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We are delighted to present the latest issue of the *South Asian Journal of Participative Development*, featuring a diverse array of research articles that address critical socio-economic, developmental, and policy-related themes. This edition brings together the work of esteemed scholars who have explored contemporary issues ranging from inflation measurement and gender budgeting to community empowerment and mental health services.

In an era marked by rapid socio-economic changes and unprecedented global challenges, this issue provides valuable insights into the evolving landscape of participative development. We commence with an innovative study on inflation measurement in India, where Dr. Mayank Goel and Prof. Madan Mohan Goel introduce a new methodology that promises a more accurate economic assessment. This is followed by Prashantha H.Y.'s analysis of Human Resource Management before and after the COVID-19 crisis, offering a comparative perspective on workforce adaptability.

Gender-sensitive economic planning is crucial for inclusive development, and the article by Priyadarshi Telang and Prachi Salve on gender budgeting in Maharashtra presents a critical evaluation of policy implementations in this domain. Similarly, D. Sreenivasa Reddy sheds light on the impact of the Rural Development Trust's interventions in tackling health issues in Ananthapuramu District, particularly in the context of the COVID-19 pandemic.

Child malnutrition remains a pressing concern, and the research by Shailesh M. Dikhale, Abhay Shukla, Dhananjay Kakade, Deepali Yakkundi, Vinod D. Shende, Shweta Marathe, and Swapnil Vyavahare highlights community-driven strategies to combat this issue in Maharashtra. Anupam Kumar Verma and Muskan Bharti's work on self-help groups showcases the role of grassroots initiatives in enhancing women's social status. Meanwhile, P. Arjun, U. Kavya Jyotsna, and G. Naveena address the rising challenge of mobile addiction among teenagers in Andhra Pradesh.

The emotional and economic burden faced by parents of children suffering from thalassemia is brought to the fore by Bhagyashree Patil, while P. Viswanadha Gupta underscores the transformative role of educators in fostering social change and literacy development. The significance of women's participation in water quality

monitoring is examined through a case study of Patiala, Punjab, by Jashanjot Kaur Brar and Gaurav Gaur.

Economic self-sufficiency among rural women is a key theme in the study by Nabanita Hazarika and Gangabhushan M., which assesses the impact of Farmer Producer Companies in Assam. Additionally, B. S. Gunjal and Rani Chennamma discuss the role of social work interventions in creating social awareness among rural populations. The accessibility of mental health services for vulnerable communities is explored by Praveen Ganapathi Madival and Chidanand Dhavaleshwar, highlighting the urgent need for inclusive healthcare policies.

Lastly, this issue concludes with a thought-provoking book review by Anita Panot on *Islam and Social Work*, offering readers a critical reflection on the intersection of faith and social service.

We extend our gratitude to all contributors for their valuable research and insights. We hope this issue serves as a meaningful resource for academics, policymakers, and practitioners committed to participative development.

Dr. B. T. Lawani
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NEEDO-MEASUREMENT OF INFLATION IN INDIA WITH NEW METHODOLOGY

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Abstract

Inflation in India is a significant economic issue with social implications, particularly for the middle class. The inflation rate announced monthly by the Government of India (GOI) does not fully reflect its true impact. The current method calculates inflation using the Wholesale Price Index (WPI), which covers only 697 items with the base year 2011-12, using a geometric mean. WPI has undergone seven revisions since 1952 and is conceptually closer to the Producer Price Index rather than reflecting the actual cost of living. To address this, the Consumer Price Index (CPI) is also released by the Central Statistical Office (CSO) with the base year 2012=100. It includes four indices: CPI-IW (Industrial Workers), CPI-UNME (Urban Non-Manual Employees), CPI-AL (Agricultural Laborers), and CPI-RL (Rural Laborers). Despite these indices, WPI-based inflation does not accurately reflect the monthly price changes that directly impact consumers. In December 2022, WPI inflation was 5.85%, while CPI inflation was 5.72%, highlighting the discrepancies.

Our study, based on primary data from 470 respondents via an online structured questionnaire in 2022, advocates for calculating inflation using CPI on retail prices with a specific basket of goods for various consumer categories, particularly the middle class. We recommend supplementing WPI with CPI-based inflation measurements tailored for different consumer groups. Our findings reveal that inflation affects the middle class more than the rich, who disregard MRP, and the poor, who do not consume many indexed commodities. To combat inflation, we must distinguish between controllable and uncontrollable factors and adopt precise inflation measurement methods. Consumers should adopt a "SMART" approach—Simple, Moral, Action-Oriented, Responsive, and

Transparent—to navigate inflation effectively. A refined methodology will better assess inflation's real impact and guide economic policies.

Key Words: Inflation Rate, WPI, CPI, Middle -Class, Street SMART Consumers.

1 Introduction:

Inflation in India is a well-known location specific economic problem with social implications for various categories of consumers' most notably middle class. The true nature of the problem of inflation in India cannot be understood by the so-called inflation rate announced every month by the Government of India (GOI). We fail to understand the logic of calculating annual inflation rate monthly (earlier weekly) on the basis of Wholesale Price Index (WPI) representing only 697 items with base year 2011-12 based on point-to-point basis method. This is not the monthly inflation rate which can be used to assess the impact on various categories of people particularly middle class. It is based on the provisional WPI compared with actual WPI of the last year and cannot be relied upon. The actual impact on the cost of living of people should be based on inflation rate calculated by using retail prices for which the consumers purchase the goods and services. To understand, analyse and interpret, the measurement practices of inflation are essential and justified on socio-economic considerations with implications for all the stakeholder including Central Govt., State Govt., RBI and above all public at large consisting of consumers, producers, distributors and traders. The basic objective of this study was to examine the problem of measurement of inflation in India. We have derived a number of conclusions on the basis of our study. Firstly, we have studied the problem of measurement of inflation in Delhi NCR. GOI use the CPI (Jan 2012) as inflation measure representing 299 items based on point– to – point basis method. This implies that the Government calculates the annual rate of inflation monthly on the basis of CPI. As talked about time and again in India, this is not the monthly inflation rate which can be used to assess the impact on the various categories of people that is consumers. It cannot be relied upon as it is based on the provisional CPI compared with actual CPI of last year. Thus, we have tried to understand, analyse and interpret the intricacies involved in measuring inflation and suggested an alternative methodology for its calculation.

2 Objectives of the Study:

The focus of our research is to evaluate problem in measuring inflation and suggest an alternative methodology of its calculation. We have four objectives of the study detailed below how we achieved these aims and what the key findings are for each objective**.**

Objective 1: To determine the baskets of goods of consumers of middle-income groups in NCR Delhi. *(Through quantitative strategy by analysing questionnaire data)*

To ascertain the baskets of goods of consumer of middle - income group, a Delphi survey was conducted. We have confined to only those goods and services which a middle-class income group consume during a month. List of items is being prepared by taking reference from 697 items as provided in WPI.

It has been observed that the baskets of goods of middle-class consumers have been changing. The weights have also to be changed. Now the expenditure on food articles is comparatively high as it was in pre covid era and on fuel and light is increasing day by day.

Objective 2: To evaluate the present methodology for calculating the inflation rate ant its drawbacks. (Through literature review)

Following an exhaustive assessment of the relevant literature in the area of research on inflation (measurement, determinants and management such as inflation targeting and control) for identifying the research gaps which certainly exists. The review of literature on inflation carried out is divided under three headings including Books, Articles in journals, periodicals, books, Articles in leading newspapers & on websites, Reports, speeches, papers & theses and Research Gap.

Several studies reveal that structural factors initiate the process of price rise in India and factors like increase in cost of production and increase in money supply only aggravate the situation. The monitoring of inflation can be done properly, if the measurement of inflation is done carefully.

Objective 3: To suggest an alternative methodology to calculate inflation rate. (Through empirical analysis)

We have taken two different income groups under middle class of Delhi NCR. The classification has been done on the monthly income of the households (Rs 25,000-Rs 50,000) per month called as seekers and (Rs 50,000-Rs 100,000) per month known as strivers

Accordingly, we have conducted a sample survey of 100 respondents (twice) for this purpose. Further to ascertain the accuracy, we have conducted another primary survey of 370 respondents again in January - February 2022 with Google form online mode.

Objective 4: To manage the inflation rate by corrective measures. (Through discussion and recommendations)

This objective is achieved through the empirical study conducted first on 100 and then on 370 respondents about identifying the baskets of goods & prices and then again a statistical analysis was conducted on 100 respondents to study in-depth about measurement of

inflation rate which has drawn policy implications that Government should calculate inflation rate monthly not yearly.

3 Methodology:

To achieve the well-identified objectives of our study we have used the methodology given below:

- **Data Collection**: The study is based on primary data as well as secondary data.
- *Primary Data:* We initially collected from 100 respondents twice in 2021. Further, to validate the basket of goods and services we have conducted survey of 370 respondents again in January - February 2022 of middle class from Delhi NCR by using convenient random sampling through Google form online mode with the structured questionnaire
- **Secondary Data**: The data obtained from the various public documents such as Economic survey, R.B.I bulletins and also downloaded from internet sites such as www.indiastst.com , www.rbi.org.in and *www.eaindustry.nic.in*

Sampling Technique:

- The sample size was calculated at a 5% margin of error with a 95% confidence level, assuming a response distribution of 50%. So, the recommended minimum sample size as per the calculations as per t00+he formula should be above 385.
- The formula for calculating the sample size is as: -
- The questionnaire was distributed to 470 prospects, initially to 100 respondents in July 2021 and further to 370 respondents in 2022. The sample was drawn exclusively from the consumers residing in Delhi-NCR

Scale Development:

- After reviewing the literature, we developed the questionnaire. To determine the basket of goods and services of middle - income group 299 items given in CPI were initially screened by 10 panel of experts through Delphi method. Out of 299, we finalised 110 items to determine basket of goods.

Scale validation procedure:

- To conduct the content and face validity of the items, the questionnaire with an initial pool of 110 items was further evaluated by peers, experts from industry and academicians from this field. The items were rephrased following their valuable and constructive recommendations

Research Instrument:

- The 'Descriptive Research Design' was used in this study to determine the baskets of goods of consumers of various income groups in NCR Delhi. As a result, data from a representative sample of 370 customers is collected using quantitative surveys employing questionnaires. For testing hypotheses and establishing final findings, the data was statistically analysed using the SPSS and AMOS software.

Analytical Method:

- To study the consumption pattern for determining the basket of goods for middle-income groups (Seekers and Strivers) in Delhi NCR and calculated the inflation rate for these groups from the data collected on the total expenditure incurred by the consumers. The data collected through the Google form survey have been tabulated in an excel sheet for analysis with the help of various statistical tools available including software SPSS packages.

Index Calculation

We advocate the monthly index calculation and presenting the inflation rate of current month on the basis of last month.

Index can be calculated on the basis of Laspeyers index, as follows:

$$In = \frac{\sum P_n Q_o}{\sum P_o Q_o} \times 100$$

Where

In =   Index Number

Pn =   Price for current month

P_o =   Price for Last month

Q_u =   Quantity for base period

Hypotheses of the Study:

- The study investigates the impact of all consumer-related factors, such as demographic, baskets of goods, inflation rate, and socio-economic in the present scenario which is the study's main focus and significance. Two Hypotheses have been established in this area, based on the research model and study objectives which are discussed in the following paragraph: -
- **Hypotheses** - There are two main instances of postulating the hypotheses, in this study, as;-
- Ho: There is no significant association between the two variables
- H1: There is a significant association between two variables
- The above two hypotheses explain the relationship between the Family Background and basket of goods, Consumer Surplus, Consumer protection act, etc. Each of the factors, as extracted and validated from the quantitative analysis such as multiple regression analysis, ANOVA, and Chi-square test.

5 Major Findings:

The research on nature and sources of inflation has been guided by competing theoretical explanations in India so we have made an attempt on measurement of inflation in Delhi NCR for middle-income group. The problems of measurement of inflation have been discussed in certain empirical studies in India but there is no clear view about which variables determine prices at the macroeconomic level. The dynamics of the problem of inflation in India calls for a research on its measurement.

1. We have achieved the 1st objective of our study to get the basket of goods which consist only 110 items by the middle class consumers of Delhi NCR.

2. We have identified the existing research gaps through review of literature which justifies the need of the study and achieved objective. We have noted that wrong methodology of point to point basis is in practice as calculate annual rate of inflation (based on WPI and CPI) monthly.

3. On the basis of our empirical study, we have suggested alternative methodology to calculate inflation rate and achieved 3rd objective by comparing with the previous month (not point to point basis methodology) with updated basket of goods.

4. We have achieved the 4th objective by suggesting corrective measures to manage the inflation rate including monetary and non-monetary measures.

5. Further our study reveals the following:

   a) WPI is not a reliable measure because it suffers from many flaws as, no change in the concept of wholesale price or in the system of price collection between the existing and the revised series, system of data collection seems to be quite passi

   b) CPI is also not free from flaws because the composition of the goods and services whose prices it monitors is out dated. The compositions assume that almost half of the households spending for urban non-manual employees is on food and beverages.

   c) GDP deflator seems to be a good measure but it is an annual inflation rate so has limited applicability.

6. On the basis of sample survey, we have observed that the baskets of goods of middle class consumers have been changing. The weights have also to be changed. Now the expenditure on food articles is comparatively high as it was in pre covid era and on fuel and light is increasing day by day.

7. We have made a case for calculating rate of inflation monthly on the basis of CPI on retail prices with specific basket of goods for various categories of consumers

from middle class in various locations. We want to suggest the replacement of CPI for various categories of consumers in addition to WPI for measuring the inflation.

8. From our recommended methodology, we have observed that the inflation in absolute term has its impact more on middle class in comparison to rich (never bother of MRP) and poor does not consume most of the commodities used for measuring inflation in India.

Monetary policy related to credit creation and credit control is not proved very significant because analytical studies observed the relationship between money supply and price rise is not strong. On fiscal grounds, Government announced different policies to control inflation but due to the lack of implementation and corruption in the system they have not proved very effective the Government has adopted the policy of administered prices and of MSPs to control the inflation.

We have observed that the pandemic covid forced innovation and use of internet in all walks of life including buying goods which has led to increased expenditure on goods not even needed.

We have noted that the RBI and GOI are serious to take measures for Headline inflation as it does not include volatile prices of food and energy. It has been observed that the makeup of dishonesty is corruption in the market and its price have to be paid through inflation.

It has to be noted that Indian markets are based on policy error which may be logical to some extent. The middle class has to work more for increasing their purchasing power to get the needs of goods which have become expensive due to inflation.

6 Policy Implications:

The policy implications flowing from our study includes:

1. There is a strong case to replace CPI for various categories of consumers on the basis of retail prices in place of WPI for measuring the inflation in India because WPI is merely an academic exercise for taking macro policy decisions without implications for consumers of various categories including urban middle class of strivers and seekers.

2. We recommend the different basket of goods for every category of consumers in various locations of the country for calculating inflation rate which have implications for them.

3. The service tax has been imposed in India and is causing rise in prices of various services but not included in WPI based inflation which is not a true indicator of inflation for consumers. Thus, there is a strong case for including services for calculation of inflation in India.

4. Inflation targeting is also an issue of relevance in India. Inflation targeting, in essence, means deciding what level of inflation is appropriate for the economy, ensure that there is political acceptance of that objective and set a monetary policy with an intention of meeting that inflation target and keeping inflation low thereafter. It can improve the co-ordination between monetary policy and other macroeconomic policies. The announcement of inflation targets clarifies the central bank's intentions and reduces uncertainty about the future course of monetary policy. The reference of the Chakravarty Committee to 4 per cent rise in prices can be regarded as the acceptable threshold rate of inflation in India.

5. We need to understand, analyze and use the non- monetary factors affecting inflation and its measurement

We have observed during the study that there are various non-monetary and structural factors that may cause a rising price trend in India including Delhi NCR. These are:

Psychology of the Consumers

To increase the inflationary pressure in the economy, consumer psychology plays a dominant role. During the survey for our own study to examine the consumption pattern we found that 90 percent consumers do not know the price of household goods. They purchase but don't know at which prices. They don't spend on logic rather on their beliefs. Their consumption pattern is not guided by their income and requirements but from the consumption behaviour of others. This demonstration effect is the major cause to increase the inflation pressure in the economy. Besides this the lack of market information is the main feature of our economy. They don't know anything about inflation and more of it doesn't want to know. In a country where consumer is so irrational and indifferent how can be inflation controlled.

A. Fear Psychosis

Fear psychosis is a major non-economic determinant of inflation in India. Sometimes holders and rumour-mongers create artificial scarcity in the market, consumer demand goes up sharply, and prices also increase in the open market. The behaviour of producers and middlemen aggravates the conditions and pushes up the price level.

B. Consumer Activism

Consumer activism is also an important non-economic factor to increase the inflation rate in the economy. To protect the rights of consumers, Indian Government has Consumer Protection Act. Obviously consumer rights have been protected by the Act but along with this it has made consumers more active and this activism is also an important determinant of inflation which cannot be quantified. Producers and sellers try to charge higher prices for goods and mainly for services.

C. Trade-Related Intellectual Property RIGHTS (TRIPs)

The Government has put in place a new patent regime from January 1, 2005 keeping in line with the WTO commitments. India is among the few developing economies to have brought in amendments to the existing patent law. The new provisions allow patenting of products in areas of food, drugs and chemicals which were not covered earlier. The India Patents Act of 1970 provided patenting of all processes and products in all areas excepting food, drugs and chemicals. The patenting of these articles certainly increases the inflationary pressure in the economy.

D. Advertisements

Advertisements play a major role in increasing inflation. They tend to change consumers preferences and creates the demand for certain products. Creativity in advertisements create an atmosphere in which consumers feel themselves influenced by these products and it increases the demand for these products in the market and increase the inflation in the economy.

E. Population

Increasing population is a big problem of India. It is the main obstacle to achieve our goals and targets. Indian population growth rate is high enough to draw serious attention. India is a second country in the world after china to cross the one billion mark. It is now estimated that by 2050, India will most likely overtake China to become the most populous country on the earth with 17.2 percent population. Population has a direct effect on inflation. More population mean more demand and if there is supply lag, obviously the result is increase in prices. More population creates high inflationary pressure and push up the prices.

F. Unionism

In our country we have unions in every field. Unionism is the main feature of our economy. These unions are the main reason to increase inflation in India. If their demands does not fulfil, they go on strikes and hampers the proper functioning in the economy. If there is a minor increase in prices which is normal in any economy, unions try to pressurize to Government to increase wages or salaries, if Government refuses then the results is strike and lock outs which affect the supply and increase the prices, and if Government is ready to increase wages or salaries than this also increase prices due to increased demand. Basically unions create disequilibrium in demand, supply, and increase the inflationary pressure.

G. Corruption

Corruption is the root cause of all evils in an economy and inflation is not an exception. Government has been announced different measures to control inflation but they have

failed because of this built-in corruption in the system. Policy failure is a common feature of Indian economy due to the corrupt attitude of bureaucrats. Policies did not implement properly and that's why they did not get any success. All policies are working very well only in files not in practice. The case of Dahanu Taluka in Maharashtra that we mentioned above is an example of this corruption. S. Mahendra (1996) quotes that tribes had not tasted sugar for more than one year but the ration card of one undernourished tribal family had an entry for June 1995 stating that it had bought 26kgs of sugar on a single day. The most of the beneficiaries of the policies are mostly the rich people for whom the policies were not designed. In each and every field corruption has entered in India and no targets can be achieved due to corruption.

H. Social Institutions

In our society we have a number of traditions that are also responsible for increasing inflationary pressure in the economy. In the season of festivals, the demand pressure increases and the prices go up and quality falls down. The most inflationary social institution is marriage in our society. Now marriage has become a symbol of status. Most of the people take it as a competition; they try to spend in marriage a lot. This attitude of middle-income group also increases demand pressure in the market and if supply can't fulfil this demand then obviously prices go up.

I. Religious Factors

India is a land of religions although talking of secularism. A lot of rituals are undertaken in our country time and again around the year and create extra demand on these special days causing market imbalances between demand and supply leading to rise in prices. For example, on Nirjala Ekadashi the prices of melon doubled and so is the case of cucumber.

J. Political will

Political will plays an important role to reduce the inflationary pressure in the economy. In India election has been conducted so frequently that they increase the unproductive expenditure of the Government and so affects inflation in the economy. A study by Alesina and Roubini (1997) finds, that while elections have no impact on output and unemployment, they do affect inflation.

K. Others

A. Natural Calamities and Bad Weather Conditions. Vagaries of monsoon, bad weather conditions, droughts and failure of agricultural crops have been responsible for price spurts, from time to time, in many underdeveloped countries. Agricultural prices are most sensitive to inflationary forces in India. Natural calamities also contribute occasionally to

the inflationary boost in a country. Events such as cyclones and floods, which destroy village economies, also aggravate the inflationary pressure.

B. Speculation and Hoarding. Hoarding and speculative activities, corruption at every level, in both private and public sectors, etc., are also responsible to some extent for aggravating inflation in a country.

C. High Prices of Imports. Inflation has also been inflicted on some countries through the import content used by their industries. Prices of petroleum products have been increased in many countries due to price hikes by the oil producing countries.

D. Monopolies. Monopoly profits and unfair trade practices by big industrial houses are also responsible for the price rise in countries like India.

E. Underutilization of Resources. Non-utilization of installed capacities in large industries is also a contributory factor to inflation. Inflation in India may be regarded as a symptom of a deep-seated malady, born of structural deficiencies involved in the functioning of its economic system, which is characterized by inherent weaknesses, wastages, and imbalances.

To cope up inflationary crisis, we need to identify the factors under control and beyond control with proper measure of inflation as recommended in our study. We have to be enthusiastic to nurture relationships with stakeholders including consumers, producers, traders and distributors. We have to be motivated to succeed in doing things which calls for change in behavioural patterns. We have to learn from the birds and animals who never keep stock for their consumption.

We have made a case for calculating rate of inflation monthly on the basis of CPI on retail prices with specific basket of goods for various categories of consumers from middle class in various locations. We want to suggest the replacement of CPI for various categories of consumers in addition to WPI for measuring the inflation. From our suggested methodology we have observed that the inflation in absolute term has its impact more on middle class in comparison to rich (never bother of MRP) and poor does not consume most of the commodities used for measuring inflation in India. To cope up inflationary crisis, we need to identify the factors under control and beyond control with proper measure of inflation as recommended in our study. We have to be motivated to succeed in doing things which calls for change in behavioural patterns as consumers. We have to be aware, alert, and awake with wisdom and rationality (vivek) for the challenges of inflation and remain enthusiastic to work without worries. We have to become street SMART (simple, moral, action oriented, responsive and transparent) Indians as consumers to face socio-economic challenges including inflation. There is a need for policy implication oriented

research and not only t - value significance at 95 percent level of significance with many disconnections between covid crisis and its implication on the Indian economy including inflation. Our research should provide policy implications which make the nation capable for facing the challenges in all times to come. To monitor and evaluate the performance of Indian economy including inflation is a continuous process which calls for research studies by the scholars from time to time at various locations. Needo-consumption as righteous consumption with mindfulness is required to be understood and analysed as an eclectic approach (with no to the attitude of eating to live or live to eat). To justify Needoflation (need of inflation) a level of inflation within tolerable limits could lead to positive growth implications required to be studied by the researchers.

It is worth quoting J.M. Keynes 'It is better to be roughly right than to be precisely wrong' in collection of data on inflation. We require some standards of transparency and a code of conduct for the stakeholders of inflation in the Indian economy including consumers, producers, distributors and traders.

References:

1 Mayank Goel (2022): Measurement of Inflation in India: A Study of Middle-Income Group of Delhi NCR, unpublished PhD thesis on which Jagannath University, Jaipur (Rajasthan) awarded PhD degree in Management

2 Mayank Goel & M.M. Goel (2022): Needo-empathy for Middle Class in Swarnim Bharat, published in FII News Letter https://www.fii.org.in/ December, 2022

3 Mayank Goel (2022): Needo-data on Inflation in India: An Analysis of Methodology of Measuring Inflation, Jagannath University Research Journal (JURJ), Volume No.-III, Issue No.–I, April, 2022, ISSN: 2582-6263

4 Mayank Goel & M.M. Goel (2021): Rationale of Bad Bank for Needo-baking in Indian Economy, Varta Vol. XLII ,October 2021,No 2 Peer Reviewed Journal ISSN 09709177

5 Mayank Goel & Kapil Khattar (2020): Inflation in India: Implications of Covid Crisis, Journal of Critical Reviews (ISSN 2394-5125, Vol-7, Issue 16)

6 Mayank Goel & M.M. Goel (2020): Review of Research Studies on Inflation in India, NAVA-ARTHIKI (ISSN: 2277-2529, 30 Volume 28 No.01

Annexure I

Table 1 Basket of goods of two middle class categories in NCR DELHI
Source: Primary Data

Groups/Sub-Groups	Seekers (Rs 25,000 –Rs 50,000)	Strivers (Rs 50,000-Rs 100,000)
1. Food Articles	32	30.50
A. Cereals	4.70	3.17
B. Pulses	2.97	1.13
C. Milk & Products	12.10	9.30
D. Sugar, Salt & Spices	4.88	2.62
E. Other Food Articles (Tea, Coffee)	1.40	1.08
F. Edible Oils	1.33	1.07
G. Beverages	6.00	5.44
H. Vegetables	1.95	1.95
I. Fruits	0.97	1.62
J. Egg, Fish, Meat	0.09	0.30
2. Fuel & Light	27.78	24.02
3. Intoxicants	1.31	0.78
4. Clothing Bedding & Footwear	6.69	7.20
5. Education	7.51	10.49
6. Medical	2.66	2.44
7. Entertainment	3.19	3.84
8. Consumer Service	10.10	15.33
9. Rent& Taxes	2.47	2.13
10. Toiletries & Sundry Articles	2.92	2.89
11. Miscellaneous	1.37	2.83

CONSUMPTION BASKET OF SEEKERS

Seekers spend comparatively more on food articles. They spend 32 percent on this group in which the expenditure on cereals is 4.70 percent, on pulses 2.97 percent and maximum on milk and milk products i.e., 12.20 percent On fuel and light group they also spend a lot of money that is equal to 27.78 percent of their total expenditure. The reason for high percentage of this group is the demonstration effect. Middle-income group tries to follow the consumption pattern of high-income group, that's why they also try to have everything in their homes, and the instalments schemes have solved their problem. On consumer services they spend comparatively less 10.10 percent. They spend 7.51 percent on education and 2.66 percent on medical and 3.19 percent on entertainment. Mostly consumers have their own houses so on the average they spend only 2.47 percent to maintain them. On intoxicants this group spends more as compared to high-income group i.e., 1.31 percent because in most of the families there are one or more members who are addicted to cigarette, pan masalas etc. On clothing, bedding and footwear they also spend more i.e., 6.69 percent.
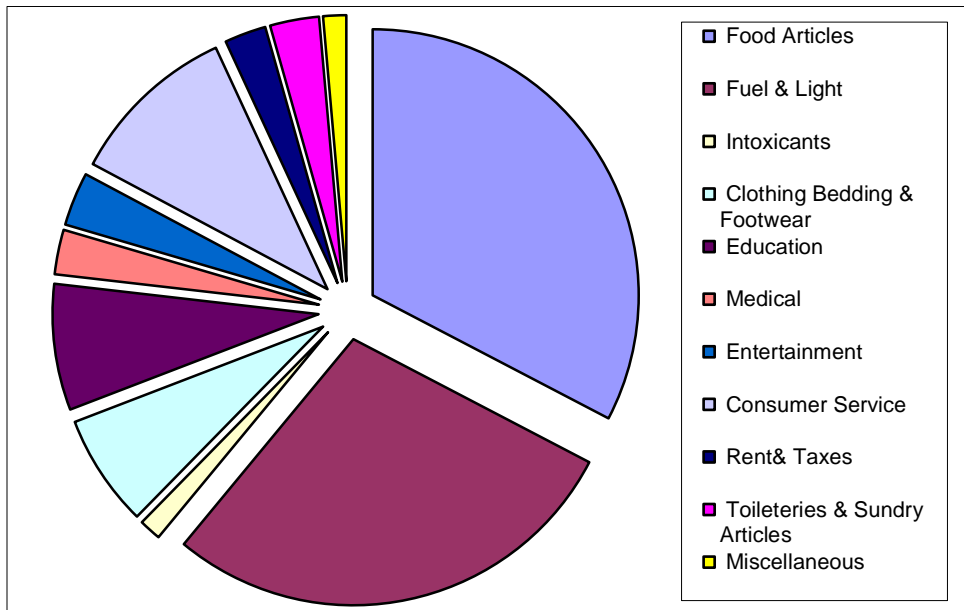
Fig 1 Consumption Baskets of Seekers

From the Figure1, we can observe the consumption basket of seekers. In the basket of goods food articles and fuel and light is the most important. Secondly consumer services are more important than education. Education and clothing bedding and footwear are almost equally important. Medical and entertainment are more important than rent and taxes and sundry articles and rent and taxes and sundry articles are more important than intoxicants and miscellaneous items.

Consumption Basket of Strivers

The strivers spend only 30.50 percent on food articles in which the maximum expenditure on milk and milk products i.e., 9.30 percent whereas on fuel & light group the expenditure is 24.02 percent. The fuel & light is the major area where this group spends a lot because of the electricity items and vehicles at their home. Next they spend on consumer services comparatively more i.e., 15.33 percent. Consumer services comprise household servants, beautician, barber, tailor, communication, traveling etc. On education they spend 10.49 percent whereas on medical only 2.44 percent. On entertainment the expenditure is 3.84 percent. In this group they usually spend on movies, photography, clubs and on other gatherings. All of consumers have their own houses so they have to spend just to maintain them and that's why their expenditure on Rent & taxes is 2.13 percent. On clothing, bedding and footwear the expenditure is 7.20 percent. This is mainly because of women's attitude of collecting more and more. On toiletries and sundry articles, they spend only 2.89 percent and on intoxicants the expenditure is also very low because they take any article of this type occasionally and besides all these expenditure they spend on miscellaneous articles as jeweler, any kitchen apparatus etc. around 2.83 percent.

From the figure 2 we can observe the basket of goods of strivers. Food articles, fuel & light and consumer services are important items in the basket of goods. Education and clothing, bedding and footwear are also important items whereas medical, entertainment, rent and taxes, toiletries and sundry articles are almost equally important.
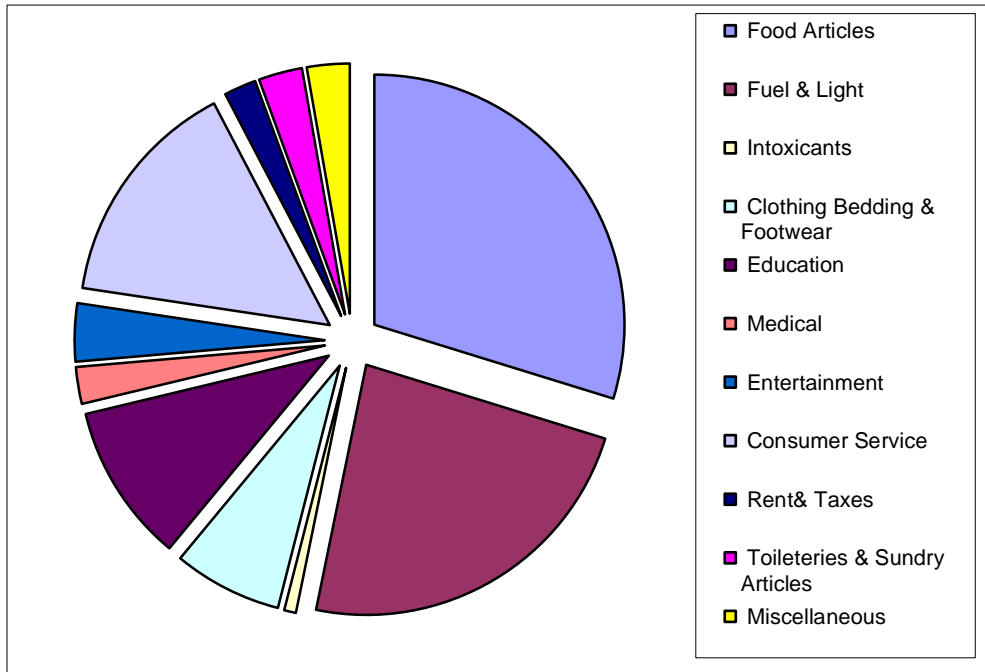
Fig.2: Consumption Basket of Strivers

Table 2: Inflation rates for two categories of middle class (%)

Household Category	Delhi NCR
Seekers	5.5
Strivers	5.8

Source: Primary Survey.

