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# Looking Back To Dam, Crisis And Movement←small Letter With Special Reference to Selected Dams in Context of Human Rights

*Abu Taher Mollah\**

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## Abstract

Big dam is a debatable issue. If we look back to the history of constructing big dams we come across that many agitation and protest were led by different NGOs, social thinkers, activists and environmentalist in protest of constructing big dam. If we peep into the past then we can come across why constructing big dam projects have been questioned time and again. It is true that big dams are the symbol of national development and have tremendous potential for economic growth and prosperity of a country. Dams are not only used for irrigation and for producing hydro-electric power but also have developed a certain zone around the dam which could be a place for tourist attraction. But the big dams have bleak side also which must be addressed. Any development at the cause of gross violating of human rights should not be upheld in any circumstances. Let's take an example of Narmada Valley Project which caused a huge displacement. It is said that one million tribal and non-tribal people were affected. Thousands of people had to leave their home lands where their forefathers' bones were buried and cremated. They do not have land to belong, paddy fields to grow their dreams, river for fishing and community to celebrate. Big dams derailed the people from their place and put them into the sense of 'the other' which is very fatal. In recent past, people across North East India joined Akhil Gogoi who led the agitation in protest of Subansiri Dam. Recently, Farrakka Barrage discharged 16 lakhs cum/sec water. It crushed down the life of common settlers who live in river basin areas of West Bengal and blocks fresh water to flow. It affects adversely the ecology and economy of Bangladesh as a large population of Bangladesh depends on Ganges

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# Policing During the Time of Corona: The Indian Context

Debajyoti Biswas\* and Parvin Sultana\*\*

**Abstract** According to Oxford COVID-19 Government Response Tracker, India has the most stringent lockdown as compared to other nations and has scored 100% in the scale; nevertheless, there had been sporadic incidence of attacks on police personnel and medical workers in different parts of India. This article argues that such resistance comes from two broad factors: (i) a collective scepticism that has built up among certain section of people and (ii) a tool of defiance against the government. In order to quell such resistance, community leaders and the police can play a very crucial role. In order to establish the above hypotheses, a quantitative approach of the events that have occurred in India during the lockdown period of 21 days shall be considered.

## Introduction

According to *Oxford COVID-19 Government Response Tracker*, India has the most stringent lockdown as compared to other nations and has scored 100% in the scale.<sup>1,2</sup> Despite enforcing such stringent, lockdown from the midnight of 24 March to 14 April 2020 (a period of 21 days), there have been sporadic incidence of attacks on police personnel and medical workers in different parts of India. It is indeed a matter of concern as to why certain groups of people are opposing the lockdown while the entire nation is undergoing a threat from the deadly virus? This article argues that such resistance does not necessarily

follow from ignorance always but from two other broad factors: (i) a collective scepticism that has built up among certain section of people and (ii) and a tool of defiance against the government. This article further underscores that in order to quell such resistance, community leaders can play a leading role in spreading awareness among the masses and the police can initiate trust-building measures as well. In order to establish the above hypotheses, this article shall use the theoretical framework advanced by Stephen Reicher and Clifford Stott in a paper titled 'Policing the Coronavirus Outbreak: Processes and Prospects for Collective Disorder'. This article shall consider the sporadic events that have

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<sup>1</sup> <https://covidtracker.bsg.ox.ac.uk/about-api>. (accessed 14 April 2020).

<sup>2</sup> <https://www.indiatoday.in/india/story/india-implements-strictest-lockdown-in-the-world-lags-in-testing-expert-1665604-2020-04-10>. (accessed 14 April 2020).



occurred in India during the lockdown period of 21 days as the data for this study.

## Prelude

Reicher and Scott stated that riots start between 'ingroup' and 'outgroup' when the former develops 'a sense of illegitimacy and grievance'. In the Indian context, this feeling had been brewing among some people for quite some time and the last straw had been the enactment of Citizenship Amendment Act (CAA) and the announcement of a decision to update the National Population Register and National Register of Citizens nationwide. Since then protests in different parts of India have rocked the nation, at times turning violent and inviting strict police crackdown at places where law and order went out of control.<sup>3,4</sup>

The protests turned violent in Delhi on 2 March 2020 during the American President Mr Trump's visit to India.<sup>5,6,7</sup> Furthermore, when the riots in Delhi turned communal (Hindu versus Muslims), many people alleged that the police acted hand in gloves with the government.<sup>8</sup> Many videos started doing rounds on social media allegedly showing police officials acting as bystanders while the city burned. Under such circumstances when notification about social

distancing and prohibition of public gathering were passed, the protest groups took it as government's stratagem to extenuate the intensity of the protest. This resulted in viewing the entire government machinery including medical workers and police as 'them' and the 'outgroup'. However, the protest sites were eventually evacuated as possibility of large-scale contamination loomed large.<sup>9</sup> Apart from the anti-CAA protesters, these views were also shared by large section of Indian population, mainly daily wage earners and labourers who could not anticipate the lockdown and felt that they were not given enough time to prepare for a complete lockdown and were left stranded in metros without any safety net. As desperate time needs desperate measures, the migrant workers were the hardest hit.<sup>10,11</sup> They also perceived the state machinery and police as agents of the upper class who are better placed to afford such breaks from work.

## Act resulting from ignorance, helplessness, defiance, and scepticism

As the number of COVID19 positive cases steadily rose all across, the Indian government started taking a number of precautionary steps from mid-March. Regular classes were suspended in schools

<sup>3</sup> <https://www.aljazeera.com/news/2020/02/india-footage-shows-police-attack-jamia-students-200216053500418.html>. (accessed 14 April 2020).

<sup>4</sup> <https://www.republicworld.com/india-news/law-and-order/jamia-violence-republic-tv-investigation-exposes-conspiracy.html>. (accessed 14 April 2020).

<sup>5</sup> <https://www.theguardian.com/world/2020/feb/25/delhi-rocked-by-deadly-protests-during-donald-trumps-india-visit>. (accessed 14 April 2020).

<sup>6</sup> [https://www.washingtonpost.com/world/asia\\_pacific/worst-communal-violence-in-delhi-in-decades-leaves-13-dead-as-trump-visits-india/2020/02/25/ecac4b5e-57dd-11ea-8cfd-0f904bdd8057\\_story.html](https://www.washingtonpost.com/world/asia_pacific/worst-communal-violence-in-delhi-in-decades-leaves-13-dead-as-trump-visits-india/2020/02/25/ecac4b5e-57dd-11ea-8cfd-0f904bdd8057_story.html). (accessed 13 April 2020)

<sup>7</sup> <https://www.nytimes.com/2020/02/25/world/asia/new-delhi-hindu-muslim-violence.html>. (accessed 13 April 2020)

<sup>8</sup> [https://www.washingtonpost.com/world/toll-rises-to-22-in-delhi-violence-as-modi-issues-plea-for-calm/2020/02/26/2cb8e0d8-589f-11ea-8cfd-0f904bdd8057\\_story.html](https://www.washingtonpost.com/world/toll-rises-to-22-in-delhi-violence-as-modi-issues-plea-for-calm/2020/02/26/2cb8e0d8-589f-11ea-8cfd-0f904bdd8057_story.html). (accessed 14 April 2020).

<sup>9</sup> <https://www.indiatoday.in/india/story/delhi-lockdown-coronavirus-shaheen-bagh-protest-cleared-1658927-2020-03-24>. (accessed 15 April 2020)

<sup>10</sup> <https://www.aljazeera.com/news/2020/04/scary-poor-hit-hardest-india-coronavirus-lockdown-200409105651819.html>. (accessed 14 April 2020).

<sup>11</sup> <https://www.aljazeera.com/news/2020/03/modi-seeks-forgiveness-india-poor-covid-19-lockdown-200329132107033.html>. (accessed 14 April 2020).

and colleges.<sup>12</sup> Different states also started taking steps to enforce social distancing. The central government invoked the Disaster Management Act and the Epidemic Disease Act of 1897 to tackle the crisis arising out of the coronavirus outbreak across India, and from 24 March, the entire country has been undergoing complete lockdown.<sup>13,14</sup> Nevertheless, there have been blatant violations of the advisories issued by the central and state governments in India. A close scrutiny reveals that these violations are perpetrated by four kinds of people: there are many who are still ignorant about the seriousness of the situation and their own vulnerability and therefore taking the lockdown in a casual manner. Some even ventured out into the streets to see what people are doing; some went out in search of smoke and drink or food items (ignorance).<sup>15</sup> The migrant workers and daily wage-earners stuck outside their home-state are left penniless with no income and ration. Some of them have walked for miles braving hunger and fatigue for days to reach home (the helpless)<sup>16,17</sup>; then there are the ones who use political and

administrative connections, money, and muscle power to violate the lockdown (defiance)<sup>18,19,20</sup>; and the ones who are sceptical about it because of their doubt in the ruling party (scepticism).<sup>21,22,23</sup>

## Incidents

This is perhaps for the first time that the entire Indian population has experienced a complete lockdown situation for the first time in their lifetime. The Prime Minister declared a Janata Curfew to be observed on 22 March, whereby people were asked to stay at home for the entire day and at seven in the evening, the Prime Minister appealed to the people to step on their balconies and clap to show appreciation for the doctors, nurses, and all other health workers working at the forefront. While the entire day went on well, there were instances where people came out on streets in large groups and defying all the norms of social distancing, creating a chaotic situation.<sup>24</sup>

On 23 March evening, the Prime Minister declared that the entire country will be under a

<sup>12</sup> [https://www.business-standard.com/article/pti-stories/coronavirus-cases-in-india-reach-74-delhi-govt-announces-shutting-down-of-schools-colleges-cinema-halls-120031201514\\_1.html](https://www.business-standard.com/article/pti-stories/coronavirus-cases-in-india-reach-74-delhi-govt-announces-shutting-down-of-schools-colleges-cinema-halls-120031201514_1.html). (accessed 12 April 2020)

<sup>13</sup> <https://www.thehindubusinessline.com/news/national/centre-invokes-epidemic-act-and-disaster-management-act-to-prevent-spread-of-coronavirus/article31049161.ece>. (accessed 13 April 2020).

<sup>14</sup> <https://theprint.in/theprint-essential/modi-govt-is-using-two-laws-to-tackle-coronavirus-spread-but-one-of-them-needs-changes/386052/>. (accessed 13 April 2020)

<sup>15</sup> <https://www.thehindu.com/news/cities/bangalore/shops-forced-to-close-on-first-day-of-lockdown/article31146256.ece>. (accessed 14 April 2020).

<sup>16</sup> [https://www.washingtonpost.com/world/asia\\_pacific/india-coronavirus-lockdown-migrant-workers/2020/03/27/a62df166-6f7d-11ea-a156-0048b62c5b51\\_story.html](https://www.washingtonpost.com/world/asia_pacific/india-coronavirus-lockdown-migrant-workers/2020/03/27/a62df166-6f7d-11ea-a156-0048b62c5b51_story.html). (accessed 14 April 2020).

<sup>17</sup> <https://www.indiatoday.in/mail-today/story/coronavirus-with-no-money-or-food-labourers-walk-miles-to-reach-home-towns-in-the-hope-of-survival-1660578-2020-03-28>. (accessed 14 April 2020).

<sup>18</sup> <https://www.thehindu.com/news/cities/mumbai/case-against-bjp-mla-dadara-keche-for-violating-lockdown-norms/article31273875.ece>. (accessed 14 April 2020).

<sup>19</sup> <https://www.indiatoday.in/india/story/karnataka-bjp-mla-celebrates-birthday-with-villagers-amid-lockdown-1665750-2020-04-11>. (accessed 14 April 2020).

<sup>20</sup> <https://news.abplive.com/news/india/maharashtra-case-against-dhfls-wadhawans-for-violating-lockdown-bjp-leaders-hit-out-at-state-govt-1194466>. (accessed 14 April 2020).

