 per 1000 women between the ages of 15-49 years.

The negative attitude of the state-run healthcare providers was found to be one of the barriers for women seeking abortion in these facilities. The women reported instances of provider abuse due to their poor health conditions or advanced gestational stages which led them to self-medication or unqualified practitioners. Women from oppressed communities reported further marginalization in

accessing safe abortions due to their socio-economic conditions, even in states like Tamil Nadu that has robust healthcare facilities.

Another study focusing on medical abortion (MA) drugs, which was approved in India in 2002, found that initially, abortion related complications reduced as women switched to using these medicines instead of other unsafe methods (Arora & Singh, 2022). However, the increase in unsupervised self-medication as these drugs are available over the counter or from other non-formal providers is worrisome. The sale of misoprostol tablets increased from 7 million in 2007 to 100 million in 2011 and about 20 million mifepristone tablets were sold in 2011 as reported by pharmaceutical sources (Winicoff& Sheldon, 2012). There was no means to collect any kind of specific data of all these women, or, how informed they were about the use of the drugs. But a significant number of women began visiting hospitals with a variety of complications resulting from taking these drugs. Apart from these issues, the women who were seeking abortion for legitimate causes were not permitted the procedure due to the provisions of the law like in the case of *Dr. Nikhil Datar v. Union of India &Ors.*[W.P.(L).1816/2008].

In the instant case, Mrs. Niketa Mehta discovered via an anomaly test that her foetus had severe abnormalities and its chances of survival were slim when she was 22 weeks pregnant in the year 2008. The MTP Act at that point of time did not allow abortion beyond 20 weeks of gestation. Mrs. Mehta appealed to the Bombay High Court along with her gynaecologist, Dr. Nikhil Datar citing the issues. Unfortunately, the Bombay High Court upheld the existing law and refused an abortion to the petitioner stating that the Act of 1971 did not provide for any exceptions. Mrs. Mehta lost her child to a miscarriage after a week of the High Court's decision before an appeal could be made to the Supreme Court of India. Dr. Datar took up the case to challenge the 20-week limit under the Act stating that it violates the fundamental rights of women and is not medically necessary. He was also encouraged by similar cases in his career when in 2005 he could not terminate a pregnancy for a woman whose child was severely handicapped on being born despite detecting the same during gestation due to the legal time limit. The woman wanted an abortion but he did what was legally right. The family struggled for the entire 9 years that the child lived and were financially drained; the mother had to leave her job as no domestic helper was willing to look after the disabled child. Dr. Datar realized that though his action or rather omission was legal in the instant case, it was morally and ethically wrong.

In the case of *Mrs.X and Mrs.Y v. Union of India*[W.P.(C) 7702/2014], the former was unable to provide full and informed consent for termination as the results of her test were available only after 20 weeks and the latter was compelled to deliver

a baby she knew would not survive. They filed writ petitions before the Supreme Court as their right to equality, life and health were violated by the law that placed the time limit of termination at 20 weeks.

The worse cases involve minors who have been raped and denied abortion due to the lapse of time for termination as per law [XXX v. State of Gujarat, 2023 SCC On Line Guj 1635]. Several petitions continued to knock the doors of the judiciary which finally led the Supreme Court in the case of *Meera Santosh Pal AndOrs. v. Union of India And Ors.* [W.P.(C) 17/2017]to permit termination of pregnancy beyond 20 weeks. In this case, the petitioner was 24 weeks pregnant when her foetus was diagnosed with anencephaly, a congenital condition in which a large part of the brain is absent. The court directed that she may be allowed to terminate her pregnancy and also emphasized on consent of woman in both termination and continuation of pregnancy as a fundamental right under Article 21 of the Constitution of India. It was a landmark judgement but the doctors continued to refuse abortions after the 20 weeks mark as the law remained unchanged and requested women with foetal abnormalities in their pregnancy to seek directives from the state High Courts in most cases.

The Medical Termination of Pregnancy Act, 1971 was finally amended in 2021 along with the central rules. The amended provisions of the law provided for termination of pregnancy of up to 24 weeks for 'any woman' as opposed to the previous 'married woman' terminology. Further, it uses the term 'partner'in its explanation of section 3 where the issue of failure of contraceptives leading to pregnancy that impacts a woman's physical or mental health is discussed. However, the central rules following the Act of 2021 emphasize on the marital status of the woman seeking abortion. Dr. Nikhil Datar, noted gynaecologist and reproductive rights activist, points out that while spousal consent is not required for termination, section 3B of the MTP Rules, 2021 that define the categories of women who can seek abortion requires a 'marital status'as it includes survivors of rape, incest, minors, women going through a change of marital status (divorcee or widow) during pregnancy, women with disabilities, fetal anomaly or women in humanitarian settings. In addition, more clarity is required on the definition of 'termination' and fresh licensing norms for clinics since abortions can now be done even beyond 24 weeks in special circumstances.

The Supreme Court of India in a historic judgement (Civil Appeal No. 5802 of 2022) held that unmarried and single women whose pregnancies are between 20 to 24 weeks can access safe and legal abortion at par with their married counterparts. This division bench decision in September 2022 arose out of an appeal against the Delhi High Court judgement wherein the petitioner was a single woman in her 22 weeks of pregnancy which arose out of a consensual

relationship. However, the partner had refused to marry the woman and she was unwilling to become a single mother being aware of the societal harassment that follows such a situation. She was also financially unstable and hence, approached the Delhi High Court for permission to terminate the pregnancy which the Court rejected as she had crossed the 20 weeks limit under the MTP Act, 1971. The Supreme Court overturned this decision on the ground that prohibiting a single or unmarried woman to access safe abortions between 20-24 weeks as opposed to married women was a violation of their fundamental right to equality and equal protection under Article 14 of the Constitution.

The Court observed that a single woman may face 'change in material circumstances' as provided for under the law similar to a married pregnant woman. She may be abandoned by her partner as in the instant case or a victim of violence during her pregnancy or is without a job or any of the other reasons permissible to a married woman. Despite this judgement by the Apex Court, unmarried women are still running from pillar to post to get safe abortions after the 20 weeks period.

In December 2022, a Mumbai-based unmarried woman was refused a safe operation at the state-run J.J. Hospital and then again at the Wadia Hospital, a charitable trust as her pregnancy had crossed the time limit and reason for seeking abortion was failure of contraception (Sequeira, 2022). She had to approach the Bombay High Court to seek relief based on the Supreme Court order even though her right to abortion was already available. The judgment of the Supreme Court had not specifically directed for changes to be made under the MTP Act, 2021 and in the absence of the same, registered medical practitioners was wary of dealing with such cases as the labyrinth of law is confusing between the primary legislation, the rules and the judgement. Dr. Datar has filed a special leave petition under Article 136 of the Constitution challenging the existing law on medical termination of pregnancy.

The Indian judiciary has proven its intention to be the welfare of women in several terminations of pregnancy cases. In July 2022, the Delhi High Court permitted a 13 year old rape survivor to terminate her pregnancy of 26 weeks by observing the fact that her sufferings would multiply if she was forced to bear that child at such a tender age which was already the product of a crime committed against her. The High Court of Kerala passed a similar order to terminate a 28 weeks old pregnancy of a minor rape survivor as recommended by the medical board. Both these judgements are in deviation of the existing law which permits termination of pregnancy for rape survivors up to 24 weeks of gestation. The Supreme Court of India criticized the Gujarat High Court in the case of XYZ v. State of Gujarat (Anand, 2023) in August 2023 for its delay and observed that

'there must be a sense of urgency' in dealing with such cases and not be adjourned like other cases.

The challenges relating to safe abortions in the country are many in number; significant amongst them is the lack of awareness regarding existing laws and recent judicial pronouncements. If the stakeholders, primarily women and health workers in the instant situation, are unaware of the legal rights of a pregnant mother the scope of availing them becomes narrow. A study relating to awareness of abortion laws conducted by the NGO Foundation for Reproductive Health Services India (2022) in Delhi, Uttar Pradesh, Rajasthan and Maharashtra had alarming findings. Most of the frontline workers were unaware of the changes in the MTP Act in 2021 despite over 18 months of the amendments. This made it impossible for them to provide correct information to women seeking abortion at different stages of pregnancy. It is a matter of grave concern as they are the first point of contact for rural women seeking abortions. The study further gathered that in the states mentioned above, one in every three young women is unaware whether abortion is legal in India or not. The majority of them gather information from social media which proves to be flawed in most cases. As their health and futures are heavily intertwined with questions of sex, pregnancy and abortion, the study encouraged appropriate authorities to shoulder the responsibility and disseminate correct information on the subjects to these young women. The findings of the study are an eye opener to the fact that amendments to law and progressive judgements by the Apex Court of the country alone are insufficient to guarantee safe abortions in the country. A bottom to top approach in spreading education and legal awareness from the grassroots level is essential for any long term change to take place.

Conclusion and Suggestions

The role of a person in a family and life, in general, has primarily been defined by the society they live in. It is the community, through customs and culture that decide which societal norms are acceptable. In patriarchal societies like most parts of India, the role of a woman is to be subservient to the male members of the family leaving them economically dependent and hence, controlled. Although the world has changed drastically with countries adopting democracy and rule of law, and the advancement in technology, societies continue to remain reluctant to most changes. One such aspect is the agency of a woman to decide on terminating a pregnancy.

The conundrum relating to abortions is two-fold in India. Firstly, the society has different standards for expecting mothers depending on their marital status and sex of the foetus and secondly, the safety and legality of the procedure.

The yearning for a male child to continue the family's legacy and escape from the clutches of giving dowry have led to sex selective abortions by Indians both within and outside the country. It is a testament to the deeply rooted patriarchy can be in people who despite education and exposure to cosmopolitan cultures can abort their girl children. Due to misuse of technology in such kind of cases, the government of India had to criminalize pre-natal gender screening in the country. In cases of pregnancy in unmarried girls, people primarily stigmatize the girl and either forces her to get an abortion quietly or completely abandons her. In worst cases, she may be physically harmed by her own kin while the boy is absolved from any accountability. The same is rooted in the concept of honour of the family being a girl's burden in a patriarchal society. In either scenario girls or women may seek unsafe methods of abortion and thereby, endangering their lives.

The Medical Termination of Pregnancy Act, 1971 was a result of such unsafe abortions leading to higher maternal mortality and morbidity rates. It provides for pregnant women to seek safe abortions with the aid of registered medical practitioners within a time limit in specific cases. The Act and its Rules have been amended several times with growing needs of the society. The recent amendment of 2021 enlarged the scope of the law by permitting abortions up to 20 weeks in regular cases under Section 3 and 24 weeks in specific cases like rape, deformity in the foetus, change in marital status of the woman, etc. under Section 3B. It also used the term 'partner' for the first time instead of 'husband'. However, the Central Rules of 2021 paved the way for confusion as categories of women eligible for safe abortions narrowed the ambit under Section 3B. It provided only for married women whose material circumstances has changed by a divorce or widowhood and thereby, excluded the abortion option from any form of unconventional relationship after 24 weeks of gestation.

This led to a number of women approaching the higher judiciary to seek orders for termination of pregnancies that they were unable to support and had crossed the 24 week limit. In a landmark decision, a division bench of the Supreme Court of India held that unmarried women have the same right under the said law in September 2022. While it brought relief to the petitioner, the law remains unchanged on paper and registered medical practitioners, fearing repercussions, choose to send every such woman to seek a similar order from the courts. Although any order of the Supreme Court is binding on all courts within the territory of the country as per Article 141 of the Constitution of India, the medical practitioners seem to require further assurances. In the process, the women lose

valuable time and their lives may be endangered when finally the procedure takes place. The society is harsh on unmarried pregnant women and thereby, the legislators need to step up to protect their fundamental rights.

There is a lack of awareness of the law and safe abortion practices amongst people in the country. Women are unaware of the recent changes in law which leads them to seek unsafe practices either by ingesting abortion pills or going to unlicensed practitioners which leads to future medical complications. There is an urgent need for educating people on safe abortion laws and providing pregnant women with counselling and support. Awareness camps and rallies may be held by the appropriate authorities involving people from medical and other higher educational institutions. This would aid in educating the youth and other members of the society at the same time.

The law of any country reflects its best intentions but its implementation is what portrays the real visage of the society. The societal barriers are far tougher to break than legal hurdles as despite existence of appropriate laws on paper India continues to be plagued by social evils like dowry, female foeticide and infanticide, child marriage and other crimes against women. The literature on these subjects continues to widen as effective implementation of the laws elude the general public. It is imperative that the Indian society acknowledge the inherent biases of patriarchy which persists in endangering the lives of millions of girls and women. In such situations, unless the societal structures change the law can only reach so far.

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Out-of-Pocket Expenditure on Health: Assessing the Shifting Trends in India and Tamil Nadu

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Abstract

National Health Accounts (2022) refers that the Out-of-Pocket Expenditures (OOPE) are expenditures directly made by households at the point of receiving health care. This indicates the extent of financial protection available for households towards healthcare payments". India has one of the highest OOPE in health. It is the main case for household debt in India and other developing societies. This study examines the out-of-pocket expenditure pattern in India and specific to the state of Tamil Nadu. The south Indian of Tamil Nadu is one of the economically advanced regions in India. In this context, this study analyses the pattern of health expenditure that pertains to individual households. By following secondary method, this paper uses the sources drawn from National Health Accounts, National Health Profile, Ministry of Family Health and Welfare, Government of India.

Keywords: *Health Infrastructure, Health, Household, India, Out of Pocket Expenditure, Per Capita Income, Tamil Nadu*

Introduction

Sustainable Development Goals 3 is to ensure healthy lives and advance wellbeing for everyone, regardless of age. This objective covers all key areas of public health concern, such as access to quality, low-cost medications and immunizations for everyone. It also includes reproductive, maternity, neonatal, child, and adolescent health, infectious and non-communicable diseases, universal health coverage (UNICEF, 2015). The health care infrastructure in developing nations is insufficient to ensure that everyone has access to the essentials health needs (WHO, 2016). India has one of the highest out-of-pocket expenditure in Asia (Van Doorslaer et al., 2006). In many developing nations, household out-of-pocket expenditure (OOPE) on healthcare is the main burden of expenditure.

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(Wagstaff& Van Doorslaer, 2003). Nearly 71 per cent of health expenses in India is covered out of pocket by individuals. High health costs have a number of adverse effects, including pushing families into poverty or even lowering their standard of living, both of which have a direct negative impact on a family's well-being (Xu, Evens et al., 2003).

OOPE accounts for the household amounts to 5 percent of India total Gross Domestic Product (GDP). The empirical evidence shows that 70 to 80 percent of total health expenditure were met from the household's income in their total health expenditure between 1995–1996 to 2000–2001(Peters et al., 2002; NCMH 2005 and WHO 2006). About 25-50 per cent variation is discerned between developing and developed counties (Garg, 2001). Additionally, 95 per cent of private health expenditures are made up of OOPE, while other community-based financing is still in its infancy and the insurance system is inadequate (Ahuja, 2004; Govt. of India 2005: Mahal et al., 2005 and Garg 2006). Therefore, a significant amount of total household spending goes in OOP health care. (Russel, 2004).

Developing country, India is experiencing a major health transition characterized by a rising burden of diseases (SrinathRaddy et al., 2005; Ladusingh. L. &PandeyA. 2013). India accounts for 17 per cent (377.1 million) of the world population. 68.8 per cent of the populationlives in rural areas and 31.2 percent lives in urban area (Census of India, 2011). Health care expenditures account for an average of 4.8 percent of total household consumption expenditures. In both rural and urban settings, poor quintiles spend lesser in their consumption expenditure on health. Also, all quintiles in the rural households spend invariably less in comparison to all urban quintiles.

The per capita State Gross Domestic Product (SGDP) was found positively associated with the OOPE. Poor states typically have low OOPE proportions of consumption spending due to low income, restricted access to healthcare, a lack of awareness and inadequate infrastructure. On the other hand, middle-and high-income states have high OOPE, largely due to improved provider choice and health care seeker behaviors as evidenced by higher institutional care spending (Garg and Karan, 2009). In this context, the present study examines the OPPE pattern in all India and the states of Tamil Nadu. The reason for selecting Tamil Nadu is that it isone of the most economically developed states and also has the highest out of pocket expenditure on health. Following the introduction, the second section provides sources of data on health. The third section makes detailed enumeration on health status, health infrastructure and OOPE on health in India and Tamil Nadu. The final section offers summary and conclusion.

Sources of Data

This study is based on secondary data. It includes National Health Accounts, National Health Profile and Ministry of Family Health and Welfare, Government of India. Tamil Nadu is one of the southern states in India with a population of 72.14 million, which includes 48.40 per cent population living in urban areas (Census of India, 2011).

Health Status of India and Tamil Nadu

The infant mortality rate (IMR) in 2020 is 28 in India and 14 in Tamil Nadu per 1000 live birth. The maternal mortality rate (MMR) in India is 97 and Tamil Nadu is 58in 2018-2020. The average life expectancy in India is 69.40 years and 74 years in Tamil Nadu during 2014-18. India's birth rate in 2020 is 19.5 (per 1000 population), while Tamil Nadu's is 13.8. The death rate in India was 6 in 2020 and 6.1 in Tamil Nadu.

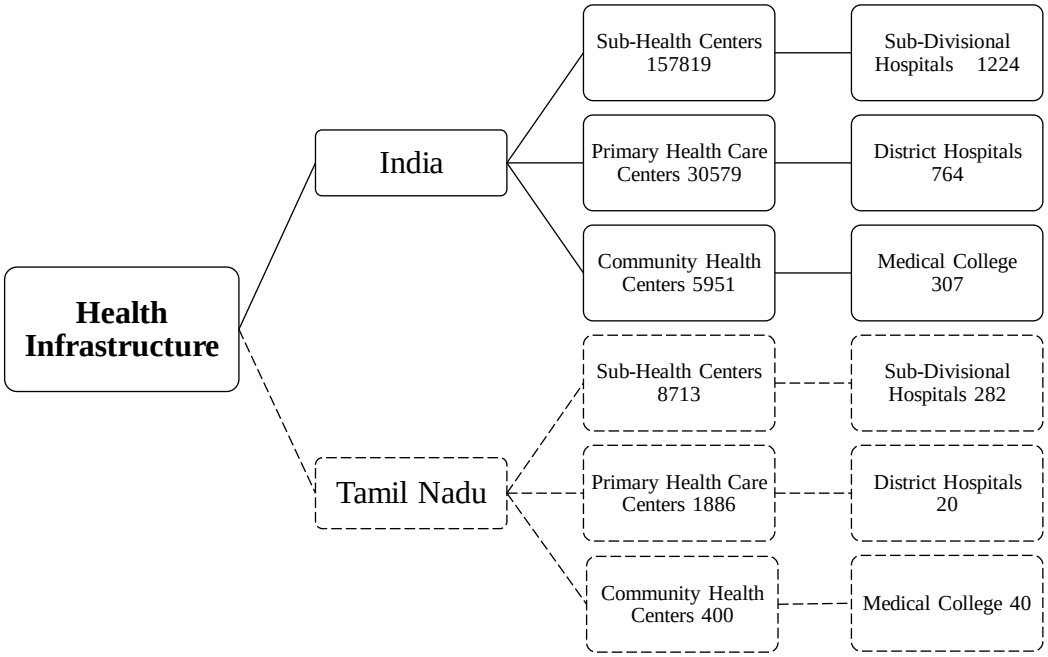
Health Infrastructure in India and Tamil Nadu

According to National Health Profile 2022,Health infrastructure at the national level comprised of 1,57,819 sub-healthcenters, 30,579 primary health centers and 5,951 community health centers in 2021. During this period, Tamil Nadu had 8,713 (5.52 per cent) sub-centers, 1,886 (6.16 per cent) primary health centers, and 400 (6.72 per cent) community health centers.

India had 1224 Sub-Divisional Hospitals, 764 District Hospitals and 307 Medical Colleges in 2021. In comparison, Tamil Nadu had 282 (23.03 per cent) Sub-Divisional Hospitals, 20 (2.61 per cent) District Hospitals and 40 (13.02 per cent) Medical Colleges. Tamil Nadu has the largest number of sub-divisional hospitals and medical colleges in India (see figure 1). All Government hospitals together in India have 8,49,206 beds, while Tamil Nadu alone has 52,751 beds.

Figure 1

Health Infrastructure in India and Tamil Nadu



Source: National Health Profile, 2022.

Households'OOPE on health as a percentage of GDP

The OOPE on health in the proportion of Gross Domestic Product (GDP) of India and Tamil Nadu has declined over the period. At the all-India level, the proportion of OOPE on health is 2.4 per cent in 2014-15 and gradually declined to 1.5 per cent in 2019-20. Similarly, in the proportion of State Gross Domestic Product (SGDP), Tamil Nadu has 1.9 per cent and 0.9 per cent in the above respective periods. This trend shows that both at the national level and in the state of Tamil Nadu, OOPE has come down. It is due to increase in State financing by means of flagship health related schemes.

Table 1

Households' OOPE on Health as a percentage of GSDP

Year	Tamil Nadu	All India
2014-15	1.9	2.4
2015-16	1.9	2.3
2016-17	1.7	2.2
2017-18	0.9	1.6
2018-19	0.9	1.5
2019-20	0.9	1.5

Source: National Health Accounts, India.

Household OOPE on Health

Household OOPE on health at the national level stood at Rs.3,02425 in 2014-15 (see table 2). However, the subsequenttwo years showedan increasing trend. The OOPE increased during the following two years and the year 2019-20 saw a sharp increase. This is due to COVID factor, state intervention and stakeholders'behaviors. The same tendency was seen in Tamil Nadu during the 2014-15 to 2019-20.

Table 2

Households' OOPE in Rs.

Year	Tamil Nadu	All India
2014-15	Rs.20,432	Rs.3,02,425
2015-16	Rs. 21,500	Rs.3,20,211
2016-17	Rs.22,626	Rs.3,40,196
2017-18	Rs.13,627	Rs.2,76,532
2018-19	Rs.14,509	Rs.2,87,573
2019-20	Rs.15,455	Rs.3,08, 727

Source: National Health Accounts, India.

Households' OOPE on Health Per Capita in Rupees

The per capita OOPE on health in India was Rs.2394 in 2014-15. It fluctuated over time and showed a downward trend in 2019-20 (see table 3). In Tamil Nadu, OOPE is higher than the national average. However, during the COVID period, it reduced to Rs. 2034, which is lower than national average

Table 3

Households' OOPEon health Per Capita in Rupees

Year	Tamil Nadu	All India
2014-15	Rs.2,724	Rs.2,394
2015-16	Rs.2,829	Rs.2,494
2016-17	Rs.2,938	Rs.2,570
2017-18	Rs.1,817	Rs.2,097
2018-19	Rs.1,909	Rs.2,155
2019-20	Rs.2,034	Rs.2,289

Source: National Health Accounts, India.

Households' OOPE on health as a percentage of Total Health Expenditure

The proportion of household OOPE on health in total health expenditure in India and Tamil Nadu has declined since 2014-15. The all-India level was 62.6 per cent in 2014-15,and47.1 per cent in 2019-20. In Tamil Nadu, the proportion of OOPE reflected the national trend declining from 66.4 per cent in2014-15 to 44.2 per cent in 2019-20

Table 4

Households' OOPEon healthas a percentage of Total Health Expenditure

Year	Tamil Nadu	All India
2014-15	66.4 %	62.6%
2015-16	65.2%	60.6%
2016-17	62.1%	58.7%
2017-18	45.9%	48.8%
2018-19	44.3%	48.2%
2019-20	44.2%	47.1%

Source: National Health Accounts, India.

Conclusion

The OOPE on health remainsproportionately higher in comparison to advanced countries. The latest data revealed that OOPE is slowly coming down. India allocates a meager 3 per cent to health on GDP(lets confirm last budget allocation). This share is insufficient considering India's population size. The major reasons for high number in OOPE on health is due to private health care, low number of qualified doctors, cost of nonmedical expenses in public health facilities and delays in patient care in public health facilities. In the state of Tamil Nadu, health facilities are better resourced than the national level. Consequently, OOPE in Tamil Nadu is witnessing a gradual and marginal decline in the present time. Such a reduction in OOPE has huge potential to help people rise out of poverty and in the long run towards a more healthy population of the entire economy.

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LGBTQ Communities in Indian Cinema: Changing Visibility through Imaging

Srenwantee Bhattacharjee [1], and Indranil Sarkar [2]

Abstract

The visibility of gays and lesbians is a barometer of a society's ingenuousness. Indian cinematic imaging of LGBTQ people had been restricted to brief cameo characters, caricature appearances, and objectionable cross-dressing scenarios in earlier popular Bollywood cinema. Over the last couple of decades, LGBTQ visibility in popular cinema has undergone a change. It provides social support as well as acts as an information and awareness tool for Indian society. In the 21st century, queer activism has risen out of just a political movement transgressing into the literary, cinematic, and artistic works and attempting to capture the uniqueness of experiences in India.

This paper attempts to analyze the role of cinema in queer empowerment by shifting the emphasis from secrecy and ridicule to visibility and inclusion. The study has analyzed the content of popular films by both regional and diasporic Indian filmmakers to understand the shift in focus and handling of sexual minority issues in contemporary culture. This paper examines the positive imaging in Cinema that has helped in addressing the issues faced by the LGBTQ community and including them in mainstream society by the medium of cinema.

Keywords: *Imaging, Indian Cinema, LGBTQ communities, Social change, Social Inclusion*

Introduction

Cinema similar to the other art forms constitutes a fragment of social realism and is crucial in creating social change. As the most influential tool cinema has a strong impact on society and its way of thinking. Cinema over the years has gradually evolved to become an integral tool in understanding gender identities and sexualities because of its widespread presence as a powerful ideological tool discussing different subjectivities and pleasures (Dasgupta, 2013).Society reaffirms the notions about gender and identity through the medium of films therefore the erroneous imaging of alternate gender categories in the films have resulted in the distortion of existing gender roles. These images have an impact on the mind of the viewers. A crucial role of media is creating awareness and visibility of social issues that have been excluded from the national agenda of

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development. Cinema being the most popular and mainstream of all art forms is of utmost prevalence and most accessible throughout India, a country that produces the maximum number of films in a year after Hollywood. Cinema as a means of mass communication serves varied purposes, not only as an art form or entertainment facet but also as a social document and a critique of society as a whole. It goes beyond all of these and acts as a medium to gain self-awareness – a mirror unto our lives, showing us exactly how we function as a society. The Imaging of the third gender in world films evolved through the same stages as the third gender movement in attaining recognition in the society. Popular films were not hospitable to gay themes from the very inception of the portrayal of homosexuality in films. Though homosexuality has been part of many films, the regular portrayal of homosexuality found acceptance mainly with the decade of the 1970s and afterward. Indian Films on the third gender show a similar trend as other films on the third gender depicts, over the world (Srivastava, 2006).

The word queer in a generic sense, according to Raj Rao (2017) has "become an umbrella term to include diverse same-sex categories such as gay, lesbian, bisexual, MSM (Men who have Sex with Men), transgender, and intersex". Queer bodies transgress both sex and gender norms; this politics of transgression puts them into the realm of dialogue. The social and cultural construction of sex and gender emerged from the feminist debate and the discussion on LGBTQ identities has helped society comprehend the fluidity of sexual minority groups in India.

Literature Review

In the 2011 Indian census, which marked the first inclusion of transgender individuals, approximately 490,000 people identified as the 'third gender.' A government report submitted to the Supreme Court indicated that India's gay population is estimated to be around 2.5 million, with approximately 175,000 of them living with HIV. Despite some positive shifts, homophobia remains present in Indian society, leading to prejudice against homosexuals by heterosexual individuals. Open discussions on homosexuality have been restricted, but there has been a noticeable increase in portrayals and conversations about homosexuality in Indian media and cinema in recent years.

A significant milestone for the LGBT community was the landmark ruling by the Delhi High Court on July 2, 2009, which decriminalized homosexuality. This decision was a result of a petition submitted in 2001 by the NGO NAZ Foundation, which focused on HIV/AIDS and gay rights. After an extended legal process, it wasn't until 2009 that homosexuality was officially decriminalized in India. However, the progress was reversed in 2013 when the Supreme Court re-

criminalized homosexuality, causing disappointment among many in the LGBT community. Nonetheless, on February 2, 2016, the Supreme Court of India indicated its willingness to review its earlier ruling and agreed to consider petitions aimed at abolishing Section 377 (Kaur, 2017a).

The year 2014 brought relief and celebration to India's LGBTQ community. In a significant ruling on April 15th, the Supreme Court legally recognized the transgender community as the 'Third Gender.' The court upheld personal autonomy under Article 21, allowing individuals to determine their own gender. Gender expression was protected through freedom of speech and expression under Article 19(1) (a), with limitations outlined in Article 19(2) of the Constitution.

A pivotal moment that brought LGBT rights to the forefront in India was the 1987 same-sex marriage of two women in Madhya Pradesh, challenging police harassment. In 1992, the Bhedbhav Virodhi Andolan (ABVA) organized a 'gay rights protest' and released a report titled 'Less than gay,' shedding light on police brutality against homosexuals. Similarly, the issue of same-sex marriage gained attention with the 1998 release of the film "Fire," directed by Deepa Mehta, portraying lesbian relationships. The movie faced substantial protests from various fringe groups, leading to significant damage to cinemas screening the film (Bhandari, et al., 2022).

Indian cinema over the decades has evolved into the world's largest cinematographic industry and earned pride of place in the global arena yet there had been a prominent absence of any significant queer imaging in mainstream Indian cinema. In Bhattacharya (2015), Sohini Ghosh mentions, "Mainstream films register an acknowledgment of queer sexualities while simultaneously expressing anxieties that attend that awareness. The horror and fascination with which queer sexualities are being regarded in contemporary culture allow for both radical ruptures and reactionary closures." Visibility of the LGBTQ community has been evaluated using the queer dynamics that might be present within the existing heterosexual storyline. Popular Bollywood cinema has conventionally featured cross-dressing male stars (Amitabh Bachchan in *Laawaris*, Anupam Kher in *Dulhan hum Le Jayenge*, and Aamir Khan in *Holi Amongst* others) or *hijras* (Shyam Benegal's *Welcome to Sajjanpur*) in comics scenarios or song sequences (Dasgupta, 2013). According to Gokulsing and Dissanayake (2012), "the discourse of Indian Popular Cinema has been evolving steadily over a century in response to newer social developments and historical conjunctions".