Annexure – 5

Major Observations on the Survey of Consumers

- One of the main reasons for this changing consumption pattern is the instalment scheme for different items. You can purchase a washing machine by giving two or three hundred rupees per month.
- The second reason for this is the demonstration effect. Strivers tries to follow the pattern of the rich and seekers tries to follow the strivers.
- Advertisements play their own role. Sometimes they introduce a new article in the basket of goods of households, for example cosmetics.
- The uses of smart phones with internet also affect the consumption pattern. Introduction of new articles attract people because they provide more facilities and convenience to public, for example mobile phones, web cameras.
- Changing attitude of the public is also the reason for changing consumption pattern. Now public don't believe in simplicity but in show off. Tastes and preferences of consumers are changing day by day in Indian economy.
- It has been observed that the prices of same commodity vary from shop to shop in the same location. The different brands have huge price differentials. The generic medicines (although difficult to be identified by a buyer) are sold on MRP by the chemists.
- Now public don't believe in simplicity but in show off. Tastes and preferences of consumers are changing day by day in Indian economy.
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A STUDY ON ROLE OF HUMAN RESOURCE MANAGEMENT IN PRE-COVID AND POST-COVID CRISIS

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Abstract

The transmissible conditions like coronavirus and the respiratory illness it causes; COVID- 19 challenges produce unwarranted obstacles to human resource operation. But the good thing is that moment's struggles and pain are forcing new ways of thinking, better approaches, and fresh perspectives on problems. In the future, HR association's response will fall into four important areas like Physical health and good, Remote Work, Issues related to jobs and work durability, an critical need for internal health, adaptability, family support, and dealing with query. SHRM recommends employers consider the following preventative measures laboriously encourage sick workers to stay home, shoot characteristic workers home until they're suitable to return to work safely, and bear workers returning from high- threat areas to telework during the incubation period. As with any wide contagion, bacterium or other natural trouble, employers should take care to cover their workers and their unborn business operations. HR directors can introduce with work schedules and assignments by allowing flexible scheduling parameters and being creative in how the work gets done. According to Dr. Gravett Creative plant scheduling of work time, work liabilities, and how the work gets done is vital at this time in containing the spread of COVID- 19. The end of this paper is to bring out the human resource operation part in nimbus contagion extremity. The experimenter has used abstract frame in order to dissect the epidemic situation and its impact on human resource. The study is substantially grounded on secondary data.

Key Words: Corona Virus, Covid-19, Human Resource, SHRM, Management

Introduction:
COVID- 19 struck and started dismembering human routine, life, businesses and the global frugality. One aspect that stood out was the capability of HR functions across the globe to hold all ends together and fix gaps snappily to insure durability of their businesses. HR

functions have come the most sought- after for their capability to control the damage, come up with contingency plans, control the endless complexity of people operation; all this while keeping the spirit of the association and togetherness complete.

Crisis Response and Human Resource Management:

The Covid- 19 coronavirus is getting the accelerator for one of the topmost plant metamorphoses of our continuance. How we work, exercise, shop, learn, communicate, and of course, where we work, will be changed ever! Across the globe, companies are dealing with the Covid- 19 coronavirus epidemic by calling or encouraging workers work from home. As the coronavirus spreads, working from home is the new normal for workers. The coronavirus epidemic is unnaturally shifting how we live and do business and will accelerate the Fourth Industrial Revolution, fuelled by smart technologies similar as Artificial Intelligence and mobile supercomputing. Occupational Safety and Health Administration (OSHA) have handed suggestions for introductory safety protocols, similar as social distancing and frequent cleanings.

Strategies for Managing On-Site Employees:

1. Ensure employee safety
2. Maintain regular communication with employees
3. Ensure equitable employee policies
4. Develop employee-support solutions
5. Seek employee feedback
6. Reward and recognize employees

Strategic Management of Human Resources:

Resource Operation is an integral aspect of functional operation. Resource groups include human resource, natural resource, capital resource and information resource. Strategic operation of human resource (SHRM) involves integrating HR with business issues. HR works at a functional position through analogous day to day functions as recovery, selection, training, development, occupational health, safety and diversity. Human Resource Management is concerned with managing human resource in the same way as other resource analogous as capital, natural or financial. Operation is about planning, leading, organising and controlling in order to achieve certain pretensions or objects.

Review of Literature

Pereira (1985) studied Larsen and Tourbo's (L & T), Human resource development system. L & T introduced an intertwined human resource development system before 1985. He traced process and history of human resource development system (HADS) and changes in it. They cover performance appraisal, training and organizational development. He

refocused out that HRD department is now separated from the labour force department, critical attributes needed for the job have been linked and the association is heading towards the establishment of implicit appraisal system.

Human resource operation practices in insurance companies were studied by Kundu and Malhan (2009). Its relative study of Indian and transnational companies. Performance appraisal, pool diversity and contemporary human practices, training and benefits, human exploration planning and reclamation, selection and socialization of workers, and competitive compensation etc. was assessed by experimenter grounded on 218 sample repliers from four Indian and transnational insurance companies and it was set up that transnational companies were comparatively weaker on performance appraisal, training and benefits, HR planning and reclamation etc. than Indian companies.

Suryawanshi (2012) studied abstract frame of human resource operation and hospitals, identify the HRM practices in the hospitals, function wise, exertion wise human resource practices and whether study object having human resource development system in place and fulfilling adequately human resource operation objects. Pimpri and Chinchwad area was named for study purpose. 30 hospitals were named aimlessly from private, government and semi-government.

Jabbour et al., (2016) opinions that, the hand relations have been important for the HRM practices in the different business scripts where there are artificial development relations. The information related to the same is to work on the frame of the reclamation and the selection making process. The strategy is to determine the issues along with seeking the problems and working effectively to break the same. The issue of the ER in HRM also provides the comforting and the coaching to the workers which will break the issues related to the same. There's a need to precisely estimate the changes with the performance of the tasks. This is grounded on the leading responsibility and the working hours to conduct a proper job analysis and acclimatizing the assured bracket process.

Report from Edelman Trust mark shows the impact of COVID- 19 epidemic on Indian businesses and government organisations. It's observed from the report that the trust position of people in general news and information published on social media had gone up to 70 in 2020 from 66 in 2019. Also, the report shows that 84 responding that brand advertising needs to concentrate on how people can cope with new normal after end of the epidemic.

According to Punnett, (2015) for looking and considering the Human Resource Management, there have been different functions of the staffing, training and the development which will help in provocation and the conservation. The assessment is grounded on the chops force process where there's a need to hold the positions with the cast of the HR conditions. The major step is to handle the realistic soothsaying which handles the demand and the force operation. The chops sets will help the people as per the requirements along with assessing the challenges in order to meet the staffing needs as per

the external terrain conditions. For determining the external impacts, there has been current frugality which affects the work and look for the changes in the community with the changes in the future.

Objectives of The Study
- To find out the role of human resource management in handling crisis.
- To study the role and responsibilities of human resource managers in crisis intervention.
- To analyse the scope of human resource disaster management and administration.
- To examine the impacts of Covid-19 on human resource and Pre-covid and Post-covid management.

Methodology

The paper adopted the descriptive research design where it focused on the secondary resources of information collected from books, articles such as journals, government reports and online materials. This paper attempts to propose on the importance of Human Resource Management in the pre-covid and post-covid period. The search engine for the literature review includes books and Google search for online materials. The themes that have been taken from the literature for the paper are HR, Covid-19 and SHRM.

Human Relations and Hrm

Rehearsing colourful human resource programs and programmes like employment, development and compensation and interacting among workers produce a sense of relationship between the individual worker and operation, among workers and trade and the operation. It's in the process of commerce among mortal beings. Human relations is an area of operation in interacting people into work situations in a way that motivates them to work together productively, cooperatively and profitable, cerebral and social satisfaction. It includes understanding and applying the models of perception, personality, learning, intra and interpersonal relations, intra and inters group relation. Motivating workers, boosting worker's morale, developing leadership chops, handling corrective cases, counselling the workers in working their problems, furnishing comfortable working terrain, perfecting quality of work life of workers and further.

Role of Human Resources Manager:

Human Resource Manager plays a vital part in the ultramodern organisation. He plays colourful strategic places at different situations in the organisation. The places of the HR director include places of heart, of a counsellor, a middleman, a company spokesperson, a problem solver and a change agent.

The Conscience Role

The heart part is that of a philanthropic who reminds the operation of its morals and scores to its workers.

The Counsellor

Workers who are displeased with the present job approach the HR director for comforting. In addition, workers facing colourful problems like connubial, health, children education/marriage, internal, physical and career also approach the HR directors. The HR director counsels and consults the workers and offers suggestions to break overcome the problems.

The Mediator

As a middleman, the HR director plays the part of a peace- maker. He settles the controversies between workers and the operation.

The Spokesman

He's a frequent spokesperson for or representative of the company.

The Problem- solver

He acts as a problem solver with respect to the issues that involve human resource operation and overall long range organisational planning.

The **Change Agent**

He acts as a change agent and introduces changes in colourful being programmes.

Human Resource Disaster Management And Administration

Level 1 – Make up an extremity preparedness plan that completely integrates the human capital HR directors should work collaboratively with other crucial organizational functions, relating the types of extremities that the company may face. Once pitfalls have been linked, a needs assessment should be conducted to determine resource demanded for continuing business operations.

With implicit disasters and resource demanded in mind, the following plans should be defined

• Exigency Response Plan, including evacuation, sheltering and lockdown.

• Crisis Dispatches Plan, describing how to efficiently communicate with workers, guests, the media and stakeholders.

• Business durability Plan, listing strategies to overcome the dislocation of business.

• IT Plan, including recovery of computer tackle, connectivity and data.

Level 2 – Establish a Crisis Management Team

The extremity operation platoon is responsible for formulating the programs that will be followed during the extremity; they must consider all options and come up with contingency plans. It should be composed of people from all configurations, including the head of departments, line directors and human resource representatives. The recommended places within the extremity operation platoon are

• Team leader equals the conditioning which will be carried out during the extremity.

• HR director Works to resolve the human issues created by the extremity.

• Security director Serves as primary information officer.

• Finance director is in charge of finances during the extremity.

• Lawyer Provides legal counsel.

• Media director Conveys well vetted information to the media.

Level 3 – Focus on Information and Training

Information has to be communicated in an effective manner during the extremity. Judicious extremity communication channels include

• Special area on company intranet.

• Special section of HR help centre.

• Telephone hotline for workers.

• Diurnal bulletin board bulletins or dispatch updates.

• Word- defended Internet point with a discussion section rigorously for directors.

Source: Crisis Management in moment's Business Environment HR's Strategic Role by Nancy R. Lockwood, 2005.

In addition to this, exit points in the structure have to be easily labelled, and so should assembly points. There ought to be comprehendible notices on the walls that direct people what to do in case of an exigency. Hand records should be backed up, and immaculately a pall- grounded HR software should be considered. Online HR systems offer the possibility of storing all HR documents in the pall, making programs, internal records and procedures fluently accessible during an exigency. Members of the extremity operation platoon should be trained so they're familiar with their liabilities within the exigency, dispatches and business durability plans. All workers must come familiar with defensive conduct for life safety, as well as structure and information security.

Level 4 – Plan for recovery phase

After the extremity is over HR directors have serious issues to deal with. Workers will most presumably be demoralized, and need help getting back on their bases. The stress that's associated with witnessing a traumatizing experience has to be dealt with instantly. In some cases relocation is necessary and workers have to be supported in order to acclimatize to the new work terrain. In other cases, death results from the extremity. The association ultimately has to rise from the ashes and precious workers who fell during the extremity have to be replaced, which is yet another function of HR.

Human Resource Management And Crisis Intervention

Human Resource Management (HRM) plays a pivotal part in extremity intervention during events like the COVID- 19 epidemic. Then are some of the positive HRM benefactions to managing heads effectively,

• **Communication and Employee Support**

HRM can insure clear and harmonious communication with workers regarding the extremity, similar as COVID- 19 updates, Safety Protocols, Remote Work programs,

furnishing Emotional and Mental Health support resource for workers who may be passing stress, anxiety, or other internal health issues due to the extremity. Communication and hand support system needs lot of attention in this respect. Utmost of the workers face multiple emotional issues and fear of losing their jobs.

• **Policy Development and Perpetration**

Developing extremity-specific HR programs and procedures (e.g., remote work programs, sick leave programs, flexible working hours) to address the challenges posed by the extremity. Operation has taken care of these effects with lot of commitment and precedence. It's also important that after espousing that programs operation also give some mechanisms to proper enforcing these programs effectively and icing compliance across the association.

• **Remote Work Operation**

Because of COVID- 19 utmost of the job places are closed and work from home culture was developed. Easing the transition to remote work for workers where doable, including furnishing necessary technology, outfit, and training. Monitoring remote work productivity and addressing any issues that arise.

• **Employee Well- being and Safety**

Ensuring plant safety measures are in place and communicated effectively (e.g., sanitation protocols, social distancing guidelines). Addressing hand enterprises regarding health and safety instantly and transparently.

• **Performance operation and adaption**

Adjusting performance operation processes and pretensions to align with the new working conditions brought about by the extremity. Utmost of the time when extremity begin situation gone worst and manage up with condition is always challenge to the operation. Furnishing guidance and support to directors on managing remote brigades and maintaining productivity. To achieve targets and rebuild the performance they need to borrow some innovative and productive work culture in the company.

• **Legal and Compliance Issues**

Staying informed about legal conditions related to employment during heads (e.g., labour laws, health regulations, restrictions by govt) and icing the association complies. These are each challenging for Human Resource Management departments. On one hand they handle overall product process, move the operation and other hand perpetration of all regulations, guidelines, laws with any complications. Handling any legal or compliance issues that may arise due to the extremity, similar as plant health and safety controversies is also a responsibility of HRM.

• **Planning for Business durability**

Uniting with elderly operation to develop and apply business durability plans that insure essential operations continue during the extremity. In extremity situation it's delicate to continue the product or business. Every day is bringing new problems from internal and

external sources. Relating critical places and race planning to minimize dislocation to business operations is one of the major responsibilities of human resource operation.

• Training and Development

Furnishing training openings to workers to acclimatize to new working conditions or places needed by the extremity. Developing adaptability- structure programs to help workers manage with query and change.

Pre-Covid Management by Hr Managers

Before the COVID- 19 epidemic, HR professionals concentrated on a range of liabilities and strategies aimed at enhancing organizational performance, hand engagement, and gift operation. Some crucial areas of focus in pre-COVID HR operation included.

Talent Acquisition and Recruitment

Developing reclamation strategies to attract and hire good campaigners.

Conducting interviews, screening aspirants, and negotiating job offers.

Training and Development

Designing and enforcing training programs to enhance the skills and knowledge.

Relating development openings for career growth and race planning.

Performance operation

Establishing performance pretensions and conducting regular performance evaluations.

Furnishing feedback and coaching to ameliorate hand performance.

Managing grievances and resolving conflicts and promoting a positive work culture.

Compensation and Benefits

Designing and administering competitive payment structures and benefits packages.

Providing compliance with compensation laws and regulations.

Team Planning and Succession Planning

Ratiocinating unborn team needs grounded on business pretensions and objects.

Developing race plans to identify and develop implicit unborn leaders within the association.

HR programs and Compliance

Developing and administering HR programs and procedures that misbehaves with employment laws and regulations.

Handling legal issues related to employment, similar as demarcation claims or labour controversies.

Employee Engagement and Wellness Programs

Enforcing enterprise to enhance hand morale and satisfaction.

Promoting heartiness programs and enterprise to support hand well- being.

Organizational Development and Change Management

Leading enterprise for organizational change and development.

Managing restructuring, combinations, accessions, or other organizational changes.

Technology and HR Systems

Enforcing and managing HR information systems (HRIS) for effective data operation and reporting.

Using technology for reclamation, performance operation, and hand communication.

Post-Covid Management by Hr Managers

Post-COVID-19, HR managers have had to acclimatize their strategies and precedence's to navigate the new normal and address the ongoing challenges and changes brought about by the epidemic. These are some crucial aspects of post-COVID-19 operation by HR managers:

Remote Work programs and operation

Developing comprehensive remote work programs that address work- from- home guidelines, technology support, and communication protocols. Enforcing tools and systems to manage remote brigades effectively and maintain productivity.

Health and Safety Protocols

Enforcing and communicating health and safety protocols in the plant, including sanitation measures, social distancing guidelines, and particular defensive outfit (PPE) conditions.

Monitoring and administering compliance with health regulations to insure a safe working terrain.

Employee Well- being and Mental Health Support

Enhancing support for hand well- being and internal health, including access to comforting services, stress operation resource, and heartiness programs. Promoting work- life balance enterprise and encouraging regular breaks and time out.

Crisis Management and Business Continuity

Developing and streamlining extremity operation plans to respond to unborn extremities or dislocations.

Icing business durability through contingency planning, remote work readiness, and adaptability- structure enterprise.

Adaption of HR programs and Practices

Reviewing and streamlining HR programs and practices to reflect remote work arrangements, flexible scheduling, and changes in leave programs (e.g., sick leave, care giving leave).

Addressing legal and compliance issues related to remote work and flexible work arrangements.

Digital Transformation and HR Technology

Accelerating digital metamorphosis enterprise, including the relinquishment of HR technologies similar as virtual on boarding, digital training platforms, and remote performance operation tools.

Using data analytics for pool planning, productivity monitoring, and decision- timber.

Employee Engagement and Communication

Enforcing strategies to maintain hand engagement and foster a sense of connection among remote and cold-blooded brigades.

Enhancing communication channels to keep workers informed about organizational updates, changes in programs, and openings for feedback.

Skill Development and Re-skilling

Relating chops gaps and offering training programs tore-skill and up- skill workers for evolving places and liabilities.

Supporting career development pathways and promoting nonstop literacy openings.

Diversity, Equity, and Addition (DEI) enterprise

Strengthening DEI enterprise to promote a further inclusive plant culture and address difference aggravated by the epidemic.

Icing equity in access to openings and resource across different hand groups.

Dexterity and Inflexibility in HR Strategy

Maintaining dexterity in HR strategy to respond to changing circumstances and arising trends in the post-pandemic geography.

Continuously assessing and conforming HR practices to meet evolving organizational requirements and hand prospects.

Conclusion:

Human resource management plays a significant role in managing crisis situations in organisations. HR department manages all the crisis dimensions with extreme care and interest. Production, Income, Manufacturing are priority for HR department but on other side they look after to the individual, family, occupational problems of the employees. In crisis like covid-19 human resource management hold additional responsibilities to taken care of their industry and labours. Pre-covid and Post-covid situations demands multiple roles and strategies for cope up with challenges. Social security and welfare measures should be benefited for the survival of labours during disaster. Training and skill enhancement is tool for preparing employees for new work life situations.

References:

Abdullah, L., & Zulkifli, N. (2015). Integration of fuzzy AHP and interval type-2 fuzzy DEMATEL: An application to human resource management. Expert Systems with Applications, 42(9), 4397-4409.

Berman, E. M., Bowman, J. S., West, J. P., & Van Wart, M. R. (2015). Human resource management in public service: Paradoxes, processes, and problems. Sage Publications.

Brewster, C., Mayrhofer, W., & Morley, M. (Eds.). (2016). New Challenges for European Resource Management. Springer.

Hite, L. M., & McDonald, K. S. (2020). Careers after COVID-19: Challenges and changes. Human Resource Development International, 23(4), 427–437.

Jha. R, (2009), Human Resources management, word press, 9, pp. 1-60.

Journal of Management & Organization, Volume 29 , Issue 5 , September 2023 , pp. 799 – 814

Lussier, R. N., & Hendon, J. R. (2015). Human Resource Management: Functions, Applications, and Skill Development. SAGE Publications.

Mathis, R. L., Jackson, J. H., Valentine, S. R., & Meglich, P. (2016). Human resource management. Nelson Education.

Rothstein, M. A., Parmet, W. E., & Reiss, D. R. (2021). Employer-mandated vaccination for COVID-19. American Public Health Association, ahead of print. Retrieved from https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2020.306166

Safuan, S., & Kurnia, T. (2021). Literature review of pandemic Covid 19 effects on employee compensation. Journal of Business Management Review, 2(1), 57–64.

Sembiring, M. J., Fatihudin, D., Mochklas, M., & Holisin, I. (2020). Banking employee performance during pandemic Covid-19: Remuneration and motivation. Journal of Xi'an University of Architecture & Technology, 12(VII), 64–71.

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GENDER BUDGETING IN MAHARASHTRA

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Abstract

Gender budgeting, rooted in the Beijing Platform for Action, has emerged as a pivotal strategy for integrating gender perspectives into fiscal policies and ensuring equitable resource distribution. The study explores gender budgeting practices in Maharashtra, tracing its evolution and examining its impact on marginalized groups, particularly Dalit and Adivasi women. Maharashtra's adoption of the Gender Budget Statement (GBS) in 2020-21 reflects a commitment to addressing gender disparities. Divided into three categories—A1, A2, and Part B—the GBS facilitates targeted resource allocation to women and transgender individuals.

Despite an increase in departmental participation and allocations, challenges persist, including underutilization of funds, inadequate investments in strategic gender needs, and insufficient focus on asset creation and empowerment. The study highlights disparities in resource distribution, revealing that Dalit and Adivasi women receive a mere 0.4–0.6% of the budget allocated to marginalized groups, exposing critical gaps in addressing intersectional vulnerabilities.

Through a pilot study among sanitation workers in Pune, it was found that many women have limited access to government schemes, emphasizing the gap between policy and implementation. Recommendations include identifying gender-specific challenges, introducing new policies, reprioritizing expenditure, and establishing robust monitoring mechanisms. The study underscores the need for sustained efforts to bridge gaps and enhance the efficacy of gender budgeting as a transformative tool for achieving gender equality in Maharashtra. Shifting focus

from practical needs to Strategic Needs in the areas of Health, Education and Living Standards will certainly address the multiple poverty indexes faced by marginalised women. Gender Desk with various departments of state government can pave a way forward to work on strategic needs of gender budgeting.

Keywords: Gender Budgeting**,** Dalit and Adivasi Women**,** Economic Inequality**,** Scheduled Caste Component Schemes**,** Gender Equality**,** Fiscal Policies**,** Resource Allocation.

The Story Behind the Gender Budget

Gender budgeting has its connection to the Beijing Platform for Action[1], it reflects a significant evolution in how governments and international organizations approach gender equality. First statement of Beijing Declaration states, **We, the Governments** participating in the Fourth World Conference on Women. The Beijing Platform for Action emerged from the Fourth World Conference on Women held in Beijing in 1995 changed the discourse on gender budgeting. Apart from Governments, this conference brought together leaders and activists from around the world to address issues related to women's rights and gender equality. The Declaration also recommends the United Nations to endorse the Beijing Declaration and Platform for Action as adopted by the Conference, to advance the goals of equality and development for women. It further suggests Government to take action to allocate adequate resources within the government budget and mobilize community resources for activities related to the elimination of violence against women, improve education, health services and mechanism for monitoring the implementation of women's centric program. Thus, Gender budgeting has emerged as a crucial tool for promoting gender equality by integrating a gender perspective into government policies and financial planning. It aims to ensure that public policies and financial resources are allocated to address gender-based inequalities. The main goal of the Gender Budget is to ensure that government spending contributes to closing gender gaps and improving outcomes for women and marginalized groups.

The Gender Budget Statement

India's engagement with gender budgeting influenced by international frameworks like the Beijing Platform and domestic advocacy for gender equality. The Indian government formally introduced gender budgeting in the year 2005-2006 Union Budgets. Since 2005-06, India has included a Gender Budget Statement (GBS) in its Union Budget. The Gender Budget Statement (GBS) is a critical component of India's Union Budget, introduced to ensure that gender considerations are integrated into fiscal policies and budget allocations. The Gender Budget Statement used to be divided into two parts: Part A and Part B. Each

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[1] The Fourth World Conference on Women, having met in Beijing from 4 to 15 September 1995

part serves a specific purpose in detailing how the budget addresses gender issues and supports gender equality initiatives. According to Gender Budget *Statement 13* of Union Budget 2024-25 indicates, in three parts, budget provisions under different schemes for the benefit of women and girls. Part A reflects schemes with 100% provision for women, Part B reflects schemes with 30-99% allocations for women, and Part C reflects schemes with allocations for women up to 30% of the provision.

The Gender Budget Statement (GBS), since it was to begin in 2005-06, used to be 5% of the entire budgetary allotments, with negligible ups and downs[2]. This year is uncommon as the share of assignments to pro-women plans stands at around 6.8 % of the total budget expenditure for 2024-25. A portion of this increment has been on account of the newly included Part 'C,' within the GBS that reports pro-women plans with less than 30% provisioning for women and girls. The increase in budgetary allocations is due to allocation of Rs. 15000 Crore, for PM Kisan Scheme in the agriculture sector.

The other factor for increase is the allocation is due to a change in the reporting of Pradhan Mantri Awas Yojana (PMAY), both rural and urban in part A instead of part B. Reporting of PMAY and PM Kisan scheme may not be entirely correct as not all beneficiaries are women. Such schemes with allocation of Rs. 1053.50 Crores are also reflected in Umbrella statement for welfare of Scheduled Castes and Scheduled Tribes, which are not targeted schemes for benefits of individual or community, for example Demand No 27, of Statement 10a and 10b. Allocation for Modified Programme for Development of Semiconductors and Display Manufacturing Ecosystem in India[3] is not beneficial to women and girls from Scheduled Caste (SC) or Scheduled Tribe (ST), a non-targeted scheme.

The absence of adequate gender-disaggregated data and statistics or misreporting and unspent amount is to be worked on Statement 13, or 10a or 10b however GBS is commitment to women empowerment and allocations to pro-women programmes. And GBS document provides an analysis of the budgetary allocations for various schemes and programs from a gender perspective, which was adopted by various State government following Union Budget in due course of time. The state government of Maharashtra has identified gender budgeting as a key strategy in its State Policy for Women 2014, aiming to reflect the principles of gender equality across all departments.

The Gender Budget Book
Maharashtra adopted GBS as a part of its state budget to ensure that gender considerations are a central part of financial planning and policy-making. In Maharashtra, GBS has gained

[2] https://www.thehindu.com/business/Economy/analysing-the-gender-budget-of-2024-25/article68582974.ece, accessed 30th August, 2024
[3] Allocation of Rs. 573 Crores and Rs.462.50 Crores for Modified Programme for Development of Semiconductors and Display Manufacturing Ecosystem in India, from Scheduled Caste Component Scheme and Scheduled Tribe Component Schemes respectively.

prominence as a means to address the unique challenges faced by women and to ensure equitable resource distribution, however statement was first published only in the financial year 2020-21. The Ministry of Women and Child Development (WCD) was constituted to address gaps in state action for women and children and to create equitable legislation, policies, and programmes relating to the welfare of women and children[4].

The WCD Budget Book, 'Demands for Grants' are put before the Parliament or State Assembly as a part of the Annual Budget in pursuance to Article 113 or 203 of the Constitution. Maharashtra has approximately six crore women (2021 projected figure), constituting 48% of the total population of the state. Around one-third of these are girls under the age of 18, the proportion of senior women is around 12.6%, and 2.3% of women in the state have some type of disability. Nearly 55.5% of women in the state live in rural areas. To enable all women and girls in the state to realize their economic, social, cultural, civil and political rights, and especially those belonging to the most vulnerable population groups, gender equality lies at the core of all state initiatives (Maharahtra, 2023-24).

In Maharashtra, GBS is divided in three parts, A1- 100% expenditure on Women, Girls and transgender, A2-less than 100% for children and Part B is indirect expenses on Women, Girls and transgender. From 2024-25, GBS introduced, one more section Part B is meant for reporting special initiatives on gender equality This has been done to ensure that data requirements are not a hindrance for departments to report initiatives. It provides the space for qualitative reporting on initiatives relating to gender equality.

Unlike union budget, usual allocation to gender budget is around 2-3% of total expenditure, though statement[5] agrees that 8% women are anemic, child marriage percentage high as 26 % and pregnancy among minor girls is around 8% and now Mumbai has become capital of Violence Against Women & Laapata Ladies, missing girls.

Over the years, Part A-2 has consistently received higher allocations and expenditures compared to Part A, especially from 2021-22 onwards. This could suggest that Part B covers more critical or larger-scale gender-related programs. The data from 2022-23 and 2023-24 show a significant rise in budgetary allocations and expenditures, particularly in Part A-2, indicating a robust emphasis on gender budgeting. While Part B shows steady growth, Part A's allocations and expenditures fluctuate more, which could imply a varied approach or shifting priorities within the categories it represents. The consistent rise in both Budget Estimates and Actual Expenditures demonstrates a commitment to addressing gender disparities through targeted funding.

Gender budgeting in Maharashtra is implemented through 16 departments in year 2024-25 out of 34 state departments. In financial year 2020-21, 8 department allocated funds which almost doubled in year 2021-22 to 13 departments and further one department added in

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4 "About the Ministry", Ministry of Women and Child Development
5 Gender Budget Statement, Government of Maharashtra, 2020

each year. The overall trend from 2020-21 onwards shows a consistent increase in the number of departments being analyzed under gender budgeting. This indicates a growing institutional focus on integrating gender perspectives into the budgeting process. The gradual increase in departmental coverage suggests that there might be a corresponding improvement in gender-sensitive allocations and policymaking across the government departments.

The Housing Department, Social Justice Special Assistance (SJSA Department, and Tribal Development Department (TDD) are the top contributors, with significant allocations aimed at women's development. For instance, in FY 2022-23, the Housing Department allocated ₹9,011 crore, the SJSA Department ₹3,266 crore, and TDD ₹2,693 crore.

However, there are disparities in how these funds are distributed. . The study conducted by the Ambedkar Centre of Action and Research (ACAR) in Pune reveals that Dalit and Adivasi women, who face multiple layers of discrimination based on gender, caste, and economic status, receive only 0.4% to 0.6% of the total budget allocated to Scheduled Caste (SC) and Scheduled Tribe (ST) women in Maharashtra. This exposes a critical gap in addressing the needs of the most vulnerable groups.

A pilot study conducted by ACAR among sanitation workers in Pune city revealed that a significant portion of these women have not accessed government schemes intended for their development. The study found that 49% of surveyed women were illiterate, and none of them had benefited from government schemes such as health, education, or housing. This lack of access underscores the gap between policy intentions and ground-level realities.

The Picture, abhi baki hai

Despite the progress, several challenges hinder the effective implementation of gender budgeting in Maharashtra. A significant issue is the underutilization of allocated funds. Many departments fail to fully utilize their gender budget, resulting in unspent resources that could have been directed towards women's development. Additionally, most schemes under the gender budget are focused on social security, such as marriage assistance, delivery aid, pensions, and education, with limited focus on asset creation, employment, and empowerment. This narrow focus limits the potential of gender budgeting to drive meaningful socio-economic change for women.

