Perspectives
in Social Work

College of Social Work (Autonomous),
Nirmala Niketan
Mumbai

VISION AND MISSION
- Contribute to building a new social order based on human dignity and social justice.
- Work with a preferential option for the vulnerable and exploited, both locally and globally.
- Build cadre of young, competent professionals having a global perspective and a strong value base of compassion, personal integrity, moderation, tolerance and self-respect.

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Perspectives in Social Work is published thrice a year by the College of Social Work, (Autonomous),Nirmala Niketan, 38, New Marine Lines, Mumbai 400 020

Perspectives in Social Work journal of the College of Social Work (Autonomous) has been approved by the University Grant Commission http://ugccare.unipune.ac.in under Social Sciences Sr. No. 218

Annual subscription cost: (Payable by DD/MO in favor of *Perspectives in Social Work*)
Note:
The revised Annual Subscription rates from April 2018 issue would be as follows:
Institutional membership: **Rs. 600/-**
Individual membership: **Rs. 300/-**

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Contents

Editorial

EDITORIAL

The current issue of Perspectives in Social Work includes empirical research and literature review articles echoing the challenges faced in the realization of the sustainable development goals for gender equality, reduced inequalities, climate action and peace justice, and strong institutions. The article foregrounds its perspectives and recommendations based on the lived realities and voices of the people. From a paradigm of critical perspective, the authors address intersectional factors of gender, caste, disability, and vulnerability and recommend the need for inclusive practice and welfare measures.

The research article *Anxiety, Depression, and Social Support among Persons with Muscular Dystrophy* by Ubaidulla K. V, Dr. Laxmi, and Jayachandran M R highlight the mental health concerns of persons living with muscular dystrophy with specific reference to anxiety and depression. The researcher provides a statistical overview of the magnitude of people living with disability in India and with Muscular Dystrophy in Kerala. The research found that 70% of the respondents suffered from a moderate level of anxiety and 35% had one or another form of depression. The researcher also found an association between social-economic factors such as employment and marital status and the level of anxiety and depression among respondents. Most of the respondents (67.5%) had social support, as an important factor for the effective rehabilitation of persons living with muscular dystrophy. Important social work interventions such as generating awareness on muscular dystrophy, welfare provisions by the government, types of treatment approaches, and psychosocial support to the persons and their families were recommended.

The article *Radical phase of Dalit politics: Tryst with Radical Rhetoric* by Dr. Amandeep critically reviews the significance of Dalit Literature and political mobilization of Dalits through the

Dalit Panther drawn from the legacy of Ambedkar's Movement against caste. Dalit literature foregrounds voices of dissensus, protest, and rage against social exclusion and marginalization determined by caste identities. The Dalit Panthers inspired by the Black Panthers championed the cause of the upliftment of Dalits, concientised Dalit youth to their socio-economic and political realities, and promoted the need to redefine the *Self* beyond the framework of caste and class. The author discusses the struggles of the Dalit Movement post-Abedkarite in striving to balance the need for self-aggrandizement or representing the Dalit standpoint and their lived realities.

The research article *Menstrual hygiene management at the bottom of the pyramid: A Corporate Social Responsibility approach* by Dr. Anup Raj and Dr. Kavita Kulkarni discusses the findings of a qualitative study with twenty-seven interviews of Community Health Workers in Uttar Pradesh in India. The findings endorsed the importance of five factors: gender, identity, resource availability and training, interaction/collaboration with other stakeholders, and innovative community engagement practices in the promotion of menstrual hygiene practices by Community Health workers sponsored by Corporate Social Responsibility Projects.

The social exclusion and marginalization of 72 particularly vulnerable tribal groups are the focus of the article *Vulnerabilities of Particularly Vulnerable Tribal Groups in India* by Dr. Minaketan Behera based on an extensive review of secondary literature. Important concerns of the groups such as exclusion from statistical enumeration, declining populations; contextual understanding of the needs and concerns; unequal resource distribution due to among the PVGTs; and threats to livelihoods due to climate change, exploitative market structures, and working conditions including bonded labour; forest and development policies of the state causing eviction, displacement, isolation, stigma, low literacy attributed to availability and accessibility of infrastructure and educational facilities; and

implementation of mainstream education without culturally sensitive pedagogical approaches. The author draws attention to the health status among the various group of PVTGs, their vulnerabilities to endemics, and socioeconomic factors and state policies detrimental to their overall health and wellbeing. The author strongly recommends state support for the implementation of schemes, welfare programmes, community-based learning, and community health approaches for the inclusion of *Particularly Vulnerable Tribal Groups in India*

The research article *Gender-Based Violence in public spaces and its effects on women's mobility* by Dr. Rashmi Jain and Anamika Priyadarshani examines how gendered segregation of private and public spaces, with men asserting their dominance over public spaces leads to the spatial expression of patriarchy. The study explores how gendered perceptions and prescriptive norms impact women's decisions in claiming public spaces affecting all aspects of life. Fear of gender-based violence, preoccupation with the dress, male gaze, being blamed for provoking attention in public spaces, or being unaccompanied by male members were concerns expressed by the respondents.

The research article *The Impact of Group-based Microfinance Programme on Women's Empowerment: An exploratory study from the district of West Bengal* by Dr. Avjit Brahmachary through an extensive inferential statistical analysis critically examines how microfinance transcends from being an economic development approach to an empowerment approach. With a specific focus on women respondents, the researcher explores the concientisation process that women participants of microfinance initiatives obtain. A change in perception of the role of women participants of microfinance, increase in involvement in decision making in household matters, and ability to cope and confront gender-based violence were identified as important social indicators in the study.

An inevitable outcome of armed conflict has been the long-term physical and psychological impact on the lives of civilians. Societies destroyed by armed conflicts have borne the toll in terms of loss of human life and economic, political, and social disintegration. The widespread insecurity and hopelessness and trauma caused by the aftermath of the armed conflict leave populations especially the most vulnerable grappling with a sense of hopelessness and helplessness. The research article *the impact of Kashmir unrest on elderly people in Kashmir: A Qualitative Study by* Shahida Akhtar and Dr. Wakar Amin provides first-hand accounts of the testimonies of the elderly as secondary victims. The double jeopardy of dealing with the developmental challenges of late adulthood and taking "charge" of their broken lives due to the loss of a loved one is sensitively addressed by the researcher.

The research article *The effect of Religious Tourism on Sustainable Development of Tribal Communities: A case study of Kondha Tribes* by Dr. Poonam Painuly and Kolluru Laxmi Goutami juxtapositions the impact of religious tourism from the paradigm of economic development and prosperity of the communities on one side and the impact on environmental degradation on the other. The author while acknowledging the lived realities of the respondents representing the Kondha communities on how religious tourism has impacted their lives both in terms of promoting sustainable livelihood options and promotion and visibilisation of ethnic and native identities and cultures, endorses the need for urgent measures to mitigate the impact of religious tourism through sustainable development.

Institutions of Higher Education can be important stakeholders in the promotion of gender equality and inclusivity. The research article *Gender Audit to measures Gender Biases in State* Universities in Rajasthan Gyana Ranjan Panda, Jagdish Ullas Jadhav and Madhu Bala examines the gender mainstreaming initiatives undertaken by *selected eight state universities of Rajasthan through the methodological tool of Gender Audit*

methodological tool Gender audit as a management and planning tool evaluates the institutional culture and how well it integrates the gender perspective into its work. The findings of the study are presented in terms of the socio-economic context and its association with the participation of women in education. Low female enrollment in courses offered, fewer women occupying decision-making positions, absence of gender-sensitive infrastructure arrangements, and welfare schemes and policies in the Universities were some of the issues of concern found in the study. The researcher suggests the need to promote the importance of moving beyond tokenism through concrete measures in the promotion of gender equality endorsed by the Sustainable Development Goal 5.

Sonia Rodrigues

ANXIETY, DEPRESSION AND SOCIAL SUPPORT AMONG PERSONS WITH MUSCULAR DYSTROPHY

Ubaidulla KV[1], Dr. Laxmi Putran[2] & Jayachandran M R[3]

Abstract: *The study aimed to assess the levels of anxiety, depression, and social support among persons with muscular dystrophy. The objectives of the study were to know the socio-demographic details of the respondents and to assess the anxiety, depression, and social support level among persons with muscular dystrophy. The study used a descriptive research design. The universe of the study was persons diagnosed with muscular dystrophy in Kerala. The result showed that 70 percent of the respondents suffered from a moderate level of anxiety and 35 percent had one or another form of depression. A majority (67.5%) of the respondents had a high level of social support.*

Keywords: *Anxiety, Depression, Social Support, Muscular Dystrophy.*

Introduction

The term 'Muscular Dystrophy' was introduced in the mid-19th century. It has got international acceptance after 150 years (Natterlund, 2001). 'The Rights of Persons with Disabilities Act, 2016', recognizes Muscular Dystrophy, as a chronic illness. Muscular Dystrophy as per the Oxford Dictionary is a hereditary condition marked by progressive weakening and wasting of the muscles. The National Institute of Neurological Disorders and Stroke, USA (2013), explains muscular dystrophy as a group of muscle diseases that results in increasing the weakening and breakdown of the skeletal muscles over time. The disorder differs in various manners in which the muscles are primarily affected,

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the degree of weakness, how fast they worsen, and when the symptoms begin. Many people gradually will not be able to walk. Some types of muscular dystrophy are also associated with problems in other organs.

Varying in their heredity and rate of progression, more than 30 different types of muscular dystrophy have been described (Natterlund, 2001). There is no cure yet for muscular dystrophy and it may have its onset in childhood, adolescence, or adulthood (Natterlund, 2001). For all types of muscular dystrophy, the cardinal characteristic is a progressive degeneration of the muscle cells and/or muscle fibers. Different muscle groups are involved in the various types of muscular dystrophy (Natterlund, 2001).

Causes of Muscular Dystrophy

The main cause of muscular dystrophy (MD) is mutations (alterations) in the genes responsible for healthy muscle structure and function. That means the cells that should maintain the muscles can no longer fulfill this role, leading to muscle weakness and progressive disability (National Health Service, 2018). All MDs are inherited and involve a mutation in one of the thousands of genes that program the proteins critical to muscle integrity. When a protein is altered or produced in insufficient quantity (or sometimes missing completely), the body's cells do not work properly. Many cases of MD occur from spontaneous mutations, where spontaneous mutations are not found in the genes of either parent, and this defect can be passed on to the next generation (National Institute of Neurological Disorders and Stroke, 2013). The conditions of MD are inherited generally, and the different types of MD follow various inheritance patterns. It can be inherited by individuals as an X-linked disorder, a recessive or dominant disorder. It can be a spontaneous mutation (National Health Service, 2018).

Types of Muscular Dystrophy

There are more than 30 different types of MD identified, out of which eight are common (National Institute of Neurological

Disorders and Stroke, 2013). These eight common types of muscular dystrophy are: (i) Duchenne MD - one of the most severe and common forms of MD and usually affects boys in early childhood. People having this condition usually only live into their 20s or 30s; (ii) Becker MD (BMD) -closely related to Duchenne MD, but develops later in childhood and is less severe, and life expectancy is not usually affected as much. BMD affects the pelvic girdle. The onset is usually between the ages of 5 and 15 years and maybe later, and most patients are still able to walk when they are 20; (iii) Myotonic Dystrophy (MyD) - This type of MD can develop at any age and life expectancy is not always affected; (iv) Facioscapulohumeral MD - It can develop in childhood or adulthood and progresses slowly. It is not usually life-threatening; (v) Limb-girdle MD - In Limb-girdle MD, a group of muscle conditions usually develop in early adulthood or late childhood where some variants can progress quickly and be life-threatening, whereas others develop slowly; (vi) Oculopharyngeal MD - It is a type of MD that does not usually develop until a person is between 50 and 60 years old and does not tend to affect life expectancy; (vii) Emery-Dreifuss MD – It is a type of MD that develops in childhood or early adulthood. Most of the people with this condition will live until at least middle age; and (viii) Congenital MD - Congenital MD is a type of MD that results in overall muscle weakness with possible joint stiffness or looseness (Natterlund, 2001).

Treatment of Muscular Dystrophy

No specific treatment is available that can stop or reverse the progression of any form of MD. All forms of MD are genetic, and they cannot be prevented, aside from the use of prenatal screening interventions. However, presently available treatments aim to prevent complications that result from weakness, reduced mobility, and cardiac and respiratory difficulties and keep the person independent for as long as possible. The treatment may involve a variety of approaches, including physiotherapy, drug therapy, occupational therapy, and surgery. Sometimes, the available treatments are quite effective and can have a significant

impact on life expectancy and quality of life. Research is being undertaken in different parts of the world and positive results are expected (National Institute of Neurological Disorders and Stroke, 2013).

Kerala Scenario of Muscular Dystrophy

Kerala is the first state in India to initiate a complete census of the disabled population in 2015. Considering the facts of the Census of India, 2011 there are about 7,61,843 disabled persons in Kerala, which comprise 2.28 percent of the total population of Kerala. The collection of detailed information includes 22 types of disabilities, and the final number of persons with disabilities as per this Census is 7,93,937, which is 2.32 percent of the total population of the state. Locomotor disability stands to top, i.e., 32.89 percent among the 22 categories of disabilities listed in the census. The prevalence of Locomotor disability in Kerala is 76 among 10000-population (Social Security Mission, 2016). While considering muscular dystrophy, there are 2,280 people in the state having muscular dystrophy comprising 0.287 percent of the total person with a disability population in the state. The proportion is male – 1359 (59.6%), female – 913 (40.1%), and transgender – 8 (0.3%). In simple words, one in 10,000 people is affected by muscular dystrophy in Kerala (Disability Census Kerala, 2015).

Anxiety, Depression, and Social Support

Anxiety disorders ideally follow a recurring course in which full symptomatic exhibition is uncommon. They are associated with the temporal existence of comorbid disorders and with increased suicide risk. The five main types of anxiety disorders are panic disorder, social anxiety disorder, obsessive-compulsive disorder, generalized anxiety disorder, and post-traumatic stress disorder (Garner, Mohler, Stein, Mueggler & Baldwin, 2009). Anxiety disorders are normally characterized by more fear and subsequent avoidance, typically in response to a specified object or situation and in the absence of true danger. Like all emotions, anxiety has behavioral, cognitive, and neurobiological components. Anxiety is a distinct emotion, even though it is often comorbid with

depressive mood. Anxiety becomes a danger and burdensome when it persists to such a degree that the person can no longer function effectively in everyday life. At this stage, anxiety can have negative effects on the individual (Moser, Riegel, Mekinley, Doering, An & Sheahan, 2007).

The term 'depression' often characterizes feelings of being hopeless, sad, discouraged, unmotivated, and irritable as well as a common lack of interest or pleasure in life. When those feelings remain unchanged for a short period, it may be mood down. However, it becomes a depressive disorder when they last for more than two weeks and disturbs day-to-day activities (American Psychological Association, 2018). Depression is an important contributor to the global burden of disease and affects people across the world in all communities. At present, depression is estimated to affect 350 million people in the world. The World Mental Health Survey conducted in 17 countries detected that on average about 1 in 20 people reported having a time of depression in the previous year (Marcus, Yasamy, Ommeren, Chisholm & Saxena, 2018).

Social support is the experience or feeling of having others who love and care for one, whom one can turn to for help in times of need. Support may be from different aspects such as sometimes in the form of financial or material assistance or sometimes a friend who listens or gives advice when needed. Many researchers have shown that social support is an important coping mechanism during the depression, stress, and promotes health. It is stated that people with adequate social support are less likely to get diseased than those who are socially isolated. Social support can be divided into different ways. For example, as of its content, social support can be divided into emotional support such as liking, love, and empathy; instrumental support such as goods and services; informational support such as information about the environment; or appraisal support such as information relevant to Self-Evaluation House (Song, Son, and Lin, 2014).

The hypotheses of the study are 1) There is a statistically significant relationship between the anxiety and depression level of persons with muscular dystrophy; 2) There is a statistically significant relationship between the employment status and the depression level of persons with muscular dystrophy, and 3) There is a statistically significant relationship between the marital status and the anxiety level of persons with muscular dystrophy.

Methodology
The study used a descriptive research design. A quantitative method of data collection was done in this study. The universe of the study were persons diagnosed with muscular dystrophy in Kerala. The population of the study were persons diagnosed with muscular dystrophy in the Kannur district of Kerala. Forty samples were selected for the study and a convenient sampling method was used to collect the data. There were two inclusion criteria in this study, the first one was persons diagnosed with muscular dystrophy irrespective of its type in the Kannur district of Kerala, and the second was muscular dystrophy diagnosed with people who could respond well. The exclusion criterion was a muscular dystrophy person who is not willing to participate in the study.

The data was collected using an interview schedule comprising of anxiety scale, depression inventory, and multi-dimensional scale of perceived social support. The socio-demographic data sheet was used to collect basic details such as gender, education, employment status, and marital status. The muscular dystrophy data sheet was used to collect the diagnosed details of muscular dystrophy and other relevant information such as type of muscular dystrophy, treatment type, family history on diagnosis, and availability of disability certificate and welfare schemes. The Zung Self-Rating Anxiety Scale was used to assess the level of anxiety of the respondents. The Beck Depression Inventory scale was used to measure the depression level of the respondents. Finally, the Zimet Multidimensional Scale of Perceived Social Support was used to assess the level of social support among the

respondents. Informed consent was taken from the participants before the data collection.

Findings

Table 1: Socio-demographic Profile

Variables		Percentages %
Gender	Male	80 %
	Female	20%
Educational Level	Degree & above	52.5%
	High school	22.5%
	Higher secondary	15%
	Middle School	5%
	Primary School	2.5%
	No formal education	2.5%
Employment	Unemployed	37.5%
	self-employed	22.5%
	government employees	17.5%
	private sector	10%
Marital Status	Single	60%
	Married	37.5%
	Divorced	2.5%
Economic level	Above Poverty Line	62.5%
	Below Poverty Line	32.5%
	Antyodaya Anna Yojana	5%

In the study 80 percent of respondents were males, and 20 percent females. The gender distribution of respondents was similar to the gender distribution found in 'Social Security Mission of Kerala' (2016) and in 'Disability Census Kerala, 2015' which mentioned that 59.6 percent of the total population of MD people in Kerala were male and 40.1 percent were female. Most of the respondents had completed their graduation (52.5 percent), 22.5 percent had completed high school and 15 percent had completed a higher secondary level of education. Five percent of the respondents studied till middle school level; 2.5 percent had completed primary education and only one respondent had received no formal education.

All the respondents had discontinued their studies due to the progression of muscular dystrophy. Nicholl, Doyle, Enstace, Prizeman, Tracery & Lynch (2016) in their study *Exploring the challenges experienced by people with muscular dystrophy living independently* found that 50 percent of the respondents were

educated up to secondary level and 6.5 percent had primary level education.

It was found that 37.5 percent of the respondents were unemployed at the time of the interview, 22.5 percent were self-employed, 17.5 percent were government employees and 10 percent were working in the private sectors. Among the five respondents who selected the option 'Other', three were students, one was in the cooperative sector, and one was a retired employee. Nicholl, et.al., 2016 study finds that most of the respondents were unemployed (43%) and none of the respondents had full-time employment.

Sixty percent of muscular dystrophy patients were single, 37.5 percent were married, and 2.5 percent were divorced. The economic condition of muscular dystrophy patients was based on the parameters mentioned in the public distribution system in Kerala. A little more than sixty-two percent of muscular dystrophy patients belonged to the Above Poverty Line socio-economic class, 32.5 percent belonged to the Below Poverty Line group, and five percent were beneficiaries of the Antyodaya Anna Yojana scheme.

Most of the respondents (42.5%) stated that they were not aware of the type of muscular dystrophy they had. Respondents diagnosed with Duchene Muscular Dystrophy (DMD), Becker Muscular Dystrophy (BMD), and Limb-girdle Muscular Dystrophy (LGMD) were 12.5 percent, 25 percent, and 20 percent, respectively. Navaneetham (2009) in his article *Muscular Dystrophy* stated that DMD, BMD, and LGMD are the frequently reported MD cases compared with the other types. Most of the respondents did not identify/ did not know the type. However, among the diagnosed respondents, BMD is higher than LGMD and DMD.

Table 2: Details of Types, Treatment, Access to Schemes

Variables	Respondents	Percentage of Respondents %
Types of Muscular Dystrophy	Duchene Muscular Dystrophy (DMD)	12.5%
	Becker Muscular Dystrophy (BMD)	25%
	Limb-girdle Muscular Dystrophy (LGMD)	20%
	Don't Know	42.5%
Type of Treatment	Allopathic	20%
	Ayurveda,	32.5%
	Homeopathic	27.5%
	Others	20%
Disability Certificate	Yes	82.5%
	No	17.5%
Government Support Schemes	Disability Pension	47.5%
	Social Security Pension	2.5%
	Educational Scholarship	2.5%
	Non-available	47.5%

Many respondents preferred Ayurveda treatment, (32.5 percent), 27.5 percent preferred Homeopathic treatment while 20 percent shared their preference for Allopathic treatment. Webb (2005) in his article *Parent's perspectives on coping with Duchenne Muscular Dystrophy'* states that even though there is no cure for MD, parents use different treatments to slow down the progression and to improve the quality of life. Respondents also explored Physiotherapy, and Yoga. About 47.5 percent of the total population did not avail of any of the government schemes. Majority of the respondents (82.5%) had a Disability Certificate issued by the government, 47.5 percent availed government pension, while 2.5 percent received social security pension, and educational scholarship.

Anxiety, Depression, and Social Support level among muscular dystrophy Patients

A majority (70%) of the respondents were found to have a moderate level of anxiety. No respondent was found with severe or extreme anxiety levels. Gerontoukou, Michaelidoy, Rekleiti, Saridi & Souliotis (2015) in their study '*Investigation of anxiety and depression in patients with chronic diseases'* found that 56 percent of the total respondents have an anxiety disorder. Peltzer & Pengpid (2016) study '*Anxiety and depressive features in*

chronic disease patients in Cambodia, Myanmar, and Vietnam' found that 17 percent of respondents had anxiety.

The study found that 35 percent of the respondents had issues concerning mental health. Among 35 percent of respondents, 15 percent had mild mood disturbance, 10 percent had borderline clinical depression, 7.5 percent had moderate depression, and one respondent had severe depression.

Most of the respondents, i.e., 67.5 percent, had a high level of social support. Twenty percent of respondents received a moderate level of social support, while 12.5 percent of respondents had a low level of social support. Social support was perceived as support from family, friends, and significant others. Natterlund, & Ahlstrom, (1999) study revealed that social support helped patients with muscular dystrophy for effective rehabilitation.

Relationship between Anxiety and Depression

Table 3: Cross -table on Anxiety and Depression Level of the Respondents

			Depression Level		Total
			No Depression	Having any Form of Depression	
Anxiety Level	No Anxiety	Count	12	0	12
		% Within Anxiety Level	100.0%	0.0%	100.0%
		% Within Depression Level	46.2%	0.0%	30.0%
	Moderate	Count	14	14	28
		% Within Anxiety Level	50.0%	50.0%	100.0%
		% Within Depression Level	53.8%	100.0%	70.0%
Total		Count	26	14	40
		% Within Anxiety Level	65.0%	35.0%	100.0%
		% Within Depression Level	100.0%	100.0%	100.0%

The study discussed the relationship between the anxiety and depression levels of the respondents. It was found that respondents (50%) who had a moderate level of anxiety had moderate depression symptoms (100%).

Table 4: Chi-square/Fisher's Exact Test on Anxiety and Depression Level of the Respondents

	Value	Df	Asymp Sig. (2- Sided)	Exact Sig. (2- sided)	Exact Sig. (1 - sided)
Pearson Chi-Square	9.231[a]	1	.002		
Continuity Correction	7.164	1	.007		
Likelihood Ratio	12.974	1	.000		
Fisher's Exact Text				.003	.002
Linear-by-Linear Association	9.000	1	.003		
N of Valid Cases	40				

a. 0 cells (0.0%) has an expected count of less than 5. The minimum expected count is 4.20. b. Computed only for a 2x2 table

The Chi-square/Fisher's Exact test on anxiety and depression level of the respondents showed that the significant value is 0.003, which is less than the p-value of 0.05 for 1 degree of freedom. Thus, a statistically significant relationship between anxiety and depression level of the respondents was found in the study. Filippo, Parisi, & Roccella, (2014) observed that psychological problems were common among patients with Muscular Dystrophy.

Relationship between Employment Status and Depression

Table 5: Cross -table of Employment Status and Depression Level

			Depression Level		Total
			No Depression	Having any form of Depression	
Employment Status	Employed	Count	16	4	20
		% Within Employment Status	80.0%	20.0%	100.0%
		% Within Depression Level	61.0%	28.6%	50.0%
	Unemployed	Count	10	10	20
		% Within Employment Status	50.0%	50.0%	100.0%
		%With in Depression Level	38.5%	71.0%	50.0%
Total		Count	26	14	40
		% Within Employment Status	65.0%	35.0%	100.0%
		%Within Depression Level	100.0%	100.0%	100.0%

The study explored the relationship between two variables, i.e., employment status and depression level of the respondents statistically tested through the Chi-square test. Signs of depression were not found in most of the respondents (80%) who were

employed. However, 50 percent of the unemployed respondents reported depression symptoms. Hence, relationship between employment status and depression level among respondents was observed.

Table 6: Chi-Square Test result- Relationship between Employment Status and Depression Level

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	3.956a	1	.047		
Continuity Correction[b]	2.747	1	.097		
Likelihood Ratio	4.054	1	.044		
Fisher's Exact Test				.096	.048
Linear-by-Linear Association	3.857	1	.050		
N of Valid Cases	40				

a. 0 cells (0.0%) have an expected count less than 5. The minimum expected count is 7.00. b. Computed only for a 2x2 table

The value of the Pearson Chi-Square test for Employment Status and Depression was 0.047, which is less than the p-value (0.05) for 1 degree of freedom implying a statistically significant relationship between the employment status and depression level of the respondents. Tough, Siegrist, & Fekete, (2017) found a relation between social factors and depression among patients with physical disabilities. A study done by Colvin et al. (2018), observed that patients with muscular dystrophy needed psychosocial support for their entire lifetime.

Relationship between Marital Status and Anxiety

Table 7: Crosstable on Marital Status and Anxiety Level of Respondents

			Anxiety Level		Total
			No Anxiety	Moderate	
Marital Status	Unmarried	Count	3	21	24
		% Within Marital Status	12.5%	87.5%	100.0%
		%Within Anxiety Level	25.0%	75.0%	60.0%
	Married	Count	9	7	16
		% Within Marital Status	56.2%	43.8%	100.0%
		%Within Anxiety Level	75.0%	25.0%	40.0%
Total		Count	12	28	40
		% Within Marital Status	30.0%	70.0%	100.0%
		%Within Anxiety Level	100.0%	100.0%	100.0%

The findings indicate that 87.5 percent of unmarried respondents reported a moderate level of anxiety symptoms and 75 percent of the married respondents had no anxiety symptoms. So, the

assumption was that there was a relationship between marital status and anxiety level among the respondents.

Table 8: Chi-Square Test/ Fisher's Exact Test - Marital Status and Anxiety Level of the Respondents.

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	8.750a	1	.003		
Continuity Correction	6.791	1	.009		
Likelihood Ratio	8.854	1	.003		
Fisher's Exact Test				.005	.005
Linear-by-Linear Association	8.531	1	.003		
N of Valid Cases	40				

Fisher's Exact Test value for Marital Status and Anxiety Level reported 0.005, which was less than the p-value (0.05) suggesting a statistically significant relationship between the marital status and the anxiety level of the respondents". Tough, Siegrist, & Fekete, (2017) documents the social factors associated with mental health wellbeing among patients with physical disabilities. Filippo, Parisi, & Roccella, (2014) observed that the Patient with muscular dystrophy had been associated with different issues such as physical, psychological, familial, and social factors.

Conclusion

Muscular dystrophy is considered a rare genetic disease that affects the voluntary muscles activities of daily living. A person could be affected at any age. The severity of the problem could be observed depending on the type of muscular dystrophy, affected parts, progression, and life expectancy. As of now, there are no medicines or specialized medical interventions to treat the condition. People with muscular dystrophy cope with various physical and psychosocial concerns physical and mental health difficulties. The lack of awareness on the condition further affects access to the right information and management of muscular dystrophy which results in unscientific treatment by the family and society.

Limitations

Since people suffering from muscular dystrophy are considered rare, the data collection was challenging. The researcher could not

consider the age group and type of muscular dystrophy for the study due to the lack of respondents. While filling in the anxiety, depression, and social support scale questions, the researcher felt that some respondents were not comfortable answering in front of their family members and researcher.

Future Implications

The researcher believes that the findings of the study will guide future studies on the socio-cultural aspects of people with muscular dystrophy. The researchers hope that governmental agencies, as well as NGOs, engage in need-based interventions based on the assessment of the needs and concerns of people with muscular dystrophy. Further research on the physical and psychosocial concerns of persons with muscular dystrophy will facilitate awareness and promote access to services.