In Indian cinema, queer characters have been relegated to a position of disdain through the ages. A prevalent image that appears on analysis of queer representation has been that of a comic caricature, overtly sexualized and an

avenue for crass comic relief to establish the male protagonist as an epitome of masculinity against the effeminate male identity of the queer subject (Kaur, 2017b). The queer and comic villain of *Mast Kalandar*(1991), who started the journey of a *hijra* to a "gay" character, named "Pinku" was a caricature of every imaginable stereotype of a gay character. The film presented him as a hypersexual gay man whereas Shakti Kapoor was put forth as a pansy man.In the 1990s popular cinema narrated the stories of transvestite/transgender characters, known as *hijra* with a sensitive lens. The stories of the transgender character occupied significant spaces of subplots. An example of this development was Mahesh Bhatt's*Tamanna*(1997) that received critical acclaim and various national awards. This filmmarks the significant stage of Indian cinema's peeping out of the closet. It moves toward the "queer issue from within the gamut of Indian cinematic narrative practices (Sharma & Sundar, 2016).Corresponding to these times alternative cinemas witnessed many movies on queer themeslike *My Beautiful Launderette* (1985), *Flesh and Paper* (1990) *Fire* (1996), *Sixth Happiness* (1997), *Chutney Popcorn* (1999), *Summer In My Veins* (1999), *East is East* (1999) *Bend It Like Beckham* (2002), *Bollywood/Hollywood* (2002), *Many People Many Desires* (2004), *TedhiLakeer*(2004), *Touch of Pink, A* (2004), *Chicken Tikka Masala* (2005), *Nina's Heavenly Delights* (2006), *Can't Think Straight* (2007), *Jihad For Love, A* (2007), *Straight — Ek Tedhi Medhi Love Story* (2009), *Migration* (2007), *MilindSoman Made Me Gay* (2007).

According to Srivastava (2006), another trend that has gained popularity in the Indian cinematic universe has been the incorporation of a subplot involving an LGBTQ character who is presented to the masses with hesitant sympathy and sensitivity but is still relegated to the periphery of the central narrative. Such categorization has been instrumental in giving an overview of the ways Indian Cinema, especially Bollywood, has come to terms with its uneasiness with the subject matter of alternate sexuality. Another prevalent trend presented through popular films was the creation of gay labels either effeminate, color-me-pink gay sidekicks, or the tropes of fake or mistaken gay episodes like in *Kal Ho Na Ho*(2003) and *Dostana*(2009).

Movies in diverse languages like Marathi, Malayalam, Tamil, and Bengali had already started exploring 'queer' themes and sub-tropes. The Malayalam film industry influenced its audience vastly. The Malayalam film Sancharram*The Journey*, released in 2004 was one of the first queer films. Similarly, *Navarasa*, or *Nine Emotions*, in 2005 wherein the director Santosh Sivan unveils the myths related to transgender lives paved queer visibility in the Tamil film industry. Kaushik Ganguly's *Arekti Premer Golpo/ Just another Love Story* **(**2010) and Rituparno Ghosh's *Chitrangada* (2012) are monumental films that have explored

the LGBTQ emotions and struggles. These films have significantly altered the queer visibility that was pre-existent in the Indian cinematic discourse. It was through these films that queer issues were addressed unapologetically and given a place of prominence both in the handling of the theme and the central characters. From *Fire* in 1996 to *Chandigarh Kare Aashiqui* in 2021 or *Shubh Mangal Zyada Savdhan* in 2020, the projection of LGBTQ characters in Indian cinema has undergone a tremendous transformation, with characters moving from being tools for comic relief and mockery to more recently as portrayals of their genuine self (Jain & Ashi, 2022).

Objectives

- This paper attempts to understand the changing imaging of alternate gender identities in mainstream cinema and their correlation to the larger public viewership.
- It will also engage in the discourse of alternate sexuality in India through the lens of popular cinema.

Methodology

This paper has attempted to chart the journey of queer desires in India through the changing imagery of sexualities in popular cinema and their relationship to the wider public viewership and engage in the dialogue of alternate sexualities in India. This study focuses on recent Indian mainstream cinemas that have positive LGBT themes in the last 10 years (2008 – 2018). A brief thematic review of mainstream 1990s cinema has been incorporated to demonstrate the changes in LGBT imaging in the films that have taken place due to the influence of the long drawn gay rights movement in Indian society.

The themes and content of the movies included have been analyzed in terms of the sexual minority characters - their social, economic, religious, or cultural background and to see the existing social attitudes in the larger society.

Findings: Indian Cinema and Queer Imaging

Contemporary Indian cinema has witnessed the synthesis of parallel cinema and mainstream cinema which has led to a positive impact- in a way of engaging with the reality, with one's life, and a way of perceiving the reality by raising questions not just finding solutions. In contemporary times only a handful of Indian

directors have ventured to make movies on LGBT people highlighting their life and struggles but there are a plethora of issues that remain unexplored. The major question that arises here is whether gender discourse has accommodated the LGBTQ communities. It is imperative to identify and focus on the challenges faced by the sexual minority groups in our society. Indian masses are afraid of discussing their gender identity and sexual orientation because of the fear of discrimination by the conventional social norms. Positive imaging is necessary in cinema as it can provide the much-needed platform for interaction between people who are still in the closet.

To explore the portrayal of queer sexuality, transgender, and homosexual relationships, few popular Indian cinemas from 2008 to 2018 have been deliberated on in this paper. The occurrence of alternate sexual tropes and diversity of desires in popular cinema is a distinct reaction to years of movement by the alternate sexualities. One of the first films to depict a lesbian relationship was ***Fire*** (1996). This Deepa Mehta production starring Shabana Azmi and Nandita Das is fairly synonymous with the subject of homosexuality in India. It is a poignant portrayal of a complicated relationship wherein two women come together to fulfill their passions not out of choice but due to the indifference of their spouses towards them. This was one of the earliest attempts to change the way sexual minorities had been placed in Indian cinema.

Shyam Benegal in his movie, ***Welcome to Sajjanpur***(2008) portrays the protagonist, a Hijra in a positive and powerful way. The film is about a village that has religious superstitions, feudalism, and patriotism and gender bias exists. The movie rests on the character is Munni Bai Mukhanni, played by Ravi Jhankal whois a *Hijra* of Sajjanpur and wants to contest the local elections because their community is subjugated and denied opportunities to survive. Munnibai wins the election with huge public support. Benegal uses this character as a trope for depicting the harsh reality of the day to day life of the Hijra community.

Another film that is believed to have made a deeper impact on the minds of the mainstream audience is Onir's **My *Brother…Nikhil.*** A poignant story of the marginalization and death of a swimming champion who is both gay and HIV positive, the film quite laudable highlights mutual respect and care giving in Nikhil's Relationship with his long-time boyfriend and the process simultaneously desexualizes the same-sex relationship. This film was neither promoted as HIV/AIDS film nor as a film on homosexuality, as the director had apprehensions about the public acceptability but it was evident that the filmmaker strategically avoided these labelling because he wanted the mainstream audience to watch this film. The film was released and received a positive response from both the mainstream and queer audience. The narrative deployed the "family" and "yaari"

trope strategically to push the sensitive issues of HIV/AIDS and same-sex love relations without causing unrest. Onir in this movie portrays the intense love between siblings, as well as the love between the two friends. Onir inculcates a meaningful change in the Indian celluloid world with this film. The portrayal of unconditional love shifts the attention of the audience from the persisting perception about gay men. This film was a huge step in breaking down the ghettoization of LGBTQ groups, and the stereotypical prejudices and inhibitions associated with such categorizations.

Onir ventured to make ***I am*** (2010) which was an anthology of four short interwoven stories that were inspired by real-life incidents. It is the first Indian film that was funded voluntarily through social networking. The film is an interpretation of India as a modern multicultural society. The homosexual narration in '*I am Omar',* played deftly by Rahul Bose deals with the harassment of urban gay men by the police machinery under the much debated Indian Penal Code, Section 377. Besides narrative strategies, the production and distribution of this film offer an insight into the specificity of Indian Queer Cinema culture.

Margarita with a Straw (2014) directed by Shonali Bose,is a portrayal of a Delhi-based urban girl diagnosed with cerebral palsy and her relationship with her close-knit loving family. The movie depicts her struggle to navigate her sexuality and sexual desires. Her bold move to explore opportunities at NYU opens up her avenues, both with respect to her disability as well as her sexuality. There she encounters a blind firebrand activist Khanum and it is through their relationship that Laila embarks on a beautiful same-sex affair. In Margarita with a Straw, her inferiority complex acted as a hindrance in exploring her desires but with Khanum, she gained her lost confidence. It is a story of navigating sexuality and disability through the lens of a young girl. The amalgamation of bisexuality, disability, and female desire is an unchartered territory in Indian cinema but crucial in identifying the changing discourse about sexuality and audience receptivity to such representation.

Aligarh (2016) talks of the real-life story of Shrinivas Ramchandra Siras, a professor at Aligarh Muslim University. As depicted in the film, his flat was broken into, and his consensual sex with a man was captured on film and leaked online. Soon after he is ostracized and suspended from the University with notice to vacate his accommodation within seven days. This prompts him to go to Court and challenge the verdict. Less than a week after the verdict which declared him victorious, he was found dead in his flat, under "mysterious circumstances". This movie shows the struggle of a man advocating for his right to privacy and equality. A cinematic rendering of gay lives and rights in India, this movie was inevitably branded as an “advocacy". As a film, Aligarh has sparked conversations

about Section 377 across the nation. An achievement for the film lies in the fact that it has been successful in getting the vaguely homophobic Indian mass to empathize with Siras. The movie chooses to remain a humane and heartfelt portrayal rather than become a hard-hitting film.

Memories in March (2010)has become a milestone movie because it explores homosexuality as a normal facet of life. The movie explores the dismay of Deepti Naval, mom of the dead protagonist when she learns of her son's preference for another man over the pretty RaimaSen, a colleague. The movie explores a mother's journey from resentment to friendliness as she learns of the special bond he shared with her departed son.A gripping rendition of the tormenting truth of a child's sexuality and a mother's struggle in navigating this truth is explored sensitively by RituparnoGhosh. The film juxtaposes the emotions around the loss of a lover vis-à-vis a son, the closeted world of the son is contrasted to the accepted lover on the other.

Chitrangada (2012) a landmark film in Bengali cinema dealing with homosexuality, it raises many epistemological questions.The film *Chitrangada* a significant directorial venture by Rituparno Ghoshrevolves around the manifold dimensions that a person goes through while transitioning from one gender to the other. The desire of changing one's body to fit the other gender type has been highlighted in the film.The protagonist in the movie, a choreographer wants to introduce the theme of the novel by Rabindranath Tagore -*Chitrangada* as the wish of one individual to change their sex as the realization that the existing sex identity is undesirable and unbearable (Bhattacharjee, 2014).The film brings to focus the plight of transgender individuals in their attempt to start a conjugal familial life. Rudra the effeminate choreographer recognizes the desire to have a child with Partho, his lover, and resorts to sex reassignment surgery so that it would help them to adopt a child. The irony of the movie rests on the issue that his lover Partho is revolted by the idea of Rudra changing himself to conform to the stereotypical heterosexual formation of a family consisting of the 'man, woman and a child'.

Samantaral (2017) by Partho Chakraborty delves into the uncomfortable 'parallel' family life of a third sex entity. The shame that a person feels about his identity and the debate of sanity associated with the pressure of nonconformity to gender norms has been the subject of this film. The movie was based on a sensitive issue that needed tactful handling of the subject. Unfortunately the film is presented as a crude melodrama, replete with stereotypical characters reducing it too cliché. The movie unfolds as Riddhi Sen and his girlfriend try to understand the detached person, his uncle, and his troubled past. Despite flaws in the plot as well as execution in presentation, the movie is successful in displaying the

'parallel' life that people of the third sex live. This movie brings to the forefront the alienation the LGBTQ face from the family and the extreme mental pressure they face in navigating their daily life.

Nagar Kirtan (2019) is a potent and sensitive commentary on the life of transgenders in contemporary Indian society. The success of 'Nagar Kirtan' lies in its attempt to represent transgender people as simply humans. It casts us into their lives and their hearts to expose us to the struggles they face and their plight in living a life of dignity. The movie is the tale of *Puti*, a woman confined in a man's body and his love story with Madhu, a delivery boy who is a flutist in kirtans, a love story unparalleled to any of recent times. The film deftly navigates in and out from the past and voices a simple love story in a lucid manner. This movie is a love story that transcends all the norms of prevalent heterosexual love stories in Indian cinema, set against an outright compelling and authentic backdrop of the marginalized transgender community.

Discussion

Cinema has the greatest potential to become a medium of mass education and awareness. Films take on the crucial role of presenting homosexuality to society. People are influenced by the media and gain information on homosexuality that they cannot discuss with others. The dogmas and attitudes as well as the cultural fundamentals of a particular group of people are often influenced by this. Stereotypes about homosexuality have been propagated by the media. If society identifies a certain group negatively or positively, the media cannot ignore the role they have played in shaping their attitudes. The media portrayal of different gender and sexual minority groups has impacted people's attitudes and the subsequent change in it over the ages. Significantly, the queer community must be portrayed accurately and sensitively.

In Indian cinema, queer characters have typically been played by cis-gendered actors. The casting of a queer person is a rarity on screen, Rituparno Ghosh has been instrumental in opening up the dialogue but by and large the real queer population has remained unrepresented or underrepresented as actors on-screen. Both cis-gendered and queer actors confirmed that the decisive factor for such casting has not been their sexual identity but their acting aptitude. This has been a contentious issue that undermines the authenticity of LGBTQ+ imaging and whether mainstream media must take the onus of such social imaging.

Another point of concern is the receptivity of queer themes in popular cinema. There has been a lot of debate on the Indian consumers'receptivity for this sexual

exposition. There has been a resistance and criticism to mainstream Bollywood movies that have attempted to deliver a strong social message with regards to alternate sexuality but a positive change has also been noted in recent times.

The Indian movies like *Aligarh* or *I Am* are mostly agenda-driven; they are either attempting to normalize being queer, homosexual, and/or transgender or attempting to legalize same sex relationships that had been penalized under section 377 of the Indian Penal Code until recently. These movies focus on the individual and society, and the interplay between the heteronormative majority and the homosexual outliers. In *Margarita with a Straw*, the central character with cerebral palsy is portrayed to be an outlier given her physical disability. It is her exposure in America that the society seems to be more liberal and this in turn not only makes her explore her sexuality, it also gives her more confidence in navigating through society.*Aligarh*has showcased the struggles of a gay character within a heterosexual community. He is pushed by the people around him and faces systemic exclusion and discrimination that eventually pushes his death.

The treatment of LGBTQ characters in popular cinema is often affected by the gender identity of the filmmaker. Rituparno Ghosh, Onir, and Shonali Bose have been sensitive and authentic in their portrayals of the characters in their films. They have incorporated their lived experiences and struggles which has been instrumental in shaping the film. Ghosh in *Chitrangada* gives a very accurate rendition both as a director and actor, of a transgender person's desire of changing one's body to fit the other gender type.

Imaging of lesbians, gays, bisexuals, transgenders, hijras, and others who identified as 'queer' in films in a positive manner has had an immense impact on desensitizing society. Indian society has been undergoing a positive change in the past decade and with it the attitude of the people has altered to become a more socially inclusive one.

Conclusion

This paper has examined the plight of the sexual minorities in India who have been deprived of their true identity because of their imaging in the social and cultural sphere of society.The changing pattern of popular cinema in queer imaging and the role it has in spearheading mainstream discourse through their representation has been studied here.Films have the potential to provide a solution to the problems of the community. Stories should be crafted to cater to our society the authentic and genuine lives of the transgender groups in India so that instead of ridiculing them, people can understand and accept them as a part of our society.

Cinema has been and will remain one of the strongest media for influencing people's' perceptions especially on emerging issues of an evolving society. With respect to the change in imaging of LGBTQ characters it can be concluded that the impact has been dual. Firstly, exposure to LGBTQ characters through popular cinema has positively changed the way the conventional heterosexual population perceives the LGBTQ community and comprehends public policy concerns. Secondly, authentic media imaging of the members of the community has helped build self-identity especially among adolescents in a positive manner.

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Tea Garden Youth Engagement in Cachar District of Assam: Quality Education from Sustainable Development Perspectives

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Abstract

With a particular focus on quality education, the article examines youth engagement as a resource to promote sustainable development in tea gardens. The article provides an overview of the current state of education in tea gardens, as well as proposes best practices for engaging youth in sustainable development initiatives. The purpose of this study is to comprehend the current state of demography, educational status and suggest realistic intervention for social work. This is a descriptive study. Researchers collected data at a single point in time to provide a snapshot of the current state. The Study Area is tea gardens, Cachar District of Assam. The tea garden youth is the population and 300 is the sample size. The researchers followed convenient sampling technique data collection and utilized Statistical Package for Social Science (SPSS) and Microsoft Excel for descriptive analyses (frequency and percentage). The main research findings indicate that 55.3% of participants are within the age range of 18-25, while 44.7% are aged 26-29. There is a clear gender imbalance, as 65% of females are engaging, while only 35% of males are. The majority of participants in the study are married, while 82.3% possess educational qualifications below matriculation. The journey towards sustainable development and quality education in tea gardens necessitates a collaborative and holistic approach.

Keywords: *Advocacy, Cultural Sensitivity, Digital Literacy, Mentorship, Tea Garden Community*

Introduction

An exploration of sustainable development and youth engagement in the Cachar District of Assam is presented in this article. Tea gardens are significant economic contributors in Assam, and they often face unique social and economic challenges. The focus on sustainable development indicates an interest in long-term, holistic solutions that balance economic growth with social and environmental considerations.

The emphasis on youth engagement is a proactive approach in involving the younger generation in the development process. Youth are crucial stakeholders in any community, and engaging them effectively can have a multiplier effect on the success of development initiatives.

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The mention of quality education indicates recognition that education is a key driver of sustainable development. It's not just about providing education but ensuring that it meets certain standards and equips individuals with the skills and knowledge necessary for personal and community development.

In the context of tea gardens, where socio-economic conditions can be challenging, ensuring access to quality education for the youth becomes paramount. This involve addressing issues such as infrastructure, teacher training, curriculum development, and perhaps even cultural considerations that impact the effectiveness of education programs.

This descriptive study is focused on providing a detailed account of the current situation, including demographic information, existing educational infrastructure, and the level of youth engagement in the tea gardens of Cachar district. The article also discusses youth engagement in tea gardens as a resource of promoting sustainable development. Overall, this research is situated at the intersection of social development, education, and community engagement, with a focus on sustainable outcomes for the tea gardens in the Cachar District of Assam.

Primary objectives of the study

1. To study the demographic profile of tea garden youths of Cachar district, Assam
2. To understand the status of education among tea garden youth
3. To suggest social work intervention in the field of education and community development

Literature Review

Tea gardens in Cachar district, Assam, represent a unique community facing challenges in educational access and overall development. This review examines existing literature on tea garden youth and education, exploring possibilities for social work interventions promoting sustainable development.

Nath, D., & Ruma, D. N. (2014) have done a study on *Educational Vulnerability and Risk Factors of Tea Garden Workers with Special Reference to Dewan Tea Garden Village, Cachar, Assam, India.* This study investigates the educational vulnerability and risk factors faced by tea garden workers in Dewan Tea Garden, Cachar, Assam. The research emphasizes the importance of literacy, dynamic pressure, and livelihood considerations.

Kurmi & Dutta, (2018) covered an investigation on *Child Education in Cachar District: Problem and Prospects among the Tea Garden Laborers.* This paper

highlights the challenges faced by tea garden labourers in providing proper education for their children. The low literacy rates among tea garden workers contribute to their overall backwardness and reluctance to send their children to school.

Kurmi (2014) undertook a study on *Problem of Educational Attainment of Children: A Case Study of the Tea Garden Labourers in Assam.* This study delves into the educational challenges faced by tea garden labourers in Assam. It emphasizes the need for education to improve social status, cultural qualities, and overall well-being of the community.

Ekka & Joseph (2022) conducted research on *Well-being and Tea Garden Youth Engagement: A Study in Cachar District of Assam.* This research examines the demography of tea estates in Assam's Cachar district and assesses youth engagement in two tea estates. The study sheds light on the well-being and educational prospects of tea garden youth.

(Harikrishnan U et al., 2017) While not Cachar specific, this study explores the educational status of young people from marginalized communities in Assam, offering broader insights. The primary objective of this study is to get insight into the mental health state of school youth residing in Tezpur, Assam. Samples of 1403 young people from 10 schools were chosen for cross-sectional research. The variance in difficulty levels was explained by five factors, namely gender, education, family type, academic achievement, and socio-economic position, accounting for 9.79% of the total variance. The prevalence of mental health difficulties among participants is less than 10%, highlighting the necessity for schools to regularly assess young people for mental health concerns.

The research conducted by Ekka and Das (2022) examines the socio-demographic attributes of the tea garden youths in Cachar, with a specific emphasis on their educational achievements and difficulties. Additionally, the study proposes various interventions aimed at mitigating these issues.

(Chetia, 2022) Explore research on successful community-based education initiatives in Assam or the North-Eastern states focusing on marginalized communities. The objective of this study is to comprehend the challenges encountered by rural women in Assam and suggest appropriate solutions.

According to Social Work Education (2024), the journal Social Work Education examines the role of social work in community development from a broader viewpoint. This statement underscores the role of social workers in empowering communities via the facilitation of needs assessments, developing resources, and

enhancing capacity building. This methodology has the potential to be implemented in educational endeavours within local communities.

Borah, J., & Devi, J. (2014) conducted a study on Educational Status of Tea Plantation Women Workers in Assam. This study investigates the low literacy rates among tea garden communities, even with the presence of schools. It highlights the disparity in educational attainment across different tea gardens.

Manjula Bhovi and Pandit (2017)investigated the Sarva Shiksha Abhiyan in India. The Sarva Shiksha Abhiyan scheme promises all residents high-quality education. Education empowers people best. The impoverished, economically disadvantaged, and socially unsatisfied should get it. Infrastructure enhancements may assist elementary schools. Elementary school infrastructure upgrades increase enrollment and test performance. Strategically situated and well-resourced schools make basic education accessible to everyone. School infrastructure development involves designing a school's interior and exterior to increase enrollment, reduce dropouts, provide a pleasant atmosphere, and promote continual improvement.

In 2001, Joseph John Hruby's book "One School Community's Views on School Transformation" came out at Kent State University. This study looked at a common problem for teachers: the change from one school year to the next. Every school and school district in the country works hard to meet the student success and policy growth goals of their state. Education needs to be different. When thinking about a school makeover, pay attention to the curriculum, the leadership, and the relationships with stakeholders. The opinions of the school's stakeholders may show if there are any changes. The study also looked at the effects of the number of classes, the relationship between students and teachers, and administrative changes. Interviews in person and online, focus groups, field notes, and document reviews were used to gather information. About 300 first- through third-graders in Ohio were looked at. This study looked at how different groups felt about educational reform. Education, the way students and teachers interacted, and the way things were run all changed. The change in the superintendent's power affected how people felt. Power was also a problem for democracy. Several groups worked together with the school's headmaster. The principal was in charge of everything, so businesses failed. Stakeholders did not have a voice in education. All stakeholders need to be involved in school reform.

Research Methodology

This is a descriptive study. Researchers collected data at a single point in time to provide a snapshot of the current state. The Study Area is tea gardens, Cachar

District of Assam. The tea garden youth is the population and 300 is the sample size. A stratified random sampling based on age group (18-29) is considered. Structured questionnaires schedule is used to gather quantitative data on education levels, access to education, and perceived barriers. A Likert scales is used for measurement purpose. Ethical Consideration was done by obtaining consent from participants and assures anonymity and confidentiality. The researchers utilized statistical tools SPSS and Microsoft excel for descriptive statistics, correlation analyses, and comparisons between groups. Generalizability and bias could be the limitation of the research. This methodology outlines a systematic approach to investigating the sustainable development aspects through youth engagement in the context of quality education within tea gardens in the Cachar District of Assam.

Findings

Table 1
Age of the Respondents

	Frequency	**Percent**
Age 18 to 25	166	55.3
age 26 to 29	134	44.7

From the data presented in Table 1, which focuses on the age distribution of respondents in the context of tea garden youth engagement, we can draw several meaningful inferences. The majority of respondents, constituting 55.3%, fall within the age range of 18 to 25. This demographic dominance suggests a significant potential for mobilizing and engaging a youthful workforce in sustainable development initiatives within the tea gardens. While (18-25) youth is predominant, 44.7% of respondents fall within the age range of 26 to 29. This indicates that there is a substantial presence of individuals in the slightly older age group, which might bring a different set of experiences and perspectives to youth engagement initiatives.

In summary, the age distribution data indicates a strong presence of early youthhood in the tea garden context, suggesting a robust potential for youth engagement in sustainable development initiatives. However, recognizing the diversity within the youth demographic and tailoring strategies accordingly will be essential for maximizing the positive impact of such initiatives.

Table 2 Sex of the Respondents		
	Frequency	**Percent**
Male	105	35.0
Female	195	65.0

Analyzing the data presented in Table 2, which focuses on the sex distribution of respondents in the context of tea garden youth engagement, provides valuable insights into the potential dynamics of sustainable development initiatives.

The data indicate a gender disparity among the respondents, with 65.0% being female and 35.0% being male. This gender imbalance may have implications for the design and implementation of youth engagement strategies, necessitating an understanding of the specific challenges and opportunities associated with engaging individuals of different genders. In the study females were more than males because the males were engaged mostly outside tea garden. Also, more female participants were cooperative and open to the study.

The data on sex distribution highlight a notable gender imbalance among the respondents. This finding underscores the importance of adopting a nuanced and inclusive approach to tea garden youth engagement, acknowledging and addressing the specific needs and challenges faced by both male and female youth. Crafting interventions that consider both gender and age dynamics will contribute to more equitable and sustainable development outcomes.

Table 3 Marital status of the Respondents		
	Frequency	**Percent**
Unmarried	110	36.7
Married	190	63.3

Analyzing the data presented in Table 3, which focuses on the marital status of respondents in the context of tea garden youth engagement, provides insights into the potential dynamics and considerations for sustainable development initiatives.

The data indicates that 36.7% of respondents are unmarried, while the majorities (63.3%) are married. The higher percentage of married individuals may influence the nature of their engagement in sustainable development initiatives, considering potential familial responsibilities and time constraints.

The data on marital status provides valuable insights into the demographic characteristics of tea garden youth. It suggests that youth engagement strategies should be sensitive to marital status, considering potential differences in priorities, time availability, and family dynamics. Customizing initiatives to address the diverse needs of both unmarried and married youth will contribute to more inclusive and effective sustainable development outcomes.

Table 4
Level of Education

	Frequency	**Percent**
Under Matric	247	82.3
H.S.L.C complete	31	10.3
H.S complete	16	5.3
Illiterate	6	2.0
Total	385	100

Analyzing the data from Table 4, which presents the level of education among tea garden youth, allows for valuable inferences regarding the educational landscape and its implications for youth engagement and sustainable development.

The data indicates that a significant majority, 82.3%, have education levels categorized as "Under Matric." This suggests a potential gap in formal education attainment, highlighting a challenge that may impact the capacity of these youth to actively participate in and contribute to sustainable development initiatives.

A smaller percentage of respondents have completed higher levels of education, with 10.3% having completed H.S.L.C, 5.3% H.S, and 2.0% being illiterate. The limited representation of higher education completions indicates a potential need for interventions that support educational advancement and skill development among tea garden youth.

In summary, the data on the level of education underscores the importance of addressing educational disparities among tea garden youth for effective engagement in sustainable development initiatives. Tailoring interventions to bridge educational gaps, promoting skill development, and recognizing the potential for peer collaboration are key considerations for fostering a more inclusive and empowered youth population in tea gardens.

The Pearson Correlation examination reveals a positive correlation between "Quality Education" and "Marital Status." The correlation coefficient of 0.166**

indicates a statistically significant but weak positive relationship between these two variables with the significance level of 0.01.

In practical terms, individuals with higher levels of quality education may, on average, have a slightly higher tendency to exhibit certain marital status characteristics. However, it's important to note that the correlation is weak, meaning that other factors likely play a more substantial role in determining marital status.