Despite its potential, gender budgeting in Maharashtra faces numerous challenges. The study reveals a significant gap between policy and implementation, with investments in women's development being inadequate. Although the state's first Gender Budget Statement was published in 2020-21, the allocation remains insufficient compared to the needs of women in the state. The investment is often focused on Practical Gender Needs

(PGNs), such as Healthcare and Education, rather than Strategic Gender Needs (SGNs), which address deeper power imbalances and gender inequalities.

To improve the effectiveness of gender budgeting in Maharashtra, the following steps are recommended:

1. **Identify Gender-Specific Challenges:** Departments should identify gender-specific challenges in their sectors and evaluate existing programs to understand their impact on gender equality.
2. **Introduce New Policies:** Where gaps exist, departments should introduce new policies or schemes to address the identified challenges.
3. **Reprioritize Expenditure:** Departments should ensure adequate provisioning of resources to meet the needs of women, particularly those from vulnerable groups.
4. **Monitor and Evaluate:** Gender-responsive measures should be regularly reviewed to assess their effectiveness and ensure necessary adjustments are made.

In conclusion, while Maharashtra has made commendable strides in gender budgeting, there is still a long way to go to ensure that it fully addresses the needs of all women, particularly those from marginalized communities. With the right strategies and sustained efforts, gender budgeting can become a powerful tool for achieving gender equality and fostering inclusive development in the state.

In summary, the Gender Budget in Maharashtra is part of a broader effort to create a more equitable society by directing public resources toward gender-sensitive initiatives. Its success depends on effective planning, execution, and ongoing evaluation and creating Gender Desk in each department of the State.

Graph - 1
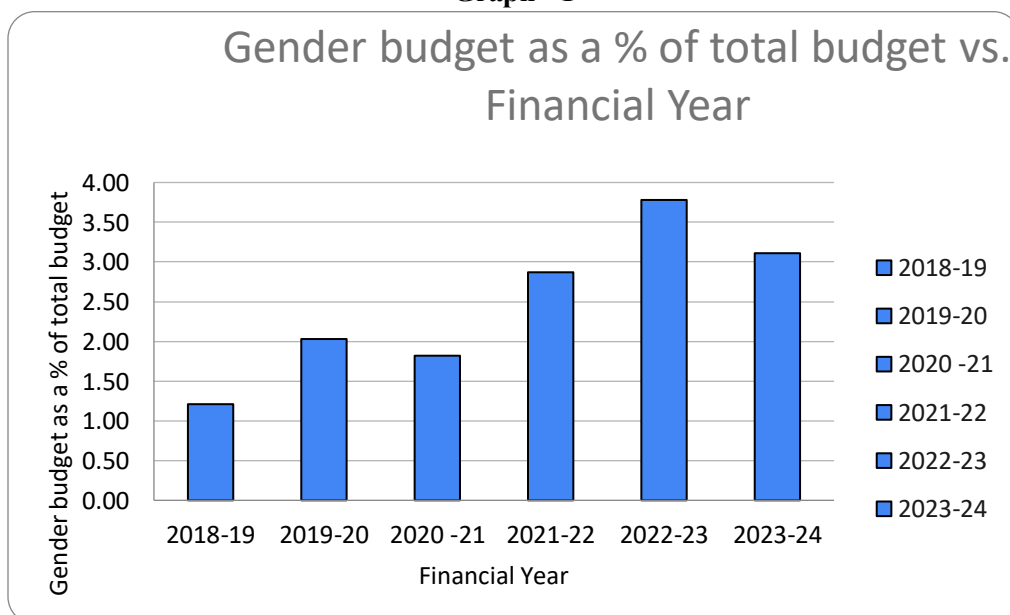
Graph 1: Gender budget as a % of total budge

Graph 2

Allocations to Gender Budget for last five years
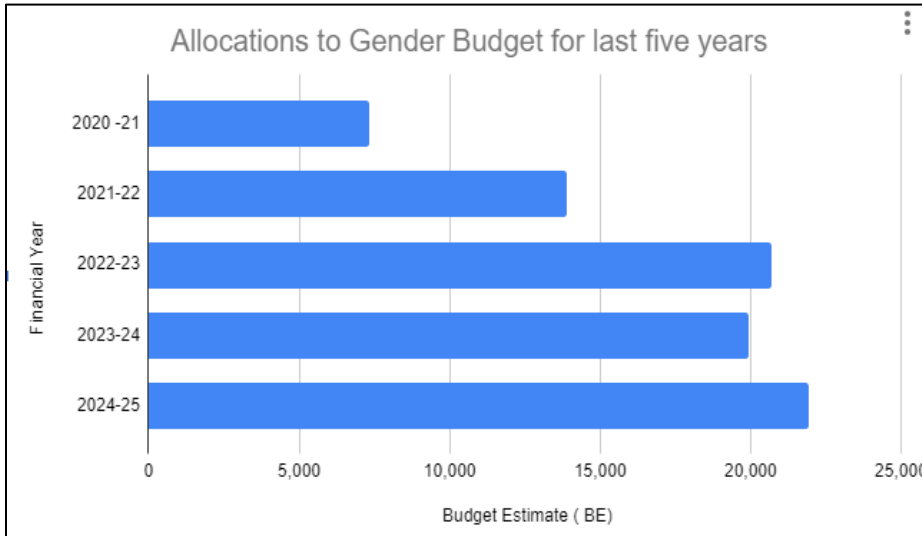
*(in ₹ crore)

Graph 2: Allocations to Gender Budget for last five years

Graph 3

Revised Estimates (RE) and Actual Expenditure (AE)
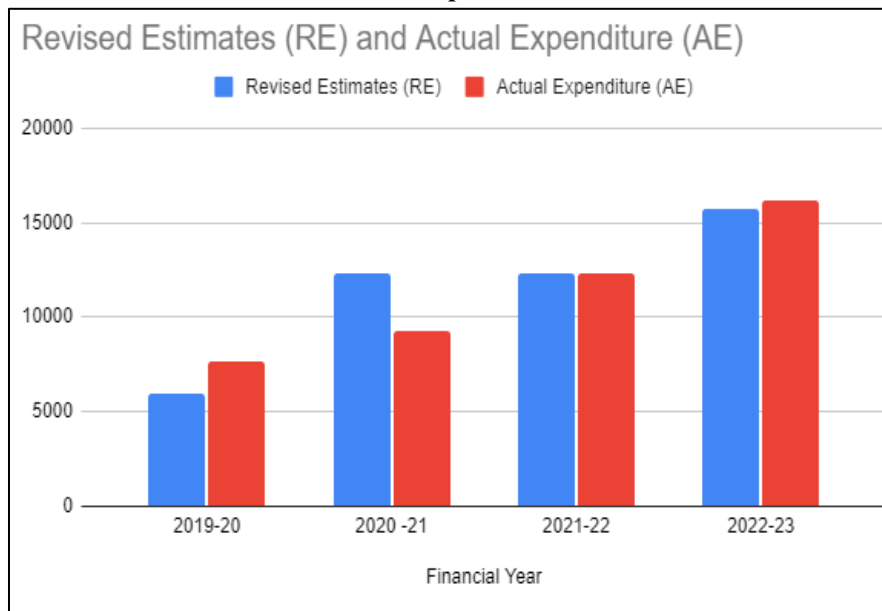
*(in ₹ crore)

Graph 3: Status of Revised Estimates and Actual Expenditure of Budget

References:

- Gender Budget Statement of Maharashtra from 2021-22 to 2024-25

- Gender Budget Analysis by Ambedkar Centre for Action and Research (ACAR)

- https://www.indiabudget.gov.in/

- https://journals.sagepub.com/doi/10.1177/09749292211042676

- Report by UN Women –Roadmap for Gender and Child Budgeting in Maharashtra -2019

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THE IMPACT OF RURAL DEVELOPMENT TRUST'S INTERVENTION IN DEALING WITH PRE AND POST COVID HEALTH ISSUES IN ANANTHAPURAMU DISTRICT

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Abstract

The outbreak of the Covid-19 pandemic in India has brought to light the stark disparities in access to healthcare and support systems in rural areas. As the virus continues to spread, the need for comprehensive and timely interventions in these regions has become more crucial than ever. In this regard, the Rural Development Trust (RDT) in Ananthapuramu, a non-governmental organization (NGO) operating in the rural areas of Andhra Pradesh, has played a significant role in providing assistance and support to the local communities during this crisis. RDT's approach, from providing oxygen to emotional support, has been exemplary in mitigating the impact of the pandemic on the rural population. This article discusses the impact of Rural Development Trust's (RDT) intervention in dealing with pre and post COVID health issues in Anantapur district.

Key Words: Rural Development, Health Issues, Impact, COVID-19, NGOs

Introduction:

The Covid-19 outbreak was initially identified in Wuhan, China in November 2019. In an effort to contain the spread of the SARSCoV2 virus, which caused Covid-19, governments worldwide implemented lockdown measures by March 2020. By June 2021, the global impact of this deadly virus had affected over 176 million individuals, with a staggering death toll of more than 3.8 million, despite extensive medical interventions. Even with India's daily vaccination programs surpassing 1 million, the country faced a devastating "second wave" in April 2021. It is worth noting that countries with larger

populations experienced higher numbers of new cases and fatalities. Although the worst may be behind us, the pandemic is far from over.

During the height of the pandemic, numerous non-governmental organizations stepped up to provide logistical support to nations in need. As the number of Covid cases continued to rise, more and more people relied on these NGOs for assistance. The demand for critical care skyrocketed, leading to an overwhelming number of SOS calls for ambulance services. By March 2021, the urgency and time sensitivity of the requirements surpassed even the volatile market for life support supplies. In the initial wave of the pandemic, Covid relief efforts primarily focused on raising awareness, offering free medical aid, preventive treatments, and providing nutritious meals. However, during the second wave, the primary focus shifted to ensuring a steady supply of oxygen.

Anantapur is a predominantly rural district with a population of over 4 million, located in the state of Andhra Pradesh in southern India. The district is characterized by poor infrastructure, low literacy rates, and a high prevalence of poverty. The majority of the population in Anantapur depends on daily wage labor for their livelihood, making them vulnerable to economic shocks such as the COVID pandemic. When the Covid-19 cases started to rise in India, the district administration in Anantapur turned to RDT for support due to its extensive experience in community development and healthcare in the region.

About Rural Development Trust (RDT):

The Rural Development Trust (RDT) is a non-governmental organization (NGO) that has been working towards the development of rural communities in Anantapur district since 1969. The organization was founded by Vincent Ferrer, a Spanish-born priest who dedicated his life to serving the people of Anantapur. RDT's primary focus is on improving the lives of marginalized communities through various initiatives in the areas of education, healthcare, community development, and women empowerment.

In adherence to RDT's principles - Going above and beyond duty - the current circumstances necessitated them to strive beyond their limits. Hence, RDT has made the decision to function as a cohesive entity ever since the onset of the COVID-19 crisis in India, utilizing all its available resources and expertise to curb and combat this global health emergency.

Pre-COVID Health Issues in Anantapur District:

Even before the COVID-19 pandemic, Anantapur district faced numerous health challenges. The district has a high prevalence of diseases such as tuberculosis, malaria, and malnutrition. The lack of proper sanitation facilities and inadequate access to clean water also contribute to the poor health conditions in the district. The rural population, particularly the marginalized communities, had limited access to healthcare services due to the lack of proper infrastructure and resources.

Intervention of RDT in Dealing with Pre-COVID Health Issues:

RDT has been actively working to improve the healthcare situation in Anantapur district for several years before the pandemic. The organization has set up a network of primary healthcare centers (PHCs) and mobile health units (MHUs) in remote villages, providing basic healthcare services to the rural population. RDT's PHCs and MHUs offer services such as immunizations, antenatal care, and treatment for common diseases. The organization has also established a hospital, the Bathalapalli Hospital, which provides advanced medical care to the rural population.

RDT's efforts in improving sanitation and access to clean water have also played a crucial role in preventing the spread of diseases. The organization has constructed over 30,000 toilets and installed more than 10,000 water pumps in villages, promoting better sanitation practices and reducing the prevalence of water-borne diseases.

RDT's initiatives in the area of nutrition have also had a significant impact on the health of the rural population. The organization runs nutrition programs for pregnant and lactating women and children, ensuring that they receive adequate nutrition for their growth and development.

Post-COVID Health Issues in Anantapur District:

The COVID-19 pandemic has exacerbated the existing health issues in Anantapur district. The lack of access to proper healthcare facilities and the shortage of medical resources have made it challenging to contain the spread of the virus. The pandemic has also had a severe impact on the livelihoods of the rural population, leading to food insecurity and malnutrition.

One of the first challenges that RDT had to tackle was the shortage of oxygen supply in the district. With the surge in Covid-19 cases, the demand for oxygen had increased exponentially, and the existing healthcare facilities were unable to cope with it. RDT, in collaboration with the district administration, set up oxygen plants in government hospitals to ensure a steady supply of oxygen to patients. Additionally, RDT also procured and distributed oxygen concentrators to primary health centers and community health centers in remote areas. These interventions not only helped in saving lives but also alleviated the burden on the overburdened healthcare system.

Dealing with Post-COVID Health Issues:

RDT has been at the forefront of the fight against COVID-19 in Anantapur district. The organization has set up isolation centers and quarantine facilities in remote villages, providing care and support to COVID-19 patients. RDT has also conducted awareness campaigns to educate the rural population about preventive measures such as wearing masks, maintaining social distancing, and proper hand hygiene.

Awareness camps & session COVID-19 is being held in dozens of villages every day by RDT People queuing at Bukkaraya Samudram water plant for water

The awareness sessions were organized in collaboration with Asha workers, anganwadi teachers, Community-Based teachers (CBTs), youth leaders, Community Development

Committee (CDC), Ecology Development Committee (EDC), network leaders, and various other grassroots organizations. CDC members, CBT teachers, and Rural Health Workers played a vital role, as they have taken the initiative in many villages to promote social distancing in the colonies by marking the floors.

RDT Hospitals Network: Preparing RDT medical infrastructure:

RDT Hospitals were pioneers in implementing a contingency plan in the area, following the directives of the Government. Bathalapalli Hospital, under the leadership of then District Collector Sri Gandham Chandrudu, was promptly designated as a COVID-19 Hospital on April 16th, making it one of the first centers in the Ananthapuramu district. In order to combat the COVID-19 pandemic, RDT dedicated all its medical resources, amenities, facilities, and manpower.

Food distribution for daily wagers and migrants:

Apart from providing medical assistance, RDT also focused on addressing the economic impact of the pandemic on the rural population. The lockdown imposed in India had a severe impact on the livelihoods of daily wage laborers, who were left without any source of income. RDT, with its network of self-help groups (SHGs), provided food and essential supplies to vulnerable households. To address the issue of food insecurity, RDT has distributed essential food items to vulnerable families affected by the pandemic. Since the Government's request on March 31st, 2020 RDT has been actively involved in distributing cooked meals to migrants and daily laborers who have been severely affected by the lockdown. Over 10,000 meals have been provided on a daily basis. The menu consisted of 460 grams to 470 grams of rice per person and was distributed at multiple locations within the city and district, as designated by the local authorities. In total, the organization has distributed 409,484 cooked meals. The SHGs played a crucial role in disseminating information about the virus and preventive measures in their communities. This community-led approach not only ensured the distribution of aid but also helped in creating awareness and dispelling myths about the virus.

Food distribution at Ananthapuramu town: Providing food grains and basic provisions to migrants

RDT personnel stationed in state border areas like Madakasira, Bukkaraya Samudram, Kadiri, Srisialam, and Adoni were also allocated food grains and essential supplies for the benefit of migrant workers, daily wage earners, and other vulnerable individuals who had lost their livelihoods and were in dire need of assistance to return home. The organization has also launched a nutrition program for pregnant and lactating women and children to ensure that they receive adequate nutrition during these challenging times.

RDT also recognized the mental health implications of the pandemic on the rural population, who were already vulnerable due to existing economic and social challenges. The organization set up a toll-free helpline for emotional support and counselling, which

received an overwhelming response from the community. RDT also conducted awareness campaigns on mental health and provided psychosocial support to frontline workers and Covid-19 patients in isolation. These efforts helped in DE stigmatizing mental health issues and provided a much-needed support system for the rural population during these trying times

RDT has also collaborated with local government authorities and other NGOs to strengthen the healthcare infrastructure in the district. The organization has provided medical equipment, PPE kits, and other essential supplies to government hospitals and primary healthcare centres. RDT has also trained healthcare workers and facilitated the recruitment of additional staff to manage the increased workload due to the pandemic.

The impact of RDT's interventions during the pandemic goes beyond the immediate relief it provided to the rural population. The organization has been working in Anantapur for over five decades, focusing on sustainable development and long-term solutions to address the root causes of poverty and inequality. Its response to the pandemic has been guided by this approach, with a focus on community participation and empowerment. RDT's interventions have not only helped in mitigating the immediate impact of the pandemic but also built resilience in the community to tackle future challenges.

Conclusion:

In conclusion, RDT's role in Anantapur during India's Covid fight has been commendable. From providing essential medical services to addressing the economic and mental health implications of the pandemic, the organization has shown a holistic and community-based approach in its response. Its partnership with the district administration and the community has been vital in ensuring a coordinated and effective response to the crisis. RDT's efforts have been crucial in mitigating the effects of the pandemic on the vulnerable communities in Anantapur district, and their continued support will be essential in the post-COVID recovery process.

References:

1. RDT Annual report 2020-21 and 2021-22
2. https://rdtfvf.org/allresearch/a-clinical-study-on-snappe-ii-score-for-neonatal-acute-physiology-with-perinatal-extension-ii-in-predicting-mortality-in-early-neonatal-period/
3. https://rdtfvf.org/publications.

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COMMUNITY ACTION FOR NUTRITION: EMPOWERING COMMUNITIES TO TACKLE CHILD MALNUTRITION IN MAHARASHTRA

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Abstract

Despite India's economic growth, child undernutrition remains prevalent in Maharashtra, particularly among tribals, with limited improvement over time. Government initiatives like ICDS and the Nutrition Mission have not fully addressed the issue, hindered by implementation gaps and inadequate parental participation. The Community Action for Nutrition (CAN) process, implemented in 420 habitations across 10 tribal blocks from June 2019 to February 2020, aimed to bridge these gaps through active community involvement and better information dissemination. Monthly assessments of 12,205 children under six showed significant improvements: Severe Acute Malnutrition decreased by 49.4% (from 8.2% to 4.1%), Moderate Acute Malnutrition dropped by 47.5% (from 17.8% to 9.3%), and normalcy increased by 12.5% (from 74.1% to 86.5%). These outcomes highlight CAN's effectiveness in transforming the nutritional landscape by enhancing household nutrition practices and empowering parents and caregivers through personalised counselling and robust engagement. CAN offers a viable model for addressing child malnutrition in tribal regions, promoting sustainable community health improvements through targeted, strategic interventions.

Key Words: Undernutrition, Malnutrition, Anthropometric Assessments, Community Action

Introduction:

Child malnutrition remains a concern in tribal areas of Maharashtra despite government initiatives. The Nutrition Rights Coalition implemented Community Based Monitoring and Action from 2013 to 2016, leading to the development of the Community Action for Nutrition (CAN) project. Implemented in 420 habitations, CAN aims to enhance nutrition awareness, connect communities with health and nutrition services, and improve household nutrition practices. This paper focuses on CAN's impact on under six children in tribal regions.

The current state of malnutrition in Maharashtra and India

Malnutrition remains a critical challenge in Maharashtra, significantly affecting child mortality. The National Family Health Survey (NFHS-4, 2015-16) revealed that 38.4% of children under five were stunted and 26.1% were wasted (IIPS, 2017).The NFHS-5 (2019-20) shows a slight improvement but still alarming rates: 35% stunting, 25.6% wasting, and 10.9% severe wasting. Shockingly, even infants under six months, typically breastfed, show high rates of stunting (29%), wasting (31%), and underweight (29%) (IIPS, 2021). Malnutrition is a leading cause of death for children under five in India, contributing to about 45% of child mortality, as highlighted in a UN report on Sustainable Development Goals (SDGs) (United Nations, 2020). The situation of underweight in Maharashtra is more

worse than in some of the world's poorest countries, such as Bangladesh (33%), Afghanistan (25%), and Mozambique (15%) (Calverton, 2005; Keeley & Little, 2017). Malnutrition reflects an imbalance of multiple factors at the macro and micro levels, such as poor feeding practices, food insecurity at the household level, repeated infections, lack of access to health care, lack of social security and maternity entitlements, inadequate or lack of childcare services for children of women working in the informal sector and lack of provision of safe drinking water and sanitation (Public Health Resource Society, 2014). These issues disproportionately affect the poorest segments of the population, particularly Scheduled Tribes (STs), who face chronic food insecurity (Tagade, 2012). STs, accounting for 9.4% of Maharashtra's population, experience the highest levels of undernutrition, with nearly half of tribal children under five being stunted (IIPS, 2017).

In 2016, media reports of 600 child deaths due to malnutrition in Palghar district triggered nationwide outrage, prompting urgent measures (IIPS, 2017). However, malnutrition continues to receive only sporadic attention, resulting in minimal policy and systemic changes. Despite various nutrition programs targeting child undernutrition in tribal areas, the situation in Maharashtra remains unsatisfactory.

Government initiatives to address Malnutrition -

Over the years, various government initiatives have been launched in India to improve the nutritional status of children. Many of these appear to be well-designed on paper; however, several studies have indicated that there are various gaps in the implementation of government schemes. Some of the important nutrition-related programs include the Integrated Child Development Scheme (ICDS) Services, the National Health Mission (NHM), NHM-ASHA Programme, Nutrition Rehabilitation Centre, the Janani Suraksha Yojana (JSY), National Nutritional Anaemia Control Programme, the Matritva Sahyog Yojana (MSY), the Mid-Day Meal Program (MDMP), and the National Food Security Mission among others. In addition to this, at the Maharashtra level, two important programmes launched in the last two decades are the Maharashtra Nutrition Mission in 2005 and the Bharat Ratna Dr. A.P.J. Abdul Kalam Amrut Aahar Yojana in 2015.

The objectives of ICDS include providing comprehensive health, preschool education, and supplementary nutrition services for children in this age group; however, there have been major gaps in delivering this mandate. Even after four and a half decades of implementation, the success of the ICDS programme in tackling maternal and childhood undernutrition remains a matter of concern (Gragnolati Michele et al., 2006).

About CAN process-

Child malnutrition remains a significant concern in Maharashtra's tribal areas, despite various nutrition programs. Initiatives like ICDS and Nutrition Mission have not adequately addressed undernutrition, and the burden persists. To address this, the Nutrition

Rights Coalition implemented Community-Based Monitoring and Action (CBMA) from 2013 to 2016, engaging communities to improve nutrition services. Building on CBMA's success, the Community Action for Nutrition (CAN) project was launched in 2018 to address child malnutrition in tribal areas.

The CAN project aimed to enhance nutrition awareness, connect communities with health services, and improve household nutrition practices. Implemented in 420 habitations across seven districts, CAN focused on improving nutritional status among under-six children through community participation and sustainable solutions. The project's objectives included improving nutritional status, enhancing household nutrition practices, individualised counselling for malnourished children, follow-up by ASHAs and Anganwadi workers, and growth monitoring through anthropometric measurements.

By actively engaging communities and promoting participatory approaches, CAN sought to address the persistent issue of child malnutrition in tribal areas. The project's goal was to make nutrition services more accountable, participatory, and effective, ultimately reducing undernutrition among under-six children.

Methods:

While developing the CAN project, Nutrition Rights Coalition redirected their focus from the conventional NGO-based delivery model commonly observed in child nutrition projects. Instead, CAN was conceptualised as an engaging community and public systems intervention, with a strong emphasis on community empowerment and scalability throughout all tribal areas of Maharashtra. The CAN project employed two key strategies: community-based awareness generation which included information dissemination on overall nutrition, reviews, feedback within the community, and problem-solving initiatives, and the promotion of improved household nutrition practices, including individualised follow-up for undernourished children. Both strategies worked concurrently, leading to a significant and sustainable improvement in the nutritional status of children.

The CAN project was implemented in selected ten tribal predominant blocks of seven districts of Maharashtra i.e. Gadchiroli, Nandurbar, Nashik, Palghar, Pune, Raigad, and Thane. In each block, 40+ habitations were selected for project intervention, with an additional 20 habitations in the Tryambakeshwar block of Nashik covering a total of 420 habitations. SATHI as a state nodal NGO collaborated with experienced Civil Society Organisations (CSOs) as part of Nutrition Rights Coalition operating in each of the selected intervention areas.

Framework for implementation of the CAN project:

The CAN project aimed to address child malnutrition in tribal areas by focusing on children under six years old, promoting improved household nutrition practices, providing

individualised counselling for caregivers, and ensuring follow-up for malnourished children by Accredited Social Health Activists (ASHAs) and Anganwadi Workers.

1. **Promotion of Improved Household Nutrition Practices**:
The CAN project enhanced household nutrition through collective awareness efforts, including monthly village meetings that engaged key community members like Village Health Nutrition and Sanitation Committees (VHNSCs), Aahar Committees and Mothers Committees. These sessions provided practical demonstrations of child feeding practices, such as breastfeeding and supplementary nutrition. Anthropometric measurements and Health Cards were introduced to monitor children's growth, with ASHA workers offering counselling based on these data, thus improving parental involvement and understanding.

2. **Individualised Counselling for Caregivers**:
The project provided targeted counselling to mothers and caregivers of malnourished children. ASHAs conducted home visits, offering guidance on improving feeding practices, including diet additional/special foods, diet frequency, and quantity, and methods to enhance nutritional quality at home and hygiene. These visits helped bridge gaps in household nutrition practices, ensuring that parents had the necessary information to support their children's health.

3. **Individualised Follow-Up**:
The CAN project also emphasised the importance of ongoing follow-up for children identified as malnourished (SAM, MAM, SUW). ASHAs conducted weekly visits to monitor progress, counsel parents, and prevent relapse into malnutrition. This approach successfully engaged parents, motivating them to adopt healthier practices and seek timely treatment, thereby reducing malnutrition rates and empowering rural and tribal communities.

Overall, the CAN project effectively addressed undernutrition through a combination of community awareness, personalised counselling, and consistent follow-up, leading to sustained improvements in child health and nutrition in tribal regions.

Data collection in the CAN roject:
Program data is crucial for monitoring progress, modifying strategies, and achieving commitments. The CAN project collected data, including anthropometry status, child and mother follow-ups, and growth monitoring data. Monthly anthropometric data from 12,205 children across 10 tribal blocks were analysed using MS Excel, SPSS, and WHO Anthro. The cohort analysis, focusing on children with six or more months of consistent data, helped address inconsistent Anganwadi attendance and provided insights into the project's impact.

Results:

Implementation of the CAN project, in collaboration with Health, ICDS, and Tribal Development Departments, has yielded a range of positive changes in the community. This section draws upon quantitative analysis of program data from the field regarding the positive impacts of the CAN project in the community. Analysis of successive rounds of program data collected through the CAN process and report cards exhibits improvement in the nutritional status of under six children, as well as improvements in household nutrition practices and nutrition services. It also clearly shows improvements in Anganwadi functioning in terms of Anganwadi timing, opening it regularly, referral services, and provision of supplementary nutrition. Improvement in the availability and delivery of AAY services with improved coverage of beneficiaries, quality of food, and regular distribution of food is also evident through the analysis of program data. Analysis of the resolution of issues interestingly shows, that most of the issues were resolved at the local level with the active facilitation of committee members, active villagers, concerned front-line staff and officials. These impacts are emblematic of the increased responsiveness of concerned front-line staff, and increased awareness and participation of the community in owning up to the issue of nutrition in their villages.
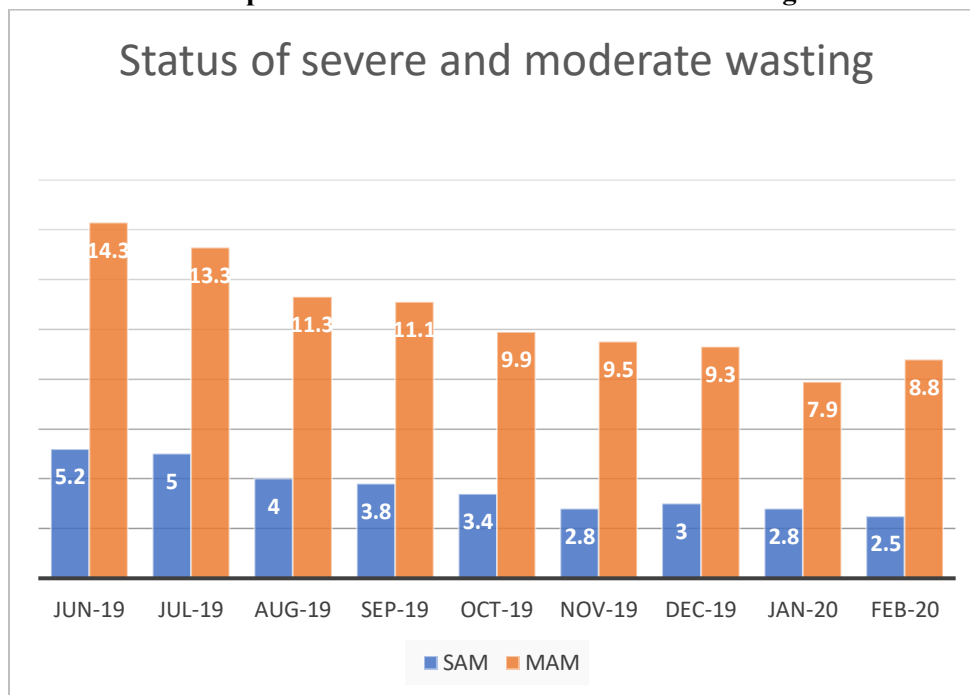
Improvement in Nutritional Status of children under six years of age

The CAN project significantly improved the nutritional status of children under six years old in 10 tribal blocks, covering a total of 21,601 children from June 2019 to March 2020. During this ten-month intervention period, monthly anthropometry measurements and nutrition grades were calculated for Anganwadi children. The project included intensive follow-ups for Severe Underweight (SUW), Moderate Acute Malnutrition (MAM), and Severe Acute Malnutrition (SAM) children. ASHAs, in coordination with Anganwadi Workers, conducted diligent monthly follow-ups and weekly home visits for undernourished children. These visits not only monitored growth but also provided individualised counselling sessions for parents/caregivers on child nutrition, food practices, and health. Guidance for referral services was given for ill malnourished children, ensuring prompt care. The combination of regular growth monitoring, individualised counselling, and improved nutrition practices at the household level resulted in a substantial enhancement of nutrition for the covered children.

Reduction in malnutrition in CAN area

The reduction in the percentage of SAM (severe wasting) and MAM (moderate wasting) among children during the period from June 2019 to February 2020. The proportion of SAM children was reduced from 5.2% to 2.5% i.e., 51.9% reduction was observed in children with SAM grade. Likewise, the proportion of MAM children was reduced from 14.3% to 8.8% i.e. 38.5% reduction was observed in children with MAM grade.