<sup>21</sup> <https://www.newindianexpress.com/nation/2020/mar/27/muslim-cleric-27-others-booked-for-defying-covid-19-lockdown-in-bhopal-2122196.html>. (accessed 14 April 2020).

<sup>22</sup> <https://www.news18.com/photogallery/india/despite-coronavirus-warnings-hundreds-gather-for-friday-mass-prayers-in-india-2544901-5.html>. (accessed 13 April 2020).

<sup>23</sup> <https://www.youtube.com/watch?v=snMl0XcSzOU>. (accessed 13 April 2020).

<sup>24</sup> <https://ahmedabadmirror.indiatimes.com/ahmedabad/cover-story/social-distancing-turns-antisocial/articleshow/74764838.cms>. (accessed 13 April 2020)



lockdown for 21 days. From the experience of European countries as well as China, South Korea, it became clear that social distancing is one of the effective ways to contain the spread of this infection. However, once the lockdown was put in place, there were many instances where the lockdown has been violated. Spurts of violent events also took place where police personnel, health workers, and even common wage labourers were at the receiving end. A look at few incidents will throw some light on the trend that such violence and violation took.

In Punjab, some members from the Nihang community (a sect in the Sikh religion) have perpetrated the worst brutality on the police when they were stopped during a police checking. The Nihangs not only attacked the unarmed police with swords but also severed the hand of one of the police officers.<sup>25</sup> In many places, health workers, doctors have been targeted despite the fact that they are at the forefront of the fight against this virus.<sup>26,27</sup> There were incidents reported whereby patients under quarantine made vulgar signals at the nurses.<sup>28</sup> In fact, a video went viral, which shows people throwing stones at two doctors who went to a place in Indore to do contact tracing of a Covid-19 positive patient.<sup>29</sup> But the perpetrators have not been only citizens in all cases. In an incident, two All India Institute of Medical Sciences, Delhi (AIIMS) doctors returning from emergency were beaten up by the patrolling police. Even when they

showed their identity cards, it did not end and one of the doctors was left with a broken arm.<sup>30</sup>

As mentioned above, one of the earliest violations of the lockdown came from the most vulnerable section of the people – the daily wage earners. Metro cities are home to a large number of migrant workers coming from different parts of the country. Most live on their day to day earnings. Construction site workers often stay at those sites and do not have a separate space to live at. Left with no work and no support, thousands of migrant workers thronged the Delhi streets a day after the lockdown to go to their native places. As there were no buses, many workers started thousands of kilometres long journey on foot. It was only later that respective state governments arranged for buses for these migrants. However, migrants were later asked to stay where they are. But not even a week later, violence broke out in Surat, Ahmedabad in Gujarat. Around 500 migrant workers clashed with police when they demanded to be sent back to their respective home states as they ran out of money and food. In retaliation, the police fired tear gas shells at those migrant workers.<sup>31</sup>

A large number of First Information Reports (FIRs) have been filed against the violators of the lockdown both under Disasters Management Act and the Epidemic Diseases Act.<sup>32</sup> While the administration is trying to work on different fronts, sporadic incidents of lockdown violations continued. In some states, violators were slapped with

<sup>25</sup> <https://www.indiatoday.in/india/story/policeman-s-hand-chopped-off-two-others-injured-in-attack-by-nihangis-in-pun-1666075-2020-04-12>. (accessed 13 April 2020)

<sup>26</sup> <https://www.bbc.com/news/world-asia-india-52151141>. (accessed 14 April 2020)

<sup>27</sup> <https://www.bloomberg.com/news/articles/2020-04-13/doctors-come-under-attack-in-india-as-coronavirus-stigma-grows>. (accessed 14 April 2020)

<sup>28</sup> <https://www.deccanherald.com/national/north-and-central/tablighi-jamaat-attendees-quarantined-in-ghaziabad-hospital-make-vulgar-signs-roam-nude-inside-820762.html>. (accessed 12 April 2020)

<sup>29</sup> <https://www.bbc.com/news/world-asia-india-52151141>. (accessed 12 April 2020)

<sup>30</sup> <https://www.thehindu.com/news/national/other-states/aiims-doctors-beaten-up-by-policemen-in-bhopal/article31303279.ecc>. (accessed 12 April 2020)

<sup>31</sup> <https://in.reuters.com/article/us-health-coronavirus-southasia/indian-police-fire-tear-gas-at-jobless-workers-defying-coronavirus-lockdown-idINKBN21H0OR>. (accessed 12 April 2020)

<sup>32</sup> <https://theprint.in/theprint-essential/modi-govt-is-using-two-laws-to-tackle-coronavirus-spread-but-one-of-them-needs-changes/386052/>. (accessed 12 April 2020)

National Security Act.<sup>33</sup> In Uttar Pradesh, this act was slapped on people who attacked police personnel.<sup>34</sup> However, similar mechanisms have not been followed across all the states.<sup>35</sup>

All these incidents show that there are sections of people who are not cooperating with the government in order to make the lockdown effective and fruitful. The actual objective of the lockdown is to contain the spread of the virus; however, with the movement of people from one place to another, this objective may well be defeated. There are some states in India where the lockdown had been effective because of the proper coordination of the administration, the police, the community and religious leaders, social organizations, and the people. One such state is Kerala. It has the highest recovery rate and only two deaths; this state may be taken as a model in understanding the effective manner of making the lockdown successful and minimizing the spread of the virus.

## Role of community/religious leaders

In the initial days of lockdown, there were cases from certain groups with religious affiliation flouting the laws. The Delhi State Government issued an order on 12 March 2020 to restrict gatherings which saw a conglomeration of more than 200 people. However, on 14 March, the Akhil Bharatiya Hindu Mahasabha leader, Swami Chakrapani organized a 'Cow Urine Party' (*gau mutra*) at their headquarters in Delhi.<sup>36</sup> It saw the

participation of more than 200 people. The Tablighi Jamaat also continued receiving participants from Covid-19 affected countries like Malaysia, Indonesia, Thailand, etc. during this period. While the Markaz headquarters are just next door to the Nizamuddin police outpost, it was only towards the end of March that the building was evacuated.<sup>37</sup>

The Markaz headquarters eventually turned out to be a hotspot and accelerated the number of corona-affected cases in India. However, religious and community leaders in some cases have played an important role in taking the government's message to the community. The largest religious minority in India—the Muslims have been sceptical of the government in power owing to its alleged majoritarian overtones. In such a scenario, conspiracy theories and fake messages started doing rounds which further alienated the community in the fight where all should have stood united. However, community leaders have been taken on board to a great extent. Many from the community condemned the irresponsible behaviour of the Tablighi Jamaatis and have requested Muslims to follow lockdown rules and celebrate religious functions like *Shab e Barat* which again includes community prayers in their homes. The chief of the All India Imams Organisation, Imam Ahmad Ilyasi has issued an appeal in this regard.<sup>38</sup>

Religious leaders in the state of Kerala played an exemplary role. The Guruvayur temple authorities asked devotees to not visit the temple, marriages were postponed, and thermal scanning was

<sup>33</sup> <https://economictimes.indiatimes.com/news/politics-and-nation/nsa-to-be-slapped-against-persons-who-attack-police-men-enforcing-coronavirus-lockdown-in-up/articleshow/74962374.cms?from=mdr>. (accessed 12 April 2020)

<sup>34</sup> <https://economictimes.indiatimes.com/news/politics-and-nation/lockdown-violation-568-arrested-rs-13-lakh-collected-as-fine-in-up/articleshow/75096088.cms>. (accessed 12 April 2020)

<sup>35</sup> <https://economictimes.indiatimes.com/news/politics-and-nation/nsa-to-be-slapped-against-persons-who-attack-police-men-enforcing-coronavirus-lockdown-in-up/articleshow/74962374.cms?from=mdr>. (accessed 14 April 2020)

<sup>36</sup> <https://www.thehindu.com/news/national/coronavirus-group-hosts-cow-urine-party-says-covid-19-due-to-meat-eaters/article31070516.ecc>. (accessed 12 April 2020)

<sup>37</sup> <https://scroll.in/article/957891/tablighi-jamaat-how-did-the-government-fail-to-detect-a-coronavirus-infection-hotspot>. (accessed 12 April 2020)

<sup>38</sup> <https://www.outlookindia.com/website/story/opinion-in-the-time-of-corona-responsibilities-of-religious-leaders-go-beyond-just-asking-people-not-to-congregate/350580>. (accessed 12 April 2020)



installed for those who came.<sup>39</sup> Even traditional religious rituals were changed to ensure contamination is contained. Kerala Chief Minister Pinarayi Vijayan met a number of religious leaders and requested them to cancel religious gatherings. The imams, pastors, and priests readily agreed.<sup>40</sup> Kerala has set an example of communal harmony by defeating parochial and petty politics during this hour of crisis when the Right wing and the Left wing forces joined hands to serve the people and fight against the virus.<sup>41</sup> The appeal made by the religious heads to their community to maintain social distancing in Kerala and other parts of India has considerably helped in minimizing the violation related to lockdowns. The appeals made by the Minority Affairs Minister Mukhtar Abbas Naqvi,<sup>42</sup> Jamiat Ulama-i-Hind's General Secretary, Maulana Mahmood Madani,<sup>43</sup> All India Imams Organisation's chief Umer Ahmad Ilyasi,<sup>44</sup> Civil servants belonging to the minority community,<sup>45</sup> and political leaders from the Muslim community<sup>46</sup> have helped in

bringing some order and stability among the minorities in India, although some sporadic attacks on health workers continue in minority dominated areas because of the involvement of some fringe elements.<sup>47</sup> Research has shown that the religious leaders have always played a major role in building confidence and maintaining a healthy lifestyle among adherents (Anshel and Smith, 2013; Heward-Mills *et al.*, 2018).

Apart from the role played by the religious leaders, the role of the police has also helped in trust-building measures among the people in India. Taking cue from the police of other countries, the police in some of the states like West Bengal, Maharashtra, Assam, Nagaland, and Goa sang some of the famous Bollywood songs to keep the public in good humour.<sup>48,49,50</sup> The cops also tried to sensitize the people about social distancing and sanitization measures apart from distributing food among the needy ones at various cities across India.<sup>51,52,53</sup> Such efforts have helped in overcoming the myth about police brutalities. As

<sup>39</sup> <https://economictimes.indiatimes.com/news/politics-and-nation/no-devotees-will-be-allowed-into-sabarimala-temple-for-10-day-annual-fest-from-march-29-officials/articleshow/74735053.cms?from=mdr>. (accessed 12 April 2020)

<sup>40</sup> <https://www.livemint.com/news/india/how-science-guides-religion-in-corona-hit-kerala-11584628381619.html>. (accessed 12 April 2020)

<sup>41</sup> <https://www.hindustantimes.com/india-news/coronavirus-pandemic-brings-sworn-enemies-together-in-north-kerala/story-8ZgsN36D1wplP65KZosGEK.html>. (accessed 12 April 2020)

<sup>42</sup> <https://economictimes.indiatimes.com/news/politics-and-nation/naqvi-appeals-to-muslims-to-adhere-to-lockdown-so-social-distancing-guidelines-during-ramzan/articleshow/75119549.cms?from=mdr>. (accessed 15 April 2020)

<sup>43</sup> <https://www.ndtv.com/india-news/coronavirus-ensure-social-distancing-maintained-during-coming-festivals-centre-to-states-2207921>. (accessed 15 April 2020)

<sup>44</sup> <https://www.outlookindia.com/website/story/opinion-in-the-time-of-corona-responsibilities-of-religious-leaders-go-beyond-just-asking-people-not-to-congregate/350580>. (accessed 15 April 2020)

<sup>45</sup> <https://theprint.in/india/muslim-ias-ips-officers-covid-19-appeal-to-community-dont-give-anyone-reason-to-blame-you/395665/>. (accessed 15 April 2020)