Discussion

The findings from Table 1 highlight a predominantly youthful demographic within the tea garden context, with a majority falling within the age range of 18 to 25. This aligns with existing literature that emphasizes the youthfulness of populations in rural agricultural settings (Jones & Wallace, 2017). The concentration of youth in this age group presents an opportunity for harnessing their energy and potential in sustainable development initiatives, as noted by Mukherjee and Dutta (2019), who argue that engaging youth in such efforts can lead to positive socio-economic outcomes. However, the presence of a sizable proportion of respondents aged 26 to 29 also suggests the importance of considering the diversity of experiences and perspectives within the youth demographic, as highlighted by Kallio et al. (2019) in their study on youth participation in rural development. Table 2 reveals a gender disparity among respondents, with a higher percentage of females compared to males. This finding resonates with research on gender dynamics in rural communities, where women often constitute a larger proportion of the population due to male outmigration for work (Kabeer, 2008). The observation that males were engaged mostly outside the tea garden context further supports this interpretation. However, it's important to note that this gender disparity may influence the effectiveness of youth engagement strategies, as gender dynamics can significantly shape access to resources and opportunities (Doss, 2013). To address this, interventions should adopt a gender-sensitive approach, as recommended by Rao et al. (2018), to ensure equitable participation and benefits for both male and female youth.The data in Table 3 indicates a majority of married respondents, which may have implications for their engagement in sustainable development initiatives. Existing literature suggests that marital status can influence individuals' priorities, responsibilities, and time availability, thereby affecting their participation in community activities (Roy, 2016). The higher percentage of married individuals underscores the importance of tailoring youth engagement strategies to accommodate the diverse needs and constraints faced by married youth, as

highlighted by Alemu and Mesfin (2018) in their study on youth participation in agricultural development.Table 4 depicts a significant proportion of respondents with education levels categorized as "Under Matric," indicating a potential gap in formal education attainment. This finding is consistent with studies highlighting the educational challenges faced by youth in rural areas, where access to quality education is often limited (Sinha & Saxena, 2019). The weak positive correlation between "Quality Education" and "Marital Status" suggests a nuanced relationship between education and marital status, implying that educational attainment may influence marital decisions to some extent (Lloyd, 2005). However, the weak correlation underscores the need to consider other factors that may also influence marital status choices among youth.In summary, the discussion over the findings underscores the importance of contextualizing youth engagement strategies within the specific demographic characteristics and socio-economic dynamics of tea garden communities. By drawing on existing literature, we can inform the design and implementation of interventions that address the diverse needs and challenges faced by youth, ultimately contributing to more inclusive and sustainable development outcomes.

Suggestions for Social Work Intervention

Community-Based Education Programs: Community-based education programs can be implemented that target both youth and adults in tea gardens. These programs could focus on basic literacy, numeracy, and life skills, addressing the educational disparities mentioned in the study.

Youth Mentorship Programs: Youth mentorship programs can be established that would connect experienced individuals from the community with younger generations. This could facilitate knowledge transfer, skill development, and provide guidance for navigating educational and career pathways.

Vocational Training Initiatives: Vocational training initiatives can be designed and implemented that would align with the economic needs of the tea garden community. These programs can empower youth with practical skills, enhancing their employability and contributing to the overall economic development of the region.

After-School Support Centers: After-school support centers can be created that would offer tutoring, homework assistance, and extracurricular activities. These centers can serve as safe spaces for youth to enhance their educational achievements and develop a sense of community.

Youth-Led Sustainable Development Projects: Youth-led sustainable development projects can be encouraged and supported within the tea gardens. This could involve initiatives related to environmental conservation, community health, or other aspects of sustainable development. Involving youth in project planning and implementation fosters a sense of ownership and responsibility.

Advocacy for Education Policies: Youth can be engaged in advocacy to promote policies efforts that would address the specific educational needs of tea garden communities. This may involve collaborating with local authorities, NGOs, and educational institutions to advocate for improved infrastructure, teacher training, and curriculum development.

Cultural Sensitivity Training: Cultural sensitivity training for educators and social workers can be provided to better understand and address the unique cultural challenges faced by tea garden youth. This can contribute to creating inclusive and effective educational interventions.

Parental Involvement Programs: Programs can be developed that would encourage parental involvement in the education of their children. This could include workshops, awareness campaigns, and initiatives that highlight the importance of parental support for academic success.

Community Forums for Dialogue: Regular community forums for open dialogue on education and sustainable development can be established. These forums can serve as platforms for sharing insights, addressing concerns, and collectively planning for the future of education in tea gardens.

Digital Literacy Initiatives: Recognizing the importance of technology in education, digital literacy initiatives can be implemented to equip tea garden youth with essential digital skills. This can enhance their access to online educational resources and prepare them for the digital age.

These social work interventions aim to address the identified challenges in education and youth engagement within tea gardens, fostering a comprehensive and sustainable approach to community development.

Conclusion

The current state of education in tea gardens reveals a complex landscape marked by both challenges and opportunities. Access to quality education remains a pressing concern, with barriers such as socio-economic disparities, inadequate infrastructure, and cultural factors hindering the educational progress of youth in these areas.

The pursuit of sustainable development and the provision of quality education in tea gardens require a comprehensive and cooperative strategy. To create a more inclusive, egalitarian, and resilient future for tea garden communities, it is important to prioritise youth engagement, utilise best practices, implement effective policies, and encourage community involvement.

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Stress, Burnout and Well-Being among School Teachers

S. Benjamin Franklin[1]

Abstract

This review paper aims to pinpoint the prevalence and causes of stress, burnout, and well-being among instructors in schools worldwide. It also intends to investigate strategies that can support the well-being of school teachers at different levels namely individual, institutional, and other support systems at global level. To conduct this review, the widely used Systematic research and Meta-Analysis review guide was followed. A thorough search of the literature database between 1998 and 2022 was done. As per the preferred criteria, the full-text articles were assessed. The reviewer included articles that were already published which discussed stress, burnout, and teacher well-being. Primary studies describing stress and burnout as well as elements enhancing school teachers' well-being were included. 22 of the 605 full-text articles scanned were chosen for further review. The factors of various levels in a working environment were used to group the causes of stress, burnout, and well-being. The results demonstrate that unlike people engaged in other profession, school teachers are more susceptible to stress and burnout. Individual-level variables, such as prolonged work hours, an unrealistic student-teacher ratio, and a lack of social and familial support networks, can cause stress and burnout. The most important cause for higher levels of stress, burnout, and lower levels of well-being is reported to be an increased amount of workload. The main element causing burnout among teachers is found to be emotional exhaustion. Additionally, there is a strong correlation between teacher stress and plans to quit the teaching profession. The practice of meditation has been proven to safeguard teachers against burnout and promote their overall well-being. Further, to experience increased job satisfaction the teachers at school could improve their self-efficacy and other personal resources which would in turn help them protect against workplace stress and burnout.

Keywords: *Burnout, Exhaustion, Job Satisfaction, School Teachers, Stress, Well-being*

Introduction

The profession of teaching may be both highly rewarding and extremely stressful, and this stress may result in decreased job satisfaction, burnout, subpar work performance, and decreased teacher well-being. Stress is a typical reaction to distressing or dangerous situations, but when it persists, it can become pathological (Seo et al., 2017). Extended periods of stress can make it difficult to carry out daily tasks, which can drain one's mental energy. Depression and emotional weariness have a positive relationship (Papastylianou, Kaila, &

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Polychronopoulos, 2009). Stress among teachers has a positive association with anticipated retirement from the teaching profession and is negatively correlated with job satisfaction. According to Kyriacou and Sutcliffe (2006), it may also result in withdrawal behaviors like leaving the workplace physically or mentally. Long-term stress can also lead to inappropriate rage, depression, and a lack of personal accomplishments, and teachers are now exhibiting burnout symptoms that are impairing their ability to teach (Shukla & Trivedi, 2008). Teacher stress can be correlated with undermining and inconsistency (Kyriacou C., 2001).

For those who work in teams, such as those in the healthcare and educational sectors, burnout is regarded as a stress-related issue (Maslach & Leiter, 2016). In the words of Shukla et al., teachers who are subjected to excessive demands on their time, energy, and resources may experience burnout (Shukla et al., (2008). These researchers typically view burnout as consisting of three interconnected elements, such as emotional tiredness, depersonalization, and a reduction in personal achievement. Emotional tiredness is characterized by a lack of energy and a decline in feeling. The social aspect of burnout is depersonalization. There is data showing that job satisfaction is positively associated with self-perceived accomplishment and negatively correlated with an emotional decrease (Skaalvik & Skaalvik, 2020). To better understand the causes of stress and burnout and to identify preventive approaches that can enhance teacher health outcomes and well-being, more systematic research is required.

Materials and Methods

- **Study Design**

Adhering to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) declaration, this review was organized and carried out. It adopted a thorough search method that takes replication, dependability, and transparency into account. The methods for defining the research question, looking for pertinent studies, choosing the studies, charting the data, compiling the data, summarizing the data, and reporting the conclusions are also covered in this review.

- **Developing the Research Question**

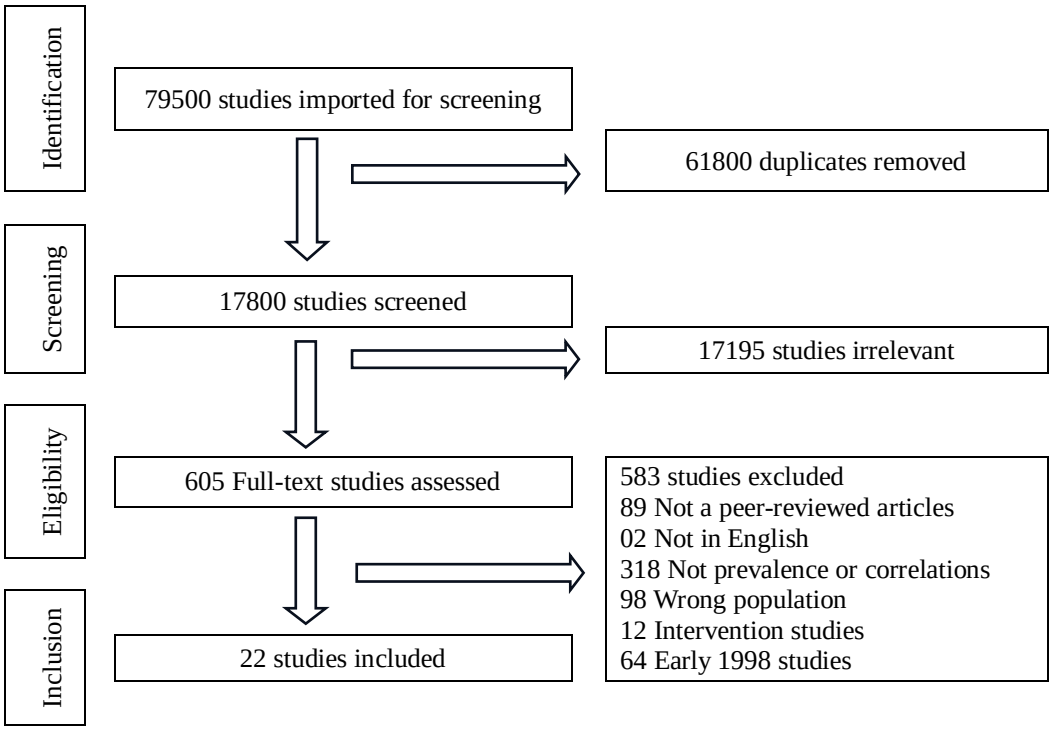
The questions that guided this review were: What is the prevalence of teachers' stress, burnout, and well-being in the key demographic backgrounds? Are there any correlations between stress, burnout and well-being?

- **Information Resources and Search Techniques**

Utilizing the Google Scholar database, the search was carried out by identifying and choosing articles using pertinent search phrases. The keywords used in the search were stress, burnout, depression, and teacher well-being. The following Boolean operators were employed to search the relevant literature: AND, OR, NOT, SAME & NEAR.

- **Selection of Studies**

This search study was created using precise inclusion criteria. Only articles that examined the prevalence or relationships between teacher burnout, stress, and well-being were deemed appropriate for this review. Only 22 articles that were original, peer-reviewed, quantitative, and written in English were taken into consideration. The studies that investigated populations featured teachers at the tertiary or university levels were also among those removed. Intervention studies, case studies, commentary, editorials, opinion pieces, and grey literature were not included. Additionally, to review the recent trends, the search was restricted to works published since 1998. During the full-text review phase, abstract screening, and title, the reviewer independently checked the citations. 583 articles out of the 605 full-text articles (since 1998) assessed were disregarded. The PRISMA flow chart (Figure 1) is used to summarize the selection of pertinent literature.



Results

- **Characteristics of the study**

There were 79500 secondary sources of information found during the search for this specific review. In order to eliminate duplicate and unnecessary articles, the Google Scholar database was employed. Using the Google Scholar database's advanced search feature, 22 out of 605 full-text studies were eventually included. All these 22 full-text articles, which were included for further review, have been published since 1998 (25-year period).The included articles were also published between 1998 and 2002 (9.09%), 2003 and 2007 (4.55%), 2008 and 2012 (27.27%), 2013 and 2017 (31.82%), and 2018 and 2022 (27.27%), with the most recent 10 years' publications accounting for 59.08 per cent of the total. The majority of studies reported several findings indicating the relationship between stress, burnout, and well-being among teachers, including stress relating with other constructs (45.45%), Burnout with other constructs (40.91%), Stress and Burnout associating with each other (4.55%) and with Teacher Well-being, the dependent variable (9.09%).Asia came in second with 31.58 percent of the research, followed by Europe (42.11%). A reasonable number of studies (15.79%) were conducted in North America. Studies conducted in Oceania (5.26%) and a study over 15 specific countries (Australia, Argentina, Belgium, Chinese Taipei, Denmark, England, France, Japan, Korea, Netherlands, Spain, Sweden, Turkey, UAE and Viet Nam) at the global level (5.26%) were the least. However, 51752 school teachers represented in a cross-sectional survey at the worldwide level, making up more than four-fifths (80.57%) of the participants. Overall, 64231 teachers participated in the included studies. In other words, the 22 studies that were reviewed included 64231 teachers as respondents from different continents.

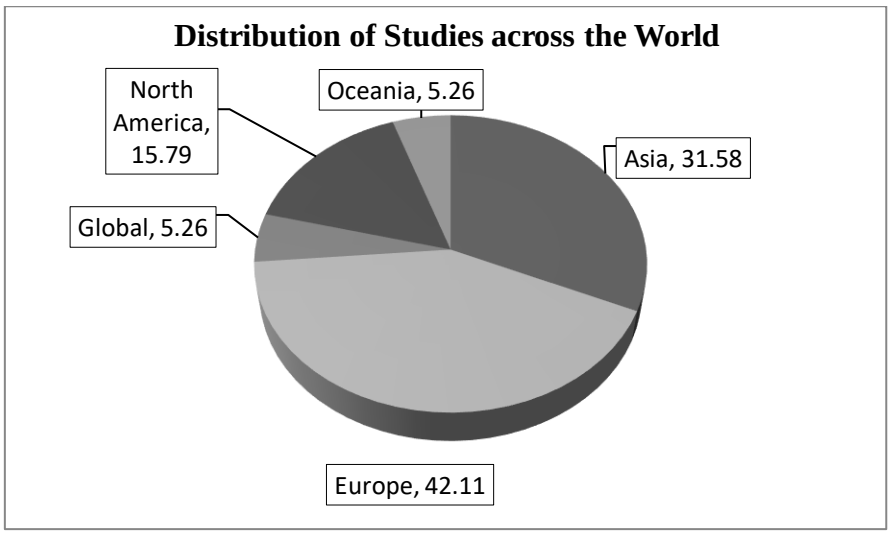


Figure 2: Overview of studies by Continents

- **Stress, burnout, and well-being: prevalence and correlation**

As noted in the literature and examined in this review, the prevalence and linkages of stress, burnout, and teacher well-being are described one at a time. According to studies, teachers work an average of 54.2 and 56.0 hours per week in the classroom in primary and lower-secondary schools, respectively (Hojo, 2021). Additionally, it was noted that moderate occupational stress affected school teachers (53.3%) to an equal extent whether they were married or not (Vincey & Pugalenthi, 2016). Stress was found to be more prevalent in female teachers (56.1%) than in male teachers (43.9%). Additionally, evidence of disparities in workload between male and female teachers was discovered. Compared to male school teachers, female school teachers reported more workload stress and lower workplace well-being (Hojo, 2021).According to a study by Othman et al., on secondary school teachers, stress was shown to be more prevalent among women (32.7%), people of Indian or other ethnicity (50.6%), those with the longest teaching experience (34.6%), and those who lived closer to school (36.3%) (Othman & Sivasubramaniam, 2019).

Burnout is a psychological condition that develops as a prolonged reaction to a persistent interpersonal stressor in the workplace. For those in a variety of professions, including those in human services, education, and healthcare, burnout has been regarded as an occupational hazard. According to a study titled "Burnout-depression overlap: A study of New Zealand School Teachers," all of the

school teachers (100%) had high-frequency burnout symptoms and underwent a preliminary severe depression diagnosis (Bianchi, Schonfeld, Mayor, & Laurent, 2016).Burnout, which is a sustained reaction, involves three components: extreme weariness, disengagement from one's work, and cynicism. Exhaustion (extreme weariness) was discovered to be the first of these three aspects to manifest in professionals (Maslach et al., 2016). Emotional weariness (0.82), personal accomplishment (0.72), and depersonalization (0.53) were discovered to be the most distinct elements connected to burnout among teachers, according to the study on Teachers' burnout, depression, role ambiguity, and conflict – Further, Factor analysis revealed that the main contributing factor to teacher burnout was emotional exhaustion. Additionally, similarities between male and female teachers were found in those three sub dimensions of burnout (Papastylianou et al., 2009). Long-term burnout and weariness were found to be associated with decreasing teaching quality, decreased teacher efficacy in achieving educational goals, decreased job satisfaction, extended absenteeism, and early retirement from the teaching profession (Abel & Sewell, 1999).

- **Association between Stress, burnout and well-being**

Burnout among school teachers caused by stress-related problems is seen as a global concern. Hojo, in his study, discovered that there was a positive correlation between the student-teacher ratio and the number of hours that teachers worked and the stress they experienced from their job. It goes on to say that a program to minimize class sizes could lessen the strain on teachers. In addition to being positively connected with workload stress, the student-teacher ratio was also found to be favourably correlated with school teachers' workplace well-being. The student-teacher ratio demonstrated a positive relationship with additional teaching responsibilities like correction, counselling, and parent interaction. As a result, there was more correction, counselling, and interaction when there were more students per teacher. Therefore, persistent occupational stressors may be the first step in the development of burnout in teachers, which may then exhaust their energy reserves and lead to burnout (Llorens-Gumbau & Salanova-Soria, 2014). According to Steinhardt et al. (2011), stressed-out teachers were more likely to get burned out (Steinhardt, Smith, Faulk, & Gloria, 2011). Teachers' mental exhaustion and burnout can be prevented by stress-related screening (Borrelli, Benevence, Fiorilli, D'Amelio, & Pozzi, 2014).According to Luk et al (2010), problem-solving skills were lower in teachers who were more burned out (Luk, Chan, Cheong, & Ko, 2010), and Papastylianou et al. (2009) found a negative association between role clarity and emotional weariness. The feeling of no

restorative sleep was associated with higher levels of work stress (Gluschkoff, Elovainio, KeltikangasJärvinen, Hintsanen, Mullola, & Hintsa, 2016).

- **Determinants of Teacher Well-being**

Teachers at schools had stress-related consequences as a result of high job strain and low Sense of Coherence (SOC) (Ramberg, Låftman, Nilbrink, Olsson, & Toivanen, 2022). Additionally, increased job stress caused poorer well-being in secondary school teachers (Kidger, et al., 2016), and prolonged work hours and job demands were the main causes of stress among school teachers, which in turn led to decreased well-being (Hadi, Naing, Daud, Nordin, & Sulong, 2009). Burnout can be prevented by practicing meditation, which can result in positive well-being (Valosek, et al., 2021).

Limitations

Since this evaluation only looked at English-language articles, it was unable to include studies done in other languages. Studies done on the African continent were missed out as well. Despite the efforts to search all pertinent research in light of the eligibility requirements, some relevant studies may have been overlooked. In this review, the sole database used to search for pertinent studies was Google Scholar. Furthermore, the various studies that made up this review used various designs, tools, procedures, scales, etc., reporting discrepancies in the estimates of prevalence and the interrelationships between the variables. In this systematic review, studies from 1998 to the present were taken into account. Therefore, the issues of stress, burnout, and well-being, as well as the prevalence of such issues among school teachers were the findings limited to a span of 25 years. Additionally, the teaching profession as a whole was not studied – educators of higher education institutions were not included while only studies on school teachers were examined.

Conclusion

Multiple responsibilities in the classroom, a heavy workload that extends all the way home, and long commutes to and from work are all said to contribute to stress and burnout among teachers. As observed by Katsantonis, personal resources of school teachers namely job satisfaction and self-efficacy could be the most powerful protective factor against magnified levels of workplace stress (Katsantonis, 2020). Therefore, to experience increased job satisfaction, the teachers at school could improve their self-efficacy and other personal resources

which would in turn help them protect against workplace stress and burnout. Teacher well-being is of utmost importance as it could affect the academic performance and attitudinal development of the students whom they teach. Moreover, based on a few observations of this review, female teachers could be experiencing relatively more stress and burnout than male teachers because of domestic responsibilities besides their teaching profession. Their well-being needs to be the concern for everyone at home and workplace. As a result, a variety of stakeholders, including legislators, administrators, superiors, co-workers, subordinates, students, parents, and family members, should pay attention to this teaching population that does a commendable job of raising a better future generation around the world. Further, the inadequacies addressed by the restrictions of this review could be the subject of future research. Finally, this review may offer a unique viewpoint on the increasing incidence of stress, burnout, and decreased well-being among school teachers as well as on how these factors are interrelated.

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Critical Assessment of Tuitha River: A Case Study in Churachandpur, Manipur

Grace Laltlinzo[1]

Abstract

With growing population and increasing water demands in Churachandpur, water as a vital resource that sustains the everyday life of the people is becoming scarce. Rivers and streams are becoming polluted and are drying up because of poor maintenance and dumping of pollutants such as household wastes. The adverse effect is seen in the scarcity of clean water for consumption. People are resorting to buying clean waters not just for their household usage, but even for their crops and animals. It is becoming difficult to make a living by catching and selling fishes and other molluscs. River resources are finite, and if not managed properly, it will not be renewed. This paper aims to critically assess the Tuithariver in Churachandpur that runs through many villages in order to bring awareness among the villagers on sustaining the river for their livelihood and to be more accountable and responsible in protecting the Tuithariver.

Keywords: *Awareness, Conservations, Protection, River, Tuitha*

Introduction

Vandana Mataji (1995, p. 200) had rightly stated that "Water…as in the Indian and other traditions, is a symbol of God's life giving, purifying, thirst-slaking, sanctifying activity." The importance of water to human beings cannot be stated enough. As such, rivers and streams which are crucial sources of clean water accessible to humans deserve special attention to the care, management and preservation. It will not be too far-fetched to say that they both form a symbiotic relationship wherein if one gets neglected, the others will also suffer. Indeed, "water is a system which interacts with other natural and social ecosystems" (Mitchell, 2013, p. 145). Water could become as quickly a source of grief or happiness in an instant. "Too little water brings thirst and desolation; too much water causes flooding and ruin" (Tsumura, 2010, p. 165). Therefore, it becomes very crucial to manage water resources such as rivers and streams for human survival. With these thoughts in mind, an assessment of the river Tuitha, running and flowing through Churachandpur, a town located at the heart of Churachandpur district, located in the south of Manipur state, was conducted.

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Objectives

The aims and objectives of this study are as follows:

- This study aims to understand the ground situations of Tuithariver flowing through Churachandpur.
- It aims to study the adverse effect of this polluted river for the people and how far it has negatively impacted the lives of the people living in and around the Tuithariver.
- It aims to bring awareness about the negative impact of the polluted river, motivate and encourage the people to manage and defend their river for their present and future wellbeing.

Methodology

Rivers with small streams flowing and running in churachandpur, Tuitha river was chosen for this present study as it runs through sixty-five villages. Among the villages, forty-two were chosen for the study. For the base line survey, a questionnaire classified into four indicators were made. These were distributed to selected individuals from all the villages. From each village, four persons were selected and the selection criteria are male and female between thirty to forty years and who had stayed near the river bank for more than ten years.

The first indicator consisting of eleven questions tested the villagers on their general attitude and knowledge towards environmental care of TuithaRiver and its streams. The second indicator, consisting of twelve questions, collected information on how the villagers use the river resources. The third indicator, consisting of five questions, focuses on the level of exploitation such as waste dumping, mining, fishing etc., of the Tuitha River and its streams. The fourth indicator, consisting of six questions, was about the protection mechanism of Tuitha River and its stream. Besides this, home visits and two focus group discussions were held with various groups like women fellowship, village authority, religious leaders and join action defence force in these villages.

Observations and Findings

Of the people who were handed the questionnaires' in the forty-two villages, majority of the respondents are from the age group of thirty to forty years. The following describes the findings and observations from the samples received.

- **Negligence in Caring for the River**

The villagers know very well that Tuitha River is drying and becoming polluted but this knowledge does not seem to bother them. There is a general feeling of apathy and laziness in caring for the river. As long as they get water from the ground or by buying, it seems Tuitha River could flow polluted. They are knowledgeable about the need to care for their environment, but the practical aspect side of caring for it seems neglected. They know fully well how vital the river is for their livelihood and how it provides immense benefits for them.

In the past, before 1997, they had used the river water for agricultural irrigation, fishing, watering their vegetable gardens, and drinking. The villagers would simply go down to the river and dig a small pit on the sand near the water and would fetch the accumulated clear water for their household needs. But now the water has become muddy in color and very much contaminated by all kinds of pollutants. Majority of the respondents from forty-two villages admit to the fact that they do not utilize the river water even for their basic needs as they neglect to care for the river. Tuitha River, once the pride of these villagers had become unwanted, and these lead to scarcity of water.

- **Level of Exploitation of the River**

During the home visit, interaction with the villagers reveal that they are well aware of the exploitation of Tuithariver. They have used it for dumping household wastes. Even industrial waste and chemical fertilizers were dumped into the river leading to the extinction of fish which is one of the main livelihoods of the villagers. The sands and stones have been mined. Unsustainable ways of catching fish using dynamite and electrocution are drastically decreasing the riverine resources and polluting the water. This is true especially in villages like Lanva, Dorcas Veng, Ngathal, Khomawi, and Salbung. In these places, many would come by trucks at midnight to dump waste material. The river that flows through these villages is the most polluted out of all the forty-two villages. In addition, houses that stands next to the river find it convenient to simply dump their household waste. There are also toilets near the river bank without septic tank. Lack of proper drainage systems also contributed much to the pollution of Tuitha river. It may not be wrong to state that Tuitha river is used as a large “Waste Bin.”

- **Unwanted Stones Caused Flooding**

Focus group discussions were held with various groups like the Women Fellowship, Village Authority, religious leaders and Joint Action Defense group. From these discussions, it was revealed thatthe stone quarry at the Vaojang village, located on the upstream of the Tuitha river, is creating problem for the villages situated on the downstream sides of Tuitha river. Workers used to dump unwanted stones on the river thereby blocking the river and making the riverbed narrow. During the rainy days, this action makes the water to accumulate and causes flooding to the village, especially Pearsonmun which is located downstream.

- **Protection mechanism in managing and defending the river**

The villagers pointed out the lack of government initiative in the preservation of Tuitha river. People from S. Toljang village had requested the government officials of their need for garbage disposal trucks, but so far, they are unable to access them. Likewise, in some villages, even though there are government restrictions not to throw waste materials into the river, people still dump their wastes due to lack of enforcement. These failures on the part of the government have motivated some of the villages to seize the initiative on their own. Village like Saikot had formed a Defence Force Committee where the villagers appointed seven (7) people to specifically look after the management and defending of the river. They have started clean-up drives by clearing the waste dumped in the river with the assistance of JCB excavator and tipper truck. The collected waste was transported to the designated dumping site located twenty-five (25) kilometers away from the main town. They have as their main objective is to ensure that the stream of the Tuitha river flows without interruption and prevention of unwanted waste materials to be thrown in the river that cover their village. The Defence Force Committee has been effective as perpetrators are caught and disciplined. Their efforts have paid off as the water from the river is among the cleanest compared to the many of theforty-two villages. Also, the river does not dry up completely even in times of drought. Along with Saikot, mention must be made of the village called Saihenjang. On account of the villager's initiative in managing and defending their river, the village is declared a Free Plastic Village. The village authority imposed a fine on villagers or other villagers who are found dumping waste in the river flowing near the village and near the boundary of the village. Their effort has resulted in preserving and conserving the riverine resources.

Workshop on Knowledge Building

The workshop on knowledge building was conducted by RWUS (Rural Women's Upliftment Society), Churachandpur based NGO. Among these forty-two villages, a workshop on the importance of protecting rivers and streams was held. The participants were mainly the Village Chiefs and Village Authorities who wielded the authority and can ensure what was learned could be carried out in their respective villages. Fifty-nine villagers, out of which 75 percent male participated in this workshop. In an indigenous community such as these forty-two villages, the society can be described as a patriarchal society wherein all-important roles were held by the male. The objectives of this workshop are:

- To raise awareness among the participants on the importance of rivers, streams and other sources of water.
- To impart knowledge to the participants about the harmful effects and causes of polluted river.
- To impart knowledge and to make them understand that indigenous people have crucial roles to play in protecting the river and environment safety as a whole.
- To encourage the participant to become the agent of change in their own society and at large.

The workshop consisted of two sessions. The first session was on the "Protection of Rivers and Streams," while the second one was an activity based focusing on the roles and plans of the villagers to rouse them to take actions and be responsible for their river.

Knowledge Building: "Protection of Rivers and Streams"

To ensure that the river water remains clean and safe, everyone should be held accountable. Especially to the indigenous people whose lives are directly affected by the rivers running through their villages. Their lives are dependent on the river and it is their responsibility to protect it. Water should be treated not only as a resource to be exploited but a resource for people.

For the indigenous people whose lives connect the past, the present, and the future, they hold the key to protecting the environment. Traditional knowledge and heritage can greatly contribute to the assessments of the environment and the proper management of sustainability of the ecosystems. The indigenous ancestral and traditional knowledge of stewardship will go a long way in sustaining, not just the rivers, even the diversity of life on earth. In the past, their lives were bounded by the forest and rivers. They respected it and would refrain from taking

advantage and abusing it. For instance, it was a taboo to cut down trees standing near the river. They would leave the empty land lying next to the river and would not cultivate it. They would also refrain from constructing huts and houses near the river bank. The elders would teach their young ones not to spit and throw waste materials in the river.