Graph 1: Status of severe and moderate wasting

Status of severe and moderate wasting

	SAM	MAM
JUN-19	5.2	14.3
JUL-19	5	13.3
AUG-19	4	11.3
SEP-19	3.8	11.1
OCT-19	3.4	9.9
NOV-19	2.8	9.5
DEC-19	3	9.3
JAN-20	2.8	7.9
FEB-20	2.5	8.8

Cohort analysis of changes in nutritional status of under 6 children covered by CAN project

In addition to the aggregate analysis for all the children covered in the project, cohort analysis was conducted given inconsistent attendance among children in Anganwadi. As mentioned before, a total of 21601 children from 10 tribal blocks were covered by the project. ASHA and Field Facilitator recorded the reasons why certain children were not available at the time of conducting anthropometry. In subsequent rounds of anthropometry, chronic absenteeism was observed in some children for a variety of reasons, including the children attending private pre-school facilities / Balwadis and thus not attending Anganwadi, children being migrated with parents at the time of anthropometry, and parents not sending their children to Anganwadi. Besides this, some children crossed the age of 72 months and moved out of the Anganwadi during the project period, while younger children joined the Anganwadi in the middle of the project intervention period – hence they could not be included in the continued cohort. The availability of anthropometric measurements for 6 months or more during the period of intervention was considered an inclusion criterion for Cohort analysis. Based on this criterion, regular anthropometric data for 6 or more months was available for 12,205 Children, for whom the cohort analysis was carried

out. Based on cohort analysis following improvements have been observed in Severely Acute Malnourished children (SAM) and Moderately Acute Malnourished children (MAM).

Major reductions in levels of both moderate and severe wasting

The comprehensive analysis of malnutrition reduction in the CAN project's cohort of 12,205 children, consistently available for follow-up throughout the project period, demonstrates major pace in mitigating both moderate and severe wasting. Initiated in June 2019, the project identified 997 children with Severe Acute Malnutrition (SAM) and 2169 with Moderate Acute Malnutrition (MAM). Through the intensive intervention involving weekly home visits by ASHA workers and Field Facilitators, coupled with targeted counselling to parents and caregivers, the prevalence of malnourished children substantially decreased by February 2020. Specifically, the cohort witnessed a remarkable reduction to 504 children with SAM and 1139 with MAM, marking a 49.4% decrease in the proportion of SAM children (from 8.2% to 4.1%) and a 47.5% decrease in the proportion of MAM children (from 17.8% to 9.3%).

The Surge in Normal Grade Proportions -

The proportion of children classified as normal experienced a noteworthy positive shift, increasing by 12.5% from 74.1% to 86.5% during the same period. This signifies a considerable improvement in the overall nutritional status of the cohort.

The results of the cohort analysis, as illustrated in the tables and graphs, point to a substantial reduction in the prevalence of both moderate and severe wasting. These findings underscore the effectiveness of the CAN project's targeted interventions, emphasising the significance of consistent follow-up, counselling, and community engagement in achieving positive outcomes in malnutrition reduction.

Table 1: Number of SAM & MAM children in Cohort

Cohort	Number of SAM & MAM children	
	June 19	Feb 20
Normal	9039	10562
MAM	2169	1139
SAM	997	504

Table 2: Reduction in malnutrition in CAN areas from June 19 to Feb 20

Reduction in malnutrition in CAN areas from June 19 to Feb. 20 (based on Weight for Height -WHZ)			
	Initial percentage	**End point percentage**	**Percentage reduction in malnutrition**
Status of MAM	17.8	9.3	47.5%
Status of SAM	8.2	4.1	49.4%

Graph 2: Reduction in malnutrition during CAN intervention (June 2019 to Feb 2020)
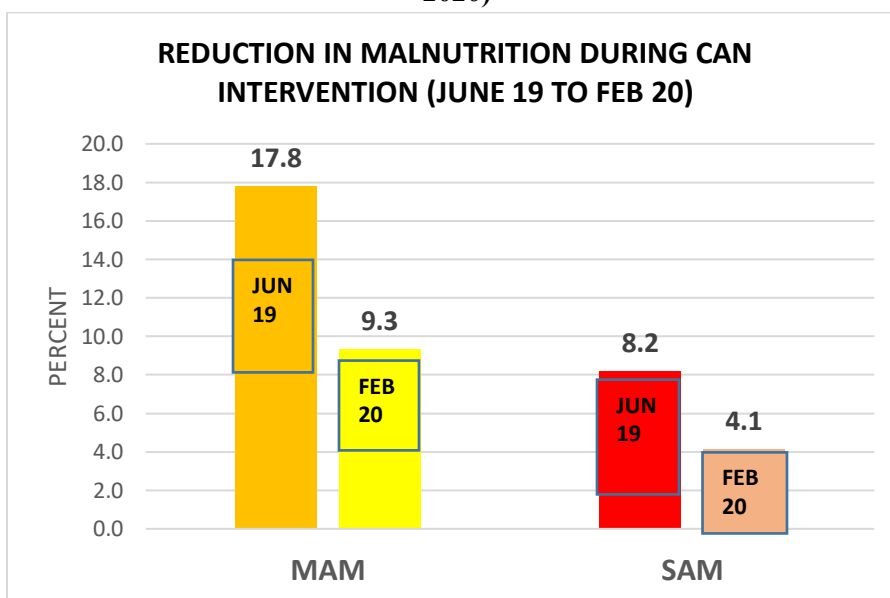
Overall, it may be worth noting that, the intervention areas selected for the CAN project, are tribal blocks where malnutrition has persisted for several decades. While the general ICDS system has been operational across tribal areas of the state, due to a wide variety of factors the pace of reduction in malnutrition among tribal children in general has been quite slow.

Discussion:

The implementation of the CAN project in Maharashtra has yielded notable positive outcomes, as demonstrated by quantitative analyses of program data. The comprehensive approach adopted by the project has led to substantial improvements in the nutritional status of children under six, advancements in household nutrition practices, and the

enhanced functioning of Anganwadis (Ghosh & Varerkar, 2019).This success can be largely attributed to the concerted efforts of ASHAs, Field Facilitators, and Block Coordinators, who played crucial roles in conducting monthly anthropometry measurements, promoting education and awareness, and carrying out intensive follow-up and weekly home visits (Gope et al., 2019). These strategies significantly contributed to reducing MAM and SAM, thereby enhancing the overall nutritional well-being of the children covered by the project.

A detailed analysis of malnutrition reduction in the CAN intervention areas from June 2019 to February 2020 further underscores the project's impact. The reduction in SAM and MAM by 51.9% and 38.5%, respectively, highlights the effectiveness of the intervention. Specifically, cohort analysis reveals a significant reduction in both moderate and severe wasting by 47.5% and 49.4%, respectively, with a sustained increase in children achieving a normal grade (IIPS, 2021). These improvements are largely attributed to continuous cohort monitoring, emphasising the CAN project's success in addressing malnutrition among under-six children in tribal blocks.

However, it is crucial to acknowledge that the CAN project targeted tribal blocks where malnutrition has persisted for decades, underscoring the ongoing challenges in these areas (Tagade, 2012). This research contributes valuable insights into community-driven strategies for tackling child malnutrition, emphasising the importance of tailored approaches in addressing long-standing nutrition issues (Public Health Resource Society, 2014).

The discussion must also situate the CAN project within the broader landscape of government initiatives to combat malnutrition in India. The paper highlights the existence of various well-designed programs such as the Integrated Child Development Scheme (ICDS), the National Health Mission (NHM), and others (Gragnolati et al., 2006). Despite these efforts, significant gaps in implementation persist, as identified by several studies. The ICDS, introduced in 1975, remains a cornerstone initiative for child and maternal health and development. While it has made some progress, particularly in early detection of developmental delays and growth monitoring, the paper points out that the program faces major challenges in delivering comprehensive health, education, and nutrition services effectively (United Nations, 2020). Even after four and a half decades, ICDS struggles to address maternal and childhood undernutrition comprehensively, a concern that remains prevalent.

The Integrated Management of Severe Acute Malnutrition program, while useful, encounters challenges related to the referral system and post-discharge follow-up (Swaminathan et al., 2019). The Bharat Ratna Dr. A.P.J. Abdul Kalam Amrut Aahar Yojana (AAY), launched in 2015 specifically for tribal areas, aims to address immediate causes of undernutrition. However, the paper notes that despite these initiatives, gaps in

utilisation and community engagement hinder their full impact on reducing child malnutrition (IIPS, 2017).

The discussion emphasises that malnutrition is a multifactorial challenge, influenced by economic, social, cultural, and political factors. Addressing this complex issue requires a comprehensive, multidisciplinary approach that involves various departments, including ICDS, Health, Water and Sanitation, Public Distribution System, Rural Development, Employment Generation, and Panchayati Raj Institutions (Calverton, 2005). The paper highlights the critical role of community participation in ensuring the effective delivery of public services, noting the current weaknesses in community involvement within the ICDS program (Keeley & Little, 2017).

In this context, the CAN project stands out as a noteworthy initiative that adds significant value to existing nutrition programs. Firstly, the active engagement of parents in improving feeding practices within their households has led to substantial improvements in the nutritional status of malnourished children (Ghosh & Varerkar, 2019). Secondly, the project has successfully upgraded the capacity of ASHAs, who have played a proactive role in weekly monitoring through home visits, individualised counseling, and follow-up of undernourished children, linking them with health and ICDS services (Gope et al., 2019).

The CAN model's potential for expansion is evident, particularly in alignment with the National Health Mission's advocacy for home visits by ASHAs (Gope et al., 2019). The integration of ASHAs into the CAN project, coupled with training on infant and young child care, showcases a synergistic approach that could be replicated in other regions of Maharashtra. The discussion underscores the importance of ongoing efforts to strengthen the supply side of services while simultaneously enhancing the demand side through active community involvement and utilisation (Public Health Resource Society, 2014).

The cohort study conducted as part of the CAN project further reinforces its impact, demonstrating a reduction in the prevalence of wasting among under-six children in the intervention areas. This reduction is attributed to monthly awareness-building activities, home visits, and counseling of parents and caregivers, underscoring the effectiveness of community-level action in combating malnutrition.

Conclusion:

The CAN project stands as a pivotal and innovative initiative in combating child malnutrition in Maharashtra's tribal regions. Through a strategic blend of community-based interventions, reorientation of frontline public systems, and active community participation. CAN has achieved notable success, significantly reducing Severe and Moderate Malnutrition and increasing the number of children with normal nutritional status. By empowering parents and caregivers to take ownership of their children's health, the project has fostered lasting positive change and reshaped the nutritional landscape in

these communities. The success of CAN underscores the importance of tailored, community-driven approaches and offers valuable lessons for future initiatives. Policymakers, health practitioners, and community leaders can draw from CAN's experience to implement similar strategies, paving the way for sustainable improvements in child nutrition across diverse settings.

Limitation

Despite our efforts to gather anthropometric measurements from under-six children in Anganwadi, challenges like absenteeism and migration hindered data collection in the CAN area. This experience highlights the need for policies and strategies that address the mobility of families, ensuring essential health data can be collected even in transient situations.

Acknowledgment

References:

Calverton, M. (2005). National Institute of population research and training (NIPORT).

Ghosh, S., & Varerkar, S. A. (2019). Undernutrition among tribal children in Palghar district, Maharashtra, India. PLOS ONE, 14(2), e0212560. https://doi.org/10.1371/journal.pone.0212560

Gope, R. K., Tripathy, P., Prasad, V., Pradhan, H., Sinha, R. K., Panda, R., Chowdhury, J., Murugan, G., Roy, S., De, M., Ghosh, S. K., Sarbani Roy, S., & Prost, A. (2019). Effects of participatory learning and action with women's groups, counselling through home visits and crèches on undernutrition among children under three years in eastern India: a quasi-experimental study. BMC Public Health, 19(1), 962. https://doi.org/10.1186/s12889-019-7274-3

Gragnolati Michele, Bredenkamp Caryn, Dasgupta Monica, Lee Yi-Kyoung, & Shekar Meera. (2006). ICDS and Persistent Undernutrition: Strategies to Enhance the Impact. Economic and Political Weekly, 41(12), 1193–1201.

IIPS. (2017). National Family Health Survey (NFHS-4) 2015-16 India. In International Institute for Population Sciences (IIPS). http://rchiips.org/NFHS/NFHS-4Reports/India.pdf

IIPS. (2021). National Family Health Survey - 5 2019-21 India Fact Sheet. In Ministry of Health and Family Welfare, Government of India (Vol. 361). http://rchiips.org/nfhs/NFHS-5_FCTS/India.pdf

Keeley, B., & Little, C. (2017). The State of the Worlds Children 2017: Children in a Digital World (UNICEF (ed.)). UNICEF.

Public Health Resource Society. (2014). COMBATING MALNUTRITION: A PROCESS DOCUMENT- Action Against Malnutrition.

Swaminathan, S., Hemalatha, R., Pandey, A., Kassebaum, N. J., Laxmaiah, A., Longvah, T., Lodha, R., Ramji, S., Kumar, G. A., Afshin, A., Gupta, S. S., Kar, A., Khera, A. K., Mathai, M., Awasthi, S., Rasaily, R., Varghese, C. M., Millear, A. I., Manguerra, H., … Dandona, L. (2019). The burden of child and maternal malnutrition and trends in its indicators in the states of India: the Global Burden of Disease Study 1990–2017. The Lancet Child & Adolescent Health, 3(12), 855–870. https://doi.org/10.1016/S2352-4642(19)30273-1

Tagade, N. (2012). Food insecurity in tribal regions of Maharashtra: Explaining differentials between the tribal and non-tribal communities. The Institute for Social and Economic Change, Bangalore.

United Nations. (2020). The Sustainable Development Goals Report. In United Nations Publications. https://doi.org/10.18356/3405d09f-en

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THE ROLE OF SELF-HELP GROUPS IN ADVANCING WOMEN'S SOCIAL STATUS: A DEVELOPMENT PERSPECTIVE

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Abstract

Self-Help Groups (SHGs) have become an effective instrument for empowerment of women, particularly in rural and impoverished areas. This study examines SHGs' contributions to women's social advancement from a developmental perspective. It focuses on how participation in SHGs enhances women's self-confidence, decision-making abilities, financial independence, social Knowledge, problem-solving skills, and overall respect within their families and communities.

The study, which sampled 60 women, employed a multi-stage as well as purposive sampling method and was conducted in two blocks of East Champaran, namely Turkauliya and Motihari. Data were collected by using a semi-structured interview schedule with women actively involved in SHGs. Key indicators included their participation in family and community decision-making, financial management, access to health services, and their approach to addressing social issues like family planning and gender discrimination. The results show that a significant proportion of women experienced an improvement in their social status after joining the SHGs.

The findings also indicate that women who actively participated in SHGs not only gained economic independence but also experienced advancement in their social status. This was reflected in increased confidence in handling family disputes, engaging in community negotiations, and speaking out against social issues such as child marriage and domestic abuse. Additionally, women in SHGs were more capable of managing household finances and contributing to community development.

However, the study also highlights that not all women had the same experience of empowerment. This suggests that while SHGs are critical for women's empowerment, the extent of their impact varies depending on personal and contextual factors. Although the women in this study improved their social standing, further efforts are needed to enhance women's status overall.

Keywords: SHGs, Women, Social Status, Social Empowerment, Development, Empowerment, Development

1. Introduction

The empowerment of women, particularly in developing nations, has long been recognised as a key driver of social progress and community development (Duflo, 2012). In India, where social and economic inequalities remain deeply for women, especially in rural areas, where they often face multiple layers of marginalisation. Their limited access to financial resources, education, and decision-making processes have constrained their ability to improve their social status and contribute effectively to development processes (Shastri, 2014).

The status of women across the world is quite significance today. Various Indian Five-Year Plans have emphasised welfare initiatives and progress for women. The Ninth Five-Year Plan (1997-2002) introduced the Women's Component Plan (WCP), which focused on organising women into Self-Help Groups (SHGs). This initiative aimed to provide a platform for women to express their needs and contribute their perspectives to the development process. In 2001, the Government of India designated the year as the "Year of Women's Empowerment," highlighted a vision where women are equal partners alongside men. Subsequent Five-Year Plans have aimed to go beyond empowerment, recognised women as key drivers of sustained, inclusive socio-economic growth and transformation (Kabeer, 1999).

In recent years, a good proportion of women are participating in the labour force and hold prominent positions in various fields, including business, politics, and entertainment (Times of India, 2023). They are making significant contributions to socio-economic development, making them an indispensable part of societal structures (Banasode et al., 2013). According to the Economic Survey, women have benefited economically, socially, and politically from SHGs, which have provided them with multiple avenues for empowerment (GOI, 2022-23). A number of studies show that SHGs support various aspects of economic growth and development, including poverty eradication, social transformation, and empowerment (Anand, 2002; Aruna & Jyothirmayi, 2011).

SHG consists of individuals from similar socio-economic backgrounds, typically comprising up to 10-20 members. These groups are formed with the support of government agencies or NGOs, with the primary goal of addressing common financial or social issues

faced by members through collective effort and mutual assistance. It is considered one of the most important tools in the participatory approach to women's economic empowerment. It is a significant institution dedicated to improve the lives of women across various social contexts. These groups typically include extremely impoverished women who lack access to formal financial institutions. SHGs offer participants the opportunity to practice teamwork and collaboration in a supportive group environment (Geethanjali & Prabhakar, 2013). However, the economic benefits of SHGs have been extensively studied, but the wider impact SHGs on social status of women, especially when it comes to increasing their ability to make decisions, financial independence, social Knowledge, problem-solving skills, and overall respect are underexplored.

In order to address this gap, this study looks at the ways in which SHGs support women's social empowerment. It seeks to understand how SHGs contribute to social transformation by challenging gender roles. By investigating the experiences of women who are part of SHGs, this study offers insights into the degree to which these groups have been successful in improving social status of women from a developmental perspective.

2. Conceptual Framework

As mentioned in the above section, SHGs have become an essential tool for empowering women, encouraging group action, and building their economic resilience. This conceptual framework, which emphasises empowerment and development, focusses on the contribution of SHGs in the advancement of social status of women. This section examines the ways that SHGs support women empowerment, which enhance their status in society as a whole.

2.1. Women Empowerment Theory

According to Sahay (1998), "Empowerment is an active, multi-dimensional process which enables women to realise their full identity and powers in all spheres of life". Chattopadhyaya (2005) stated "Empowerment is multi-dimensional and refers to the expansion of freedom of choice and action in all spheres (social, economic, and political) to shape one's life. It also implies control over resources and decisions" (cited in Mandal, 2013, p.19). The process of empowerment enables individuals to make their own decisions (Sahoo, 2013). SHGs offer a platform for women to take collective action, allowing them to actively participate in the economy, society, and politics, ultimately leading to their empowerment. By accessing resources, knowledge, and networks through SHGs, women gain greater influence over their lives (Kondal, 2014). Collective action within SHGs can take various forms, including information sharing, resource pooling, and leveraging group power to negotiate (Desai & Joshi, 2013).

2.2. Social Empowerment

The term "social empowerment" includes the factor that improves the social networks of women and status within social system. Social inequality in society due to gender, ethnicity, religion, or disability is addressed through social empowerment (Mokomane, 2012).

According to Antony (2006, p.27) "Empowerment of women is a multi-dimensional process, which should enable the individuals or a group of individuals to realise their full identity and powers in all spheres of life". Empowered women are those who have equal status, rights, and autonomy over their own personal growth, comparable to that of men. (Kapoor (2019) mentioned that the ability of women to fully engage in social and cultural life without facing violence and discriminations referred to as social empowerment. It encompasses the capacity to exercise their rights and freedoms as well as access to healthcare, education, and legal services. Several studies considered SHGs give women a forum to talk on issues including gender discrimination, domestic abuse, health, and education while also promote a stronger sense of group agency.

Saha et al., (2018) findings illustrated, SHGs play a vital role in empowering rural women by fostering important social qualities. Their establishment and sustainability are essential for this empowerment. Continuous observation serves as a key tool in promoting social attributes such as solidarity, cohesion, communication skills, and the development of linkages. Kalita (2018) has stated that with the rising level of economic empowerment, SHGs have facilitated women's social empowerment. In his study, members developed confidence through training and continuous interactions with the staff of banks and NGOs. He further noted that women can now participate in a variety of activities both within and outside the home due to their increasing economic power. The report also highlights that women are increasingly viewed as key decision-makers in matters such as children's education and determining the financial needs for family or social functions.

In Bihar, in its region East Champaran where this study conducted, JEEViKA initiative has significantly improved the lives of economically and socially marginalised castes in various ways according to Dutta (2015). His study, using social achievements metrics, revealed that the effects of JEEViKA are even more profound. Datta & Satija (2020) revealed that Women in Bihar have traditionally faced various social and economic challenges, including low literacy rates, limited access to healthcare, and restricted participation in decision-making. As per Kumar et al., (2018), SHGs and other government initiatives have improved women's economic conditions and social standing, progressively empowering them. However, despite these efforts, the condition of women, particularly in rural areas, remains unfavourable. This study aims to understand the role of SHGs in advancing the social status of women in East Champaran district. It also seeks to fill a gap in the existing literature by evaluating the impact of SHGs on social status of women and community development.

3. Methodology

To assess the extent of enhancement in women's social status through SHGs, following methods have been used in this study:

3.1. Approach

The present study adopted a mixed-methods approach, integrating qualitative and quantitative research methods to thoroughly examine the function of SHGs in enhancing the social status of women. This approach offers holistic understanding through the collection of qualitative and quantitative data.

3.2. Sampling

In the study, the researcher employed a multi-stage as well as purposive sampling method to select respondents. The sample frame is as follows: The East Champaran district in Bihar was specifically chosen due to the significant number of women's SHGs operating under the JEEViKA program. Based on the concentration of active SHGs, two blocks, Motihari and Turkauliya were selected for the study. A total of 20 SHGs were included in the sample. From each SHG, three members, the President, Treasurer, and Secretary of the each selected SHGs were selected as respondents for interviews. Therefore, the final sample size for the study is 60, representing the total number of respondents from the 20 SHGs.

3.3. Data Collection and Ethical Consideration

The study is primarily based on primary data collected through a semi-structured interview schedule. The schedule consisted of two parts. The first part focused on collecting demographic details of the respondents, while the second part explored respondents' personal experiences, challenges, and changes in social status after joining the SHGs. Secondary data were gathered from books, journals, and government reports. All participants were informed in advance, and their consent was obtained. The confidentiality of all respondents has been strictly maintained.

3.4. Data Analysis

The study has adopted descriptive research design. Frequencies and percentages were employed in the tabular method for the interpretation of the data.

4. Results and Discussion

4.1. Demographic profile of the respondents:

This background has been examined based on respondent's age, education, marital status, category, and occupation.

Age: The majority of respondents (52%) fall within the age group of 30 to 40 years.

Education: A classification based on education reveals that 36% of the respondents have completed primary-level education. However, it is concerning that 33% of the respondents have no formal education and can only sign their names.

Marital Status: It is noted that 96% of the respondents are married.

Category: A significant portion of the respondents (70%) belong to the Scheduled Caste.

Occupation: In terms of occupation, 46% of the respondents are engaged in livestock farming, while 32% are full-time housewives.

4.2. Social Status of Women:

Women's roles in society are referred to as their social status, which is shaped by various factors, including cultural norms, educational attainment, and economic activity. This status encompasses the benefits and privileges that women experience both within their societies and in relation to men (Zodpey & Negandhi, 2020). This study examines the role of SHGs in advancing the social status of women under the following headings:

Table 1: Respondents' Increases Social Knowledge after Joining the SHGs

Opinion	Frequency	Percentage
Significantly Improved	15	25
Improved	39	65
No Change	5	8.33
No Response	1	1.67
Total	60	100

Source-Fieldwork

The data presented in the table indicates that respondents' social knowledge has increased to a significant extent. Specifically, 25% of respondents reported that their social knowledge had significantly improved due to participation in SHGs, while 65% noted that involvement in SHGs helped them to enhance their social knowledge. However, 8.33% of respondents stated that there had been no change in their knowledge. In this context, social knowledge refers to awareness of gender discrimination, health and hygiene, and family planning.

Respondents who reported significant improvement mentioned they are now sending their daughters to private schools, borrowing money from SHGs to pay for school fees when needed. These respondents also maintain proper hygiene during menstruation and visit doctors as required. Furthermore, they are more conscious of family planning compared to their partners

Respondents who acknowledged some improvement noted that these practices had changed after joining the SHGs, though their daughters do not attend private schools due to financial constraints. They also practice hygiene but it is not always consistent.
Lastly, respondents who reported no change indicated that their situation remains the same as it was before joining the SHGs.

Table 2:

Decision-Making Ability of Respondents in Family and Community Matters

Opinion	Frequencies	Percentage
Significantly Improved	8	13.33
Improved	33	55
No Change	16	26.67
No Response	3	5
Total	60	100

Source- Fieldwork

According to Table 2, 55% of respondents reported an improvement in their decision-making ability regarding family and community matters. Additionally, 13.33% of respondents noted significant improvement in these areas. These respondents are actively involved in decisions related to their children's education, food and health choices, taking and using loans, and purchasing assets. They have also started to vocally oppose anti-social and corrupt activities, such as child marriage and alcohol abuse. Moreover, they frequently interact with local leaders and government representatives to address community needs, such as water and sanitation.

On the other hand, 26.67% of respondents reported no change in their decision-making abilities, and 3% had no opinion on this matter.

Respondents who experienced significant improvement in decision-making after joining SHGs attributed this change to increased income from SHG activities. Their financial contributions to the household have grown, which they believe is a key reason for their greater influence in family decisions. They also mentioned that frequent interactions with outsiders and going out more often have helped them overcome their shyness, enabling them to speak up more confidently in community matters.

In conversations with respondents who reported some improvement in decision-making, they noted that their partners remain the primary decision-makers in the household. They expressed that, in their view, it is better for their partners to make decisions, as they consider them more knowledgeable or capable of handling such responsibilities. However, they noted, their partners have started to talk with them in these matters.

Table 3: Changes in Self-Confidence of Respondents after Joining the SHGs

Opinion	Frequencies	Percentage
Significantly Improved	18	30
Improved	39	65
No Change	3	5
No Response	0	0
Total	60	100

Source- Fieldwork

The data presented in the table demonstrates that the confidence level of respondents has significantly improved after joining the SHGs. Out of 60 respondents, only 3 reported no improvement in their confidence. Notably, 30% of respondents observed a significant increase in their confidence. This improvement has been assessed through indicators such as the ability to communicate in front of groups and outsiders, traveling alone to the bank or for medical treatment, and managing the financial affairs of the group.

Respondents who reported significant improvement mentioned that they have no difficulty communicating with outsiders and can travel alone whenever necessary. Some respondents in this category even stated that they feel comfortable going to any place where they can understand the language. They also expressed confidence in handling the financial matters of the SHGs independently.

Respondents who reported moderate improvement in confidence indicated that they are able to visit medical facilities alone but feel the need for some support. They participate in group discussions but still feel hesitant during the process. While they manage the SHGs' finances, they admitted feeling anxious about making potential mistakes.

During interactions with respondents who reported no change in their confidence levels, it was found that irregular group meetings were a key factor. These respondents noted that their confidence could not improve without the regular occurrence of group meetings.

Table: 4 Respondents' Respect Perception After Joining the SHGs

Opinion	Frequencies	Percentage
Significantly Improved	12	20
Improved	28	46.67
No Change	20	33.33
No Response	0	0
Total	60	100

Source- Fieldwork

Table No. 4 indicates that respondents have gained respect within their families after participating in SHG activities and earning money. 20% of respondents acknowledged that their respect within the family has significantly improved. Their husbands and other family members have started assisting with domestic work. These respondents also receive extra attention during cultural festivals, and family members often seek their advice before making decisions. Their partners appreciate their contributions and regard them as the breadwinners of the family. Respondents noted that their enhanced recognition has also led to increased respect from the broader community.

Additionally, 46.67% of respondents reported a moderate improvement in respect within their families. Upon analysing their responses, the researcher concluded that these members' earnings are not much lower than those in the significantly improved category. Many of these respondents have taken loans and provided financial support to their partners for business investments, family weddings, or house construction. They observed that their respect in the family has grown after joining the SHGs, and some even noted that domestic abuse has stopped since their involvement in the groups.

However, 33.33% of respondents reported no change in the level of respect within their families after joining the SHGs. Some of the respondents mentioned that they already had strong, healthy relationships with their families prior to joining the SHGs.

Table 5. Ability of Resolve Problems of Respondents after Joining the SHGs

Opinion	Frequencies	Percentage
Significantly Improved	8	13.33
Improved	30	50
No Change	20	33.33
No Response	2	3.34
Total	100	60

Source- Fieldwork

The data presented in Table No. 4 reflects the respondents' ability to resolve problems after joining the SHGs. Based on the interactions with respondents, 13.33% reported that their problem-solving ability has significantly improved after joining the SHGs. Problem-solving in this context includes managing family disputes, addressing health issues, and tackling financial crises. Respondents in this category mentioned that they feel capable of handling such problems. Their negotiation skills are strong enough to resolve family conflicts, and they often take on an advocacy role to diffuse disputes in their neighbourhoods. In cases of domestic conflicts, especially between husbands and wives, they would even threaten to involve the police. Respondents also noted that they handle

family health issues with patience, and financial difficulties are easier to manage due to their involvement in the SHGs.

Additionally, 50% of respondents observed a moderate improvement in their problem-solving ability. While they can handle such matters within their families, they lack the confidence to address broader community issues, often due to restrictions imposed by their families.
Furthermore, 33.33% of respondents reported no change in their problem-solving abilities after joining the SHGs, stating that things remain the same as before. Lastly, 3.34% of respondents expressed no opinion or had no idea regarding this aspect.

5. Conclusion

The study on The Role of Self-Help Groups in Advancing Women's Social Status: A Development Perspective highlights several critical factors related to the role of SHGs in fostering women's empowerment. The findings reveal that SHG involvement has significantly encouraged social empowerment of women. A notable number of respondents reported an increase in social knowledge, particularly regarding children's education, health, and hygiene—factors fundamental to shaping a well-functioning society. Additionally, the study indicates that members' decision-making abilities in family matters and their confidence levels have improved as a direct result of their participation in SHGs. The respect they command within their families and their problem-solving abilities have also seen a positive shift, with a number of respondents demonstrating progress in these areas.

However, the level of empowerment varied among SHG members. While some respondents exhibited significant advancements, others experienced only moderate improvement, and a substantial proportion perceived no change in their status after joining the SHGs. The members included in this study had a minimum membership duration of three years. If a number of respondents remained unchanged during this period, it suggests that the functioning of SHGs is not fully aligned with their objectives. This study specifically included members holding key positions within their SHGs. Despite occupying these roles, full social empowerment was not achieved by all respondents.

Thus, it can be concluded that significant modifications are needed to improve the functioning of SHGs, enabling women to achieve the desired level of empowerment. Such enhancements would not only empower women but also contribute to the broader development of society as a whole.

References:

Anand, J. S. (2002). Self-Help Groups in Empowering Women: Case Study of Selected SHGs and NHGs.

Antony, V. (2006). Education and Employment: The Key to Women's Empowerment. *Kurukshetra*, *54*(4), 2006.

Aruna, M., & Jyothirmayi, M. R. (2011). The Role of Microfinance in Women Empowerment: A study on the SHG Bank Linkage Program in Hyderabad (Andhra Pradesh). *Indian Journal of Commerce and Management Studies*, *2*(4), 78-95.

Banasode, C., Mane, S., Dhavaleshwar, C. U., & Lamani, R. (2013). Women's Participation in Panchayat Raj Institution of Belgaum District in Karnataka State. *International Journal of Research in Commerce, IT & Management (8/2013) Volume*, *3*, 112-114.

Datta, A., & Satija, S. (2020). Women, Development, Caste, and Violence in Rural Bihar, India. *Asian Journal of Women's Studies*, *26*(2), 223-244.

Datta, U. (2015). Socio-Economic Impacts of JEEViKA: A large-Scale Self-Help Group Project in Bihar, India. *World Development*, *68*, 1-18.

Desai, R. M., & Joshi, S. (2013). Collective Action and Community Development: Evidence from Self-Help groups in Rural India. *World Bank Policy Research Working Paper*, (6547).