<sup>46</sup> <https://www.thehindubusinessline.com/news/offer-prayers-from-home-owaisi-appeals-to-muslims/article31181441.ece>. (accessed 15 April 2020)

<sup>47</sup> <https://www.news18.com/news/india/moradabad-locals-pelt-stones-on-health-workers-nsa-slapped-on-culprits-2578793.html>. (accessed 15 April 2020)

<sup>48</sup> <https://theprint.in/opinion/pov/covid-lockdown-shows-indian-police-isnt-all-brutal-some-officers-can-sing-for-us-feed-poor/399845/>. (accessed 15 April 2020)

<sup>49</sup> <https://www.thehindu.com/news/national/other-states/kolkata-police-give-a-hit-bengali-song-a-timely-makeover/article31250921.ece>. (accessed 15 April 2020)

<sup>50</sup> <https://telanganatoday.com/watch-hyderabad-cop-sings-to-keep-people-indoors-during-lockdown>. (accessed 15 April 2020)

<sup>51</sup> <https://www.indiatoday.in/india/story/coronavirus-in-india-lucknow-police-distributes-ration-food-to-poor-amid-lockdown-1660569-2020-03-28>. (accessed 15 April 2020)

mentioned earlier the police had also been alert about the fake messages that try to destabilize communal harmony, and irrespective of the religious or political affiliation of the perpetrators, the police have nabbed the culprits.<sup>54,55,56</sup> Research has shown that such 'distributive fairness' always strengthens the relationship between public and police (Sunshine and Tyler, 2003). Since the police are enforcing the government orders, an overall balancing of the relationship among the people, the police, and the government is also very crucial. In achieving that balance, the police have to negotiate between the normative and the pragmatic (Suchman, 1995). As a result, such measures can eventually lead to the active participation of the people in helping the police to maintain public order and stop violation of the government advisories (Jackson and Bradford 2010). The role of police can therefore not only create awareness among the citizens and build trust in the government agency, but can also indirectly make the citizens more socially responsible and sensitized towards crimes.

## Conclusion

The violation of the lockdown during the initial days has considerably reduced. The people have

become more sensitized and better organized than before. The community leaders too understood their responsibilities and therefore have appealed to their people to follow government advisories. The role played by the police also helped in winning the trust of the common people, thereby bringing down the escalation between the communal forces. Apart from the strong role played by the community leaders and police, the role of the government is also important during such epidemic. The stringent measures taken by the Chief Minister of Kerala by issuing strict advisories and warnings against violators have certainly helped in having an effective lockdown.<sup>57,58</sup> Apart from strict lockdown measures, Kerala government has also been doing 'aggressive testing and contact tracing' as reported by *The Washington Post*.<sup>59</sup> The Huffington Post has reported about the 15 effective ways in which Kerala is handling the fight against COVID19<sup>60</sup>: 'Contact tracing, Route Map, Quarantine Comfort, Focus on Mental Health, Visit from Government Officials, Daily Press Conferences, Increasing Internet Connectivity, Sanitiser Production, App to Combat Fake News, Midday Meal Delivery, Checking Rail and Road Entry Points, Awareness Among Migrant Workers, Break the Chain Initiative, Enlisting Volunteers for Help, and Batting and Prepping for Foreign Travels'. With all these measures, Kerala

<sup>52</sup> <https://www.indiatoday.in/india/story/assam-police-local-businessman-distribute-food-items-among-labourers-affected-by-lockdown-1660988-2020-03-29>. (accessed 15 April 2020)

<sup>53</sup> <https://timesofindia.indiatimes.com/city/thane/kalyan-police-distribute-food-to-needy-amid-covid-19-lockdown/article-show/75017183.cms>. (accessed 15 April 2020)

<sup>54</sup> <https://www.indiatoday.in/india/story/coronavirus-fake-news-assam-police-1665132-2020-04-09>. (accessed 15 April 2020)

<sup>55</sup> [https://www.business-standard.com/article/news-ani/covid-19-maharashtra-cyber-police-arrest-11-people-for-spread-ing-fake-news-85-firs-registered-120040600314\\_1.html](https://www.business-standard.com/article/news-ani/covid-19-maharashtra-cyber-police-arrest-11-people-for-spread-ing-fake-news-85-firs-registered-120040600314_1.html). (accessed 15 April 2020)

<sup>56</sup> <https://timesofindia.indiatimes.com/city/chandigarh/punjab-police-register-34-cases-arrest-four-persons-for-spreading-fake-news/articleshow/75015587.cms>. (accessed 15 April 2020)

<sup>57</sup> <https://www.thehindubusinessline.com/news/national/covid-19-kerala-observes-janata-curfew-cm-warns-violators-of-guidelines/article31134444.ece>. (accessed 15 April 2020)

<sup>58</sup> <https://economictimes.indiatimes.com/news/politics-and-nation/covid-19-with-14-new-cases-kerala-tally-rises-to-105-cm-warns-against-overpricing-and-hoarding/articleshow/74800410.cms>. (accessed 15 April 2020)

<sup>59</sup> [https://www.washingtonpost.com/world/aggressive-testing-contact-tracing-cooked-meals-how-the-indian-state-of-kerala-flattened-its-coronavirus-curve/2020/04/10/3352e470-783e-11ea-a311-adb1344719a9\\_story.html](https://www.washingtonpost.com/world/aggressive-testing-contact-tracing-cooked-meals-how-the-indian-state-of-kerala-flattened-its-coronavirus-curve/2020/04/10/3352e470-783e-11ea-a311-adb1344719a9_story.html). (accessed 14 April 2020)

<sup>60</sup> [https://www.huffingtonpost.in/entry/coronavirus-kerala-government-strategy\\_in\\_5c6e47c7c5b6747ef11efc4f](https://www.huffingtonpost.in/entry/coronavirus-kerala-government-strategy_in_5c6e47c7c5b6747ef11efc4f). (accessed 14 April 2020).



stands a good chance of containing the spread of the virus within the state. With proper coordination among the people, the police, the leaders, and the government, the fight against coronavirus has become effective. These lockdowns certainly have various socio-political and economic ramifications, but 'with careful management both at a general policy level and in terms of sensitive community-based and dialogue led policing, it will be possible to maintain a sense of common endeavour and hence to draw on the community as a key resource in dealing with the crisis' (Reicher and Stott, 2020) and the difference between 'us' and 'them' will also gradually diminish.

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## Impact of FDI on Unemployment Rate in India

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### Abstract

Investment is the fundamental factor for economic activities. Domestic investment is not sufficient for the development. So there are enormous needs for overseas investment in the pattern of Foreign Direct Investment (FDI). Foreign direct investment (FDI) is an investment which is made by a company or individual in any country in commercial interests into another country. The FDI have the potential to generate employment through direct hiring of people for new plants, which means they improve aggregate domestic employment through types of jobs created, regional distribution of new employment, wage levels, income distribution and skill transfer. So, the present study investigates the role of FDI on employment generation in India. It also analyses the sector wise and state wise trend in FDI inflows in India. Secondary data are the base for this study. It also applied linear regression model to see the impact of FDI inflow and unemployment rate.

**Keywords:** FDI inflow, unemployment rate

### Introduction:

Foreign direct investment (FDI) is an investment which is made by a company or individual in any country in commercial interests into another country. In other words, it is the direct contribution made by the foreign firms or state in the industries of another country to obtain favourable business environment. FDI can be divided into two type namely inward foreign direct investment and outward foreign direct investment (Zekarias, Seiko Minota, 2016). As Borensztein, Gregorio, & Lee, 1998, says under the neoclassical growth model approach, FDI encourages economic development by the increase of magnitude of funds, in the endogenous growth model, FDI elevates fiscal development by creating technological dispersal from the developed countries to the home country. Hence, FDI is the synthesis of various technological knowledge, which can boost the existing reserve of insight in the beneficiary economy through skill gain, labour training (Salisu, et al., 1996).

Investment is the fundamental factor for economic activities. Domestic investment is not sufficient for the development. So there are enormous needs for overseas investment in the pattern of Foreign Direct Investment(FDI). No country is self-reliance to achieve the optimum level of economic growth without overseas capital. This overseas capital in the form of FDI is requisite to supplement its growth objectives. Favourable foreign investment culminates in capital accumulation in the country which further enhances productivity, income level, effective demand, accumulated savings and investment and finally leads to the overall growth and development of a country. Employment formation is a matter of great concern for a developing country like India.

Unemployment refers to the number of workers who are actively seeking for a job and currently not receiving any sort of remuneration or wages. Unemployment can also be defined as when a person is looking for an employment is unable to get the job due to workers mind sets as to not satisfy with the working hours and due to lack unskilled workers. When unemployment separates people from the workforce, there is a chance of affect among family as well as physical health. But to the broader society, unemployment also includes economic costs. Economic resources are going to be unused, when many of the people are unemployed but has ability and want to work cannot find the work.

The FDI have the potential to generate employment through direct hiring of people for new plants, which means they improve aggregate domestic employment through types of jobs created, regional distribution of new employment, wage levels, income distribution and skill transfer. These direct effects are accompanied by indirect or spillover effects. Indirect effects take place through movement of trained labour from foreign firms to other sectors as well as they create links with suppliers and service providers and through increase of incomes, which can also increase employment through higher levels of consumption, savings and investment. The integration of FDI into a local economy results in transmission of business culture, which includes corporate values, organisational structures and management practices (Mirza, 1998). Because FDI bring relatively new technology, its impact on employment depends on the interaction between productivity growth, output growth, and the specialization of labour. Along with the improvement of skills, technology, productivity and trade, FDI may have the potential adverse effects on wages and employment in the host economy.

FDI is an important monetary source for India's economic development. Economic liberalisation started in India in the wake of the 1991 crisis and since then, FDI has steadily increased in the country. India, today is a part of top 100-club on Ease of Doing Business



(EoDB) and globally ranks number 1 in the greenfield FDI ranking. Employment generation and economic growth and development are directly related as they enhance economic activities. In developing countries decrease in the unemployment rate can solve many socio-economic evils. After introduction of New Economic Reform 1991, India's openness to Global scenario by adopting Liberalisation, Privatisation and Globalisation regimes is widely remarkable. Now India is more competitive in the global market than before. For this kind of openness there is integration of home economy with the rest of the world. It leads to inflows of tangible as well as intangible things to the economy like goods and services, technical know-how, skills, capital inclusion etc. in the form of FDI. Thus, it is believed that FDI inflows lead to employment generation in India and paves the way for solving capital deficit in the country. But the scenario is not easy as is seen. However, majority of past studies have proven that FDI could help to reduce the unemployment rate and increase GDP. Numerous past studies have suggested the policy to increase FDI (Rathan, 2006; Shaari, Hong & Shukeri, 2012; Mun, Lin & Man, 2008). The opening of new foreign firms will create jobs for the unemployed in the country. The higher employment rate can increase the productivity in the country. Joshi (2009), Lin and Wang (2004), Driffield and Taylor (2000), as well as Schemerer (2012) explained that FDI can create more new jobs. Thus, FDI has both candid and obscured impact on employment. Fundamental impacts of FDI on employment are:

- **Job Creation-** In this case FDI comes up with new production strategies and new employment opportunities which increase economic growth.
- **Crowding out effect-** In this case the competition between FDI providing country and the host country is quite competitive and to prove her competitive capacity host country improve her production capacity by retrenching employees in the enterprises.
- **Transfer of Employee-** In this category employees are transferred from one enterprise to another. Through Foreign collaboration and joint venture of foreign and domestic enterprises, new jobs are created and workers are transferred from one company to joint new enterprises.
- **Loss of Employment-** FDI inflows not only increases employment opportunities, but also decreases it. When foreign companies are allowed to set up their venture in host country they generally come up with their own methods of production. Thus, in host country those who are skilled and efficient enough according to their production requirements are hired and others are forced to lose their jobs.