But all these changes with the rapid growth of human knowledge. One is reminded of Issac Asimov quote: "The saddest aspect of life right now is that science gathers knowledge faster than society gathers wisdom" (Author of Foundation, 2023,*Goodreads.com*). The rapid advancement of science and technology has made the traditional wisdom of the indigenous people null and void. They have neglected their ancestral wisdom and have allowed the river to be polluted. While the result effects all the indigenous communities, it is often the indigenous women who "bear the brunt of water scarcity" (Chakma and Sinumlag, 2022, p. 14) as their role in the family is to make sure the whole family have water to use.

Knowledge Building: Activity Based

The second session was an activity based with an objective to involve the villagers to be more accountable and responsible for the caring and protection of the Tuitha River. The fifty-nine participants were divided into four (4) groups namely:

Table No. 1: Separation of Villages

Group	Villages
A	Lajangphai, Salbung, Saidan, K. Nivangphai, Khawmawi, B. Ebenezer, Bethel, and, N. Zalenphai
B	Pearsonhmun, Hebron Veng, Gangpimuol, Vaal Veng, Sielmat, Hmuia Veng, and, Beaulah Lane
C	Rengkai, Muolvaiphei, N. Zoveng, and, Zenghang
D	Sehken, M. Shelmuol, M. Lhavom, and,Mualkot

It can be observed from the above table that during this activity, some villages did not participate. However, to those that were present, the villages were separated not randomly, but depending on their sizes and locations. For instance, Rengkai Village in group C covers a large area of the river in comparison to those villages in group A and B. Moreover, the direction of separation is North to East. These participants were given a chart paper in which they must fill up the following details:

Table 2: Requirements

Action Point	Timeline	Community involvement/Responsibility

Under "Action Point," they were required to come up with the tasks that they were willing to undertake. They are not asked to randomly come up with tasks that somehow may not be attainable. Instead, they must think carefully and come up with tasks that are both doable and sustainable. Likewise, under the "Timeline," they are supposed to write the date of when they could actually take actions. Under the "Community involvement/Responsibility," they are to write down who would be responsible to carry out the "Action Point" and who would be involved.

As such, during this second session, the different groups were asked to work together and come up with a plan based on the requirements in Table 2. Then they were asked to present their paper. Each group came up with a plan of actions—to clean, protect, and maintain the river, involving such as mobilizing community to clean the river, to plant trees and put-up sign boards preventing the dumping of waste materials. The results of these plans of actions for each group can be compiled as below:

Table 3: Compilation of Results

Sl. No.	Action Point	Timeline	Community Involvement/Responsibility
1.	Retaining Wall	March/April	- Village Authority - Youth Club - ADC
2.	Waste Bin (degradable and non-degradable)	March	- ADC -NGOs -Village Authority - Youth Club
3.	Awareness Program	March/April	- NGOs - RWUS - Mass (attendee) - Youth Club - Church Leaders - Village Authority
4.	Tree Plantation	May/June/July	- NGOs - Village Authority

			- Forest Department - Youth Club
5.	Promote Organic Farming	At the earliest	- NGOs - Government officials
6.	Cleaning Drive	12 – 15 March, 3rd week of April, and Mid-October	- Village Authority - Mass (involved) - Job Card Holder
7.	Protection (Notice Board)	March	- Village Authority - Formation of Protection Committee

Explanations of Terms

Before explaining the proposed actions to be taken, a quick explanation of the community involvement or the responsible persons is necessary.

- **Village Authority**: In all the tables from the four groups, one sees Village Authority as the lead role player. Way back in 1956, when the State Manipur was still recognized as belonging to Union Territory, the 7th sitting of the Indian Parliament passed and act called, "The Manipur (Village Authorities in Hill Areas) Act, 1956" (Act No. 80 of 1956). This Acts allowed "every village having twenty or more tax-paying houses" (The Manipur Act, 1956, p. 3)to have a Village Authority to be elected by the villagers and represent them in their official capacities. Therefore, it is not surprising to see important roles taken up by the Village Authorities.
- **Youth Club**: Every village will have an altruistic group called "Youth Club" that handles important functions like the protecting of the village and caring for the villagers, or representing the village.
- **ADC**: It stands for Autonomous District Councils. The backdrop of the creation of this ADC is because of the promulgation of "an Act of Parliament called Manipur (Hill Areas) District Council Act 1971 under section 4 of subsection 3 Vide Bill No. 76 of 26/12/1971 for safeguarding the Hill Areas and protection of Tribals in Manipur" (Hangshing, 2015,e-pao.net). They are elected by the voters and they represent the villagers officially at the grass root level. As such, to undertaken huge and important tasks requiring funding from the government would entail their participations as essential.
- **Job Card Holders**: They are those villagers eligible for the government of India undertaking to help those villagers who are unemployed and illiterate.

This act, introduced in 2005, was first called, 'The National Rural Employment Guarantee Act (NREGA)' but was later renamed as 'Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA).' Through this act, the eligible villagers earn money for the given works that they perform in their respective villages.

- **NGOs (RWUS)**: Non-Government Organizations, among them includes RWUS which stand for Rural Women's Upliftment Society plays crucial role in educating and empowering them for the future betterment.
- **Mass**: This includes all the villagers without any exceptions. There are times when the whole village is asked to come together to work for the betterment of the village. As such, undertaking of Tuithariver management and cleaning will require a mass effort.
- **Church Leader**: All the indigenous villages under study are Christians. The Church plays an important role not only in religious matters, but also in the society. Involving the Church leaders who are respected by the villagers, would ensure easy mobilizing of the villagers to do important task.

Observations

From the above **Tables 3**, there are important and essential action points to be observed for the care and protections of the Tuithariver.

- **Retaining Wall**: Building of retaining wall which will be done during March or April under the Village Authority, Local Youth Club and the ADC. In many parts of the river, one can observe the bank giving away due to erosions or man-made. The problem with this is, it raises the river bed or sometimes blocked the smooth flowing of the river. This then in turn causes flooding to the nearby villages. If a retaining wall is built, it will go a long way in not just preserving the river bank, but in ensuring that the river will not become a menace for the villagers.
- **Waste Bin**: Creation of waste bin will go a long way in ensuring that people will not throw waste materials into the river. It was suggested that this Waste Bin should be separated, one to throw degradable waste materials, and the other for the non-degradable materials. Interestingly, those belong to Group – C suggested that this Waste Bin be set up near catchment (an area where water collects), rivers and streams. Many households will have their own waste bin and throw waste. But, if there were plenty of Waste Bin around this water sources, it may prove effective as people who went to these water sources to throw waste will have an alternate means of throwing their waste

rather than into the river. However, it would still take much awareness and public notice drive to educate the villagers.

Churachandpur town, through its government agencies is supposed to be collecting and manage waste products. There are three dumping grounds at Sehken village in Churachandpur, each for plastic, compose. and, to incinerate by electric. Ironically, Sehken is a village under the purview of this present study and inspite of these dumping sites, the river still remains polluted! It seems, the ADC with local NGO's is working to collect and dump waste product to these facilities, but the work is carried out only within the heart of the town and peripheral villages are not reached. It is through and near these villages that Tuitha river runs, so the participants suggesting to create Waste Bin near the river is well thought.

- **Awareness Program**: The participants are well aware of the importance of organizing awareness programs. As such, holding a public awareness and inviting resource person and NGO's who are specialized in this category is essential to educate the villagers about environmental issues like climate change, pollution, and conservation that can lead to collective efforts for sustainable development. This, in turn, can have a positive impact on the environment. Although awareness programs might not yield immediate results, they often have a positive long-term impact. Gradual changes in behavior, attitudes, and societal norms can lead to substantial improvements over time.
- **Tree Plantation**: Planting trees near rivers, also known as riparian tree planting or streamside reforestation (cf. Puentes, 2021), offers a multitude of benefits that contribute to both the local ecosystem and human communities. The roots help in soil control as the soil along riverbanks are stabilized. Thus, it maintains the integrity of the riverbanks, prevents sediment runoff, and reduces the risk of flooding and property damage. Tress can also act as natural filters, and the shade provided by trees helps to regulate water temperature in rivers. One can say that the participants are on the right track to reclaim their river.
- **Promote Organic Farming**: Promoting organic farming helps in maintaining the purity of the river. Some of the participants are quite knowledgeable about the positive maintenance of the environment, including rivers and streams. Organic farming can have positive effects on preserving rivers and water bodies. It can reduce the harmful chemicals that seeps and leach into the soil which then eventually reach the river. This practice can also reduce the need for irrigation and thus, conserve water.

- **Cleaning**: This indicates the task of cleaning the Tuithariver. The river is polluted by the waste materials that are constantly thrown into the river. The river banks are not clean, and in some places, one can observed forest overgrowth making the river difficult to access. As such, it becomes necessary to clean all these pollutants and overgrowth of vegetations.
- **Protection**: This involves both through the dissemination of information and, the establishment of a village level protection committee. Crucial information regarding the need to protect and care for the river would be posted on each of the Village Notice Board and the town or rather the village crier spread the information to each household. This notice would then be enforced by the local 'Protection Committee,' comprises of individuals selected from the village itself. Protection would than go in tandem.
- **Date**: Aside from these action points, an interesting observation can be made from the date chosen by the participants. Except for the "tree plantation and cleanliness drive," all the required tasks are to be done during the month of March or April. This is not a random choice, but rather logical as the river will not have lots of water flowing in it and the water will not be too cold. Likewise, trees plantations are to be done from May to June. Again, these months sees plenty of rainfall, and this will ensure a better survival rate of the trees being planted. Lastly, the cleanliness drive is supposed to be done twice, on the 14th of March and, during the mid-October. These datesseem logical as the river will not swell and be easier to remove all these obstacles.

Conclusion and Suggestions

Tuitha river, once a source of livelihood for the forty-two villages inChurachandpur had become polluted to the extent that the water is not potable and scarce. The villagers in and around are negatively affected as they can no longer use it for their household consumptions. Besides the human made pollution of the water, these villagers are "now struggling with extreme and unpredictable weather conditions bought about by climate change" (Chakma and Sinumlag, 2022, p. 12). They understood the precariousness of their present conditions and the need to reclaim their river before it is too late. All the action points that are given above provided adequate suggestions for the villagers themselves to reclaim their river. However, they themselves cannot do it alone, they do not have the needed infrastructure and resources. As such, the government must step in along with various civil bodies and organizations to govern water resources.

The term "water governance" which seeks to involve the "governments and societies" (Tortajada, 2010, p. 298) have "emerged as perhaps the most important topic in the international water community in the 21st century" (Lautze, de Silva, Giordano and Sanford, 2011, p. 1). This is very true when it comes to the indigenous groupsto whom these villagers belong. This present study urges the government officials to provide garbage truck to each village in order to prevent dumping of waste materials in the river. It would also suggest better infrastructures to be provided to dump and treat waste products and to replace wooden bridges for better access across the river. The government officials must conduct more awareness programs on waste management and take up more stringent measure to ensure people from not polluting the river. Moreover, the government should empower the Village Authorities to conduct cleanliness drive regularly in their respective villages. This would go a long way in ensuringa cleaner Tuitha river for the people of Churachandpur.

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Women as Caregivers in Eldercare: A Case of Mising Community of Assam

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Abstract

Women for ages have been the embodiment of caregiving. They have been playing the role of primary caregivers in their families and also outside as professions like caregiving are feminised due to being "feminine" in nature and women being considered better suited for the role. This has to do with how gender roles are assigned by the society. Again, the 21st century is considered "age of the aging" and the unprecedented rise in the population of the elderly people across the globe in contemporary times is a burning issue. Due to the development of medical sciences, initially the decrease of mortality rate was considered a sign of development but then long-term trends of lowered fertility, improved health and longevity led to the growing of the older population all across the world. As such this paper attempts to examine the role of women as caregivers in eldercare in Mising community. It also tries to understand how the intersections of the socio-cultural identities these women identify with impact their roles as caregivers of elderly people.

Keywords: *Caregiver burden, Elderly, Mising, Women*

Introduction

Women have been providing majority of the informal caregiving to their family members for ages. They have been playing the role of primary caregivers in their families and also outside as professions like caregiving are feminised due to being "feminine" in nature and women being considered better suited for the role. This has to do with how gender roles are assigned by the society as has been put by Thomas (1993) as, "*it is provided mainly, but not exclusively by women to both able bodied and dependent adults and children either in the public or domestic spheres, and in a variety of institutional settings*". She indicates how care is being part of socially constructed self-identity of women due to the prevalent sexual division of labour across societies. Though it is not possible to claim the exclusivity of this role on women but the prevalence of this gender perspective cannot be erased (Thomas, 1993).

In India, like other Asian countries, eldercare is considered the primary responsibility of the family members, even though people are now also open to take institutional help. According to Merrill (1997) around 75% of caregivers live

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with elderly people and belong to the same family and most of these caregivers are female members of the family where they provide assistance to the elderly people mainly by feeding, bathing, helping in toileting or moving around. And those who can perform such tasks on their own, need assistance in tasks such as, shopping, transportation and in doing household chores. This leads to primary caregivers in families playing multiple roles that leads to caregiver burden, which comprises of both subjective as well as objective burden. Here, subjective burden being the emotional burden caused due to the kind of care given to the care recipient (Bastawrous, 2013) and the objective burden being the physical burden faced by the caregiver during physical tasks. These tasks lead to the caregivers suffering from isolation, stress and depression caused due to financial struggles and emotional burden. Goode (1960) describes this as "role overload" when the care giver does not get sufficient time to shuffle between the multiple roles they have to play. But then, this caregiver burden is subjective as it depends on how the person perceives the work as, and also it depends on how the care recipient perceives or demands the care given to be. Much of it depends on the relationship between the caregiver and the care recipient.

The Mising community, which is a tribal community of Assam, also considers family members as the primary caregivers of elderly people. This paper hence attempts to examine the role of women as caregivers in eldercare in Mising community. It also tries to understand how the intersections of the socio-cultural identities these women identify with impact their roles as caregivers of elderly people. This paper is based on the M Phil dissertation of the researcher titled "Eldercare in Mising Community: An Ethnographic study of Madhyapur-Padi".The study was conducted from December, 2018 to February, 2019 in two villages, namely Madhyapur and Padi village, of Jonai Subdivision of Dhemaji, Assam.

The Study Area and Methodology Used

The study was conducted in two adjacent villages, namely, Madhyapur and Padi village situated at Jonai, a subdivision of Dhemaji district of Assam.Dhemaji district, which has an area of 3237 square kilometres, is covered from four sides by Arunachal Pradesh. Dibrugarh, Tinsukia and Lakhimpur. This district was chosen as it has the highest percentage of plain tribes in Assam, which is 68.21% and majority of them are from Mising community (Directorate of Census Operations, Assam, 2011). The Jonai Revenue Circle has 95% people from Mising community and the rest 5% from other communities (Directorate of Census Operations, Assam, 2011).

Madhyapur and Padi village are small villages with rural population. Majority of the population in these villages are dependent on agriculture with a small percent of the population being engaged in small scale businesses and government jobs. While the Census data, 2011 showed 19 households in Madhyapur, the actual number as according to the resource persons and villagers was 137 households approximately. In Padi village, according to the villagers there were 100 houses approximately in 2018. The people of both the villages helped list out 27 households consisting of elderly people in Padi village and 37 households consisting of elderly people in Madhyapur. Snowball sampling helped select the participants. The total number of participants selected for the study in both the villages were 31 individuals from 20 households and data was collected within a span of 70 days through participant observation, focused group discussions and in-depth unstructured interviews.

For the study the researcher conducted the research in her own community and hence endogenous ethnography was employed with the objective of analysing the everyday life world and lived experiences of rural elderly and their caregivers in Mising community. Also, the researcher tried to understand how the transitions in family systems impacted the life world of the elderly people and their primary caregivers. Endogenous ethnography as termed by Ginkel (1994) describes the fieldwork conducted by anthropologists in their own societies, which is also called Insiders ethnography as the focus is on the emic perspective of the community and its people. The researcher conducted the research keeping aside the pre-conceived notions the researcher had about her own community. Though the researcher was an Insider owing to her identity as being from the same community, she was also an outsider as she never actually lived in those two villages, so her lived experience do not coincide with the experiences of the people in both the villages.

The Mising Community

The State of Assam comprises of around 23 tribal communities, which are predominantly rural and are divided into plain tribes and hill tribes. Each of these communities have their own customs, traditions, cultures and food habits. Being referred as “the Miris” in the Constitution, the Mising community, a plain tribe community, is the second largest tribal community with a population of a total of 6,83,170 according to Census 2011 data. This accounts for 17% of the total tribal population of the State. The word Mising is derived from Mi, which means Man and Toshing/Anshing which means Worth. As such the word‘Mising’denotes‘Man of Worth’. This community is a patrilineal and patriarchal community. The Mising

people are considered offspring of Abo Tani, the forefather of the Tani group of people, also considered the first man on Earth. The Tani group of people includes Mising community apart from the Tani tribes of Arunachal Pradesh (Kakoti, 2017). Belonging to the Tibeto-Burmese descent, this community was incipiently a hill tribe of Arunachal Pradesh, which migrated along the river Brahmaputra to the plains of Assam and started living by the river Brahmaputra and its tributaries. This community since then is a riverine community of Assam. The Misings have their own dialects and traditional customs and beliefs. The Misings are experts in making bamboo and cane products, the skill they use for their own personal and community needs and occasionally to make money (Kakoti, 2017).The women of the community are known for their remarkable skill in weaving, the knowledge of which is passed on from one generation to the next. Apart from that the women also contribute in farming and grow vegetables and fruits at home. Each home has a dedicated kitchen garden. Animal husbandry and fishing are also primary source of livelihood where women take active part.

The Rural Elderly and the Concept of Eldercare in Mising Community

The 21st century is considered "age of the aging" and the unprecedented rise in the population of the elderly people across the globe in contemporary times is a burning issue (Shettar, 2013). Due to the development of medical sciences, initially the decrease of mortality rate was considered a sign of development but then long-term trends of lowered fertility, improved health and longevity led to the growing of the older population all across the world (National Research Council (US) Panel on a Research Agenda and New Data for an Aging World, 2001). This gave rise to a major concern, which is long term validity of intergenerational social support system which is critical to the welfare of the younger generation as well as the older generation (Population Bulletin of the United Nations. Special Issue No. 42/4.2001. U.N, 2001). The upsurge in the population of the elderly people leads to dependent population rising while the working population is shrinking due to lowered fertility rates. As such the population of the elderly peopleare more dependent on the working population (World Health Organization, 2002). Hence, it puts a lot of pressure on the working population.

Age is considered a social construct and as such there is no clear definition of who should be considered an elderly person. So, the definition of old age or elderly varies from one country to the other(UNHCR, The UN refugee agency, 2017; Ministry of Social Justice and Empowerment, 2017).The United Nations and in India the people with chronological age of 60 years and above are considered elderly. This age criterion works for people from organized sector as they have

access to benefits such as pension and insurance another official purposes after they attain the age of 60 years(UNHCR, The UN refugee agency, 2017; Ministry of Social Justice and Empowerment, 2017).But people in unorganised sector, which constitutes 90% of the working population in India, this criterion does not work as people in this sector are mostly from low-income families, most of them have to do physical labour until their health permits as they need to contribute to the family income (National Commission for Enterprises in the Unorganized Sector, August, 2007).

In traditional Mising families the transition from joint families to extended and nuclear families have been a recent phenomenon and in villages joint families can still be found in contemporary times. In Madhyapur- Padi village the families which had elderly people were either joint families or extended families. Since Mising community is a patrilineal community, it is the responsibility of the sons to look after their parents but it is not restricted to the eldest son. Anyone of the sons can take up the responsibility and usually that son resides in the ancestral home with the elderly parent(s). The elderly people cherish living in joint families as an elderly participant of the study quoted, "*JauthPoriyalot Maram aru Ador thake*" (love and respect prevails in Joint family). Shifting of the role of "Head of the household" was another transition which was observed in both the villages where families transitioned to extended families. Usually, the eldest member plays the role of "Head of the household", which is the elderly male and, in his absence, the elderly female takes up the role. But with the shifting of family system and the shift of primary occupation from agriculture to individual jobs and businesses, the primary bread earner gets the role, which is usually a son in extended families. So, the one who has the power to take financial decisions, takes up the role. In such cases there is a possibility of elderly facing a sense of role lessness or they would find it difficult to accept the change just like an elderly participant, who was a retired bus driver said, "*they live with us until we die*", when he was asked if he wants to live with his sons.

'The elderly people of Mising community do not prefer staying idle', is a common conception prevalent in the community. The elderly women would help the younger women in the family by looking after the grandchildren and help in household chores. The elderly men would help in taking care of the kitchen garden or would engage themselves in making bamboo products like baskets, bamboo fences. They would also engage in wood crafting where they make different parts of traditional handlooms such as *Maaku*(Shuttle),*Durpati*(Heald shaft), *Tulutha*(Cloth beam)to be used by women. As the women of the community are accomplished weavers, it is the responsibility of the older women to teach the younger women the skill. The elderly women as such resolutely take

up this role and in doing so, they get something in return.An elderly woman in Madhyapur village quoted, "*Moi fulbaasidile mekhela ekhan pai jau. Moi enekekeibabarukorisu. Amar buwarirgaon.ot, Bijoypuratuhenekekori mekhela ekhanpaisu. Mur tat halotkibalogai thou e*" (I weave the intricate motifs and get a Mekhela in return. This I have done many times. Even in Bijoypur, the native village of our daughter in law, I got a mekhela by doing the same. I always have something on my handloom). The women of the community are known to never keep their handloom barren. They would have something to weave at all times. Apart from weaving the Mising elderly women would engage themselves in household chores, look after their grandchildren, take care of the domesticated animals and poultry, engage in agricultural activities and if their physical health permits, they would go out to collect firewood.

Elderly people in Mising community have important role to play when it comes to performing any religious activities. The elderly people are appreciated for the knowledge they share with the younger generations, ranging from how to live with harmony in big families, knowledge on agriculture, bamboo craft, weaving, fish cultivation and animal husbandry. Any ritual starts with offering food and prayer to the forefathers for successful completion of any task and for the peace and prosperity of the family. The Misings believe that "*Sirki Na:ne*", the spiritual mother of the community introduced all the traditional and religious beliefs. She is considered the mother of creation of spiritual powers (Taye, 2009).The community believes that there exist a confederation of spirits and invisible people called the "*Epoms*" which train boys they select in spiritual knowledge to take the position of a "*Mibu*" and they are offered a sword with spiritual powers called the "*Yoksa*".A *Mibu* is a customary priest of the Mising community and the spokesman of the community. The *Mibu* with the help of *Yoksa* serve humankind with his knowledge and power of healing. *Yoksa* is also used by *Mibu* to make any judgements in the village. The *Yoksa* is therefore kept in "*Murong Okum*", the village dormitory, which has huge social and cultural significance in Mising community. *Murong Okum* is considered a sign of village unity and integrity. Each village has a *Murong Okum* and every important decision of the village is taken in it through Do*:LungKebang,* the village council, consisting of the elderly people (mostly men) and headed by "*Gam*", the Village Headman. These decisions also include judgements and punishments to people who violate community/village standards (Kakoti, 2017).

"According to *Sirki Na:ne* the power of God is vested in *Don:yi* (the sun) and *Po:lo* (the moon)" (Taye, 2009). Earlier, it was the *Mibus'* who conducted all the religious rituals in the presence of *Don:yi Po:lo.* But these *Mibus*' are no longer alive so the responsibility of conducting the rituals is vested upon the "*Satula*"

(village priest) with the help of seven to nine "*Bhakats*". These *Bhakats* usually consist of both elderly men and women who help conduct rituals by offering prayers as they take the forefathers and *Don:yi Po:lo* as witness.*Don:yi Po:lo* is considered equivalent to God. The role of *Satula* is also usually played by an elderly person (male).

The elderly people in Mising community not only contribute in improving the economic status of the family, they are also much needed in decision making in their families as well as the community andin conducting any religious rituals. They hold the position of the *Satula*, the*Bhakats* and the *Gam* in the community. They are required during important festivals of the community like Ali Aye Ligang, the harvesting festival. They are needed in conducting funeral services. These roles insure in the elderly people, a sense of responsibility and ownership towards their families and the community. The community is also responsible for any ill treatment that the elderly people in the community face as a resource person said, "*if someone does anything to their parents, the whole village boycotts them until the person asks for forgiveness in front of the whole village*". This helps the elderly people desist the experience of feeling of rolelessness, marginalised or isolated.

In Mising community, family and community plays an important role in eldercare.While earlier in joint families, the members of the families in Madhyapur and Padi village, lived together, worked together and possessed common property. But with the gradual transition of the family system to extended families in both the villages, there is slow transformation in this system due to the change of primary source of occupation from agriculture to individual jobs and businesses. Agriculture remains the secondary source of income if the primary source of income has changed. In such cases the brothers might not live together but share the produce from their common farmlands. In joint families, the responsibility of household chores are divided amongst the women in the family and the elderly people are taken care by the family. The elderly people in joint families do not support the transition of family. Some elderly people living in extended families support the transition from joint families to extended and nuclear families like a female elderly participant, who encouraged her sons to live in separate campuses shared, "*If they live separately their bond will remain strong. The daughters-in-law would not face difficulty in taking care of their respective homes. And if a lot of people reside in a house, the studies of the children get hampered*". In Mising community, the family reputation rest on how the elderly members are being treated. If any elderly person is persecuted by the children they are looked down upon and if it is brought into notice, the village or community members take action against them by boycotting the family from

community participation or communication with other members of the community.

In Mising community, clan identity plays a very important role and surnames help in identifying the clan a person belongs to. People who belong to the same clan are considered members of the same family. People from the same clan and from the same community are not only expected to behave as family members, but also to take part in community activities and to take care of each other. This resonates with how according to Bookman & Kimbrel (2011), in ethnic groups people depend primarily on the family for eldercare and for any other assistance they rely on kin networks, neighbours and friends for material, emotional and personal support. In Mising community since caregiving is a long-term process and lot of the young male members are migrating for better job opportunities to urban areas leaving behind female members, elderly and the children, the community comes to rescue when the female members and elderly people need any assistance. A widow elderly in Padi village who lived alone after the death of her husband and after her two daughters got married, got assistance from her neighbours, her relatives and daughters who visited her regularly. So, the value of reciprocity and interdependence among the people of the community is very similar to what Geest (2002) explained in his essay as, "*Respect is something which is earned. Care and respect depend on reciprocity*". If the parents take good care of the children, the children in return are expected to take good care of the parents in old age. And if the elderly people had helped anyone in the community in the past, it is the responsibility of the people getting helped to reciprocate the same. This practice in the community somehow ensures better wellbeing of the elderly people.

Women as Caregivers in Eldercare

Carol Thomas (1993) suggests that care is a feminine activity. So, women as caregivers, play various social roles such as mother, daughter, sister, daughter-in-law, when it comes to caregiving. Even though family is considered primary care provider, it is the daughters who play the role of primary care giver while the sons provide the elderly with financial support (Rajan and Balagopal,2017). In the absence of the daughters, it is the daughters-in-law who take the responsibility of caregiving to the elderly (Merrill, 1997). The on-going transition in family system in Madhyapur – Padi from joint families to extended families has led the elderly people to live with their sons, who take the responsibility of care giving, which is usually done by the daughters-in-law. In almost all the houses the researcher had visited, the daughters-in-law were taking care of all the familial needs of its members. If the mother-in-law is present, she also assists her in her daily chores.

The*Satula* (village priest) of the Madhyapur village was a 64-year-old man, who lived with his son from his second wife and the daughter-in-law. He met with an accident, started limpingand used a long stick to move around. He used to sleep near the *Meram* (clay oven in the kitchen) of the *Chang ghar* (bamboo stilt house) and his daughter-in-law was his primary caregiver. She was responsible for providing him with food and washing his clothes. As such he said, "*Okko ngotulengera hoi eheti nasale muk kune sabo*" (Again I am lame, if they do not take care of me then who else will do?). This shows his concern as he needed help and assistance in care. His son usually stayed away from home and he wasoccupied with his small business during the day time. So, it is the daughter-in-law who wouldstay back at home and take care of all the necessities of the *Satula*.

A typical day of a woman from Mising community starts with waking up early in the morning when the cock crows, followed by sweeping the Chang ghar and the courtyard and then preparing food for the whole family. In the meantime, they would feed the cattle, the other domesticated animals and birds such as hens and ducks. They would then filter some Apong (rice beer) after diluting it with water and keep it ready for serving when asked because the elderly members in a typical Mising family needs Apong as soon as they get up. This would be followed by them taking out some amount of rice grains from the *Bhoral* (Granary) and dehusk it in a *Khubuli* (traditional grinder) to be used for meals later. If it is farming season, the women of the community would then leave for the paddy field and if it is not farming season, they would ensure that each and every member of the family eats and then would conduct other chores of the house.

After lunch it is a customary practice for the Mising women to sit for some hours in front of the *Taathaal* (the traditional handloom) and weave. This training of weaving is imparted on girls from a very early age. This would be followed by preparation for dinner and filtering of Apong for the male members who would come back from work as well the elderly who need it every evening before food. If there are guests in the house, they would be served either Apong or Black tea. As the traditional Mising families live near rivers, it was a customary practice for the women to fetch water from the rivers but now-a-days people have tube wells or wells in some corner of their court yards. If there are more than one woman in the family (like in a joint or extended family), the daily tasks would be distributed amongst them.

A participant of the study once said, "*Amar Misingmanuh bur bahut kostokoribo pare. Mota manuh, maikimanuhnaiaru. Sobeimilikheti kore*" (Our Mising people are very hardworking people. There is no distinction between males and females. They all work in paddy fields hand in hand).Thus, indicating that Mising women work hand in hand with their male counterparts in the paddy field during farming

season and look after the family at the same time. The women from the community take up more responsibilities than men. When the researcher visited a 67 years old participant, it was observed that the woman came back home carrying a load of firewood tied on her back while her daughter-in-law was looking after the household and taking care of the father-in-law, who could not move due to paralysis. The lives of these women thus revolve around their families and the responsibilities expected of them by the society.