Duflo, E. (2012). Women Empowerment and Economic Development. *Journal of Economic literature*, *50*(4), 1051-1079.

Geethanjali, R., & Prabhakar, K. (2013). Economic Development of Women through Self-Help Groups in YSR District, Andhra Pradesh, India. *Studies on home and community Science*, *7*(1), 25-34.

Government of India. (2023). Economic Survey. Retrieved from https://www.indiabudget.gov.in/budget2023-24/economicsurvey/doc/echapter.pdf on 17.07.2024.

Kabeer, N. (1999). Resources, Agency, Achievements: Reflections on the Measurement of Women's Empowerment. *Development and change*, *30*(3), 435-464.

Kalita, B. (2018). Impact on Social Status of the Households due to SHG-Bank Linkage Programme: A study in Assam, India. *International Journal of Research in Social Sciences*, *8*(1), 445-462.

Kapoor, S. (2019). Entrepreneurship for Economic and Social Empowerment of Women: A Case Study of a Self-Help Credit program in Nithari Village, Noida, India. *Australasian Accounting, Business and Finance Journal*, *13*(2), 123-142.

Kondal, K. (2014). Women Empowerment through Self-Help Groups in Andhra Pradesh, India. *International Research Journal of Social Sciences*, *3*(1), 13-16.

Kumar, R., Suar, D., & Mishra, P. (2018). Characteristics for the Effectiveness of Women's Self-Help Groups in Bihar. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations*, *29*, 1283-1299.

Mandal, K. C. (2013, May). Concept and Types of Women Empowerment. In *International Forum of Teaching & Studies* (Vol. 9, No. 2).

Mokomane, Z. (2012, September). Role of Families in Social and Economic Empowerment of Individuals. In *United Nations expert group meeting on Promoting empowerment of people in achieving poverty eradication, social integration and full employment and decent work for all* (pp. 10-12).

Saha, A., Pradhan, K., Das, R., & Sarkar, V. (2018). Exploring the Social Empowerment of Women through SHG Approach. *Indian Journal of Extension Education*, *54*(1), 99-103.

Sahay, S. (1998). *Women and empowerment: Approaches and Strategies*. Discovery Publishing House.

Sahoo, A. (2013). Self-Help Group & Woman Empowerment: A Study on Some Selected SHGs. *International Journal of Business and Management Invention*, *2*(9), 54-61.

Shastri, A. (2014). Gender Inequality and Women Discrimination. *IOSR Journal of Humanities and social science*, *19*(11), 27-30.

Times of India. (2023, March 13). Status of Women in India. Retrieved from https://timesofindia.indiatimes.com/readersblog/lawpedia/status-of-women-in-india-51422/ on 12.08.2024.

Zodpey, S., & Negandhi, P. (2020). Inequality in Health and Social Status for Women in India-A long-Standing Bane. *Indian Journal of Public Health*, *64*(4), 325-327.

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A STUDY ON MOBILE ADDICTION ON TEENAGERS- A STUDY IN SRIKAKULAM DISTRICT OF ANDHRA PRADESH

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Abstract:
Westernization and technological development make the world into luxurious invention. Invention of landline & telephone is no more a wonder in 21st century when a new invention like Android phones, internet services. Most of the studies stated that teenagers mostly attracted towards the internet and newly advanced technologies. Mobile phone addiction can be defined as problematic functional use of the mobile like to send messages, consumption of time of making phone calls made. Addiction to mobile phones is not a homogeneous phenomenon and therefore some researchers distinguish among addiction, sending and receiving text messages, addiction to voice calls and addiction to mobile phone feature and mobile phone games, internet usage and social media usage etc. This study reveals the addiction of mobile phones and spending of time on mobile by teenagers.

Keywords: Mobile, internet, social media, Teenagers

Introduction

Westernization and technological development make the world into luxurious invention. Invention of landline & telephone is no more a wonder in 21st century when a new inventions like Android phones. Most of the studies stated that teenagers mostly attracted towards the internet and newly advanced technologies. Mobile phone addiction can be defined as problematic functional use of the mobile like to send messages, time of making phone calls made. Addiction to mobile phones is not a homogeneous phenomenon and therefore some researchers distinguish among addiction, sending and receiving text messages, addiction to voice calls and addiction to mobile phone feature and mobile phone games.

Mobile phones are becoming more than just a method of communication; they may also serve other purposes. Mobile phone use provides a number of social and practical benefits. Teenagers used mobile phones to upgrade their study, to make friends, to play online games etc. There is no doubt regarding the practical applications of mobile phones nowadays. People use mobile phones to manage their daily lives, including work and entertainment, which can lead to addiction. Addicts spend a significant amount of time on pointless hobbies like gaming, watching movies, and conversing. They may feel alienated and lonely if they are unable to answer their phone.

According to Bhardwaj et al. (2015), Addiction may disrupt important elements of life, including relationships, education, and job. Those who are timid or have low self-esteem are more likely to become cellular addicts, spend more time and money on their phones, and suffer from unpleasant feelings, sleep problems, and mental illnesses.

Review of Literature:

According to Stuckey (2004), states that the identified five factors that influence mobile phone addiction are imagination, appropriation, objectification, integration, and conversion.

Cell phones have a tremendous influence on social connections and daily activities. They may also be intrusive. Individualism, alienation from community, and convergence of language and traditions are all possible outcomes of technological advancement.

Satoko Ezoel and Masahiro (2013) investigated the factors contributing to Internet addiction among 105 Japanese medical students. The study employed a self-report questionnaire to examine demographics, internet addiction, loneliness, and health-related lifestyle. depression, behavioural problems, and dependency on cell phones are all contributing factors.

According to Chen (2006), heavy mobile phone users see their friends less frequently. According to Ha et al. (2008), excessive users had greater difficulty expressing their feelings than the comparison group. Excessive users reported higher levels of interpersonal anxiety than the comparison group.

Malik Muhammad Aslam (2018). The research seeks to investigate cell phone addiction among Kashmiri students based on gender. Men were shown to have both high and moderate levels of cell phone addiction. Among the women. There was also a substantial difference in cell phone addiction rates between Kashmiri male and female students.

Sharma and Talukdar (2016) assumed no link between the family environment and mobile phone addiction in young people. The study involved 80 young individuals from Guwahati. The study discovered a negative link between family environment and mobile phone addiction.

Goswami Vandana and Singh Divya Rani (2016) conducted a review paper on the effects of addiction to cell phones on adolescents' lives. Adolescents are more likely to use mobile phones for non-communication activities compared to the older age.

Objectives of study:
1. To study the frequency of usage of mobile and internet services.
2. To study the frequency if usage of mobile applications.
3. To study the impact on social relationships due to mobile addiction.
4. To study the impact on daily habits due to mobile addiction.

Research Methodology:

This survey is the short survey on understanding the mobile phone addiction on teenagers. This study is conducted in Srikakulam district. It was concepted that data to be collected from girls. Hence, Using Snowball Sampling Technique 40 girl students were interviewed. The main instrument for data collection included the use of questionnaire. This questionnaire consisted of set of questions that elicit responses on the student's socio-economic background, category and frequency of usage of mobile phones, mobile applications, types of social media apps, impact on social relationships etc. The information obtained is analysed by using google forms.

Discussions:
1. **Age:** This study shows that 80% of the 16-19 aged teenagers mostly used the mobile phones and only 20% of the 12-15 aged group teenagers used spend on mobile phones.
2. **Type of family:** This study shows that 70% of teenagers family structure is nuclear, 20% belongs to joint family and 5% belongs to extended and remaining 5% belongs to single parent.
3. **Time spent on Mobile:** This study states that 60% of teenagers spent up to three hours on mobile phone. 30% of teenagers spent 4-6hours of their time on mobile phones and remaining 10% spent more than six hours on their mobile phones.

4. **Area of living:** This study states that 60% of urban teenagers using android mobiles where as 35 % of rural teenagers using android mobile and remaining 5% tribal teenagers has android phones.
5. **Primary use of mobile phones:** This study states that 65% of teenagers using their mobile phones for study purpose,15% for watching videos and remaining each 10% of teenagers using their mobiles for watching videos and social media.
6. **Types of Social media Apps:** This study states that 83% of teenagers using their mobiles for spending 2-3 social media apps.10% of teenagers using their mobiles spending on 4-6 social media apps and remaining 7% uses more than 6 social media apps.
7. **Social media app:** This study states that 60% of teenagers uses WhatsApp primarily.25% uses Instagram and remaining 15% used YouTube.
8. **Phone usage during meals:** This study states that 40% of teenagers always utilise mobiles during their meals remaining 50% of teenagers uses mobiles sometimes.10% of teenagers didn't use mobiles during their meals time.
9. **Conflicts:** This study states that 14% of teenagers always made conflicts with their parents because of mobile usage.43% of teenagers make conflicts with their parents and only 20% of teenagers never make conflicts with their parents.
10. **Daily habits:** This study states that 67% of teenagers accepted that the daily habits have been impacted by excessive mobile phone use.
11. **Time spending with family**: This study states that 80% of teenagers said that phone usage affects the quality of time you spend with your family. Only 20% of teenagers said that there is no effect in spending quality time with family.
12. **Time spending with friends in person**: This study states that 50% of teenagers use their phone while spending time with friends in person. 30% of teenagers use their phone sometimes   while spending time with friends in person. 20% of teenagers use their phone while spending time with friends in person.
13. **Frequent checking of mobiles:** This study states that 60% of teenagers always checks their mobiles frequently, even without any notifications. 30% of teenagers check their mobiles sometimes without getting any notifications. Only 10% of teenagers avoids mobiles even they get the notifications.
14. **Effect on mood:** This study states that 42% of teenagers feels that phone usage no effect on their mood. 38% of youth said that while using their mobiles they feel happy and entertained. 20% of youth said that while using their mobiles they feel stress and depressed.
15. **Missed out of school:** This study states that only 40 % of teenagers are not missed out their school or missed their study time but remaining 60% of teenagers are missed their school and didn't study.
16. **Phone usage before bed:** This study states that only 40 % of the teenagers use phone during their bedtime. 30 % of the teenagers sometimes uses phone during their bedtime. 30 % of the teenagers didn't use phone during their bedtime.

17. **Awareness on time spent:** This study states that 60% of teenagers aware of the amount of time spend on phone each day remaining 40% of teenagers are not aware of it.
18. **Limited the phone usage:** This study states that 50% of teenagers are tried to limited their phone usage and they successful to do that. 17% of teenagers are tried to limited their phone usage but they struggled. 10% of teenagers are haven't tried. 23% of teenagers think it's not necessary
19. **Boundary setting**: This study states that 70% of teenagers interested in learning more about managing phone usage and setting boundaries.30% of teenagers are not interested in learning more about managing phone usage and setting boundaries.
20. **Daily habits:** This study states that 54% of teenagers study schedule is affected.24% of teenagers physical activities is affected and remaining. 22% of teenagers sleep schedule is affected due to excessive usage of phone.

Results:

According to this study, the results shows that 16-19% age group teenagers are mostly addicted to the mobiles. The same thing is explained and findings come out by weinstein,2019 states that particularly 13-18 age group is mostly addicted to the phone. Mostly teenager spent on mobile for using social media accounts which is explained by Weinstein in his research.

Due to the excessive usage of mobiles teenagers are lack in study and their performance and changes in their sleep patterns which is supported by the Billieux in his research work. The excessive usage of mobiles disrupts interpersonal relationships, and also often leads to neglect of family and friends and while staying with the friends mobile addiction decreases the quality of time spent with their family and friends.

This Statement is supported by the research work done by Rosen, in his study also he stated that disrupt of interpersonal relationships of teenagers due to the excessive usage of mobile phones.

This study also states that excessive mobile usage effects the daily habits, work schedule, sleeping pattern, stress, changing in mood, mental wellbeing also disturbed by the mobile addiction. This statement is also supported by the research work done by the Kuss& Griffiths.

Suggestions:

According to this study, the teenagers want to limit their phone usage but they are struggled to do it. So, it needs to provide training sessions on controlling behaviour towards mobile usage. Educational programs at school levels to raising awareness on risk factors faced by the teenagers due to excessive usage will provide to the teenagers. Parental supervision also recommended to the parents because now a days teenagers mostly attracted towards

the negative side. Encouraging teenagers to play outdoor games. Using of parental control apps to track and limit the screen time.

Conclusion:

Mobile usage and addiction are a complex and growing issue in recent time due to the availability of mobiles at low price and its become a part in our life. By understanding its implications and implementing effective strategies help teenagers to understand the problems faced by mobile addiction and cultivate healthier relationship with the family and friends by limiting the mobile usage. Open communication and provide support can empower teenagers to navigate and using phone responsibly, ensuring that technology enhancing their lives rather than detracts from it.

References:

1. Bhardwaj M., and Sode J. A., (2015). Mobile phone addiction and loneliness among Teenagers. The International Journal of Indian Psychology. 2(3). 28- 34
2. Billieux, J., Rochat, L., Rebetez, M. M., & van der Linden, M. (2015). Problematic mobile phone use: How the personality traits of extraversion and neuroticism influence addictive behavior. *Journal of Behavioural Addictions*, 4(2), 153-158.
3. Stuckey. J, (2004). The Mobile Connection: The Cell Phones Impact on Society. Ubiquity,5(28),8-14.
4. Brage, D., Meredith, W., & Woodward, J. (1993). Correlates of loneliness among mid-western adolescents. Adolescence, 28(111),
5. Chen, Yi-Fan (2006). Social phenomena of mobile phone use: an exploratory study in Taiwanese college students. http://203.72.2.115/ejournal/5062001106.pdf
6. Goswami Vandana & Dr. Singh Divya Rani (2016), Impact of mobile phone addiction on adolescent's life: A literature review; International Journal of Home Science; 2(1): 69-74, ISSN: 2395-7476 IJHS 2016; 2(1): 69-74 © 2016 IJHS www.homesciencejournal.com Received: 12-11-2015 Accepted: 13-12-2015.
7. Kuss, D. J., & Griffiths, M. D. (2012). Internet gaming addiction: A systematic review of empirical research. *International Journal of Mental Health and Addiction*, 10(2), 278-296.
8. Malik Mohammad Aslam (2018) A Study of Mobile Phone Addiction among Kashmiri Students with Respect to Gender, The International Journal of Indian Psychology ISSN 2348-5396 (e) | ISSN: 2349-3429 (p) Volume 6, Issue 1, DIP: 18.01.055/20180601 DOI: 10.25215/0601.055 http://www.ijip.in | January - March, 2018.
9. Przybylski, A. K., & Weinstein, N. (2019). Digital screen time limits and young children's psychological well-being: Evidence from a population-based study. *Child Development*, 90(1), e56-e66.
10. Rosen, L. D., Lim, AF., Carrier, LM., & Cheever, NA. (2013). An empirical investigation of smartphone addiction among college students. *Computers in Human Behavior*, 29(3), 1389-1394.
11. Sarma, S.S., & Talukdar, R.R. (2016). Relationship between family environment and mobile phone addiction among young adults. IOSR Journal of Humanities and Social Science, 21 (7, Ver. V), 13-19

12. Twenge, J. M., Joiner, T. E., Rogers, M. L., & Martin, G. N. (2019). Increases in depressive symptoms, suicide-related outcomes, and suicide rates among U.S. adolescents and young adults. *JAMA Psychiatry*, 76(1), 1-10.

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PARENTS OF CHILDREN
SUFFERING FROM THALASSEMIA

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Abstract

The most common genetic haemoglobin disorder in the world is thalassemia. around 80 percent of those who have been affected are under the age of 18. In India, almost 240 million people suffer from new-borns born every year (Hassan pours a et.al 2008). Thalassemia is an inherited blood disorder. The purpose of the study is to find out the level of awareness about thalassemia and to know the stress, anxiety and depression level among the parents of children suffering from thalassemia. The study has employed descriptive research design and has used stress anxiety and depression scale for data from 50 patents of children with thalassemia was collected. The findings of the study are discussed in the full paper.

Keywords: thalassemia, parents, genetic disorder, haemoglobin disorder

Introduction

Thalassaemia is a lifelong disease that requires ongoing medical care and management of consequences. This on-going medical care can put a substantial strain on both the patient and their family in many aspects of their lives. The most prevalent type of inherited anaemia is thalassemia (aydinok, 2017). According to a world health organization study, thalassemia affects over 15 million individuals worldwide. Every year, approximately 56 thousand children are born with it around the world (Huckleberry, 2011). Thalassemia is classified as Alpha-Thalassemia or Beta-Thalassemia depending on which

globin chain is involved. On the basis of clinical severity and inheritance pattern, bet-thalassemia is divided into three categories: severe, intermediate, and mild. Alpha thalassemia is an inherited blood disorder in which an incorrect from of haemoglobin forms (kukreja et.al 2009).

The most common genetic haemoglobin disorder in the world is thalassemia. Around 890% of those who have been affected are under the age of 18 (Huckleberry 2014). In India, almost 240 million people suffer from thalassemia major and other haemoglobin abnormalities, with 12,000 new-borns born every year. Thalassemia is an inherited blood disorder (Hassan pour A et.al., 2008). If both parents have thalassemia traits, there is a 50 percent chance that child will be a born with a serious disorder, requiring monthly blood transfusions thought the life for survival. About 3-4 percent of the Indian population are carriers of thalassemia (thalassemia trait). A study in India concluded that the actuarial survival for children suffering from thalassemia at 26.9 years of age was 50 percent. Patients with thalassemia are at risk for a variety of mental illness (Nasiri, 2014). According to the results of an Iranian study, 44 percent of children with thalassemia major had anxiety and depression, and 74 percent had a poor quality of life (Shaligram, 2007).

Review of Literature:
Septyana (2019) tried to identify the level of change perceived by parent caregivers of children with thalassemia. This study took a quantitative approach to collect data by employing continuous sampling. The findings revealed that 36 respodents (50.7%) saw a light degree of strain, 31 respondents (43.7%) experienced a moderate level of burden, and four respondents (5.6%) reported severe level of burden. According to the findings, most respondents experienced mild to moderate burden, but were extremely burdened in terms of responsibility, economy, expectation, and worry. Nurses can help parents of children with thalassemia maintain or reduce the load by offering education, counselling, emotional support, and adaptive coping methods.

Kermansaravi et.al, (2018) conducted a study on coping behaviour in parents of children with thalassemia major. The research was conducted in a cross-sectioanl manner by gathering data through a survey not have effective and efficient coping behaviours. Costs, stress, and fear of death contribute to the mental stress experienced by the parents of children with thalassemia major.

Faizan- UL-Haq(2017) conducted a study on effect of child thalassemia on the mental helath of their caregives and compared it to that of the normal children. The majority of the caregives in this situation were the norm for 75 percent of the population. Caregivers were employed in 85 percent of cases, and 30 percent had a medical condition. 16.7 percent of

the people said that their illness has improved. Family support was also received by 61.7 percent of caregivers. Social support was present in 63.3 percent of the caregivers. Personal problems affected 15 percent of the caregivers. A positive thalassemia family history was found in nearly half of the children. Transfusions were done twice a month for 51.7 percent of people. Between 6 to 12 months in age, the majority of the patients were diagnosed at a tertiary care facility. Caregivers gender, employment, health status, and health changes were discovered to be significant variables.

Yengil (2014) assessed depression and anxiety in patients with Beta Thalassemia major (BTM) and their caregivers and evaluated the effects of these disorders on the quality of life. There were mild anxiety symptoms in BTM individuals. The anxiety levels of individuals with BTM and their caretakers were similar (p=0.878). in patients with BTM and their careers, BDI (Beck depression inventory) and BAI (Beck anxiety inventory) scores were found to be inversely linked with SF- 36 physical and mental health component scores.

Methodology:

The study conducted with the objectives to find out the level of awareness about thalassemia among parents of the children suffering from thalassemia; and to know the stress, anxiety and depression level among the patients of children suffering from thalassemia. This study was carried out in a systematic manner in order to discover the answer to the research topic. Convenience sample technique was used to identify the respondents. A total of 50 parents were studied. The stress anxiety and depression scale and a semi-structured interview schedule were used to collect the data. The data collected were subjected to processing and percentages, chi-square values were found out.

Results and Discussion:

Out of 50 percent of children suffering from thalassemia, majority of 82 percent belongs to the age group of 25-49 years. More than one fourth of the caregivers are female. More than one fourth of the parents are Hindus, religion becomes important as child marriages and relational marriages are practised in Hinduism resulting in increased chances of thalassemia disorder. More than one fourth of the parents are illiterate. More than one fourth of the respondent's monthly income lies between 1.001- 7,000Rs. This can be attributed to their lack of education, being house wives, labourers and farmers. More than one fourth of the parents belong to rural areas and have nuclear families. More than one fourth of the parents have up to 2 children. More than one fourth of the respondent's thalassemia was diagnosed in the age of 6.1 years and above. More than one fourth of the respondents have visited hospital more than twice in a month. Monthly income of the parents and stress and anxiety, depression level is significantly associated, because per visit

they spend a minimum of 6,000 rupees, which leads to increased levels of parents, stress, anxiety and depression.

Analysis and interpretation:

Table-1:

Monthly Income and Classification of Stress among the Parents of Thalassemia patients

Monthly Income	Classification of stress, Anxiety and Depression			Total
	Normal	Moderate	Severe	
< 1,000 Rs.	05	04	0	09
	10.0%	8.0%	0%	18.0%
1,001 Rs – 7,000 Rs	9	12	12	33
	18.0%	24.0%	24.0%	66.0%
7,001Rs-11,000Rs	0	0	08	08
	0%	0%	16.0%	16%
Total	14	16	20	50
	28%	32%	40%	100%

Chi-square value: 18.788   DF: 4   Significant Level: 0.001

It is apparent from the above table that majority of 40 percent of the parent's stress level is severe. Among them, the parent's monthly income is 1,001 Rs – 7,000 Rs per month. In order to see the association between monthly income and stress, anxiety and depression among the parents of children suffering from thalassemia chi-square test was applied. The significant level was found to be 0.001. Hence, the hypothesis monthly income and classification of stress among the parents of thalassemia patients is rejected.

Table- 2:

Thalassemia Diagnosis and Classification of Stress, Anxiety and Depression Among the Parents of Children Suffering from Thalassemia

Thalassemia Diagnosis	Classification of stress, anxiety and depression			Total
	Normal	Moderate	Severe	
2.1- 4 years	5	0	8	13
	100%	0%	16%	26.0%
4.1- 6 years	05	04	0	9
	10.0%	8.0%	0%	18.0%
More than 6.1	04	16	08	28

	8.0%	32.0%	16.0%	56.0%
Total	**14**	**20**	**16**	**50**
	28.0%	**40.0%**	**32.0%**	**100%**

Chi-square value: 18.659   DF: 4   Significance Level: 0.001

It is apparent from the above table that the majority of 40 percent of the parents stress level is moderate. Among them, 32 percent of the parents' children were diagnosed with thalassemia in the age of 6.1 years and above. In order to see the association between thalassemia diagnosis and stress, anxiety and depression among parents of children suffering from thalassemia chi-square test was applied. The significance level was found to be 0.001. hence, the hypothesis thalassemia diagnosis and classification of stress, anxiety and depression among the parents of children suffering from thalassemia is rejected.

Table- 3
Occupational status and stress, anxiety and depression
among parents of children suffering thalassemia

Occupational Status	Classification of stress, anxiety and depression			Total
	Normal	**Moderate**	**Severe**	
House maker	14	08	16	38
	28.0%	16.0%	32.0%	76.0%
Farmer	0	04	04	08
	0%	8.0%	8.0%	16%
Kooli	0	04	0	04
	0%	8.0%	0%	8.0%
Total	**14**	**16**	**20**	**50**
	28%	**32%**	**40%**	**100%**

Chi-square value: 14.276   DF: 4   Significant Level: 0.006

It is apparent from the above table that the majority of 40 percent of the parent's stress, anxiety and depression level is severing and among the 32 percent of the percent's are house wives. In order to see the association between occupational status and stress, anxiety and depression among the parents of the children suffering from thalassemia chi-square test was applied. The significant level was found to be 0.006. hence, the hypothesis

occupational stress, anxiety and depression among parents of children suffering thalassemia are rejected.

Table no- 4 Level of awareness and stress, anxiety and depression among parents of children suffering from thalassemia

Level of Awareness	Classification of stress, anxiety and depression			Total
	Normal	Moderate	Severe	
Unaware	14	16	08	38
	28.0%	32.0%	16.0%	76.0%
Limited Knowledge	0	04	08	12
	0%	8.0%	16%	24.0%
Total	**14**	**20**	**16**	**50**
	28%	**40%**	**32%**	**100%**

Chi-square value: 10.526   DF: 2   Significant Level: 0.005

It is apparent from the above table that majority of 40 percent of the parents stress, anxiety and depression level is moderate. Parents level of awareness about thalassemia is very poor as they are unaware about thalassemia. In order to see the association between level of awareness and stress, anxiety and depression level of parents of children suffering from thalassemia chi-square test was applied. The significance level was found to be 0.005. Hence, hypothesis that level of awareness and stress, anxiety and depression among parents of children suffering from thalassemia is rejected.

Recommendation:
A social worker and a psychiatrist with understanding of the issues experienced by thalassemia patients at various stages of life should be included in the multidisciplinary team at the specialist centre.

Conclusion:

According to the findings, thalassemia children's caregivers have a greater rate of depression and anxiety than non- thalassaemia children's caregivers. Healthcare providers and society can both play a role in assisting these parents in coping with the stress of parenting children with thalassemia. This means that parents can still cope with feelings responsibility, disappointment, loneliness, emotional distress, and the impact of their children's environment on their activities and care.

Reference:

Alijay-Renany H, Tamaddoni A, Haghighy- ZadehM, Pourhosein S. The effect of using partnership care model on the quality of life in the school- age children with a-thalassemia. J Shahrekord Univ Med Sci. 2012;14(1):41-9.

Aydinok Y. Iron Chelation Therapy as a Modality of Management. Hematol Oncol Clin North Am. 2018 Apr;32(2): 261-275. Doi: 10.1016/j.hoc.2017.12.002. Epub2018 Jan 17. PMID: 29458731.

Bala J, Sarin J. Empowering Parents of Children with Thalassaemia. Int J Nurs Care. 2014; 2(1):22. Doi: 10.5959/j.2320-8651.2.1.005.

Faizan-UL-Haq, Khan MMA, Yaqoob U, Shaikh JR, Salam O et.al. (2017) Effect of Child Thalassemia on the Mental Health of Their Caregivers. Int Ment Health Psychiatry 3.3 doi: 10.4172/2471-4372. 1000143

Hassanpour Dekhordi A, Delaram M, Safdari F, Tali s, Hasheminia S, Kasiri K. Comparison of the effects of lecture and booklet methods on awareness and attention of parents of children with Thalassemia major. J Shahrekord Univ Med Sci. 2008; 10(2):52-8.

Hockenberry MJ, Wilson D. Wong's nursing care of infants and children- book. Elsevier Health Science; 2014.

Kukreja A, Khan A, Xian L, Razley A. Awareness of thalassemia among rural folks in Penang, Malaysia. The Internet Journal of Health 2009; 12(1):1131-34.

Nasiri

M, Hosseini H, Shahmohammadi S. Menal health status in patients with Thalassemia major in Iran. J Pediatr Rev. 2014; 2 (1):55-61.

Septyana, G., Mardhiyah, A., & Widianti, E. (2019). The Mental Burden of Parents of Children with Thalassemia. *Journal Keperawatan Padjadjaran,* 7 (1), 94-102. https://doi.org/10.24198/jkp.v7i1.1154

Shaligram D, Girimaji SC, Chaturvedi Sk. Psychological problems and quality of life in children with thalassemia. Indian J Pediatr. 2007;74 (8): 727-30. [PubMed:17785893].

Yengil, E., Acipayam, C., Kokacya, M.H., Kurhan, F., Oktay, G., & Ozer, C. (2014). Anxiety, depression and quality of life in patients with beta thalassemia major and their caregivers. *International journal of clinical and experimental medicine,* 7(8), 2165-2172.

EMPOWERING COMMUNITIES:
THE ROLE OF EDUCATORS AS CATALYSTS FOR SOCIAL CHANGE AND LITERACY DEVELOPMENT

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Abstract

Educators are pivotal change agents in society, driving social transformation through literacy and community empowerment. Their roles extend beyond traditional classroom teaching, influencing individual and community development by promoting critical thinking, self-reliance, and social cohesion. Educators facilitate the development of critical consciousness, enabling learners to recognize and challenge social, economic, and political inequalities. They play a crucial role in promoting self-reliance through skills training, which fosters personal and economic empowerment, particularly in marginalized communities. Additionally, educators contribute to social cohesion by creating inclusive learning environments and participating in community initiatives. Literacy, a fundamental tool for social transformation, is intricately linked to economic empowerment, political participation, and gender equality. Educators link literacy with practical skills, enhancing employability and civic engagement. However, educators face significant challenges, including limited resources, inadequate training, and systemic barriers, which can hinder their effectiveness. Despite these challenges, educators continue to advocate for social justice and equity, promoting inclusive education that empowers individuals and

communities. This essay underscores the transformative potential of educators in fostering a just and equitable society through education and community engagement.

Introduction
Education is widely regarded as one of the most powerful tools for social transformation. It has the potential to uplift individuals, communities, and societies by equipping them with knowledge, skills, and critical thinking abilities that enable them to break cycles of poverty, marginalization, and ignorance. Within this context, educators play a crucial role as change agents, facilitating not only the dissemination of knowledge but also the empowerment of individuals and communities. Through their work in literacy programs and community empowerment initiatives, educators contribute significantly to social transformation by fostering self-awareness, social cohesion, and the development of a just and equitable society.

This essay delves into the pivotal role of educators as change agents in driving social transformation through literacy and community empowerment. It examines how education fosters critical thinking, self-reliance, and social mobility, and how educators actively promote these values in their roles as facilitators, mentors, and leaders.

The Role of Educators as Change Agents
Educators have long been recognized as key players in social change. Their influence extends beyond the classroom and formal educational settings. By fostering critical consciousness and encouraging active citizenship, educators empower individuals to challenge the status quo, question injustices, and work towards societal change. Paulo Freire, in his seminal work "Pedagogy of the Oppressed," emphasized the transformative role of education, calling on educators to create spaces for dialogue, reflection, and action. According to Freire, education should be a process of liberation, enabling individuals to become aware of their realities and equipping them with the tools to transform them.

Fostering Critical Consciousness
Critical consciousness refers to the ability to perceive social, political, and economic contradictions and take action against oppressive elements within society. Educators, as change agents, play a vital role in developing this awareness among their learners. By facilitating discussions on social inequalities, power dynamics, and the historical context of marginalization, educators help individuals recognize systemic issues that affect their lives and the lives of others.

For instance, in literacy programs designed for marginalized communities, educators often incorporate lessons on social justice, human rights, and empowerment, helping learners see

literacy not just as a technical skill but as a tool for understanding and challenging social structures that perpetuate inequality.

Promoting Self-Reliance and Agency

Literacy and education, in general, foster self-reliance by equipping individuals with the skills they need to navigate their environments independently. Whether through basic literacy, vocational training, or continuing education, educators enable individuals to take control of their lives and make informed decisions about their future. This empowerment process is particularly important in marginalized communities where access to education has historically been limited.

For example, adult education programs often emphasize practical skills such as financial literacy, health education, and entrepreneurship, enabling learners to improve their livelihoods and contribute to community development. Educators, through their guidance and support, help individuals recognize their own potential and act as catalysts for personal and social change.

Facilitating Social Cohesion and Community Development

Education is not just an individual endeavour; it also plays a crucial role in building stronger communities. Educators contribute to social cohesion by creating inclusive learning environments that promote dialogue, understanding, and mutual respect. In multicultural and diverse societies, educators help bridge gaps between different communities by fostering empathy, tolerance, and collaboration among learners.