REFERENCES

American Psychological Association. (2018). *Anxiety*. Retrieved from https://www.apa.org/topics/anxiety/

Colvin, M. K., Poysky, J., Kinnett, K., Damiani, M., Gibbons, M., Hoskin, J., Moreland, S., Trout, C. J., & Weidner, N. (2018). Psychosocial Management of the Patient with Duchenne Muscular Dystrophy. *Pediatrics, 142*(2), 99–109. Retrieved from https://doi.org/10.1542/peds.2018-0333L

Disability Census Kerala, (2015). *Disability Census 2015.* Social Security Mission. Retrieved from http://drive.google.com /file/d/1Iy-59Xe9xiX0QGZM2uVFxnVbnwnlF0Cm/view

Filippo, T. D., Parisi, L., & Roccella, M. (2014). Psychological aspects in children affected by duchenne de boulogne muscular dystrophy. *Mental Illness, 4*(1), 21-24. Retrieved from https://doi.org/10.4081/mi.2012.e5

Garner, M., Mohler, H., Stein, D. J., Mueggler, T., & Baldwin, D. S. (2009). Research in anxiety disorders: From the bench to the bedside. *European Neuropsychopharmacology*, *19*(6), 381–390. Retrieved from https://doi:10.1016/j.euroneuro.2009.01.011

Gerontoukou, E. I., Michaelidoy, S., Rekleiti, M., Saridi, M., & Souliotis, K. (2015). Investigation of Anxiety and Depression in Patients with Chronic Diseases. *Health Psychology Research*, *3*(2), 36-40. Retrieved from https://doi.org/10.4081/hpr.2015. 2123

Jacobson, N. C., & Newman, M. G. (2014). Avoidance mediates the relationship between anxiety and depression over a decade later. *Journal of Anxiety Disorders, 28*(5), 437–445. Retrieved from https://doi:10.1016/j.janxdis.2014.03.007

Magliano, L., Patalano, M., Sagliocchi, A., Scutifero, M., Zaccaro, A., D'angelo, M. G., & Politano, L. (2015). Burden, professional support, and social network in families of children and young adults with muscular dystrophies. *Muscle & Nerve, 52*(1), 13–21. Retrieved from https:// doi:10.1002/mus.24503

Marcus, M., Yasamy, T.M., Ommeren, M., Chisholm, D., & Saxena, S. (2018). *Depression: A Global Public Health Concern.* World Health Organisation. Retrieved from https://www.who.int/mental_health/management/depression/who_paper_depression_wfmh_2012.pdf

Moser, D. K., Riegel, B., McKinley, S., Doering, L. V., An, K., & Sheahan, S. (2007). Impact of anxiety and perceived control on in-hospital complications after acute myocardial infarction. *Psychosomatic Medicine, 69*(1), 10–16. Retrieved from https://doi.org/10.1097/01.psy.0000245868.43447.d8

Moussavi, S., Chatterji, S., Verdes, E., Tandon, A., Patel, V., & Ustun, B. (2007). Depression, chronic diseases, and decrements in health: Results from the World Health Surveys. *The Lancet,*

370(9590), 851–858. Retrieved from https://doi:10.1016/s0140-6736(07)61415-9

Nalini, A., Polavarapu, K., & Pratheeshkumar, V. (2017). Muscular dystrophies: An Indian scenario. *Neurology India, 65*(5), 943-1205. Retrieved from https://doi:10.4103/neuroindia. NI_733_17

National Health Service, (2018, May 24). *Muscular dystrophy.* Retrieved from https://www.nhs.uk/conditions/muscular-dystrophy/

National Institute of Neurological Disorders and Stroke, (2013). *Muscular dystrophy: Hope through research.* Retrieved from https://www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/Hope-Through-Research/Muscular-Dystrophy-Hope-Through-Research

Natterlund, B. (2001). Living with Muscular Dystrophy: Illness Experience, Activities of Daily Living, Coping, Quality of Life and Rehabilitation. *Scandinavian Journal of Occupational Therapy*, *8*(3), 157–157. http://doi:10.1080/110381201750464511

Natterlund, B., & Ahlstrom, G. (1999). Experience of social support in rehabilitation: a phenomenological study. *Journal of Advanced Nursing, 30*(6), 1332–1340. doi:10.1046-j.1365-2648. 1999. 01211.x

Navaneetham, D. (2009*). Muscular dystrophy*. Rare Disease and Disorders Research, Resource and Reciprocity for South Asia. Retrieved from www.rarediseasesindia.org/musculardystrophy.

Nicholl, H., Doyle, C., Enstace, J., Prizeman, G., Tracery, C., & Lynch, A. (2016). *Exploring the challenges experienced by people with muscular dystrophy living independently*. University of Dublin Trinity College. Retrieved from http://hdl.handle.net/

2262/77473

Nieder, C., & Kämpe, T. A. (2018). Does Marital Status Influence Levels of Anxiety and Depression Before Palliative Radiotherapy? *In vivo (Athens, Greece), 32*(2), 327–330. . Retrieved from https://doi.org/10.21873/invivo.11241

Pangalila, R. F., van den Bos, G. A., Bartels, B., Bergen, M., Stam, H. J., & Roebroeck, M. E. (2015). Prevalence of fatigue, pain, and affective disorders in adults with duchenne muscular dystrophy and their associations with quality of life. *Archives of Physical Medicine And Rehabilitation, 96*(7), 1242–1247. Retrieved from https://doi.org/10.1016/j.apmr.2015.02.012

Peltzer, K., & Pengpid, S. (2016). Anxiety and depressive features in chronic disease patients in Cambodia, Myanmar, and Vietnam. *South African Journal of Psychiatry, 22*(1), 4. doi:10.4102/sajpsychiatry. v22i1.940

Rizvi, S. J., Cyriac, A., Grima, E., Tan, M., Lin, P., Gallaugher, L, A., McIntyre, R, S & Kennedy, S. H. (2015). Depression and Employment Status in Primary and Tertiary Care Settings. *The Canadian Journal of Psychiatry, 60*(1), 14–22. doi:10.1177/070674371506000105

Shores, M. M., Glubin, T., Cowley, D. S., Dager, S. R., Roy-Byrne, P. P., & Dunner, D. L. (1992). The relationship between anxiety and depression: A clinical comparison of generalized anxiety disorder, dysthymic disorder, panic disorder, and major depressive disorder. *Comprehensive Psychiatry, 33*(4), 237–244. Retrieved from https://doi:10.1016/0010-440x(92)90047-t

Social Security Mission, Kerala (2016). *Disability Census Kerala 2015*. Retrieved from http://doi.org/10.1186/s12889-017-4308-6

Song, L., Son, J., & Lin, N. (2014). Social support. In J. Scott, & P.

J. Carrington (Eds.), *The Sage handbook of social network analysis* (pp. 116-128). SAGE Publications Ltd. Retrieved from https://www.doi.org/10.4135/9781446294413.n9

Tough, H., Siegrist, J., & Fekete, C. (2017). Social relationships, mental health, and wellbeing in physical disability: a systematic review. *BMC Public Health, 17*(1), 414. Retrieved from https://doi.org/10.1186/s12889-017-4308-6

Webb C. L. (2005). Parents' perspectives on coping with Duchenne muscular dystrophy. *Child: Care, Health, and Development, 31*(4), 385–396. Retrieved from https://doi.org/10.1111/j.1365-2214.2005.00518.x

Winblad, S., Jensen, C., Mansson, J. E., Samuelsson, L., & Lindberg, C. (2010). Depression in Myotonic Dystrophy type 1: Clinical and neuronal correlates. *Behavioral and Brain Functions: BBF, 6* (25). Retrieved from https://doi:10.1186/1744-9081-6-25

World Health Organization (2005). *Chronic Disease and Their Common Risk Factors* [Pamphlet]. Retrieved from https://www.who.int/chp/chronic_disease_report/media/Factsheet1.pdf

RADICAL PHASE OF DALIT POLITICS: TRYST WITH RADICAL RHETORIC

Dr. Amandeep[1]

Abstract: *The resistance to the caste systems goes back to the birth of Brahmanism. During the early phase of modern Indian history often described by the colonial or colonized historiographer as the Indian Renaissance, the project of Dalit emancipation undergoes another distinct phase. The Dalit aesthetics consequently also undergoes change and a discernible paradigmatic shift. The days of oral poetry as a medium of social and aesthetic churning were over. Many Indian reformers among the Hindu elite such as Raja Rammohun Roy, Vivekananda, Ishwar Chand Vidya Sagar, Radha Kant Deb sought to reform the orthodox Hindu society under the direct impact of Christianity. Working in tandem with Christian missionaries and colonial administrators, these native reformers worked towards the abolition of Sati and child marriage among upper-caste Hindus. The paper analyses how in the 1980s Dalit politics enters a new phase – a phase that is different from the Ambedkarite phase of Dalit and how Dalit Panthers were dominated by Dr. B.R. Ambedkar's ideas of Dalit emancipation. Dr. B.R. Ambedkar had a dual aura of sacrifice as well as regality in his persona, which struck a chord with the masses. The article aims to map out the contours of Ambedkarite aesthetics based on the most-discussed essays produced by Ambedkar on issues of caste, constitution, and conversion. These essays amply cover the range of Ambedkar's thought and style and the rise of Dalit Panthers and post Ambedkarite aesthetics for Dalit emancipation.*

***Keywords**: Resistance, Historiographer, Renaissance, Emancipation, Aesthetics, Ambedkarite, Missionaries.*

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Introduction

Creation of Dalit Literature

Dalit literature breaks the monotony of Indian Literature in English by bringing in the lived experiences of authors who were rendered voiceless for centuries. Since its emergence, it caught the attention of scholars and critics in India and abroad. The strength of *Dalit* literature lies not in the truth of experience but in the ideological vision that dreams of a future free from every form of oppression, including caste-based oppression. The present-day *Dalit* literature is a literature of the depressed, oppressed, and suppressed people of India, and as such, it is one of the most significant developments in modern Indian literature. Still today it is often asked, who is oppressed, and what is oppression? Can there be marginal literature? A few years back the word '*Dalit*' was not accepted even by some of the leading Dalit writers themselves. They preferred to use the term 'Protest Literature'. But now the term 'Dalit' is accepted with pride, and the very concept of 'Dalit Literature' is also recognized in the curriculum.

The spread of education has not only increased craving for studies, but also a need and yearning for creating literature. Each individual whether *Dalit* or upper caste, black or white, man or woman, literate or illiterate has a natural craving for doing something innovative and creating something new. A society based on oppression and tyranny deprives a part of it of this natural craving. It keeps them at its service much like animals and deceives them with the illusion that this is their freedom and destiny.

The creation of literature in a Dalit life is a rebellion against this dark and gloomy reality. It is the proclamation and the assertion of a human within. Writings by Dalit writers on such a large scale exemplify a resolve to rise against a social order based on caste oppression. We should not forget that during the initial phase of the Bhakti movement, Kabir, Raidas, Dadu, Namdev, Peepa, and

many other saints and revolutionary poets succeeded in penning their thoughts despite a lack of formal education. Today, with the help of education, they can create more meaningful and aesthetic literature.

Dalit litterateurs have tried to define Dalit literature in different ways. N. Singh has argued that 'the Dalit literature includes all that has been written by Dalits on exploitation and oppression. According to Mata Prasad, '*Dalit literature cannot be reduced to literature by Dalits. All the literature that has been written after experiencing the pain of the Dalits should be considered Dalit literature*' (Basu, 2016).

What should be considered genuine Dalit literature - literature written by Dalits or literature written on Dalits, but not necessarily by Dalits? Dalitness is essentially a process towards achieving a sense of cultural identity. Traditionally, India's social order is known as the *chaturvarna,* which means a society made up of four inseparable and mutually interdependent social classes arranged in terms of hierarchies. The inferiority complex based on 'to be Dalit' has now finally disappeared. Now Dalitness is a source of confrontation. This change has its essence in the desire for justice for the entire mankind. In this sense, Dalitness is a matter of appreciating the potential of one's total entity. Thus individual, culture, social burden, and Dalitness cannot be isolated. In this context the answer to the question '*Who am I?*' has a new cultural dignity reflected in the writings of Dalits.

J. V. Pawar, a Dalit Panther poet, in one of his writings says:
> *I have become an ocean*
> *I stand erect, I roll like the ocean*

Another promising Dalit poet, Waman Nimbalkar, expresses it this way:
> *On the horizon, I will erect*
> *The rainbow arch of mankind*

I am conscious of my resolve
The worth of the blood of Eklavya's broken finger
I will not bastard my word
I stand today at the very end
Of the twentieth century

(Trans. Jayashree Gokhale) (Paswan, Jaideva, 2002).

For this new Dalit individual, social and cultural freedom has come because of his self-elevation and self-identification. This definition by Mata Prasad does not define 'Dalit' in a conventional sense, but more as a large, inclusive range of all the oppressed people. Kanwal Bharti defines the word 'Dalit' in a more appropriate sense of the word. According to him,

> *Dalit is one on whom rules of untouchability have been imposed. who has been compelled to perform hard and polluted functions; who has been denied education and any independent profession; and who has had a compendium of social disqualifications imposed on him by the upper castes. He, and only he, is a Dalit. All the scheduled castes come under this[2].*

A growing number of Dalit writers in the post-Dalit phase have described the humanity, pride, and vitality of their Dalit fellows. In the poems of Namdeo Dhasal, Daya Pawar, and others, the image of the Dalit is of changing, revolutionizing, reforming, and improving. Dalit literature as whole rebels against the assumptions of Hindu ideologies and denies accepting the attitudes and behaviour of Hinduism which were obstacles in the path of self-respect and freedom for Dalits. It also rejects the concept of God. Most of the Dalit writers write in their regional

[2]Cited in Jawarimal Parakh, *Adhunik Hindi Sahitya: Mulyankan and Punar-Mulyankan*, (New Delhi: Anamika Publishers, 2007), 209.

languages and a good deal of their works are translated into English however, a few of them write directly in English.

Another significant aspect of Dalit literature is self-criticism or self-protest. It is always easy to protest our enemy, but it is a very difficult thing to protest ourselves. Dalit writers have a serious perspective on human affairs and feel their responsibility for change, so they never hesitate to attack inferiority and superiority complexes among themselves. The attack on the inferiority complex helps to break down the slave-psychology, which is an inherent problem. Superiority complexes are a somewhat different matter. Some peculiar tendencies arose in the Dalit community which compelled the Dalit writers to pen such portraits. In the British period, a few Dalits could get butlers' jobs at the residences of top-notch British officers. Due to this close association with Britishers, some Dalit families imitated their habits, dress, and style of conversations.

The writings of Dalits in the 1960s and its subsequent years give the impression of a bird who was been freed from the cage of eternal bondage. The poets often use folk stories about Buddha and Aryastya and many symbols about Buddhism. The impact of the conversion is revealed in Dalit poetry, in short stories, novels, and plays. A new Dalit poet, Harish Bansode says:

> *We have begun a new life*
> *We have found our temples*
> *Regained our lost faith*
> *All are equal here*

<div align="right">(Paswan, Jaideva, 2002)</div>

Although incipient Dalit movements had sprouted in many parts of the country, Ambedkar's advent on the Dalit horizon overwhelmed them. He had a dual aura of sacrifice as well as regality in his persona, which struck a chord with the masses. They took him as their lord, a la *Bhima*, and later when they threw away their gods at his behest by becoming Buddhists, they installed him in their place. The religion of the "untouchables" in its very nature

is the antithesis to the religious system of the Hindus and is devoid of the fundamental aspects of the Hindu religious system, hierarchical temple structure, the authoritarianism of priestly class, and domination of male divinities (Rao, 2007).

No leader before or after him could take his place. After his death, the leaders had to constitute a presidium, a form of collective leadership, as they knew no single individual would be able to hold together disparate individuals as well as be acceptable to the masses. It was meant to preside over all the institutions Ambedkar founded. Even then they could at best be proxy for him; each of their decisions or actions had to be demonstrably compliant with 'Ambedkar thought'. The rivalry between these leaders began manifesting itself in terms of competing claims of being the genuine follower of Ambedkar. Not only did it lead to the splintering of the Dalit movement, but it also set in a process of fossilization.

Dalit Movement under Ambedkar

Ambedkar is also a prime source of the political and economic perspective that marks Dalit literature. Ambedkar proclaimed while dedicating the Constitution to the nation that he would fight for his nation to the last drop of blood, but at the same time, he warned his fellow countrymen that they should not be satisfied with political democracy alone. On the contrary, they would have to gain social and economic democracy to strengthen political democracy. Without this, political democracy would be of no purpose. Dalit writers know the promises enshrined in the Indian Constitution. They also know that the promises given in the Constitution remain unfulfilled. All the provisions by Dr. Ambedkar in the Constitution regarding the abolition of untouchability, rights against exploitation, and equal rights for Indian women are clear to Dalit writers. A notable critic argues that Hindu Society like other societies was essentially a class system, in which individuals, when qualified, could change their class (Teltumbde 2017). For the evolution of Dalit aesthetics, Dr. B.R. Ambedkar's ideas, emerge during the post-Dalit phase who

worked in their independent ways for the cause of Dalit emancipation.

The Dalit movements arose in the early years of the 20th century independently in various parts of the country. Their activities ranged from awakening the Dalits to their human rights to demanding concessions from the government for the amelioration of their socio-economic condition. According to Teltumbde, these movements together contributed to the creation of consciousness of human rights among the Dalits and inspired many of them to work for ameliorating their lives (68). He also argues vehemently with Marxists, Buddhists, non-Dalit social reformers, and constitutionalists to press forward the cause of the Dalits.

Ambedkar's thought and Style

To understand the pattern of Ambedkar's style, a careful reading of his much-debated essay "Annihilation of Caste" would constitute a befitting beginning. A series of letters between Sant Ram, the Secretary of the Jat-Pat Todak Mandal, Dr. Har Bhagwan, and Ambedkar himself, in which Ambedkar makes it amply clear that he is not going to participate in any activity undertaken by upper-caste Hindus for the uplift of Dalits forms the subject matter of the "Prologue". Quite explicitly he writes: "*As a rule, I do not like to take any part in a movement which is carried on by the caste Hindus"*. Their attitude towards social reform is so different from mine that I have found it difficult to pull on with them. Indeed, I find their company quite uncongenial to me on account of our differences of opinion" (Moon, 1989). What causes apprehensions about Marxism is its direct advocacy of dictatorship. This is how Ambedkar distinguishes two types of communism – one propagated by Marxists and the other by the Buddhists:

> *The Russians are proud of their communism. But they forget that the wonder of all wonders is that the Buddha established communism so far as the Sangh was concerned without dictatorship. It may be that it was communism on a very small*

scale, but it was communism without dictatorship a miracle which Lenin failed to do. (Moon, 1987).

In the memorandum, Ambedkar enlists various grievances of the depressed classes under four heads "Political Grievances", "Educational Grievances", "Other Grievances" and Duty of the Government towards Distressed People" (Moon, 1991). There is a clear absence of rhetoric as observations are supported through detailed data in the tabular form. After enlisting grievances, the solutions are suggested thus: "declaring them minority" and "fixing their proportion in the annual vacancies" (423). While comparing Karl Marx with Lord Buddha, in his very significant essay "Buddha or Karl Marx", Ambedkar highlights the essentially non-economic character of Dalit problem. He sides with Buddhism, but before he does so, he writes two extended sections on the credo of Buddhism and Marxism separately. Ambedkar's summing up of the two distinct credos is precise and accurate. Lines such as these – "Worth and not birth is the measure of a man", "Learning without character is dangerous"; "Nothing is final" (Moon, 1987) sum up Buddhist social as well as metaphysical vision (Amandeep, 2008). Around this time, the first generation of Dalit youth had started coming out of the university portals to face the dark future ahead. All the special provisions in the constitution in their favour appeared to be a chimera. Reservations for which they were humiliated by others were not to be seen anywhere. Protective provisions simply melted away in the heart of atrocities. The anger against the social and political order began flowing into 'little magazines. Around this time, M. N. Wankhede, who had just returned from the US after completing his Ph.D on *Walt Whitman,* and *Tantrism* at the University of Florida in 1965 began teaching at the Milind College, Aurangabad. He introduced black literature from the US through a journal *Asmitadarsh* (*Mirror of Identity*) which he co-founded along with several of his colleagues as the organ for the future Dalit literary movement. Months later his student, the Dalit critic Janardhan Waghmare, published a series of essays in

Asmitadarsh on African American literature and culture. It proved a great catalyst to inspire the educated Dalit youth to emulate the African Americans in the US. In the following years, allusions to black America began to surface regularly in Dalit poetry and then autobiographies. The Dalit Panther was a natural product of this process of emulating the black youth in the US. Before this, some of them had formed an organization 'Youth Front', basically to inspire Dalit youth to write and publish their output in a 'little magazine' titled *Vidroh*. In a literary conference of the little magazine held at Mahad, the idea of *Dalit Panthers* was conceived when they learned about the Black Panther Party from the lecture of Dr. Wankhede.

The Radical Phase or the Rise of Dalit Panthers

The Dalit Panthers' tryst with radical politics proved stillborn. The Manifesto published in 1973 exposed the inherent contradictions in the Dalit movement. Credited to Namdeo Dhasal, who had leftist leanings having worked in the *Yuvak Kranti Dal*, a youth wing of the Praja Socialist Party before, it had broadened the definition of a Dalit to include all sections of society who were exploited socially, politically, and economically. Further, the Manifesto declared that the friends of Dalits were the revolutionary parties that were battling class exploitation and caste oppression. The Panthers' main attack was, however, against the (Republican Party of India), RPI leadership, which was accused of leaving Ambedkar and joining hands with Congress. Paradoxically, the communist parties also were not spared from criticism, for being unsuccessful in taking up the problems of the Dalits. Although the Panthers spoke against the electoral politics, they supported a CPI candidate and helped him get elected in the 1972 elections.

For a detailed understanding of post- Dalit aesthetics, the manifesto of Dalit Panthers provides us the primary source with statements/ narratives issued/written from leading Dalit ideologues as complementary material. Kumar writes that the

Dalit Panthers, by using the term 'Dalit', were systematically rejecting all caste-related positions the former untouchables were known for in Indian society. The manifesto extends the horizons of the Dalit experience as it includes other marginal sections of society in its agenda for social revolution. The *1972 Manifesto of the Dalit* Panthers defines Dalits as members of scheduled castes and tribes, Neo-Buddhists, the working people, the landless and poor peasants, women, and all those who are being exploited politically, economically, and in the name of religion (Murugkar, 1991). The main achievements of Dalit Panthers were:

1) The Dalit Panther movement, despite its limitations, gave the much-needed confidence and courage to the hundreds and thousands of Scheduled Castes people who have for generations lived on contempt and at times on pity. No number of special privileges can instil in their minds this spirit of self-confidence and self-respect. On the contrary, the special privileges have worked against the development of such a spirit and therefore, the need for such a movement like the Dalit Panthers in solving the problems of untouchability in our country is greater today than ever before.

2) The Panthers exaggerate the myth that the subalterns are dumb and passive figures. They demonstrated that the Dalits' problems would no longer be solved by the generosity of others. Their contribution to the Indian political and social scenario was significant in the sense that their actions stirred India's dormant, tolerant masses into the realization that in a democracy people must assert their rights.

3) Panthers was the first rumbling against the unjust, brutal, exploitative, and iniquitous caste system. They succeeded in raising the right questions and pertinent issues which had remained unresolved during the 25 years of Independence. The movement attracted the attention of society towards issues like atrocities and inequity and helped in enlightening society. With the emergence of the Panthers on the scene, the involvement

of Dalit youths in the movement increased.

4) The Panthers also do the activity as a check on the power politics of RPI leaders by boldly exposing their dishonesty.

5) The Dalit Panther movement also helped in initiating a debate on the need for an objective analysis of the thoughts and ideology propounded by Dr. Ambedkar.

The Post-Dalit Phases

After Ambedkar, it was the Dalit Panther leadership that re-awakened the community of Dalits. They tried to remove the lethargy which had spread in the community during the RPI leadership. They galvanized the Dalits into action, made them stand with raised hands and clenched fists. Though the leaders could not stop the atrocities committed against the Dalits, they were successful in attracting the attention of the authorities and society towards their plight. The leaders took a radical, militant, and anti-establishment stance in place of a parliamentary-democratic one. It was a distinct and qualitative break from the earlier political strategy of the RPI.

However, the revolutionary ideology, though accepted in principle, could not be put into practice, as the leaders lacked the revolutionary characteristics of commitment, sacrifice, and the requisite resources. The unexpected fame gained from the Worli incident went to the heads of the leaders, resulting in infighting, which led to an organizational split. The desperate but interacting leaders established their separate camps after the Worli riots. The leaders, who were out to annihilate the caste system and establish a casteless and classless society, were themselves caught in the whirlpool of narrow intra-caste rivalries. Although Dr. Ambedkar had rightly articulated the goal of the Dalit movement as the annihilation of castes and his vision in universalist terms as to have a society based on liberty, equality, fraternity, the post-Ambedkar Dalit leadership conveniently constructed his pragmatist moves as 'Ambekarism' and unleashed themselves to pursue their self-interests without any scruples.

Importance of Radical Phase the day-to-day Life of the Dalits

Objectives of the radical phase were to emancipate and free Dalits from socio-economic and cultural exploitation through non-violent means; nationalize all the private land, industry, and wealth of the nation; build a casteless and classless society; support and recognize the national and international self-respect and freedom movements society based on liberty, equality, and fraternity. A weekly *panchama* focused attention on the problems of the Dalits. Dalit Panthers produced an intelligentsia, several social reformers, politicians, and writers who in turn fought for Dalit rights. Such rights became the subject of legislation only in the post-colonial society.

Thus, one can see the post-Ambedkar Dalit politics being completely mired by the opportunism of its Dalit leaders. It steered clear of the problems of the Dalit masses, and when it could not, it used them to bargain better deals for the leaders. It naturally threw up men of straw, morally lumpen, antithetical to Ambedkar in every aspect, but singing hymns to him just to exhibit their devotion to Ambedkar, who had turned into a quasi-god to the Dalits. It is not that there were no people of substance to lead the Dalits, but they would not last in competition with these amoral ignoramuses who had the backing of the ruling classes. The Dalit Panthers is a case in point. Whatsoever might be their inspiration, they had articulated the politics of Dalits aptly. But as they propagated their fierce independence, they met with the brute force of the state (police). When the Panthers were tamed, the ruling classes embraced them and deputed police for their security. The mainstream political parties could easily buy off these pliable pigmies and invest in marketing them as the big Dalit leader to garner Dalit votes. The marketing exercise necessarily includes the building up of the Ambedkar icon in a competitive manner. As noted in the manifesto of the Dalit Panthers, with the sole exception of the land *satyagraha* under the leadership of Dadasaheb Gaikwad, the entire Dalit movement, including the Dalit Panthers themselves, has been devoid of any concern about

the problems of the toiling among masses[3]. Post- Dalit or Ambedkarite aesthetics continues to blossom on the legacy of Ambedkar, and therefore it remains rather personal Ambedkarite. But the Ambedkar it seeks to recreate or cherish is amply renewed in the sense that it does not directly bring them into the course of narration.

Alternative Strategies for Societal Development (Social Work Perspective)

Due to the impact of the radical Dalits, many voluntary organizations have succeeded in meeting the needs of people. Their goal is the amelioration of specific groups. They pressurize the government to adopt various welfare schemes to integrate Dalits into mainstream socio-political and economic life. They represent the grievances and demands of the marginalized group at a larger level. Such activities have the potential of bringing forth the urgent need for structural changes in society. One of the most crucial roles of non-governmental organizations is to facilitate awareness, social consciousness besides educating people. Empowerment of Dalits is possible only if they are included in the developmental process through massive participation.

The social work profession aims to uplift the weaker sections of society. The principal goal of radical Dalits is the amelioration of the exploitation of specific groups. They perform usually one or some of these activities: organize and mobilize people and advocate on their behalf, provide relief, charity, and welfare services; increase people's voice in the decision-making process, facilitate social awakening, promote formal and informal education, undertake community development activities in urban and rural areas and so on. Through social work journals, the grievances and demands of the marginalized groups are represented at a larger level. Such activities have the potential of bringing forth the urgent need for structural changes in society.

[3]Deenkar Salve, *Dalit Movement after 1956* (Original in Marathi). (Krantising Nanasaheb Academy: Dignath Prakashan, Pune. 1999),1.

Structural changes are fundamental for development to reach out to all sections of society. This will give the necessary reorientation to governmental policies. It can facilitate awareness, social consciousness besides educating people.

REFERENCES

Amandeep. (2008). *From Assimilation to Assertion: Towards a Post-Ambedkarite Aesthetics of Dalit Autobiography*. Thesis: Department of English PU Chandigarh.

Basu, S. (2016). *Readings on Dalit Identity: History, Literature, and Religion*. New Delhi: Orient Blackswan.

Bhan, P.C. (2006). *Dalit Phobia: Why do they hate us?* New Delhi: Vitasta Publishing House, 2006.

Kumar, R. 2019.*Dalit Literature and Criticism*. Hyderabad: Orient Blackswan.

Moon, V. (Ed) (1979). Writings and Speeches Vol.1. Bombay: Education Department, Government of Maharashtra.

Moon, V. (Ed) (1987). Writings and Speeches Vol. 3. Bombay: Education Department, Government of Maharashtra.

Moon, V. (Ed) (1991). Writings and Speeches Vol. 10. Bombay: Education Department, Government of Maharashtra.

Murugkar, L. (1991). *Dalit Panthers Manifesto in Dalit Panther Movement in Maharashtra: A Sociological Appraisal*. Bombay: Popular Parkashan.

Paswan, S., & Jaideva, P. (Ed) (2002). *Encyclopaedia of Dalits in India*. Vol. II, & XI. Delhi: Kalpaz Publications.

Rao, C.Y. (2007). *Writing Dalit History and Other Essays*. New Delhi: Kanishka Publishers.