### **Conceptual Framework:**

**FDI:** Foreign direct investment (FDI) is an investment which is made by a company or individual in any country in commercial interests into another country.

**Inward FDI:** Inward FDI measures investments made in a country from another country.

**Outward FDI:** Outward FDI measures investments made by domestic companies in a foreign economy.

**Unemployment:** Unemployment refers to the number of workers who are actively seeking for a job and currently not receiving any sort of remuneration or wages.

**Unemployment rate:** The unemployment rate is defined as the percentage of unemployed workers in the total labor force.

### **Routes of FDI in Indian companies**

An Indian company may receive Foreign Direct Investment under the two routes as given under: **1. Automatic Route:** FDI is allowed under the automatic route without prior approval either of the Government or the Reserve Bank of India in all activities/sectors as specified in the consolidated FDI Policy, issued by the Government of India from time to time.

**2. Government Route:** FDI in activities not covered under the automatic route requires prior approval of the Government which are considered by the Foreign Investment Promotion Board (FIPB), Department of Economic Affairs, and Ministry of Finance.

**Review of Literature:** Pakanati Someshu (2015) studied the impact of FDI on employment generation in India. He found that Inflow of FDI has direct and indirect effect on employment. A considerable amount of development has been observed in the inflows of Foreign Direct Investment (FDI) in India over the last two decades. The growth of FDI in 1990 around the world has made it as an essential component of development strategy for both, developed and developing countries. However, it revealed that the most profound effect has been observed in developing nations.

Strat and et al (2015) studied short term causal relationship between FDI and The Unemployment. It focuses on studying the relationship between the inflow of FDI and the macroeconomic stability of a country proxy through the unemployment rate. In this paper, all the latest thirteen EU member states are included. The main finding of the study is that there is no Granger causality relation between the variables for six countries and a one direction causal relation was identified. It also finds that higher unemployment causes higher inflows of foreign direct investments proving therefore that foreign investors search locations where the availability of the work force will not be a problem.

Kirti and Prasad (2016) studied the effects of foreign capital inflows on the employment creation and growth rate in India by interlinking GDP with employment as well as correlate employment generation and the increase in output in the economy. It reveals that no doubt increase in FDI inflows increases employment in each sector but the coefficient of correlation is not satisfactory between them. But employment generation is positively related with economic growth.

Zia et al (2009) tries to examine the influence of FDI on employment generation of three Asian countries i.e. India, Pakistan and China during 1985 to 2008. By using Co-integration, panel data techniques and Unit root test they found that the influence of FDI on employment generation is not significant in these three Asian countries and employment creation is not persistent. They suggested implementing policy measures to eradicate unemployment in these countries, which is the hindrance on the path of development. It is quite impossible for developing countries to fulfill its objectives of economic growth without taking assistance from foreign countries in the form of investment, technical knowhow; employment generation, etc. Indian economy has received much foreign financial assistance in the post liberalisation period.

Narendra and Dhankar (2016) tries to examine the impact of foreign capital inflows on employment genesis in both public and private sectors in the pattern of Foreign Portfolio Investment, FDI, External borrowings, deposit of Non Residence in India during 1991 to 2012. Secondary data are collected from different websites of RBI, Department of Industrial Policy and Promotion, World Bank, Economic Survey and analysed by using different Statistical tools like Johansen co-integration, unit root test and ordinary least square methods. The result obtained revealed that among several forms of foreign capital inflows FDI and external commercial borrowing helps to increase employment opportunities in the private sector in India than any other forms of foreign capital. But employment generation in the public sector is not possibly affected by these inflows. Due to foreign investment there is an increase in infrastructure facilities, educational attainment rate, hence encourages employment. In order to obtain better employment opportunities and economic growth, Indian government should take effective policies to attract more foreign capital into the economy.

Sultana et al (2019) studied the impact of FDI on Indian Economy. It examines the impact of FDI on not only Indian growth variables but also on other factors which are human development index and population as well. The study shows that the FDI had partially impacted the economic parameters of India.



Mehra (2013) investigates the influence of FDI on employment and GDP improvement rate in India. Secondary data are collected from websites of World Bank and RBI from 1970 to 2007. To analyse data Multiple Regression Method is used with SPSS software. The result obtained reveals that major shares of FDI inflows are confined to service and manufacturing sector and hence increased economic growth and employment rate in the economy. Only negligible shares of FDI inflows are confined to primary sector and hence leads to low employment generation in India. Thus Indian government should take appropriate policy measures to attract FDI in primary and manufacturing sector to increase more employment avenue in India.

Palit (2019) finds the existence of link that the sectors which attracts more FDI due to appropriate government policies towards them were also found to be outward foreign investors themselves overtime showing the incentives enables them to attain the competitiveness.

Rekha and Karan (2017) investigate the effect of overseas direct investment on employment creation and GDP growth in post liberalisation period. They also analysed whether FDI increase employment and economic growth in the economy in the post liberalisation period. By analysing data over time the period 1991 to 2013 using Multiple regression method, they found that the affinity between GDP and FDI is positive whereas between employment and FDI is not satisfactory. FDI increases employment opportunities in India, but not much as it is for GDP growth rate.

**Research gap:** Various research papers, journals and dissertation have been reviewed and it is found that even though a substantial number of researches have been carried on FDI but everyone focuses on the analysis of FDI on employment generation. But present study focuses on the effects of FDI on unemployment rates. Besides this, very little research is seen on sector wise and state wise influences of FDI on unemployment rates. This also evokes the concern for present study.

#### **Objectives:-**

Present study is based on the following objectives-

1. To study the trend in FDI inflow and unemployment rate in India with sector wise and statewise analysis.
2. To study the impact of FDI on unemployment rate in India.

#### **Research Questions:**

1. How FDI influences on unemployment rates in the states of India?



2. How FDI influences the primary, secondary and tertiary sectors in terms of employment generation?
3. How inflow of FDI influences on unemployment rate of India?

#### **Methodology:**

**Source of Data:** Present study is based on secondary data. The secondary data is collected from World Bank data base, Department for promotion of Industry and internal trade, Statistical handbook of RBI, Ministry of labour & employment and Statistical year book of India published by MOSPI.

#### **Line of Analysis:**

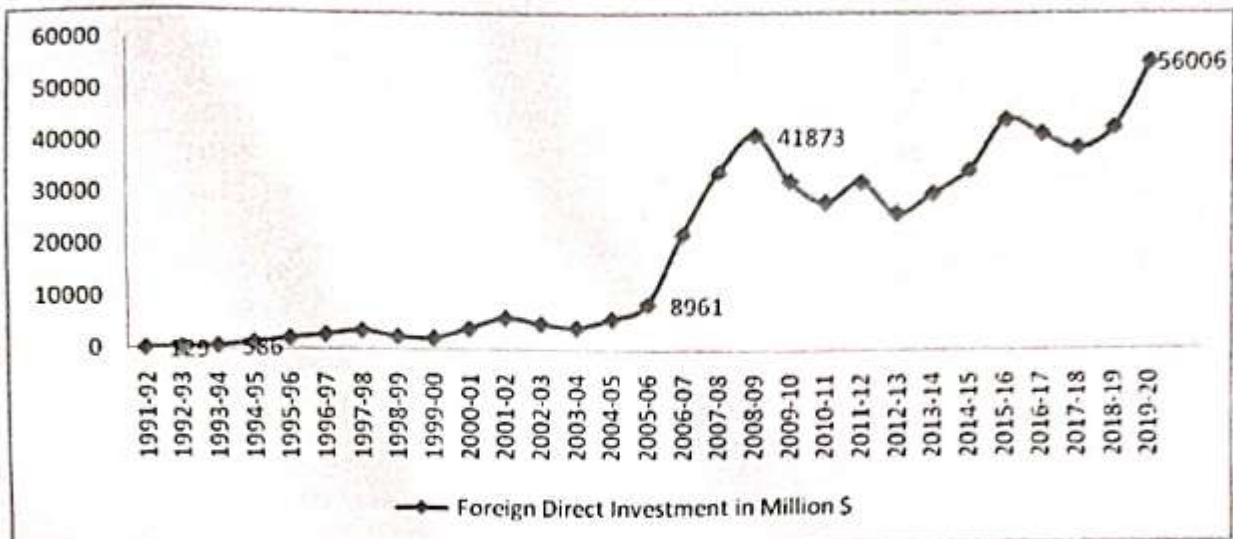
- To fulfill the first, Percentage, Tabulation and Graphs has been used.
- To fulfill the second objective, OLSE model has been run by SPSS software.

#### **Results and discussion:**

**FDI trends in India:** India is rich in natural resources where there is an adequate market for both capital and consumer goods. The availability of large amount of natural resources in the country as well as excellent market surroundings and highly trained and experienced resources, provide a better platform for investments. Besides this, India is among the world's fastest growing economies and remains a top market for foreign direct investments (FDI) globally. After the decision of liberalising Indian economy in 1991, it has changed the entire picture of the country in comparison with other global economies. The main aim of economic reform was to liberalise the economy with world economy since 1991 have remained same, besides changes in the political parties brought improvements by moving forward from closed economy to market-based economy. Basically, closed economy was full of corruption, strong restrictions, protectionism and slow-moving growth between after independence till 1990.

Figure I show that after liberalization of Indian economy with world in 1991, the era of FDI inflow were improved. The figure also states that the FDI inflow which was just \$ 129 million in 1991-1992 increased relatively lower rate till 2005-2006 which was \$ 8961 million. After 2005-2006 the FDI increased with higher rate till 2009-2010 which was \$ 41873 million. After 2009-2010, the FDI inflow became cyclical which reached the highest point \$ 56006 million in 2019-20.

Figure 1: Trend in FDI Inflow



Source: Statistical Handbook of RBI

Table I show that the annual growth rate of FDI inflow which was 144.19 percent in 1991-92 followed by highest annual growth rate 154.73 percent in 2006-07. It is also observed from the table that the compound annual growth rate is 52.16% which is higher during the period of 1991-92 to 2007-08 in comparison to the period 2008-09 to 2019-20 which is only 5.41%. The compound annual growth rate of FDI from 1991 to 2020 was 32.12%.