Moreover, educators actively participate in community development initiatives, working with local leaders, NGOs, and government agencies to address the unique needs of their communities. By facilitating the dissemination of information, organizing awareness campaigns, and encouraging community participation, educators play a critical role in empowering communities to take charge of their own development.

Literacy as a Tool for Social Transformation

Literacy, often defined as the ability to read and write, is a fundamental human right and a key driver of social transformation. It serves as the foundation for lifelong learning and personal development, enabling individuals to access information, communicate effectively, and participate fully in society. Literacy is also closely linked to various social, economic, and political outcomes, including poverty reduction, improved health, and greater political participation.

Literacy and Economic Empowerment

Literacy is closely tied to economic development, as it opens up opportunities for employment, entrepreneurship, and income generation. Individuals with basic literacy

skills are better able to access job opportunities, engage in trade, and manage their finances. This economic empowerment, in turn, contributes to poverty reduction and improved living standards for individuals and their families.

Educators, particularly those working in adult education and vocational training programs, play a crucial role in linking literacy with economic empowerment. By integrating literacy with practical skills such as computer literacy, vocational training, and financial management, educators help learners improve their employability and entrepreneurial skills.

Literacy and Political Participation

Literacy is also essential for political empowerment. It enables individuals to access information about their rights, participate in civic activities, and engage in democratic processes. Literate individuals are better equipped to understand government policies, advocate for their rights, and hold leaders accountable. In this way, literacy fosters active citizenship and contributes to the development of democratic and inclusive societies.

Educators, as facilitators of literacy programs, play a crucial role in promoting political participation. By teaching individuals how to read and write, they enable them to access information, engage in public discourse, and participate in decision-making processes at the local and national levels. Moreover, educators often incorporate lessons on human rights, governance, and social justice into literacy programs, helping learners become more informed and active citizens.

Literacy and Gender Equality

Literacy is a key factor in achieving gender equality. Education empowers women and girls by providing them with the knowledge and skills they need to improve their socio-economic status, challenge traditional gender roles, and participate fully in society. Educators, particularly those working in gender-sensitive literacy programs, play a critical role in promoting gender equality by creating safe and inclusive learning environments that encourage the participation of women and girls.

In many parts of the world, women and girls face significant barriers to education, including cultural norms, early marriage, and gender-based violence. Educators, as change agents, work to overcome these barriers by advocating for gender-sensitive policies, creating supportive learning environments, and raising awareness about the importance of education for women and girls.

Community Empowerment through Education

Community empowerment refers to the process of enabling individuals and groups to take control of their own lives and create positive changes in their communities. Education is a key driver of community empowerment, as it provides individuals with the knowledge,

skills, and confidence they need to participate in community development initiatives and advocate for social change.

Capacity Building and Leadership Development

Educators play a crucial role in building the capacity of individuals and communities to take charge of their own development. Through education, individuals acquire the skills and knowledge they need to address community challenges, such as poverty, health disparities, and environmental degradation. Educators also play a role in developing leadership skills among community members, enabling them to take on leadership roles in community organizations and advocacy efforts.

For example, community education programs often focus on building the leadership capacity of marginalized groups, such as women, youth, and indigenous communities. Educators facilitate workshops, training sessions, and community dialogues that empower individuals to become leaders and advocates for their communities.

Promoting Social Justice and Equity

Community empowerment through education is also closely linked to the promotion of social justice and equity. Educators, particularly those working in marginalized communities, play a critical role in advocating for social justice and equity by raising awareness about issues such as poverty, discrimination, and inequality. Through education, individuals and communities become more aware of their rights and are better equipped to challenge injustices and advocate for fair treatment.

Educators also work to promote equity within educational systems by advocating for inclusive policies and practices that ensure all individuals, regardless of their socio-economic status, gender, or background, have access to quality education. By promoting equity in education, educators contribute to the broader goal of creating more just and inclusive societies.

Building Social Capital and Networks

Social capital refers to the networks, relationships, and trust that individuals and communities can draw upon to achieve common goals. Education plays a key role in building social capital by fostering collaboration, trust, and mutual support among individuals and communities. Educators, as facilitators of learning and community engagement, contribute to the development of social capital by creating spaces for dialogue, collaboration, and collective action.

For instance, adult education programs often bring together individuals from different backgrounds and experiences, fostering a sense of community and shared purpose. Educators facilitate these interactions, helping learners build relationships and networks that they can draw upon in their personal and community development efforts.

Challenges Faced by Educators in Promoting Social Transformation

While educators play a crucial role in promoting social transformation, they also face significant challenges in their work. These challenges include limited resources, inadequate training, and systemic barriers such as discrimination and inequality.

Limited Resources

Many educators, particularly those working in marginalized communities, face significant resource constraints. These constraints can include a lack of access to teaching materials, inadequate infrastructure, and insufficient funding for educational programs. These challenges can limit the effectiveness of educators in promoting social transformation and can hinder the progress of literacy and community empowerment initiatives.

Inadequate Training and Support

Educators also face challenges related to inadequate training and support. In many cases, educators are not provided with the necessary training and professional development opportunities to effectively serve as change agents. This can limit their ability to address complex social issues and to promote critical thinking, empowerment, and social justice among their learners.

Systemic Barriers

Systemic barriers, such as discrimination, inequality, and political instability, can also hinder the work of educators in promoting social transformation. In many cases, educators face resistance from political and social structures that seek to maintain the status quo and limit opportunities for marginalized groups.

Conclusion

Education and literacy form the bedrock of personal, societal, and economic growth, offering opportunities for individuals to realize their full potential and contribute to the broader community. The ability to read, write, and understand critical information transforms lives, unlocking pathways to personal empowerment, social mobility, and informed citizenship.

Personal Empowerment and Individual Development

At an individual level, education provides the tools necessary for personal development and self-sufficiency. Literacy is not merely about being able to read and write but encompasses the ability to critically analyse information and solve problems effectively. Through education, individuals gain the knowledge, skills, and competencies required to

navigate life's complexities. It enables people to make informed decisions about health, employment, and finance, ultimately leading to improved quality of life.

For adults, lifelong learning opportunities in literacy and education play a crucial role in fostering adaptability and resilience in a constantly changing world. As society and economies evolve with technological advancements, the importance of being able to learn, unlearn, and relearn becomes even more critical. In this context, adult education programs are vital to ensuring that individuals can continue to grow and contribute meaningfully, regardless of age.

Social Mobility and Equality

Education is one of the most effective tools for reducing poverty and promoting social mobility. By equipping individuals with the skills to engage with the labor market, education opens up pathways to better employment opportunities. Studies show that higher literacy rates are closely linked with improved economic outcomes, both for individuals and for nations. Countries with higher literacy rates tend to experience more robust economic growth, reduced crime rates, and better health outcomes.

Education and literacy also play a crucial role in reducing inequalities in society. In many regions, marginalized populations, such as women, tribal communities, and people with disabilities, often have limited access to education. Adult education programs tailored to these groups can bridge these gaps, fostering inclusivity and social cohesion. By promoting equitable access to education, societies can work toward reducing the disparities that exist based on gender, ethnicity, or socio-economic status.

Civic Participation and Democracy

A literate society is an informed society, capable of participating actively in civic life and contributing to the democratic process. Literacy empowers individuals to access information, understand their rights, and participate in public discourse. Through education, citizens can critically engage with political, social, and economic issues, hold their governments accountable, and advocate for policies that benefit their communities.

Education fosters a sense of citizenship, as it teaches individuals about their roles and responsibilities within a society. A well-educated populace is more likely to participate in elections, support democratic values, and contribute to social movements that drive positive change. Thus, education plays a pivotal role in maintaining and strengthening democratic systems around the world.

Economic Growth and Development

From an economic standpoint, literacy and education are key drivers of innovation, productivity, and competitiveness. As economies become more knowledge-based, the demand for skilled labour increases, and nations with higher literacy rates are better positioned to meet this demand. Educated workers are more likely to contribute to the growth of industries, drive innovation, and adapt to new technologies, all of which are essential for economic progress.

In developing countries, investment in education is particularly important for breaking the cycle of poverty. Providing access to quality education improves workforce skills, boosts productivity, and creates a ripple effect that leads to long-term economic benefits. Educated populations also make better-informed decisions regarding family planning, healthcare, and sustainable development, which are critical for addressing global challenges such as climate change and food security.

The role of education and literacy in society cannot be overstated. They are essential for personal empowerment, social mobility, economic development, and civic participation. Investing in education is an investment in the future, as it equips individuals and communities with the tools they need to succeed. In a rapidly changing world, ensuring access to education for all—regardless of age, gender, or socio-economic background— remains one of the most powerful means of promoting equality, sustainability, and global progress.

References:

Brown, T. (2017). Gender equality in education: Challenges and opportunities. *Gender and Education*, 29(5), 574-586.

Chen, L. (2020). Educators as leaders in social justice initiatives. *Educational Leadership*, 78(2), 64-70.

Davis, K., & Lewis, M. (2018). Empowering communities through education. *Community Education Journal*, 6(1), 32-47.

Freire, P. (1970). *Pedagogy of the Oppressed*. Continuum.

Green, H., & Roberts, E. (2018). Barriers to effective community education. *Journal of Adult Education*, 47(2), 110-123.

Hall, J., & Smith, A. (2017). Educators' role in fostering social cohesion. *Journal of Educational Sociology*, 29(3), 299-312.

Jackson, P. (2019). Building social capital through education. *Social Science Quarterly*, 100(1), 157-172.

Johnson, R. (2020). Literacy as a tool for social change. *Educational Review*, 72(2), 145-160.

King, R. (2020). Literacy programs and community empowerment. *Journal of Community Literacy*, 8(2), 42-59.

National Institute of Literacy. (2019). *Literacy and its impact on society*. National Institute of Literacy.

O'Neill, J., & Murray, P. (2019). Literacy and economic mobility. *Economic Perspectives*, 45(2), 87-102.

Patel, R. (2019). The economic impact of literacy programs. *Economic Development Quarterly*, 33(3), 215-228.

Robinson, L. (2021). Challenges in adult education. *Adult Learning Quarterly*, 72(1), 51-66.

Smith, J., & Anderson, L. (2019). The role of educators in community development. *Journal of Educational Change*, 14(3), 213-229.

Taylor, S., & Brown, R. (2018). Educators as change agents: A critical perspective. *Critical Pedagogy Review*, 21(2), 135-150.

Thompson, G. (2018). Literacy and civic engagement. *Civic Education Journal*, 12(3), 221-237.

UNESCO. (2020). *Global education monitoring report*. UNESCO.

White, M. (2020). Educators and gender-sensitive education. *Gender Studies Review*, 38(4), 601-616.

Williams, S. (2021). Critical consciousness and social change. *Journal of Social Issues*, 77(4), 983-1002.

World Bank. (2019). *Education and its impact on poverty reduction*. World Bank Publications.

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THE ROLE OF WOMEN IN WATER TESTING AND QUALITY MONITORING: A CASE STUDY OF DISTRICT PATIALA, PUNJAB

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Abstract

Our nation is currently ranked 120th out of 122 countries on the water quality index, with 70% of its water being contaminated (NITI Aayog, 2019). This Paper highlights the status of water quality in India with special reference to Punjab and the role of women in water quality surveillance. The Jal Jeevan Mission focuses on community water quality and water surveillance, as well as the importance of safe drinking and reducing water contamination. The study is based on both primary and secondary data collected through direct observation of various parts of rural Punjab. The paper discusses how women can be empowered in the water aspect as they are the primary user of water and can help in clean water availability along with water conservation. Emphasis is also laid on the challenges that women face in surveillance of water testing and how adequate training and guidance can lead a long way in empowering women's role in the water sector in India.

Introduction

Jal Jeevan Mission

To ensure water for every household by 2024, the Government of India under the leadership of Prime Minister Narendra Modi launched the ambitious Jal Jeevan Mission on 15th August 2019. The Jal Jeevan Mission is under implementation in collaboration with states to make provision for regular and long-term assured tap water supply in adequate quantity, of prescribed quality, and with adequate pressure in all rural households and public institutions, viz. Schools, Anganwadi centres, public/community health centres, sub centres, wellness centres, community centres, panchayat offices, and other facilities. Water supply assurance in the home is directly related to improved public health and people's economic well-being, as it reduces water-borne disease incidences and provides them to invest in income-generating assets. It also increases the quality of life and ease of living by relieving people, particularly women and children from the arduous task of fetching water from sources at a distance, particularly in isolated, forested, and hilly areas.

From the year 2020 onwards, our communities and systems are putting the collection to the test of resilience. The Covid-19 pandemic has resulted in the loss of both lives and livelihoods. The Indian government, state governments, and administrations have been working together to prevent the virus from spreading. Regular hand washing with soap and social isolation were identified as two of the most effective and efficient measures in preventing the virus' spread. During this time, public health captured people's imaginations, and everyone realised the importance of preventive health care. India's primary water sources, groundwater and surface water, are highly contaminated.

Status of Water Contamination and Diseases in India and Punjab

Every year, approximately three lakh children die in India as a result of water-borne diseases, with diarrhoea accounting for more than half of all deaths. Only 32% of Indian households obtain their water from a treated source, despite the fact that the nation's two main water sources—groundwater and surface water—are both extremely contaminated. In the majority of the 24 Indian states, there are high levels of metal and heavy metal concentrations in the groundwater. Numerous water sources across the nation have high concentrations of pathogenic organisms (World Bank Report, 2012). Typhoid, cholera, acute dysenteric diarrhoea, cancer, and bone diseases are just a few of the serious health

risks associated with consuming this raw water. Each year, it results in the suffering of 37.7 million people and the job loss of close to 73 million people.

Our nation is currently ranked 120th out of 122 countries on the water quality index, with 70% of its water being contaminated (NITI Aayog, 2019). Water in India is unfit for direct consumption due to high levels of infectious microorganisms, metals, and heavy metals yet people prefer unfiltered water due to its better taste. Despite this, two-thirds of Indian households do not treat their drinking water. Though raw water obtained from the source is consumed directly throughout India, the number of households consuming raw water is disproportionately high in the states of Bihar, Uttar Pradesh (UP), and West Bengal. Untreated water is consumed by 65.3 percent of households in India, with 72.8 percent in rural areas and 50.9 percent in urban areas. As a result, the negative effects of contaminated water on human health are enormous (National Statistical Office, 2018).

In India, groundwater currently provides 85% of rural and 50% of urban domestic water needs (Suhag,2016). Decentralized groundwater use allows for direct use, despite various government programmes requiring that treated water reach every household. However, for the government or local governments, treating groundwater at the household level is nearly impossible. This will result in a lack of accountability (due to the difficulty of tracking government-installed treatment systems in households) as well as being extremely costly. In recent years, much of the focus on groundwater for drinking purposes has shifted from issues of availability to issues of quality. The quality issues are broadly classified as 'geogenic' and 'anthropogenic.' Geogenic pollution is defined as naturally occurring elevated concentrations of certain constituents in groundwater that have negative health consequences. Fluoride and arsenic contamination in India is geogenic in nature, affecting several parts of the country, and has become a major health concern as well as a challenge for safe water supply (Bajerjee et al. 2012). In addition to these, elevated levels of salinity, iron, manganese, uranium, radon, chromium selenium, and other trace elements reported at locations may be of geogenic origin.

In India, approximately 40 million people live in an arsenic contamination risk zone. Fluoride concentrations are found all over India. Its concentrations in groundwater have been reported to be higher than the maximum permissible limit of 1.5 mg/L in many Indian states, including Punjab, Andhra Pradesh, Telangana, Assam, Bihar, Chhattisgarh, Delhi, Gujarat, Haryana, Jammu and Kashmir, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Odisha, Rajasthan, Tamil Nadu, Uttar Pradesh, and West Bengal. Talking of Punjab, the state of five rivers is suffering from overuse of groundwater due to excessive use of water which has made drinking water contaminated with pesticides and heavy metals which are posing a health risk. The Punjab Agricultural University (PAU) study, which spanned from 1998 to 2018, discovered that the groundwater level dropped by more than a metre every year in 18 of the 22 districts. Sangrur, Barnala, and Patiala are the worst-affected districts, with annual groundwater levels falling by 106.5cm, 103.3cm, and 100.2cm (a one-metre drop). The water table in Mohali, Fatehgarh Sahib, Jalandhar, Tarn Taran, and Ludhiana districts is falling by 59.8cm, 70.4cm, 68.4cm, 56.7cm, and 56.1cm per year, respectively. Groundwater has been overexploited in every district of the state except the four districts of Faridkot, Ferozepur, Gurdaspur, and Muktsar, as well as a few blocks in Hoshiarpur, Nawanshahr, Ropar, and Mansa

Depletion of Ground Water in the top 7 Districts of Punjab

Sr No.	District	Groundwater Level depletion(cm)
1	Sangrur	106.5
2	Barnala	103.3
3	Patiala	100.2
4	SAS Nagar	59.8
5	Fatehgarh Sahib	70.4
6	Tarn Taran	56.7
7	Ludhiana	56.1

Source: Punjab Agricultural University

As of April 2021, the Department of Water Supply and Sanitation, Punjab, the water quality status of water affected by heavy metals and non-metals is given below. Amritsar and Gurdaspur districts are heavily affected by arsenic whereas District Patiala and Fatehgarh Sahib are high in fluoride content similarly Ferozpur and Fazilka districts are affected by Uranium.

WATER QUALITY STATUS

The water quality status as on 01.04.2021 is indicated below.

Name of District	Arsenic	Fluoride	Uranium	Selenium	Mercury	Iron	Nitrate	Mixed Parameters (Cadmium, Lead, Nickel, sulphate etc)	Grand Total
Amritsar	332	0	0	0	0	1	0	0	333
Barnala	0	4	10	2	0	0	5	1	22
Bathinda	0	3	1	0	0	0	0	1	5
Faridkot	5	6	0	0	0	0	0	7	18
Fatehgarh Sahib	2	40	3	2	0	1	3	3	54
Fazilka	12	10	29	0	9	4	0	31	95
Ferozepur	46	13	43	0	28	2	14	2	148
Gurdaspur	224	0	0	0	3	0	0	2	229
Hoshiarpur	13	0	8	4	0	0	0	0	25
Jalandhar	1	0	0	15	0	1	2	6	25
Kapurthala	6	0	0	1	0	1	0	1	9
Ludhiana	1	1	4	18	1	1	9	0	35
Mansa	2	0	0	0	0	0	4	0	6
Moga	3	4	42	2	0	2	2	0	55
Patiala	12	185	9	4	0	7	0	19	236
Ropar	30	0	0	9	0	0	10	0	49
Sangrur	1	5	21	4	0	1	3	4	39
SAS Nagar	2	5	0	0	0	0	0	0	7
SBS Nagar	0	1	0	11	0	0	3	0	15
Tarn Taran	111	5	1	2	0	0	1	0	120
Grand Total	**803**	**282**	**171**	**74**	**41**	**21**	**56**	**77**	**1525**

Source: Department of Water Supply and Sanitation Government of Punjab

Water Testing

The Field Test Kits (FTKs) used to examine physiochemical contaminants in water not only serve the initial screening of contaminants but are also effective in raising community awareness about drinking water quality. Taking the example of Punjab- Field testing kits are useful in making people aware of the presence of fluoride and other metals and non-metals that are harmful to human health. The Field Testing Kit helps the social unit of the Department of Water Supply and Sanitation in convincing people of the deteriorating water levels and benefits of Surface Water Projects being introduced in quality-affected areas of Punjab. The Field testing kits in the Patiala District of Punjab also helps in convincing people of presence of Fluoride in water and encouraging people to use Community Water Purification Plant (CWPP) which is installed at the village level to remove excess fluoride from water. To test various parameters, the kit is used in conjunction with tablets/reagents and colour charts. The kits are portable, easy to transport, and require no energy or power to operate. Kits are used for testing the parameters listed below:

1. Turbidity as determined by visual comparison
2. pH colour comparison method using pH strips
3. Total Hardness Using the Titrimetric Method
4. Total Alkalinity as measured by Titrimetric
5. Titrimetric method for chloride
6. Visual comparison of ammonia
7. Visual comparison of phosphate
8. Visual colour comparison method for residual chlorine
9. Use the visual colour comparison method to iron.
10. Nitrate using the visual colour comparison method
11. Arsenic (by separate Arsenic kit)
12. Fluoride detection using a visual colour comparison method
13. Water test kit (H2S vial test) with bacteriological vials (presence/absence).

Field testing of water samples taken from water sources and consumer end/delivery points constitutes water quality monitoring. Water quality monitoring in rural areas involves two levels of inspection: use of FTKs at the Gram Panchayat/village level to assess the level of contamination and to refer positively tested samples to a nearby water quality testing laboratory for confirmation.

Why is Community-based water quality monitoring important?
- Monitoring and surveillance of drinking water sources by community women to raise awareness of the need for safe drinking water.
- Raising awareness among rural populations about water quality and water-borne diseases.
- Identifying sources of contamination and raising community awareness

- To limit the amount of man-made contamination in raw water that can be converted into potable water.
- The preliminary screening of a large number of water samples that will be tested in laboratories to determine the level of contamination.

Water Contamination and the Role of Women in Water Testing

The Jal Jeevan Mission emphasizes 'Water Quality' in its definition of functionality and water testing. It prioritizes monitoring the operation of the water supply, verification of the safety of drinking water, investigation of disease outbreaks, validation process, and preventive measures. As per the operational guidelines, the surveillance of water quality at the grassroots will be the responsibility of the GPs/rural community. Women are a gendered burden for managing water-related chores such as cooking, washing, and cleaning. The majority of women in Punjab do have access to the piped water supply but contamination of water due to leakages and old pipes is a major source of water contamination. The women for all basic household chores are dependent upon water. The majority of the households in Punjab use Pumps popularly known as "Tullu Pumps" which are used for ensuring adequate water supply along with making water reach storage tanks located at a certain height. Because pumps reduce pressure, they frequently result in poor or no water delivery in many houses that do not have pumps. These "Tullu Pumps" are also a source of contamination because pumps tend to suck water along with dirt, and when the supply is shut down after water supply hours, people are exposed to dirty water, resulting in health concerns and contamination. Another important factor contributing to water contamination is people throwing water pipes down toilets and drains when they have more water than they need, which leads to contamination because the same pipes are used again to fill water storage units, and suction by "tullu pumps" worsens the situation. Since women are the key stakeholders in water, the Government of Punjab has made a 50% reservation of women in GPWSC and facilitated their participation in managing water at the village level under guidelines of the Jal Jeevan Mission. To empower and train women in water testing five women for each village are been trained on FTKs/ bacteriological vials and report the results. The programme results in women receiving hands-on training in water testing while also receiving assurance that they are receiving quality water for drinking purposes for their family.In-depth Interviews and focused group discussions were conducted with women of around 55 villages in Patiala covering a population of 12000. The few testimonials of women are listed below

What women had to say:
Village Akbarpur Block Rajpura
 "*For household water needs, I used water from the borewell installed at my house but after testing the water using a Field testing kit, I am alarmed at seeing the presence of high*

fluoride content which will adversely affect the health of my family, in the long run, causing various health issues. I have decided to shift to water provided by the government department for the timing and my opinion of upcoming surface water for drinking has changed as the surface water will have all nutrients necessary for our health "

GPWSC member Village Bolar Kalan, Block Sanour
"Through the water testing kit, I have learned to test PH level, iron, Hardness, Biological contamination etc and has made me realise the presence of chemicals and metals in the groundwater. I have also come to know one of the reasons for my teeth' discoloration and my mother-in-law's joint pain is due to the excess presence of Fluoride in water. I am eagerly waiting for the surface water project in my village which will ensure filtered clean water for drinking for my family and the village's well-being."

Village Harpalpur Block Ganour
"I have learned to use the Field testing kit and I can test and decide water from which source is fit enough for consumption for my family's well-being. The upcoming Surface water project being set up next to our village in Mandouli will reduce our yearly cost of service of Reverse Osmosis filters and people who can't afford will also have access to clean filtered water for consumption. The water testing kit also helps us to keep a tab on chlorination necessary for disinfecting the water"

Village Pabri Block Rajpura

"Since we women use to water the most in our day to day life, the water field testing kit empowered us to test the water we use and check the quality of the water we are drinking. In the monsoon season checking of water helps us to know contamination if any, as biological contamination is the highest in the monsoon season and children fall sick. "
Along with water testing, it is also important to conserve water as low water table will mean that presence of more metals and contamination in the water."

Challenges in Women's Participation in Water Quality
The initiative taken by the Indian Government through Jal Jeevan Mission is thoughtful but when it comes to ground reality the situation is bleak. The women in mission mode are trained in water quality with help of the social staff of the Department of Water Supply and Sanitation and NGOs. However, the reality of water testing by women is that it is being done with help of social staff deployed and not regularly by themselves.

- The main hindrances faced by the women are lack of responsibility and dependency on Gram Panchayat for providing a clean water supply. Women's participation in villages in water is limited to their respective households and women's 50% reservation in Gram Panchayat Water Supply and Sanitation Committees is limited to paper.

- The challenge encountered while training women was that the label on the water testing kit was not in their native language, and a few enthusiastic women were illiterate. Unless the women trained in water testing become involved in the planning process and take on leadership roles in water management committees, this will be a short-term measure of women's empowerment that will fade over time.

- Another important consideration in water testing is that the Field Testing kits must be replaced after a certain period, as outdated kits will not provide an accurate result. It is also a mandate to get water samples of the villages to be checked from authorised labs from time to time. So, it is also important for women trained to have contact with government labs and concerned departments for requisite support and guidance which they do not initiate on their own due to their lack of interest and household work.

- The women trained for water testing also does not participate in village meetings/ water committee due to lack of awareness of such meeting and irregular meetings of elected few members or no regular meeting being done. No participation of women either due to self or non-inclusion in village-level meetings results in limited awareness among people on water surveillance and water quality which further demoralises the women in carrying out water surveillance.

All Women GPWSC in Village Bhathalan District Patiala, Punjab

The Jal Jeevan Mission ensures the participation of women in Village Water Supply through Gram Panchayat Water Supply and Sanitation Committee where Punjab has reserved 50% seats for ensuring better and equal participation at village level. Since women have to deal with the water the most, their participation is imperative in water-related problems. As discussed the challenges faced by women in participation in local governance is due to lack of self-confidence, and direct or indirect dominance of their male counterparts in society. The empowerment of women can be possible only possible when they come forward and challenge certain norms and traditions prevalent in society. The Sarpanch of Village Bhathalan taking women empowerment initiative worked at ensuring the active participation of women of her villages in managing village affairs. Motivation and direction from the Sarpanch, the women formed all women Water Supply and Sanitation Committee which looks into water quality monitoring, ensuring continuous water supply, bill collection, etc. While interacting with the Sarpanch, she said "We women are looking after managing the water supply of the village which includes monthly water bill collection, repairing, monitoring water quality, and encouraging people to save water. It was only possible with the collective support of villagers and especially my husband who encouraged me to take responsibility for sarpanch in the actual sense". She went on to say that it is not that we don't experience backlash or make mistakes but we have made a niche for ourselves and in the process learn new things. Taking responsibility outside our homes

has opened a new world for us and our children and helped in challenging and breaking certain shackles.

The Way Forward

The Jal Jeevan Mission though emphasizes a community-based and women-centered approach to water quality monitoring and surveillance as a good way to engage the local community in understanding their water needs and quality, the leadership role of women in this process is frequently underutilised and underdesigned. As women are primary users of water, their influence on the judicial use of water will help in improving the quality of water for consumption and will yield environmental benefits as well. Participation of women through water testing has the potential to be a significant platform for women to participate at all levels of in-village water supply system planning, implementation, management, operation, and maintenance but with a systematic process of training and guidance.

References:

- Bora, N. (2020). Women lead the way in water quality surveillance, WaterAid India https://www.indiawaterportal.org/articles/women-leading-way-water-quality-surveillance
- Farwa, A.(n.d.) Women and Water Security Stimson Center. (n.d.). Stimson Center. Retrieved 12 September 2022, from https://www.stimson.org/project/women-and-water-security/
- Drinking Water Quality Monitoring & Surveillance Frame work (2021) Department of Drinking Water & Sanitation Jal Jeevan Misssion Retrieved 14 September 2022, from https://jaljeevanmission.gov.in/sites/default/files/manual_document/WQMS-Framework.pdf
- Feijoo, E. & Furst, S. (2021-1) Women's empowerment through rural water supply activities: A practical guide by and for practitioners of the Rural Water Supply Network. Rural, Water Supply Network Retrieved 15 September 2022, from https://www.readkong.com/page/women-s-empowerment-through-rural-water-supply-activities-5088939
- NITI Aayog Report 2018 (n.d) https://www.niti.gov.in/annual-reports
- India Groundwater: A Valuable but Diminishing Resource. (2012) World Bank. Retrieved 14 September 2022, from https://www.worldbank.org/en/news/feature/2012/03/06/india-groundwater-critical-diminishing
- Pouramin P, Nagabhatla N and Miletto M (2020) A Systematic Review of Water and Gender Interlinkages: Assessing the Intersection With Health. Front. Water 2:6. doi: 10.3389/frwa.2020.00006
- Patil, H. (2019). Why is it critical to train women on water Quality, UN WaterAid Retrieved 14 September 2022, from https://www.wateraid.org/in/blog/why-is-it-critical-to-train-women-on-water-quality

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FARMER PRODUCER COMPANIES & QUALITY OF LIFE OF RURAL WOMEN IN MORIGAON DISTRICT, ASSAM

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Abstract

The paper examines the impact of Farmer Producer Companies (FPCs) on the quality of life of rural women in Morigaon District, Assam. FPCs represent a crucial means of agricultural empowerment, particularly in regions where traditional systems of agriculture and livelihood struggle to provide adequate economic support. The research adopts a mixed-method approach, using both quantitative surveys and qualitative interviews to capture the lived experiences of 40 rural women involved in five FPCs. The study delves into the economic, social, and psychological aspects of women's livelihoods, focusing on how FPC membership affects their income stability, social status, and participation in community decision-making processes. The findings indicate that involvement in FPCs has led to a significant improvement in the quality of life for many women, although substantial barriers, such as limited access to training and credit, remain. The paper concludes by

highlighting the need for policy interventions to enhance the effectiveness of FPCs, making them a more inclusive and transformative mechanism for rural development.

Introduction

The quality of life for rural women in India is influenced by numerous socio-economic factors, with agriculture playing a critical role in shaping their daily experiences and overall well-being (Chandra, 2020). In Assam, agriculture is the backbone of the rural economy, with over 70% of families depending on it for their livelihood (Government of Assam, 2023). Despite agriculture's centrality, rural women often face limited access to resources, markets, and decision-making platforms (Rao, 2019). Farmer Producer Companies (FPCs) have emerged as a potential solution to these challenges, offering a collective framework through which farmers can pool resources, share knowledge, and access larger markets (Singh & Singh, 2021). This paper explores the role of FPCs in enhancing the quality of life of rural women in Morigaon District, Assam, focusing on economic, social, and psychological dimensions. **Farmer Producer Companies (FPCs)** are a relatively new institutional form in India, designed to strengthen the bargaining power of small and marginal farmers (Singh, 2016). They offer more flexible governance structures compared to traditional cooperatives and provide better access to financial services and markets (Kumar, 2022). In the context of rural women, FPCs hold particular promise as they enable women to engage in economic activities beyond subsistence farming, enhancing their financial independence and social standing within their communities (Sharma, 2020). However, the extent to which these benefits are realized varies depending on several factors, including training, access to credit, and socio-cultural contexts.