Teltumbde, A. (2017). *Dalits: Past, Present, and Future.* New York: Routledge.

MENSTRUAL HYGIENE MANAGEMENT AT THE BOTTOM OF THE PYRAMID: A CORPORATE SOCIAL RESPONSIBILITY APPROACH

Dr. Anup Raj[1] and Dr. Kavita Kulkarni[2]

Abstract: *Menstrual Hygiene Management at the bottom of the pyramid is challenging for the government-led health programme initiatives in India considering the scale at which such initiatives are supposed to be implemented. To facilitate and support such a programme, private companies are coming forward through their Corporate Social Responsibility programmes and contributing/aiding in menstrual hygiene management in India. These programmes are spearheaded by the company-sponsored community health workers who use innovative engagement tools and mechanisms to create awareness, educate, and motivate the community to adopt the right practices for menstrual hygiene including the use of sanitary pads on regular basis. This paper through in-depth interviews of 27 company-sponsored community health workers attempts to identify five factors that enable them to boost their effectiveness and elevates understanding of the means to overcome the challenges and barriers faced in the implementation of Corporate Social Responsibility approach in menstrual hygiene management.*

Keywords: *Menstrual Hygiene Management, Community Health Worker, Corporate Social Responsibility.*

Introduction

Menstruation is a natural, normal biological process experienced by all adolescent girls and women, yet it is not spoken about openly causing unnecessary embarrassment and shame.

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Addressing menstrual hygiene needs has important policy implications and remains an essential part of "The Unfinished Agenda" for achieving WHO's millennium development goals such as promoting gender equality and empowering women, reducing child mortality, and improving maternal health. A UNICEF Report, 2014 highlighted that 79 percent of girls and women in Tamil Nadu, 66 percent in Uttar Pradesh, 56 percent in Rajasthan, and 51 percent in West Bengal were unaware of menstrual hygiene practices. The percentage was According to a study done by AIIMS and Harvard University, 2016, only 37 percent of women received some form of healthcare. According to the healthcare for women in India report of Smile Foundation, only a small percentage of Indian women have access to hygiene products during their menstrual cycles, and less than 18 percent of women use sanitary napkins. Most women in India, especially in the rural and semi-rural areas, cannot afford menstrual hygiene products due to cost or cultural constrictions and instead turn to unhygienic methods that can have adverse health effects.

India's 113 million adolescent girls are particularly vulnerable at the onset of menarche. At this time, they need a safe environment that offers protection and guidance to ensure their basic health, well-being, and educational opportunity is realized. Yet a recent survey found that in 14,724 government schools only 53 percent had a separate and usable girl's toilet. At home, the situation also needs to improve as 132 million households do not have a toilet (Ministry of Drinking Water and Sanitation, 2015), leaving adolescent girls and women to face the indignity of open defecation.

The National Rural Health Mission (NRHM) was launched by the Indian Government in 2005, to provide accessible, affordable, and quality health care to the rural population, especially the vulnerable group. NRHM budget for 2018-19 was Rs 25495 Crore. Overall, India's public health expenditure (sum of central and state spending) has remained between 1.2 percent to 1.6 percent of GDP between 2008-09 and 2019-20. In 2020-21, the

Ministry received an allocation of Rs 67,112 crore. This is an increase of 3.9 percent over the revised estimates of 2019-20 (Rs 64,609 crore). This expenditure is relatively low as compared to other countries such as China (3.2%), the USA (8.5%), and Germany (9.4%). Under the Ministry, the **Department of Health, and Family Welfare** accounts for 97 percent of the Ministry's allocation, at Rs 65,012 crore. Whereas the **Department of Health Research** is allocated Rs 2,100 crore (3% of the allocation). In addition to the low allocation of central and state budgets on health and hygiene, several other important barriers to menstrual hygiene have been identified including demand, knowledge, access, or supply, etc. all of which are greater for rural and poor populations who are at the bottom of the pyramid.

Safe, and effective Menstrual Hygiene Management (MHM) is a trigger for better and stronger development for adolescent girls and women. Corporate Social Responsibility (CSR) in India can be the game-changer in Menstrual Hygiene Management (MHM). Menstrual hygiene is an issue where the role of women is very important in community-based CSR activity considering the gender-specific requirements and communication that need to be imparted effectively to the target community. India is one of the first countries in the world to formalize the role of corporate social responsibility in nation-building through Section 135 of the Companies Act, 2013, which mandates eligible companies to spend 2 percent of their net profits on social development. Schedule VII of the Act defines 'promoting gender equality and empowering women' as the main area for corporate investment. The reason for this is clear: despite significant strides in economic growth and social development, India ranks 127 out of 189 countries on the gender inequality index as of 2017. Corporate Social Responsibility can play a vital role in spreading awareness about this problem while also addressing the need for better sanitation options. India Inc. has spent Rs. 7,536 crores on Health and Education as part of its Corporate Social Responsibility funds, as per a 2018 report by KPMG.

Companies' world over has different approaches to CSR, ranging from fair-trade to philanthropy. In developing countries like India, CSR for several companies has revolved around the community-based development approach. Many organizations have actively worked towards the economic and social empowerment of women. Some of them have promoted the formation of self-help groups that were supported to take up income-generating livelihood activities after sufficient training and capacity building. In India, government machinery through CHWs such as ASHA, ANM, and Anganwadi workers addresses the issue of menstrual hygiene to a limited extent. In 1977 the Government of India launched a widespread new health care experiment using volunteers to provide a basic health care service (Bhattacharji, Abraham, Muliyil, Job, John, and Joseph, 1986). In this direction, recently Indian private companies have come forward and through Women Community Health Workers (WCHW) they are trying to increase awareness regarding menstrual hygiene and promoting the idea of using sanitary napkins at the bottom of the pyramid. This study attempts to explore this emerging trend of employing WCHW in CSR initiatives and investigate what factors lead to the adoption of menstrual hygiene practice at the bottom of the pyramid. The next section describes the importance of capacity building of different types of community health workers currently practicing in India for effective MHM interventions.

Literature Review

Menstrual hygiene management in low- and middle-income countries is a high priority (Sommer, Caruso, Torondel, 2021). Menstruation and menstrual practices in these countries are severely clouded by myths, taboos, and sociocultural restrictions. This may result in adolescent girls remaining unaware of hygienic health practices, which can influence health outcomes (Chothe et.al., 2014).

Government of India initiatives in MHM
As per Census, 2011 in India, the number of women in the reproductive age group (15–49 years) is more than 31 crores.

Menstrual hygiene management is an integral part of the Swachh Bharat Mission Guidelines (SBM-G). The Menstrual Hygiene Management Guideline is issued by the Ministry of Drinking Water and Sanitation to support all adolescent girls and women. Ministry of Drinking Water and Sanitation has published operational guidelines to be implemented by state governments, district-level officials, engineers, and schoolteachers for improved MHM in the country. It outlines what needs to be done by state governments, district administrations, engineers, and technical experts inline departments; and school headteachers and teachers.

The National Rural Health Mission (NRHM) was launched by the Indian Government in 2005, to provide accessible, affordable, and quality health care to the rural population, especially the vulnerable group. The thrust of the mission is on establishing a fully functional, community-owned, decentralized health delivery system with inter-sectoral convergence at all levels, to ensure simultaneous action on a wide range of determinants of health such as water, sanitation, education, nutrition, social and gender equality. To achieve the goals of the mission there is a need to make the public health delivery system fully functional and accountable to the community; need for development of human resources management; need to facilitate community participation; need for decentralization, rigorous monitoring, and evaluation against standards; the convergence of health and related programmes from village level upwards; innovations and flexible financing and interventions for improving the health indicators.

Some other Indian government initiatives such as the "Swachh Bharat: Swachh Vidyalaya" campaign has been launched to ensure that every school in India has a set of functioning and well-maintained WASH facilities including soap, private space for changing, adequate water for washing, and disposal facilities for used menstrual absorbents. The SABLA programme of the Ministry of Women and Child Development has incorporated awareness generation on MHM as an important initiative to

improve health, nutrition, and empowerment for adolescent girls. Efforts are being made to provide sanitary napkins to school-going girls by installing napkin-vending machines at schools and to increase the accessibility of environmentally safe disposal mechanisms such as low-cost incinerators attached to the girls' toilets in schools for disposal of used MHM products. Recently, Government has launched 100 percent oxy-biodegradable sanitary napkins "Suvidha" in packs of four priced at Rs. 10 which will be available at the Pradhan Mantri Bhartiya Janaushadhi Pariyojana Stores.

Private Sector participation in MHM through CSR
Community Health Worker (CHWs)
The term 'community health worker' encompasses a wide variety of local healthcare providers ranging from nurse-midwives to home-based caregivers and salaried-staffs to volunteers (Lehmann & Sanders, 2007). Women's participation in community engagement is dependent upon the dynamics of a dominant society and the culture of the organization involved (Keenan Kemp, Ramsay, 2016). In several developing countries like Uganda, Ethiopia, Zambia, Bangladesh, Brazil communities are empowered in myriad dimensions (through government-sponsored or private company-sponsored CSR initiatives) to demand health services (Maes, Closser, Vorel, & Tesfaye, 2015; Werner, 2009). Community health workers form a vital link between the community and health departments in various countries. There are four categories of such community health workers: Accredited Social Health Activist (ASHA); Auxiliary Nurse Midwife (ANM); Anganwadi Worker (AWW) and Company-sponsored Community Health Worker (CCHW).

The National Rural Health Mission (NRHM) was launched in 2005 to address the health needs of the underserved rural population especially women, children, and vulnerable sections of the society and to provide affordable, accessible, and quality healthcare. The cornerstone of the NRHM is a female volunteer

recruited for the programme called the Accredited Social Health Activist (ASHA). Starting in 2006, the ASHA programme spread across the country with 820,000 women trained and deployed (Gopalan, Mohanty, Das, 2012). An ASHA is a female village resident, preferably a daughter-in-law, with a minimum of eight years of formal education, who is expected to serve a population of 700 in tribal areas and 1000 in rural areas. She is selected by the community level governance, trained by the health department, supervised by the primary health center, and receives performance-based monetary incentives every month. An ASHA worker is designated to act as the health educator and promoter of the community-level health services made available by the NRHM. The community health initiative encapsulates women and child health care initiatives-requirements. For MHM, the Central Government procures sanitary napkins and supplies these to the States that deliver it to local health functionaries i.e., ASHA (Accredited Social Health Activists) in the villages for distribution every month or to the schools that become distribution points for students. As an incentive, ASHA gets one pack of sanitary napkins free every month. The states have an option to choose and involve self-help groups for manufacturing and marketing sanitary napkins subsequently. For the safe disposal of the napkins at the community level, deep-pit burial or burning is the available option. Another alternative is the installation of incinerators in schools that could be manually operated. The Tamil Nadu state government in India is already running a successful scheme in some districts, where girl schools have sanitary napkin vending machines and incinerators.

The structure of the community health reform is designed in a manner that necessitates the ASHA workers to work along with two other community-level workers to promote child health in India, the Auxiliary Nurse Midwife (ANM) and Anganwadi Worker (AWW). The ANM is the female community level worker with the health care department who works along with the ASHA worker. She is an employee of the health department and is paid a fixed monthly salary. Each ANM is supported by 3-5 ASHA

workers. The Aganwadi Worker is the female community level worker with the Department of Women and Child Development (DWCD) works along with the ASHA Worker. She works for a child health, education, and nutrition programme. An Anganwadi worker serves a village population of 700-1,000 through a village level institution, the Anganwadi center (AWC) as an Integrated Child Development Scheme (ICDS) worker and is paid a fixed monthly honorarium by the DWCD.

The Company-sponsored Community Health Worker (CCHW) are community-level health female champions employed and recruited by a company that could be running a specific CSR community health care initiative. The community-level health care initiative, that the company is targeting would fall under the purview of community-level health care initiatives driven by the NRHM. She is paid a fixed monthly salary/ monthly honorarium/ performance-based monetary incentives every month as determined by the company which is running the specific CSR Initiative. To implement the CSR initiatives in menstrual hygiene, the CCHW would need to work along with the setup of ASHA, ANM, and AWW workers. CCHWs face many challenges such as low literacy levels, low media reach, and lack of purchasing power. The study attempts to identify factors that impact CCHW'S effectiveness in creating awareness and motivating the girls and women to adopt the menstrual hygiene practices at the bottom of the pyramid.

Methodology
This study uses the inductive approach. Twenty-seven interviews of private CHWs in Uttar Pradesh (an economically backward state) in India were conducted and recorded. Transcripts were prepared on the same night so that the researcher does not miss important points. The transcripts were analyzed by applying the content analysis technique to accomplish deeper insights and six themes were identified. Field notes and observations and some key documents helped prepare the final analysis of the findings.

This procedure promoted validity and reliability as interviewees had the time to consider the information requested and where appropriate to gather any supporting organizational documents that they thought would be useful. The order of questions varied depending on the flow of conversation. Once the data were collected and interviews transcribed, responses were analyzed via a thematic approach. Bailey suggests that 'thematic analysis works most effectively when you seek themes that address your research questions, frame themes conceptually, and explore links among them'. The author followed the process of interpretive analysis suggested by Spiggle (1994) by analyzing each interview separately and then merging them into a consistent whole. Once the preliminary analysis was complete, the study employed the QSR NUD*IST Vivo (NVivo-10) software for gaining deeper insights and facilitating the management of the data. NVivo is one of the qualitative analysis tools most widely used by scholars. This is a software package for the management and analysis of qualitative data that provides an online environment for organizing and handling data, notes, and ideas. It was chosen because it allows researchers to code text while working at the computer and to easily retrieve the coded text (Bell, Bryman & Harley, 2018). These features enabled the researcher to better organize the transcribed text and get a clearer view of interviewees' responses.

Ethical Considerations

As there was no involvement of clinical trial or intervention, it was not required to obtain ethical approval from the companies. A voluntary consent form was presented to the respondents along with the terms and conditions before the study. As the focus of the study was menstruation, considered a sensitive topic in the rural areas, women were uncomfortable with their names being used in the study, therefore no respondent's actual name had been listed. The data storage was secured with password-protected files on the computer. The anonymity and confidentiality of the respondents were preserved by not revealing their names and identity in the data collection, analysis, and reporting of the study findings.
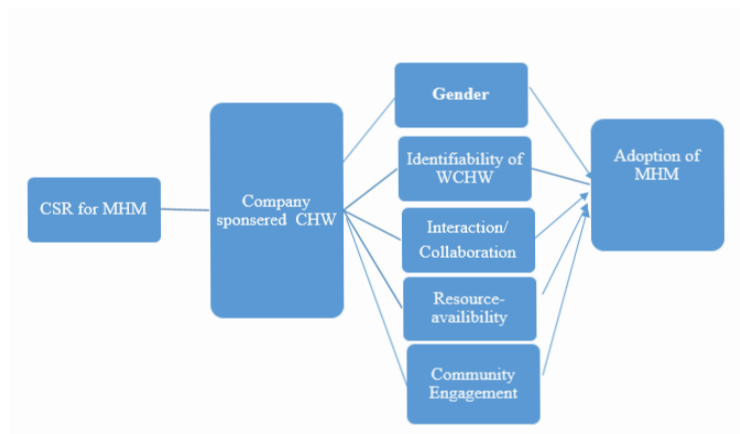
Findings

The CSR programme of private companies addressed issues like family planning, diarrhea prevention and management, menstrual and personal hygiene, sanitation, and general nutrition. A typical profile of the community health worker (CHW) was that they were aged between 28-45; and while some had studied till class IV, some were not educated. The CHWs were married. Their husbands worked as farmworkers or took up odd jobs. The transcript data revealed the following themes that affect the effectiveness of the community health worker:

1. *Gender:* The role of gender in community development initiatives has earlier been emphasized (Cornwall & Rivas, 2015; Chang, Connaughton, Kang, 2016). The findings of the study illustrated that women at the bottom of the pyramid were not comfortable in talking about menstruation to the male community health worker. The women in the village considered the women community health worker (WCHW) as trusted advisors and often asked them questions related to the early onset of menopause, menstrual pain management, and vaginal health. These health concerns of the village women were gender specific and a WCHW had a greater impact on the village women. This study indicated that female health care workers were preferred to promote CSR initiatives on menstrual hygiene.

2. *Identifiability of WCHW:* The data also revealed that WCHW having a weak identity faces the problem of end-users not knowing them and hence not trusting them. For example, *Chandra Devi* (pseudonym) is known to villagers by the name of her father or husband and not as a WCHW working for the betterment of their village. On the other hand, a WCHW having a strong identity takes pride in her work. One respondent shared that as of today everyone in her village knew who she is and came to her for advice. As a trusted advisor she was not only serving her village but also the neighboring villages.

3. *Resource Availability and Training:* It was revealed that the WCHW is not adequately equipped with the resources such as dress, badges, identity cards, sanitary napkins, and other health kits. The bags given to the WCHW were bulky and difficult to carry. The data revealed that WCHW were poorly trained or ill-equipped to handle questions regarding menstruation, vaginal health, and menopause. Ongoing training and guidance can help to discuss such issues with the community effectively and confidently.

4. *Interaction/ collaboration:* Lower interaction with fellow communities reduces the influence of the CHW on the community. The data suggest that a health care worker's communication with other stakeholders (within or outside her community/village) increases the impact of that health care worker on her community. Impact of CHW increases with her interaction –integration and synergies with her collaboration with neighboring villages and retailers of the villages. The data suggest that a health care worker's impact increases if she can collaborate with other layers of staff working at a village level. It was also found that more collaboration was needed between ASHA and WCHW workers to effectively address the issues of menstrual hygiene. Collaborations with retailers and rural medical practitioners in neighboring villages increase the impact of a WCHW.

5. *Community Engagement:* The community health worker uses many innovative communication and engagement tools such as a quiz, games, collaterals in schools to address adolescent. In addition, the village community meetings are conducted to address the issue of menstrual hygiene. Women are seen to be hesitant to attend such meetings due to the sensitive nature of the topics. An interesting observation is that mothers-in-law also accompany their daughters-in-law. During group meetings, it is observed that married women who are accompanied by their mothers-in-law are less involved. They do not ask questions, participate in interactions, or make any

purchases. They sit quietly and leave as soon as the meeting is done. Further, as awareness levels are low, it is difficult to generate their interest in such topics. The interview data reveal that CCHW plays a critical role in creating awareness regarding menstrual hygiene in such meetings. Some women come with their little children. No ASHA/ AWW are invited to the meeting. If the CCHW happened to be an influential person such as the wife of the Sarpanch, it gives her power and influence to conduct the meeting. Companies usually charge a nominal price for a sanitary napkin as part of CSR activity with the assumption that CSR activity should be participatory. The CCHW interacts with the audience through interesting visual and print media stories to create and make comparisons with the current practice of menstrual hygiene being adopted by adolescent girls and women. In the process, CCHW attempts to underline the importance of maintaining hygiene and sell sanitary napkins at a subsidized price. The findings of the study can be summarised in the framework below.

Figure 1: Factors Affecting the Impact of a Company Sponsored CHW

Recommendations and Suggestions

The findings of the study resulted in a framework according to which Indian companies can effectively implement CSR programmes for MHM at the bottom of the pyramid through company-sponsored women community health workers. Gender plays an important role in MHM. The study suggests that companies should prefer to hire female CHW for increased effectiveness. The CHWs is she should be a reputed and known person in the village. The CCHW should be fully skilled, equipped with resources, trained, and should be provided with all the resources needed to do work effectively. The CHWs should be easily identifiable through her dress, bag, and behavior. She should have the ability to engage the community through innovative communication mechanisms. The company-sponsored CSR programme will be effective in reaching the community at the bottom of the pyramid who will be motivated to adopt menstrual hygiene practices if the CHWs possess the attributes and are equipped with the required resources as found in the study. Interestingly the study also reveals that higher-order strategic decisions are still being taken by men and are dominated by a patriarchal mindset. The study suggests that women should be encouraged to move up the value chain and be more participative in middle and top management decision-making roles. In the community-based developmental approach, the role of women is still limited (Grosser & Moon, 2005). This is because the strategic decision regarding the community-based developmental approach is still being taken by the patriarchal mindset.

Implication for Intervention

This study of CSR intervention for MGM at the bottom of the pyramid points towards significant implications for corporates, managers, NGOs, and the government. For corporates, pieces of evidence gathered in this study encourage more firms to apportion their CSR funds in MHM and women empowerment. As the impact of such studies is not only measurable but also in line with the government's clarion call for gender equality. Such CSR intervention is likely to generate definite strategic and competitive

advantage as today consumers are more aware of firms' actions and judge them on the merits of their action towards society. It is expected that such CSR intervention towards the vulnerable section of society is likely to generate more strategic and competitive advantages. The success story of firms will encourage similar firms to take more initiative in this direction.

For managers, the study offers a framework to design a CSR strategy to maximize the adoption of MHM through the enhanced role of women in the CSR implementation process. The study can help managers to design strategies of CSR to effectively reach girls and women at bottom of the pyramid.

For NGOs, the study offers a framework to collaborate with corporates more systematically for increased effectiveness of CSR intervention. NGOs can be instrumental in scaling up the MHM initiatives. They can also play a key role in monitoring and controlling CSR initiatives.

The study also has implications for policy makers not only for drafting guidelines for spending CSR funds specifically for MHM, women empowerment, and gender equality but also for resource mobilization and strengthening the infrastructure of public-private partnerships for such interventions.

Discussion and Conclusion
This study draws attention towards a relatively new form of community health workers who are sponsored by private sector companies. These community health workers' efforts in disseminating information and inducing the adoption of MHM practices are impeded by many barriers. The biggest barrier to using a sanitary napkin (SN) is affordability (Goyal, 2016). Other commercial products like tampons and menstrual cups are less widely available and often unaffordable. This study corroborates other studies in the field as to how companies under its CSR programme offer subsidized sanitary napkins to the girls and

women at the bottom of the pyramid (Garg, Goyal, Gupta., 2012). Such interventions not only increase awareness but also lead to the acceptance of sanitary napkins at the bottom of the pyramid (Tewary, Jain, & Agarwal, 2021). However, such interventions are often a function of the skills, behavior, knowledge, and attitude of the community health workers who are endowed with this task of implementing CSR programmes for MHM at the bottom of the pyramid. The study significantly contributes to the extant literature by offering a conceptual framework encompassing five factors that can be considered while designing a CSR strategy for MHM at the bottom of the pyramid: gender role; the identity of CHW; interaction/collaboration with other stakeholders; quality of resources/ tool kit with CHWs; and innovative community engagement practices by CHWs. Thus, personal factors (e.g., education of the CHWs), professional factor (e.g., training), and organizational factor (e.g., resources or infrastructure) affect the performance of the community health workers (Sharma, Webster, & Bhattacharyya, 2014). This study also corroborates with earlier studies that point towards the urgent need for the Government, NGOs, and corporates to collaborate to provide affordable and sustainable menstrual hygiene management solutions for the welfare of the community at large (Shaili, 2021). The evidence gathered in this study also propagates the practice of using innovative and easily comprehendible communication messages to reach the poor.

However, the study also had some limitation that points towards future research directions. The study was limited to qualitative analysis and larger sample size using quantitative methods can be used for increased generalizability of the study. The study was limited to a single state in North India, and it can be replicated for south and north-eastern state. Nevertheless, the study offers a useful perspective for managers, corporates, and NGOs to design CSR strategies considering personal and professional factors regarding CHWs to effectively induce the adoption of MHM practices at the bottom of the pyramid.

REFERENCES

Bell, E., Bryman, A., & Harley, B. (2018). *Business Research Methods*. Oxford University Press.

Bhagwat, A., & Jijina, P. (2020). A Psychosocial Lens on an Indigenous Initiative to Address Menstrual Health and Hygiene in Indian Villages. *Social Work in Public Health*, *35*(3), 73-89.

Bhattacharji, S., Abraham, S., Muliyil, J.P., Job, S, J., John, K., Jospeh, A. (1986). Evaluating Community Health Worker Performance in India. *Health Policy And Planning, 1 (3), 232-239.*

Cornwall, A., & Rivas, A. M. (2015). From 'gender equality and 'women's empowerment to global justice: reclaiming a transformative agenda for gender and development. *Third World Quarterly, 36*(2), 396-415.

Chang, M. J., Ko, Y. J., Connaughton, D. P., & Kang, J. H. (2016). The effects of perceived CSR, pride, team identification, and regional attachment: The moderating effect of gender. *Journal of Sport & Tourism*, *20*(2), 145-159.

Chothe, V., Khubchandani, J., Seabert, D., Asalkar, M., Rakshe, S., Firke. A., Midha, A., Simmons, R. (2014). Students' Perceptions and Doubts About Menstruation in Developing Countries: A Case Study from India. *Health Promotion Practice, 15 (3),* 319-326.

Elledge, M. F., Muralidharan, A., Parker, A., Ravndal, K. T., Siddiqui, M., Toolaram, A. P., & Woodward, K. P. (2018). Menstrual hygiene management and waste disposal in low and middle-income Countries—A review of the literature. *International Journal of Environmental Research and Public Health*, *15*(11), 2562.

Frynas, J. G. (2005). The false developmental promise of Corporate Social Responsibility: Evidence from multinational oil companies. *International Affairs*, *81*(3), 581-598.

Garg, R., Goyal, S., & Gupta, S. (2012). India moves towards menstrual hygiene: subsidized sanitary napkins for rural adolescent girls—issues and challenges. *Maternal and Child Health Journal*, *16*(4), 767-774.

Goyal, V. (2016). Scope and opportunities for menstrual health and hygiene products in India. *International Research Journal of Social Sciences*, *5*(7), 18-21.

Gopalan, S. S., Mohanty, S., & Das, A. (2012). Assessing community health workers' performance motivation: a mixed methods approach to India's Accredited Social Health Activists (ASHA) program. *BMJ Open*, *2*(5), 1-10. doi: 10.1136/bmjopen-2012-001557.

Grosser, K., & Moon, J. (2005). Gender mainstreaming and Corporate Social Responsibility: Reporting workplace issues. *Journal Of Business Ethics*, *62*(4), 327-340.

Grosser, K. (2009). Corporate Social Responsibility and gender equality: women as stakeholders and the European Union sustainability strategy. *Business Ethics: A European Review*, *18*(3), 290-307.

Jadhav, S. (2020). *How social marketing approach promoting sanitary pads and menstrual hygiene can improve menstrual health in rural areas of Maharashtra, India* (Doctoral dissertation, Dublin, National College of Ireland).

Lehmann, U., & Sanders, D. (2007). Community health workers: what do we know about them. The state of the evidence on programmes, activities, costs, and impact on health outcomes of using community health workers. Geneva: World Health

Organization.

Maes, K., Closser, S., Vorel, E., & Tesfaye, Y. (2015). A women's development army: narratives of community health worker investment and empowerment in rural Ethiopia. *Studies in Comparative International Development*, *50*(4), 455- 478.

Keenan, J. C., K.ty agreements, gender, and development. *Journal of Business Ethics*, *135*(4), 607- 615.

Lawan, U.M.; Yusuf, N.W.; Musa, A.B. (2010). Menstruation, and menstrual hygiene amongst adolescent schoolgirls in Kano, Northwestern Nigeria. *Afr. J. Reprod. Health*, *14*, 201–207.

Spiggle, S. (1994). Analysis and interpretation of qualitative data in consumer research. *Journal Of Consumer Research*, *21*(3), 491-503.

Shaili, V. (2021). A Study on Menstrual Hygiene Management at the Bottom of Pyramid in India. *Women & Public Health eJournal*. Retrieved from http://dx.doi.org/10.2139/ssrn. 3795881.

Sharma, R., Webster, P., & Bhattacharyya, S. (2014). Factors affecting the performance of community health workers in India: a multi-stakeholder perspective. *Global health action*, *7*, 25352. Retrieved from https://doi.org/10.3402/gha.v7.25352

Sommer, M., Caruso, B.A., Torondel, B. (2021). Menstrual hygiene management in schools: midway progress update on the "MHM in Ten" 2014–2024 global agenda. *Health Res Policy Sys 19, 1*. Retrieved from https://doi.org/10.1186/s12961-020-00669-8

Tewary, T., Jain, V., & Agarwal, N. (2021). Moving Towards Menstrual Hygiene: Awareness and Acceptance of Sanitary Napkins at Bottom of the Pyramid. *International Journal of*

Business and Economics, *20*(1), 73-91.

Werner, W. J. (2009). Corporate Social Responsibility initiatives addressing social exclusion in Bangladesh. *Journal Of Health, Population, and Nutrition*, *27*(4), 545.

VULNERABILITIES OF PARTICULARLY VULNERABLE TRIBAL GROUPS IN INDIA

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Abstract: *Particularly Vulnerable Tribal Groups (PVTGs) are highly marginalized, excluded, and vulnerable. The PVTGs are a highly heterogeneous group and differ in their cultural, economic, social, and political systems. The paper's objective is to focus on the socio-economic conditions of PVTGs and the factors that increase their vulnerability in the context of their close symbiotic relationship with nature. Vulnerabilities are perpetuated by land and habitat alienation, displacement, decreasing access to forest resources, and loss of traditional livelihoods. A mainstream or generalized development approach will not apply to the PVTGs because of their unique relationship with their natural habitats, cultural systems, and social norms. A development approach that can benefit the PVTGs in securing their population and decreasing their medical and education exclusion must be rights-based, inclusive, respectable, and sustainable for their habitats and livelihoods.*

Keywords: *PVTGs, Occupation, education, health, Schemes, Vulnerability.*

Introduction

As per Census, 2011, the Tribal population is 8.6 percent of India's total population, residing in 15 percent of its geographical area. Particularly Vulnerable Tribal Groups (PVTGs) include seventy-five tribal groups out of the 705 Scheduled Tribes. According to Census, 2001, the 75 PVTGs have a total population of 27,68,322, which accounts for about 1.36 percent of India's tribal population (Census, 2001).