As Srinivas (1976) elucidates about sexual division of labour practiced in Rampura village where the women were considered for feminine labour such as cooking, looking after the household, children and elderly, such tasks which are often taught to teenage daughters, creating a stronger bond between mothers and daughters. He is of the opinion that such sexual division of labour are determined by customs. He says, "A wife who had a strong personality took over jobs which were not usually regarded as hers. But even she did not take over jobs which were exclusively men's" (Srinivas, 1976), showing that a clear demarcation was there between a men's job and a women's job. The sexual division of labour is debated to have two major positions. While George Peter Murdock, an anthropologist considers sexual division of labour to be based on biological differences between men and women, Ann Oakley, a sociologist on the other hand considers sexual division of labour to be determined by culture. Culture determines the rules, norms and regulations of a society, which is then socialized among its members (Haralambous and Heald, 2017).

According to Murdock(as cited in Haralambous and Heald, 2017), since men are physically stronger than women, they are considered for arduous tasks. And since due to child birth, pregnancy the women are physically weaker than men so are considered for less arduous tasks which can be done near their households. Oakley criticizes the way Murdock looks at the sexual division of labour and for considering women weaker than men. She is of the opinion that Murdock's interpretation is biased as he does not try to look sexual division of labour from the perspective of other cultures and for scrutinizing it from a Western lens (Haralambous and Heald, 2017).

After studying a lot of cultures where the role of women is not dependent on their biological make up, Oakley (as cited in Haralambous and Heald, 2017) came to a conclusion that gender roles are constructed culturally. The biological makeup of women does not stop them from pursuing strenuous occupations. And apart from giving birth to child no other occupation needs females exclusively. Ernestine Friedl (as cited in Haralambous and Heald, 2017) on the other hand gives an explanation as to why there is male dominance in sexual division of labour. As men engage themselves in trade with other people not included in family, they

exercise a kind of control over goods and resources, which help them create dominance over women. If in a particular culture the men are involved in a particular occupation and in some other culture the women are involved in the same occupation, it is observed that the one practiced by men will have higher status than the one practiced by women, thus claiming male domination (Haralambous and Heald, 2017).

In Madhyapur- Padi village the kitchen is completely under the women's authority. So, the Chang ghar comes under the women's domain. She is expected to teach her growing daughters the traditional culinary practices, taking the blessings of the Meram(the clay oven) as it is considered holy (Kumari, 2012). The meal is first served to the head of the family before serving it for others, which is usually the elderly in a joint family, either male or female or both. In an extended family, it is the son who earns the bread for the family. When the women are on their periods the males do the cooking but if there is a teenage daughter, she would be responsible for it. In the absence of the women the older daughters are responsible for taking care of their younger siblings and the grandparents.

Women in Mising community are accomplished weavers, a custom which the older women are responsible for teaching the younger women from a very young age. Mising women are expert in spinning and weaving (Sharma, 2018), something which only women practice. Knowing the trade is considered a matter of pride and not knowing it is considered shame. Being a community that is patriarchal, the community has stories which describe the role of women in the community and how men can physically punish them if the women fail to do their duty. These stories depict the dominance of men over women in Mising community, a concept which is culturally constructed. The abuse or the male oppression in these stories are normalized and accepted by the society. It is so much ingrained in the society that people do not get concerned as they are socialized in such a way that such things are not visible. Things are observed from a male perspective. The job of taking care is considered a job of women, which can be the reason why the incidence of male care givers is not as frequent as compared to female care givers (Mackinnon, 1983).

In Madhyapur-Padi village, as the aged members of the family live with their sons in a joint or extended family setup, with any of the son who takes the responsibility, it is the daughters-in law who are responsible for their caregiving. They are expected to comply with the requests and demands of the elderly without complaining to be considered ideal daughters-in-law. Anyone who complains is looked down upon by the community. In many instances when the researcher visited the homes of the elderly, the daughters-in-law would bring chairs to sit. During the conversation with the elderly, the daughters-in-law would offer Apong

or tea. In a few houses the researcher was offered lunch or dinner. All these activities these women do without being asked, as these are expected from them and they consider it a responsibility.

Citing various studies on daughters-in-laws, Merrill (1997)inferred that people related through blood ties show more obligations towards care giving of elderly than the relationships made of marital ties. It is because of this reason that though the daughters-in-law take the place of daughters in caregiving, they struggle to do so because of the lack of intimacy that exists between mothers and daughters. This is possible to a certain extent through co-habitation to bring that intimacy by sharing a common platform. After a period of time the daughter-in-law would be able to adopt and assimilate into the culture of her husband's family. Merrill(1997) states that the daughters-in-law would always prefer to be the secondary caregivers if the children of an elderly, especially a daughter is ready to take care of the elderly. Many a times the daughters-in-law get ready to take care of the elderly because the sons want th parents to be with them.

Often at times the mothers-in-law show authority towards the family and their son(s). The daughters-in-law accept this and believe that they should follow these rules set by mothers-in-law in order tobe assimilated in the family. The researcher confronted such a situation during a visit to an elderly participant. As the elderly participant saw the researcher entering their house, asked the daughters-in-law, who were then doing some work in the kitchen, to bring chairs and make tea. The daughters-in-law obliged and all three of them sat with the researcher and the mother -in -law for a cup of tea. Often when the women in the family meet other women from neighbourhood, the men of the family politely give them space. And with the transition of joint families to nuclear families and shifting of family-based occupations like agriculture and cattle rearing to individual based occupations, there have been gradual changes in the family systems and it has a deep impact in the implementation of eldercare.

When Joint families are responsible for elder care, the responsibility is divided amongst the younger members of a family, because of which burden is not felt by the women in the family. But as the joint families start breaking to extended families, most of the time the responsibility of elder care fall on a single woman. This led to the burden being felt by the woman member. Again, as children start taking formal education, which was not prevalent before, the members living in a Chang ghar, which has no rooms but only a long hall, felt the need for the children to have extra rooms and an atmosphere where they could study, thus moving out from Chang ghars.

With the advent of urbanization and breaking of joint families, the women became more independent and started contributing in the family income through weaving and selling clothes, rearing and selling cattle and other domesticated animals and birds like pig, hen, duck etc. and also by selling the excess vegetables from their vegetable garden in nearby markets. Women started taking decisions in the family and started opening their own Self-Help Groups (SHGs).

The Mising women do not consider elderly in their families as burden because the elderly people contribute too in running the households in some way and try to contribute in the functioning of the family until their physical health permit, especially the female elderly. The male elderly on the other hand help in the vegetable garden, look after grandchildren, make bamboo products and other such work which requires less mobility. Also, at times it is seen that the elderly take care of the elderly. It can be elderly children taking care of elderly parents or intergenerational care such as siblings taking care of each other in old age. But most of the time it is the old married couples taking care of each other. Eiuwijk (2014) in his article, "The Elderly Providing Care for the Elderly in Tanzania and Indonesia: Making 'Elder to Elder' Care Visible", describes that even if in rural Tanzania and Indonesia elderly couple stay away from their children, the society judges them as the prevalent norm in the society is the reciprocal care where the children take care of their parents in their old age because they were taken proper care by the parents in their childhood. The society judges the parents on their upbringing of their children. So, in case of elder-to-elder care it is mostly the elderly women taking up the caregiving responsibility as they live longer than their male counterparts because usually the husbands are older to their wives (Eiuwijk, 2014). Many at times it is due to the younger people migrating to urban locales for better job prospects that the elderly are left with no one but with their partners in their family homes, leading to elders taking care of elders. As the old caregivers live with the elderly, they can give better emotional support and can assist better than their young counterparts.

In Madhyapur-Padi also the practice of elder care by elderly is seen. But in all the houses the researcher visited, the elderly lived with their sons along with their spouses. In such a case it is seen that the old wife usually takes care of the needs of the old husband even though there is the presence of the daughter-in-law. A participant whose wife had speech impairment, served food for her husband and her brother, who came to visit while the daughter-in law took care of the guests. It is considered an expected norm in a Mising family that the wife would take care of the immediate needs of the husband, at times the vice-versa is also observed if the wife has any ailments or is sick.

In Mising community, the women who perform the role of caregivers, it manifests the existing sexual division of labour in the community, where, as Men on (2012)describes such roles as "women's work". The profession of caregiving is feminised as it is considered primarily women's responsibility even if it is being performed inside or outside the home. Such labour is unpaid labour when they are performed at the home front and are internalised and normalised to an extent that women do not feel the need to question them. And if it is performed outside home, they are paid very low (Menon, 2012). This resonates with Connidis (2005, as cited in Rajan & Balagopal, 2017) who points out how daughters play the role of primary care givers while sons provide support through help, which are perceived to be masculine culturally(Merrill, 1997). In Mising community, the elderly people live with their sons while the daughters-in-law take care of the elderly people, apart from taking care of all familial needs and chores. It is their assigned responsibility, defined by the existing societal norms, where they need to work within the set limits of the community and family. This can be substantiated from the statement of the *Satula* (village priest), an elderly male, who recounted, "*Why should I lie? My daughter-in-law, leave rice, leave water, she would never even serve tea for me without taking bath. Even I won't take. Leave rice, I won't even take tea*". He said again, *"*(My*) son cooks food when daughter-in-law is on her periods. I can have what he cooks. Again, my daughter in law doesn't eat* (before taking bath*). After she takes bath when she serves, only then I eat*". This concept of purity and impurity, of the need for the women to take bath before cooking, which was absent in the community in the past, started with the adoption of Hinduism in traditional Mising community.

Prevalence of distinct gender roles are clearly visible in Mising community,in which women, apart from performing household chores, work hand in hand with male counterparts in the paddy field. This includes the elderly women, who would go out to collect firewood, help the younger women in family with household chores and take care of needs of their elderly husbands as Srinivas (1976) describes sexual division of labour being determined by customs and culture as culture determines the rules, norms and regulations of a society (Haralambous& Heald, 2017). According to Nongbri (1998, as cited in Krishna, 2009), sometimes women working hand in hand with the male counterparts create false impressions of gender equality but it is due to poverty and lesser gender seclusion responsible for giving such a false impression. Different tribal communities in North-East India do not allow women to take part in decision making, sometimes their suggestions are sought but the final decisions are made by the men folk. This includes inheritance rights too (Krishna, 2009). In Mising community, in the "*Murong Okum*" (village dormitories), theDo:LungKebang(village council meeting) consisting of elderly people and headed by the Village Headman of the

community meet and take social decisions, judgements and punishments (Kakoti, 2017). It is usually the male members of the community who become core members of the Do:lungKebang and are responsible for taking decisions. Women can only share their suggestions regarding any decision and cannot become the core members.

In Mising community, kitchen comes under the domain of women, where the older women train the younger women the rules and practices to be followed. This includes serving meal to the head of the family before serving it for others. It is usually the elderly person(s) in the family who heads the family. In their absence it is the eldest male in the family heading the household. The women are expected to comply with the requests and demands of the elderly people without complaining, to be considered ideal daughters and daughters-in-law. Anyone who complains is looked down upon by the community. So, the women from Mising community do no tprotest against the elders in a family.

Conclusion

Merill (1997) points out how people related through blood ties show more obligations towards caring of the elderly people than people related through marital ties. It is often the reciprocal care where children take care of their parents because the parents had taken care when the children were growing up (Eeuwijik, 2014). This is why a daughter in Mising community plays the role of primary care giver and in her absence the daughter-in-law accepts the role. As such cohabitation with the elderly is important for the daughters-in-law to develop the intimacy between the elderly by sharing common platform and it helps them adopt and assimilate into the culture of the husband's family. The daughters-in-law, as such, assumes the role of a secondary care giver in the presence of a daughter (Merill, 1997). In the presence of a mother-in-law, the daughter-in-law has to oblige to the demands and requests of the mother-in-law, who work hand in hand with the daughters in law.

In joint families in Mising community, the responsibility of eldercare used to be divided amongst the younger women of the family, which still exists in existing joint families in Mising community. As such caregiver burden was not felt by the women in the families. But with the joint families transitioning to extended families, as responsibility of caregiving falls on single women, leads to women experiencing caregiver burden as women are more into emotional and psychological kind of caregiving, whereas men are into physical provision of caregiving (Walker & Pratt, 1991 as cited in Bastawrous, 2013). Education, which was not considered important for the young daughters, is now given importance in

Mising community. As such the young daughters, who go to school, are not given caregiving responsibilities. The caregiver burden is not felt until the elderly people contribute in running the household.

When it comes to caregiving in Mising community, financial resources have a very important role to play as sufficient finance helps avail better services, resources and less physical caregiving hence less caregiver burden (Chou, 2000). The stronger the bond between the caregiver and the care recipient, the lesser the experience of caregiver burden. With the joint families breaking down to extended and nuclear families and with more dependence on individualised jobs in Mising community, many at times it is seen that the elderly people are considered burden by their families, often leading to elder abuse and abandonment. This leads to elderly people more vulnerable to economic, social and health problems and feeling of lonely and rolelessness (Shaw, 2016). Sometimes in the absence of more than one caregiver, bed ridden elderly needing long term care might be considered burden by women. Often the elderly also take care of the other elderly in Mising community. Either it can be elderly children taking care of the elderly parents or intergenerational care, such as siblings taking care of each other. Most often it is the old married couples taking care of each other in old age. In such cases, it is the wives taking care of the husbands as usually they are younger than their husbands and live longer (Eeuwijik, 2014). The old caregivers as such can give better emotional support and can assist better than their young counterparts.

With the breaking down of traditional joint families into extended and nuclear families, Mising community in contemporary times has been witnessing rapid transitions in the traditional roles that women would play in the past. The sharing of responsibilities among the women in joint families used to help minimise the caregiver burden which women at present, who do engage in economic activities to run the household, apart from playing the role of a caregiver for both elderly and children, have to face. The playing of multiple roles and taking of multiple responsibilities lead to work overload, which in turn leads to mental health issues, such as, stress, depression and anxiety. Again, in patriarchal societies the clear demarcation of gender roles creates gender inequities when it comes to prioritising the wellbeing of the caregivers. As such, the concept of caregiving and the role of women as primary caregivers, especially in tribal communities need more research. Eldercare as a concept and elderly people as primary caregivers should also be delved more into. With the breaking down of family structures, there has been a gradual decrease in caregivers, which leads to elderly people needing long term care in vulnerable state.

When it comes to eldercare in Madhyapur and Padi village, the researcher witnessed love and respect towards the elderly by the younger population and

even though the families have been breaking down to extended families, usually the sons do live near each other, which helps in sharing the caregiving responsibilities amongst them. But with the rapid changes that the community has been experiencing, there is need to speculate as to for how long it would continue as such. As in these villages there has been lowering fertility rates, which would lead to increase in dependency of the increasing elderly people on the decreasing younger generations in the near future. As such there is need to understand the gender power relations that exist within the community to bring in desired changes which would help in caregiving, encourage role sharing and would also increase the productivity of the elderly population too. Women as such are in need of agency to voice out their opinion, their desires, wishes and ambitions.

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Internet and Family Relations among College Students in Mizoram

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Abstract

The study aims to examine and understand the patterns of internet usage among college youth and its implications on the relationships between their families. It is descriptive in design and stratified disproportionate random sampling was used to study the respondents. The participants were 139 (64 male and 75 female) students from two Government Colleges. The patterns of internet use and family relations comprising family time, family conflict and family cohesion were measured. Results suggested that there is no sign of disputes or conflict with their parents and bonding with the family. The respondents' use of the internet does not affect cohesion which is conducive to a happy family environment. However, time spared for and from each member is low and shows signs of weak family time spent together. The study could be useful in understanding the Internet and family relations among college youth in Mizoram.

Keywords: *College students, Family relations, Internet use*

Introduction

Internet is now a part and parcel of everyday life without which it is very difficult to imagine living today. It facilitates and offers inter-personal communication mediums, enhancement for creativity, bonding and bridging social relationships that have been embraced globally. Physical barriers and boundaries are no longer obstacles to making and maintaining human connections, the internet removes many constraints of space and time. Accessibility and convenience of the internet have primarily altered our daily lives and transformed our social lives too. It isa fundamental basis of trade and commerce, communication, and popular culture across the world.

Besides, the tremendous impact on our day-to-day life, the alarming negative aspect of the internet is that it modifies the social behaviour, habits, and abilities of people. This modification is specifically more intense among the youth who are exposed to the internet the most for interpersonal communication. The social

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relationship reshaping and alteration created by the internet wave is unpredictable and controversial, which opens vast areas of studies and further research.

Access to the Internet is becoming more convenient because of investments by various service providers, and the frequency of usage and new users is increasing at an alarming rate. However, the question now is, how has our social life changed? Have we lost or limited face-to-face interactions with friends, family, and other loved ones? How has the use of internet access affected family relationships and communication in a close-knit society where the family remains the core social institution?

Today's world of speedy technological advancement and progress profoundly attracts the youth population as it is not only a means of communication but becoming a lifestyle. Surprisingly, this, in turn, creates chances of a generation gap between the youth and their families particularly with their parents which again results in family disputes and acts as an unwanted agent for deteriorating the strong family bond or relationship. It is important to consider the youth perspective in this respect because parents most often simply blame their children for breaking their family rules and laws and instead never really accept the wave of this internet-connected life of the modern world.

Family is an important aspect of our lives, and the impact of the internet, which keeps people engaged and busy with their own lives, maybe a driving force in weakening the essence of connection among family members and systems. This phenomenon is a fascinating subject of observation and scientific investigation.

Review of Literature

The online community platform provides virtual interaction and allows individuals to establish acquaintanceships with others outside of face-to-face situations (Zhau, 2008). Internet abuse or misuse is prominent among youth who access it from home because the home provides availability and unlimited access (Gencer, L.S &Koc, M. 2012).

Social networks and virtual platforms have replaced family positions and values. More exposure to online activities negatively weakens college youths' attention towards family norms and values (Romiani, et al., 2016). Children’s advancement and expertise in technology, family size, family rules, parental attitudes, and adolescents' intensity of internet exposure has led to an increase in arguments over internet use within the family (Marsch G. 2006).

However, Boudreau. K. and Consalvob. M. (2014) stated that playing games online through social networking sites enhances family ties and adds another dimension to their existing relationships. Playing online games recreates and bridges family interaction, cuts geographical boundaries and connects its members to a common domain.

According to Brignal and Valey, (2007), with an excessive amount of time spent online by the youth, actual contact is slowly declining and being disrupted and the development of social skills and presentation of self could be seriously vulnerable.

Exposure to the internet does not make the youth a nerd. Instead, they use it as a platform for seeking attention and expressing themselves and hence excessively use it (McKinney, B.C. et al. 2012). A study by Chapman, E.S. (2003) showed that youth prefer virtual interaction over face-to-face interaction because of loneliness and depression. Online social interaction is because of symptoms of Problematic Internet Use (PIU) that leads to a negative outcome.

Lau & Yuen (2014) conducted a study on the impact of the Internet on the quality of family relationships among 861 adolescents. The study employed stratified random sampling among high school and higher secondary school students in Hong Kong. Patterns of internet usage, Family cohesion and parenting style were measured with a five-point Likert scale. The results of the study reveal that there was a negative correlation between internet use and family cohesion. Also, parenting style contributed to the patterns and level of productive usage of the internet among the respondents. There are marked differences in the impact of internet usage with family relations varying with parenting styles received by adolescents. The findings suggested that parenting style is positively related and plays a vital role in exposure to the internet and quality usage of online communication domain among children.

Hughes, Jr., R. & Hans, J. D. (2004), attempted to understand the effects of computers and the internet on family life. The study reviewed and analyzed various research and literature concerning the impact of the internet on family relations and family life. The study shows that empirical and scientific studies and measures on the impact of technology on the family system are thin and unsatisfactory. The study concludes that conceptual models about families have to be developed and broaden studies on the patterns and approaches in which families adapt to technological developments and changes.

Faltýnková, A.et al. (2020) conducted a study among adolescents to identify the impact of Excessive Internet Use (EIU) and their family environment. A Simple random sampling was conducted among 2547 respondents from various schools across Slovakia during the study. The excessive Internet Use scale was used to

measure Excessive Internet Use (EIU), and time spent, it also administered patterns of activities on the internet and parenting styles. The study shows that higher parental overprotection and lower socioeconomic status predicted higher EIU while higher parental care and parental monitoring predicted lower EIU. The results suggest that both so-called optimal parenting (i.e., the balance of emotional warmth and protection) and the adolescents' autonomy lower the risk of EIU. The study concludes that parenting style contributes to the intensity and exposure of adolescents' internet usage and patterns.

Moawad & Ebrahem (2016) examined the relationship between adolescents' use of technology and their parent's social relationship among adolescents.240 samples were randomly selected among both male and female higher secondary students in government schools in Egypt. The study includes respondents' views towards their parents' opinions about their exposure to TV, computers, mobile phones, the internet and video games and the influence of using different technological devices on their social relationship with their parents. The result reveals that most of the respondents reported their parents give them ample amount of affection, and advice on time management and etiquette on social media and mobile phone usage. Also, a fair amount of the respondents are open to sharing their secrets and life with their parents and they use the internet to bridge their bond with their parents. The study suggests that parents need to be aware of technological advancements and educate themselves to keep pace with their children to avoid generational gaps created by technology and to help them understand and navigate the new technologies.

Statement of the Problem

One of the most negative aspects of the impact of the internet on our daily lives is that it alters the social behaviour, habits and abilities of people which extends to disrupting family functions and relationships among youth. The youth frequently sit in front of their computers/mobile phones and live in their virtual world which disrupts their connection with their parents and family members. Internet usehas no geographical boundaries in terms of rural and urban populations and reduces face-to-face human interaction or contact, which lessens or dilutes family functioning and relationships, in particular among college youth. Thus, the study attempts to explore the patterns of internet usage among college youth and its implications on the relationships between their families. Further, the study focuses on certain elements like family cohesion, family conflicts, family time and patterns of internet usage measured to analyze the relationship that the youth have with their family members.

Methodology

The study is descriptive in design and cross-sectional in nature. The unit of the study are college students. Stratified disproportionate random sampling was used to draw samples for the study. The respondents are stratified based on gender, and rural and urban characteristics from the two selected colleges namely Govt. Hrangbana College, Aizawl which is located at the core of the Capital in the northern part, and LungleiGovt.College, Lunglei, whichis located in the southern part of the State. Hrangbana College offers two streams, Arts and Commerce and there are nine departments of which 86 samples were drawn from each department's final-year students respectively. Moreover, this college focuses more on the Arts stream only.

Lunglei Govt. College offers two streams; Arts and Science in which Arts stream was selected purposely to represent the homogeneity of student population characteristics in which 53 samples were drawn from the eight department final year students by using a disproportionate random sampling method. The total samples compriseof 139 (64 male and 75 female) from both the colleges. A semi-structured questionnaire was used for the collection of data for the study. The present study was based on primary data collected through quantitative methods. The secondary data were collected from books, magazines, journals, articles, etc. The collected data were analyzed with the help of Statistical Package for Social Sciences in the form of two-way tables.

Results and Discussions

This section deals with the results and discussion of the data collected. The discussion has been structured into three parts. They are the profile of the respondents, patterns of internet usage and family relations.

Profile of the Respondents

Table 1 shows the profile of the respondents by the college. The age group is divided into two main categories – 18-21 years and 22-24 years. Two-thirds (66.2%) of the respondents are in the age group 18-21 years whereas one-third (33.8%) are between 22-24 years of age. The mean age of the respondents is 21 years. More than half (54%) of the respondents comprise the female population. In terms of socio-economic status (SES), three-fourths (87.10%) belong to the APL category.

Table 1: Profile of the Respondents by College

Variables	Govt. College		Total N =139
	Lunglei n= 53	Hrangbana n= 86	
Age Group			
18 - 21 Years	25(18)	67(48.2)	92(66.2)
22 - 24 Years	28(20.1)	19(13.7)	47(33.8)
Mean age	21years		
Gender			
Male	26(18.7)	38(27.3)	64(46)
Female	27(19.4)	48(34.5)	75(54)
SES			
APL	42(30.2)	79(56.8)	121(87.1)
BPL	10(7.2)	5(3.6)	15(10.8)
AAY	1(0.7)	2(1.4)	3(2.2)

Source: Computed Figures in parentheses are percentages

Pattern of Internet Usage

Table 2 shows the patterns of internet usage among college students. There are different modes to access the internet through a mobile phone, internet centres, and connection at home from BSNL and other private service providers. More than half of the respondents get access to the internet through their mobile phones whereas a little more than one-third (36.7%) use both mobile phones and computers for internet access. People access the internet at different places such as at home, college and other places like friends' houses where the connection strength is good. The vast majority (87.8%) of the respondents access it at home.

Table 2: Pattern of Internet Usage

Pattern	Govt. College		Total N =139
	Lunglei n= 53	Hrangbana n= 86	
Internet Access			
No Response	2(1.4)	3(2.2)	5(3.6)
Mobile Phone	36(25.9)	47(33.8)	83(59.7)
Both Mobile phone and Computer	15(10.8)	36(25.9)	51(36.7)

Accessing Internet			
No Response	2(1.4)	3(2.2)	5(3.6)
At Home	45(32.4)	77(55.4)	122(87.8)
College	3(2.2)	4(2.9)	7(5)
Others	3(2.2)	2(1.4)	5(3.6)

Source: Computed Figures in parenthesis are percentages

Family Conflict of College Youth due to internet usage

Family conflict is an important aspect where the respondents' relationship with the family members is put in the spotlight. Family conflict in this situation is classified into eight measures such as a curse from parents, insult from parents, pushing or shoving by parents, dismissal of decisions, feeling of regret being a parent's son/daughter; quarrel with parents, witnessing violence in the family and a feeling of worthlessness.

Table 3 shows parents' behaviour due to family conflict during the past one year. Less than two-thirds (61.2%) of the respondents have never been cursed by their parents during the past one year. Among the respondents, almost half (48.2%) of them said they had never been insulted by their parents in the past one year. Less than two-thirds (63.3%) felt that their parents had never pushed or shoved them during the past one year. Also, more than half (58.3%) of the respondents have never been ignored in their decisions by their parents. Thus, the data reveals that the family relation of the youth in terms of conflict with their parents is healthy and there is no sign of disputes or conflict with their parents.

Table 3: Parents' behaviour due to family conflict during the past one year

Sl. No	**Responses**	**Govt.College**		**Total N=139**
		Lunglein=53	**Hrangbanan=86**	
I	**Cursed**			
	Never	36 (25.9)	49 (35.3)	85 (61.2)
	Rarely	6 (4.3)	12 (8.6)	18 (12.9)
	Sometimes	11 (7.9)	24 (17.3)	35 (25.2)
	Frequently	0 (0)	1 (0.7)	1 (0.7)

II	**Insulted**			
	Never	36 (25.9)	31 (22.3)	67 (48.2)
	Rarely	11 (7.9)	18 12.9)	29 (20.9)
	Sometimes	6 (4.3)	31 (22.3)	37 (26.6)
	Frequently	0 (0)	6 (4.3)	6 (4.3)
III	**Pushed or shoved**			
	Never	32 (23)	56 (40.3)	88 (63.3)
	Rarely	14 (10.1)	11(7.9)	25 (18)
	Sometimes	5 (3.6)	13 (9.4)	18 (12.9)
	Frequently	2 (1.4)	6 (4.3)	8 (5.8)
IV	**Ignored decisions**			
	Never	34 (24.5)	47 (33.8)	81 (58.3)
	Rarely	9 (6.5)	19 (13.7)	28 (20.1)
	Sometimes	6 (4.3)	20 (14.4)	26 (18.7)
	Frequently	4 (2.9)	0 (0)	4 (2.9)

Source: Computed Figures in parenthesis are percentages

Table 4 shows the feelings towards parents due to family conflicts. There are four statements to identify the feelings from the parents of the respondents namely regret being the parents' son/daughter, quarrel with parents, witnessing violence in the family and feeling of worthlessness. Among the respondents, more than three-fourths (71.9%) felt that they have never regretted being their parent's son/daughter during the one past year. Less than half (44.6%) admitted to having quarreled with their parents. Also, in the past one year, more than half (59.7%) have never witnessed any form of violence within the family. Two-fourth (41.7%) experienced a feeling of worthlessness within the family in the past one year.
Thus, the data reveal that the family relation of the youth in terms of feelings towards their parents/family is in good shape and there are little or no worrying signs of a deteriorating relationship with their parents.

Table 4: Feelings towards parents due to family conflict

Sl.No	Statements	Govt. College		Total N=139
		Lunglei n=53	Hrangbana n=86	
I	**The feeling of any regret of being a son/daughter**			
	Never	42 (30.2)	58 (41.7)	100 71.9)
	Rarely	8 (5.8)	11 (7.9)	19 (13.7)
	Sometimes	3 (2.2)	17 (12.2)	20 (14.4)
	Frequently	0 (0)	0 (0)	0 (0)
II	**Quarrel with parents**			
	Never	24 (17.3)	19 (13.7)	43 (30.9)
	Rarely	11 (7.9)	14 (10.1)	25 (18)
	Sometimes	17 (12.2)	45 (32.4)	62 (44.6)
	Frequently	1 (0.7)	8 (5.8)	9 (6.5)
III	**Witness or experience any form of violence**			
	Never	37 (26.6)	46 (33.1)	83 (59.7)
	Rarely	3 (2.2)	21 (15.1)	24 (17.3)
	Sometimes	12 (8.6)	18 (12.9)	30 (21.6)
	Frequently	1 (0.7)	1 (0.7)	2 (1.4)
IV	**Experience feelings of worthlessness**			
	Never	28 (20.1)	30 (21.6)	58 (41.7)
	Rarely	5 (3.6)	27 (19.4)	32 (23)
	Sometimes	16 (11.5)	27 (19.4)	43 (30.9)
	Frequently	4 (2.9)	2 (1.4)	6 (4.3)

Source: Computed Figures in parenthesis are percentages

Family Time of College Youth

Family time refers to the time the respondents spend with their family and the relationship with their family can be understood. With regard to this, family time is categorised into hours spent by r*espondents with family members and respondents' time spent with parents on weekends.*

Table 5 presents the respondent's time spent by college-going youth with their family members. For this, there are four areas of measurement for time spent among family members like time spent with parents, time spent by parents in leaving home for social (spending time with friends, picnics etc.) and religious

activities (like going to church, praying, practising devotional songs etc.). Half (49.6%) of the respondents spent less than an hour talking and sharing with their parents *on an average weekly basis. One-third (35.3%) of the parents spent 2 -3 hours leaving home for social and religious activities About one-third (28.8%) of the respondents spent less than one hour interacting with their fathers every week. Among the respondent sone-third (32.4%) of them time spent time with their mothers every week, upto more than 02 hours.*

The data show that the family time allotted for and from each member of the family is significantly low and suggests weak family ties among each member in terms of sparing quality time with each other.