Rural women's participation in agriculture and their role in economic development have garnered significant attention in both national and international academic discourse. However, despite being key contributors to agricultural activities, women in rural India often face systemic barriers that limit their economic and social empowerment. One innovative institutional model that has emerged to address these barriers is the Farmer Producer Company (FPC), which allows small and marginal farmers to collaborate, pool resources, and access larger markets collectively. This literature review tries to understand the existing body of research on the role of FPCs in rural development, particularly in improving the quality of life of rural women, while identifying key research gaps that this study aims to address.

Rural Women's Role in Agriculture

Various studies have documented the significant contributions of rural women to agriculture. According to Agarwal (2018), women constitute nearly 33% of the agricultural labour force in India, playing crucial roles in sowing, weeding, harvesting, and post-harvest processing. However, they are often excluded from decision-making processes and access to essential resources such as credit, land ownership, and agricultural training (Kelkar, 2016). The FAO (2011) suggests that rural women's participation in agriculture remains largely invisible, undervalued, and unrecognized, which contributes to their limited economic mobility and social empowerment. This exclusion significantly impacts their quality of life, as women struggle to achieve financial independence and improve their social standing within their households and communities.

Despite being involved in every phase of agricultural production, women in rural India often lack control over the income generated from their labour, as men traditionally manage household finances (Bardhan, 2019). This structural inequality is compounded by limited access to formal credit institutions, agricultural extension services, and market information, all of which are crucial for improving agricultural productivity and income generation. Rural women are thus caught in a cycle of low income, low productivity, and social marginalization, which FPCs aim to address through collective action.

Farmer Producer Companies and Rural Development

FPCs are a relatively new institutional form in India, established under the Companies Act of 2002. They allow small farmers to organize as a collective entity, enabling them to negotiate better prices, share resources, and access credit and government subsidies (Singh & Singh, 2019). Studies by Nayyar and Tankha (2020) show that FPCs are particularly effective in strengthening the bargaining power of small and marginal farmers, leading to improved market access and higher income levels. These benefits are especially significant for women, who are often excluded from traditional agricultural cooperatives and other male-dominated platforms (Bedi, 2021). While FPCs have been shown to increase the income and market participation of smallholder farmers, including women, their impact varies significantly based on several factors, such as the level of training provided, access to credit, and the socio-cultural context (Patnaik, 2020). Some studies (e.g., Tripathi, 2019) have documented that women's participation in FPCs has led to greater financial independence, enhanced decision-making power within the household, and increased social capital through collective action. However, these positive outcomes are not universal, as FPCs face challenges related to inadequate infrastructure, limited government support, and deeply entrenched gender norms.

Empowerment Through FPCs: Economic and Social Dimensions

Economic empowerment is one of the primary goals of FPCs, particularly for marginalized groups such as women. By pooling resources, FPC members can reduce transaction costs, achieve economies of scale, and increase their access to lucrative markets (Roy & Mandal, 2020). For women, FPC participation often translates into higher income levels, which in turn improves their financial autonomy and contributes to better household welfare (Sharma, 2018). Women in FPCs are more likely to invest in their children's education, healthcare, and other aspects of family well-being, thus improving the overall quality of life (Bedi, 2021). Social empowerment is another critical outcome of FPC membership, as it fosters greater participation in community decision-making processes. Kelkar (2016) notes that FPCs provide women with a platform to voice their concerns, share knowledge, and influence agricultural practices at both the household and community levels. This empowerment is particularly important in rural India, where patriarchal norms often limit women's participation in public life. Studies (e.g., Nayyar & Tankha, 2020) have shown that FPCs can challenge these norms by creating spaces where women can collaborate with their peers, exchange ideas, and build leadership skills.

However, while these studies highlight the potential of FPCs to empower women, they also point to significant limitations. For instance, despite the financial and social benefits, many FPCs remain male-dominated, with women often relegated to secondary roles (Patnaik, 2020). Moreover, women frequently face barriers to accessing the full range of services offered by FPCs, particularly credit and training opportunities, due to their lower levels of education and social status (Sharma, 2018). These limitations suggest that while FPCs hold great promise, their ability to fully empower rural women is constrained by broader structural inequalities.

Challenges and Barriers in FPC Participation for Women

Although FPCs have demonstrated success in increasing the income and empowerment of smallholder farmers, including women, several challenges remain. One of the most significant barriers is access to credit. Women farmers, in particular, face difficulties in securing loans due to a lack of collateral and the entrenched perception that agriculture is a male-dominated sector (Agarwal, 2018). FPCs often offer microcredit services, but these are typically insufficient to meet the needs of female farmers, especially those who are looking to invest in high-value agricultural products or technologies (Bardhan, 2019). Another challenge is the limited availability of targeted training programmes for women. While FPCs provide training in agricultural practices and market strategies, these programmes are often not tailored to the specific needs and constraints of rural women, such as time poverty and limited mobility due to household responsibilities (Roy & Mandal, 2020). Without adequate training, women may struggle to fully benefit from FPC participation, particularly in terms of adopting new agricultural technologies or engaging

in value-added activities. Cultural factors also play a significant role in limiting the effectiveness of FPCs in empowering women. In many rural areas, patriarchal norms restrict women's participation in economic activities, including FPCs (Kelkar, 2016). Even when women are members of FPCs, they may be excluded from decision-making processes or assigned roles that reflect traditional gender hierarchies (Tripathi, 2019). This highlights the need for a more gender-sensitive approach to FPC management and training, one that actively addresses cultural barriers and promotes women's leadership within these organizations.

Research Gaps

While existing literature provides valuable insights into the potential of FPCs to improve the livelihoods of rural women, several research gaps remain. First, there is limited empirical research focusing specifically on the experiences of rural women in Assam, particularly in regions like Morigaon District. Much of the existing literature is based on case studies from other parts of India, which may not fully capture the unique socio-economic and cultural context of Assam. This study aims to fill this gap by focusing on the specific challenges and opportunities faced by rural women in Morigaon. While many studies have examined the economic benefits of FPC participation, fewer have explored the social and psychological dimensions of empowerment, such as increased confidence, decision-making power, and social capital. This study seeks to address this gap by investigating how FPC membership influences not only women's economic status but also their social standing and psychological well-being. There is a lack of research on the barriers that prevent rural women from fully benefiting from FPCs. While some studies have mentioned challenges related to credit access and cultural norms, there is limited data on how these barriers can be addressed through policy interventions or targeted support programs. This study will explore these barriers in depth and provide recommendations for improving the inclusivity and effectiveness of FPCs for rural women.

The literature reviewed highlights the significant potential of FPCs to empower rural women by improving their income, market access, and social participation. However, it also reveals critical challenges that limit the full realization of these benefits, particularly in terms of access to credit, training, and cultural barriers. This study aims to build on the existing literature by focusing specifically on the experiences of rural women in Morigaon District, Assam, and by addressing the gaps related to social empowerment, barriers to participation, and policy interventions. By conducting a comprehensive analysis of the impact of FPCs on the quality of life of rural women in Morigaon, this study will contribute to the growing discourse on gender and rural development in India and provide valuable insights for policymakers, practitioners, and scholars interested in promoting inclusive agricultural development.

The primary objective of this study is to assess the impact of FPCs on the quality of life of rural women in Morigaon District, Assam, specifically concerning income generation,

social participation, and empowerment. This study also identifies challenges that prevent women from maximizing FPC benefits and suggests policy interventions. The research contributes to the literature on rural development and women's empowerment, focusing on FPCs as a mechanism for enhancing livelihoods in underdeveloped agricultural regions.

Statement of the problem

Rural women in India, particularly in regions like Assam, play a crucial role in agriculture and livelihood generation, yet they often face significant challenges that hinder their socio-economic development. Despite their active involvement in agricultural activities, they are marginalized in terms of access to resources, markets, credit, and decision-making platforms. In Morigaon District, Assam, where agriculture forms the backbone of the rural economy, women experience limited economic opportunities and social mobility due to entrenched patriarchal norms and inadequate institutional support. Farmer Producer Companies (FPCs) have emerged as a potential solution to these issues by providing a collective platform for small and marginal farmers, including women, to enhance their market access, improve agricultural practices, and increase their bargaining power. While FPCs offer promising avenues for empowering rural women economically and socially, the extent to which they can alleviate the challenges faced by these women remains unclear. Some factors such as access to credit, availability of training, and socio-cultural constraints continue to impede the full realization of the benefits associated with FPC participation. This study seeks to examine the impact of FPC membership on the quality of life of rural women in Morigaon District, Assam. Specifically, it aims to investigate how FPC participation influences income generation, social status, and empowerment, while also identifying the barriers that prevent women from maximizing the opportunities provided by FPCs. The study will provide insights into the effectiveness of FPCs as a mechanism for rural women's development and contribute to the growing discourse on gender and agricultural empowerment in India.

Methodology

The study adopts a **mixed-methods approach**, combining quantitative surveys with qualitative interviews and focus group discussions (FGDs) to capture both measurable and experiential aspects of FPC participation. The study was conducted in five FPCs across Morigaon District, Assam, a predominantly agricultural region where FPCs have been established to support smallholder farmers. Morigaon was chosen for its socio-economic conditions and the active presence of FPCs aimed at promoting rural development (Rural Development Department, 2023).

A total sample of **40 rural women** who are active FPC members were selected using random sampling techniques. The sample includes women from diverse backgrounds in terms of age, education, and landholding size. A structured questionnaire was administered

to collect quantitative data on income levels, access to markets, and decision-making participation. Qualitative data were collected through **in-depth interviews** with key stakeholders such as FPC leaders, local government officials, and representatives of non-governmental organizations (NGOs). FGDs with women FPC members explored their collective experiences and perspectives.

Quantitative data were analyzed using **SPSS**, focusing on descriptive statistics and correlation analysis. Qualitative data were coded thematically to identify key patterns and insights. This combination allowed for a comprehensive understanding of how FPC participation affects the quality of life for rural women, in both tangible terms (e.g., income) and intangible aspects (e.g., empowerment).

Findings & Discussion

The study's findings indicate a notable improvement in the quality of life for rural women participating in FPCs. **Economically,** 75% of women reported an average income increase of **30%** since joining their FPC, with the highest increases seen among those engaged in collective marketing of produce. One respondent shared, "*Before joining the FPC, I earned around ₹5,000 per month from my small farm, but now my income has increased to ₹7,000, and I can save for my children's education*" (Respondent 12, personal communication, 2024). This income growth is linked to better market access, collective bargaining, and improved agricultural practices, facilitated by FPC-organized training (Kumar & Reddy, 2023). **Socially,** participation in FPCs has enhanced women's roles in household and community decision-making processes. Women reported greater confidence in asserting their views, particularly concerning agricultural and financial matters. One participant mentioned, "*Now I attend meetings with other women, and we discuss market prices and how to invest better. My opinion is taken seriously at home too*" (Respondent 5, personal communication, 2024). The collective nature of FPCs has also fostered solidarity among women, enabling them to overcome challenges collectively (Patel, 2019).

However, there are significant challenges **where access to credit** is a major hurdle, with 60% of women reporting difficulty securing loans for agricultural activities. While FPCs provide some financial services, these are often insufficient for smallholder farmers, particularly women who lack collateral. Additionally, many women expressed the need for more targeted training, particularly in **market strategies and advanced agricultural techniques**. "*The training we receive is good, but it is very basic. We need to learn more about how to manage larger-scale operations and handle finances*," said one participant (Respondent 19, personal communication, 2024). Cultural barriers, such as entrenched patriarchal attitudes, also limit women's participation in FPC activities and decision-making processes. One respondent shared, "*In our village, men still think women should only focus on the household. Even though we are part of the FPC, we face resistance when trying to make decisions*" (Respondent 33, personal communication, 2024).

The findings align with existing literature on the role of FPCs in rural development. Studies have documented FPCs' positive impacts on income and market access for smallholder farmers (Singh & Singh, 2021), and this research adds to that evidence by focusing specifically on rural women in Assam. The 30% average income increase reported by women in Morigaon aligns with national trends, where FPC participation has been linked to increased bargaining power and access to resources (Reddy, 2022). However, the challenges of credit access and targeted training indicate that policy interventions are necessary. Financial inclusion remains a critical barrier for rural women, who often lack the collateral required for loans (NABARD, 2023). Policy-level reforms are needed to improve women's access to formal financial services. Strengthening FPCs' financial services, through partnerships with local banks or government programs, could mitigate this challenge. The patriarchal norms that limit women's participation are not unique to Morigaon but reflect broader cultural barriers in rural India (Sharma, 2020). Addressing these norms will require a multi-pronged approach, including gender-sensitive training programmes and community engagement efforts aimed at transforming gender relations.

Conclusion

This study demonstrates that FPCs have the potential to significantly improve the quality of life for rural women in Morigaon District, Assam. By providing access to markets, increasing income, and fostering social empowerment, FPCs can play a transformative role in rural women's livelihoods. However, substantial barriers remain, including access to credit, the need for more targeted training, and cultural limitations. Policy interventions focusing on financial inclusion, capacity-building programs, and challenging patriarchal norms are essential. If these challenges are addressed, FPCs can be a key driver of rural development, providing rural women with the tools they need to improve their quality of life and contribute to the broader development of their communities.

References:

Agarwal, B. (2018). Gender equality, food security, and the Sustainable Development Goals. *Current Opinion in Environmental Sustainability*, 34, 26-32.

Bardhan, P. (2019). Gender and agricultural production in India: A sociocultural perspective. *Journal of Rural Development*, 38(2), 45-59.

Bedi, P. (2021). Women empowerment through Farmer Producer Companies in India. *International Journal of Rural Development Studies*, 44(1), 85-101.

Chandra, P. (2020). Women and agriculture in India: Challenges and opportunities. *Journal of Rural Development*, 41(2), 45-63.

FAO (Food and Agriculture Organization). (2011). *The state of food and agriculture 2010-2011: Women in agriculture—Closing the gender gap for development*. FAO.

Government of Assam. (2023). *Agricultural census 2022-23*. Directorate of Agriculture, Assam.

Kelkar, G. (2016). Gender relations in agriculture and rural development from a historical perspective. *Development Studies Journal*, 22(3), 67-89.

Kumar, R., & Reddy, P. (2023). Empowering rural women through farmer producer companies in India. *Indian Journal of Agricultural Economics*, 78(1), 14-28.

NABARD. (2023). *Women and rural finance in India: Challenges and strategies*. NABARD Rural Finance Report.

Nayyar, P., & Tankha, A. (2020). FPCs in India: Potential and challenges for rural development. *Agricultural Economics Review*, 16(2), 115-127.

Patel, S. (2019). Collective action and rural women: The role of Farmer Producer Companies. *Development Studies Quarterly*, 62(4), 65-80.

Patnaik, P. (2020). Challenges of Farmer Producer Organizations in India: A case study of women participation. *Journal of Cooperative Management*, 5(4), 210-225.

Roy, A., & Mandal, R. (2020). Economics of collective farming: The case of Farmer Producer Companies in India. *Indian Journal of Agrarian Studies*, 12(1), 89-102.

Sharma, S. (2018). Economic and social empowerment of rural women through collective action. *Journal of Women and Development*, 29(2), 58-74.

Singh, S., & Singh, R. (2019). Farmer Producer Organizations in India: Policy, performance, and potential. *Journal of Agricultural Policy Research*, 23(1), 32-50.

Tripathi, K. (2019). Gender inclusivity in Farmer Producer Companies: A regional perspective. *Rural Development Quarterly*, 18(3), 130-144.

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CREATION OF SOCIAL AWARENESS AMONG RURAL MASSES THROUGH SOCIAL WORK INTERVENTION

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Abstract

The rural situation in Assam is somewhat different from others, one side we find villages in valleys and on the river banks which often face flood, on the other side are the villages on hilltops, which suffer from problems of communication, difficult terrain for cultivation, shifting cultivation and other associated issues. Unlike the most of the country, the villages located in plain areas are few. Though Assam receives a great amount of rain but most of it drains out into rivers without being properly harvested, leaving the villages at the mercy of floods. All these factors together have kept the Assam rural economy stagnant for several centuries. In this state of affairs, rural development cannot be stereotypical, but must be specific to a situation.

An attempt has been made in the present research paper to explore social awareness among rural populations with regard to health and the importance of nutritional value of food, population education, family planning, and the impact of welfare schemes and programmes and to determine the necessity of professional social work intervention.

Key Words: Social Awareness, Health and Nutrition, Status of Women, Family Planning, Population, Education, Social Work Intervention.

Introduction:

The rural situation in Assam is somewhat different from others, one side we find villages in valleys and on the river banks which often face flood, on the other side are the villages on hilltops, which suffer from problems of communication, difficult terrain for cultivation, shifting cultivation and other associated issues. Unlike the most of the country, the villages located in plain areas are few. Though Assam receives a great amount of rain but most of it drains out into rivers without being properly harvested, leaving the villages at the mercy of floods. All these factors together have kept the Assam rural economy stagnant for several centuries. In this state of affairs, rural development cannot be stereotypical, but must be specific to a situation.

Keeping in view the above facts, the researcher has made an effort to conduct a micro study focusing on the issues - health and nutrition, family planning, population education and status of women, welfare schemes and programmes implemented by government and non-government organizations in a village. Further, an effort has been made to examine the use of social work techniques, skills and principles in creating awareness among the rural masses in addressing the above mentioned issues of rural community and to draw suitable social work intervention strategy to address the problems of the people in a better way. The micro study has been conducted in Rakhal Khaler Par village. The Rakhal Khaler Par village, situated 12 km west of Silchar town, lay adjacent to Indian Army base camp, Masimpur. This revenue village comes under Bairagi Bazar Gram Panchayat of Borkhola Development block of Cachar district in the state of Assam. The approximate population of this village is 4500 (460 families), of which majority belongs to scheduled castes followed by forward castes and other backward classes.

The meaning of Rakhal Khaler Par in Bangla is the cowboy standing on the bank of the canal. This village is very close to Barak River, which meanders through Bangladesh at about 45 kms distance from this village. The village remains flood affected for about six months in a year. The road communication to the main land is unimaginable when compared to villages located in plain land within Assam or outside the Assam. During floods, the people of this community use home-made boats as means of communication to one area to another area. During winter the land is dry and people use bamboo made bridges as means of road communication. The safe drinking water is not available. The people at the time of flood sit idle at home without work. The livelihood for the poor families is deplorable. The health and welfare services perhaps have not reached to the people. The poverty stricken people are the worst sufferers in this community. The very purpose to select this village for micro study was that this is one of the field practice communities by the Department of Social Work of Assam University.

Methodology

Objectives of the Study

This study aims to analyze the socio-demographic characteristics of a village while assessing the community's awareness of key health, nutrition, and family planning aspects.

It examines the villagers' knowledge of population education and the status of women in society. Additionally, the study explores the awareness levels regarding various government and non-government welfare schemes designed for rural communities. Lastly, it identifies the need for social work interventions to bridge gaps in healthcare access, education, and community welfare.

Research Design

The exploratory design was considered suitable keeping in view the above objectives. This has been done with a holistic approach incorporating the environmental situations, awareness and knowledge on the issues raised above.

Sampling Strategy

Using random sampling technique, a sample of 115 (families) A respondents was drawn by using Fisher and Yates (1941) random number D table, out of the universe of 4500 population (460 families)

Tools of Data Collection

An interview schedule was developed and administered to obtain the necessary information from the respondents through personal interview.

Analysis

The collected data have been analysed in terms of frequencies and percentages for each of the variables under the study.

Results and Discussion:

Age of respondents

Amongst the respondents, a majority (58 per cent) is in the age group of 18-36 years followed by 37-54 years and 55 years and above with 32 per cent and 10 per cent respectively.

Education of respondents

The study reveals that in case of the majority (43 per cent) of the respondents whose education level is up to primary followed by those education level is up to high school, college and illiterates with 33 per cent, 13 per cent and 11 per cent respectively.

Income of respondents

Forty-four per cent of the respondents' families are in the income range of Rs. 40,000 and above per annum followed by the respondents falling in income range between 24,000 - 40,000, up to Rs 24,000 per annum with 39 per cent and 17 per cent respectively.

Type of family of respondents

Study shows that an overwhelming majority (90 per cent) of the respondents belong to nuclear families followed by 10 per cent belonging to joint families.

Occupation of respondents

Majority (36 per cent) of the respondents are engaged in government service. 31 per cent of the respondents are engaged in cultivation followed by daily wage earners, and petty business with 25 per cent and 8 per cent respectively.

Marital status of respondents

The study reveals that majority (58 per cent) of the respondents are married followed by unmarried respondents with 42 per cent.

Awareness about Health and Nutrition

Since health is influenced by a number of factors such as adequate food, housing, basic sanitation, healthy lifestyles, protection against environmental hazards and communicable diseases, the frontiers of health extend beyond the narrow limits of medical care. It is thus clear that "health care" implies more than "medical care". It embraces a multitude of "services provided to individuals or communities by agents of the health services or professions, for the purpose of promoting maintaining, or restoring health". Park. A (2002) Nutrition may be defined as the science of food and its relationship to health. It is concerned primarily with the part played by nutrients in body growth, development and maintenance. The word Nutrient or "food factor" is used for specific dietary constituents such as proteins, vitamins and minerals. The principal target of nutritional improvement in the community is the family, and the instrument for combating malnutrition at the family level is nutrition education. The housewife is the "manager" to the consumption of food in the family. In some families, the husband determines what food will reach the table. Both husband and wife need to be educated on the selection of right kinds of local foods and in the planning of nutritionally adequate diet within the limits of their purchasing power. Singh Surendar (1997)

The present study portrays that majority (60 per cent) of the respondents from 18-36 years of age group have expressed that they are having awareness on health and nutrition followed by 37-54 years and 55 and above years with 30 per cent and 10 per cent respectively.

The level of education has bearing on awareness on health and nutrition of the respondents. As the study indicates that 43 per cent of the respondents of primary education background expressed that they are having little awareness on this aspect, while 33 per cent of the respondents with high education background opine that they are having awareness on health and nutrition, whereas 13 per cent of the respondents with college education have expressed that they are having the awareness about the same, remaining 11 per cent of the illiterate respondents have no awareness on this count.

Income is another important factor bearing on the health and nutrition of the respondents. The study has explored that a majority (56 per cent) of the respondents whose income range is from Rs. 34.000-40,000 is of the opinion that they find it difficult to maintain good health among family members due to low income, whereas 44 per cent of the respondents whose income ranges Rs. 40,000 and above have reported that the income is, to some extent, sufficient to maintain good health of all family members.

Regarding the type of family, the study shows that large majority (62 per cent) of the respondents from nuclear families is not aware of the improvement of the health and

nutrition followed by joint families with 33 per cent. The study reveals that 44 per cent of the respondents who are in government service and private business are aware about the health and nutrition, whereas a majority (56 per cent) of the respondents who are actual cultivators and daily wage earners have expressed that they are not having any awareness about health and nutrition education.

The study indicates that majority (55 per cent) of the respondents who are unmarried are not aware about health and nutrition, whereas 42 per cent of married respondents are aware about health and nutrition. The above facts clearly indicate that the level of awareness about health and nutrition is very poor. The villagers do not have the minimum awareness with regard to safe drinking water, water borne and other communicable diseases and regular health check-up, immunization, nutrition value of food, etc. In a nutshell, it may be said that the majority of the respondents of food, etc. in lees awareness on the importance of health and nutrition. The observational skill has helped the researchers to create awareness about health, hygiene and nutrition among the rural mass. Further, minute observation helped the researcher to understand the problems such as non-availability of health care services. The principles of acceptance, non-judgemental attitude and confidentiality were applied among the respondents as and when they discussed their very personal problems in general and community problems in particular.

Status of the Women:

The increasing trends of violence against women, crimes against women, gender discrimination, low economic status, less political participation have forced women towards genocide in the Indian society. This made empowerment of women as great concern for all of us in this country. The study indicates that the majority (62 per cent) of the respondents. in the age group between 37-54 years and 55 years and above have expressed that their women members including adolescent girls are engaged in household activities and most of the family decisions are taken by men only. Whereas 38 per cent of the respondents in the age group of 18-36 only. Whereas 38 per cent of the respondents in the age group of 18-36 years opined that women members are involved in various family decisions and are allowed in social, economic and political activities.

Regarding the education, the majority (59 per cent) of the respondents who had primary and college education expressed that women members are not given freedom to participate in socio-political and economic activities. Whereas 41 per cent of them are in favour of allowing women members to participate in various socio-economic political activities. Seventy per cent of the illiterates are not in favour of women members in participating in socio-economic political activities. Whereas 30 per cent of them are in favour of women members to participate in various socio-economic and political activities.

The study further shows that an overwhelming majority (70 per cent) of the respondents in all the income groups expressed that they are not happy about the women members' participation in socio-economic and political activities. Whereas 30 per cent of the

respondents in all the income group are in favour of women members' participation in socio-economic and political activities. Regarding the type of family, majority (67 per cent of the respondents from nuclear families are not in favour of women members participation in various socioeconomic and political activities, remaining 33 per cent of the respondents are supporting their women members in each activities.

In case of joint families an overwhelming majority (79 per cent of the respondents are not happy about the participation of women in socioeconomic and political activities, while 21 per cent of them favour their women members in such activities. The minute observation has helped the researcher about stereotype attitude towards women and girl child. The motivational and encouragement skill helped the researcher to understand and create awareness on the respondents about the changing scenario of status of women in society in every walk of life. Keeping in view of the above facts, it is interesting to note that the status of women in this community is very low. There is every need to motivate the men to provide freedom and liberty to women in all spheres of their lives. Thss exercise will help in development of their families in particular and nation in general.

Family Planning and Population Education

Family Planning is associated with numerous misconceptions one of them is its strong association in the minds of people with sterilization. Others equate it with birth control. The recognition of its welfare concept came only a decade and half after its inception, when it was named Family Welfare Programme. The concept of welfare is very comprehensive and is basically related quality of life. The Family Welfare Programme aims at achieving a higher end i.e., to improve the quality of life of the people

The concept of population education in the Indian context is designed to bring home to the students, both at school and university level the consequences of uncontrolled population growth, the benefits of a small family norm; the economics, sociology and statistics of population growth, its distribution and its relation to the levels of living. Park. K (2002) The study reveals that majority (59 per cent of the respondents in age group of 18-36 years opined that they have no awareness on family planning and population education, whereas 41 per cent of the respondents in the same age group are aware. In case of the respondents belonging to 37-54 years age group, majority (62 per cent) of the respondents are not aware on this aspect, remaining 38 per cent have awareness on this aspect. In case of 55 years and above age group, majority (80 per cent) of them have expressed that they have no awareness on family planning and remaining 20 per cent of them opined that they have awareness on this aspect.

As regards the level of education, majority (51 per cent) of the respondents who had college and high school education have opined that they have no awareness on family planning, while 49 per cent of the respondents expressed that they have awareness on this count. In case of primary and illiterate, the majority (80 per cent) of the respondents have no

knowledge on family planning and population education. Whereas 20 per cent of the respondents are aware in this aspect. The study reveals that the majority (52 per cent) of the respondents in all income groups have opined that they have no awareness on family planning and population education whereas 48 per cent of the respondents have expressed that they have awareness in this regard.

The study further shows that majority (53 per cent) of the respondents of both nuclear and joint families have expressed that they have no awareness on family planning and population education, while 47 per cent of the respondents opined that they have awareness in this regard.

The ventilation skill has helped the researcher to ventilate their feelings regarding misconception towards family planning and population education, the problems of gambling and alcoholism among the youth in this community. The minute observation helped the researcher to understand inaccessibility of government welfare schemes and programmes and stereotypical attitude towards women and girl child. The motivational and encouragement skills helped the researcher to understand and create the awareness in respondents on various basic aspects. The supportive techniques, empathy and communication have helped the researcher to create awareness about family planning and small family norms. Through interview technique, the researcher communicated the information regarding the advantages of adopting to understand and create the awareness in respondents on various basic aspects. The supportive techniques, empathy and communication have helped the researcher to create awareness about family planning and small family norms. Through interview technique, the researcher communicated the information regarding the advantages of adopting the various contraceptives to space the child birth.

Schemes and Programmes

The Government of India right from the first Five Year Plan initiated 2. several welfare schemes and programmes for the overall development of rural masses. The study shows that majority (60 percent) of the respondents in all the age groups expressed that they have no awareness about the schemes and programmes of government and non-governmental organizations for the upliftment of the rural poor. While 40 per cent of the respondents opined that they have awareness about various schemes and programmes of both government and non-government organizations.

Regarding education, majority (69 per cent) of the primary and college- educated respondents are not aware of schemes and programmes of the government and non-government organizations. Awareness on the various schemes and programmes such as widow pension, Prime Minister Balika Sambridhi Yojona. Self Helf Groups, etc. for the upliftment of the rural people majority of the respondents informed that they have availed and benefited from such kind of schemes and programmes. Further, they also said that due

to politicization of different fields the benefits are not reaching to the needy but have also expressed that, sometimes the names of beneficiaries published in the list gets wiped out practically for one or the other reason.

While 30 percent of them are having awareness in this regard, in case of illiterate respondents, almost 97 per cent of the respondents are no aware in this regard. In case of income, the study shows that the majority (53 per cent) of the respondents in all the income groups are not aware in this regard, while 47 per cent of the respondents have opined that they are aware in this regard. The study shows that majority (57 per cent) of the respondents of both nuclear and joint families opined that they have awareness about schemes and programmes for the rural poor, whereas, 43 per cent of the respondents opined that they have no awareness in the regard.

To create awareness among the rural masses, the assurance technique has helped the researcher to make clear to the respondents that he will be a helping hand to represent the community problems as and when his help is required to in getting such services from the concerned departments. Considering the above facts, it may be said that the implementing authorities of the schemes and programmes for the upliftment of the rural poor have to look into the matter seriously to avoid such discrepancies. Had there been involvement of trained social workers in implementing such schemes and programmes there would have been better results.

Social Work Intervention

Social Work seeks to enhance social functioning of individuals, singly and in groups, by activities focused on their social relationships, which constitutes the interaction between man and his social environment. These activities can be grouped into three functions-restoration of impaired capacity, provision of individual and social resources, and prevention of social dysfunction. (Warner. 1959: 54)

In order to overcome the problems of the people in the community, there is every need to fulfil the minimum needs to ensure the desirable standard of living to everyone in society. In order to create awareness and provide basic services for the people of the community there is a dire need to give special opportunity to those who have been the victims of receiving the benefits of the varied kinds and above all the social work has no option but to concern itself with poverty stricken section of society. Irrespective of their religion, caste, gender and geographical background in order to help the poor, social work has to intervene at the following levels:

1. Intervention at the level of individual, group and community,
2. Intervention at the level of policy makers,
3. Intervention at the level of implementation of the policy, and
4. Intervention at the level of non-governmental organizations.
5. Intervention at the level of individual, group and community

The social work intervention at the individual level can be done addressing in for example when an individual is having myths and misconception about family planning and population education. The social worker can explain the individual: what is family planning? What are the methods of family planning? How these methods can be adopted to space the birth? What and where the services are available? What is the importance of small family norm? etc. By to these questions, the individual may feel the benefits of family planning and population education. Once this exercise is done at the individual level, this can facilitate her/him to remove the myths and misconceptions about family planning and population education. Similar exercises can also be done for the other problems of the individuals.

Intervention at the group level can be done for e.g. when a group of individuals is interested to take up collective work to generate income for their livelihood. The social worker can form the self-help group consisting of 10 to 15 members and then he can explain to the group: what is self- help group? Why this group formation is important? What are the objectives of the group? What are the modalities for formal registration of such group? etc. If the group is interested to take up fishery, social worker can invite the expert in the field and ask him/her to explain the self help group regarding fish cultivation. Once the group starts working, then social worker can help the group in providing financial assistance from the funding agency.