Table I: FDI inflows and annual growth rate of FDI

Year	FDI inflow in million \$	Annual growth rate of FDI Inflow (in %)
1991-92	129	-
1992-93	315	144.19
1993-94	586	86.03
1994-95	1314	124.23
1995-96	2144	63.17
1996-97	2821	31.58
1997-98	3557	26.09
1998-99	2462	-30.78
1999-00	2155	-12.47
2000-01	4029	86.96
2001-02	6130	52.15
2002-03	5035	-17.86
2003-04	4322	-14.16
2004-05	6051	40.00
2005-06	8961	48.09

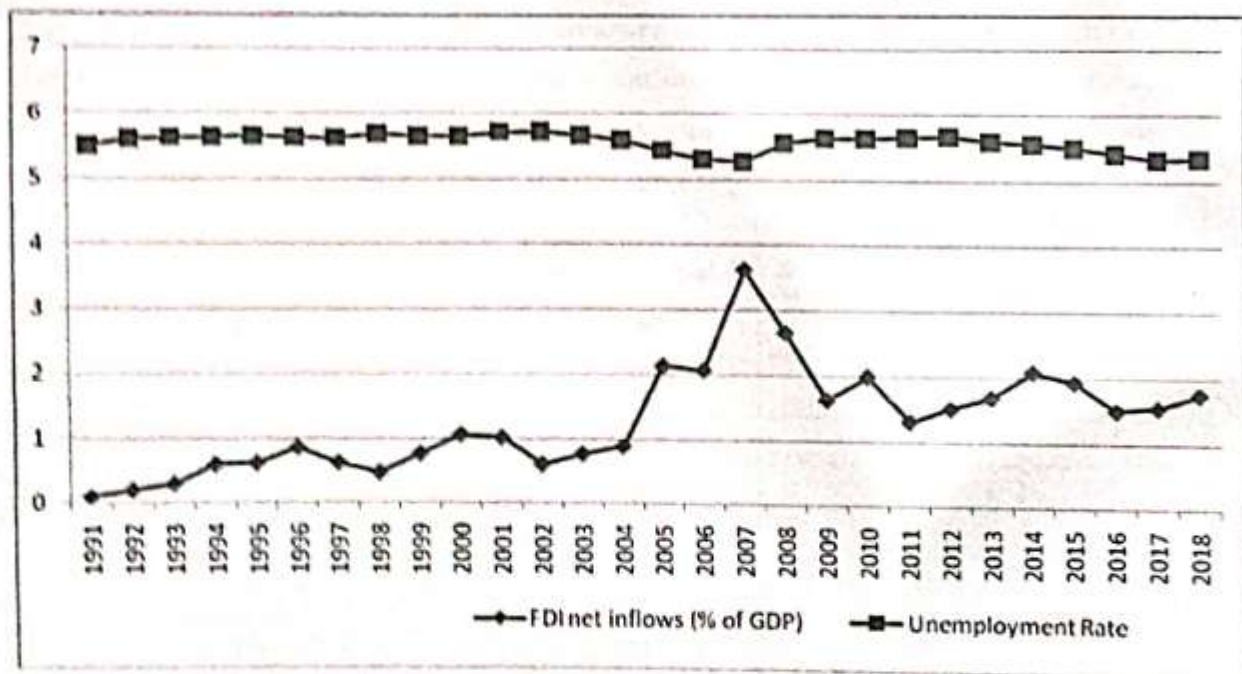


2006-07	22826	154.73
2007-08	34843	52.65
2008-09	41873	20.18
2009-10	33109	-20.93
2010-11	29029	-12.32
2011-12	32952	13.51
2012-13	26953	-18.21
2013-14	30763	14.14
2014-15	35283	14.69
2015-16	44907	27.28
2016-17	42215	-5.99
2017-18	39431	-6.59
2018-19	43302	9.82
2019-20	56006	29.34
Compound Annual Growth rate of FDI		32.12%

Source: Statistical Handbook of RBI

Figure II show the comparison between FDI net inflows and Unemployment rate. It is found that the unemployment rate is more or less same all over starting 1991 to 2029 which is almost around 5%. But the FDI net inflow, which was 0.09% in 1991, continuously increases and reached to 1.74% in 2019. It is clearly seen that as the FDI net inflow increases and reached peak in 2007, the unemployment rate slightly decreases during that year. This means the FDI net inflow has impacted on unemployment rate.

Figure II: The comparison between FDI net inflows and Unemployment rate



Source: World Bank data base and MOL&E



### The Sector-Wise FDI Inflows Received In India:

FDI has grown considerably in its import in Indian economy. After reforms its role has changed significantly. Earlier the amount of FDI inflows was low confining to some selected sectors, but now the inflow of FDI has grown tremendously in all the sectors of the economy. Therefore, this study analyses the sector-wise inflows of FDI in India.

FDI inflows in India reached at US\$ 30.0 billion in 2020-21 (between April 2020 and September 2020). It is found that computer software and hardware sector covered the highest FDI equity inflows of US\$ 17.55 billion, followed by the service sector at US\$ 2.25 billion, trading at US\$ 949 million and chemicals (other than fertilisers) at US\$ 437 million.

Table II shows sectors attracting highest FDI inflows which clearly reveal that among all service sector contributes 17%, computer software and hardware 12%, followed by telecommunication 7%. This study finds that the largest recipient of foreign investment is service sector. The share of this sector in cumulative FDI flows is 17 per cent of the total FDI inflows. The relatively more FDI inflow has been seen in Financial Services due to its profit generating advantage. This sector gives scope for the foreign investors to take back the profits to the country. The second recipient is computer software and hardware sector which shares 12 per cent of total FDI. The telecommunication sector is the third in the ranking with a share of FDI of 7 per cent. Trading sector occupied the fourth position with 6 per cent. Construction development with 5 per cent followed by automobile industry with 5 per cent, chemical industries with 4 per cent, construction infrastructure activities with 3 per cent, drugs and pharmaceuticals industries with 3 per cent, and hotels and tourism with 3 per cent.

**Table II: Sector attracting highest FDI inflows**

Ranks	Sector	2020-21 (April – September) (in US \$ million)	Cumulative FDI inflow from April 2018 to Sept 2020 (in US \$ million)	% age to total Inflows (In terms of US\$)
1	SERVICES SECTOR	2,252	84,255	17
2	COMPUTER SOFTWARE & HARDWARE	17,554	62,466	12
3	TELECOMMUNICATIONS	7	37,278	7
4	TRADING	949	28,543	6
5	CONSTRUCTION DEVELOPMENT: Townships, housing, built-up infrastructure and construction development projects	118	25,780	5
6	AUTOMOBILE INDUSTRY	417	24,628	5
7	CHEMICALS (OTHER THAN FERTILIZERS)	437	18,077	4

8	CONSTRUCTION (INFRASTRUCTURE) ACTIVITIES	377	17,223	3
9	DRUGS & PHARMACEUTICALS	367	16,868	3
10	HOTEL & TOURISM	283	15,572	3

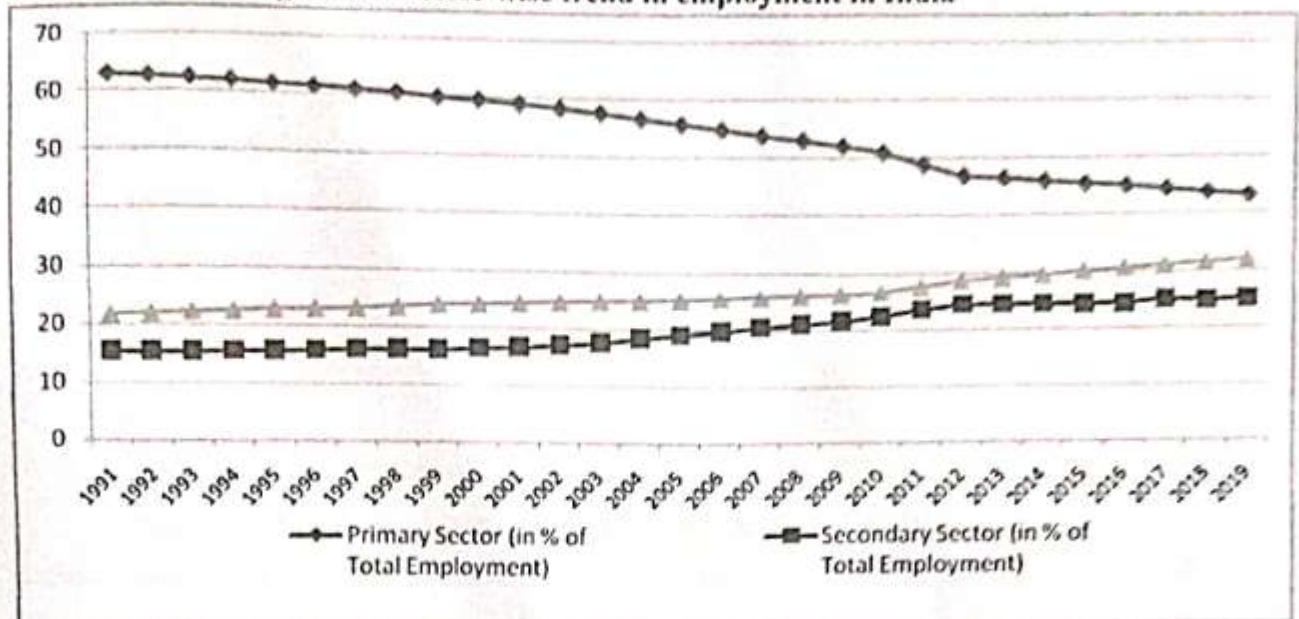
Source: DIPP, GOI

It is possible to increase the productivity in primary, secondary and tertiary sector in India which ultimately increases employment opportunities. In India, FDI inflows are relatively more in service sector and manufacturing sector in comparison to primary sector. So, the relation between employment generation and FDI inflows in India is favourable, but do not persist much. Employment generation and economic growth are directly related to each other. FDI plays very pivotal role in enhancing the economic activities in many developing countries. FDI is both monetary as well as nonmaterial assets like technical knowhow, competencies, business responsibilities, etc. As a result FDI inflows result in overall economic development of developing countries.

India is an alluring hub for foreign direct investments in the manufacturing sector. Several mobilephone companies, luxury and automobile brands, among others have set up or are looking to establish their manufacturing bases in the country. Indian Prime Minister Mr. Narendra Modi has launched the "Make in India" campaign to place India on the world map as a manufacturing hub and to recognize Indian economy worldwide as a preferred destination for foreign direct investment. FDI boosts productions in manufacturing industry by aiding setting up of various manufacturing units in different parts of India.



**Figure III: Sector wise trend in employment in India**



Source: World Bank Database

Figure III show the Sector wise trend in employment in India. It is found from the table that the share of employment from primary sector which was 63.04% in 1991 has been continuously decreasing till 2020 and it became 43.21 % in 2020. On the other hand, the secondary and tertiary sector is continuously improving in employment generation in India.

From the above analysis, it is seen that the sectors which are from secondary and tertiary sectors attract the FDI inflows more as compare to primary sector. On the other hand, percentage of total employment is decreasing in primary sectors.

#### **The State-Wise FDI Inflows Received in India:**

Dunning (1993) suggested that natural resource seeking FDI looks for foreign locations that possess natural resources and related transport and communication infrastructure, tax and other incentives. Natural resources include oil, mineral, raw materials and agricultural products. It is also often argued that regions with a more established industrial base are more attractive to foreign investment (Luo et al 2008). In the Indian context, Siddharthan (2006) found that the states with higher industrial output have attracted high levels of FDI.

There are many factors which determine the FDI inflow into a particular state. They are:

- Quality and adequate availability of infrastructure services (good roads, adequate ports, telecommunications etc.)