Table 5: Respondents time spent with family members

Sl.No	Statements	Govt. College		Total N=139
		Lunglein=53	Hrangbana n=86	
I	**Time Spent with Parents**			
	Nil	5 (3.6)	0 (0)	5 (3.6)
	Less Than 01 Hour	20 (14.4)	49 (35.3)	69 (49.6)
	01-02 Hours	19 (13.7)	16 (11.5)	35 (25.2)
	More Than 02 Hours	9 (6.5)	21 (15.1)	30 (21.6)
II	**Parents' Social and religious gatherings**			
	Nil	10 (7.2)	3(2.2)	13 (9.4)
	Less Than 01 Hour	16 (11.5)	16 (11.5)	32 (23)
	01-02 Hours	15 (10.8)	34 (24.5)	49 (35.3)
	More Than 02 Hours	12 (8.6)	33 (23.7)	45 (32.4)
Iii	**Time spent with father**			
	Nil	17 (12.2)	18 (12.9)	35 (25.2)
	Less Than 01 Hour	15 (10.8)	25 (18)	40 (28.8)
	01-02 Hours	10 (7.2)	21 (15.1)	31 (22.3)
	More Than 02 Hours	11 (7.9)	22 (15.8)	33 (23.7)
IV	**Time spent with mother**			
	Nil	18 (12.9)	6 (4.3)	24 (17.3)
	Less Than 01 Hour	12 (8.6)	25(18)	37 (26.6)
	01-02 Hours	8 (5.8)	25 (18)	33 (23.7)

	More Than 02 Hours	15 (10.8)	30 (21.6)	45 (32.4)

Source: Computed Figures in parenthesis are percentages

Table 6 shows respondents' time spent with parents on weekends. Among the respondents, two-fifths (38.8%) of the respondents spend less than one hour talking and sharing with their parents. Also, the majority of the respondents, about two-fifths (40%) spent less than one hour with their parents going out together on social and religious activities. The data thus reveals the quality of time spent by college-going youth together with their parents on a weekend basis is surprisingly low and shows fragile concern for one another and less priority is given to family bonding.

Table 6: Respondents' time spent with parents on weekends

Sl. No	**Responses**	**Govt. College**		**Total**
		Lunglei n=53	**Hrangbana n=86**	**N=139**
I	**Talking and sharing ideas**			
	Nil	9 (6.5)	1 (0.7)	10 (7.2)
	Less Than 01 Hour	17 (12.2)	37 (26.6)	54 (38.8)
	01-02 Hours	14 (10.1)	26 (18.7)	40 (28.8)
	More Than 02 Hours	13 (9.4)	22 (15.8)	35 (25.2)
II	**Leave home for social and religious activities**			
	Nil	1 (0.7)	3 (2.2)	4 (2.9)
	Less Than 01 Hour	17 (12.2)	25 (18)	42 (30.2)
	01-02 Hours	12 (8.6)	28 (20.1)	40 (28.8)
	More Than 02 Hours	23 (16.5)	30 (21.6)	53 (38.1)

Source: Computed Figures in parenthesis are percentages

Family Cohesion of College Youth

In this study, there are a series of questions referring to family cohesion. Family bonding is classified into emotional bonding with parents and trust and support

from parents. Table 7 below represents the family cohesion of college youth regarding emotional bonding measured by four different statements. More than half (57.6%) of the respondents agreed that they get along well with their parents. Also, one-third (65.5%) believe that they are emotionally close to their parents. About parents sharing their work and personal problems, about half (47.5%) of the respondents agreed that their parents often trust in sharing their personal and work-related issues and challenges with them. Half (51.1%) of the respondents strongly believe that their parents are attentive to their problems and lay a great emotional bond with them which is a positive sign for youths' personal development. From the above description, it is evident that youth share a close emotional bond with their parents and vice-versa. These further hints at a strong and positive family cohesion among the parents.

Table 7 Emotional bonding with parents

Sl. No	Responses	Govt.College		Total N=139
		Lunglei n=53	Hrangbana n=86	
I	**"My parents and I get along together"**			
	Strongly Disagree	1 (0.7)	1 (0.7)	2 (1.4)
	Disagree	11 (7.9)	23 (16.5)	34 (24.5)
	Agree	32 (23)	48 (34.5)	80 (57.5)
	Strongly Agree	9 (6.5)	14 (10.1)	23 (16.6)
II	**"My parents and I are emotionally close"**			
	Strongly Disagree	2 (1.4)	0 (0)	2 (1.4)
	Disagree	1 (0.7)	17 (12.2)	18 (12.9)
	Agree	41 (29.5)	50 (36)	91 (65.5)
	Strongly Agree	9 (6.5)	19 (13.7)	28 (20.1)
III	**"My parents share their work and other personal problems with me"**			
	Strongly Disagree	2 (1.4)	0 (0)	2 (1.4)
	Disagree	10 (7.2)	38 (27.3)	48 (34.5)
	Agree	27 (19.4)	39 (28.1)	66 (47.5)
	Strongly Agree	14 (10.1)	9 (6.5)	23 (16.5)
IV	**"My parents are attentive to my problems"**			
	Strongly Disagree	3 (2.2)	1 (0.7)	4 (2.9)
	Disagree	8 (5.8)	23 (16.5)	31 (22.3)
	Agree	25 (18)	46 (33.1)	71 (51.1)
	Strongly Agree	17 (12.2)	16 (11.5)	33 (23.7)

Source: Computed Figures in parenthesis are percentages

Table 8 represents family cohesion in terms of trust and support from parents for college-going youth. For this, the section is measured with a series of four statements highlighting the areas of trust and support. About two-thirds (59%) believe that their parents lay great trust in them in life. Half (51.1%) of the respondents agreed that their parents are often supportive by giving them advice in life situations. Two-thirds (61.2%) admit that their parents are keenly interested and supportive of their values and interests. Also, in matters concerning decision-making, two-thirds (63.3%) of the respondents agreed that their parents indicated their trust and support towards them by giving them the freedom to make choices and decide upon their own in life.

The data indicates that there is a fair and healthy atmosphere of trust and support between parents and college-going youth. This further indicates a strong family cohesion which is favourable for youths' personal development and growth in facing life's issues and challenges.

Table 8 Trust and support from parents

Sl. No	Responses	Govt.College		Total N=139
		Lunglei n=53	Hrangbana n=86	
I	**"My parents and I get along together"**			
	Strongly Disagree	1 (0.7)	1 (0.7)	2 (1.4)
	Disagree	11 (7.9)	23 (16.5)	34 (24.5)
	Agree	32 (23)	48 (34.5)	80 (57.6)
	Strongly Agree	9 (6.5)	14 (10.1)	23 (16.5)
II	**"My parents and I are emotionally close"**			
	Strongly Disagree	2 (1.4)	0 (0)	2 (1.4)
	Disagree	1 (0.7)	17(12.2)	18 (12.9)
	Agree	41 (29.5)	50 (36)	91 (65.5)
	Strongly Agree	9 (6.5)	19 (13.7)	28 (20.1)
III	**"My parents share their work and other personal problems with me"**			
	Strongly Disagree	2 (1.4)	0 (0)	2 (1.4)
	Disagree	10 (7.2)	38 (27.3)	48 (34.5)
	Agree	27 (19.4)	39 (28.1)	66 (47.5)
	Strongly Agree	14 (10.1)	9 (6.5)	23 (16.5)
IV	**"My parents are attentive to my problems"**			
....	Strongly Disagree	3 (2.2)	1 (0.7)	4 (2.9)

.	Disagree	8 (5.8)	23 (16.5)	31 (22.3)
	Agree	25 (18)	46 (33.1)	71(51.1)
	Strongly Agree	17 (12.2)	16 (11.5)	33 (23.7)

Source: Computed Figures in parenthesis are percentages

Conclusion

The internet occupies core elements in our social interactions and daily lives. This demands a progress check and assessment of the roles the internet with its various platforms, play in our interpersonal relationships. Also from the literature review, there is empirical evidence of both negative and positive effects of internet usage among youth on their family structures and interactions. A stratified disproportionate random sampling procedure was used to draw the respondents from varying social and academic backgrounds.

The demographic profile shows that the age group is relatively young with a mean age of 21 years. Females are more and belong to APL families. Internet is accessed through mobile phones and home provides the best opportunity for access.

There is mutual understanding between the youth and their parents. There are hardly any noticeable incidences of parents cursing, insulting, pushing/ shoving and dismissing the decisions of their children. The relationship between youth and their parents are fair and healthy. There is no sign of regret of being their parents' child and the youth did not witness or experience any forms or signs of violence and negative behaviours within the family environment.

The youth neglect family time and spare relatively poor-quality time with their parents at home. The maximum time spent with their family members every week is only 01 hour. Both parents and youth spent between one to two hours away from family to participate in social and religious activities like going to church praying, practicing devotional songs etc. The youth are emotionally closer to their mothers than their fathers. Time spared for family reflects a weak family bond. On a weekend basis, the time spent by youth with their parents for sharing ideas and quality time is only one hour.

The emotional bond between the youth and their parents is positive and strong. They get along well with each other and there is a strong emotional bond. Parents are open-minded and often share their work and personal problems with their children. They are attentive and respond well to the problems of their children. The youth believe that their parents lay great trust on them.

This study concludes that the family relation of the youth in terms of conflict with their parents is good and there are no signs of disputes or conflict with their parents. The family time allotted for each other is low and shows signs of weak family time spent together. This clearly shows that due to internet usage, the family time spent by the youth with their parents considerably weakens the family ties. However, there is an indication of good family cohesion among the respondents with their parents as the data shows relatively positive emotional bond, trust and support from parents. This shows the strong family bond and unity of the families which is important for a happy family leading to a healthy environment for each other. Further, there is a need for quality time allotment to share, discuss, and other challenges faced by youth with their parents to get advice and counselling for their better well-being.

To counter possibilities of adverse effects of the internet, there needs to be a creation of campaigns or training on the various uses of the internet that can be useful for the college youth in their development towards a better life. To improve family time, the parents could spend more time with their children and devote more quality family time like going out for a picnic and other recreational activities together. This is favourable for the youth's growth and feeling of belongingness in the family.

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Exploration of Glass Ceiling through Bibliometric Analysis

Tanaya Nayak[1], and Satyajit Barik[2]

Abstract

The concept of glass ceiling has gained universal recognition among academics and practitioners in light of its value-laden approach in all the organisations. Even with significant efforts to bring the literature together, scholarly understanding on glass ceiling seems dispersed. This study intends to conduct a bibliometric review of the literature on the glass ceiling from 2000 to 2023 and offer a few suggestions for further research. VOSviewer and biblioshiny R package were used to assess 472 publications from the SCOPUS database concerned with the glass ceiling. With the help of a bibliometric examination, the research revealed the leading authors, organisations, and countries on the "glass ceiling", as well as the most referenced articles and journals. It also identified some important themes and future directions on the glass ceiling. Employing performance and scientific mapping, the present research extensively weighs the past two decades of glass ceiling literature. We also suggest research gaps that could be useful as a guide for future studies on glass ceiling. It can assist academicians and researchers in better understanding glass ceiling studies and determining areas they should concentrate in future.

Keywords: *Female, Gender Disparity, Gender Identity, Glass Ceiling, Leadership*

Introduction

The global financial system has experienced an enormous increase in women in employment during the past several years (Abalkhail, 2017; Taparia & Lenka, 2022). Surprisingly, little has changed in the status of women in leadership and executive roles. For years, academics, policymakers, business entities, nonprofit organisations, and the public have been fascinated with women's inadequate representation in the highest positions (Zhang & Basha, 2023; Guldiken et al., 2019). Males have historically occupied an overwhelming number of leadership roles worldwide (Weyer, 2007). Despite a rise in women joining the employment sector and an increase in executive jobs, woman's opportunity for leadership remains constrained (Schuh et al., 2014). Gender disparity affects the entire humankind, and advocating for equitable representation of both men and women in leadership roles is beneficial and feasible (Sharma & Kaur, 2019). Appreciating women's accomplishments to drive them to take on leadership roles can

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enhance exposure at the highest tiers and aid in sound decision-making (Roberts, 2015). The idea of the "glass ceiling" is frequently brought to the forefront whenever addressing the gender gap in leadership and executive suites. It gained attention in 1986 when Wall Street Journal authors illustrated the word glass ceiling.

The subject of the glass ceiling has received considerable interest from academics, owing to a global shift favouring gender parity and its origins and impacts are being investigated in an array of scenarios (Chi & Li, 2008; Kmec & Gorman, 2009; Kirk, 2019; Chacha, 2021; Murray, 2023). For women and other underrepresented communities, the glass ceiling is a solid obstacle that prohibits them from climbing the corporate pyramid (Eagle & Carli, 2007). Obstacles are frequently not documented, which means that women have a greater probability to be held back by generally accepted norms and unconscious biases than by formally acknowledged barriers (Zhang & Basha, 2023). According to Oakley (2000), the following three distinct groups define the obstacles that lead to a glass ceiling: organisational processes including hiring, promoting, and retaining employees; attitudinal and societal causes, like stereotypes and favoured leadership styles; cultural and structural factors and feminist theory. Lueptow et al. (2001) gave three models of the glass ceiling i.e. the biological model, the socialisation model and the cultural model. According to biological theories, men and women are biologically different from one another. These disparities are assumed to be a consequence of an evolutionary paradigm that postulates permanent distinctions between genders according to genetic traits that developed in both men and women to adapt to different reproductive obstacles. Comparisons to biological theories, socialisation and cultural theories have attracted greater recognition. The social theory contends that the glass ceiling results from social norms that generate and preserve gender disparities, gender identities, and distinctive characteristics that emerge through different growth mechanisms linked to stages of life. The cultural theories argued that gender disparities in leadership are caused by societal frameworks, processes, and practices that regulate and characterise inequalities in authority and position.

Bibliometric assessments of published work are essential for assembling scientific information and illustrating the present scenario of the subject. A review of the current condition of the field is necessary because interest in the glass ceiling has intensified over the past few decades. The current review studies are still restricted to a specific sector or territory i.e. construction industry (Fielden et al., 2000; Navarro-Astor et al., 2017); STEM fields (Makarem & Wang, 2020); sports industry (Burton, 2015); Asian context (Lathabhavan & Balasubramanian, 2017); Saudi Arab (Alsubaie & Jones, 2017) and Indian context (Khera and Malik,

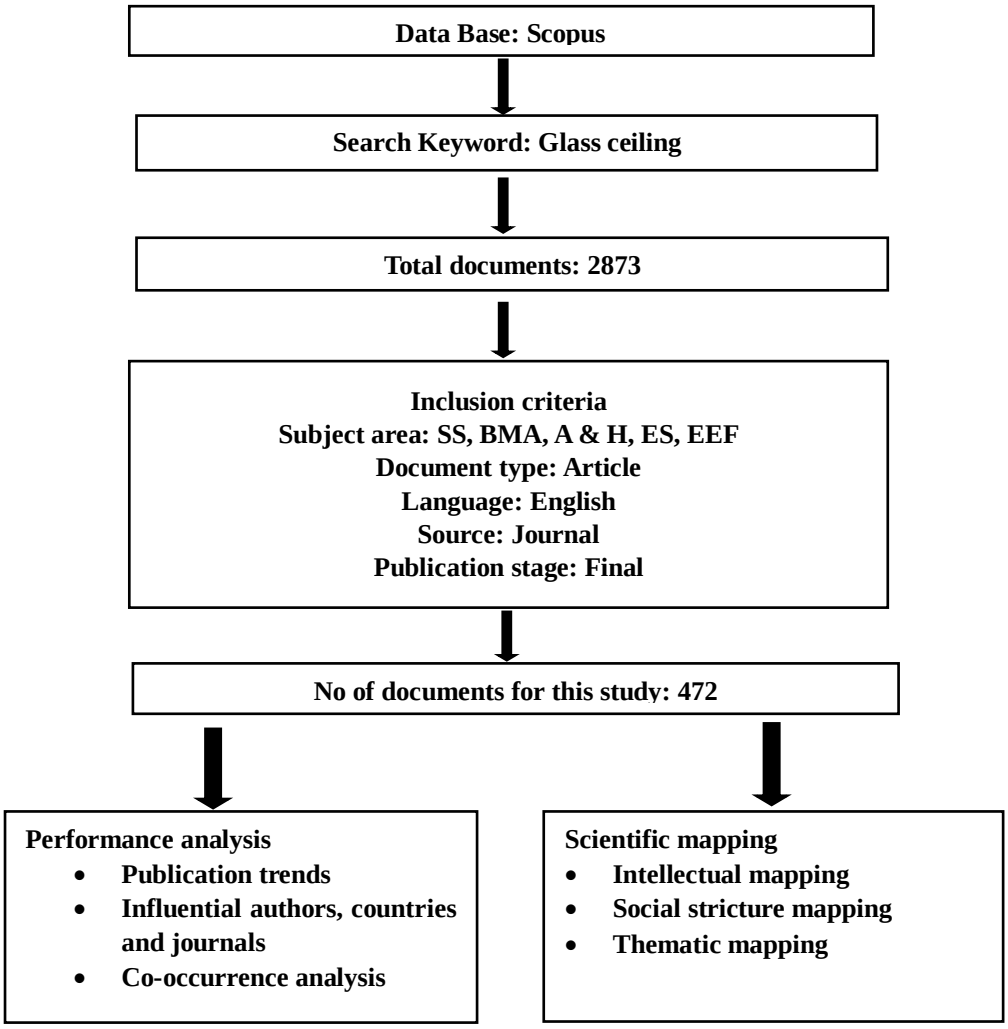
2016). But this study considers articles irrespective of the area and industry. This study has two primary goals. First, to undertake a performance analysis of glass ceiling literature by identifying the most significant authors, organisations, countries, most globally cited articles, journals, and important keywords. The second step is to conduct scientific mapping through intellectual structure mapping, social structure mapping, and thematic mapping.

Methodology

The bibliometric analysis technique assesses the existing literature by providing information on the research topic and identifying noteworthy publishing trends (Abdullah et al., 2022). We have used the SCOPUS database for this study because SCOPUS is the major database that gives accurate bibliographic information for a research field. This paper employs both VOSviewer and Biblioshiny R-Studio for both performance analysis and scientific mapping. The intellectual structure and social structure mapping is done by VOSviewer, while co-occurrence analysis and thematic mapping is done by the Biblioshiny R-Studio package. Figure 1 depicts the searching and selection procedure. The search keyword is "glass AND ceiling". The term is searched within the article title, abstract, and keywords, yielding a total of 2873 papers. The 2873 papers that arise from this keyword are reduced to 2541 after selecting the required time span (2000-2023). After applying other filtration criteria i.e. subject area (social science, business, management and accounting, arts and humanities, Economics, Econometrics and Finance, Environmental Science) this is reduced to 472. So, 472 articles are chosen for this study. The study sample features 472 articles in 298 journals. The average year of publication is 7.61 and the average citation of the document is 22.36. It contains 1294 authors' keywords and 409 keyword-plus. Single-authored documents are 141.

Figure 1

Documents selection methodology



Results and discussion:

Performance analysis

Figure 2 shows the annual scientific production of articles between 2000 and 2023. Annual growth in glass ceilings literature shows 2021 was the most productive year with 49 articles (10.38%), followed by 2019 (45 articles), 2020

(39 articles), and 2022 (35 articles). Interestingly, 21 articles have already been published in leading journals as of 2nd Aug 2023. Christy Glass is the most influential author having 4 articles and 568 citations followed by Alison Cook having 3 articles and 550 citations and Siri Terjesen having 2 articles and 353 citations. The Department of Management Studies, NIT Tiruchirappalli is the most influential organisation with three articles and 19 citations followed by School of Psychology, University of Wollongong, Australia having two articles and 74 citations and School of Business and Management, Brunel University, United Kingdom having 2 articles and 50 citations. The United States is the most influential country with 117 articles and 3529 citations followed by the United Kingdom (67 articles and 1973 citations) and Spain (45 articles and 1329 citations). Table 1 lists the top 10 influential authors, organisations, and countries in number of publications and citations identified through VOSviewer software.

Figure 2

Annual scientific production

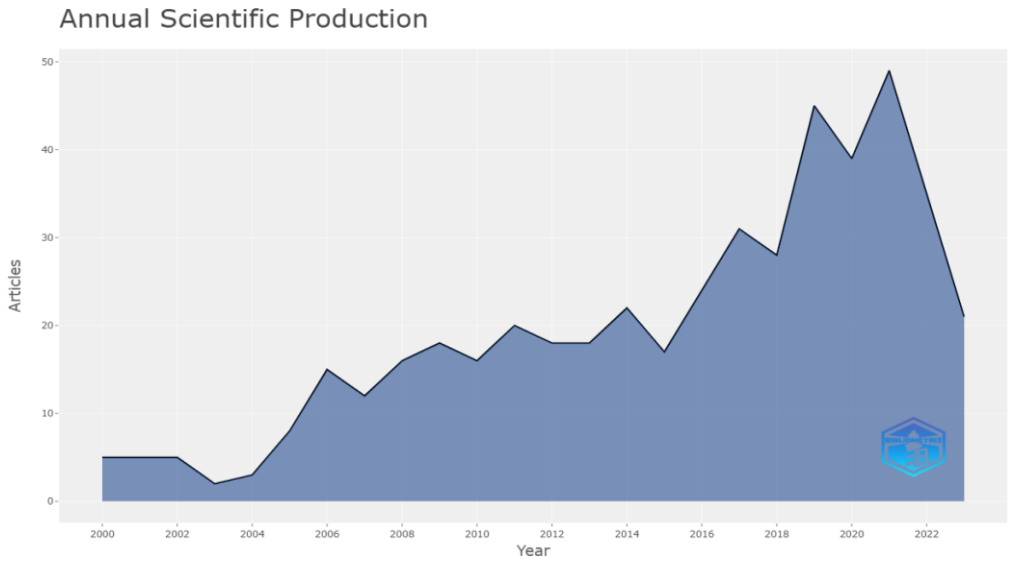


Table 1

Most influential authors, organisations and countries

Author	Articles (citations)	Organisation	Articles (citations)	Country	Articles (citations)
Christy Glass	4 (568)	Department Of Management Studies, National Institute Of Technology Tiruchirappalli, India	3 (19)	United States	117 (3529)
Alison Cook	3(550)	School of Psychology, University of Wollongong, Australia	2 (74)	UInited Kingdom	67 (1973)
Siri Terjesen	2(353)	School of Business and Management, Brunel University, United Kingdom	2 (50)	Spain	45 (1329)
S Alexander Haslam	2(315)	Institute for Social Research, Norway	2 (46)	India	28 (116)
Michelle K. Ryan	2(315)	School of Human Resource Management, York University, Toronto, Canada	2 (41)	Australia	26 (1894)
Christine Cross	3(113)	Iza, Bonn, Germany	2 (23)	Canada	26 (579)
Margaret Linehan	3(109)	Smith School of Business, Queen's University, Kingston, Canada	2 (21)	Germany	19 (403)
TM Willemsen	2(94)	Indian Institute of Management, Ahmedabad, India	2 (12)	France	15 (544)
Laura Fuentes-Moraleda	2(93)	Oklahoma State University, Stillwater, United States	2 (11)	Italy	14 (79)
Cristina Figueroa-Domecq	2(92)	School of Hotel, Restaurant And Tourism Management, University Of South Carolina, United States	2 (11)	South Africa	14 (100)

Most globally cited documents

The top 10 most globally cited documents cited are shown in Table 2. The article "Beyond the glass ceiling: Does gender matter" by Adams & Funk (2012) is the most globally cited article on the topic glass ceiling with 643 global citations followed by the article "Newly appointed directors in the boardroom:: How do women and men differ" by Singh et al. (2008) with 314 citations and "I just couldn't fit it in': Gender and unequal outcomes in academic careers" by Probert (2005) with 299 global citations. Adams and Funk (2012) provide a detailed examination of the differences between male and female executives, concluding that female executives are far more compassionate and always caring and risk-taking but less authoritative and safety inclined compared to their male counterparts. Singh et al. (2008) studied the human resources profiles of freshly elected corporate board candidates, including gender variations in education, characteristics, and work experiences, and discovered that females are substantially more prone than males to add diverse cultures to their boards. Probert (2005) came to the conclusion that male supremacy at top positions was not significantly explained by gender bias or favouritism in hiring, promotions, or duties.Findings from Haslam & Ryan (2008) show that the probability of selecting a female applicant over a similarly competent male applicant strengthened whenever the firm's efficiency decreased rather than grew.

Table 2

Most globally cited documents

Paper	Total Citations	TC per Year	Normalized TC
Adams & Funk (2012)	**643**	**53.58**	**8.65**
Singh et al. (2008)	**314**	**19.62**	**4.51**
Probert (2005)	**299**	**15.74**	**5.09**
Haslam & Ryan (2008)	**229**	**14.31**	**3.29**
Cook & Glass (2014)	**196**	**19.60**	**5.83**
Williams (2013)	**193**	**17.54**	**6.71**
Acker (2009)	**189**	**12.60**	**3.95**
Cook & Glass (2014)	**183**	**18.30**	**5.44**
Glass & Cook (2016)	**171**	**21.37**	**6.92**
Cech & Blair (2010)	**149**	**10.64**	**4.14**
Hultin (2003)	**148**	**7.04**	**1.15**
Mattis (2004)	**143**	**7.15**	**2.42**

Guillaume & Pochic (2009)	**136**	**9.06**	**2.84**
King et al. (2012)	**131**	**10.91**	**1.73**
Weyer (2007)	**118**	**6.94**	**3.08**
Tan (2008)	**113**	**7.06**	**1.62**
Thiruvadi & Huang (2011)	**111**	**8.53**	**4.71**
Cubillo & Brown (2003)	**109**	**5.19**	**0.84**
Dambrin & Lambert (2008)	**107**	**6.68**	**1.53**
Chi & Li (2008)	**98**	**6.12**	**1.40**

Most cited journals

Table 3 shows the top ten most cited journals, featuring at least four publications and ten citations. A total of 472 articles were published in 298 journals with a total of 10,553 citations. Women In Management Review is the most cited journal with 20 articles and 855 citations followed by Gender In Management Journal with 33 articles and 775 citations and Gender, Work And Organization Journal with 9 articles and 740 citations. The top ten journals have a total of 101(21%) documents and 3464(33%) citations.

Table 3

Most cited journals

Source	Documents	Citations
Women In Management Review	**20**	**855**
Gender In Management	**33**	**775**
Gender, Work And Organization	**9**	**740**
Leadership Quarterly	**5**	**470**
Journal Of Economic Behavior And Organization	**5**	**146**
Career Development International	**4**	**128**
International Journal Of Manpower	**8**	**116**
Labour Economics	**4**	**107**
Equality, Diversity And Inclusion	**9**	**78**
International Journal Of Gender And Entrepreneurship	**4**	**49**

Co-occurrence analysis

The keywords used in a publication can aid authors and journal indexers focus on the most important idea associated with the subject (Khanra et al., 2021). There are 409 keywords plus and 1294 authors' keywords in 472 articles. Table 4 lists the top 10 most used keywords plus and authors' keywords in the study sample. Female is the most frequently used keyword plus whereas Glass Ceiling is the most used authors' keyword.

Table 4

Most used keywords

Keyword Plus		**Authors' Keywords**	
Terms	**Frequency**	**Terms**	**Frequency**
Female	**31**	**Glass Ceiling**	**249**
Human	**20**	**Gender**	**171**
Male	**19**	**Women**	**113**
Gender Disparity	**17**	**Glass Ceilings**	**56**
Women's' Status	**16**	**Leadership**	**40**
Adult	**14**	**Discrimination**	**26**
Article	**14**	**Career Development**	**21**
Leadership	**14**	**Women Executives**	**20**
Gender	**13**	**Gender Discrimination**	**19**
Humans	**13**	**Diversity**	**18**

Science mapping of the glass ceiling

Intellectual mapping:

Co-citation analysis aids in investigating the number of times both sources are referenced jointly to clarify their links (De las Heras et al., 2021). A network of co-cited references is generated employing VOSviewer having a prerequisite a minimum of 10 citations to trace the intellectual framework of the glass ceiling (Figure 3). As a result out of 23435 co-cited references, only 13 meet the criteria. The thirteen co-cited references are grouped in three clusters i.e. red, green, and blue clusters. The authors with their citations, links, and total link strength are shown in Table 5. Cluster 1 has five items, while cluster 2 and cluster 3 havefour items each. Kanter (1987) in the blue cluster has the highest co-citation (43) with

10 links and 30 total link strengths. He is followed by Eagly & Carly (2007) in the green cluster with 21 citations, 8 links, and 21 total link strengths.