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The 75 Vulnerable Tribal Groups (PVTGs) residing in 17 states and 1 Union Territory, are widely dispersed geographically (Ministry of Tribal Affairs, 2014), and are scattered numerically. They are commonly spread in States, within districts, and within villages as well. PVTGs live in various geo-climatic and ecological conditions, from hills to forests to plains and islands. They are often found in small hamlets within villages, most of which are isolated and inaccessible with poor administration and infrastructure. They are a highly heterogeneous group in the diversity of cultural practices, systems, agricultural practices, livelihood sources, and self-government. They cannot be located in one concentrated place, meaning their population density is very low.

PVTGs communities are the most underprivileged, deprived, and marginalized and are regarded as primitive tribal groups. There are challenges to their administrative and political development due to their high degree of geopolitical variability. Their livelihood's primitiveness has spanned from lack of necessary life ingredients far below the standard of living. Food insecurity, health, drinking water, sanitation issues, education, housing, etc., are still in the acute form of the deficit (Muniraju, Thakur, 2018). This historical exclusion process is further perpetuated by increased migration, land dispossession, lower access and control of forests, food shortages, poor health and education, and lack of political significance. Improving the socio-economic quality of PVTGs through a reduction in inequality remains a key challenge for the administration. Most PVTGs pursue foraging and food gathering as their main occupation and the principal source of livelihood even today. Yet large-scale industrialization, urbanization, and natural resource extraction due to deforestation have significantly changed the subsistence trend. This pattern has forced many tribes to migrate from their homes (Xaxa, 2012; Singh, 2012). More importantly, generalizing the PVTGs and aiming for a generalized policy framework for inclusive and sustainable development will fail due to their diversity. This paper attempts to understand the various forms of exclusion that

manifest into vulnerabilities of the PVTGs and presents suggestions for their socio-economic development.

Materials and Methods

The paper is an analytical one. Secondary sources of data and information are used to explore and answer this paper's proposed research questions. The data on most variables have been taken from reports of the Indian Census, released by the Indian General Registrar; Ministry of Tribal Welfare Annual Reports, Government of India; journal articles, and books to evaluate socio-economic parameters of PVTGs. The vulnerability of the PVTGs has been critically examined from the social exclusion and inequality perspectives.

Results and Discussion

Identification as Separate Category

Particularly vulnerable tribal groups are socially and economically more backward than the tribal groups in general. In 1973, the Dhebar Committee established Primitive Tribal Groups (PTGs), less evolved among the tribal groups, as a separate category. In 2006, PTGs were called especially renamed as Particularly Vulnerable Tribal Groups (PVTGs) by the Indian government. The PVTGs have been identified based on the following criteria: 1) forest-dependent livelihood such as hunting, gathering, foraging 2) low levels of agricultural technology, 3) zero or negative growth of population 4) extremely low literacy rates, and 5) subsistence-based economy.

Number of PVTGs and their Population

The population of the PVTGs is widely dispersed and highly varied. According to the Odisha Economic Survey, 2020, the population's size varies in different states: 13 groups are located in Odisha, 12 groups in Andhra Pradesh, 9 groups in Bihar and Jharkhand, 3 groups each in West Bengal and Maharashtra respectively, two groups each in Karnataka and Uttarakhand and one each in Rajasthan, Tripura, and Manipur. Four groups of PVTGs are in Andaman, and one in the Nicobar Islands (Ministry

of Tribal Affairs, 2019). It is estimated that the 12 PVTGs have a population above 50,000, and the others have 1,000 or even less than that. The PVTG with the highest population are the *Sahariyas* with 4,50,217 people, while on the other side, the *Great Andamanese* and *Sentinelets* have the lowest population of 43 and 39, respectively. The following table shows the PVTGs with the lowest population (The National Advisory Council, 2013). The *Toto* PVTG of West Bengal (1387 people) and the *Toda* of Tamil Nadu (1608 people) has a population of less than 2000. At the same time, the *Saharia* of Madhya Pradesh and Rajasthan are the largest PVTG group with more than 4 lakh populations (Singh, 2017). The growth rate of the population of PVTGs is either declining or stagnant, especially in the Andabar and Nicobar Islands, where there has been a sharp decline. Andabar and Nicobar Islands have 5 PVTGs: the *Great Andamanese, Sentineles, Jarawas, Onges, and Shom Pens*. So, there is a huge difference in their population numbers, and particular focus needs to be put on identifying and protecting the PVTGs with a negative growth rate. The issues and concerns of PVGTs should be addressed in the context of their geographical contexts and the needs of the communities. Some PVTGs are on the verge of extinction due to the decline in their population, while others are excluded from enumeration and data collection for epistemology due to their small numbers.

Table 1: Name and number of PVTGs in State / UT wise.

SL No.	Name of State / UT wise.	Name
1	Andhra Pradesh (including Telangana) (12)	1. Bodo Gadaba 2. Bondo Poroja 3. Chenchu 4. Dongria Khond 5. Gutob Gadaba 6. Khond Poroja 7. Kolam 8. Kondareddis 9. Konda Savaras 10. Kutia Khond 11. Parengi Poroja 12. Thoti
2	Bihar (including Jharkhand)(9)	13. Asurs 14. Birhor 15. Birjia 16. Hill Kharia 17. Korwas 18. Mal Paharia 19. Parhaiyas 20. Sauria Paharia 21. Savar
3	Gujarat (5)	22. Kathodi 23. Kotwalia 24. Padhar 25. Siddi 26. Kolgha
4	Karnataka (2)	27. Jenu Kuruba 28. Koraga
5	Kerala (5)	29. Cholanaikayan (a section of Kattunaickans) 30. Kadar 31. Kattunayakan 32. Kurumbas 33. Koraga
6	Madhya Pradesh (including Chhattisgarh) (7)	34. Abujh Marias 35. Baigas 36. Bharias 37. Hill Korwas 38. Kamars 39. Saharias 40. Birhor
7	Maharashtra (3)	41. Katkaria (Kathodia) 42. Kolam 43. Maria Gond
8	Manipur	44. Morram Nagas
9	Odisha (13)	45. Birhor 46. Bondo 47. Didayi 48. Dongria-Khond 49. Juangs 50. Kharias 51. Kutia Kondh 52. Lanjia Sauras 53. Lodhas 54. Mankidias 55. Paudi Bhuyans 56. Soura 57. Chuktia Bhunjia
10	Rajasthan (1)	58. Seharias
11	Tamil Nadu (6)	59. Kattu Nayakans 60. Kotas 61. Kurumbas 62. Irulas 63. Paniyans 64. Todas

12	Tripura (1)	65. Reangs
13	Uttar Pradesh (including Uttarakhand)(2)	66. Buxas 67. Rajis
14	West Bengal(3)	68. Birhor 69. Lodhas 70. Totos
15	Andaman & Nicobar Islands(5)	71. Great Andamanese 72. Jarawas 73. Onges 74. Sentinelese 75. Shom Pens

Source: MoTA, 2020

Livelihood

PVTGs are engaged in diverse occupations: hunter-food gatherers, foragers, shifting cultivators, cattle grazers, pastoralists, forest produce gatherers, nomadic, settled agriculturists, and basket weavers. Foraging and food gathering as the main occupation and the principal source of livelihood is pursued even today. Their livelihoods depend on forest produce, especially Non-Timber Forest Produce (NTFP), hunting, rearing livestock, shifting cultivation, and small-scale artisan works. They use various NTFP products like honey, gum, bamboo, shrubs, herbs, fuel, dry leaves, wax, medical plants, and roots. The PVTGs either consume these NTFPs or sell them to a middleman who then take them into the market. In the process, PVTGs are exploited by middlemen who pay them less remuneration due to a lack of market information. Their dependency on forests is under threat due to forest area loss, forest conservation policies, and climate change, leading to unwanted eviction and displacement. Among the PVGTs those who are politically assertive and numerically dominant claim a major share of the resources and benefits hence there is a need for resource allocation and distribution. They are also exploited as 'bonded labour' or work as agricultural labourers. Indebtedness is also a huge problem. Many of the PVTGs are excluded from participating in the labor force due to social stigmas, and relative discrimination by the state through various regressive policies in perpetuating their isolation and backwardness. They are becoming increasingly vulnerable due to their loss of customary habitats, traditional occupations, and subsistence-based livelihoods. Livelihood issues among the PVTGs are the outcome of the social process over periods since colonial times. Therefore, many social scientists have not hesitated to call it a colonial construct perpetuated by state control

over living means such as agriculture, forest, minerals, and other natural resources. The control of the state on life patterns and livelihoods has led to a reverse livelihood trend with no sign of impressive progress since then.

Education

Literacy rates among the PVTGs are extremely low. They are even lower than the average Scheduled Tribes literacy rate, and State wise the situation is different. The literacy levels of the PVTGs show a range of 0-40 percent and a mean value of 24 percent with high variations. (Sahani & Nandy, 2013). Some states have showcased 24 -30 percent literacy rates, while some states have extremely low rates, even 0 percent. Female literacy rates are very low, and dropout rates are high. Low literacy levels are attributed to a lack of accessibility and availability of educational facilities in the remote and isolated areas inhabited by PVTGs. Educational infrastructure is not accessible by roads in states such as Odisha, Jharkhand, Andaman & Nicobar Islands. Some other factors are poorly trained teachers, lack of teaching curriculum in tribal/indigenous languages, and irrelevant curriculum. The pedagogy does not incorporate the traditional lifestyles, skills in agriculture, hunting-gathering, medicinal plants, traditional skills, and language (Ministry of Tribal Affairs, 2014).

Mainstream educational and pedagogical approaches can lead to alienation, isolation, and exacerbation of vulnerabilities. For some PVTGs, literacy or formal education did not positively impact the foraging tribes like the *Senteneles*. On the other hand, parameters like education need to be focused for groups who were forcefully evicted due to land alienation or the groups that work in exploitative industries. (Sahani & Nandy, 2013). They also face very high dropout rates and low enrollment rates due to poverty, the distance of schools from their villages, etc. The quality of teachers and infrastructure of schools is also very poor.

Table 2: Literacy rates of some PVTGs

State/ PVTGs			Average literacy rate of the state
Andaman & Nicobar islands	Jarawas	0%	86.27%
	Sentineles	0%	
	Shom Pens	3.1%	
Uttar Pradesh	Raji	28.8%	69.72%
	Sahariya	23.1%	
Odisha	Mankidia	16.2%	73.45%
	Didayi	27.0%	
	Bondo	28.4%	
Kerela	Cholanaickan	15.3%	93.91%
Jharkhand/Bihar	Parhaiya	25.6%	67.63%/ 63.82%
	Birhor	26.4%	
	Savar	26.9%	
	Korwa	29.4%	
Andhra Pradesh	Dongria Khond	24.5%	67.66%
	Kuttia Khond	24.5%	
	Porja	29.9%	

Source: Census 2011

Health

Health is a requirement for human development and a core part of human well-being. Social, economic, and political factors influence the health problems of every society. The general health status of PVTGs is poor due to economic, social, and political factors: poverty, illiteracy, poor maternal and childcare services, no safe drinking water, insufficient health and education, lack of health care institutions, and nutritional services, deforestation, and superstitions. Access to medical infrastructure, for groups displaced or working in exploitative industries, is even more difficult. The ones still in primitive stages of hunting-gathering have faced historical injustices in the form of colonial and post-colonial intrusion into their habitat. Transmission of disease from foreigners is difficult to cope with.

Conditions such as anemia, upper respiratory problem, malaria, acute diarrhea, protozoa, micro-nutrient deficiency, and skin infection are typical in PVTGs. There is an incidence of high mortality rates caused by starvation, chronic malnutrition, and a

general lack of access to public healthcare facilities. The Indian Council for Medical Research (ICMR) report says that the health indices of the tribal population in Odisha are worse than the national average: Infant mortality rate is 84.2; mortality rate under five is 126.6 children, underweight is 55.9 percent, anaemia in children is 59.8 percent, children with acute respiratory tract infection is 22.4 percent; children with dysentery and diarrhoea is 21.1 percent; women with anaemia is 64.9 per 1000. A high incidence of malnutrition was found in the tribal dominated districts of Odisha" (ICMR 2003). The tribes of Madhya Pradesh and Chhattisgarh are showing similar trends (Damayanti & Chakma, 2004). The *Jarawa* tribe faced a measles outbreak in 1999, the 2001 mumps epidemic, and later some tuberculosis cases. The *Baiga* also has one of the highest infant mortality rates, undernutrition, and high levels of diseases. Hepatitis infection was also reported amongst the *Great Andamanese*, the *Onges,* and the *Shompens*. The immunization rates of children are very low, and pregnant mothers are not included in health coverage.

Many of these diseases can be prevented by diet, prompt treatment, and knowledge of health. The outreach programmes for health promotion amongst PTVGs need to consider those in urgent and dire need of medical support, health and nutrition service, health insurance, health benefits and boundaries of their habitat.

Employment
The PVTGs mostly depend on primitive forms of agriculture. Under-employment and unemployment status shows that most of the tribals are engaged in the primary sector, resulting in underemployment. The groups that migrated or displaced to urban and semi-urban areas are engaged in unorganized sectors such as construction, domestic workers, and daily wage labourers. PVTGs face exploitative labour through low wages, long working hours, insecure workplaces, and no social security benefits. Some PVTG, such as the *Sahariyas* of Rajasthan, continue to work as bonded labour for wealthy landlords, and it has been perpetuated

for generations. The PVTGs in Rajasthan are mostly agricultural labourers under the *hali* system. A *hali* system is a form of bonded labour banned under the Bonded Labour (Abolition) Act, 1976. In Odisha, the *goti* system ensures that *Juang* families are forced to labor to repay their debt. Most have been tricked into exorbitantly high-interest rate loans and subsequently worked for the big landowners without wages, due to indebtedness.

Land alienation and displacement

PVTG habitats, especially in Central and East India, in Chattisgarh, Jharkhand, and Odisha, have become the center of attention for big investment firms in mining, mineral, and resource extraction. Thus, in the garb of growth and development, the State legitimizes the illegal encroachment by foreign multinational companies to enter the forest areas and set up extractive industries. This leads to illegal land transfers along with illegal encroachment. More than 90 percent of mineral reserves are in tribal concentrated areas in Odisha. This has led to large-scale displacement caused by development projects such as dams, heavy industries, mining. The PVTGs are deprived of their livelihood resources in this process. There have been instances of PVTGs being displaced and evicted due to the Reserved Forest Act or Protected Forest Act. The habitat rights of PVTGs must be recognized as guaranteed in the Forest Rights Act (FRA). Developmental activities are being imposed on PVTG without considering their needs and priorities. A move away from a generalized development approach is necessary, and PVTGs need to be viewed in their distinct scenario. They must have the right to make their own choices regarding the trajectory of development and livelihood they wish to sustain.

Deforestation, Climate Change and Habitat Rights

Rapid deforestation, forced plantation, and climate change impact have impacted the PVTGs access to traditional modes of livelihood and right to habitat guaranteed by The Forest Rights Act, 2006. Loss of traditional habitats and resource rights has resulted in starvation, malnutrition, and hunger deaths. Climate

change and drastic alterations in the ecosystems have led to a loss of Non-Timber Forest Products (NTFPs), drying up of rivers and other water sources, untimely and regular floods, land erosion, and disturbance in biodiversity, food webs, and ecosystems.

Statistical Enumeration

There is no official Human Development Index report or Income-Consumption or Employment-Unemployment data on PVTGs. The PVTGs are excluded in a geopolitical sense where they are excluded from the mainstream development discourse and official data collection for policy recommendations. The available handful amount of data is through independent academic articles or reports. Moreover, there is concern that some PVTGs are not notified/registered as Scheduled Tribes. For example, the *Abujh Maria* tribe was recently granted the status of ST in Chattisgarh. Furthermore, the States of Kerela, Karnataka, Tamil Nadu, and Uttar Pradesh do not have Scheduled areas. Some have argued that identification criteria are also flawed, and derogatory as 'isolation' is not a characteristic feature of PVTG groups. The rationale behind the criteria of identification must be settled and accurate knowledge of PVTGs must be obtained for inclusion and policy initiative.

Exclusion and Vulnerabilities of Circular flow

The vulnerabilities of the PVTGs are a result of the exclusion they face in various areas: economic exclusion (excluded from employment, decent income, and secure work conditions), social exclusion (excluded from availing benefits of free and compulsory education, health-nutrition services), geographical and geopolitical exclusion (excluded from the mainstream discourse on development, for instance, in policy goals or official data collection) and exclusion from the right to habitat and livelihood. Exclusion leads to vulnerability: declining population, low literacy, high mortality, loss in traditional livelihood, unemployment, bonded labour, insecure work conditions, limited awareness of social security or benefit, land alienation, habitat

loss, alienation, and isolation. There is a circular relationship between the exclusion and vulnerabilities indicators of PVTGs. The exclusion they face increases the vulnerability, but the increase in vulnerability indices also makes them more prone to exclusion.

Schemes for PVTGs (This para needs clarity)

The Integrated Tribal Development Projects (ITDP), Integrated Tribal Development Agencies (ITDA), Tribal Research Institutes, and independent NGOs are engaged in the promotion of the welfare of PVTGs while the state government is responsible for the proper implementation and supervision of schemes.

In 2004-05, the Indian government provided insurance cover to earning members of PVTG families under the "*Janashree Bima Yojana*" of LIC. In 2015 the National Advisory Council (NAC) and the Ministry of Tribal Affairs recommended that states formulate long-term CCD (Conservation cum Development) plans for five years for each PVTG residing in their states centered on a habitat development approach (Ministry of Tribal Affairs, 2015). Each state is expected to concentrate on housing, land distribution, land development, agricultural growth, livestock development, communication, installation of unconventional lighting energy sources, social security, creative activities for the overall socio-economic development of PVTGs, and facilitate the participation of women. The implementation of the scheme would be supervised by ministry officials and/or independent agencies appointed from time to time by the Ministry of Tribal Affairs. Priority is also given to PVTGs under the Special Central Assistance (SCA) scheme, Tribal Sub-Scheme (TSS), Article 275(1) of the Constitution, Grants-in-aid to Voluntary Organisations working for the welfare of Scheduled Tribes, and measures to promote the education of ST girls in districts with low literacy (Ministry of Tribal Affairs, 2019).

Table 3: Funds released for Development of (PVTG), Rs. in Crore

	Funds released	Utilisation reported
2016-17	338.00	319.96
2017-18	239.46	223.19
2018-19	250.00	12.30

Source: Press Information Bureau, 2019

Way forward

There is an urgent need to promote the holistic development of PVTGs based on their needs and concerns. The state can provide a social security net in the form of decent employment opportunities; minimum wages; housing for the displaced; educational, health, and nutritional services; protection, and promotion of land, livelihood rights, and customary habitats. Indigenous practices, customs, languages, traditional knowledge should be valued and protected. To develop the educational status of PVTGs the curriculum should be sensitive to the cultural contexts; school infrastructure should be developed, teachers should be representatives of the community; the medium of instruction and texts could be in the language of the groups with a gradual transition to other languages. The textbooks should include traditional knowledge, local histories, stories, images, and symbols to help children relate learning to ground realities. Awareness campaigns for school enrollment, vocational training for tribal youth, promotion of community-based health initiatives by strengthening local sub-centers and Auxiliary nurse midwives (ANMs) with adequate staff, equipment, and medicines, and regular mobile health services are critical for the improvement of the health status of the PVTGs. State support through sustainable activities, development of small-scale cottage industries, plantations crops, fishing, animal husbandry, is important for the promotion of livelihood options. Vulnerabilities Indices of PVTGs must be established for understanding the nature of vulnerability and need-based interventions for sustainability and growth. The financial and other services allocated to the PVTGs should comply with the PVTG's level of vulnerability.

Conclusion

The PVTGs are very different culturally, socially, and economically amongst each other. The PVTGs have an innate connection with their land, forest, and habitats. The level of socioeconomic inequalities is also amongst PVTGs. Their problems vary from group to group. The PVTGs are said to be economically and socially excluded because they have little access to resources for their development, low literacy rates, negative or stagnant population growth rates, small population size, and high mortality rates. Over the years, the fall in their population size is one of the major reasons for their 'vulnerability.' The PVTGs are also part of several land diversion and displacement conflicts because of the gradual exploitative intrusion of State and market in the form of tourism and industrial development projects. The neoliberal phenomenon of growth and development is threatening their symbiotic relationship with their habitats. It is found that there is a vast number of mineral and mining industries in areas inhabited by PVTGs. In this process, they are denied control and access to natural resources such as land, water, and forest. Moreover, resistance against land acquisition and displacement has led to state repression or denying legal rights and entitlements in many cases. The protection of their land and property must also be the core of all regulations or development measures about PVTG. The Shompens and Jarawas of the Nicobar Islands, the Andaman Islands, the Abhuj Maria of Chhattisgarh, and others are on the point of extinction. PVTGs must also prioritize individual care for their protection and support because of their living conditions, prevailing socio-economic vulnerability, and diminishing numbers.

REFERENCES

Damayanti, K., & Chakma, T. (2004). *Nutritional Status of Adolescents In Tribal Areas Of Madhya Pradesh.* Jabalpur: Regional Medical Research Centre for Tribals.

Government of India. (2001). *Census of India 2001.* New Delhi: Registrar General of Census, Government of India,

Government of India. (2011). *Census of India 2011.* New Delhi: Registrar General of Census. Government of India.

Government of Odisha. (2020) '*Odisha Economic Survey 2019-2020'*, Planning and Convergence Department. Directorate of Economics and Statistics: Government of Odisha

ICMR. (2003). Health Status of primitive tribes of Orissa. *Indian Council of Medical Research Bulletin, 33* (10), 1-7.

Ministry of Tribal Affairs, (2019). '*Annual Report 2018-19'.* New Delhi: Government of India

Ministry of Tribal Affairs, (2015). *Scheme for development of Particularly Vulnerable Tribal Groups.* Government of India

Ministry of Tribal Affairs. (2014). Report of the high-level committee on socio-economic, health, and educational status of tribal communities of India. Retrieved from http://www.india environmentportal.org.in/files/file/Tribal Committee Report, May-June 2014.

Muniraju, S.B. & Thakur, R. (2018). Development Deficits of Particularly Vulnerable Tribal Groups and Way Forward. *Journal of Rural Development Review*, *6*(6), 1-14.

National Advisory Council, (2013). Development Challenges Specific to PVTGs. New Delhi: Ministry of Tribal Affairs, Government of India.

Press Information Bureau, (2019). Welfare of particularly vulnerable Tribal groups. New Delhi: Ministry of Tribal Affairs, Government of India.

Sahani, R., & Nandy, S. K. (2013). Particularly Vulnerable Tribal Groups. *Journal of the Anthropological Survey of India, 62*(2), 854-865.

Singh, B. A. (2012). Tribal Education and Residential Schools: A Case from Sholaga of Erode District. *International Journal of Social Science Tomorrow,1* (8), 1-6.

Singh, S.S. (2017). Vulnerable Tribes: lost in a classification trap. The Hindu. Retrieved from https://www.thehindu.com/news/national/vulnerable-tribes-lost-in-a-classification-trap/article17894997.ece

Xaxa, V. (2012). 'Tribes and Development: Retrospect and Prospect'; In Nathan, D., and Xaxa (Eds.). *Social Exclusion and Adverse Inclusion: Development and Deprivation of Adivasis in India*, pp 310-320. New Delhi: Oxford University Press.

GENDER-BASED VIOLENCE IN PUBLIC SPACES AND ITS EFFECTS ON WOMEN'S MOBILITY

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Abstract: *Gender-based violence (GBV) in public spaces impedes the human right of women to freedom and movement. This paper based on interviews with female students in Delhi highlights attempts to explore the challenges faced in claiming public spaces. The major finding of the study suggests that most respondents were concerned about their safety and security in public spaces. Fear and restrictions affected their sense of emotional and social well-being in the public domains.*

Keywords: *Gender-Based Violence, Public Spaces, Women's Mobility.*

Introduction

Social norms, religion, age-old customs, and prejudices stemming from the community's gender ideologies have impacted the status of women the world over. These ideologies perpetuate power struggles between genders, '*the rules about how boys and girls are expected to think and behave from early childhood*' (Marcus & Harper, 2015). Gender gaps in education, economic status, and social conditions have further led to gender-based discrimination. The patriarchal mindset fosters a public-private divide. Historically, it is men who have acted within the public realm and have moved freely between it and the private realm, while women (and children) have been mostly restricted to the private realm and subjected to the authority of men within it. Gender-based violence (GBV) in public spaces emanates from such patriarchal

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arrangements when women are seen as transgressing the public-private divide. According to the National Crime Records Bureau, 2018, Delhi recorded one of the highest cases of acid attacks, making women more unsafe and vulnerable to live in (NCRB, 2019).

Mobility is a key enabler of development as it promotes access to education, employment, community, social engagements, and claiming spaces. An important aspect of the right to movement is safe movement or mobility. Research has shown that there exists a gender disparity in access to transport systems and public spaces because of these concerns. This leads to the violation of the right to free movement for women and the associated right to loiter just like men, highlighted in the book by Shilpa Phadke '*Why Loiter*'. The Sustainable Development Goals 5 (SDGs) seeks to eliminate all forms of violence against women and girls in the public and private spheres, including trafficking, sexual and other types of exploitation.

This paper attempt to address factors that impact women's access to public spaces and presents a thematic analysis of views of women in New Delhi on the issues of mobility and gender-based violence in public spaces. The paper presents an analysis of the perceptions of women regarding social norms and offers policy recommendations on how public spaces can be made safe for women.

Review of Literature
The relationship between the safety issues of women in the public spaces and the consequences have been documented in the past research by various gender studies scholars and women's rights activists. A review of the literature shows women's travel, access, and mobility pattern is related to gender-based violence and gender norms.

In an article published in the Urban Studies Senior Seminar Papers, Jana Korn argues that 'a threat of sexual violence limits a woman's mobility affecting the decisions that she makes about how and when to move throughout her city, with critical implications for gender equity'. The paper also points out how women face a unique set of threats as compared to men in public spaces (Korn, 2018). In a study *Perception and Experience of Gendered Violations in Public Places of Delhi* funded by the Centre for Equity and Inclusion and CMS Communication it was found that out of 632 women surveyed, 95 percent of women shared that their mobility was restricted because of fear of male sexual harassment.

Jane Osmond and Andree Woodcock in their article on '*Everyday Harassment and Women's Mobility'* present a detailed account of how public sexual harassment of women experienced in their everyday life is underreported. These traumatic experiences have a long-term effect on women's sense of worth and on their mobility patterns. The article highlights a study based in the UK on how sexual harassment affects mobility and women's self-esteem and that there has been a long-standing need to address the safety of women in public spaces. Another 82 percent identified the bus as the most unsafe mode of public transportation because of male harassers(Woodcock & Osmond, 2015).

A similar study was conducted by the researchers in the context of Guwahati, India, by Centre for Urban Equity (CEPT University) in 2016 to investigate the nature of women's mobility focusing on three areas- safety and violence in cities, transport systems, and planning in the cities. It concluded that women in Guwahati are presented with immense challenges in accessing public spaces as the nature of settlements is dispersed and there are low levels of vehicular ownership, lack of enabling infrastructure, and behavioural issues that lead to various risks for women who are traveling (Mahadevia, Mishra, & Joseph, 2016).

A safety audit conducted by Jagori and Parichiti based in Kolkata also pointed out that majority of women and girls who live and work in the city fear violence in public spaces daily. The location also is very important as secluded public spaces are perceived as more dangerous even though women feel that they could be harassed at any time of the day. In a study conducted by Jagori in Delhi in 2010, it was pointed out that parks and isolated areas like subways and deserted streets were considered unsafe by women as they feared being violated in these places(Jagori, 2010)

Another study in Mumbai by Shilpa Phadke and others under the project PUKAR and published by the name '*Why Loiter*' found that there is always a risk of potential physical assault when women access public spaces including risk to life and physical and psychological trauma of the injury. Women also face risks associated with the 'reputation' of accessing public spaces as women's legitimate spaces are considered to be within the confines of their homes (private spaces). Women are mostly at the risk of being blamed for the assault they face in the public space and that leads to the loss of access and opportunities for them (Phadka, Ranade, & Khan, 2011). Personal safety and harassment also become significant concerns in public spaces and thus for women perceptions of safe travel go beyond physical road safety to include risks of harassment and rape or even stalking (ADB, 2013). A study done by Ola Mobility Institute put forward the point that 91per cent of women felt that public transport was unsafe(Shah & Raman, 2019).

Research Questions and Objectives
Based on the review of literature, the present study aims to provide descriptive analysis for the following research questions: How gender-based violence at a public place affects women's mobility and how is gender-based violence in a public space a factor in women's access to public spaces. Based on the research questions the researchers have formulated the following objectives for the research: a) To describe the perceptions of young college-going women in Delhi about gender-based violence in public spaces; b)

To understand the relationship between gender-based violence in public spaces and women's mobility; c) To understand through women's point of view the consequences of gender-based violence in a public spaces; d) To understand the challenges faced by young women in accessing public spaces and e) To understand what social practices enable or disable women from accessing public spaces

Rationale of the Study

There is limited research on the relation between the fear of gender-based violence and women's mobility. In Delhi, except for the Jagori study (Jagori, 2010), there are few research studies on the issue. The researchers wanted to explore further the nature and types of gender-based violence in public spaces in Delhi.