The most important feature of the community level intervention is psychological preparation of the community for accepting certain changes. The social worker can take up the work such as construction of roads, drains, wells, schools, and dispensary in the community by involving the people of the community in this exercise. The use of various mass media can be done in creating awareness in the community about its needs and resources and using these resources for fulfilling these needs. Still further, the literacy programmes, use of school, social education programmes, use of audio visual aids, postures, pictures and Radio and TV, etc. may be done. In this way the intervention at the community level can be done.

Intervention at the Level of Policy Makers viz Politicians

Upliftment of rural area is basically a political task and future prospects depend upon formulation of policies conducive in transformation of socio- economic structure and for this policy makers namely politicians will have to be convinced. Here, the social worker will have to apprise them the pitiable conditions and reasons responsible for underdevelopment by under- taking intensive as well as in-depth studies of rural areas among the different segments of the population and to suggest appropriate measures for rural development. They should impress upon the political leaders the need for firm commitment on their part with regard to development of rural community, and prepare and present concrete and feasible plans for improving rural areas. The plans should include

adequate opportunities for skill development and capacity to confidence building and economic gainful empowerment for every able-bodied person, etc.

Intervention at the Level of Implementation of the Policy

While working with the implementing authorities, the social workers should on the basis of their studies of various dimensions and dynamics of rural problems pin point the areas in which the work is required to be done especially with the view to enabling the poor to equip themselves with appropriate work and to develop the talents, abilities, capacities and skills that may be instrumental for engaging themselves economically gainful productive work and making use of means and methods available for leading a better life and living. Implementing authorities are responsible for implementation of various policies for rural development from time to time envisaged for bringing about an improvement in the life of the poor. It is mainly because improper implementation of the policies and programmes owing to multiplicity of factors including corrupt practices adopted by them for fulfilment of their own interest and as also of their favourite interest that the desired objective of rural development could not be achieved. The social worker by maintaining uninterrupted contact with poor as also with the policy implementers can be helpful in ensuring that the help becomes timely available to those who really deserved it and by exercising constant vigil over them can guarantee that benefits intended to the rural development are actually received by beneficiaries in full-quantitively and qualitatively.

Intervention at the Level of Non-Governmental Organizations

Non-governmental organizations, especially in developing countries like ours where the resources are at the command of government, are limited due to which despite their commitment to overall development of rural India, it becomes difficult to ensure even a minimum desirable standard. The role of NGOs is of immense importance not only from the standpoint of supplementing the governmental efforts by pooling required resources but also from the point of initiating area specific need-based programmes directed towards catering to the felt needs of poor in a more effective manner. The social workers assist these organizations in identification of target groups, familiarize them with the felt and pressing needs of the poor. They devise suitable methodologies and assist non-governmental organizations in mobilizing resources and actual rendering of the services to poor and ensuring that the help meant for them reaches the poor on time and full.

Conclusion:

To conclude, it may be said that the people of Rakhal Khaler Par Village lack awareness on the importance of health and nutrition. The women in this community are almost ignored, hence, the matter should be looked into seriously. The people in this community are not aware of the methods of family planning and population education. As far as welfare schemes and programmes are concerned, the real beneficiaries could not avail the benefits for the self-development in particular and the community development in general. It may be pointed out that there is every need to use the social work methods, skills, techniques,

and principles to make people aware of the developments in various aspects of human life. It is quite interesting to note that there is a dire need to change the mindset of the people for their better living in particular and development of the community in general.

Suggestions:

It is suggested that the community people should be educated and made aware about their needs and resources. The village level organizations like Gram Panchayat, Yuvak Mandals, Youth Clubs, Mahila Mandals, etc. are to be strengthened and motivated to work for the betterment of the community. The government and non-government organizations have to come forward more closely to the people and mobilize them in providing the training programmes relating to the self-employment. If this is done, the people can generate more income through self- employment and fulfil the requirement of their livelihood.

The Public Health Engineering Department and Non-Governmental Organizations have to come forward in organizing training programmes on water purification by forming different clusters in the community. There is the need to change the mindset of the people and to create a healthy atmosphere to implement the welfare schemes/ programmes systematically. It is suggested that the grassroot level functionaries such as school teachers, health workers, Anganwadi workers, members of Youth Clubs, Mahila Clubs, etc, can organize awareness campaign on various issues such as alcoholism, gambling, drinking water, health and hygiene, etc. through rally meetings, discussions, posters, charts, etc. regularly and to use the health fairs, village fairs and the cultural programmes and so on which will yield better results in bringing awareness among the rural masses.

The government and non-governmental organizations have to take a lead in formation of self-help groups, schemes and programmes of the government, availability and accessibility of health services and to organize frequently advance training in the field of agriculture technology such as high yielding crops, use of pesticides, marketing, storage, etc. It is necessary here to mention that there is every scope for the trained social workers to work as a catalyst to bridge the gap between the haves and haves-not. The social worker can play a vital role in mobilizing and motivating the rural masses on their problems and prospects. The trained social workers can work as a guide to monitor the work of the grassroot level functionaries who are working for the betterment of the rural masses.

There is a pressing need to provide the proper road communication facility for the people of this community so that they can easily avail the health and welfare services rendered by government and non-government organizations. Since it is flood affected area, there is a need to give self-employment training and more so financial assistance should be provided to earn their livelihood. It is suggested that the people of this community should be motivated to make use of available local resources such as bamboos, fisheries, and kitchen gardening which will help them to earn their livelihood during floods.

References:

Park, K. (2002): *"Preventive and Social Medicine,"* Banarsidas Bhanot Publishers, Jabalpur.

Singh, Surendra (1997): *"Science and Technology and Poverty in India: Social Work Intervention"* Contemporary Social Work, Department of Social Work, Lucknow University Vol. XIV, April.

Warner W. Bochin (1959): *"Objectives of Social Work, Curriculum of the Future, Curriculum Study"* Council on Social Work Education. Vol. I. New York.

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THE ROLE OF ACCESSIBLE MENTAL HEALTH SERVICES FOR VULNERABLE COMMUNITIES

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Abstract

Accessible mental health services play a vital role in addressing the mental health needs of vulnerable communities; the provision of appropriate mental health services to vulnerable sections is essential to bring them into the mainstream of society. The Vulnerable sections of people are currently facing enormous problems in India, like disability, illness, inadequate resources for livelihood, illiteracy, poverty, cultural discrimination, etc. Marginalised and vulnerable groups such as low-income individuals, cultural minorities, and refugees suffer from mental health challenges due to a myriad of socio-economic factors. The present study examines the multifaceted impact of accessible mental health services in vulnerable communities, encompassing socio-economic, cultural, and systemic factors for mental well-being. The study is based on secondary data, and the objective of the present study is to Analyse the effectiveness of accessible mental health services in improving outcomes for vulnerable communities by providing timely and culturally sensitive interventions; these services mitigate disparities in mental health outcomes, enhance resilience, and foster community well-being. However, challenges such as funding constraints, workforce shortages, and stigma persist, hindering the full realisation of accessible mental health services. Prioritising accessible mental health

services in vulnerable communities is a matter of social justice and a pragmatic investment in society's integrated health and prosperity.

Keywords: Mental health, vulnerable, marginalised, Cultural Minorities, Refugees, and Social Work.

Introduction:

Mental health is a fundamental aspect of the overall well-being of every individual, intricately intertwined with every facet of life. World Health Organization (WHO) defines health as complete physical, mental, and social well-being, not merely the absence of disease or infirmity. Also, The World Health Organization (WHO) recognises mental health as a fundamental human right, affirming that every individual deserves the opportunity to attain the highest standard of mental well-being possible. Still, vulnerable sections living in the present society fail to get good mental health services. They continuously suffer from various types of psychological problems due to their vulnerability. Even if it is a challenging task to bring them into the mainstream of society and provide them with better health facilities, improving their mental health is imperative to bring them into the mainstream of society. Vulnerable sections of society are continuously facing problems like illiteracy, poverty, illness, inadequate resources for livelihood, socioeconomic disadvantages, loneliness, and marginalisation. All these issues make it difficult for the vulnerable to access better mental health services. In recent years, there has been a growing recognition of the critical role that accessible mental health services play in addressing the unique needs of these communities. A country can be developed only when the weaker sections are socially mainstreamed by providing good-quality mental health services to address all the problems.

Review of Literature:

During the COVID-19 Pandemic, Rahman M Studies found vulnerable populations to be at a high risk for mental distress. This review emphasises the need to uphold human rights and address the long-term mental health needs of populations that have suffered disproportionately during the pandemic. Countries can embed a proactive psychosocial response to medical management and existing prevention strategies. Further, extensive commonalities between the experiences of people from different 'hard-to-reach groups' and considerable diversity within each group. An idiographic generalisation and aggregation of this variety of experiences point to one leading familiar facilitator (communicated availability of acceptable mental health services) and two main common barriers (lack of practical information and multiple forms of stigma*)* to equitable access to primary mental healthcare services (Kovandzic, Chew-Graham, Reeve, Edwards, Peters, Edge, Aseem, Gask, Dowrick, 2010). The a need for greater attention to the impacts of context, culture, and local survival strategies on peoples' responses to adversity and illness, greater acknowledgement of the agency and resilience of vulnerable communities, and

increased attention to how power inequalities and social injustices frame peoples' opportunities for mental health (Campbell, & Burgess, 2012).

They were a study conducted on immigrant service providers' perceptions of access to and use of mental health services for immigrants and refugees in Alberta. They found Immigrant and refugee populations experience life stressors due to complex migration journeys and challenges in leaving one country and adapting to another. These life stressors result in adverse mental health. Barriers to access and use of mental health services include language barriers, cultural interpretations of mental health, stigma around mental illness, and fear of negative repercussions when living with a mental illness (Salami, Salma, & Hegadoren, 2019). Further, Predisposing and Enabling Vulnerable domains will be essential supplements to Predisposing and Enabling Traditional domains in explaining outcomes for the study conditions. In general, utilisation of services did not consistently lead to better health outcomes in their study. It could be that existing health services are insufficient to overcome the significant influence and barriers created by the extreme deprivation of homeless living conditions and lifestyles (Serafini, Parmigiani, Amerio, Aguglia, Sher, & Amore,2020). However, O'Connell, Lozier, and Gingles (1997) have noted in their study that adaptations to clinical care needed by homeless persons, such as provider sensitivity to the unique issues of homelessness, flexibility in service location, and broad access to integrated services, are generally discouraged by managed care. Gatekeeping mechanisms designed to ration physical, mental, and substance abuse treatment services may lead homeless adults to avoid further seeking care in the early stages of illness if the care-seeking process becomes more arduous or time-consuming.

Mobile medical clinic research Suggests that a significant minority of clients travel to MMC sites because of their need-specific healthcare services, which are free and available in an acceptable and accommodating environment. The findings of this study contribute to the critical research on healthcare utilisation among vulnerable populations by focusing on broader dimensions of accessibility in a setting where both mobile and fixed healthcare services coexist (Gibson, Ghosh, Morano, & Altice, 2014).

Brown, Calnan, Scrivener, and Szmukler, in 2009 their study, highlighted that trust appears to be salient and problematic for mental health services, not least in approachability, disclosure, and cooperation with treatment programs. Organising services around understanding trust rather than risk may be more effective at meeting needs and managing risk. To support this article proposes a practical model that will facilitate the provision of comprehensive and effective post-disaster mental health services for the vulnerable (Nazmun Nahar, Yulia Blomstedt, Beidi Wu, Istiti Kandarina, 2014). A conceptual framework is crucial in comprehending and devising leadership and governance approaches, management strategies, collaboration, education, and training efforts. This is particularly important in scaling up and supporting nurses and midwives in their existing or expanded roles to enhance access to primary healthcare for underserved populations (Dawson1, Nkowane, & Whelan).

Research Methodology:

Objectives of the study:

The objectives of the study are to highlight the needs and importance of mental health services, describe the proper implications and tools to improve the mental well-being of vulnerable sections, and apply social work practice methods for accessible mental health services.

Research Design:

The researcher used a descriptive research design to describe the things. The study has been undertaken with the broader methodological framework of mental well-being, which involves secondary data. The broad objective of the study is to describe the proper implications and tools to improve the mental well-being of the vulnerable sections.

Tools of Data Collection:

Secondary Data:

Secondary data are those data which are collected and compiled from secondary sources, i.e. the data which was collected by other institutions/organisations for their purpose/need, but the organisations or departments use it for some different purposes such as a report of the World Health Organization, published literature such as Books, Journals, Research Papers, Old thesis, Newsletter and Authentic and reliable online information.

Analysis:

By analysing the above reviews, the researcher found some points highlighted below.

1. Maintaining human rights and protecting psychosocial responses to medical management is necessary.

2. Reaching remote areas of vulnerable populations becomes more difficult due to a lack of practical information, various forms of stigma, inequality of power, and service utilisation.

3. The main barriers to access and use of mental health services, especially for immigrant and refugee populations, are language, fixed stigma about mental illness, fear of the negative consequences of living with mental illness and straight negligence of governments.

4. A practical, effective, and conceptual framework that provides comprehensive and effective post-disaster mental health services for vulnerable people and helps understand leadership planning and good governance practices is needed.

5. In most cases, trust is considered essential and problematic for mental health services that do not disclose patient information and cooperate with the treatment program.

Barriers to Accessing the Mental Health Services:

1. *Financial issues.*

Financial problems significantly delay the access of the vulnerable to better quality mental health services. Many of the vulnerable populations do not get proper therapy sessions, psychiatric medication, or other forms of treatment due to financial barriers. The high cost of mental health services also results in the exclusion of vulnerable groups from mental health services.

2. *Lack of Insurance Coverage.*

In India, too many mental health services are not adequately covered by health insurance plans or government-funded programs. This also leaves vulnerable groups deprived of better mental health services. Even when insurance coverage is available, navigating complex eligibility criteria and bureaucratic processes can pose additional challenges.

3. *Geographical issues*

Many rural and tribal areas receive limited mental health services due to various geographical issues. In rural and remote areas, access to mental health services is often limited by geographical isolation and a shortage of healthcare providers. Mental health professionals are disproportionately concentrated in urban centres, leaving rural communities underserved. The lack of transportation and limited public transit options can further impede individuals' access to care, particularly those without reliable transportation.

4. *Stigma and Discrimination:*

Due to some traditional practices and rituals, the social stigma surrounding mental illness remains pervasive, particularly within specific cultural and ethnic communities. Fear of judgment, discrimination, and social ostracism can deter individuals from seeking help for mental health concerns. Vulnerable populations such as LGBTQ+ individuals, racial and cultural minorities, elders, and people with disabilities may face significant problems of discrimination.

5. *Cultural and linguistic issues*

Vulnerable populations face problems like cultural and language barriers that barriers push back the vulnerable from accessing culturally competent and linguistically appropriate mental health services. Many vulnerable communities are facing difficulties in finding mental health providers who understand their cultural background, values, and beliefs. Linguistic issues also cause difficulties for the vulnerable when interacting with service providers.

6. *Lack of Awareness and Education*

Even today, most vulnerable populations keep their distance from education due to various socioeconomic reasons. Limited awareness and education keep vulnerable people from getting proper mental health services and available resources. Misconceptions, misinformation, and lack of education about mental illness can prevent individuals from recognising symptoms, seeking help, or accessing appropriate care.

7. *Systemic Inequalities*

Vulnerable populations of our country face much inequality from the mainstream of society in the name of the caste system, poverty, unemployment, lack of educational opportunities, housing instability, and exposure to violence. Addressing these all-systemic issues is essential to promoting equitable access to mental health services.

Need of Mental Health Services for Vulnerable Population:

The present need for mental health services for vulnerable populations is pressing and multifaceted, driven by a combination of factors that intersect to create significant challenges to mental well-being. Below are a few important reasons why mental health is essential for the vulnerable population.

1. *To increase mental health concerns in the vulnerable.*

Nowadays, it is a very challenging task to increase the mental health concerns in the vulnerable section of society due to socioeconomic status, race, ethnicity, gender identity, sexual orientation, disability, or different geographical location. Often, they face disproportionately high rates of mental health disorders. Factors such as poverty, discrimination, trauma, and social isolation contribute to elevated levels of stress, anxiety, depression, and other mental health issues within these vulnerable communities.

2. *To bring vulnerable people to the mainstream.*

The vulnerable sections of society are deprived of the mainstream of society due to their mental health issues. Weaker section people they don't aware of the mental health services that are presently available to solve their problems. Every social worker must make every vulnerable section aware of the existing mental health services, make full use of them, and bring them into society's mainstream.

3. *To Reduce barriers to accessing care.*

Vulnerable sections face several barriers that hinder their access to mental health services, including financial constraints, lack of insurance facilities, geographic barriers, stigma, language barriers, and cultural diversities. All these issues limit vulnerable sections' ability to get help, receive proper intervention in time, and access appropriate treatment and mental health services.

4. *Limited Access to Resources:*

Vulnerable sections don't get the proper opportunity to fully access mental health resources due to financial issues, lack of insurance coverage, or geographical barriers. Providing accessible mental health services can help bridge this gap and ensure that everyone has the support they need.

5. *Empowerment and Advocacy:*

Mental health services can empower vulnerable sections by providing proper tools, mental health services, and support networks to advocate for themselves and their communities. This can contribute to the integrated development of the vulnerable section.

6. *Trauma-Informed Care:*

Many vulnerable people have experienced trauma and other problems related to mental health due to violence, displacement, discrimination or other adverse events. Mental health services that are trauma-informed can help individuals heal from past experiences and develop coping mechanisms for the future.

Implication or Tools to Improve Mental Health:

1. To give recommendations to the policy makers:

Convey the government about the need for policy changes or improvements in the mental health care system to provide better accessibility and quality mental health services to vulnerable individuals. This includes advocating for increased financial support or funding, expanding community awareness programmes, and implementing culturally competent care initiatives.

2. Community participation:

Special attention is given to the community stakeholders, including community leaders, health care providers, and advocacy groups, to develop tailored solutions that address the specific needs and challenges faced by the vulnerable sections. The participatory rural appraisal (PRA) method can enhance community participation.

3. To give education and generate awareness:

It is essential to properly educate and inform the vulnerable population about available mental health services and how to take advantage of them. Suggest different strategies for raising awareness and reducing the stigma surrounding mental health issues within vulnerable communities. That includes implementing educational campaigns and providing resources for mental health literacy or education.

4. research and evaluation.

To conduct regular basis research and evaluation on various mental health services and give valuable suggestions to the policymakers to introduce innovative policies to increase the mental health of the vulnerable population. The research includes conducting longitudinal studies, evaluating the programme outcomes, and collecting feedback from community members about available mental health programmes.

5. Integration of various services:

It is essential to discuss the potential benefits of integrating mental health services with other available social services, such as housing facilities, educational services, employment opportunities, and substance abuse treatment, to provide integrated care for vulnerable sections.

6. Bring vulnerable into the mainstream:

Until today, vulnerable and marginalised sections of society are culturally, geographically, and socially outside the mainstream. That is the main reason they are facing many problems regarding getting proper mental health services, which are readily available in the mainstream of society. It is necessary to bring them into the mainstream of society and make them take proper advantage of mental health services.

7. Technology-based solutions:

Exploring the innovative technologies to deliver mental health services, teletherapy or mobile apps that regularly provide mental health services and resources that can be quickly beneficial for reaching individuals of vulnerable and marginalised sections to get proper mental health services.

Social Work Implication:

Social Casework:

Social casework plays a significant role in facilitating individuals' access to necessary support and resources in the context of accessible mental health services for vulnerable communities. Social workers are differently organised to address the complex interplay of social, cultural, economic and psychological factors that all significantly contribute to mental health disparities among vulnerable sections. By conducting integrated assessments, advocating for clients' needs, and coordinating with a multidisciplinary team, social workers can help connect vulnerable sections to appropriate mental health services from cultural, geographical, social, linguistic, and socio-economic backgrounds. Moreover, social workers play an essential role in identifying barriers to access, such as poverty, discrimination, and inadequate social support networks, by advocating for policy remaking and community-based intervention that help promote equity and inclusion. Through their commitment to empowering individuals and communities, social workers contribute to realising a more accessible and equitable mental health care system for vulnerable sections.

Social Group Work:

Within the realm of mental health services that are easily accessible to vulnerable populations, social group work has the potential to significantly benefit communities by fostering support networks, promoting peer-based interventions, and empowering marginalised groups to advocate for their mental health needs collectively. Through the facilitation of group therapy sessions, support groups, and community-based initiatives, social workers can create safe spaces where individuals who face similar challenges can share their experiences, build resilience, and access resources collaboratively. Additionally, social group work provides a means to disseminate psychoeducational materials, skills training, and mutual aid strategies tailored to vulnerable communities' specific needs and cultural contexts, ultimately amplifying the impact of mental health interventions and promoting sustainable well-being at the grassroots level.

Community Organization:

Community organisation is vital in facilitating accessible mental health services for vulnerable communities by promoting collaboration, advocacy, and resource mobilisation at the grassroots level. By involving community members, grassroots organisations, and community leaders in mental health initiatives, local needs can be identified, awareness can be raised, and mental illness can be destigmatised within the community. Community organisers can use their resources to develop and implement culturally sensitive and inclusive mental health programs by partnering with healthcare providers, social service agencies, and government organisations. Educating community members, supporting peer groups, and implementing community-based interventions can empower individuals, increase access to care, and promote resilience, social connectedness, and collective well-being within vulnerable populations. Furthermore, community organisation efforts can advocate for policy changes that address systemic barriers to mental health care access and

ensure fair distribution of resources to underserved communities, advancing social justice and promoting mental health equity.

Conclusion:

The provision of mental health services that are accessible and appropriate is crucial in meeting the needs of vulnerable communities. We must recognise and address barriers to access, promote culturally competent care, and engage with the community to create a more inclusive and equitable mental health system. Investing in accessible mental health services improves individual well-being, strengthens communities, reduces disparities, and promotes social justice. Notably, instead of mental health policy, no significant financial support is given by the government; therefore, continuous advocacy for policies and initiatives that prioritise the mental health needs of vulnerable populations and reaffirm our commitment to building a society where everyone can thrive regardless of their circumstances or background. Prioritising accessible mental health services in vulnerable communities is a matter of social justice and a pragmatic investment in society's overall health and prosperity.

References:
Serafini, G., Parmigiani, B., Amerio, A., Aguglia, A., Sher, L., & Amore, M. (2020). *The psychological impact of COVID-19 on the mental health of the general population. QJM: An International Journal of Medicine.* doi:10.1093/qjmed/hcaa201

Connell,J., Lozier, J., & Gingles. K. (1997). Increased Demand and Decreased Capacity: Challenges to the McKinney Act's Health Care for the Homeless Program.Nashville, TN: National HCH Council.

Rahman M, Ahmed R, Moitra M, Damschroder L, Brownson R, Chorpita B, Idele P, Gohar F, Huang KY, Saxena S, Lai J, Peterson SS, Harper G, McKay M, Amugune B, Esho T, Ronen K, Othieno C & Kumar, M. (2021). Mental Distress and Human Rights Violations During COVID-19: A Rapid Review of the Evidence Informing Rights, Mental Health Needs, and Public Policy Around Vulnerable Populations. *Front Psychiatry* 11:603875. Doi: 10.3389/fpsyt.2020.603875

Dawson, A. J., Nkowane, , A. M., & Whelan, A. (n.d). Approaches to improving the contribution of the nursing and midwifery workforce to increasing universal access to primary health care for vulnerable populations: a systematic review

Salami, B., Salma, J., & Hegadoren, K. (2019). Access and utilisation of mental health services for immigrants and refugees: Perspectives of immigrant service providers. *International journal of mental health nursing*, *28*(1), 152–161. https://doi.org/10.1111/inm.12512

Brown, P., Calnan, M., Scrivener, A., & Szmukler, G. (2009). Trust in Mental Health Services: A neglected concept. *Journal of Mental Health*, *18*(5), 449–458. https://doi.org/10.3109/09638230903111122

Nazmun, N.,Yulia, B., Wu, B., & Kandarina, I. (2014). *Increasing the provision of mental health care for vulnerable, disaster-affected people in Bangladesh. BMC Public Health, 14(1),.* doi:10.1186/1471-2458-14-708

Campbell, C., & Burgess, R. (2012, July). The role of communities in advancing the Movement for Global Mental Health goals. *Transcultural Psychiatry*, *49*(3–4), 379–395. https://doi.org/10.1177/1363461512454643

Kovandzic, M., Chew-Graham, C., Reeve, J., Edwards, S., Peters, S., Edge, D., Aseem, S., Gask, L., Dowrick, C. (2010). Access to primary mental healthcare for hard-to-reach groups: from 'silent suffering' to 'making it work, Social Science & Medicine. doi: 10.1016/j.socscimed.2010.11.027

Gibson, B. A., Ghosh, D., Morano, J. P., & Altice, F. L. (2014). Accessibility and utilisation patterns of a mobile medical clinic among vulnerable populations. *Health & Place*, *28*, 153–166. https://doi.org/10.1016/j.healthplace.2014.04.008

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BOOK REVIEW

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Islam and Social Work: By Dr Yousuf Bennur, Publisher: Current Publications, Year of Publication: 2024, Price: Rs 450, Pages: 110

Social work focuses on improving societies as well as on helping human beings. The role of the social work is to enhance human well-being and help meet basic and complex needs of all people, with a particular focus on those who are vulnerable, oppressed, and living in poverty. Religion teaches people moral behaviour and thus helps them learn how to be good members of society. It strengthens individuals, families, communities, and society as a whole to reduce the major social problems. Social work and religion are closely linked by historical ties and origins.

The book under review is amalgamation of in- depth information about Islam and social work ethics and values. This book is written by Dr Yousuf Bennur 'Islam and Social Work' embarks on an exploration of the multifaceted role of Islam and its teaching. It examines the role of Islamic religion that is values and practices and dovetail them with social work ethics. The book analytically and scientifically describes with comprehensive literature review with supporting evidences both the teaching of Islam and its connection with social work. Like all other religions, Islam lays emphasis on doing social work. The author strongly feels that the book written by him will help to recognise and take a fresh look on the issue of linking Islamic principles with code of ethics prescribed by social workers. According to him all religions in the world have built up their own model of ethics. Although certain differences appear in the core of religious beliefs, ethical aberrations are inconsequential. This cutting edge book is grounded in the author's many years of teaching and field work experience and informed by empirically supported knowledge, when available and applicable. In western countries the Christianity has impacted on the ethics in social work. Thus, the book considers aspects of a highly neglected topic: that of Islamic perspectives in social work education and practices.

The book is organised in five major chapters: 1) Islamic perspective in Social Work Practice, 2) Attributes of Islam, its values, principles, and social work values inherent in Islam, 3) Islamic social ethics and code of ethics in social work practice, 4) Concept of Islamic justice, 5) Insights from the teaching of Islam in social work practice.

Chapter 1 examines the concept of social work according to the Quran which advised that worship is incomplete without helping deeds. According to Quran the services should be directed towards Kin, Orphans, Needy, Wayfarer and those who ask. This can be achieved by steadfast in prayers, regular charity, fulfil contracts, patience in pain, suffering adversity and panic, truth, and God fearing. The author has examined social work values and Islamic values and the overlap between the two. Just like social work values Islam places a premium on Individual, Group relation and community living. It further describes the contribution of Islam to social and welfare services, the establishment of Islamic institutions and nongovernment organisation. According to the author the social workers in the Muslim community is guided by Islamic values and principles, such as Justice, Compassion, Beneficence, Humility, and Integrity. They work in variety of settings and provide a range of services. He has further highlighted development of social work practice in middle east countries like Turkey and Saudi Arabia. The chapter makes special mention of Charity that is Zakat. According to author, Zakat in Islam focuses on character building of a person which in turn have great impact on the society. Deducting Zakat from one's earning is a material acknowledgement of the fact that the actual giver is God.

Chapter 2 explain the word Islam, the duty of a Muslim, and the five pillars of faith in Islam that is Profession of Faith (Tashahhud), Prayer (Salat), Fasting (Swam) Religious Tax (Zakat), and Pilgrimage (Haj). The author strongly states that social work methods and practices that existed today are not even existed at the time Islam was manifested. However, the ideology of religion did help in setting various practices and approaches that clearly have common characteristics with this discipline.

In chapter 3, the author has examined, link, and analyse the code of ethics of Islam with code of ethics in social work practice. According to author ethics are guidelines that social work must abide by when acting in their professional capacity. Since there is no code of ethics available in India, the author has followed the code of ethics developed by different association and countries. The author highlights in this chapters the social worker's conduct and behaviour as a social worker. Content covers ethical responsibility to client, colleagues, to the social work profession and to the society. Similarly, Islam has given detailed instructions about how to behave properly. Islam has given the concept of "Huquq waFara' id" (rights and duties) which are of two types rights of Allah upon men and other is called rights of the fellow being. These rights and duties are rights of oneself, rights of parents, rights of children, mutual rights and duties of husband and wife, rights of neighbours, rights of kindred, mutual rights and duties of friends and guest, duties towards mankind in general and rights of teachers. According to author these rights are incumbent upon men in Islam.

Chapter 4 focuses on the concepts of Islamic justice which is rooted in God's divine Nature. The author has illustrated this with the quote of Prophet Mohammed saying, "O my servants, I have forbidden injustice upon myself and have made it forbidden amongst you, so do not commit injustice." Thus in Islam, the starting points for any type of justice is noted in one's spiritual quest to love god and be god's beloved. Author further discusses that the social justice requires fairness in the allocation and distribution of good to all members and groups in society. Prophet Mohammed when visited Madinah instructed people to support the weak and oppressed like orphans, slaves, diverse ethnicities and other faith communities and Women's rights and spread the message of peace.

Chapter 5 examines and links the five core Islamic values with central values of social work. The author has explained how the values of social work like services, social justice, dignity and worth of the person, human relationships, integrity, and competence is part of teaching and practice of Islam. He has explained with examples like wellbeing and welfare of the community, gender equality, relationship between individual freedom and the community's obligations to the individual, individual responsibility and obligations and consultation between people in relationship building. He has further elaborated the principles of Islam that affirm the close connection between social work, Islam, and human rights with examples like right to life, the right to economic, social and legal justice, equality, right to secure life and possessions security, conservation of honour and integrity, and the rights of civilians. The book

As author quote in preface "traditionally, equality and diversity issues have been addressed through the lens of race/ethnicity, and the faith identities of minority ethnic communities have been largely bypassed. But particularly there is a need for policies and services that are sensitive to faith in general, and Islam in particular. The social work values and principles are global. This has been the main reason for writing this book on Islam and Social work. The most important feature of this book is to highlight, how the Islamic preaching could be used effectively to build ethics in the field of social work profession.

The book is an excellent piece of documentation on developing comprehensive understanding of the Islam as a religion and enables social workers to gain a deeper understanding of how Islamic principles inform and influence the lives of Muslim populations and illustrate how it can be translated into professional practice. It is thought provoking, simulating, energizing for all those who believe that the role of religion is to work for humanity and co-existence. The book is certainly a treasure for religious leaders and priests of different faith, academicians and practitioners, Politicians and Policy makers, NGOs, Peace activist, Faith workers and Trainers, students of Philosophy, Social Work, Sociology and Religion. Social work associations in India can refer this book to prepare the code of ethics for social work profession in India.

To conclude, the book can be used as a learning guide for subjects like Philosophy of Social Work, Women's study, Development studies, History, Sociology of Religion, Work with Individual, Family, Groups and Community, work with Children and Youth, Work with

Vulnerable population, Minorities studies and Peace and Conflict studies. This book can be a good source of information for literature review on Islam and its contribution in the field of social work for student researchers and Ph.D. scholars. To end, Islam is not in conflict with social work or any other profession whose goal is establishing peace and unity.

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