- Availability of skilled and cheap labour
- Continuous and uninterrupted supply of power.
- Proportion of subsidies given by the government.
- Better governance.
- Geographical factors.
- Urbanization.
- Availability of natural resources and raw materials.
- Fiscal concessions (like tax holiday).
- Lower risks.
- Stable political structure of the country

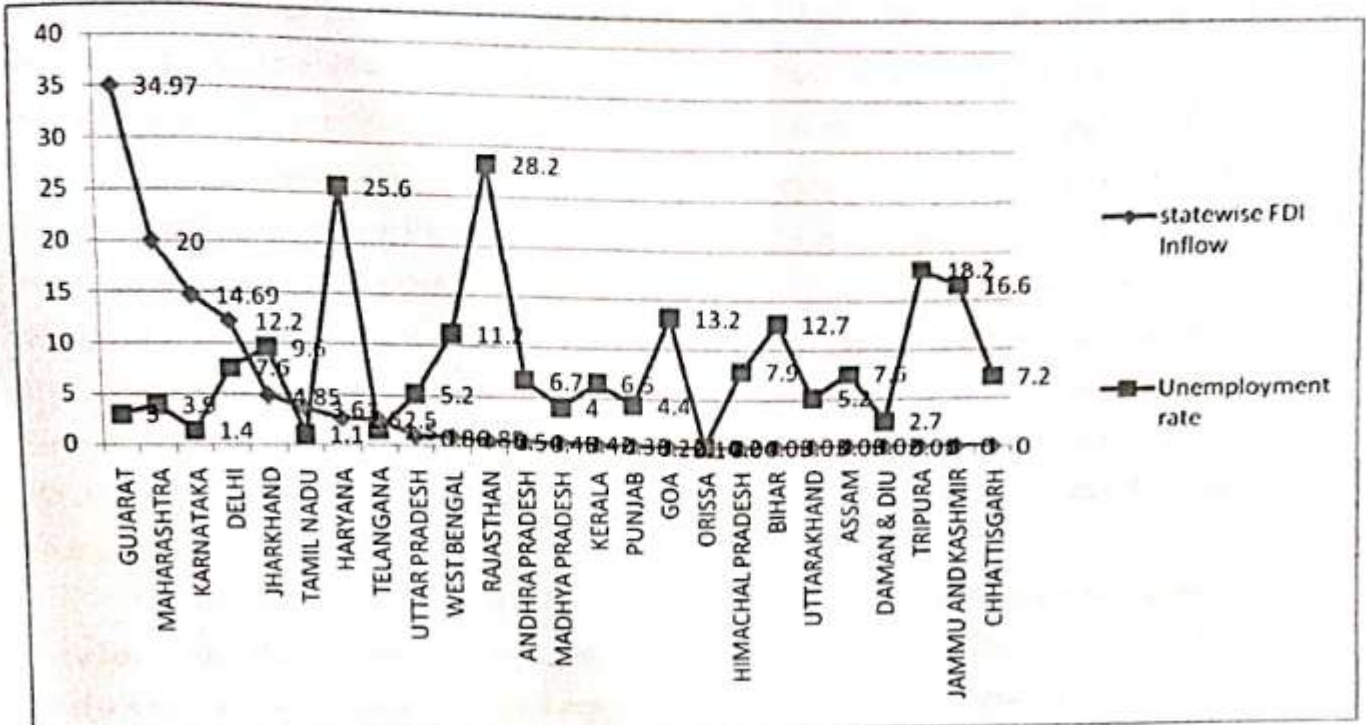
Apart from the above factors, there are some other factors which restrict the FDI inflow into the states. The bureaucratic attitude, mismanaging at local administration level and corruption are the biggest factors which restrict the FDI inflows into state.

The rise in FDI flows to India has been accompanied by strong states concentration. The top six states, viz., Gujarat, Maharashtra, New Delhi, Karnataka, Jharkhand and Tamil Nadu accounted for over 90 per cent of the FDI equity flows to India in 2019-20. The top two states, i.e., Gujarat and Maharashtra accounted for over 50 per cent of FDI flows during this period. Gujarat alone accounted for over 30 per cent of FDI flows to India during the same period. Despite most Indian states have achieved impressive growth rates with aggressive investment promotion policies, the concentration of FDI flows across a few Indian states continues to exist.

Figure IV compare between the state wise FDI inflows and unemployment rates in 2020. It is revealed that the states with higher shares of FDI inflows have lower unemployment rates. For example Gujarat contributes 34.97% of FDI inflows and has lower Unemployment rate which is 3%, similarly Maharashtra contributes 20% FDI inflow and has 3.9% unemployment, Karnataka contributes 14.69% FDI inflow and has 1.4% unemployment, followed by Delhi contributes 12.2% in FDI and has 7.6% unemployment rate. Other states contribute in FDI inflow and has relatively higher unemployment rate.



Figure IV: State wise FDI inflow (% to total inflow in terms US \$) and unemployment rate in 2020



Sources: DIPP and Ministry of labour & Employment

#### Impact of FDI on unemployment rate:

This study is mainly undertaken to study the role of foreign direct investment in employment generation in India. The data for the study collected for the period 1995 to 2019. The required data of foreign direct investment was collected from world bank data whereas the data of employment was collected from the website of Ministry of Labor and Employment.

$$Y = \alpha + \beta X$$

Y= Unemployment rate

X= FDI net inflows

$\alpha$ = intercept  $\beta$ = The Coefficient of independent variable FDI net inflow

#### Hypothesis

A null and an alternative hypothesis have been taken for above mentioned regression equations.

**Null Hypothesis:** FDI do not have impact on Employment.

**Alternate Hypothesis:** FDI has impact on Employment.

Table III reveals with the regression result of foreign direct investment, and unemployment rate in India. The regression analysis has been used to show the accuracy between dependent and independent variables. If the R-square value is more than 50 percent the used model is significant and if the R-square is less than 50 percent the model is insignificant. The regression coefficient value is 0.68 between foreign direct investment and unemployment rate. This coefficient value indicates that the 68 percent change in dependent variable unemployment rate due to change in independent variable foreign direct investment during the study period. The R value 0.68 (68%) and R square value 0.562 (56.2%) evidently higher than the level of 50 percent. It means the independent variable foreign direct investment influences the dependent variable unemployment rate during the study period. While the R square value 0.562 indicates the 56.2 percent data were accounted for this change.

The Analysis of Variance (ANOVA) The table no. 5 shows the analysis of variance between foreign direct investment and employment in India during 1995 to 2019. The anova analysis also shows the relationship between dependent variable and independent variable. As per the analysis of variance table no. 4 the F value is 19.75 is larger than the p-value 0.000 so the null hypothesis is rejected and the alternative hypothesis is accepted. It means there is correlation between foreign direct investment and unemployment rate in India.

Table III: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.680 <sup>a</sup>	.562	.439	.09980

Table IV: ANOVA

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	.197	1	.197	19.753	.000 <sup>a</sup>
	Residual	.229	23	.010		
	Total	.426	24			

Table v: Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		



1	(Constant)	5.743	.043		133.025	.000
	FDI net inflows	-.119	.027	-.880	-4.844	.000

### Conclusion:

Employment generation is treated as an important impetus for enhancing growth in the developing countries. It can be easily believed that FDI inflows can provide the solution for many economic problems in the economy, but in case of employment creation this effect is quite complicated in India. FDI is also considered as an important vehicle for overall development and growth of a country by generating employment for the unemployed youths in India. But, it has both backward and forward linkages in employment creation in India.

FDI is an important factor for the economic growth of India. FDI has shown a tremendous growth in second decade (1991-2020). FDI create high jobs opportunities for skilled employee in Indian service sector. FDI inflow helps to raise the output, productivity and employment. Thus, the government of India should take some policy measures to captivate employment generation in India basically in organised sector. India should boost its regulatory mechanism by advancing its monetary and fiscal policies. India should adopt favourable business environment for attracting more FDI in India.

It is noteworthy that although this study finds potential of Indian manufacturing sector to absorb FDI and contribute towards economic growth, it strongly recommends the policymakers to rethink on improving spillover effect of manufacturing FDI within the sector to ensure sustainable growth of the sector. Again, we think the viability of agricultural sector to generate favourable impact from FDI is still a matter of the highest concern for the policy makers. The government should continuously encourage FDI in primary sector with necessary policy measures that can improve the vitality of the sector. Moreover, government can also promote FDI in manufacturing sector, including industries, such as advanced agricultural equipment, fertilisers, pesticides and so on, which has a deeper forward linkage with rural economy to supplement the agricultural growth.

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### Appendix I

Year	FDI net inflows (% of GDP)	Unemployment Rate (in %)
1991	0.02722554	5.45
1992	0.095941829	5.50
1993	0.197056163	5.61
1994	0.297385909	5.63
1995	0.594986258	5.64
1996	0.617479056	5.65
1997	0.860208566	5.64
1998	0.625285966	5.63
1999	0.472644846	5.69
2000	0.765212649	5.66
2001	1.056378305	5.66
2002	1.011571805	5.72
2003	0.605889255	5.73
2004	0.765601405	5.67
2005	0.88610072	5.60
2006	2.130168425	5.45
2007	2.073395746	5.32
2008	3.620521897	5.28
2009	2.651593127	5.57
2010	1.635034274	5.64
2011	2.002065027	5.64
2012	1.312934337	5.65
2013	1.516275965	5.67
2014	1.695658786	5.61
2015	2.092115754	5.57
2016	1.9373632	5.51
2017	1.506588286	5.42
2018	1.552336472	5.33
2019	1.760283207	5.36

Source: World Bank Data Base and Ministry of Labour & Employment

### Appendix: II

Year	Primary Sector (in % of Total Employment)	Secondary Sector (in % of Total Employment)	Tertiary Sector (in % of Total Employment)
1991	63.04	15.3	21.65
1992	62.77	15.35	21.87
1993	62.48	15.35	22.16
1994	62.17	15.42	22.39
1995	61.75	15.56	22.67

1996	61.43	15.72	22.83
1997	61.07	15.87	23.04
1998	60.66	16.02	23.31
1999	59.92	16.02	23.85
2000	59.64	16.32	24
2001	59.04	16.66	24.29
2002	58.43	17.04	24.52
2003	57.66	17.55	24.77
2004	56.68	18.38	24.93
2005	55.82	18.97	25.2
2006	54.89	19.65	25.45
2007	53.86	20.44	25.69
2008	53.09	20.96	25.94
2009	52.12	21.6	26.27
2010	51.05	22.37	26.56
2011	48.96	23.52	27.51
2012	47	24.35	28.64
2013	46.59	24.35	29.04
2014	46.07	24.38	29.54
2015	45.55	24.33	30.1
2016	45.12	24.28	30.58
2017	44.52	24.97	31
2018	43.86	24.68	31.45
2019	43.21	24.89	31.89

### Appendix III

	Statewise FDI Inflow (% to total inflow in terms US \$)	Unemployment rate
GUJARAT	34.97	3
MAHARASHTRA	20	3.9
KARNATAKA	14.69	1.4
DELHI	12.2	7.6
JHARKHAND	4.85	9.6
TAMIL NADU	3.61	1.1
HARYANA	2.6	25.6
TELANGANA	2.5	1.5
UTTAR PRADESH	0.86	5.2
WEST BENGAL	0.85	11.2
RAJASTHAN	0.54	28.2
ANDHRA PRADESH	0.45	6.7
MADHYA PRADESH	0.42	4



KERALA	0.33	6.5
PUNJAB	0.22	4.4
GOA	0.14	13.2
ORISSA	0.04	0.2
HIMACHAL PRADESH	0.03	7.9
BIHAR	0.03	12.7
UTTARAKHAND	0.03	5.2
ASSAM	0.02	7.6
DAMAN & DIU	0.01	2.7
TRIPURA	0	18.2
JAMMU AND KASHMIR	0	16.6
CHHATTISGARH	0	7.2

Appendix IV: FDI, FII, Total FI inflows

	Direct Foreign Investment	Foreign Portfolio investment	Total FI Inflows
1991-92	129	4	133
1992-93	315	244	559
1993-94	586	3567	4153
1994-95	1314	3824	5138
1995-96	2144	2748	4892
1996-97	2821	3312	6133
1997-98	3557	1824	5385
1998-99	2462	-61	2401
1999-00	2155	3026	5181
2000-01	4029	2760	6789
2001-02	6130	2021	8151
2002-03	5035	979	6014
2003-04	4322	11377	15699
2004-05	6051	9291	15342
2005-06	8961	12492	21453
2006-07	22826	6947	29773
2007-08	34843	27434	62277
2008-09	41873	-14032	27841
2009-10	33109	32396	50362
2010-11	29029	30293	42127
2011-12	32952	17170	39231
2012-13	26953	26891	46711
2013-14	30763	4822	26386
2014-15	35283	42205	73456

# ACCESSIBILITY AND ROLE OF ICT IN THE HEALTH CARE SERVICES OF INDIA

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**Abstract**— Health is the most important indicators of quality of human life. On the contrary, the recent growing COVID19 pandemic becomes extremely dreadful for the world. In this case, it becomes highly necessary to check prevailing healthcare services in the country. In the delivery of health services, both government and private sectors plays most important role. In the developing countries like India, the health care service delivery hardly reaches to every recess and corner of the country. As per WHO report (2014), India stood 141 rank out of 190 countries in terms of Health Expenditure per Capita. This indicates that India has very poor health infrastructure. Even, India's public expenditure on health sector just 1.6% of GDP which is very low as compared to other countries. On the other hand, most of the people face hurdle in the access to health care services. So, what are the indicators that affect the accessibility of health care sectors in a country? How health care services can be provided in a best possible way? Is there any disparity either between rural and urban health care services or public and private health care services? Does this become impediment in the delivery of healthcare services? What role ICT plays in this case? All these remained research questions of this paper. This study tries to examine the indicators affecting the accessibility of health care facility. For this, the study uses the logistic regression model to determine the indicators affecting the accessibility of Health Care Facility.