Methodology

Research Design

The study was done based on a descriptive design using qualitative tools as the researchers wanted to describe the factors and consequences associated with a certain phenomenon. The phenomenon of gender-based violence at public spaces was taken as an independent variable, and 'women's mobility and access to public spaces were taken as the dependent variable.

Operational Definition:

Gender-Based Violence (GBV) at Public Spaces can be defined as any violence that is targeted towards a gender, often implying that it may assert the superiority of the perpetrator's gender in a public space. Public Spaces can be defined as any space that may be used by all persons irrespective of age, caste, sex, religion, class and is usually open to all rather than belonging to private individuals. It may include places like parks, libraries, roads, tourist places, public transport, and temples among others. Women's Mobility is defined as the ability of women to travel beyond their private spheres into public areas. In the study, women's mobility has been related to women's ability to access public spaces and use of these spaces for their well-being.

Sampling Strategy and Tools of Data Collection:
The study was conducted with young women 18-30 years enrolled in any college in Delhi through a convenience sampling method based on the objectives of the research. Twenty women were interviewed based on an in-depth interview guide with open-ended questions.

Techniques of Analysis
In-depth interviews were utilized for data collection. Based on the interview transcription and analysis, several themes emerged discussed in the following section.

Discussion
The study provided insights into the safety concerns of respondents and how various factors were responsible for women's curbed mobility. The thematic presentation of the findings are presented below:

Type of Public Spaces Accessed by Women
The respondents named various kinds of public spaces they access daily: metros, malls, food joints, movie theatres, college campuses, roads, parks, transportation systems, shopping areas, marketplaces, workplaces, zoo, tourist spaces vegetable markets, government offices, field workplaces, monuments (heritage sites). Public spaces were accessed for various reasons such as career opportunities; commuting; leisure; recreation and economic activities like shopping and work-related. All the respondents expressed that access to public spaces was valuable to them and gave them a sense of liberty, freedom, and agency.

Reasons for feeling unsafe in public places
> '*Now, I can't go out to movie theatres alone even if I want to. One day at a movie theatre two-three men were staring at me because I was alone in the theatre, so I didn't feel safe after I noticed them following me. I felt threatened*.'

> '*A friend of mine was petrified after she was harassed on the street, mistaken as a call girl; she was out at night, after 10 pm on the street waiting for her cab*.'

The respondents shared that they found public spaces unsafe because of the increasing cases of sexual violence reported which created fear and anxiety. The increasing incidents of sexual harassment make them even more uncomfortable, and they perceived it as a challenge they face daily. Respondents expressed that they were constantly alert and aware of the male gaze when they ventured out in public. Their personal experiences of sexual harassment also made them feel insecure and scared. Sexual harassment and incidents like teasing, stalking is very commonly experienced by college-going women (Mahadevia, Mishra, & Joseph, 2016). The fear of being perceived as being not a "good woman" also made them cautious and concerned.

Respondents Perception of Gender-Based Violence: causes, consequences

> "*People might not hit you physically, but they stare at you which is a subtle form of violence. It makes you feel as if you are not welcome here*".

In the study, 17 out of 20 respondents claimed they had experienced indirect acts of gender-based violence but they did face eve-teasing and stalking. While respondents claimed that eve-teasing and stalking are the starting points of heinous crimes faced on an everyday basis they categorized these as subtle forms of violence. They shared they were aware of the serious forms of gender-based violence such as domestic violence, dowry, sexual harassment, abortions based on sex determination, acid attacks, and trafficking. One respondent shared how she was not allowed to stay outside her home after a certain incident.

> "*I was once not allowed to play badminton outside as a passer-by flashed a flying kiss to*

me. I was in 7th standard. But that restricted my freedom and liberty. After one point in time, you become used to it. You even stop complaining. Things become normalized. Patriarchy and structure of society have always been in favour of men."

'At any public space I feel every male eye is staring or watching me. It affects me. I felt unsafe in a park when I went there for jogging. I felt a man was staring at me and stroking his private part while he stared. It does curb my mobility'

All respondents attributed gender-based violence to patriarchal mindsets and established gender norms in the society and perceived gender-based violence as a challenge to their everyday mobility and freedom.

Figure 2: The Relationship of Patriarchy, GBV and Restricted Mobility
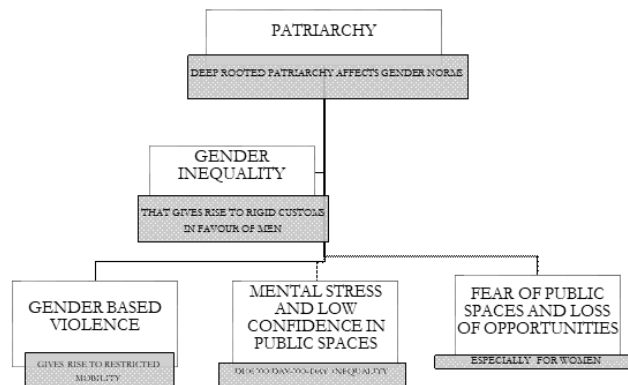
The concerns expressed by respondents are stated below:

    A. Gender Inequality: Women being discriminated in public spaces in comparison to men it was expressed as a

common concern by the respondents. Respondents shared that they were careful of the dress they wore in public spaces as certain clothes are not considered appropriate. These concerns affected them and resulted in loss of opportunities.

B. Restricted Mobility: Respondents shared that their second concern was the discomfort to travel alone even for official purposes. All the respondents perceived public spaces in Delhi to be unsafe for women. Three respondents shared that their families were concerned about sending them to Delhi infamously known as the rape capital of the country

C. Psycho-Social Effects: Respondents expressed that the fear and anxiety of feeling unsafe in public spaces affected their personality and led to a sense of inferiority. Six respondents shared that they felt pressurized in public spaces and were sinking into depression.

Effects of Restricted Mobility on Women

Curbed mobility affects a woman in every way, even when she is travelling, she has to take care of various factors". "*When I book a flight, time is a major constraint. I can't book a flight at 5 am as I would have to leave the house at 3 am, which is not safe at all in Delhi.*

Once I was travelling with my parents when I was 11-year-old when at Patna Railway station, an old man brushed his hands on my breasts and went away…my parents guarded me instead of comforting me. Growing up, I understand what he did. It lowered my confidence…in public spaces…makes me feel that I should behave responsibly for the things others do

Risks are generally imposed or chosen, behavioural issues are the imposed risk, and infrastructure issues are the chosen risk (Phadka, Ranade, & Khan, 2011). Imposed risk has pervasive effects on women's personality development. These risks are seen in *education, career* and *psycho-social aspects*. Respondents shared that restricted mobility affects their career opportunities. For example, they could not opt for a night shift as their parents would not agree. Some respondents shared that sometimes they themselves were concerned about their safety. Restrictions on time affected job expectations, with fewer women opting for late shifts. This may lead to a gap in pay for men and women as men are available for all the shifts, so they are paid more for the same job. Respondents shared that eve-teasing as a crime is not addressed seriously and leads to other crimes against women. It becomes a barrier when women go out for shopping/studies as it leads to heinous crimes like acid attacks and rapes. They face time constraints while going out with friends as they can't or are not allowed to stay outside their homes beyond a certain curfew time. They shared they experienced mental and emotional issues such as anxiety, fear, insecurity, and hopelessness.

Gender and Social Norms and Relationship with Women's Access to Public Spaces

> *Priyanka Reddy case was a prominent case where I confronted my family when they justified the mobility rules saying that this is why I am not allowed to go out at odd times.*

Gender norms are social norms that relate specifically to gender differences' (Marcus & Harper, 2015). Gender norms are specific to women. Even though men share the fear of being violated physically or being robbed, women fear gender-based violence like rapes, acid attacks which lead to their restricted mobility. In the study 17 out of 20 respondents stated they have *more pronounced mobility rules in the family* compared to their male siblings or other male family members. However, three respondents said that though rules were similar for girls and boys

in the family, parents were more concerned about them. The respondents believed that the different rules for mobility in family emanated from rising crimes against women and media portrayal.

The mobility rules were related to a) Time: Eleven respondents said they have a curfew time of 7-8 pm. Eight respondents said they were expected to return between 9-10 pm. Respondents were not allowed to work or travel late at night. Because they resided in Delhi these norms were strictly imposed; b) Information: The parents expected that daughters share their ride status always and stay in touch; c) Interaction: Parents/family members prefer that women go out with a family member/male friend; and d) Career: There were restrictions on where they could work. It was not easy for them to settle in another place for education or work as compared to the male counterparts in their families. They were denied equal opportunities compared to men. Respondents also shared that they were not encouraged to socialize or hang out with the all-girls group. It was preferred that they socialize with a mixed group for safety.

Thirteen respondents strongly agreed that the rules were discriminatory against them, and they felt restricted, while five respondents felt the rules were different but 'okay' as it was enforced for their safety. However, two respondents felt the rules were not at all discriminatory. Social norms have been oppressive to women or other subordinated groups due to power struggles (Mackie, Moneti, Shakya, & Denny, 2015).

> *Due to safety issues, I had no opportunity to live in hostel independently, and I feel I couldn't explore life. The first time I went on an official trip, I felt liberated. So, it affects my personality development and also my mental space."*

Women's Exercise of Citizenship and Participation.
The protest against the Citizen Amendment Act, 2019 and National Register of Citizens in Delhi was also a public space for

women. Some respondents shared that they took part in the protest. Participation in the protest was not only an expression of their role as citizens but also provided scope for women to claim public spaces of resistance. Ankita Johri in her article in the Indian Express writes the how first images of a group of young women students of Jamia standing up to lathi-charge flashed on the screens, an army of nameless, faceless women- educated and unlettered, rich and poor, young and old, in hijabs and sarees, with children and with banners indicated that the very streets considered unsafe were now being claimed (Johri, 2020). Two respondents shared how protest site as a public space was a little safer for them as they didn't fear harassment on the part of their male friends with them or the public participating in the protests. However, the other three shared that they feared police violence/harassment as women police officers were not in equal proportions. They did fear being detained and being beaten up. Two respondents who took part in protests shared they feared religion-based violence as they were wearing headscarves.

Conclusion

The study confirms that public spaces are perceived as unsafe for women. Fear of gender-based violence in public spaces affects women's mobility and aspirations. The patriarchal mindset that does not consider women as equal to men hampers their growth in every way by curbing their freedom of movement. Even though women possess the same rights as any other gender or section of society, they are still in a disadvantaged position due to rigid gender ideologies and social norms arising from these ideologies. Rigid rules and strictly enforced codes of conduct for girls and boys determine behaviour causing women to suffer the most as they are always at the receiving end (Marcus & Harper, 2015). Reclaiming public spaces comes with a cost: Fear of sexual violence, male gaze, name-calling, mental health concerns such as sense of insecurity, fear, and anxiety, and implications for pursuing career and jobs of choice.

Recommendations

Based on the findings of the study the researcher recommends specific interventions for creating safe spaces for women in the public domain. 1) Participatory policy formulation for urban planning and implementation of laws related to women with the involvement of all stakeholders, Resident Welfare Association, police, and protection officers, lawyers, city planners, architects, and engineers with a representation of women and individuals from all groups based on class, caste, religion, language, region, and sexuality must be undertaken to create safe spaces. 2) Policymakers should conduct safety audits of public spaces so that the areas mapped can be better patrolled. Areas of high risk must be under surveillance and measures to be undertaken to address the safety concerns. 3) Adequate lighting at the dark spots to deter people from doing any acts of violence taking advantage of the darkness. The study in Guwahati reported that the absence of streetlights or darker spaces was a disabling factor that gave women a sense of insecurity (Mahadevia, Mishra, & Joseph, 2016).The police machinery needs to be sensitized on gender concerns. The induction of more women officers in the police force may encourage victims to access services and seek timely assistance. The education system needs an overhaul to include topics making people aware of the gender-based violence and safety measures to be taken. 5) Although the present Delhi government has identified the dark spots and set up CCTVs and streetlights, inducted Marshalls in the DTC buses, set up streetlights, the incidents of stalking, eve-teasing are on the rise and Delhi remains one of the most unsafe cities in India. What effects these measures have on the safety of women in public spaces is yet to be researched and documented.

Implications for Future Research and Practice:

The research can be undertaken on a larger scale to assess the challenges in accessing public spaces by women. Large-scale studies will help to inform policy decisions and suggest remedial measures. An in-depth study at a large scale by social service organizations and organizations committed to women's rights

would help in understanding city-specific issues of women's mobility, crime against women in public spaces, and infrastructural weaknesses that lead to curbed mobility of women at several places.

REFERENCES

ADB. (2013). *Gender Toolkit: Transport.* Philippines: Asian Development Bank.

Allen, H. (2018). *Approaches for Gender Responsive Urban Mobility.* UK: GIZ-SUTP.

CIVITAS. (2020). *Smart choices for cities- Gender Equality and Mobility: Mind the Gap.* Italy: Civitas Wiki Project.

Cruz, A., & Klinger, S. (2011). *Gender-based violence in the world of work: Overview and selected annotated bibliography.* Geneva: ILO.

Gopalkrishnan, A. (2020). Why public space isn't public unless women feel free. *Times of India*, p. 1.

ITDP. (2015,). *Institute for Transportation and Development Policy.* Retrieved from http://www.itdp.org/2015/06/22/life-choices-dictated-by-transit-women-and-mobility-in-india/

Jagori. (2010). *Safe Cities Free of Violence Against Women and Girls Initiative.* NCT of New Delhi: Safer Cities Program UN-Habitat.

Johri, A. (2020). A Woman's Place is in the Resistance. *The Sunday Express Magazine- EYE*, pp. 1-2.

Kaur, K. (2018). *Stalking cases on the rise across the country*

reveal data, conviction rate at 26.6 percent. Retrieved from https://www.indiatoday.in/india/story/stalking-cases-on-the-rise-across-country-reveal-data-conviction-rate-at-26-6-per-cent-1162870-2018-02-07

Korn, J. (2018). Riding Scared: Sexual Violence and Women's Mobility on Public Transportation in Santiago, Chile. *Urban Studies Senior Seminar Papers*, *24,* 2-37. Retrieved from https://repository.upenn.edu/cgi/viewcontent.cgi?article=1020&context=senior_seminar

Mackie, G., Moneti, F., Shakya, H., & Denny, E. (2015). *What are Social Norms? How are they Measured?* San Diego USA: UNICEF.

Mahadevia, D., Mishra, A., & Joseph, Y. (2016). *Safe Mobility for Women: Case of Guwahati.* Guwahati: CUE Working Paper Series.

Marcus, R., & Harper, C. (2015). *Social Norms, gender norms, and adolescent girls: a brief guide.* London: Overseas Development Institute.

NCRB. (2019). *Crime In India 2018.* New Delhi: National Crime Records Bureau (MHA).

Parichiti, & Jagori. (2012). *Women's Safety Audit: A Report on Safety Audits Conducted in Dhakuria, Bagha Jatin, and Ballygunge Stations, Kolkata.* Kolkata: Jagori.

Phadka, S., Ranade, S., & Khan, S. (2011). *Why Loiter? Women at Risk on Mumbai Streets.* New Delhi: Penguin Books India.

Phogat, N. (2019). *Why Is Female Workforce Participation so Low In India?* Retrieved from

https://www.youthkiawaaz.comhttps://www.youthkiawaaz.com/latest/?utm_source=Menu&utm_medium=YKA&utm_content

Saunders, K. (2019). *The Real Reason Why Mobility is not Women-Friendly*. Retrieved from Urban Mobility Daily: http://urbanmobilitydaily.com

Shah, S., & Raman, A. (2019). *What do Women and Girls Want from Urban Mobility Systems?* Bengaluru: OLA Mobility Institute.

Sharma, B. R., & Gupta, M. (2004). Gender-Based Violence in India: A Never-ending Phenomenon. *Journal of International Women's Studies*, *6* (1),114-123. Retrieved from https://vc.bridgew.edu/jiws/vol6/iss1/8/

Tahiri, S. D., Freeman, E. E., & Haddad, S. (2012). *BIOMED Central.* Retrieved from NCBI: http://www.biomedcentral.com/1471-2458/12/598

UN Women. (2019). *UN Women*. Retrieved from UN Women: unwomen.org

WHO. (2017). *Violence Against Women.* Retrieved from WHO: https://www.who.int/news-room/fact-sheets/detail/violence-against-women

Woodcock, A., & Osmond, J. (2015). Everyday Harassment and Women's Mobility. *International Conference 'Towards a humane city: Urban Transport 2030 -Mastering Change* (pp. 169-176). Serbia: University of Novi Sad. Retrieved from https://pureportal.coventry.ac.uk/files/23096936/Harassment%20COMB.pd

IMPACT OF GROUP-BASED MICROFINANCE PROGRAMME ON WOMEN'S EMPOWERMENT: AN EXPLORATORY STUDY FROM THE DISTRICT OF WEST BENGAL

Dr. Avijit Brahmachary[1]

Abstract: *Group-based microfinance programme has evolved as a flagship development approach intended to benefit low-income individuals, especially women in different developing and underdeveloped countries, and empowers women through their socio-economic improvement. Proponents of the programme traverse that microfinance can increase their capabilities to make choices and help to acquire more economic resources resulting in enhanced empowerment. Since the definition of women's empowerment is multidimensional and its measurement is quite tenacious due to its unobserved nature an attempt is made to construct a composite livelihood index of the member households as a proxy of empowerment measurement using field-level data. The result fairly indicates that the participation of individuals in the microfinance programme contributes to significant improvements of some socio-economic indicators of the members and thereby a positive contribution to the overall empowerment of the women concerned.*

Keywords: *Group-Based Microfinance Programme, Women Empowerment, Socio-Economic Improvement, Empowerment Measurement, Composite Livelihood Security Index.*

Introduction

Microfinance has evolved as an economic development approach intended to benefit low-income individuals, both women, and

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men. It refers to the entire range of financial services offered to the poor including entrepreneurial and skill up-gradation of the participants/ members (CGAP, 2010). According to Nair (2001), microfinance is an institution that provides thrift, credit, and other financial services and products of very small amounts, mainly to the rural, semi-urban, and urban poor for enabling them to raise their income levels and improve living standards. The concept of microfinance rests on three broad premises - (a) self-employment/ enterprise generation is crucial to alleviate poverty, (b) limited or no access to formal financial services and lack of capital assets/ credit acts as a crucial constraint to existing and potential micro-enterprises and individual borrowers, and (c) poor people can save (even though very small amounts) despite their low level of income (Nair, 2001; NABARD, 2000).

It is also assumed that participation in microfinance activities has a positive impact on women's empowerment and therefore, throughout the world most group-based microfinance (mF) programme is designed and introduced to empower women through their socio-economic improvement. Proponents of the mF programme traverse that since women are the most vulnerable and underprivileged section in the society, microfinance can increase their capabilities to make choices and help to acquire more economic resources resulting in the improvement of wellbeing of the family. From the supply side also, it was well recognized by the microfinance institutions (MFIs) that women are more reliable and trustworthy borrowers resulting in very low or zero loan default. Therefore, policymakers advocate group-based microfinance programmes as one of the flagship development programmes to empower women, particularly in unorganized sectors in developing and underdeveloped countries. MFIs are encouraged to offer such service since financial viability is well maintained by them which was quite impossible under the formal banking system.

However, measuring women's empowerment due to their participation in microfinance programme is a serious problem as it

can't be observed directly and has multiple dimensions. Many studies in this regard suffered from the problem of endogeneity bias where ordinal variables were treated as a continuous variable and the unobserved latent variable of women's empowerment has been considered as an observed variable (Goetz & Sengupta, 1996; Hashemi, Schuler & Riley, 1996; Swain and Wallentin, 2009). In their study, Swain and Wallentein (2009) and some other researchers assumed that women's empowerment is an unobserved variable and can be measured as a latent variable. They conducted a field-based study to measure the impact of a group-based microfinance programme on women's empowerment. The result of these empirical studies indicates that there is a cabalistic improvement in the direction of women's empowerment for the self-help group (SHG) members due to participation in the programme. In contrast, no meaningful change was observed for the non-members or the control group. Most of this analysis shows that though the momentum and degree of empowerment are not symmetric always among all the group members, nevertheless the self-help group members perceived significantly better empowerment as compared to the non-members belonging in the same homogeneous socio-economic strata.

Literature Review
Currently, throughout the world (mainly in underdeveloped and developing countries) group-based microfinance programme has evolved as an effective system to deliver different financial services among poor households and micro-enterprises. Internationally several variants of microfinance technologies have evolved in the last 30 years to include poor people under the financial services and are recognized as one of the important mechanisms for financial service delivery amongst the collateral less poor (Yunus, 2003).

Among the different microfinance delivery technologies group, based microfinance programme is more pronounced in many developing countries like India, Bangladesh, Pakistan, etc., and

has expanded at a rapid rate in the last 20 years. In India, the 'Self-Help Group' (SHG) based microfinance programme became popularized in the 1990s and emerged as the largest microfinance programme in the world. By far it is not only the major microfinance programme to the collateral less poor but also the most popular and successful programme among the microfinance providers of the country also (NABARD, 2018; Dasgupta, 2001; Satish, 2005). However, besides the formal financial institutions, there are some other microfinance institutions (MFIs) operating in the country catering to a variety of saving and credit technologies. In the Indian context these MFIs can broadly be subdivided into three organizational forms: (a) Not for profit MFIs, (b) Mutual benefit MFIs, and (c) For-profit MFIs (Brahmachary, 2008).

In the 1990s National Bank for Agriculture and Rural Development (NABARD) of India had started an experiment with the Mysore Resettlement and Development Agency (MYRADA), a non-governmental organization of South India, for promoting groups, mobilizing their savings, and linking them with banks for credit support in Southern India. Later NABARD replicated this project all over India under the SHG-bank linkage programme in 1992 and many NGOs came forward to implement this project with the cooperation of banks. In 1994, following the success of NABARD, the Small Industrial Development Bank of India (SIDBI) also came forward to provide bulk lending to NGOs for on-lending to groups/ individuals. Ministry of Human Resource Development, Government of India, established Rashtriya Mahila Kosh (RMK) for providing loans to NGOs for on-lending to poor women.

Proponents of microfinance programme are believed that participation in such activities has a positive impact on women's empowerment within the household. Intra-household decision-making was one commonly investigated indicator of women's empowerment. Though there is evidence that microfinance can have an impact on women's role in household decision-making, it has not occurred evenly in all contexts or all areas of decision-

making. Kabeer (2001) found that male loan holders with SEDP (Social Enterprise Development Programme) generally reported sole decision-making concerning loan use, the running of the loan-funded enterprise, and disposal of income from these enterprises. It suggests that husbands of female loan holders have full control over the use of such loans and female members did not have a great deal of say on these matters. Besides Hashemi et. al. (1996) state that both memberships of Grameen Bank of Bangladesh and duration of membership had significant positive effects on the involvement in major decisions with the family as well in making large and small purchases. However, in India, the study of the Centre for Youth and Social Development (CYSD) found that membership of SHGs had little impact on the patterns of household decision-making. Holvoet (2005) carried out a well-designed study about the impact on decision-making in the context of Tamil Nadu and compared the patterns of decision-making for three groups of women. She found that channeling loans through women's groups rather than to individual women substantially increased the likelihood of female decision-making and bargaining relative to male decision-making.

The issue of domestic violence is another area that has also to be addressed when considering the women empowerment issue of the microfinance programme. Different studies reveal different experiences about this issue and, therefore, no unique conclusion about this matter can be drawn from these studies. Rahman (1999) in his study reported that out of 120 women borrowers with Grameen Bank in one village, only 18 percent reported a decrease in violence while 70 percent reported an increase in violence within the household as a result of their involvement with the bank. On the other hand, Hashemi et. al. (1996) found that women loan holders in their sample reported lower levels of domestic violence than did women in a control group (9-13 percent compared to 21-27 percent). According to them, this improvement was mainly due to increased awareness on the part of family members that women now had a public forum in which to discuss matters which had previously been private.

In the Indian context, the study by PRADAN (Professional Assistance for Development Action), however, did not find any significant difference in the incidence of domestic violence reported by members and non-members (Kabeer, 2005). On the other, a comparison of domestic violence between the pre-and post-SHG situation (study conducted by NABARD) indicates that women are in a better position in the household in the post-SHG period (NABARD, 2000). Puhazhendhi and Satyasai (2000) also found a decrease in domestic violence and frequent mobility of women members outside the village in the post-SHG situation.

However, in the context of women's empowerment Goetz and Sengupta (1996) raised some important issues. In their study on the SHG members of three microfinance institutions of Bangladesh, they found that near about 63 percent of women had very limited or zero control on the loan which they had taken from the group and they had no role in decision-making about the use of such loan. Even if the loan was used in some income/ asset generating activities they had no control over resources generated through loans and investment. Nair (2001) pointed out that in the household women are powerless about their male counterparts and on the outside, they are powerless before the influential persons including bank employees who are mostly men. According to her, these are nothing but a disempowerment of poor women and raise some doubts and questions about the effectiveness of microfinance programme to empower rural women (Nair, 2001).

However, Zaman (1999) pointed out that in their study about 61 percent of the respondents had 'full, significant, or partial control' in household decision making which witnessed an overall fair degree of control by the members (Kabeer, 2005). In India, the study by Todd (2001) reported that the majority of the SHG clients are engaged in economic activities. The control of women over these economic resources has increased significantly after joining the group thereby leading to a good standard of living and

enhanced empowerment of the women members.

As stated earlier since the definition of women's empowerment is multidimensional and its measurement is quite tenacious, it is not possible to examine the impact of microfinance on women's empowerment by any direct analysis. Very limited empirical studies are available to examine the impact of microfinance on women's empowerment. According to Kabeer (1999), women's empowerment alludes to a process by which those people who have been denied the ability to make effective choices can acquire such ability. To measure empowerment Ackley (1995) constructed an indicator – 'accounting knowledge'. Goetz and Gupta (1996) tried to measure the empowerment through another index – 'Marginal Control', to classify the borrowers into five categories of loan use – from no collateral to full control – but suffer from the problem of endogeneity bias of estimations. However, according to Swain and Wallentein (2009), measuring women's empowerment through the construction of indices is not very easy since the use of arbitrary weights according to the own perceptions of the researchers is not scientific always.

However, Pitt, Khandker & Cartwright, 2006 used 'Item Response Theory (IRT) to measure different binary indicators such as decision-making power, position in the household and society, and found a positive relationship between credit programme and women empowerment. Holvoet (2005) found that in the case of individual bank lending in Kenya, there was no improvement in terms of decision-making in the household and voice representation in the society. But when loans were provided to the groups, significant improvements in decision making and economic resources were observed. Cheston and Kuhn (2002) opined that increased self-confidence positively contributes to women's ability and willingness to protest against discrimination and injustice as they face in the household and society regularly. Swain and Wallentein (2009) supposed that SHG based microfinance has 'direct' and 'indirect' empowerment effects. The direct effect refers to a situation where women can be exposed to

earning activities and can participate in training or workshops and thereby confers a better economic condition and creation of awareness. The indirect effect includes an improvement regarding bargaining power within households and decision-making power in determining the intra-household allocation of resources, etc. They rightly perceived that beyond the quantitative measurement of direct effects of microfinance (income, savings, participation in training and workshop.), construction of an index to address the qualitative variables (such as decision making and others) are also very crucial to measure the empowerment effects on microfinance programme.

Rationale of the Study
It is expected that the members of SHGs would have better access to credit which they might not have had earlier. Access to credit would lead to some direct economic benefits such as increased income, increased savings, and assets, better living conditions including enhanced consumption levels. Besides, microfinance programmes bring some social benefits in terms of increased self-worth and confidence, increased level of assertiveness within and outside family circles, and other positive behavioral changes. Though it is debatable whether economic benefits or social benefits result first they are mutually reinforcing (NABARD, 2000). The rationale of the present study is to perceive the aggregate impact of microfinance activities on poor women members through their socio-economic improvement. Literature suggests that group-based microfinance programme has a strong impact on women's empowerment through their socio-economic improvement. In this study, the researchers have tried to validate this proposition empirically based on field-based data, and for this purpose, have collected relevant micro-level data from the field.

Objectives
Based on the micro-level data, the specific objectives of the present study were 1) To assess the economic benefits of the member households after joining in group-based microfinance programme through SHGs; 2) To assess the social benefits of the

member households in the post-SHG period, and 3) To compare the livelihood security of the member households from pre- to post SHG period. An attempt is made to describe the economic and social benefits accruing to SHG members covering various economic and social parameters such as asset holding, income, savings and borrowings, consumption levels, self-confidence within and outside the household, protest against different ill events against women, and have tried to construct a composite livelihood index based on all these parameters to assess the empowerment of the participating women after joining in group-based microfinance programme.

Data and Sample Design
To develop a detailed and concrete understanding regarding the impact of a group-based microfinance programme on women's empowerment in India, the researcher has collected relevant micro-level data through a field survey from the state of West Bengal, India. Three districts Nadia, Murshidabad, and 24 pgs (North) were chosen from the state of West Bengal. All total 6 blocks (2 blocks from each district) and 12 villages (2 from each block) were selected for the study. From the 12 villages, 618 member households were randomly selected. The data collection was conducted through a well-designed questionnaire from these members. All respondents belonged to those self-help groups which were in operation for at least three years or more. The longer duration of membership in a Self-Help Group would help to capture the impact assessment concretely. All respondents were women members of the Self-Help Groups. As microfinance activities have had an impact on the empowerment of women the respondents selected for the study were women.