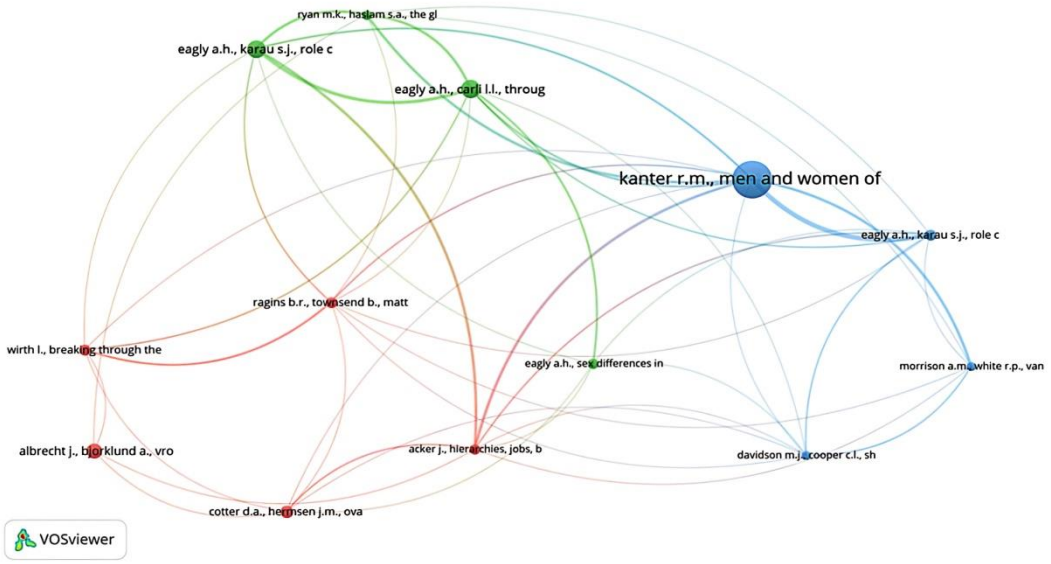
Table 5

Intellectual structure of co-cited references

Cluster	Authors	Citations	links	Total link strength
Red	**Albrecht et al. (2003)**	**17**	**4**	**4**
	Cotter et al. (2001)	**14**	**7**	**8**
	Ragins et al. (1998)	**13**	**9**	**13**
	Wirth (2001)	**13**	**6**	**9**
	Acker (1990)	**12**	**8**	**16**
Green	**Eagly & Carli (2007)**	**21**	**8**	**21**
	Eagly & Karau (2002)	**20**	**7**	**20**
	Eagly (2013)	**12**	**6**	**8**
	Ryan & Haslam (2007)	**11**	**7**	**16**
Blue	**Kanter (1987)**	**43**	**10**	**30**
	Eagly & Karau (2002)	**13**	**8**	**17**
	Davidson & Cooper (1992)	**10**	**8**	**10**
	Morrison et al, (1987)	**10**	**6**	**10**

Figure 3

Intellectual structure of co-cited references

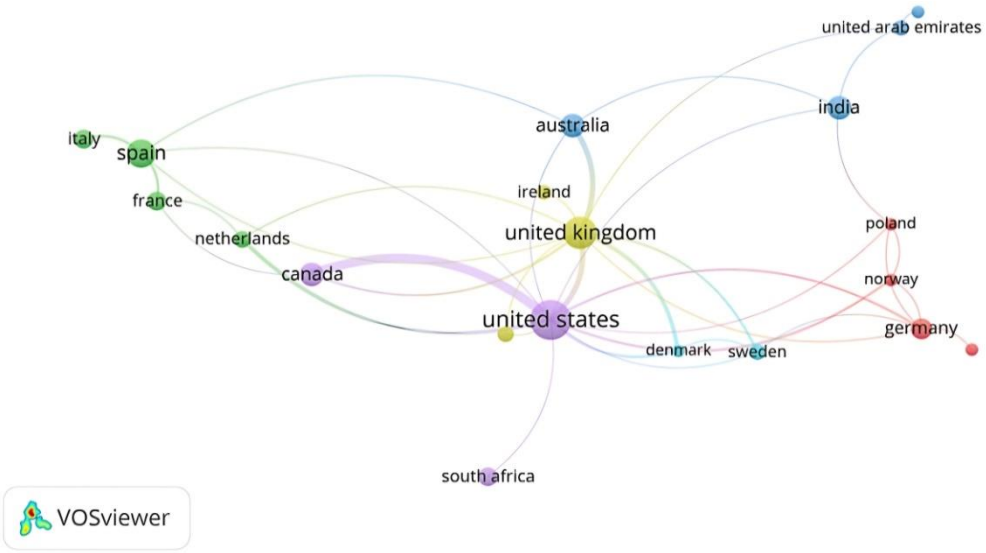


Social structure mapping:

Figure 4 depicts the social structure mapping of the co-authorship countries. A co-authorship network is evidence of authors from different countries collaborating in particular research areas (Guan & Huang, 2022). The mapping criteria require that at least five publications be published by authors in a certain country. Only 23 of the total 80 countries fit the criteria. The largest network contains only 20 countries. There are 20 items in the network, 6 clusters, 38 links, and 61 total link strengths. The USA has the maximum collaboration with 117 articles and 27 links followed by the UK having 67 articles and 21 links and Canada having 26 documents and 10 links. The highest collaboration (7) is between the USA and Canada followed by The USA and The UK (4).

Figure 4

Co- authorship network of countries

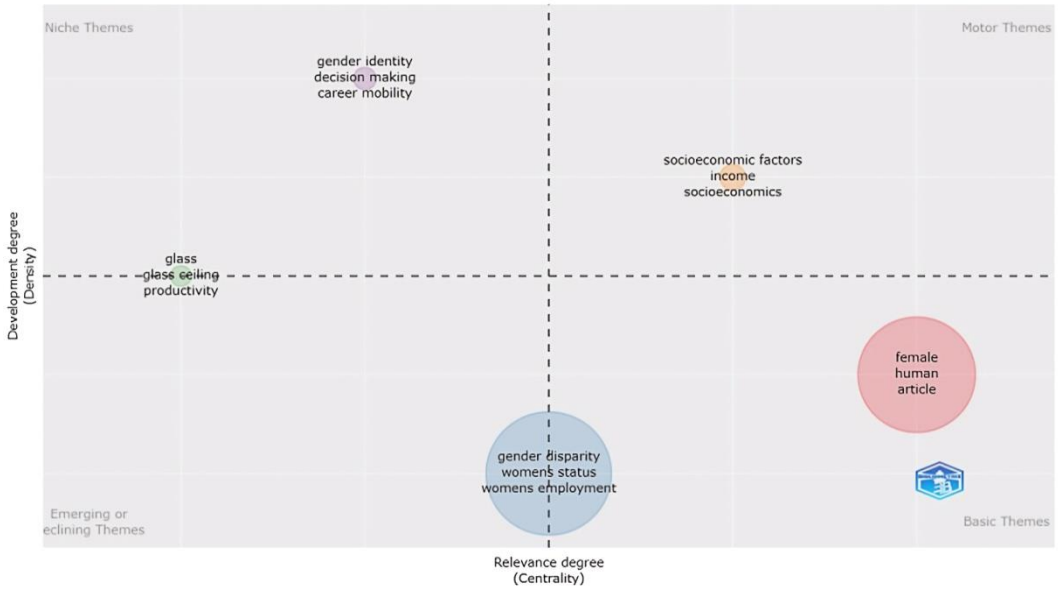


Thematic mapping:

Figure 5 depicts the thematic map of keyword plus which is plotted against two metrics such as density and centrality. The degree of interaction between networks is indicated by centrality. The density of the network reveals its internal strength. The identified thematic areas are female, gender disparity, glass, gender identity and socio-economic factors which are organized in five clusters.

Figure 5

Thematic map of keyword plus



Cluster 1: Female: Concentrates on the status of female employees in an organisation. Studies in this cluster highlight the leadership skills of male and female employees (Pooja & Kumar, 2021); drivers, motivations, and challenges in women entrepreneurship (El-Fiky, 2022); barriers of women in top managerial positions (Segovia-Pérez et al., 2021); career progression (Biju et al., 2021); professional development (Villarroya & Barrios, 2022); discrimination in leadership position (Adamovic, 2023). This cluster shows interested parties how males and females view the primary hurdles which discourage females from advancing in their professional lives, achieving appreciation and illumination in job roles. For females, it can be difficult to advance in their careers, and the obstacles they encounter frequently differ from those males encounter. Discrimination based on gender has a negative impact on female involvement in jobs and significant decision-making responsibility.

Cluster 2: Gender disparity: Concentrates on gender disparity, gender role, wage gap, and gender equity income distribution in an organisation. Major papers highlight the issues like gender inequality in the labor market (Batchuluun, 2021); gender-based differences in executive pay (Kraft, 2022); wage discrimination in self-employment (Franca, 2020); female participation in stable jobs (Nunez et al., 2020); human capital (Araujo, 2022). Women must build interpersonal professional circles and mentorship ties, and export promotion strategies must be

gender appropriate. Equal treatment for men and women at workplaces is more than just a critical component of sustainable economic development, as well as the "must-do" policy for social justice. Almost in every employment, the glass ceiling issues are present, since women prefer lower-paying jobs. Women earn a lesser wage than men while having identical jobs and productivity traits, including academic achievement, overall expertise, and additional training and abilities.

Cluster 3: Glass: concentrates on glass, glass ceiling, productivity, sustainability, innovation, mentoring, etc. Major papers highlight promotion issues for women in the universities (Chacha, 2021); glass ceilings in politics (Murray, 2023); sustainability (Hammond, 2021) women in leadership positions (Zhang & Basha, 2023); gender stereotyping in social groups (Mella, 2022). Stereotypes pertaining to gender lead to a decrease in emotional and physical engagement that has negative consequences for organisations as well as employees. Gender diversity as well as equitable opportunity for males and females in leadership roles, is crucial in all aspects of progress by conquering obstacles arising from various points of view. Women are disproportionately underrepresented in leadership and mentoring positions which is widely seen as an unappealing field for women due to the discriminatory mindsets, a male-dominated society, work atmosphere, and staffing practices. Women can be more effective managers since they possess outstanding verbal and written speaking, excellent mediator abilities (which are critical for bargaining and conflict settlement), and robust interpersonal talents.

Cluster 4: Gender identity: concentrates on employees' intrinsic, profound, and cognitive gender identification, career mobility, decision-making, and women's rights inside the workplace. Major papers highlight the career mobility of women in a patriarchal society (Arar, 2018); gender imbalance in managerial roles (Rivera-Romano et al., 2020); women's identity constraints (Kirk, 2019); opportunities and barriers for women managers (Chou et al., 2013). Women's rights laws are intended to guarantee equal representation in the workforce, offer maternity leaves and incentives, generate job opportunities, raise women's involvement in decision-making, foster gender identity, and eliminate obstacles for women being employed. Women in the workforce experience a voluntary glass ceiling. The obstacle is caused by the importance they place on playing a compassionate role, the necessity of juggling both their professional and personal lives, and ultimately how they shape their identities. Women are portrayed as weak as they struggle to adapt to contemporary ideologies which accentuate their maternal obligations while de-emphasizing their status as prosperous, working women.

Cluster 5: Socio-economic factors: concentrates on socio-economic factors (income, age, educational level, wage, salary, job satisfaction) of women. Major

papers highlight the importance of the gender gap in earnings (Mandel & Rotman, 2021; Collischon, 2023); gendered health inequities (Dinh et al., 2017); gender perspective on job satisfaction (Sinha & Bhatt, 2020; Patwardhan et al., 2018). Female executives can regulate their sensations of pleasure in order to mitigate mental conflict and continue to be dedicated to their jobs. The glass ceiling is the hidden restriction that women face whenever they look for career opportunities but are unable to obtain them. This renders women feel unworthy of higher-level roles in organisations. Women's disappointed career aspirations can lead to sadness and anxiety. Men labour longer hours in comparison to women due to disproportionate engagement with looking after kids and household tasks. Disparities in these non-work settings fuel gender disparities in job opportunities, earnings, engagement, and remuneration.

Future directions

1. *Study from underdeveloped countries and ethnic minorities:* According to the bibliometric review, advanced and developed nations such as the United States, the United Kingdom, Spain, Italy, Germany, and France and developing nations such as India, China, Pakistan, as well as Qatar occupy a major part of glass ceiling literature. Research from underdeveloped nations and societies with a strong religious focus can give future academicians and researchers new insights into the glass ceiling. Ethnic minorities make up a large proportion of the workforce in developed countries, but just a small proportion of leaders (Adamovic & Leibbrandt, 2023); the reasons for this ethnic disparity in managerial positions are quite obscure (Anderson et al., 2019). As a result, study regarding ethnic minorities in connection to the glass ceiling is highly anticipated.

2. *Study on elements and employee perceptions about glass ceiling:* Future researchers should try to identify other elements (types of organisation, physical traits and attributes, caste, employment opportunities and job roles) that may affect how people perceive the glass ceiling. This will aid employers in designing gender diversity programmes for distinct types of female managerial staff, making hiring and retaining of these women easier. Similarly both qualitative and quantitative evaluation of employee perceptions behind the elements and barriers of glass ceiling can give new insights. Additionally, research should look at the presence of a correlation between the various fundamental barriers to the emergence of a glass ceiling.

3. *Study on impact of glass ceiling on organisational image:* The existing literature addresses the negative consequences of the glass ceiling like mental imbalance, loneliness, anxiety, intention to quite, job dissatisfaction, and adversely affects women morale, but limited studies addressed the influence of the glass ceiling on organisational reputation, brand value, and consumer perception. As a result, researchers should conduct a quantitative assessment of the impact of the glass ceiling on numerous organisational variables and outcomes. Such studies are likely to encourage business entities to put efforts into eliminating the glass ceiling and increase image in public.

4. *Study on scale development:* There is a dearth of scales which can comprehensively assess many aspects of the glass ceiling (Taparia & Lenka, 2022). Little attention has been given on scale development. Both Woman as Manager Scale (WAMS) and Schein Descriptive Index (SDI), solely assess the level of stereotyped attitudes. Similarly, Workplace Culture Questionnaire (WWQ) solely assesses the extent to which organisational-level issues contribute to creating a glass ceiling. As a result, future research must construct an integrated scale to comprehend aspects of the glass ceiling.

5. *Study on glass ceiling in government and public organisations:* Gender representation in leadership is essential in public as well as government officials because the existence of women suggests that the government is transparent and readily available to various demographics in general. Only a few studies have been conducted on women in government leadership roles and women continue to be under-represented in various senior roles in government and public sectors (Zhang & Basha, 2023; Naguib & Madeeha, 2023). Studies related to glass ceiling in both public and government organisations can provide novel insights. Also, a growing number of women are breaking through the glass ceiling and occupying top-level leadership roles in both government and public sectors. However, they are underrepresented in dangerous and unstable leadership roles, referred to as the emergence of glass cliffs. Prospective studies on the development of organisational change strategies which can minimize both glass ceiling and glass cliff can give new directions to existing research.

Conclusion

The bibliometric study on the glass ceiling summarizes current information with regard to of year of publication, influential authors, organisations and countries, word cloud, and major collaboration networks. As indicated by the high number of publications, the glass ceiling has consistently been a significant research subject in related domains. We believe that additional studies on the glass ceiling will be conducted as the concept of glass ceilings has acquired appeal among politicians and scholars. The analysis also includes intellectual structure, social structure, and thematic mapping of glass ceilings. It also identified research gaps and suggested future directions for interested authors. The study is not free from flaws. First, it includes SCOPUS database only, future studies can include articles from Web of Science and Google Scholar. Second, it includes articles that are published only in the English language. Future studies can include conference proceedings, book chapters published in English as well as in other languages.

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Postcolonial Feminist Perspectives for Social Work Practice

Vandana Thousen[1]

Abstract

Postcolonial feminist perspectives represent a significant contribution to the advancement of social work practice. This paper presents a stimulating reconsideration of customary research methodologies. Postcolonial feminism compels social workers to embrace a more nuanced and culturally sensitive approach by emphasizing the intricate connectivity between race, class, gender, and culture. The adoption of this strategy is crucial in order to duly tackle the distinctive obstacles encountered by disadvantaged communities, nurturing an atmosphere of comprehension, empowerment, and significant transformation. In essence, the utilization of postcolonial feminist perspectives within the field of social work serves to cultivate a practice that encompasses diversity and fairness, consequently generating a profound impact on the well-being of individuals and the broader fabric of societies.

Keywords: *Diversity, Inclusivity, Intersectionality, Postcolonial, Power dynamics*

Introduction

Postcolonial feminist viewpoints are transforming social work practice. This paper examines how postcolonial feminist principles can improve social work interventions, particularly in contexts shaped by colonial histories and oppression. Postcolonial feminism originated in the colonial period, when Western powers imposed their beliefs and norms on conquered nations, sustaining patriarchal and hierarchical institutions. Women in these communities struggled with gender, racism, and colonial oppression. Traditional feminist groups ignored the specific problems of women from non-Western nations and oppressed backgrounds, creating a Eurocentric view of feminism. Postcolonial feminism challenged essentialist beliefs and centered the perspectives and experiences of women from varied cultural and geographical origins to overcome these restrictions. This intersectional feminist theory and action highlight the interdependence of gender, race, and colonial history in affecting people's lives and experiences. Postcolonial feminist ideals may transform how social workers help people and communities. Social workers may personalize culturally responsive responses by understanding clients' unique identities and experiences. Challenge essentialist assumptions and

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decolonize social work to create more inclusive, egalitarian, and powerful client-professional interactions.

Postcolonial feminist-informed social work requires cultural competency and sensitivity. Social workers may empower and empower clients by appreciating and respecting varied cultural ideas and practices. This paper discusses intersectionality in social work practice, empowerment, agency-building interventions, ethical issues, and inclusive research and knowledge generation that seek to inform the potential of postcolonial feminist social work.

Historical Context of Postcolonial Feminism

Postcolonial feminism has emerged as a theoretical framework in direct response to the historical circumstances of colonialism and imperialism, which have significantly influenced the lived experiences of women residing in colonized territories. During the colonial period, Western powers exercised dominion over extensive territories and enforced their cultural norms and values upon native populations (Kleibl *et al.* 2019).

Women in many societies experienced various forms of oppression, as they were subjected to the dominance of both patriarchal and colonial systems. The feminist movements prevalent in Western societies during that period frequently neglected to acknowledge and address the distinct challenges encountered by women from non-Western backgrounds. Consequently, this oversight served to perpetuate a Eurocentric interpretation of feminism (Nylund *et al*. 2023). Postcolonial feminism emerged as a critical response to the exclusionary narrative, aiming to prioritize the perspectives and lived realities of women hailing from various cultural and geographical contexts. The text underscored the interconnections between gender, race, and colonial legacies in influencing the experiences of women, and advocated for a broader and more comprehensive approach to feminist theory and activism that takes into account these intersecting factors (Willey-Sthapit *et al*. 2022).

Deconstructing Western Feminist Narratives

Postcolonial feminism engages in a critical analysis of Western feminist narratives in order to unveil their ethnocentric inclinations and tendencies toward universalization. This observation underscores the unintended perpetuation of colonial power dynamics by certain Western feminists, who imposed their values and objectives onto non-Western societies without adequately accounting for

cultural contexts and historical legacies (Cree and Phillips, 2019). The objective of this deconstruction is to disassemble the notion of a singular, all-encompassing encounter with womanhood, and instead promote an appreciation for the varied and situation-dependent challenges related to gender. Postcolonial feminism challenges the dominant Western feminist narratives, thereby creating an opportunity for the voices and agency of women belonging to marginalized communities to gain recognition and respect (Webb, 2019).

Intersectionality in Social Work Practice

The concept of intersectionality, originating from postcolonial feminism, holds significant implications for the practice of social work. The statement recognizes that individuals and communities encounter a range of interconnected forms of oppression and privilege, which are contingent upon diverse social identities including race, gender, class, sexuality, and ability (Manning, 2021). By adopting an intersectional lens, social workers are able to enhance their comprehension of the intricate dynamics present in their client's lives, as well as gain insight into the distinct obstacles they encounter. This particular viewpoint empowers social workers to construct interventions that are comprehensive and customized, taking into account the interrelatedness of social inequalities and striving for outcomes that are more fair and just (Brown and MacDonald, 2020).Postcolonial feminism challenges the essentialist understanding of gender, race, and culture by acknowledging their socially constructed and contextually contingent nature. The concept of essentialism oversimplifies the complexities of identities and contributes to the perpetuation of stereotypes, thereby potentially resulting in detrimental and misguided interventions within the field of social work (Sharma, 2019). In contrast, social workers who are influenced by postcolonial feminism endeavor to comprehend the dynamic and intricate nature of identities and cultural practices. By interrogating the concept of essentialism, professionals can cultivate culturally sensitive and responsive approaches that uphold the diversity and autonomy of their clientele (Wijesinghe *et al.* 2020).

Decolonizing Social Work Practice

The process of decolonizing social work practice entails engaging in rigorous analysis and proactive response to the enduring effects of colonialism on the field. Social workers are tasked with the responsibility of addressing and dismantling oppressive power structures that contribute to the perpetuation of inequalities, both in their interactions with clients and within the larger system (Koobak *et al.* 2021). The process of decolonizing social work involves a deliberate departure from paternalistic and neocolonial approaches, with a focus on prioritizing the

knowledge and experiences of marginalized communities in the development and execution of interventions (Dittfeld, 2020). The process of transformation holds significant importance in the development of social work practices that are characterized by increased equity and empowerment. It is imperative for social workers to acknowledge and demonstrate reverence for the heterogeneous cultural backgrounds of their clientele, as well as the profound impact that these cultural contexts have on their lived experiences and belief systems (Almeida *et al.* 2019). Culturally competent interventions encompass the active and intentional involvement of practitioners in a manner that recognizes and integrates the cultural values and practices of their clients (Chadwick, 2021). Through this approach, social workers can establish trust, a crucial factor in facilitating effective interventions aimed at enhancing overall well-being and fostering a sense of empowerment.

Postcolonial feminism places significant emphasis on the imperative of enabling individuals and communities to assert their autonomy and exercise control over their own lives (Henry *et al*. 2020). Social workers who adopt this perspective acknowledge and appreciate the inherent strengths. Through the utilization of a strengths-based framework, social workers possess the ability to facilitate the identification and acknowledgment of clients' inherent capabilities and capacities. This approach serves to cultivate a profound sense of agency and self-determination within individuals (Jamil, 2020). Interventions that prioritize empowerment facilitate in making well-informed choices and assuming agency over their lives, thereby resulting in outcomes that are both sustainable and favourable.

Ethical Considerations

Ethical dilemmas manifest themselves within the realm of social work practice when confronted with the incorporation of postcolonial feminist viewpoints (Vaittinen and Confortini, 2019). Social workers are required to effectively address matters pertaining to cultural relativism, acknowledging the potential clash between their own values or professional standards and cultural practices and beliefs (Al-wazedi, 2020). Maintaining a delicate equilibrium between the appreciation of cultural diversity and the preservation of universal ethical principles is of utmost importance. Furthermore, it is imperative for social workers to exercise caution in order to prevent the perpetuation of colonial power dynamics during their engagements with clients (Zerbe Enns *et al.* 2021). Ethical considerations necessitate continuous introspection, self-consciousness, and cultural modesty.

Inclusive Research and Knowledge Production

Postcolonial feminism promotes the adoption of inclusive research methodologies that aim to question and disrupt prevailing knowledge paradigms, while also prioritizing the amplification of marginalized communities' voices (Johnstone and Lee, 2021). Within the field of social work, it is imperative to transcend conventional research methodologies that have the potential to uphold colonial biases or paternalistic perspectives. In contrast, social workers are advised to engage in collaborative efforts with communities, actively involving them as partners in the research process (Awinpoka Akurugu, 2021). Inclusive research endeavors yield knowledge that is both contextually relevant and accurate, thereby enhancing the effectiveness and cultural sensitivity of social work practice. Furthermore, it enhances the capacity of communities by recognizing their expertise and experiences as legitimate reservoirs of knowledge (Hirudayaraj and Shields, 2019).

The integration of postcolonial feminist viewpoints within the realm of social work practice has the potential to yield interventions that are characterized by enhanced equity, cultural sensitivity, and transformative outcomes (Bali, 2019). Through a critical examination of historical narratives, the questioning of essentialist perspectives, the adoption of intersectionality, and the active process of decolonizing their professional approach, social workers have the potential to cultivate empowerment, agency, and social justice for the individuals and communities they are dedicated to assisting (Motta and Teixeira, 2021).The integration of postcolonial feminist viewpoints into the field of social work has demonstrated encouraging results in multiple domains of intervention and involvement (Chakravarty *et al.* 2020). This section presents the primary findings derived from studies and initiatives that have examined the implementation of postcolonial feminist principles within social work contextsan integrative approach to economic, social, and political empowerment makes projects and initiatives successful and has empowered women to challenge gender norms, increase their decision-making authority, and actively contribute to their communities by helping them become economically self-sufficient, socially involved, and politically knowledgeable. Tradition and social work can empower women. Women have changed their communities by reinterpreting traditional practises to promote equality or engaging in community-driven development programmes. These show that women's autonomy, resilience, and inventiveness are crucial to significant transformation.

Ethical Considerations

The inclusion of postcolonial feminist perspectives in the realm of social work practice gives rise to a number of ethical considerations (Mohajan, 2022). Social workers are required to adeptly navigate the intricate dynamics of cultural relativism, while simultaneously striking a delicate equilibrium between universal ethical principles and the utmost regard for a wide range of cultural values. In this particular context, the process of ethical decision-making necessitates the engagement of critical reflection, the seeking of input from colleagues, and the facilitation of open dialogue with clients (Grosser and Tyler, 2021).

Conclusion

This paper discussed the possibility of the historical context of postcolonial feminism, deconstructing Western feminist narratives, intersectionality in social work practice, challenging essentialism, decolonizing social work practice, culturally competent interventions, empowerment and agency, ethical considerations, and inclusive research and knowledge production to gain insights into the transformative potential of incorporating

Postcolonial feminism that showed that conventional feminist ideology was Eurocentric and discriminatory. Postcolonial feminism addressed how gender, race, and colonial history shape people's lives by prioritizing the perspectives and experiences of women from varied cultural and geographical origins. An intersectional approach to social work helped social workers comprehend clients' different identities and problems, resulting in more targeted and successful treatments. Deconstructing Western feminist myths revealed its ethnocentrism and cultural imperialism. Social workers might establish more inclusive and equitable practices by opposing essentialist perspectives and acknowledging the social construction of gender, ethnicity, and culture. As social workers deliberately destroyed repressive power systems and established more equitable and respectful client-professional interactions, social work practice was decolonized.

Postcolonial feminist-informed social work required cultural knowledge and sensitivity. Social workers can develop more trustworthy and powerful therapeutic environment by respecting varied cultural values and practices. Empowerment and agency-building treatments helps to recognize and build on their strengths and skills to make informed life choices. Maintaining cultural variety and universal ethical values needed self-reflection, dialogue, and cultural humility. This situation required ethical decision-making to critically examine power inequalities and promote well-being and dignity.

For culturally relevant and accurate information, research must question dominant knowledge paradigms and amplify disadvantaged perspectives. Social workers may create more meaningful and transformational solutions by including communities in research.

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Literacy Situation in India: A Social Work Perspective

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Abstract

India is a country where more than 85% of the population is literate, has produced the world's second largest pool of trained scientists and engineers. It is a country in which there are atleast 12.97 million children who have not seen the inside of a school, yet which invents more sophisticated software for United States computer manufacturers than any other nation in the world.

India has 287 million illiterate adults, the largest population globally and 37% of the world total says a report by U.N. Educational, Scientific and Cultural Organization, also known as UNESCO. Our illiterate population alone exceeds the total combined population of the North American continent and Japan. Once again, the statistics are heart-numbing: About 12.97million children in the 6-10 age groups do not attend primary school. Around 15 per cent of all children who have enrolled in primary school drop-out before reaching class V. The female literacy rate 70.3 per cent) is 14 percentage points below that for males (84.7 per cent); in other words, 91 million more adult illiterate females than males.

A Backdrop of literacy Scenario

Constitutional framers have recognized the need to eradicate illiteracy. Article 45 of our constitution prescribes that "the state shall endeavour to provide, within a period of 10 years from the commencement of this constitution, free and compulsory education for all children until they complete the age of 14 years." Moreover, the Supreme Court has ruled that universalization of primary education as a fundamental right of each child.

The Constitution (Eighty-sixth Amendment) Act, 2002 inserted Article 21-A in the Constitution of India to provide free and compulsory education of all children in the age group of six to fourteen years as a Fundamental Right in such a manner as the State may, by law, determine. (Amartya Sen (1998))

India has made an uneven progress in educating its population. Whereas most districts in Kerala, following the introduction of free and compulsory education by an elected communist government in 1957. The results of 2011 census reveal that there has been an increase in literacy in the country. The literacy rate in the

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country is 74.04 per cent, 82.14 for males and 65.46 for females. Kerala retained its position by being on top with a 93.91 per cent literacy rate, closely followed by Lakshadweep (92.28 per cent) and Mizoram (91.58 per cent). Bihar with a literacy rate of 63.82 per cent ranks last in the country preceded by Arunachal Pradesh (66.95 per cent) and Rajasthan (67.06 per cent). (AishathSuhara (1997))

Literacy and Family Upliftment

Educational attainment is strongly associated with every important reproductive behaviour including age of marriage, fertility planning, ideal number of children etc. Basic literacy can produce considerable improvement in the health and demographic situation. It suggests the urgent need to fully implement the constitutional commitment of universal and compulsory education for children below 14 years. In particular, increasing the enrolment, decreasing the dropout rate and increasing the education level of girls and young women is an important instrument for reducing fertility and increasing family welfare.