**Keywords**— Health Care Services, ICT, Accessibility

## 1 INTRODUCTION

Accessibility refers to the ability to access. WHO divided the term accessibility in health into three parts i.e. Physical accessibility, Economic accessibility or affordability and Information accessibility. Physical accessibility means the availability of good health services within reasonable reach of those who need them and of opening hours, appointment systems and other aspects of service organization and delivery that allow people to obtain the services when they need them. Similarly, Economic efficiency or affordability is a measure of people's ability to pay for services without financial hardship. Further, Information accessibility includes the right to seek, receive and impart information and ideas concerning health issues (WHO Report).

Health and human resource development are the essential components of the overall socio-economic development of a country. Health is the most important indicators of quality of human life. Equity, along with inter-sectoral co-ordination, community participation and appropriate technology has been described as the principles and pillars of primary health care (Ramraj Balaji and et al, 2016). Health of the citizens of the country affects the productivity of the labour force. Therefore, the performance of hospitals has a significant effect on the well-being of individuals. As more and more resources are allocated and spent on medical services, health policy authorities are becoming concerned about the performance of medical services (Hu et al., 2012). Besides this, health is considered as a fundamental right in many countries. The governments of different countries are striving to expand and improve their health care services. Health care for the prevention and promotion of health is one of the basic necessities for human life, as declared in the Universal Declaration of Human Rights (Article 25). This implies that government is responsible for facilitating health care services to its people and this becomes necessary for providing health services. It is fully realized that the best way to provide health care to the vast majority of underserved rural people and urban poor is to develop effective primary health care services supported by appropriate referral system.

In most developing countries such as India, utilization of basic health services is lagging behind even though there has been increasing public and private expenditure on the health care services. Increasing demand of primary health care along with the growth of population is a big challenge to the government of India. In the developing countries like India, the health care service delivery hardly reaches to every recess and corner of the country. Besides, utilization of basic health services has remained poor even though there has been increasing public and private expenditure on the provision of advanced health care. As per WHO report (2014), India stood 141 ranked out of 190 countries in terms of Health Expenditure per Capita.



Access to health care is an important component of overall health system and has a direct impact on the burden of disease. Accessibility of Primary Health care is influenced by various indicators. Moreover, Effective implementation of information and communication technologies can make health care services more accessible to all the sections of the society.

On the other hand, more than 65.97% people live in rural areas (UN, 2018). But health infrastructure is very poor in rural and so is the accessibility to health care services. How to tackle these becomes a big challenge. In the country, the key infrastructures for delivery of primary health care are PHC's, CHE's and SC's. So far very little research has been carried out in India on accessibility of primary health service.

The government of India has taken numerous steps to increase the accessibility of primary health service to improve health outcomes in the states. Still, country lacks in health care infrastructure and it hinders in the accessibility to the health care.

Moreover, Information Technology (IT) has the potential to improve the quality, safety, and efficiency of healthcare (Sampada S. Gulavani and et al, 2010). So, can effective implementation of information and communication technologies make health care services more accessible to all the sections of the society? What role ICT plays in this? How far India has come in the implementation of ICT to the health sector? These are the questions to be answered.

## **2 REVIEW OF LITERATURE**

A faizi (1996) studied availability, accessibility, utilization and location of future primary health centre in Madhubani district of Bihar. According to him utilization of service have address the issue line availability, affordability, family characteristics (age, sex, family size), social structure (employment status of family heads, occupation, education, ethnicity, and culture).

Simon (2007) opines that accessibility of health service depends on availability, affordability, and acceptability of that service and these factors are influenced by caste, place of residence, monthly per capita consumption expenditure, socio-economic states etc.

Oliver and Mossialos (2004) find that factors of accessibility can be grouped into three groups: - (i) Availability (ii) Acceptability and affordability (socio-economic-ethnicity, religion, gender, age, caste) and (iii) Geographical factors. GIS research in the health care field focuses on methodological development of geographic accessibility to maximize the access to healthcare (Higgs, 2004). Geographical information system (GIS) research emphasizes the spatial dimension i.e. accessibility (McLafferty, 2003).

Sampada S. Gulavani and et al, (2010) studied that IT enable doctors, paramedics, patients, insurers and regulators everywhere to become aware of new information quickly. A remarkable feature of IT is its capacity to establish and disseminate publicly accessible global databases of prices of healthcare commodities and services.

## **3 OBJECTIVES**

The present study is based on the following objectives follows:

1. To study the present status of Health Care Services in India.
2. To investigate the various factors determining accessibility of health care service.
3. To study the role of ICT in health service delivery

## **4 METHODOLOGY**

### **Data Source and Sampling Technique**

This study is based on both the primary and secondary data. The secondary data has been collected from NITI AYOJ Report, NSSO Report, World Bank report. The primary data has been collected from the Sonitpur district of India. The data has been collected with the help of well structured questionnaires, which were prepared keeping in mind the objective of the study. The sample has been selected using a multi-stage design. Dhekiajuli development block from the sonitpur district have been chosen for field study mainly on the basis of highest proportion of rural population. From the block, 2 gaon panchayat (GP) have been selected purposively. Next stage is to select the village from the GP 25 percent of village has been selected from the two GP on the basis of highest proportion of rural population. Four villages have been selected. Finally, 10% households from each of the selected villages are randomly selected. The total sample size of the study is 120 households. In this study, all the respondents who go to public or private hospital are categorized in "using the PHC" however, the respondent who used to take medicines from Pharmacy without Doctors' advice and do not go to any medical institution are categorized into "not using PHC".

## **5 RESEARCH QUESTION**

This study is based on the following research questions-

1. What are the indicators that affect the accessibility of health care sectors in a country?
2. Is there any disparity either between rural and urban health care services or public and private health care services?
3. What role ICT plays in this case?



## 6 CONCEPTUAL FRAMEWORK

This paper tries to analyze the indicators that determine people's willingness to use health care service. In such situation where many factors may be responsible, so econometric techniques have been used to determine the relative strength of the various determinants. The variables have been selected in the context of existing literature. This has been done for find out proper justification for the selected variables.

**Caste:** Caste is an important determinant in deciding a health status of the society. Iyre (2005) discussed the influence of caste, class, and gender over treatment seeking decision for short-term and long-term sickness. The study found how class-based inequalities were more sharply defined than caste-based equalities.

**Household size:** Selwyn (1978) considered family size as a factor in utilization of health care service and found a positive relation among the two variables. On the hand, Wong et al (1987) examine the relationship between household size and utilization of health service, he found that consumption needs are more in large families and they may face resource constraint which act as a retarding factor of health service utilization.

**Monthly per capita consumption expenditure (MPCE):** MPCE is taken as the proxy for the income level of households. A very high correlation is seen between MPCE and access to health service. Households with higher consumption expenditure can enjoy a better standard of living. Higher purchasing power on the part of the household reflects better access to health service. Adler and Newman (2002) have showed a linked between the distributions of income within countries and states with rate of mortality. Su. Et. Al (2006) determined the factors responsible for household health care expenditure and determined the key determinants of health expenditure were economics status, household health care utilization especially for modern medical care, illness episodes and presence of a member with chronic illness.

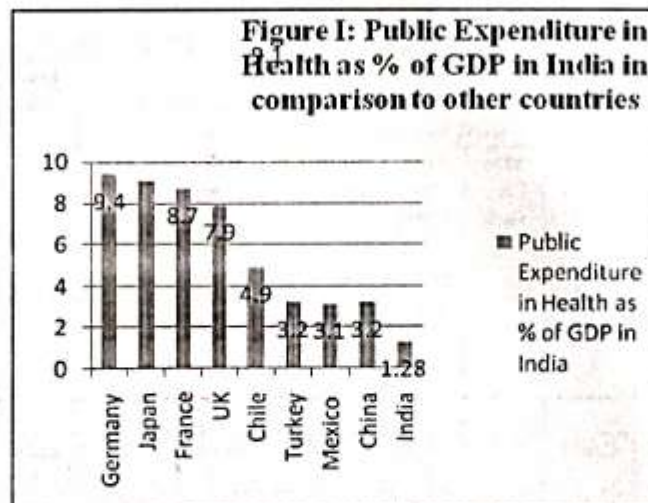
**Occupation:** Occupation gives identity to an individual. Repetti et al. (1989) reviewed empirical evidence concerning about the effects of variations in employment on women's mental and physical health.

**Distance and communication:** In a study in Ghana by suleman & Diney (2014) found that physical accessibility in terms of lack of good communication facility inhabiting access to health facility. On the other hand Mattson (2010) finding differs from those of other studies that have found a negative relationship between distance and health care use.

## 7 FINDINGS AND DISCUSSION

### A. Present status of Health Care in India

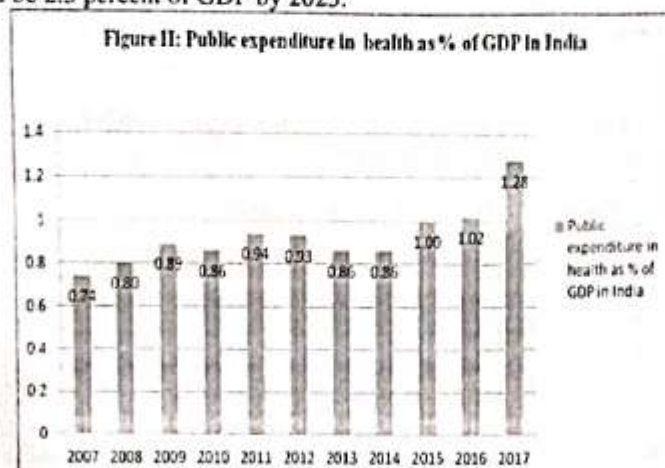
The health care system in India follows universal health care coverage. India's Ministry of Health was established from the very beginning with the independence in 1947. In India, State government administrated the Health Care System and Indian Constitution emphasizes each state for providing health care services to its people. The National Health Policy was approved by Parliament in 1983 and the policy announces universal health care coverage by 2000, and the program was updated in 2002. The government has made health a priority in its series of five-year plans and could not achieve its target for universal health coverage. India's healthcare infrastructure is so developed to meet the burden of disease. India has just 90 beds per 100,000 populations against a world average of 270 beds. India also has just 60 doctors per 100,000 population and 130 nurses per 100,000 populations against world averages of 140 and 280 respectively. This is because of the fact that the percentage share of GDP in health sector is very low in comparison to other countries.



Source: ICHSS Team analysis based on World Bank data from: <https://data.worldbank.org/indicator/SH.XPD.GHED.GD.ZS>



The public expenditure in health as percentage of GDP in India in 2017-18 was just 1.28% which is very low in such a huge populated country as compared to the other countries like Germany with 9.4%, Japan (9.1%), France (8.7%), UK (7.9), Chile (4.9%), Turkey (3.2%), Mexico (3.1%), China (3.2%). Besides this, the public expenditure in health as percentage of GDP in India is more or less confined to 1% from 2007 to 2017 as shown in the table – II. As per the economic survey of India, the government expenditure on health is just 1.6% of GDP in 2019-20 and 1.5% in 2018-19. According to the National Health Policy – 2017, the health expenditure by government should be 2.5 percent of GDP by 2025.