Methodology
In this paper an assessment of the impact of microfinance on members has been undertaken with a comparison between pre - and post-SHG situations to realize the degree of empowerment among the group members. Primary data on various economic and social aspects such as income, investment, savings, asset

structure, borrowing, access to public utilities, behavioral changes, were collected through field surveys to assess the impact of the programme. To measure empowerment the methodology of impact measurement developed by Puhazhendhi and Satyasai (2000) was followed.

According to Puhazhendhi and Satyasai (2000), the impact is measured as the difference in the magnitude of a given parameter between the pre-and-post–SHG situations and can be decomposed into two effects – a) effects originating from the increase in the level of income/ borrowing/ saving per member household, and b) effects emanating from the spread of income-generating/ borrowing/ saving activities to a larger cross-section of member households. The first effect is known as the deepening effect of the programme. However, in this study only the deepening effect of the impact has been measured due to a lack of adequate data. To measure the second effect of the impact regarding the microfinance programme, a substantially large sample size is essential which is generally beyond the scope of individual research. Besides, for such analysis, extensive information about the members and non-members in both pre-and-post-SHG situations is also required. In rural areas, the collection of such information is very cumbersome, and the quality of these data suffers from accuracy and reliability problems. Due to such limitations, only the deepening effect of the programme is considered in the analysis. Some adjustments of field data have been made based on increased consumer price index and others for the comparison of results between pre-and-post-SHG situations. To measure the empowerment of the members a composite index of livelihood index was computed for each member household combining the social and economic parameters using the scoring technique.

The index of social indicators of n-th households (SI_n) is given by,

$$\sum SI_i / \sum SI_{i(max)} ,$$

and the index of economic indicators (EI_n) is then computed as:

$\sum EI_j / \sum EI_{j(max)}$.

Composite Index of Livelihood (CIL_n) of the n-th household is given by,

$$W_1 SI_n + W_2 EI_n,$$

where, SI_i and EI_j represent i-th social and j-th economic indicators, respectively.

$SI_{i(max)}$ and $EI_{j(max)}$ are the maximum scores that the i-th social indicator and j-th economic indicator can take. The weights are:

$$W_1 = \sum SI_{i(max)} / (\sum SI_{i(max)} + \sum EI_{j(max)}) \text{, and } W_2 = (1 - W_1).$$

Findings and Discussion

As stated earlier, since the microfinance programme has some strong influence on both economic and social indicators of the member household, therefore, instead of any scientific dimension here we have tried to assess the impact analysis by a composite form of an index as stated in the methodology section. Hence an aggregate measure of the overall impact of microfinance, encompassing economic as well as social aspects is presented in this section. A composite index was constructed to measure the overall socio-economic impact of the programme on members using the scoring techniques.

The mean value of EI, SI, and CIL index for our sample has shown in Table 1.

Table 1: Mean Value of Indices

Index	Before	After
EI-Index	0.3479	0.4465
SI-Index	0.3642	0.4546
CIL	0.3528	0.4482

Source: Computed from Survey Data

The estimated average CIL value was 0.3528 during the pre-participation situation rose by 27 percent (0.4482) in the post-SHG period. Component wise, the mean index based on economic

indicators rose from 0.3479 to 0.4465 between the pre-and post-situation (an increase of around 28% of the index value), while the index based on social indicators rose from 0.3642 to 0.4546 (an increase of around 25% of the index value). The result thus exhibits that the impact of a group-based microfinance programme on both economic and social indicators was significant. Though the proponents of the programme initially judged the performance of microfinance programme mainly based on economic indicators, now it is indispensable that mF has a very strong social impact. Our result asserts that group-based microfinance programme is pronounced not only on the economic aspects but also on the social aspects as well. As the concept of women empowerment is concerned, along with economic indicators the social indicators are also important and therefore, we have considered it in our analysis as a necessary component of empowerment measurement. Here, the composite index shows a 27 percent increase of the score establishing that women members are enjoying a better position after joining in group-based microfinance programme as compared to the pre-joining situation, and the microfinance programme successfully tried to ease the financial inclusion and social empowerment of the members significantly. From the calculation of CIL giving different weights to economic and social index of each member (e.g., 0.60 to E-Index and 0.40 to S-Index; 0.40 to E-Index and 0.60 to S-Index; and 0.50 to each Index) to compute CIL score for members it was found that different kinds of weights for each index yielded more or less the same trend of CIL and therefore, the calculation giving equal weights on each index is presented. The researchers assert that the impacts of a microfinance programme on both economic and social aspects are equally important and should be simultaneously included to assess the empowerment of the members, specifically for women members.

Table 2: % Distribution of Households (%) According to Different Index Values

Index Value	EI-Index		SI-Index		Composite Index of Livelihood (CIL)	
	Before	After	Before	After	Before	After
Up to 20	13.75	2.26	22.00	12.14	9.07	1.77
20-40	48.38	36.89	46.28	28.96	47.41	35.28
41-60	30.75	48.06	19.09	31.06	37.22	50.97
61-80	6.31	10.36	9.88	23.46	4.37	9.06
81-100	0.81	2.43	2.75	4.38	1.94	2.92

Source: Computed from Survey Data

The index value of all indicators improved from pre- to post-SHG situation by shifting the number of households from a lower cohort of index value to upper cohort value. As 62 percent of the respondent household fell below the index value of 40 of economic indicators (EI-Index) in the pre-SHG situation. In the post microfinance activities, however, the figure declined to 39 percent. It evinces that about 23 percent of respondents have switched from lower cohort of the index value (here below 40) to upper cohort (41 and above) witnessing an improvement of their economic indicators from pre- to the post-joining situation. A similar epilogue is also applicable for SI-Index and CIL in our analysis. Whereas in the case of social indicators about 27 percent of the total household switched from lower (below 40 scores) to upper cohort from pre- to post-SHG period, the corresponding figure for CIL is about 19 percent. Hence, the figure shows a clear shift of the member households from lower to higher index cohort witnessing a better living standard and an upliftment of overall empowerment due to joining in group-based microfinance programme in the country.
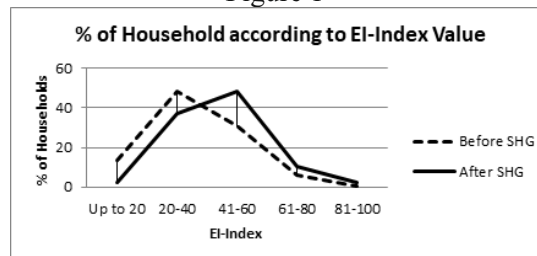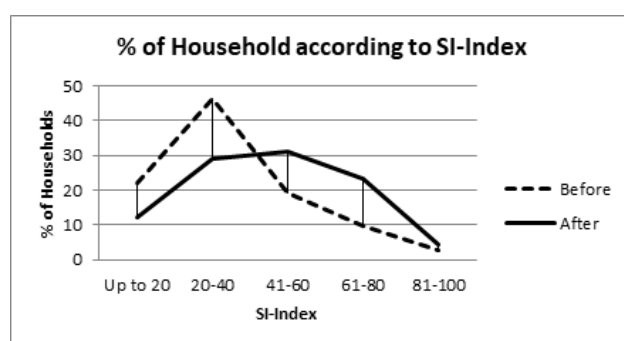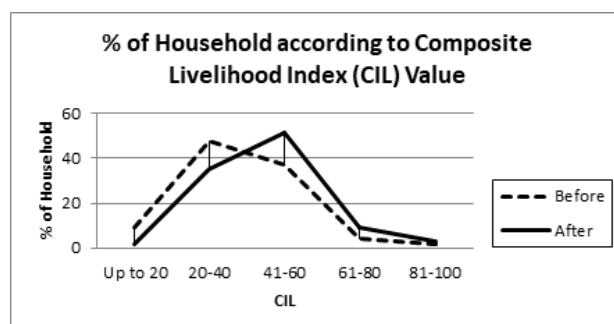
Figure 1

Figure 2

% of Household according to SI-Index

Figure 3

% of Household according to Composite Livelihood Index (CIL) Value

Implications of the study

The present study indicates a positive impact of a microfinance programme on different economic (consumption, savings, income, etc.) and social (self-worth, voice representation, domestic violence, etc.) indicators of the member households. A livelihood security index was constructed of the self-help group members as a proxy of empowerment measurement of women to assess the impact of microfinance programme in the country considering different economic and social indicators. The result unambiguously reveals that the composite livelihood index value of the members has improved in the post-SHG situation by around 19 percent which asserts that the group-based microfinance

programme has a significant impact on the livelihood of the members and a significant positive contribution to women empowerment. The study strongly advocates for more outreach of the programme in India to ensure better financial inclusion and empowerment of the poor, especially women. The study also ensures that social empowerment of women though is a tough and critical process can be managed significantly through group-based microfinance programme and can achieve a targeted goal significantly.

Conclusion

It is noted that empowerment of women is one of the social objectives of every microfinance programme but it is quite difficult to verify empirically. Researchers unanimously opined that women's empowerment is a multifaceted concept and cannot be observed directly as quantitative variables. Large debates are prevailing about the measurement of women's empowerment and its appropriateness since it varies from region to region and community to community.

In this study women's empowerment indicates a process where they challenge the existing norms and culture in the society for the improvement of their well-being. That is those women who have been denied the ability to make efficient choices can acquire such ability through the process. Using the robust maximum likelihood (RML) method Swain and Wallentein (2009) found that SHG members were empowered through participation in the microfinance programme in the Indian context. After joining SHG the group while women have acquired economic resources, they have also developed the ability to challenges social-cultural norms that promote gender discrimination and make choices that lead to empowerment.

Indeed, every woman of the group who joined in group-based microfinance programme can't be empowered at the same level or symmetric manner. Asymmetry between individual group members may well be found, but, it is indisputable that after

joining in SHG, group members have enjoyed some pace of empowerment than that of non-members (control group). However, it is difficult to identify which factors are more responsible in the process of empowerment, and differences of empowerment between individuals and even in groups can be well found depending on various social and behaviourial factors (such as household and village level characteristics, cultural and religious norms prevailing in the society). Though in terms of impact measurement of a microfinance programme on women's empowerment there is limited scope to identify the actual contribution of all these factors due to unobserved nature, for comprehensive policy design such measurement is very crucial. It will guide us to redesign the policy of women empowerment issues in the country.

Hence, for a significant impact on the overall empowerment of women group members, policymakers and donor agencies should revamp the present ongoing mF programme considering the above parameters carefully. It will help to accelerate the outreach of the programme through the socio-economic improvement of the members. However, microfinance may not be a panacea for empowering women. "Paraphrasing Einstein, the problem of empowering women can't be solved unless the thinking within the social changes" (Swain and Wallentein, 2009).

REFERENCES

Ackerly, B.A. (1995). Testing the tools of development: credit programs, loan involvement, and women's empowerment. *IDS Bulletin 26*, (3) 6–68.

Brahmachary, A. (2008). *Microfinance through Self-Help Groups in West Bengal: Status, Problems, and Prospects*. (Ph.D. thesis, University of Kalyani, West Bengal, India).

Cheston, S. & L. Kuhn. (2002). *Empowering women through microfinance*. UNIFEM. Retrieved from

https://www.academia.edu/886656/Empowering_women_throu
gh_microfinance

CGAP (2010). Andhra Pradesh 2010: Global Implications of the
Crisis in Indian Microfinance. Focus Note 67. Washington, D.C.:
CGAP. Retrieved from http://www.cgap.org/sites/
default/files/CGAP-Focus-Note-Andhra-Pradesh-2010-Global-
Implications-of-the-Crisis-in-Indian-Microfinance-Nov-
2010.pdf

Dasgupta, R. (2001). An Informal Journey through Self-Help
Groups. *Indian Journal of Agricultural Economics*, 56, (3), 370-
386.   Retrieved from https://www.reserahgate.net/publication/
289204744_An_informal_journey_through_self-help_groups.

Goetz, A.M., & Sengupta. R. (1996). Who takes the credit?
Gender, power, and control over loan use in rural credit programs
in Bangladesh. *World Development 24,* (1) 45–63.

Hashemi, S.M., S.R. Schuler. & A.P. Riley. (1996). Rural credit
programs and women's empowerment in Bangladesh. *World
Development 24*, (4), 635–53.

Holvoet, N. (2005). The impact of microfinance on decision-
making agency: evidence from South India. *Development and
Change 36*, (1), 75–102.

Kabeer, N. (2005). Is Microfinance a 'Magic Bullet' for Women's
Empowerment? Analysis of Findings from South Asia. *Economic
and Political Weekly*, *40* (44-45), 4709-4718.

Kabeer, N. (2001). Conflicts over Credit: Reevaluating
Empowerment Potential of Loans to Women in Rural Bangladesh.
World Development, *29* (1), 63-84.

Kabeer, N. (1999). Resources, agency, achievements: reflections
on the measurement of women's empowerment. *Development and*

Change, 30, (1999), 435–464.

Nair, T. S. (2001). Institutionalising Microfinance in India: An Overview of Strategic Issues. *Economic and Political Weekly*, *36* (4), 399-404.

NABARD (2000). *NABARD and Microfinance.* Mumbai: National Bank for Agricultural and Rural Development.

NABARD (2018), *NABARD and Microfinance.* Mumbai: National Bank for Agricultural and Rural Development.

Pitt, M., S.R. Khandker. & J. Cartwright. (2006). Empowering women with microfinance: evidence from Bangladesh. *Economic Development and Cultural Change 54*, (4), 791–831.

Puhazhendhi, V. & K. J. S. Satyasai. (2000). Microfinance for Rural Poor: An Impact Evaluation. Mumbai: *NABARD.*

Rahman, A. (1999). Micro – Credit Initiatives for Equitable and Sustainable Development: Who Pays? *World Development*, *27* (1), 67-82.

Satish, P. (2005). Mainstreaming of Indian Microfinance. *Economic and Political Weekly*, *40, 17* (23-29), 1731-1739.

Swain, B. R. & Wallentin, F.Y. (2009). Does microfinance empower women? Evidence from self-help groups in India. *International Review of Applied Economics*, *23*, (5), 541–556.

Todd, H. (2001). Paths Out of Poverty: The Impacts of SHARE Microfinance Limited in Andhra Pradesh, *Imp – Act Report*

Zaman, H. (1999). Assessing the Impact of Micro-credit on Poverty and Vulnerability in Bangladesh. *Policy Research Working Paper 2145*. Washington, D. C.: World Bank,

Yunus, M., Jolis, A. (2003). Banker to the Poor: Micro-Lending and the Battle Against World Poverty. New York, N.Y: *Public Affairs*.

IMPACT OF KASHMIR UNREST ON ELDERLY PEOPLE IN KASHMIR: A QUALITATIVE STUDY

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Abstract*: Armed conflict has created enormous upheaval at the personal, family, societal, and national levels. Kashmir, which is famous for its scenic beauty throughout the world, has turned into hell due to the continuous ongoing armed conflict in Kashmir. The present paper has been developed with an attempt to study the impact of conflict on the elderly. The study has been conducted in the district Pulwama of Jammu and Kashmir in India. A phenomenological state of inquiry was followed in the study. In-depth-interviews were conducted in Kashmiri and Urdu. The key theme that emerged from the narratives of the respondents was the disastrous impact of conflict on the overall well-being of the elderly. The death, destruction, and disappearances brought about by the conflict has left the elderly isolated and shattered. Elderly are forced to take on dual responsibilities of taking care of their developmental challenges and management of the households. Psychosocial interventions and economic support were identified as important interventions for the elderly adversely affected by the conflict.*

Keywords: *Conflict, Elderly, Health, Kashmir.*

Introduction

War and conflict have a massive and catastrophic effect on the people's lives irrespective of demographic features like gender, age, and socioeconomic status. The continuous armed conflict in Kashmir has caused disruption of services breaking down the social support systems. Such disruptions have led to a significant

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negative influence on the well-being of people. The assumption that violence is the ultimate mode of resolving all conflicts' fuels domestic violence, street crime, and other types of violence and damage to the environment. It is not only health that is threatened by the conflict but also the very fabric of the civilization (Levy & Sidel, 1997). All people have in one way or the other faced the social, economic, and political impact of armed conflict in Kashmir, though at varying degrees.

According to a study by Jammu Kashmir Coalition of Civil Society (2006) of a total of 5,106 persons, 50 percent civilians from Baramulla district were killed from 1989-2006. Moreover, the number of custodial killings by government forces were estimated to be 408, 50 percent being civilians. The reported enforced disappearances for the same year wad 343, mainly consisting of civilians. Among those who were killed, 4.5 percent were above 56 years of age, the oldest casualty being 75 years. According to the Association of Parents of Disappeared Persons (APDP), more than 8, 000 people have disappeared during the past 16 years of turmoil (Ahmed & Chakma, 2012).

The consequences of armed conflict directly influences the health of the population which in turn has a bearing on the economy. This ongoing conflict has led to the severe health problems among people particularly the psychological health. Psychologically, it has devastated people (Bhat & Moorthy, 2016). Mental health studies conducted in the Kashmir Valley consistently reported a high prevalence of traumatogenic experiences and associated symptoms of psychological distress (Housen, Lenglet, Ariti, Shah, Shah, Ara, Pintaldi, 2017; Hassan & Shafi, 2013, De Jong, Van de Kam & Ford, Lokunge,From, Van Galen, & Kleber, 2008). Psychological illnesses (depression, anxiety, and Post Traumatic Stress Disorders) have assumed significant importance (IUSSP, 2009). This situation has led to feelings of personal vulnerability (not feeling safe) and is associated with high levels of psychological distress. Organizing community mental health programmes are considered as an alternative means of

intervention to decrease the burden on the health system and also to improve socio-economic functioning of those suffering from mental health problem (De Jong et al., 2008).

Violent conflict is related to the devastation of human lives due to violence against civilians, often children, women, and the elderly (Karim, Malik, 2016) and further pushes hitherto vulnerable households to extreme forms of poverty which may well turn out to be persistent if the household is not able to replace labour (Justino, 2011). There are significant risks to the elderly population in conflict situations, as they struggle with their developmental changes and cope with loss caused by armed conflict. The study aims to explore the impact of the longstanding armed violent conflict on the lives of the elderly in Kashmir, an area of concern on which limited literature has been found by the researcher.

Methodology
The present study has implemented a 'phenomenographic approach' to ascertain qualitatively the various ways in which elderly people experienced conflict. This approach attempts to study the human experience as it is lived and is not just a research method but is also a philosophy and an approach. From the mid-late 1970s, this method has been used and seeks to ascertain the key aspects in how individuals perceive, conceptualize, and understand a particular experience. (Marton, 1986). Although the current study included a small sample, it provides an important example of how a phenomenographic approach can be used to study the experiences of people living in a conflict zone.

Study Sample
The respondents were selected from the Pulwama district using the purposive sampling technique. The Pulwama district has been the centre of militancy since 2016. The study used a qualitative methodology approach. A cross-sectional study was conducted in District Pulwama of Kashmir Division (J and K). The present research relied on in-depth interviews as a research method. The

people living there had been frequently exposed to detentions, killings, and encounters. Many families living there = lost the sole bread-earners of their families which had an adverse impact on them.

Data Collection

Using the local languages i.e. Kashmiri and Urdu, in-depth interviews were conducted at the homes of the respondents. The interviews lasted for 30-40 minutes. The interviews were followed by observation. Informed consent was orally described by the interviewer and signed by the respondents prior to the interview. Further, the right to contribute to the study or pull out from the study at any point in time was also explained to the respondents. The goal of the study was elucidated in an unbiased way and interviews started with open-ended questions.

Findings and Discussion:

To categorize and classify the data as per a key theme, a hierarchical thematic framework was used. The main theme emerging from the study was the feeling of uncertainty and hopelessness among the elderly due to the conflict. Two major sub-themes concerning the elderly were found in the study: Elderly people face the double jeopardy of taking care of themselves and their families; and the adverse impact of conflict on their mental health.

Sub-theme 1: Elderly people facing double jeopardy of taking care of themselves and their families

Aging implies 'a progressive loss of adaptability, so that the individual becomes increasingly less capable of coping with life challenges. (Evans & Williams, 1992). According to the studies in developed countries, up to 40 percent of individuals over 65 years of age face a chronic disease or disability that confines their everyday activities. One-third of the elderly above 75 years and above have good health. Above one-third of the elderly 80 years of age and over cannot walk outside their homes without help. (Kinsella & Tauber, 1993).

The respondents shared that their experiences of living in a conflict zone had a toll on their overall well-being. The two-decade-long conflict has made the lives of people miserable particularly of the elderly. The physical and socio-emotional effects during late adulthood was further worsened due to the armed conflict. During this stage the elderly are more prone to morbidity than the middle-aged. They are vulnerable to multiple illnesses and disabilities (Dutta, 2020). Thus, the elderly faced a double jeopardy. They are forced to manage households following the death of their loved ones. The elderly gradually disengage from the different activities of life due to less courage, vigor, and poor health and are forced to cope with the loss of socio-economic and psychological support to themselves and their families. Some of the respondents shared that they must deal with both the sufferings and miseries of their families and their failing health. Most respondents shared that they are struggling to make both ends meet. They were worried about the well-being of their families. They felt uncertain about the future of their families. It was very hard for them to take care of themselves as well as of their families. The growing health problems with increasing age made it very difficult to make both ends meet.

> *The death of my son, my only hope has virtually brought us to the level of begging."* (E1, E5 *Grandfather of two girls).*

> *"... In this conflict, I have lost my only son who was the sole bread earner of my family. My family consists of my wife, daughter in law and two granddaughters. We have been shattered down by the death of our only son. No one turned out for our help. Everyone in the family is suffering from one or another disease. I am now facing a double jeopardy; I have to take care of myself as well as my family. Not only this, I have to work at this age to get the both ends meet.'* (E2, E4).

Respondents shared that they were stressed and worried about the future of their grandchildren who are orphaned, their widowed daughter-in-law, and their own death. Respondents were concerned that their death would trap their families in a vicious cycle of poverty and suffering.

Sub-theme 2: Adverse impact of conflict on mental health
Mental disorders affect people and societies globally irrespective of differences in gender, class, and geographical boundaries. Mental Health is affected by social determinants, physical functioning, and health outcomes (Tabish, 2005). Several studies in Kashmir have found an association between exposure to violence (De Jong et al, 2008) and mental health conditions. Respondents shared that as victims of the conflict they experience an array of vulnerabilities ranging from uncertainty, hopelessness insecurity to psychological stress.

> *…The enforced disappearance of our loved ones has psychologically traumatized us. Ten years back our two sons left their home and did not turn back. We went from pillar to post to search for them but all in vain. We didn't leave any place like prisons, police stations army camps to search for their whereabouts but could not trace them. We knocked at the doors of the judiciary as well but of no use. We filed a case in the High Court but could not follow that to end due to the slow recovery of justice and poverty (E3, E7).*

> *… We were living to see our children touching the heights of success least knowing that they will fall prey to the violent conflict. The ongoing oppression in the valley forced our children to pick up their arms. Despite being highly qualified, they chose the path of militancy. Our children preferred guns over pens due to the injustices committed by the Indian security personnel in every nook and*

corner of the district. Hundreds of people are detained by the army during night raids and then huge sums of money are charged to release them. Not only this, but people are also maimed, blinded, and killed by the so-called security personnel. While witnessing such and other incidents, the young people get ready to fight this oppression and in all this get killed by the Indian army. They left us behind in a world of separation, pain, and hopelessness. How one can live his/her life peacefully without their loved ones? We feel psychologically devastated (E6, E8).

Mental health concerns such as depression, panic attacks, and post-traumatic stress disorders have affected the elderly. The impact of this unrest on mental health is, unpredictable and significantly complex in nature. Mental health concerns are worsened by numerous factors like the nature of the conflict, the type of trauma and distress experienced, the cultural setting, and the resources that individuals and communities bring to bear on their situation (Summerfield, 1991). Subsequent to experiencing the violence, the elderly do not enjoy life. After the trauma of losing their loved ones, they claim to have lost interest in life. Women also disproportionately suffer from armed conflict. The women who lost their husbands, sons, or brothers to the conflict reported being psychologically traumatized and caught in a cycle of poverty.

Conclusion

The main findings that generated from the narratives of the respondents included the disastrous impact of conflict on the overall well-being of the elderly. The contemporary unrest in Kashmir has adversely affected everyone irrespective of age. The elderly people due to the death of their sons and other family members got adversely affected by the traumatic situations caused by their loss of their sole bread winners and loved ones. The death of their loved ones coupled with poverty, meager resources, and

escalating inflation has had a detrimental impact on their well-being.

The goal of the study was to determine the impact that armed conflict has on the elderly. The study found that the impact of the conflict is complex and wide-ranging. The mental health of the respondents was most severely affected. The elderly is facing the double jeopardy of taking care of themselves and their families for whom they remain the only hope of survival. The elderly people who have invested life-long earnings on the construction of property cannot bear to see it getting devastated. A concerted effort and strong political will to reach out to the elderly with mental health services, economic support through social welfare schemes for them and their families, and legal aid to seek justice is the need of the hour.

REFERENCES

Beattie, B. L., Michel, J. P., & Wilcock, G. K. (1992). *Oxford Textbook of Geriatric Medicine* (pp. 1-7). J. G. Evans, & T. F. Williams (Eds.). Oxford: Oxford University Press.

Bhat, A. H., & Moorthy, R. (2016). Psychological Impact of Armed Conflict in Anantnag, Kashmir. *The International Journal of Indian Psychology, 4*, (1), 83, 76.

De Jong, K., Van De Kam, S., Ford, N., Lokuge, K., Fromm, S., van Galen, R., & Kleber, R. (2008). Conflict in the Indian Kashmir Valley II: psychosocial impact. *Conflict and health*, *2*(1), 1-8.

Dutta, S. (2020). Social, economic and health concerns for elderly in India: evidences from NSSO data. *International Journal of Management Practice*, *13*(3), 352-372.

Housen, T., Lenglet, A., Ariti, C., Shah, S., Shah, H., Ara, S., & Pintaldi, G. (2017). Prevalence of anxiety, depression and post-traumatic stress disorder in the Kashmir Valley. *BMJ global*

health, *2*(4), 1-12. doi: 10.1136/bmjgh-2017-000419.

Hassan A, Shafi A (2013). Impact of conflict situation on mental health in Srinagar, Kashmir. *Bangladesh Journal of Sociology, 10*(1), 101–26.

International Union for the Scientific Study of Population (IUSSP). (2009). Impact of Armed Conflict on Reproductive Health of Women in Kashmir-India. Retrieved from https://iussp2009.princeton.edu/papers/91185

Suri, K. (2013). Engaging with women in conflict areas: The role of CSOS in conflict prevention and peace building in Jammu and Kashmir, India. *Asian Journal of Research in Social Sciences and Humanities*, *3*(6), 160-167.

Jammu and Kashmir Coalition of Civil Society. (2007). Dead but Not Forgotten: Baramulla, 1986-2006. *Economic and Political Weekly, 42* (47), 13-17.

Karim, G., & Malik, A.A. (2016). Armed Conflict in Kashmir: A socio-economic prognosis. International Journal of Art and Humanity Science (IJAHS), 3(1), 52-62. Retrieved from https://www.academia.edu/21513486/Armed_conflict_in_Kash mir_A_socio_economic_prognosis

Justino, P. (2011). The Impact of Armed Civil Conflict on Household Welfare and Policy: IDS Working Paper, 384. (12th Edition). U.K: McGraw Hill, Irwin. Retrieved from https://www.ids.ac.uk/download.php?file=files/dmfile/Wp384.p df

Kinsella, K., & Tauber, C. (1993). *An Ageing World II, US Department of Commerce, Bureau of the Census*. Washington: International Population Reports, Washington.

Karim, G., & Malik, A. A. Armed conflict in Kashmir: A socio-

economic prognosis. *International Journal of Art & Humanity Science, 3*(1); 52-62.

De Jong, K., Van De Kam, S., Ford, N., Lokuge, K., Fromm, S., van Galen, R., & Kleber, R. (2008). Conflict in the Indian Kashmir Valley II: psychosocial impact. *Conflict and health*, *2*(1), 1-8.

Tabish, A. (2005). Mental Health: Neglected for far too long. *JK Practitioner*, *12*(1), 38-42.

Summerfield, D. (1991). The psychosocial effects of conflict in the Third World. *Development in Practice*, *1*(3), 159-173.

Marton, F. (1981). Phenomenography—describing conceptions of the world around us. *Instructional science*, *10*(2), 177-200.

Marton, F. (1986). Phenomenography—a research approach to investigating different understandings of reality. *Journal of thought*, 28-49.

Longhurst, R. (2009). Interviews: In-depth, semi-structured. In K. Rob & T. Nigel (Eds.). *International Encyclopaedia of Human Geography* (pp 580-584). Eugene, USA: Elsevier. doi:10.1016/ b978-008044910-4.00458-2.

Levy, B. S., & Sidel, V. W. (1997). Preventing War and Its Health Consequences: Roles of Public Health. *War and public health*, 388.

Cooper, D. R., & Schindler, P. S. (2011). *Business Research Methods* (3rd Edition). Berkshire, UK: McGraw-Hill.

Ahmed, S., & Chakma, A. (2012). Kashmir conflict: A critical analysis. *Society & Change, 6 (3)*, 20-36.