Further, improvement in the school attendance can be achieved by the introduction of the special schemes such as the mid-day meal scheme, free text book and uniforms for children from poor families, day-care centres to look after small infants and other measures for motivating parents to send their children, particularly their daughters to school. To meet the needs of the working children, the concept of door step school has been introduced using flexible schedule and curricula. (Report of Seminar (1994))

Social Work Perspective

Here an attempt has been made to explain the social work methods viz. Social Case Work, Social Group Work, Community Organisation, and Social Work Research and their usage by trained social workers in the implementation of total literacy programme and attainment of 100 per cent literacy without overburdening the state government.

Social Case Work

It is an important method of social work and is applied in educating the illiterate person about the importance of education not only for himself/ herself but for the family as a whole.

In the existing Indian socio-economic situation, the intervention of Case Work has its own importance in educating the individual about overall development of his/her family in particular and country as a whole. The Professional Social Worker gets in touch with individual families and tries to find out the socio-economic conditions and other factors that influence the utilization of education and improving their self and family development.

Social Group Work

The needs which are not met through Social Case Work method could be met by means of Social Group Work. For example, an illiterate man or woman having a wrong notion about the importance of education would be encouraged to do so when allowed to discuss the importance of education with a similar group. In the group living, group experience could be helpful to overcome the doubts, wrong notions, misconceptions, resistance and inhibitions. Further, the Social Workers can organize and train the illiterate persons in organizing Self-Help Groups in helping each other with problems relating to illiteracy in a given locality/settlement. Members who had minimum education could share their knowledge and experiences with other illiterate member of the group. The group situation provides opportunity for self-evaluation, self-perception, recognition and acceptance of education because the group members share the feelings of oneness and common cause and interest. Thus, the phenomenon of group pressure and group contagion may be successfully utilized by the social worker to achieve the goal of attaining the total literacy.

Community Organization

It is another method of social work focusing mainly upon bridging the gap between welfare needs and resources in the community. It is concerned essentially about co-ordination and extension of the various agencies available to the individuals. For example, the Social Worker as a community organiser has to first make the community develop an attitude of discontent towards the existing situation (regarding adult education/school drop-out) and take steps to bring about a removal of illiteracy and healthy society.

The Social Worker may/can try to enhance community participation in the total literacy programme and school drop-outs by making use of community organization techniques and skills in establishing contact with the local social agencies, local leaders. The Social Workers would be in a better position to enhance community participation.

At the level of attaining '100 per cent literacy' the Social Workers has to see that people make the full use of the available facilities from the national literacy programme and free and compulsory education for children upto 14 years of age. Social Worker may visit the homes of rural/slum dwellers to find out why they are not making use of the services available next door or within close proximity? why are they not sending their children to the school? why the literacy programme in particular and education in general is not being utilized properly? After obtaining answers for all these questions, the Social Worker would be in a better position to motivate the client(s) to make use of the facilities available within the vicinity of their own community.

Social Work Research

Social Work Research would also help in undertaking systematic study to identify the reasons for non-education and school drop-outs children which may be useful in early diagnosis of the problem and may help the Social Worker to provide the best remedial measures. For example, the method of Social Work Research can be effectively utilized to find out why the parents do not meet the needs of drop-out of their children from the school? And why they became maladjusted? These and many other questions could be understood and answered by making use of research knowledge. This knowledge may help in devising suitable measures in the successful implementation of education services in the society.

Futuristic View of Literacy

The total literacy programme was started in India during 1992-93, but the schools of social work and their students were not involved in executing the programme. There is no reference to Professional Social Workers either in the central or state plan action or programmes. Professional Social Workers should be involved in the planning stages, so that they can include literacy in their field work curriculum and guide the students in making use of various methods of social work in implementing the literacy programme successfully. Further, trained Social Workers can help to meet total literacy programme by working closely with various committees right from the district level to gross root levels, which have been assigned the target of attaining 100 per cent literacy. Given an opportunity Social Workers may guide and supervise the work of the adult education team and may help them provide best guidance and may also become instrumental in attaining the objectives of total literacy programme.

The total literacy campaign is a unique example of the way in which Government and organizations of Professional Social Workers can be welded together for a common cause. Structures have been created at the gross root level which are not formal, but participatory in nature. These people committees can bring in the participatory dimension in governmental programmes, which is often lacking. One has to learn to create space and maximise its use, and not simply wait for structures to be evolved. (Thandoor, Shashi (1998))

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Hustle and Resilience: A Case Study of Women Street Vendors Overcoming Structural Violence

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Abstract

This study investigates the experiences of Women Street vendors in Tamenglong District of Manipur, India, focusing on their resilience and resourcefulness in navigating the challenges associated with informal vending. It adopts a structural violence framework, as outlined by Galtung (1969), to explore how these women navigate various forms of social, economic, and political marginalization. Through in-depth case studies of five households, the research examines family backgrounds, business practices, and the specific challenges faced by these women vendors. The case studies illuminate the women's agency and highlight their strategies for navigating the complexities of street vending. The analysis explores how these women manage their businesses and underscores the critical role of street vending in securing their livelihoods and contributing to household income. Ultimately, the narratives of these women vendors demonstrate their strength and determination in the face of structural disadvantage, contributing to a broader understanding of gender, informality, and economic empowerment in the Indian context.

Keywords: *Livelihood, Resilience, Street Vendors, Structural Violence, Women*

Introduction

Women start their days well before sunrise, setting up stalls and preparing their goods. They navigate a challenging landscape, interacting with customers, enduring long hours, and sometimes facing abuse. However, they persevere. The soft strategies they employ to run their businesses demonstrate their ability to bounce back quickly and effectively. They forge social connections for support and adapt to the ever-changing urban environment. These women are not just participants in the economy; they are also vital contributors to the liveliness of the streets. Engaging in diverse economic activities, they foster a sense of community while striving for financial independence for themselves and their children. Paid work can be a significant source of empowerment for women, fostering financial independence, decision-making agency, and a sense of self-worth (Chen, 2013). However, entry into the workforce, particularly within the informal sector, is influenced by socioeconomic background.

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In low-income families, especially in rural areas, cultural norms surrounding gender roles channel women towards street vending as a socially acceptable avenue for income generation (De Neve, 2005). This is particularly true for single mothers or widows facing limited employment options (LeBaron, 2010). Beyond meeting basic needs, income from street vending offers a degree of financial autonomy, enabling women to participate in household decision-making and contribute to investments in their children's education or healthcare (Onaran et al, 2022). However, the informal sector presents its own challenges. While flexibility allows for balancing work and childcare responsibilities, it can also lead to fluctuating income and an absence of social safety nets, such as pensions or health insurance (Chen, 2013). Furthermore, women street vendors often face additional challenges, including harassment, discriminatory treatment from authorities, and intense competition for vending space (De Neve, 2005). These combined factors significantly impede their ability to achieve a sustainable livelihood.

Widowed women, particularly those lacking alternative sources of family income, face significant barriers in the formal labor market due to factors such as limited education, skills, and childcare options (Marianti, 2004). Consequently, they are often channeled towards the informal sector, where street vending offers a readily accessible source of income generation with low entry barriers and flexible working hours (Bhowmik & Saha, 2011). While street vending provides a degree of financial independence and fulfill basic needs, it presents numerous challenges for these women (Franck, 2012; Chinyakata, 2016). Inconsistent income due to unpredictable customer flow and a lack of social security benefits create a sense of financial insecurity. Furthermore, widowed women street vendors are particularly vulnerable to harassment from customers and authorities due to societal perceptions of their vulnerability (Azmi et al., 2021).

Women street vendors in India, particularly those from marginalized communities such as Scheduled Castes (SC) and Scheduled Tribes (ST), face numerous challenges in their work. These challenges often push them into the informal sector, where street vending offers some flexibility but limited social security (Onego et al., 2023). This vulnerable position exposes them to structural violence, as described by Galtung (1969). Initially, they experience this violence within their own families, where they are taught that being female means having fewer rights (Haq, 2013). In society, as women belonging to marginalized communities, they face intersecting discrimination based on caste and gender, making them more susceptible to exploitation by various actors (Gera &Hasdell, 2020). The intersectionality of gender with other identities such as caste, ethnicity, and class significantly impact the personal and professional lives of women (Pankaj, 2023). Women entrepreneurs in the MSME sector, including street vendors, face

numerous challenges, including unequal access to resources, finance, and skill development opportunities (Khan, 2016). The inadequate infrastructure in cities for lower caste people, which often neglects the safety and mobility of marginalized women, further exacerbates the challenges they face (Gera &Hasdell, 2020). Despite government programs aimed at empowering women, discrimination persists across various levels, including class, income, and territorial dynamics (Chant, 2013). Women from marginalized groups often contribute to the economic stability of their households through daily or monthly wage jobs (Gera &Hasdell, 2020). This means that women play a key role in the economic stability of their homes and, as a result, contribute to the country's GDP. However, the state fails to prevent the structural exploitation that has been occurring for generations against women at the societal level.

Women street vendors navigate a complex web of challenges that impede their economic empowerment and overall well-being. Administrative bodies often enforce inequitable regulations or levy exorbitant fees, hindering their earning potential (Steel, 2008). Customers, too, contribute to their vulnerability by employing coercive bargaining tactics or resorting to harassment (C. Williams & Round, 2008). Furthermore, societal perceptions of women street vendors as easy targets expose them disproportionately to predatory behavior by their male counterparts (Bano et al., 2009). This persistent insecurity restricts their ability to plan for the future and limits their opportunities for advancement.

Legislative efforts to improve the situation, while commendable, haven't translated into equitable access to justice. Educated women from privileged backgrounds or those with strong social networks navigate the legal system more effectively (Ryan, 2011). However, marginalized women street vendors face a markedly reduced capacity to seek redress. Complaints often go unaddressed due to bureaucratic hurdles or fear of retaliation (Ahuja &Kapur, 2023). The lack of timely intervention fosters feelings of disenfranchisement and disillusionment with the legal system.

Despite these challenges, women street vendors demonstrate remarkable resilience. The flexible nature of street vending allows them to balance work with family responsibilities, a crucial factor for single mothers or those with limited childcare options. The income they generate, though often modest, plays an outsized role in meeting household needs and fostering a sense of financial autonomy and freedom (Cueto, 2024). Moreover, they cultivate strong social networks within the vendor community, fostering a sense of camaraderie and providing a safety net of mutual support (Brown &Rammidi, 2014).This network furnishes a vital locus of support, encompassing informational exchange and emotional succor within an ecosystem where isolation and vulnerability might

otherwise reign supreme. Moreover, their conspicuous presence in public domains serves as a form of resistance against marginalization, subverting entrenched gender norms that seek to circumscribe women within the confines of domesticity. By asserting economic agency and staking out a niche within the public sphere, they effectuate a broader societal paradigm shift characterized by inclusivity and empowerment.

This study utilizes case studies to capture the multifaceted vulnerabilities and resilience of women street vendors. Case studies offer an in-depth exploration of their lived experiences within their specific sociocultural and historical context (McCutcheon & Meredith, 1993; Gupta& Dwivedi,2023). By immersing the research in the vendors' realities, these narratives illuminate the challenges they face, their livelihood strategies, and efforts to secure daily needs. This study focuses on the vulnerabilities experienced by women, allowing for a nuanced understanding of the unique adversities and triumphs they navigate within the informal economy. Furthermore, case study analysis facilitates a deeper comprehension of the structural violence they encounter and the strategies they employ to resist and overcome it. These narratives encapsulate the multifaceted dimensions of resilience and resistance exhibited by these women in the face of systemic inequities.

Study Method

In order to gain a comprehensive understanding of the lives of women street vendors in the Tamenglong district of Manipur state, India, the researcher employed a qualitative case study method. The data collection period lasted from January to June 2023. In-depth interviews were conducted with a carefully selected group of vendors from various backgrounds, including rural and urban areas, and with age differences ranging from early 24s to late 54s. Establishing rapport was crucial, as some women initially hesitated to share personal details. However, by emphasizing the importance of data privacy and building trust, the researcher created a comfortable environment for open and honest dialogue. Therefore, for privacy maintenance due to ethics, pseudo names has been used in this study. This approach resulted in the collection of rich narratives and provided valuable insights into the complexities of these women's lives.

During the interviews, the researcher aimed to understand the concerns of the vendors, including managing street vending and household activities, sourcing products, and dealing with travel and socio-economic challenges, among other things. Despite facing various obstacles, some individuals supported and encouraged street vending. Initially, women were not exposed to marketing, but

through their relationships with colleagues, they were inspired by seeing others succeed. They were able to manage their household expenses and became decision-makers in their families as a result. This livelihood also brought them satisfaction, dignity, respect, and more, despite the structural violence they face in society. The interviews revealed the variety of economic activities these women engage in, including the products they sell and the strategies they use to support themselves. Additionally, the importance of social networks emerged, highlighting the sense of community and support these women derive from their fellow vendors. Furthermore, the interviews highlighted the regulatory challenges these vendors face and the adaptive measures they employ to overcome them. These insights are invaluable for informing policy interventions.

Against All Odds: Mrs. Zema's Journey as a Vegetable Vendor

Mrs. Zema, a determined vegetable vendor, is 54 years old and belongs to the Rongmei Tribe. She resides in Marangching Village within the Tamenglong District. As a member of the Scheduled Tribes (ST), she faces the dual realities of preserving her traditional legacy while also dealing with economic hardships. Mrs. Zema is an illiterate woman, but she is the head of a large family. She is a widow and has five children, including two daughters and four sons. Her daughters are married, and her two older sons, who are also married, live with her in a shared family arrangement. She bears the full weight of household chores, which became even more pronounced after the loss of her husband five years ago. She says,

"Before my husband passed,I started small, selling fruits and vegetables to help with the family finances. But then it became everything. I had to dive in headfirst, these long days starting at 4 am. Before the sun even thinks about rising, I'm out there getting the freshest fruit from the farmers, collecting forest goods like bamboo shoots and seasonal things. Gotta gets there early, pick the best stuff, that's how I keep the sales going strong. Then comes the hauling – all that stuff to the bus stop, it's no easy feat. The market? Sixty miles away, a long ride on that bumpy bus. Doesn't matter though, gotta keep going, gotta provide for my family, gotta keep this business alive."

"Market's a whole different story," she continues. "Lively, everyone hustling for a sale. But I've got a reputation – good quality, fair prices – that keeps them coming back. I work hard, sell everything if I can, gotta balance the pace with the price. By 4 pm, I'm packing up, a little heavier in the pockets, a lot heavier in the body. But the day ain't over. Gotta count the money, figure out the bills, plan for tomorrow. It's a cycle, but I'm in it for the long haul."

"It's not all smooth sailing, mind you," she sighs. "Those deliveries? Sometimes things get damaged, cuts into the profits. And these strikes, they happen all the time, make it even harder. Still, we built a new mud house recently, me and the kids. Two younger ones are in private school – gotta give them a better shot, even if it hurts the wallet."

"Money's always tight," Mrs. Zema admits. "No savings, nothing to fall back on. Sometimes I gotta borrow from those private lenders, but the interest adds up quick, and you gotta pay them back on time or they come knocking. Government loans? They say there's help, but I can't read, and no one's around to explain it all. This way, I know what I'm doing, even if it's tough."

"It's just me," she continues, a hint of weariness in her voice. "No fancy support systems, no handouts. But I make it work, you know? It's what I know."

There's a quiet strength in her eyes as she speaks. "It's not easy, being a woman on your own, especially out here. But there are others like me, facing the same struggles. We don't have fancy educations or big city connections, but we got something stronger – we don't give up. We keep going for our families, for our traditions."

A spark of pride flickers in her gaze. "This town, it's got a story, a culture worth keeping alive. And that's what keeps me going, you see? Knowing that even with these challenges, I'm building something, making a difference."

Mrs. Zema's story is incredibly impactful when she tells it in her own words. She bravely shares her vulnerability about her financial situation and illiteracy, while also demonstrating her unwavering determination and the quiet pride she feels in supporting her family and community. It is crucial to recognize that women in the street vending profession experience structural violence. However, they overcome these challenges through their resilience, creating a means of income to support their families. In doing so, they not only contribute to the state economy, but also challenge societal norms. There is often an assumption that women cannot effectively manage a household, but these women prove otherwise.

Strength in Adversity: Mrs. Zyan's Life as a Vegetable Vendor

Mrs. Zyan, is a 42-year-old widow who works diligently as a vegetable vendor in the market in Tamenglong town. Seven years ago, she experienced the profound loss of her husband, a tragic event that forced her to become the sole provider and caretaker for her family. Mrs. Zyan has three young children: a 12-year-old boy

and two daughters aged 10 and 8. She has faced the difficulties of being a single mother in a rural area. With limited literacy skills and few alternatives, she resorted to street hawking as a method of sustaining herself. She chose to sell vegetables, perceiving it as the most feasible means to ensure a sustainable income and meet her family's daily needs. Despite the challenges, she remains dedicated to her career, demonstrating exceptional perseverance and ingenuity. As part of her daily routine, she purchases vegetables from nearby communities and occasionally gathers produce from the forest or her own modest garden. On average, she spends approximately Rs. 200 daily to buy vegetables from local farmers. Further she adds,

"Carrying that basket of vegetables is no joke," Mrs. Zyan admits, a hint of strain in her voice. "Usually, it's on my head, but sometimes I splurge for an auto-rickshaw, my back thanks me for that. Earnings aren't much, fifty to a hundred rupees a day. Not a fortune, but at least I keep it all – no taxes on street hawking here in town."

A sigh escapes her lips. "The rains though, those can be a nightmare. Getting to the market becomes a whole ordeal. And these vegetables, well, they don't last forever. Any delay, any problem, and that's money lost." Despite the challenges, her voice remains firm. "But my children, they need me. They keep me going."

"This little house," she gestures towards the dwelling, "that was my husband's doing, bless his soul. Mud walls, but we have electricity and a proper latrine, can't complain. There's some land too, and a few bits and bobs for the house. Every day's a juggle – taking care of the kids, the chores, and then there's the market." A flicker of pride enters her eyes. "Education, that's important. They go to the public school, even if it stretches the purse thin. But an education, that's a chance for a better life, a chance they never had."

The weight of her worry becomes evident. "If one of them gets sick, that's a real crisis. No savings for doctors or medicine. Just prayers, that's all I have sometimes." But her voice strengthens again. "No handouts, no fancy programs for me. I figure things out, even the paperwork, though that's a whole other battle. But I do what I gotta do for my family."

"There are many women like me here," she continues, a note of solidarity in her voice. "We don't get noticed much, but we're the ones holding things together. Work, family, it all falls on our shoulders. But we're strong, we don't give up easily."

"Up before the sun, working late," she describes her typical day. "Getting the kids ready for school, then it's off to the market. By the time I'm home, it's cooking,

cleaning, helping with homework. It's tiring, no doubt about it. But I keep this dream alive, a dream of them, my children, with good educations, on their own two feet, free from this poverty." A determined glint appears in her eyes. "That dream, that's what keeps me going, one day at a time."

The respect she commands is evident. "The community, they see how hard I work," she says with a touch of pride. "My story, it's a story of not giving up. But it also shows what we need – a helping hand, a chance to get ahead. Loans, maybe some training for the business, healthcare, things like that. It would make a world of difference."

Despite the hardships she faces, Mrs. Zyan's resilience shines through. Her experiences reflect the challenges that many women in rural India face. Her unwavering spirit makes her a beacon of hope, showing that it is possible to overcome adversity with grace and determination. Additionally, Mrs. Zyan recognizes that securing a bright future depends on educating children. Her steadfast dedication to her children's education further demonstrates her resilience in the face of life's obstacles.

Juggling Responsibilities: Lily's Determined Pursuit of Stability

Mrs. Lily, a 24-year-old vegetable vendor at the market in Nungba Sub-division, Tamenglong District, faces financial instability due to her spouse's daily wage labor. Despite her responsibilities as a mother to her two-year-old son, Lily manages her household tasks while carrying her infant on her back.

"Up with the sun, that's when I start," Lily explains, fatigue etched on her face. "Gathering the vegetables and fruits, it takes time and muscle. But when I reach the market, that three-kilometer walk feels even longer, especially with this basket on my head."

She gestures to the colorful assortment of produce. "Then comes the waiting," she sighs, patting the stool beside her. "All day, I sit here, baby strapped to my back, hoping someone will stop by. He's my little shadow, you see, no one else to watch him." A hint of pride enters her voice. "This, it's what puts food on the table for us."

"Not a lot of money, mind you," she admits, counting coins in her hand. "But I give ten percent to the church, that's important. Then there's the social stuff, the food we need...it all adds up. Savings? Not much of that."

A flicker of hope crosses her eyes. "Sometimes, I sell to the bigger markets, through these women I know. But it doesn't change things much." She gestures

towards a nearby building. "Meetings too, at the local groups. Trying to make things better for everyone here. It's a lot, but someone has to do it."

Lily straightens her back, a determined glint in her eyes. "Early mornings, late nights, that's my life. Taking care of the baby, selling these vegetables, being there for my family and the community. It's hard, carrying all this, the weight on my back, the worry in my head. But I keep going."

"There are many like me," she continues, her voice gaining strength. "We work hard, raise our families, contribute however we can. But sometimes, we feel unseen, unheard." A touch of sadness tinges her words. "But my family, they're my everything. And this little business, it keeps us afloat. That's what matters."

Frustration flickers across her face. "No loans, no help, that's the problem. My husband, his work is never steady, never enough. And if someone gets sick, well, that's a whole other story."

Despite the hardship, a smile breaks through. "But I'm involved, you see? Helping others, making this place a better home for everyone. That's the spirit here, we look after each other." She pats the stool beside her again. "Maybe they don't always notice, but someone's gotta do it, right?"

"A better future, that's what I dream of," she says softly, gazing towards the horizon. "For my son, a chance to escape all this. And for us, a little more breathing room. That's what keeps me going, one day at a time."

Lily's story is a powerful testament to the strength and resilience of women in rural India. It sheds light on the immense challenges they face and the remarkable determination they possess to overcome them. Through her unwavering dedication to family and community, Lily becomes a shining symbol of hope, calling for greater recognition and support for these crucial members of society. It is crucial to acknowledge the role that structural exploitation by the state plays in this issue, particularly when there is a lack of necessary support systems for women and individuals struggling to make a living. This leads them to vulnerable situations such as engaging in prostitution, as they are left with no other viable means to provide for themselves due to the exploitative structures in place. In contrast, those fortunate enough to have access to education and sufficient income enjoy a better quality of life. Unfortunately, it is the generations of individuals who have been exploited that continue to be exploited as a source of labor for capitalists.

Earning with Integrity: Mrs. Keima's Daily Endeavours

Mrs. Keima, 59 years old, a resident of Longmai in Tamenglong District, has been involved in the commercial trade of vegetables, fruits, and other agricultural products for over two decades. Despite her age and the physical demands of her job, she remains dedicated and visits the nearby women's market daily to support herself financially. Mrs. Keima's story is characterized by her tenacity, dedication, and strong work ethic. She lives with her husband and youngest son, who provides financial support for the family. Despite her inability to read and write, she has made a significant contribution to her household and has been a prominent figure in the business for twenty years. Her daily earnings are modest, ranging from 50 to 100 rupees in profit, but they are vital for her family's subsistence.

"Look, my family's my whole world," Mrs. Keima says firmly. "Every rupee I earn goes to them, especially the grandkids. School books, notebooks, all that adds up. I won't be a burden, I want to contribute, you see? That's what gives my life meaning."

She gestures towards the bustling market scene. "Up with the sun, get myself ready, then it's off to the market shed. It's a hive of activity here, all these women, working hard, selling their things." A grin spreads across her face. "There's competition, sure, but there's a sense of community too. And they respect me, you see? Been here the longest, I know the ropes."

A slight grimace crosses her features for a moment. "It's not easy on this old body, hauling those vegetables, setting up the stall, all day on my feet. But I manage. Years of doing this, I know what works, what the customers want. They come back, they like my things, they like me."

She sighs a little. "Truth is, it's not much money these days. Everything costs more, and what I make selling fruits and vegetables, well, it barely covers the needs. Some days are slower than others, less money coming in." But her voice remains steady. "I make it work though, gotta be resourceful."

"The aches and pains, they come with the age," she admits, a hint of weariness in her voice. "But I don't complain. My family, they need me, especially those little ones. They deserve a chance, a better life than I ever had. This job, it's for them, their future."

A spark of pride ignites in her eyes. "Many of us are like this, you see? Older women, working still. We don't get much help, healthcare, pensions, none of that. But we keep going, for our families, for each other." She gestures to a younger woman nearby. "See her? I teach her what I know, help her get started. We look after each other here."

Frustration tinges her voice for a moment. "There should be more support, that's for sure. Make things easier for us oldies. But we manage, don't we?" A broad smile returns. "They may not always notice, but someone's gotta do it, right?"

"A better life, that's the dream," she confides, gazing at the horizon. "For them, a future with more options. And for me, a little less worry. That's what keeps me coming back here, day after day."

Mrs. Keima's story is an example to the unwavering spirit of elderly women in rural India. Despite facing challenges, they continue to make significant contributions to their families and communities. Their resilience and dedication serve as a powerful reminder of the importance of recognizing and supporting these remarkable women.

A Life of Hardship and Hope: Dimthu's Vending Legacy

Dimthu, a 39-year-old woman started her vending career at a young age, and her story is characterized by her strength, adaptability, and determination. Dimthu began selling goods at 11 years old while still attending sixth grade. Initially, she would only make occasional trips to her relatives or parents. However, as time went on, her involvement increased.

"Started young, me," Dimthu says with a shrug. "Selling things, that is. Eleven years old, still in sixth grade, but I'd go with my parents, my auntie, sometimes. Then it became more and more."

A flicker of sadness crosses her eyes. "School ended after eighth grade. Family said our way, selling what the forest gives, didn't need book learning. Traditions, that's what mattered." She shakes her head. "Thirteen, that's when it became full-time, this selling business."

"Married young too," she continues, a wistful smile playing on her lips. "Rough at first, those years, but things settled down after a while." A shadow falls over her face. "Then, the accident. Lost him at the building site. The owner, he felt bad, helped some with the money. But a widow with a little one, that's hard."

Dimthu gestures towards the window. "Four AM, that's when I start. Get the food ready, make sure the little one's up for school. Then, it's off to the forest. But it's not easy these days, everyone wants what the forest has."

She points towards a nearby field. "My jhum too, that helps. Grow some things there, vegetables and such. Back-breaking work, but it puts food on the table." A hint of pride enters her voice. "What I sell, it brings in some money. Not much,

but enough for us, for the little one's school too. Education, that's important, even if it costs."

"Busy places, the markets," she explains, describing her routine. "Sell to the big buyers sometimes, or go myself, find the customers. Price depends, what I have, how much people want. The best stuff, that goes separate, gets a better price." She sighs. "Back home by evening, cook dinner, then the pigs need feeding. Sleep, a little, then it all starts again."

"Hard life, this," she admits, rubbing her tired eyes. "Not much time for anything else, maybe a day here or there for cleaning, seeing to family things. But this work, it ages us fast, us women who sell."

Concern creases her brow. "The food, not good for us, all greasy and quick. No toilets close by, that leads to trouble too. And the clothes, hand-me-downs, rarely washed. It's not healthy." She straightens her back with determination. "I try to be careful, even if the others, they don't always know the risks."

"Sleep? Four hours, maybe. Not enough," she says with a tired laugh. "We're all tired, grumpy sometimes. Makes for fights, loud voices. And the men at night, following us, that's scary too. Happened to me, and many others."

Dimthu's voice grows stronger. "There are many of us, you see? Women who sell to make a living. It's not easy, never has been. Especially for a woman. Men take advantage, want money, make rude comments. And there's no respect, no help for us most of the time."

Frustration bubbles up. "Laws say they can't hurt us, but it happens anyway. No one sees, no one cares. All this hard work, all we do for our families, it goes unnoticed." She looks up, a glimmer of hope in her eyes. "But my child, they won't follow this path. Education, that's their way out. That's why I fight, every single day."

Dimthu's story is a powerful reminder of the struggles faced by countless female street vendors. Every day is a battle, a fight for survival and dignity in a world that often overlooks their contributions. Her resilience serves as a beacon of hope, urging for recognition, support, and a more just future for these remarkable women.

The skills and hard work of these women often go unnoticed and underestimated. Society often overlooks their contributions to the economy, their communities, and the challenges they face. Dimthu Ilu's story serves as an example of the tenacity required to survive as a female street vendor. Each day is a struggle against unfavorable circumstances, navigating the physical demands and social

stigma of this profession. Her narrative emphasizes the need for increased awareness and proactive measures to address the health, safety, and economic barriers faced by female street vendors. It also highlights the importance of improved public amenities, such as sanitation facilities and healthcare services, as well as stricter enforcement of legislation protecting women's rights. Ensuring access to education and opportunities for their children is essential in breaking the cycle of poverty and discrimination. Dimthu Ilu's daily life exemplifies the challenges experienced by many female street vendors. Their ability to persevere in the face of daily obstacles reflects a broader societal issue that requires immediate attention and proactive measures. By recognizing and addressing the unique barriers faced by female vendors, we can pave the way for a more equitable and inclusive future that values and supports their hard work and contributions.

Conclusion

The narratives of female street vendors like Dimthu and Mrs. Keima expose vulnerabilities within India's social and economic structures. These vulnerabilities include limited access to education, pressures surrounding early marriage, societal discrimination against female entrepreneurs, and a lack of state support in securing livelihood opportunities or social security. Furthermore, inadequate sanitation facilities within the vending spaces pose a significant health risk. Despite these challenges, the women demonstrate remarkable resilience in generating income for themselves and their families through street vending. Their stories serve as a powerful testament to their entrepreneurial spirit and unwavering dedication to their families' well-being. By acknowledging the concept of structural violence, a term introduced by Johan Galtung (1969) that refers to societal structures that hinder individual or group well-being, policymakers can begin to dismantle the barriers faced by female street vendors. Implementing the focused interventions can create a more supportive ecosystem that fosters women’s entrepreneurial spirit, protects their rights, and recognizes their vital contribution to India's informal economy.

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