Sonpar, S. (2015). Transforming conflict, changing society: Psychosocial programming in Indian Jammu and Kashmir. In

Hamber, B. & Gallagher, E. *Psychosocial perspectives on peacebuilding* (pp. 33-69). Switzerland: Springer International Publishing.

THE EFFECT OF RELIGIOUS TOURISM ON THE SUSTAINABLE DEVELOPMENT OF TRIBAL COMMUNITIES: A CASE STUDY OF KONDHA TRIBES

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Abstract: *This study focuses on the tribal development through religious tourism of Kondha tribal people in Rayagada district of Odisha. The study is based on both primary and secondary data. The primary data is collected from the 250 respondents from Kondha tribes by the structured interview method and analysed with the assistance of SPSS software and tabular and graphical presentation. The secondary data is collected through journal articles, newspapers, and the internet. Descriptive analysis, t-test, and ANOVA have been used to interpret the data. The study finds that religious tourism sustains high income and employment opportunities for the host community. The tribal area development depends upon the construction of accommodation and infrastructure development like transport and equipment for tourists which motivates higher tourist influx. However adversely the negative impact of religious tourism on environmental pollution and destruction of natural resources in the community has been found.*

Keywords: *Tribal Development, Kondha Tribes, Religious Tourism, Impact of Tourism.*

Introduction

Tourism is an economic activity of travelling for recreational purposes. It assists in the development of the nation by improving the wealth and preserving the socioeconomic values of a country.

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From the very beginning, travel is the major leisure for people to escape from the monotony of work. Various scenic attractions and beautiful places influence people to go for leisure. The curiosity of wanderers also discovered several countries. In modern society, tourism is one of the major ongoing service sectors in the world. From ancient times, people are wandering to mystical places for religious motivations (Jha, 2005). The social and cultural values of guests and the host community depend upon the impact of the tourism sector. The cultural values can be transferred from one community to another community by the traveller. Tourists get the opportunity of learning various traditions and cultural habits from the holiday business. Local people get employment opportunities without migrating from their communities. The ancient and traditional beliefs of the country are rising by effective tourism (Sharma, 2012). Many spiritual places like Chitrakoot in Madhya Pradesh, Kantilo Neelamaadhav in Odisha, Medaram in Telangana, Srisailam in Andhra Pradesh attract tourists. Travelling to these remote places creates employment opportunities for the local communities and promotes livelihood opportunities for the local clans and tribal people. Every aspect of religious tourism tends to improve the wealth and welfare of the tribal people (Hui & Tsai, 2017).

Rayagada is a popular district for Kondha tribes in Odisha. Kondha tribes are mainly called Dangaria Kondhas are found in remote areas like Bishamkatak, Kalyan Singpur, and Muniguda in Rayagada district. Horticulture and shifting cultivation is the main occupations of the Kondha people. Crops like pineapple, banana, oranges, turmeric, ginger, millets, and pulses are grown in their fields. Kondha folks, especially depending upon agriculture and farming. They sell agricultural products to urban people for their livelihood. Besides agriculture and farming, tourism also assists them in their economic growth and development. Revenue from religious events such as Chaitra Parva of Majjigouri (Goddess Durga) and Rayagada Mahotsava is the primary source of revenue. The tribes get the opportunity to sell agricultural and handicraft products to lakhs of pilgrims who visit the Majjigouri

temple at the time of Chaitra Parva. Their handicraft products are highly sought after by the pilgrims, and they offer bumper gains to the vendors (KBK).

Religious Tourism

Religious tourism is the voyage of sacred shrines followed by religious motivations. It facilitates the country in promoting the religious tradition and culture within the world. Religious shrines, holy lands, and religious activities encourage the pilgrims to explore the world and get a chance to achieve knowledge about the religious aspects of tourism (Anwar, 2014). Tradition and culture are always influenced by religious travel. The holy lands of the community are integrated with the mythical landscapes of Gods Goddesses and saints which plays an important role in transforming the world into a religious platform (Deshmukh, 2009).

The sacred and spiritual journey influences the physical and psychological behaviour of travellers. They get divine knowledge about Moksha, mystical experiences in religious destinations, and nurture their spirituality. As pilgrimage is the oldest form of tourism, it is motivated by faith. Pilgrimage serves the society in three stages, such as national integration, reinforcement of culture and values and emphasizes the existing social relations (Aruljothi, 2012).

The present era is witnessing a surge in pilgrimages made affordable and accessible through technological advancement. Pilgrims are better informed, motivated, and curious than ever before to learn about their cultural heritage. Religious attractions like cultural arts, architecture, traditional customs, etc. have diversified the travel pattern of visitors (Venkatesan, 2016).

Impact of Tourism on Tribal Communities

Tourism is an essential feature of economic growth for better progress in the development of the tribal community. Promotion

of the tribal culture by enhancing tourist satisfaction improves the employment opportunities in the host communities. Job Opportunities for photographers, hoteliers, tourist guides, prove beneficial to the tribal people. Tourism also improves the infrastructure facilities in the tribal locations, which will lead to modernization. Many business enterprises, hospitality sectors, and transport organizations offer jobs for the local community. The wealth and welfare of the local tribes depend upon the allied industries like construction firms, food, and beverage suppliers, and transport authorities (Verma & Murdia, 2017).

According to Huang (2016), religious tourism has both positive and negative impacts on the tribal folks. It generates job opportunities and livelihood prospects for the tribes. Tourism supports the tribes to promote their tradition and culture through handicrafts and harvesting commercial crops. However, at the same time, the tribal people suffer from the problems of environmental pollution created by the mass gatherings within their destination. According to Song (2008), the development of tourism in tribal areas boosts the economic growth of the local people. Several sectors like manufacturing, transportation, hospitality, employ the host community for better progress, thus decreasing the poverty of the local people. Many organisations include hotels, boat tours, remembrance stores, trading companies, and arts and crafts shops and factories.

The proper utilisation of tribal resources like tribal attires, their custom, and traditions, fairs and festivals, music and dances, religion, and rituals would facilitate the economic development of tribal clans. The well-maintained tribal resources, proper guidance of the tribal location, organised tourist trips, exhibitions, fairs, and festivals, and awareness campaigns would create the visitor's interest towards the tribal tourism, which initiates the revenue to the indigenous people (Verma & Murdia, 2017). Tourism provides local communities with alternative means of livelihood. The revenue generated by tourism diversifies the local economy, particularly in rural areas where agriculture

employment may be irregular. At the same time, tourist influx to the tribal area has affected tribal tradition, legend, folklore, which have a unique position in their habitat and culture (Mohanty, 2007).

Adoption of tourism in the tribal settlement regions generates employment opportunities for tribal people. Local involvement and participation also play a vital role in improving the conditions of tribes by providing well-versed jobs and working prosperity. Besides, the government also provides guidelines in terms of, educating the craftsmen through proper skill development programs, financial aid to tribal people who are willing to start their venture in the tourism and allied sector, entrepreneurial assistance program, promotion of tribal and cultural tourism, and preference in tourism employment (Saravanan & Rajesh, 2008). According to Jose (2013-15) tourism industry implicates the Indian culture by its huge potential activities. Tourism pertains to the growth and progress of the country. On the other hand, it harms the values and culture of the nation.

Potential impacts have been extensively investigated to contribute insights into tourism. The literature indicates that the environmental impacts of tourism depend mainly on local factors, such as region, type of operation, the form of infrastructure facilities, and maybe the product of strategic planning. According to the indigenous community, some places are more resilient than others, such as rural vs urban centres; the sort of behaviour affects the impacts on the site, such as walking or riding both-terrain vehicles. Also, the growth of infrastructure and the construction of tourist activities have a huge impact. Newly built dwellings, highways, parking lots, and services, if not carefully designed, may affect local ecological environments, harm original visual resources, and reduce the site's resistance to severe weather disasters such as soil degradation, avalanches, or over-use. Environmental pollution caused by increased tourism, urban sprawl, littering, and disruption are significant impacts that affect the overall standard of living of residents (Hung, 2018).

Research Objectives

Based on the literature review, the research study proposed the following objectives: 1) To analyse the development of the Kondha Tribe through religious tourism; 2) To find out the impact of religious tourism on the sustainable development of Kondha tribes; and 3) To assess the socio-cultural values of the Kondha Tribe during the religious feasts.

Research Methodology

Research Design and Sampling

A descriptive research design was used for this study. The quantitative methodology was used to frame the research work to entitle the practical norms of tourism's impact on the development of Kondha tribes. This study focused on the Dongaria Kondha tribes in the southwest of Odisha, located in Rayagada District of Odisha state, India. The study involved 250 respondents from the Kondha tribal people. Respondents were both men and women of legal age and well-aware and known about the influence of the tourism industry and the economic condition of their communities. Simple random sampling was used to determine the samples in the study, based on their knowledge and credibility to address the in-depth interview.

Questionnaire

The research questionnaire focused on three sections: First the demographic profile of the respondents like gender, age, marital status, and occupation. Second, the impact of tourism on the community such as the increase in employment opportunities, increase in income, raise the standard of living, increase the sale of their products, recover the culture and enhance the local visibility of the community. The third section focused on understanding the negative aspects of the tourism influx like environmental pollution, garbage increase, and destruction of natural resources. A five-point Likert scale from 1 to 5 measured from "strongly disagree" to "strongly agree" was used to measure the data.

Data Analysis

The research data was analysed by using SPSS 25.0 software version. Descriptive analysis was done for the demographic profile of the respondents using the mean, standard deviation, and variance of the variables. For the positive impacts of religious tourism, a t-test was used to determine the relationship values of the impacts of tourism. ANOVA test was used to depict the significance of the positive impacts concerning the occupation related to the tourism industries and negative impacts of the tour due to the tourist influx on the local communities.

Findings

Demographic Profile of the respondents

Table: 1 Demographic profile of the respondents

Particulars	Description	Frequency	Percentage	Mean	Standard Deviation
Gender	Male	142	56.8		
	Female	108	43.2	1.432	0.496348
	Total	250	100		
Marital Status	Married	169	67.6		0.468939
	Unmarried	81	32.4	1.32	
	Total	250	100		
Age	Below 18	17	6.8		
	18-30	103	41.2	2.6	0.9
	30-50	85	34.0		
	50 and above	45	18.0		
	Total	250	100.0		
Occupation	Hunting	38	15.2		
	Fisherman	44	17.6		
	Agriculturalist	64	25.60		
	Businessman	53	21.2	3.06	1.376947
	Handicraft Worker	51	20.4		
	Total	250	100.0		

There were 142 males (56.8%) and 108 female (43%) respondents. The variable gender has a mean value of 1.43 with 0.49 S.D. Of the 250 respondents, 169 (67.6%) were married and lived in the community. The overall mean value of the marital status is 1.32, with a 0.46 standard deviation. (The age of the respondents had a significant mean value of 2.60 with an S.D.

value of 0.90. Most of the candidates were between 18-30 years (41.2 %), 34 percent were between 30-50 years and 18 percent were above 50. It was found that the occupations of the respondents included being agriculture labourers and farmers (25.6 %), business (21.2 %), handicraft workers (20.4%). Some of the respondents also depended on fishing (17%) and hunting (15%) as a source of livelihood. The mean value of the occupation is highest among the other demographic variables with 3.06 and 1.37 S.D.

Impact of Tourism

The positive impacts of religious tourism on the sustainable livelihood of the Dongaria Kondha tribal community indicate the sustainable development of the community, whereas the negative impact included the destruction of the environment.

Table 2. Summary of the t -test Values

Factors	Variables	Mean	S.D	t-value	Sig.
Positive Impacts of Religious Tourism	Increase employment opportunities	3.67	1.078	5.623	0.001
	Increase tribal income	3.97	1.084	5.915	0.000
	Raise the standard of living	3.81	1.169	3.568	0.000
	Increase the sale of local products	4.03	1.033	6.710	0.000
	Cultural Recovery	3.97	1.101	6.993	0.000
	Enhance local visibility	3.87	1.141	3.678	0.002
Negative Impacts of Religious Tourism	Environmen tal pollution	3.92	1.096	5.481	0.000
	Garbage increase	3.58	1.200	4.212	0.000
	Destruction of Natural Resources	3.74	1.099	3.765	0.000

A significant impact of religious tourism on the community was found. The positive impacts of religious tourism such as "Increase Employment Opportunities" (t=5.623, p<0.05), "Increase the Tribal Income" (t=5.915, p<0.05), "Improved Standard of Living" (t=3.56, p<0.05), "Increase in the sale of local products" (t=6.710, p<0.05), "Cultural recovery" (t=6.993, p<.05), "Enhancement of Local Visibility" (t=3.678, p<.05) values are highly significant and less than standard p-value 0.05. Increase the sale of local products has the highest mean value of 4.03 which indicates the increasing volume of sales in local products. In terms of negative impact, there is a t-test value of 5.481 for the Environmental Pollution (p<0.05), a T-value of 4.212 for Garbage Increase (p<0.05), and a t-value of 3.765 for the destruction of

natural resources (p<0.05). The environmental Pollution variable had the highest mean value of 3.92 in the negative impact of religious tourism.

Table: 3 Summary of ANOVA test of the positive impacts of the religious tourism

Variables		Sum of Squares	df	Mean Square	F	Sig.
Increase employment opportunities	Between Groups	0.003	1	0.003	0.003	0.005
	Within Groups	289.101	248	1.166		
	Total	289.104	249			
Increase tribal income	Between Groups	4.161	1	4.161	3.575	0.001
	Within Groups	288.643	248	1.164		
	Total	292.804	249			
Raise the standard of living	Between Groups	1.865	1	1.865	1.367	0.000
	Within Groups	338.299	248	1.364		
	Total	340.164	249			
Increase the sale of local products	Between Groups	0.195	1	0.195	0.182	0.000
	Within Groups	265.549	248	1.071		
	Total	265.744	249			
Cultural Recovery	Between Groups	5.017	1	5.017	4.194	0.042
	Within Groups	296.727	248	1.196		
	Total	301.744	249			
Enhance local visibility	Between Groups	1.373	1	1.373	1.055	0.031
	Within Groups	322.531	248	1.301		
	Total	323.904	249			

It was found that religious tourism positively impacts the livelihood options for the tribal communities. Religious tourism influences the respondent's occupation by enhancing certain benefits. The findings of One-Way ANOVA found that religious tourism highly influenced the sale of local products (f=0.182, p<0.01) and raised the standard of living (f=1.367, p<0.01) of the host community. Among the other variables, economic impacts have a p-value less than 0.05. Social impacts like recovery of culture (f=4.194, p<0.05) and enhancing local visibility have an f value of 1.055 (p<0.05) were found.

Variables		Sum of Squares	df	Mean Square	F	Sig.
Environmental pollution	Between Groups	0.059	1	0.059	0.825	0.049
	Within Groups	299.177	248	1.206		
	Total	299.236	249			
Garbage increase	Between Groups	0.002	1	0.002	0.973	0.001
	Within Groups	358.734	248	1.447		
	Total	358.736	249			
Destruction of Natural Resources	Between Groups	0.239	1	0.239	0.657	0.002
	Within Groups	300.337	248	1.211		
	Total	300.576	249			

The negative impact of religious tourism due to the heavy tourist footfall on festive occasions was also found in the study. According to the ANOVA test, there is a massive garbage increase (F=0.973, p<0.05) exists due to the tourist influx. Environmental pollution (F=0.825, p<0.05) and the destruction of natural resources (F=0.657, p<0.05) are the biggest problems faced by the Kondha communities.

Discussion

The positive impact of religious tourism

The livelihood options

Religious tourism plays an important role in the life of Kondha people. Many pilgrims and devotees come to visit the temples and cultural fests in the Rayagada District. This influx of pilgrims creates many job opportunities for the Kondhas and provides scope for income generation and an increase in revenue by creating livelihood options income and revenue. The economic prosperity encourages modernization and enhancement of the social status among the Kondha tribes.

The Kondha tribal people of Rayagada district, mostly depend upon agriculture and harvesting for their livelihood. They harvest various crops like rice, turmeric, tamarind, mangoes, pineapple, oranges, ginger, and papaya by *Podu Chaso* method. Apart from these crops, they also cultivate several medicinal plants and herbs. Almost 70 percent of the people are engaged in agriculture and

horticulture. However, cultivating crops becomes difficult during floods caused by Nagavali river and hill areas of the district. Livelihood options provided by religious tourism become a secondary source of income generation during such circumstances.

Rayagada district is very famous for religious tourism. Many sacred shrines like Maa Majjighariyani temple, Chatikona falls, Hatipothoro, Gudari Shiva temple, Laxmi Narayana temple, Jagannath temple, etc. are the jewels of Rayagada. These popular shrines are located within the tribal areas. Every year lots of fairs and festivals are celebrated in these shrines. The carnivals reveal the tradition and culture of the Kondha tribal clan. The main festivals of these destinations are Chaitra Parva of Maa Majjigouri and Chaiti festival, which is popularly known as Rayagada Mahotsav. These two fairs bring many employment opportunities to the Kondha tribes.

Chaitra Parva of Maa Majjigouri is held during the month of March-April every year before the Maha Bhishava Sankranti. It is a month-long festival observed in Rayagada. Pilgrims from all over Odisha, Andhra Pradesh, and Chhattisgarh throng to see this festival. The Chaitra Parva is the main source of income for the Kondha tribes. The Kondha tribes wait for the commencement of the fair and the possibilities of income generation through the job options it generates thus promoting the welfare of their family.

The cultural Chaiti festival or Rayagada Mahotsav is the festival of cultural performance of dance and music. Artists from all over the country perform dance forms such as Bharata Natyam, Odissi, Kathak, and some folk dance during this festival. The festival provides a boost to the sale of agricultural and craft products of the Kondha tribes.

According to the Kondha tribes, religious tourism is the main source of sustainable development by creating livelihood options

throughout the year in tourism services or sales about food, accommodation, crafts, and activities. Some of the Kondha tribes are engaged in providing accommodation, transportation services to visitors. Kondha youths are appointed as tourist guides; 40 percent of the Kondha tribes have opened stalls of Puja offerings in front of the Majjigouri temple, which brings in high earnings throughout the year; 20 percent of the people are engaged in making tribal arts and tribal printing in textile material which have high demand in the market. Many stalls and shops of food and beverages, art and crafts, forest products and medicinal herbals, etc. are set up by the tribal people. The main food item made from mangoes is called Ambosadha (A kind of Mango Pulpy), Ambulo (mango extracts) offered by Kondhas is the major tourist attraction. They sell food made of millets like *Mandia* or *Ragi* (finger millet), *Juara* (great millet), *Bajra* (spiked millet), *Kangu* (Italian millet), *Kodua* (*Kodo* millet), *Khira* (barnyard millet), and *Suan* (little millet) in huge quantities.

Kondha art and crafts are the major attractions of this festival. Crafts like bamboo paintings, designed pots, various arts, are sold by the tribes. The stalls filled with tribal art paintings and handicrafts are a major source of revenue. The handicraft ornaments like sipna (hairpin), sireni (mini comb), murma (nose/earring), kagudika (neckband), ata suta (waist chain), nanguli (earring), singidisapa (finger ring), mekadika (bead necklace), taka mekodika (coin necklace), teduapaja (flat bangle), kajapaja (thick bangle), and milapaja (thin bangle) are the chief fascinations for the visitors and give extra-ordinary income for the vendors.

Other important positive impacts of religious tourism include the revival of traditional practices, the arts, crafts, the revitalization of cultural and social lifestyles, the stimulation of supporting services, the restoration of traditional structures and remains of history, and the preservation of panoramic landmarks. The tribes dynamically discuss their identities with tourists. Residents redefine their identities in such interactions and tend to recognize

the uniqueness of their cultural traditions and their indigenous identity. Tourism also includes immediate changes in the community's social structure and the adaptation to the destination's economy and industry. At that time, the cultural influences would concentrate on the long-term shifts that will eventually occur in the social ties and objects of culture. It also influences the transformation of forms and types of work, change of values, influence on traditional lifestyles and change of the consumption patterns.

Negative Impacts of Tourism
Ecological disturbances in the areas inhabited by the Kondhas were caused by mass meetings. Increased activities in tourism have direct and indirect negative impacts on air, water, noise and cause environmental degradation, etc. Eco-tourism needs some structural roads and hotel complexes; restaurants that invade and affect the natural beauty. Increased noise levels, overpopulation of the city, traffic congestion, pollution of the atmosphere, increased waste, loss of natural resources, are all significant indicators of negative environmental effects. According to the Kondha tribes, a strong tourist influx generates pollution that damages the environment and allows natural resources to deteriorate.

Recommendations
Several measures by the local authorities can mitigate the impact of religious tourism on the Kondha tribes: Maintenance of proper guidelines for the increase in employment opportunities; promotion of the tribal culture and tradition through fairs and cultural festivals in the interest of the Kondha tribes; creation of culture-specific events such as food festivals thereby introducing the culture to the outside world; encouraging job opportunities for the youth in Travel Agencies that manage tourism to the Kondha region; financial assistance to the women to encourage weaving craft textiles and handicraft articles; and strict enforcement of eco-friendly measures for promoting environmental conservation that prevents tourists from polluting the tourists' spots or engaging in superstitious activities; littering and inappropriate of disposal of

solid waste. During fests, solid waste management techniques should be adopted and should be strictly dealt with by laying punitive measures.

Conclusion

Employment is essential for every individual. Without employment, it is difficult to survive in the world. As compared to urban areas, it is essential to improve employment opportunities in rural and tribal areas. Tourism is a major source of economic growth. Tribal area development depends upon the construction of accommodation and infrastructure development like transport and equipment for tourists which motivates higher tourist influx. The government and private sectors should also engage in the promotion of tribal culture and tradition through new schemes like tribal tourism which generates increased income and employment opportunities. Well-established religious tourism helps in boosting entrepreneurial opportunities, improvement of tribal arts and crafts, income and employment generation, development of infrastructure. However, in the absence of responsible tourism and strong political will, the impact on the environment can be devastating.

REFERENCES

Anwar, Md. T. (2014). A study of the Pilgrimage tourism of Bihar with special reference to Bodh-Gaya and Nalanda. (Publication No. 10603/166137) [Doctoral dissertation, Aligarh Muslim University, Aligarh, India.] Retrieved from http://shodhganga.inflibnet.ac.in:8080/jspui/handle/10603/16613 7

Aruljothi, C. (2012). *Pilgrimage Tourism and Changing Local Livelihood a Study of Temple Town of Palani, Tamil Nadu, India.* (Publication No. 10603/218212) [Doctoral dissertation, The Gandhi Ram Rural Institute, Dindigul, India]. Retrieved from https://shodhganga.inflibnet.ac.in/handle/10603/218212

Chang, K.G., Chien, H., Cheng, H., & Chen, H. (2018). The Impacts of Tourism Development in Rural Indigenous Destinations: An Investigation of the Local Residents' Perception Using Choice Modeling. *Sustainability, 10,* 1-15. doi:10.3390/su10124776

Deshmukh, V.S. (2009). *Jejuri: A study in religious tourism.* (Publication No. 10603/140678) [Doctoral dissertation, Shivaji University, Kolhapur, India.]. Retrieved from http://shodhganga.inflibnet.ac.in:8080/jspui/handle/10603/140678

Huang, H.C. (2016). A Study of tourism development elements and impacts on the indigenous tribe. *International Journal of Information Technology and Business Management, 45*(1), 7-15.

Hung, C. (2018). A Study of How Indigenous Peoples Perceive the Impact of Tourism and Support These Attitudes in Their Tribes. *Asian Journal of Environment & Ecology*, *5*(4), 1-11. doi:10.9734/AJEE/2017/39012.

Hui, H., & Tsai, W.T. (2017). The Influence of Tourism Dependency on Tourism Impact and Development Support Attitude. *Asian Journal of Business and Management*, *5*(2), 88-95.

Jha, S. M. (2005). Services marketing. Mumbai. India: Himalaya Publishing House.

Mohanty, J. (2007). Eco-Tourism for So-Called Tribal Development: A Critical Assessment from an Anthropological Perspective. *Anthropology Today: Trends, Scope, and Applications*, *3*, 135-144. Retrieved from http://www.krepublishers.com.

Navale, A.M. (1996). *Pandharpur - A Study in Pilgrimage*

Tourism. (Publication No. 10603/140695) [Doctoral dissertation, Shivaji University, Kolhapur, India]. Retrieved from http://hdl.handle.net/10603/140695.

Priyadarshini, P., & Abhilash, P.C. (2019). Promoting tribal communities and indigenous knowledge as potential solutions for the sustainable development of India. *Environmental Development*, 32(3):100459. Retrieved from https://doi.org/10.1016/j.envdev.2019.100459.

Saravanan, A., & Rajesh, R. (2012). Influence of tourism in local community development – A study with reference to selective tribal groups of the Nilgiris. *Tourism: Theory & Practice,10(*2). *Sharma, S. (2012). Socio-cultural impacts of tourism: A study of Jaisalmer. (Publication No. 10603/9744) [Doctoral dissertation, Kurukshetra University.]* Retrieved from http://shodhganga.inflibnet.ac.in:8080/jspui/handle/10603/9744

Song, N. (2008). Indigenous Tourism – A Passport to Development for Indigenous Australians? *Intercultural Communication Studies*, *17*(1),269-284. Retrieved from https://web.uri.edu/iaics/files/27-Nan-Song.pdf.

Jose, P.B. **(**2015). A *Study on the Impact of Project Tiger at Periyar Tiger reserve Thekkady on the Life and Culture of the Mannan Tribal People of Thekkady.* (Minor Research Project, University of Kottayam, Kerala*).* Retrieved from https://sdck.in/projects/MRP%20Report%20Bino%20P%20Jose.pdf.

Verma, S., & Murdia, M. (2017). Strategy for Preserving Tribal Culture in Southern Rajasthan through Tribal Tourism. *Imperial Journal of Interdisciplinary Research, 3*(3), 1277-1282. Retrieved from http://www.onlinejournal.in.

Verma, S., & Murdia, M. (2017). Highlighting Tribal Tourism Potentials of Southern Rajasthan. *International Journal of Management & Social Sciences*, *6*(3), 384-390. Retrieved from https://research-advances.org/index.php/RAJMSS.

Venkatesan, S. (2016). A study to measure and Benchmark Service Quality and Satisfaction in Religious tourism settings of Navagraha temples in Erstwhile Tanjore District. (Publication No. 10603/238668) [Doctoral dissertation, Periyar University, Salem, India]. Retrieved from http://shodhganga.inflibnet.ac.in/handle/10603/238668.

THE STUDY OF GENDER AUDIT TO MEASURES GENDER BIASES IN STATE UNIVERSITIES IN RAJASTHAN

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Abstract: *Against the backdrop of several incidences of sexual violence against women in different National Universities in India, specific critical questions need to be probed regarding the deep-seated gender biases persisting in the temples of building human capital. The Higher Educational Institutions may have adopted zero-tolerance policy frameworks against overt sexual harassment. Still, several sources of hegemonic masculinities are sustained by the Higher Educational Institutions themselves and the prevailing academic environments. Embedded in the socio-cultural-psychological fabrics of society and being surfaced very often in discourses of political economy, the entrenched gender biases stifle policy and institutional delivery of women-centric human capital outcomes. Purging such predispositions against women become the codified milestones to be achieved in the erstwhile Millennium Development Goals (MDGs) and are now being enforced by the Sustainable Development Goals (SDGs) to be met by 2022. Certain responsive policy measures need to find proactive applications in Higher Educational Institutions. The Gender Audit methodological tool applied in the research in selected eight state universities of Rajasthan demystifies the deep-seated biases against women in state universities.*

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Introduction

Purging gender stereotypes in India's Higher Education Institutions (HEIs) has been arduous for policymakers. The deep gender biases stifle the policy and institutional delivery of women-centric human capital outcomes such as seeking employability in high-end jobs, developing entrepreneurial skills, contributing to decision-making in family and society, and representing in people's representative bodies at local and national levels. Enhancing the role of women in developmental discourses have been a recurrent policy debate in the country and the world. Its' reference can be found in the global developmental discourses like the MDGs and SDGs (OECD, 2020). Similarly, at the domestic level, several policy initiatives have been attempted by the University Grants Commission (UGC) and the National Assessment and Accreditation Council (NAAC) in shaping the HEIs as gender-sensitive, gender-responsive, balanced and women-friendly. The top-down policy interventions such as SAKSHAM guidelines suggested by UGC (2013) *Measures for Ensuring the Safety of Women and Programmes for Gender Sensitization in Campuses* intend to create a level playing field for women in Higher Educational Institutions (HEIs) in the country. The Guidelines reflects a host of measures suggested for protecting rights for women by the Justice Verma Committee Report (January 2013), and the extension of the Vishaka Guidelines, the Sexual Harassment at Workplace Act, 2013 and the Criminal Amendment Act, 2013 (Nirbhaya Act).

To state unequivocally, HEIs deliberately brand their academic and administrative environments either women-friendly or gender-neutral. This branding is based on the post-facto policy architectures created on Visakha Guidelines (2013) on Sexual Harassment of Women at Workplace. However, while the campuses may have adopted zero-tolerance policy frameworks against overt sexual harassment, the institution and academic environments drive several sources of hegemonic masculinities (Messerschmidt, 2019). Educational institutions have been engaged in perpetuating the existing social structures of power

through the construction and legitimization of a skewed view of women (National Commission for Women, 2013). For an educational institution to be perceived as women-friendly it is important to explore beyond the institutional mechanisms for redressal of complaints of sexual harassment if the academic and non-academic opportunities offered to women, the policy regimes pursued in the autonomous HEIs, or the opportunities for women to pursue natural sciences or of the infrastructure facilities meet the specific needs of women.

The narrative around gender biases should be looked at critically from the historical perspectives in respect to the power relationship that the two genders share in society. Morley and Walsh (1996) compare this power relationship with property, inheritances and access to resources. The biases are deeply embedded in the organizational, social and interpersonal relationships that exist today, which can be improved if women are given due share in the distribution and redistributions of resources and can be further enforced through facilitation of women accessibility in the higher education sector. Currie and Kazi (1987) argue that merely adding women to the academy will not radicalize the world of knowledge in favour of women. Breaking knowledge boundaries requires a transformation of power relations through mainstreaming of women's participation in all walks of life in higher education sectors. Such challenges need to be addressed through active engagement in intellectual and political spheres through differential appreciations of each other positions, without embracing the allegations of tokenism and marginalisation. Hewards et al. (1995), while analysing the women and careers in higher education, contend that institutions of higher education resemble labour markets, where any kind of constraint leads to exclusions and is unsuitable to the demands of the market economy.

The workforces in HEIs are strongly gender-segmented both horizontally and vertically (Addison, 2016). Women are found

here in a narrow range of low paid feminine, caring, and personal services areas while the men are in the broader range of posts. In the academic professions, men are dominantly present in physical sciences and technologies and women in the arts, social sciences and more secured in the feminine areas of medical sciences like geriatrics, anaesthesia, haematology, psychiatry and paediatrics (Mackinlay, 2016). Similarly, in the non-teaching positions, women are more prevalent in the 'stone floor' of low paid menial positions and very much prevented by a 'glass ceiling' of 'merits' and 'efficiency' (Wenniger, 2001). Despite equal opportunities policies formulated by most HEIs, women in universities remain crowded into low status, poorly paid feminine jobs (Crimmins, 2019).

Gender Audit: A Methodological Tool
To explore the gender biases in HEIs, the National Commission for Women (NCW) sponsored a study of State Universities in Rajasthan. The methodological tool applied in the study was Gender Audit an innovative social audit tool currently in use in feministic discourses of public policy. Gender audit as a management and planning tool evaluates the institutional culture and how well it integrates the gender perspective into its work. Based on the Social Audit Framework, the gender audit helps in assessing and measuring the impact of interventions on gender equality and women's empowerment (ILO, 2012). The application of Gender Audit enables and enhances the capacity of an organisation to examine its activities and identify strengths and weaknesses from gender perspectives. The National Assessment and Accreditation Agency (NAAC) also integrated the Gender Audit as part of the formal accreditation process to limit the gender biases in HEIs.

While conducting a 'Gender Audit' of the Public-funded State HEIs in Rajasthan, the study assumes that gender biases are mainly enforced in various stages of policy cycles by those institutions/agencies which are legally and constitutionally mandated to provide a gender-responsive environment in the

campuses. Gender Audit as an evaluation tool is being used to evaluate whether the HEIs are pushing for supply-side interventions for gender-mainstreaming to make the campus environments free from all sorts of gender biases in order to establish gender equality.

The analytical framework of the study, *inter alia*, is based on the broad contours of gender equality and gender mainstreaming. Gender Equality and Gender Mainstreaming imply (ODI: 2000; Dreze & Sen, 1995; Ramchandran, 2010, PROBE Team & Centre For Development Economics, 1999) equal enjoyment by women and men of socially-valued goods, opportunities, resources and rewards; women and men have equal opportunities to define gender equality and work together towards it; changes in institutional practices and social relations through which inequalities are created and sustained; and a strong voice for women in shaping their societies.

Towards establishing norms of gender equality and gender-mainstreaming, further periodic evaluation from the perspectives of feminism or women's needs of education is required. In this context, ILO (2012) Manual for Gender Audit Facilitator provides valuable resources for delivering theoretical underpinning for the study. The concept of Participatory Gender Audit, as espoused by ILO (2012:10), explains that as a 'tool and a process based on a participatory methodology, it promotes organizational learning on mainstreaming gender practically and effectively.' It evaluates the gender responsiveness of institutional culture and practices towards improving gender equality and women empowerment in their respective organizations. Based on the Social Audit Framework, the newly coined term is now in vogue internationally to assess institutions and organizations from the perspective of women's concerns. The tool of gender audit asks for the following measures in any organizational setup to qualify for better gender mainstreaming: whether internal practices and related support systems for gender mainstreaming are effective

and reinforce each other; the relative progress made in gender mainstreaming is monitored and assessed; a baseline for the audited unit is established; critical gaps and challenges are identified; ways of addressing them and suggesting new and more effective strategies are explored, and good practices towards the achievement of gender equality are documented.

The research is guided by a Framework comprising four Mapping Parameters having sub-indicators to generate disaggregated data and figures for the analysis. Even though these indicators are indicative, it provides the larger picture of gender biases in HEIs in Rajasthan.

Methodology

Table : 1 Framework Analysis of Gender Mapping in Indian Universities

Analytical Mapping	Sub-indicators
Human Resources Mapping	☐ The ratio of girl students to boys enrolled in the various academic programmes from Graduation to PhD programme. ☐ Gender composition in teaching staffs: Assistant Professors, Associate Professors and Professors ☐ Gender composition of administrative staffs (Grade A, B, C, D)
Empowerment Mapping	☐ Secure and comfortable work environment ☐ Membership of decision -making committees ☐ Harassment / Problems (zero -tolerance policy and its perceptibility among staff) ☐ Knowledge of gender -friendly initiatives
Academic and Infrastructure Mapping	☐ Integration of gender in all curricula ☐ Gender differential in teaching and research outputs ☐ Gender -related research programme undertaken by students and faculties ☐ Additional facilities for women like gynaecologists, separate common room, maintenance and cleanliness of washroom, crèche, the lighting of the street and hostels, living and workplace, first aid, lady's washroom, etc. ☐ Buses and transport facilities for women ☐ Infant care units
Policy Mapping	☐ Policy against sexual harassment ☐ Mechanism of redressal of complaint ☐ Faculty attend ing workshops/ seminars on gender issues ☐ Women representation in university administration

For the purpose of the research gender evaluation of 8 out of 19 state universities from three major cities of Rajasthan, Udaipur, Kota and Bikaner was undertaken. There are 19 state universities in Rajasthan. The universities included: (1) Maharana Pratap

University of Agriculture & Technology (MPUAT)- Udaipur, (2) Mohan Lal Sukhadia University (MLSU) - Udaipur, (3) Rajasthan Technical University (RTU) - Kota, (4) University of Kota (UoK)- Kota, (5) Vardhman Mahaveer Open University (VMOU)- Kota, (6) Swami Keshwanand Rajasthan Agricultural University (SKRAU) – Bikaner, (7) Rajasthan University of Veterinary & Animal Sciences (RAJUVAS) – Bikaner, (8) Maharaja Ganga Singh University (MGSU) – Bikaner. The selection of the universities was done based on the following criteria: (1) the specialised university promoting mainly the science and technology; (2) the general university having the focus on both science and technology, and humanities and social sciences; and (3) the Open University promoting the open and distance educations.

While conducting the study, the research is guided by a framework comprising four mapping parameters having sub-indicators to generate disaggregated data and figures for the analysis. Even though these indicators are indicative, however, it provided the larger picture of gender biases in HEIs in Rajasthan. The study further administered semi-structured and open-ended questionnaires the get the relevant qualitative data. A one-to-one interview with officers at the highest level was conducted. The interviews with the officials such as the Vice-Chancellor, Registrar, Deans at all levels, Heads of the Department and Women Studies Programme, Head of Complains Cell, provided insightful perspectives of gender- biases in the institutions and prevailing academic environments. Focus Group Discussion was conducted with the teaching, non-teaching staff, and students to obtain their perception of the gender biases prevailing in academic and non-academic environments in their respective campuses.

The study applies a methodological tool that examines the efficacy of the policy and programmes interventions on improving conditions of women and girls in HEIs in Rajasthan. Second, there is the prevailing notion that HEIs in India are gender blind. The institutions which are entrusted with increasing Gross Enrolment

Ratio (GER) need to create an enabling policy environment to increase the Gender Parity Ratio (GPR) in the country on a priority basis. The gap between male and female GER is more pronounced in urban areas than in rural areas. Such disparities are also reflected in the composition of staff in both the academic and non-academic or representation of women at the different levels of the universities. The research attempts to explore the gender biases based on the Framework Analysis of Gender Mapping in Indian Universities. The research hopes to provide critical insights into the factors that affect gender inequality and gender mainstreaming and suggest relevant policy measures for creating a conducive environment for addressing gender biases in HEIs. The research also attempts a gender assessment of the state universities (public-funded) in the state to gauge their propensity for institutionalizing gender-sensitive environments in their campuses.

The research also has state-specific relevance. Rajasthan ranks 1st for having the highest number of private universities (46 universities) apart from 21 state universities and one Central University in the country. Besides, the state also has 3,332 colleges (both public and private) to enlarge the Gross Enrolment Ratio in the state. In the backdrop of the above educational infrastructures in place, the state, however, provide evidence of the low female literacy rate, low female gross-enrolment ratio, and moderate share of female graduates in the overall population. The average of female enrolment in various streams of higher education in the state is 44.9 percent compared to the national average of 46.8 percent (GOI 2019). Furthermore, the lower ratio of women participation in teaching and non-teaching jobs in the state did not align with the infrastructure bases created.

Findings
The research finds that the average female enrolment in various streams of higher education remains below national and state averages, with specialised technical universities like RTU, RAJUVAS and MPUTA falling significantly behind the state

average. Some of the reasons expressed for this disparity by some students during the FGD were that while HEIs environment is gender-sensitive in providing separate and secure residential facilities in hostels and training centres, female students face many difficulties and competitiveness from patriarchal academic and work environment which is yet to be addressed. Respondents believed that early marriage in Rajasthan was an important reason for discontinued studies. Most students argued for the relaxation of time and academic norms while pursuing PhD in the technical and non-technical education sector.

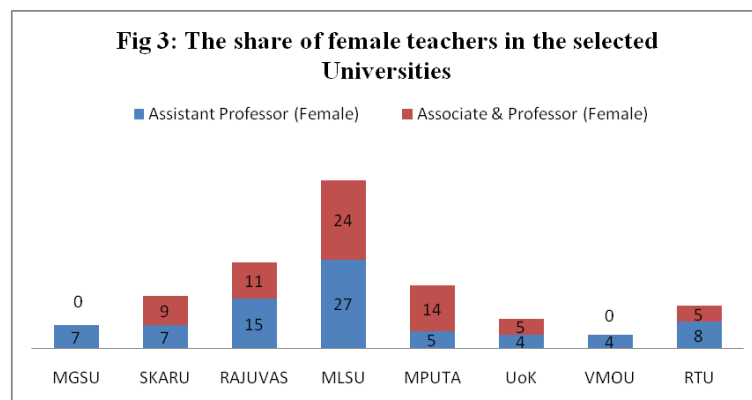Fig 1. The shortfalls in enrolment of girl students in selected universities
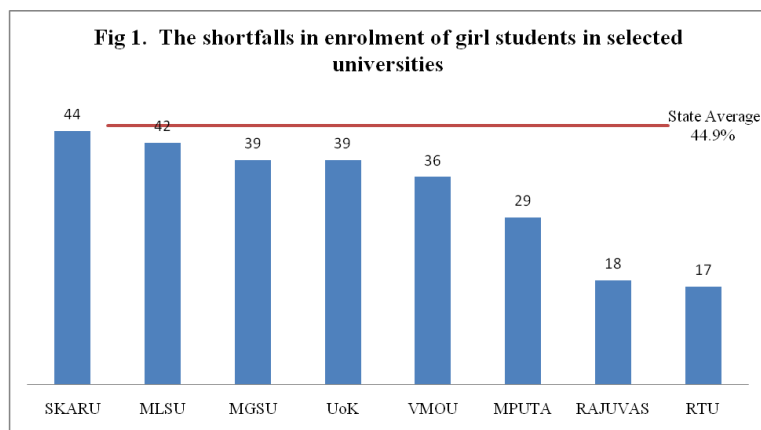
Source: Data compiled from AISHE (2019-20), Annual Reports of the Universities (various years, and data received from academic and establishment sections.

The skewed representation of women in both teaching and non-teaching staffing was another important finding of the research. While women were represented in almost all academic posts in the universities most of them occupy positions as Junior Teaching Staffs (Assistant Professors) than senior academics (Associate Professors and Professors). Female representation was higher in Arts/ Humanities/Social Sciences/Law/Management. Academia fraternity of the Department of Home Sciences of MPUTA expressed that the patriarchal mindset is being reflected in this artificial divide among men and women and opportunities for their
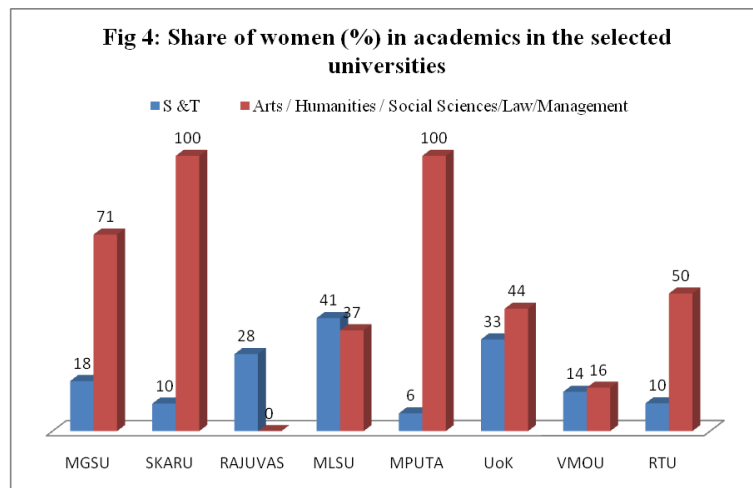
capabilities. The glass ceiling needs to be broken and women must have the strength to shine above and break the glass ceiling for the future HEIs. Most of the female teaching staff advocated for the need for women to venture into hard academic life like working full-time in scientific laboratory, travelling very frequently to the ground for experiments, presenting academic findings, and seeking funding from external agencies for research than being restricted into accepted comfort zones.
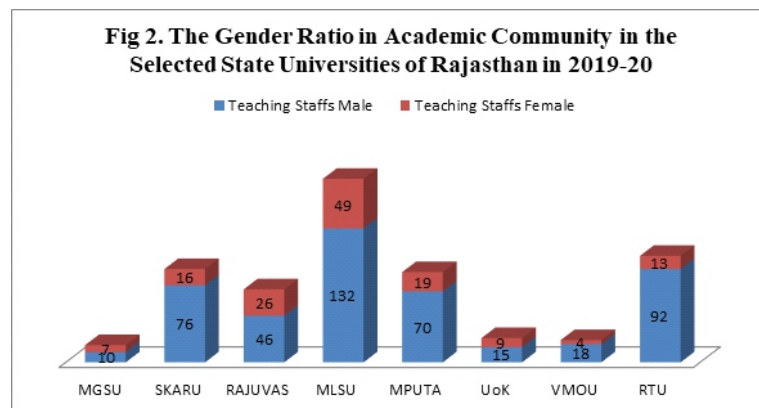
Fig 2. The Gender Ratio in Academic Community in the Selected State Universities of Rajasthan in 2019-20

Source: Data compiled based on information received from the establishment office of the University (Staffs Data till 2019-20).

Fig 3: The share of female teachers in the selected Universities

Source: Data compiled based on information received from the establishment office of the University (Staffs Data till 2019-20).

Fig 4: Share of women (%) in academics in the selected universities

■ S &T ■ Arts / Humanities / Social Sciences/Law/Management

| University	S &T	Arts / Humanities / Social Sciences/Law/Management
MGSU	18	71
SKARU	10	100
RAJUVAS	28	0
MLSU	41	37
MPUTA	6	100
UoK	33	44
VMOU	14	16
RTU	10	50

Source: Data compiled based on information received from the establishment office of the University (Staffs Data till 2019-20).

Compared to the skewed ratio in teaching, few women are found in non-teaching positions. Within the gross representation of women in non-teaching staffing, their share is skewed towards Group C and D categories of staffing than Group A and B. Women share in non-teaching staffing in most of the studied state universities are within the scale of 6 percent (RTU) to 17percent (UoK). In many cases, women are appointed on compensatory grounds due to the death of their spouses. Most respondents shared with fewer non-teaching staff positions being occupied by women, the pressure of work on them is manifold. Respondents expressed that they were apprehensive of sharing their concerns with the decision-making authorities and recommended at least 33 percent reservation in the non-teaching staff posts. The paltry representation of women in the more upper echelon of academics and non-teaching also reflect the same status in the formation of the Board of Management (BOM), the highest decision-making body found in almost all state universities of the state, and the Academic Council, the highest academic body. While women's presence is numbered or non-existent in the BOM; their presence is marginally better in the Academic Council. The Dean of the

University College and School of Social Science and Humanities echoed concerns regarding the limited representation of women in decision making bodies and the need not to treat women like warrior colleagues, but rather as a collaborator and active decision-making partners.
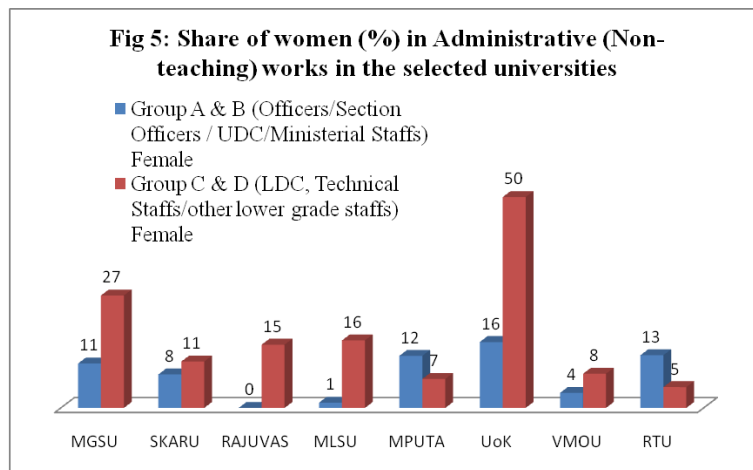
Fig 5: Share of women (%) in Administrative (Non-teaching) works in the selected universities

Source: Data compiled based on information received from the establishment office of the University (Staffs Data till 2019-20).

Most of the functionaries of state universities argued vehemently that their academic and non-academic environments are gender-friendly and gender-neutral than terming the environment as gender-responsive. Most Vice-Chancellors interviewed emphasised the institution as gender-sensitive with no biases against a particular gender. They claimed that there were equal opportunities to grow in academics and non-academics hierarchy based on merit. One Chairperson of the Women Cell expressed that:

> *There exist common stereotype images of the women in the HEIs and while there are no measures to empower women, many women staff are not exercising their voices at the appropriate level. In technical institutes, men are usually preferred over women in the interview, and there*

are no inbuilt incentives to make women forward in the workplace. There is a perceptible amount of mental harassment including sexual harassment caused to women staff, whose redressal is not routed through the mechanisms established under Vishakha Guidelines, rather through external pressures built upon them by the institutional functionaries. The work environment is many times insecure and uncomfortable, and decisions are taken mostly in favour of the male colleagues.

All the universities are having in place the Vishaka Guidelines and the necessary grievances mechanism. In many cases, the guidelines are in the public domain and on the websites. Women Cells have been constituted with the designated person as Chairman of the Women Cell. However, this operates in defunct mode. Very few programmes are being conducted to sensitise men and students about the inbuilt biases against women and female students. Sensitisation workshops to confront gender biases such as women or girls in the higher education sector are only qualified to obtain a good marriage proposal, they cannot work in high-end science and technology sectors, they are in poor in mathematics and number crunching and are not capable of making decisions in a challenging environment. Discourses of equity need to be enforced in the gender-related debates in the HEIs. The University should support the Women Cell, by allocating funds to organise sensitisation workshops and disseminate information at the public forum.

The state universities do not provide the women staffs members with the two years' Child Care Leave (CCL) facilities, as availed by their counterparts in central universities. Women employees consider this as antithetical to their dual gender role played by them in their professional and personal lives. UGC and Ministry of Human Resource and Development should further issue advisories for state governments to formulate rules for CCL for

the academic and non-academic staff in the state universities.

There were limited infrastructure facilities provided for women in the Universities. In some cases, the women Faculty Members had to use the common female washroom used by both students and staff members. These washrooms were not well maintained, and hygiene standards were not supported. There was no common room for women non-teaching staff members. Even though there were medical facilities in most of the Universities, no women doctors or gynaecologists were hired for girls or women staff members. No infant or childcare facilities were in place for women Faculty Members. The researcher suggests that specific infrastructural benchmarking (women-centric), which could be periodically reviewed and be part of the National Assessment and Accreditation Agency (NAAC) audit and NIRF assessment is important for ensuring that Higher Educational Institutions step up efforts towards gender equality and gender mainstreaming. The MHRD / University Grants Commission/National Commission for Women should rank the universities on gender lines considering their efforts in promoting gender sensitivity.

Conclusion

To conclude, the study of the Gender Audit in eight state Universities reinforces important concerns that have implications for policy initiatives: At the women empowerment and equity level, the overall environment of the HEIs cannot be fully claimed to be gender-sensitive, even though multiple stakeholders both at the teaching, research, and administration attempt to provide a gender neutrality perspective on women concerns. The indicators of gender participation and gender-sensitive measures need to be pursued for the professional development of staff. As regards human resources parity between two genders (men and women), administrative decisions at the local HEI can be undertaken to increase the representation of women in academic and non-academic positions. The role of the syndicate, Board of Management, Academic Council assumes importance in rectifying the gender composition imbalances. There is a need to

mainstream gender concerns in the curriculum, academic teaching, and research to challenges gender biases. Authorities and members of the academic statutory committees at the Department, School Board, and Board of Studies within the institution can provide proactive leadership to deliberate on the implementation of women-centric policy initiatives. The activities of the Women Development Cell should promote to stoke pro-women debate within the institution that can not only increase gender sensitisation but will certainly make impacts on the institution itself create a conducive environment for the well-being of stakeholders. Mitigating biases requires complete overhauling, and that can only be administered through behavioural change and proactive leadership at the institution level.

Undoubtedly, there are high incidences of 'gender biases' in HEIs which should be addressed urgently. The old arrangement should be replaced with a new arrangement to ensure the freedom, safety and security of girls and women at all costs. While issues of gender biases are prominently figured in all strata of society, its location in HEIs become disheartening. Such institutions are socio-politically-economically-legally and constitutionally mandated to rise above such stereotyped gender-blind mindsets and set examples of gender-sensitive institutions in the country. Quite the contrary, such institutions have mainly perpetuated gender biases in the institutional setup through academics and non-academic activities.

The application of gender audit tools to study gender biases in some selected HEIs in Rajasthan provides some clear evidence that can add immense value for policymaking in the higher education sectors. The regulatory body like UGC and accreditation agencies like NAAC may consider such pieces of evidence as essential points of reference in making the university campuses free from gender biases. Terming the university environment as gender-sensitive is misconstrued with the concept of 'gender-neutrality'. In the feministic discourses, the concept

itself reinforces patriarchy. Gender responsiveness denotes gender mainstreaming through proactive measures, which are missing largely from the universities. None of the universities in the research undertook pro-active or progressive women-centred initiatives. In this context, gender sensitisation workshops and training of the staff should be organized at regular intervals. Attending one of the Gender Sensitisation programmes should be compulsory for the career progression of the teaching and non-teaching staff. In the name of ensuring quality and merits, patriarchy prevails in the composition of staff. Providing gender balances in the staff composition should be prioritised. The under-representation of women puts them in highly disadvantageous positions. Shifting balance is further required regarding taking affirmative actions in recruiting women in scientific-rigour academic departments. Gender benchmarking of infrastructures are required to defeat another myth that infrastructures are gender-neutral entities. Gender biases cannot be eliminated overnight. It requires a multi-stakeholder partnership in which institution within and outside of the HEIs can play their respective roles to purge such gender imbalances in the education sector.

REFERENCES

Addison, M. (2016). *Social Games and Identity in the Higher Education Workplace: Playing with Gender, Class, and Emotion*. London: Palgrave Macmillan

Crimmins, G. (Ed.). (2019). *Strategies for Resisting Sexism in the Academy: Higher Education, Gender and Intersectionalit*y. Gewerbestosse: Palgrave Macmillan.

Currie, D., & Kazi, H. (1987). Academic Feminism and the Process of De-radicalization: Re-examining the Issues. *Feminist Review*, *25*(1), 77–98. Retrieved from https://doi.org/10.1057/fr.1987.9

Dreze, J., and & Sen, A. (1995). *India: Economic Development and Social Opportunity*. Delhi: Oxford University Press.

GOI. (2019). *All India Survey on Higher Education* (2018-19). New Delhi: Ministry of Human Resource and Development.

Hewards, C., Taylor, P., & Vickers, R. (1995). What is behind Saturn's Rings? Methodological Problems in the Investigation of Gender and Race in the Academic Profession. *British Educational Research Journal*, *21*(2), 149-63. Retrieved from https://www.tandfonline.com/doi/ref/10.1080/0141192950 210202?scroll=top

ILO. (2012). *A Manual for Gender Audit Facilitators: The ILO Participatory Gender Audit Methodology*. The 2nd Edition. Geneva: International Labour Office. Retrieved from https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_187411.pdf

Mackinlay, E. (2016). *Teaching and Learning like a Feminist: Storying Our Experiences in Higher Education.* Rotterdam: Sense Publications.

Messerschmidt, J. W. (2019). The Salience of "Hegemonic Masculinity." *Men and Masculinities*, 22(1), 85–91. Retrieved from https://doi.org/10.1177/1097184X18805555
Morley, L. (1992). Women's Studies, Differences, and Internalized Oppression. *Women Studies International Forum*, 15(4), 517-25. Retrieved from https://doi.org/10.1016/0277-5395(92)90085-A.

Morley, L., & Val W. (Eds.) (2005). *Breaking Boundaries: Women in Higher Education*. London: Taylor and Francis.

NCW. (2013). *Report of the Expert Committee on Gender and Education*. New Delhi: National Commission for Women. Retrieved from http://ncw.nic.in/ncw/sites/default/files/adaptivetheme/REPOR T_of_Expert_Committee_GENDER_and_EDUCATION.pdf

ODI. (2000). *Mainstreaming Gender through Sector Wide Approaches in Education- Synthesis Report*. London: Overseas Development Institute. Retrieved from https://cdn.odi.org/media/documents/2223.pdf

OECD. (2020). *Applying a gender lens on the SDGs, how are women & girls doing?* Paris: OECD. Retrieved from https://www.oecd.org/sdd/applying-a-gender-lens-on-SDGs-OECD.pdf

PROBE Team (India). & Centre for Development Economics (Delhi, India). (1999). *Public Report on Basic Education in India*. New Delhi: Oxford University Press

Ramachandran, V. (2010). *Gender Issues in Higher Education - Advocacy Brief*. Bangkok: United Nations Educational, Scientific and Cultural Organization's Asia and Pacific Regional Bureau for Education.

Wenniger, M. D., & Conroy, M. H. (2001). *Gender Equity or Bust! On the Road to Campus Leadership with Women in Higher Education*. San Francisco: Jossey-Bass Publishers.

GUIDELINES FOR WRITING DIFFERENT TYPES OF ARTICLES

I . Writing an Article based on a Research Paper/Reports.
This is an article based on an original research project/study, involving information from primary data sources. Such an article contains the following sections:

- Introduction
  - Description of the subject
  - Critical Summary of available information
  - Background of the research
  - Problem identification / analysis
  - Research questions
  - Rationale for the study

- Methodology
  - Aims of the research
  - Research design
  - Variables
  - Operational definitions
  - Sampling strategy
  - Description of the tools of the data collection
  - Techniques for analysis
  - Limitations of the study, if any

- Discussion:
  - Results of the study: This should include a summarized description of the statistical figures and techniques as well as a concise note on the key findings which could be descriptive or numeric
  - Interpretation of the data in terms of :
    - Validation of the hypothesis
    - Corroboration with cited literature

- Conclusion and recommendations:
  This section should include the following
    - Recommendations to improve/remedy the situation
    - Implication for the future research and field practice

II. Writing an Academic Article
This article is based on information from secondary data sources. It generally seeks to raise new issues or examine existing issues from a new perspective. It can also be used for theory building. It should contain the following sections:

- Introduction:
  - Description of the background and importance of the subject under consideration
  - Statement of purpose
  - Rationale for the article

- Discussion:
  - Critical review of literature

- Gaps in knowledge/services and emerging area addressed:
  - Intervention methods

- Conclusion:
  - Summary of key points
  - Recommendations

III. Writing an Article based on Field Experiences
This article stems from the experiences of the author. It focuses on a specific issue / problem / project / program that is within the purview of the author's professional practice and is descriptive in nature. It provides details of how the author dealt with the specific issue / problem or implemented the program / project under consideration. An overview of such an article is given below.

- Introduction:
  - Description of the subject under consideration
  - Critical review of relevant literature
  - Problem identification/analysis
  - Rationale for intervention

- Discussion:
  - Details of the problem/issue/program/ project under consideration
  - Action plan to improve/remedy the situation
  - Details of implementation of the action plan
  - Critical assessment of effectiveness of intervention
  - Learning in relation to existing theory
  - Limitations and suggested modifications

- Conclusion:
  - Summary of key points
  - Suggestions for future work

Submissions that do not conform to the above guidelines will be returned for modifications before entering the review process.

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UGC approved under Social Sciences Sr. No. 218.