Source: ICHSS Team analysis based on World Bank data from: <https://data.worldbank.org/indicator/SH.XPD.GHED.GD.ZS>

Access to healthcare depends on how the people finance in the health ailment treatments. India has the most privatized health sector in the world. This is the cause that a large part of population is still living either below poverty line or at subsistence level. Therefore, government should be the dominant player in both financing and delivering health care services to form equality in access to healthcare. But, according to NSSO report 2017-18, percentage of hospitalization cases where large part of expenses were financed from household income or past saving i.e. out of pocket expenditure is higher as compared to other sources. Out of pocket expenditure was 79.5% for rural areas and 83.7% for urban areas as shown on the table II. Even, as per the National Health Accounts (NHA) 2016-17 data, the out of pocket expenditure (OoPE) has declined from 64.2 percent in 2013-14 to 58.7 per cent in 2016-17. So, out of pocket expenditure is one of the biggest causes of people falling into poverty. Out-of-pocket expenditure on healthcare as a method of financing is both regressive and iniquitous, especially for poorer households.

The government has come to a long way in the reduction of Out of Pocket Expenditure by combination of policy initiatives that includes launching Ayushman Bharat and price controls of medications. Through Ayushman Bharat, the government targeted to cover half to provide health cover to 10.74 crore poor and vulnerable families upto 5 lakh per family per year for secondary and tertiary hospitalisation.

**Table - II: Major source of finance of expenses in India**

Sector	Percentage of hospitalisation cases where expenses were financed from					
	household income/saving/out of pocket expenditure	Borrowings	contribution from friends & relatives	sale of physical assets	other sources	all sources
Rural	79.5	13.4	3.4	0.4	3.2	100.0
Urban	83.7	8.5	3.8	0.4	3.4	100.0

Source: NSSO Report, 2017-18



Healthcare should be the basic right of every citizen but India has insufficient quality infrastructure, dearth of qualified medical functionaries, and not accessible to basic medicines and medical facilities. More than 70% population of India lives in rural areas where the health care is in distressful condition. Keeping in view this gloomy picture of Indian health care, there is an urgent need of new practices and procedures to ensure that quality and timely healthcare reaches the deprived areas of the Indian villages.

The health care system in India, at present has a three tier structure to provide health care service to the vast majority of rural people. The primary tier comprises three types of health care institutions i.e. Sub Centre (SC), Primary Health Centre (PHC) and Community Health Centre (CHC) and it is based on following population norms.

**Table - III: Population norm for primary health care**

Centre	Population norm	
	Plain Area	Hilly/Tribal/Difficult
Sub Centre	5000	3,000
Primary Health Centre	30,000	20,000
Community Health Centre	1,20,000	80,000

Source: RHS report, (2014-2015)

There were 1, 56,231 Sub Centres functioning in the country as on 31st March, 2017. There were 25,650 PHCs functioning in the country as on 31st March, 2017. At the national level, there is an increase of 2414 PHCs by 2017 as compared to that existed in 2005. The allopathic doctors at PHCs have increased from 20308 in 2005 to 27124 in 2017, which is around 33.6% increase. There is 11.8% Shortage of allopathic doctors in PHCs according to the requirement for existing infrastructure. As on 31st March, 2017, there were 5,624 CHCs functioning in the country.

National Urban Health Mission (NUHM) is a sub-mission under an overarching National Health Mission (NHM) for providing equitable and quality primary health care services to the urban population. NUHM targets to improve the health status by facilitating their access to quality primary healthcare. NUHM covers all the cities and towns with more than 50000 population and district and state headquarters with more than 30000 populations. The health care infrastructure in urban areas consists of the Community Health Centres and Primary Health Centres. Population norms for urban health infrastructure

- Community Health Centres - 2,50,000 population (5 Lakh for metros)
- Primary Health Centres - 50,000 population

As on 31st March 2019, there are 5190 U-PHCs are functional in the country. Out of these U-PHCs a total of 1734 PHCs has been upgraded as HWCs. There is about 44.4% shortage of U-PHCs as per the urban population norms. About 70% of UPHCs are located in the government buildings, 27% located in the rented buildings and 3% are located in the rent free buildings. As on 31st March 2019, 350 U-CHCs are in operation in the urban areas of India. About 96% of U-CHCs are located in government buildings and 4% in rented buildings.

There are 4457 Doctors, 3549 Pharmacists, 1933 Lab Technicians and 5938 Staff nurses available at U-PHCs. At U-PHC level shortfall has been observed in all the posts. There is a shortfall of 44.3% ANMs at PHCs & 57 SCs. There is a shortfall of 16.7% of Doctors, 24.3% of Pharmacists, 50.9% of Lab Technicians and 22.2% of Staff nurses at U-PHCs<sup>1</sup>.

Disparities in healthcare services have been seen in rural and urban areas and in public and private healthcare services. The rural-urban health care disparities in India are often attributed to urban bias in allocation of resources and location of health-care services. Therefore, the bed population ratio is higher in urban areas and that those regional inequalities have not seen any significant decline over time. Due to lack of adequate health coverage in health care system in India, many people choose to go to private health care providers, although, this is inaccessible to the poor. But if we see the percentage share of hospitalization cases, the private hospitals plays major role which handle 55.3% cases of hospitalization both in rural and urban areas of India. On the contrary, government hospitals handle only 42% cases. Further, in urban areas, government hospitals handle only 35.3% of hospitalization cases while private hospitals handle 61.4% cases of hospitalization.



Table - IV: Percentage share of hospitalization cases in India

Types of Hospital	Percentage share of hospitalization cases		
	Rural	Urban	Total (Rural + Urban)
Government/Public Hospital	45.7	35.3	42.0
Private Hospital	51.9	61.4	55.3
Charitable/trust/NGO-run hospital	2.4	3.3	2.7
All	100	100	100

Source: RHS report, (2014-2015)

Public Health Expenditure is an important indicators of the health status of the population and higher public health expenditure is generally associated with better health outcomes (Barenberg et al., 2015) (Deolalikar et al., 2008). Disparities in the delivery of health services are also seen in India across different states. Disparity in health prevails in India due to uneven distribution of health infrastructure across Indian States. As per the Report 2019 of NITI Ayog, Kerala performs best and Uttar Pradesh performs worst in NITI Ayog's Health Index. Punjab performs second best on health, while Tamil Nadu and Gujarat secure the third and fourth. Odisha, Bihar and Rajasthan secure the bottom three positions. Table IV interprets the percentage share of government hospitals in hospitalization cases. In many states, government hospitals plays major role for exam in Assam 76.7% hospitalization cases are handled by government hospitals in rural areas, similarly it is 75.1% in Odisha, 74.1% in West Bengal, 59.6% in Chhattisgarh, 56.9% in Tamil Nadu and 50.8% in Rajasthan. On the other hand, the majority of hospitalization cases are handled by Private hospitals. Less public expenditure in health care leads to inequality and burden among the poor who cannot afford their health expenses.

Table - V: Percentage share of government hospitals in the major States

States	Percentage share of govt. hospitals in hospitalization cases	
	Rural	Urban
Assam	76.7	47.7
Odisha	75.1	55.5
West Bengal	74.1	58.9
Chhattisgarh	59.6	37.6
Tamil Nadu	56.9	42.2
Rajasthan	50.8	49.7
Madhya Pradesh	48.3	46.8
Jharkhand	43.2	36.8
Gujarat	40.1	21.3
Kerala	40.0	35.8
Bihar	38.5	32.4
Haryana	37.1	20.3
Karnataka	32.3	17.1
Punjab	29.4	29.3
Uttar Pradesh	28.4	24.1
Andhra Pradesh	25.8	31.7
Maharashtra	25.7	17.9
Telangana	24.0	17.3

Source: NSSO Report, 2017-18

An average household medical expenditure per hospitalization cases, excluding childbirth, at private hospitals was 7 times more expensive than that of government hospitals in India. In the government hospital the average medical expenditure is 4,452 Rs (in



rural area, it is 4,290 Rs and in urban areas it is 4,452 Rs), while it is 31,845 Rs in private hospital (27,347 Rs in rural areas and 38,822 Rs in urban areas). This indicates average expenditure per hospitalization is very high in private hospitals.

**Table - VI: Average Medical Expenditure per hospitalization cases**

Type of Hospital	average medical expenditure (Rs.) per case		
	Rural	Urban	Total (Rural + Urban)
Government/public	4,290	4,837	4,452
Private	27,347	38,822	31,845
all (incl. charitable/NGO/trust-run)	16,676	26,475	20,135

Source: NSSO Report, 2017-18

One of the most important factors that have significant accessibility of health care service is average medical expenditure either for hospitalization or non-hospitalized cases. Table VII interprets that there is significant difference in the components of medical expenditure either by rural-urban or by private-public. Table VI reveals that expenditure in various medical components is high in Private hospitals as compared to public or government hospital. For example if we compare the doctor's fees then it is 197 Rs in government hospitals and 6,280 Rs in Private hospitals in urban areas. On other hand, it costs 172 Rs in government hospitals and 5,340 Rs in Private hospitals in rural areas. As doctor's fee is primary fee for ailment treatment but there others too.

**Table VII: average medical expenditure in Rs for hospitalization**

Component of Medical expenditure	Average medical expenses (Rs.) during hospital in			
	Public Hospital		Private hospital	
	Rural	Urban	Rural	Urban
Package component	427	867	6,631	15,380
Doctor's/surgeon's fee	172	197	5,340	6,280
Medicines	2,220	2,100	6,818	7,035
Diagnostic Test	800	770	2,802	3,403
Bed Charges	118	152	3,377	4,176
Others	553	752	2,379	2,544
Total	4,290	4,837	27,347	38,822

Source: NSSO Report, 2017-18

Table VII shows about the expenditure on treatment of ailments not involving hospitalization cases. It is seen that even if government hospitals cost very low price in healthcare service, there is not so much disparities among different hospitals in case of treatment of non-hospitalization. Average medical expenditure on treatment of ailments is just 325Rs in rural and 344 Rs in urban areas in government hospital as against private hospital, it is very high 1,081 Rs in rural and 1,038 Rs in urban areas. Except private hospital, average medical treatment expenditure is not so much difference to the government hospital expenditures.

**Table - VIII: Expenditure on treatment of ailments not involving hospitalization**

Sector	Average medical expenditure per treated ailment by healthcare service provider					
	Govt./Public Hospital	Private Hospital	Trust/NGO-Run	Private doctor/clin	Informal healthcare	All



			hospi tal	ic	provide rs	
Rura l	325	1,081	624	566	487	59 2
Urba n	344	1,038	863	414	1,035	71 0
All	331	1,062	732	624	552	63 6

Source: NSSO Report, 2017-18

Health insurance is an insurance plan in healthcare that offers financial coverage for medical expenses when the policyholder is hospitalized. Health insurance seeks to attain several desirable objectives, including increasing access to healthcare services, reducing the risk of catastrophic healthcare expenditures, and improving health outcomes (D Erlangga, 2019). Increased in health insurance coverage generally results in the increase access to health care facilities, improves financial protection and improve health status. Table VI shows that percentage of persons not covered in health is quite high in India for example 85.9% people in rural and 80.9% people in urban areas are not covered in health insurance. On the contrary, 14.1% people in rural areas and 19.1% people in urban areas are protected by health insurance either government insurance or many other insurance. This clearly indicates that health insurance has very insignificant impact on health expenditure in India since it has fewer roles in health care finance and there is still a long way to achieve the success in health coverage.

Each of the private and public health expenditures has different effects on the health status. Increase in out of pocket health expenditure, which is one of the private health expenditures, increases the number of catastrophic expenditures and may lead to more poverty. Higher private health expenditures lead to increase the costs of the insurers' management and marketing and they must take much more money from their customers. Increasing the public health expenditure may increase the budget shortage, but it decreases the number of catastrophic expenditures. Public health expenditure improves the society's health and eventually improves human capital and leads to economic growth.

Table IX: Percentage of persons by health expenditure coverage type

Sect or	Perce tage of perso ns not cover ed	Percentage of persons covered by					All
		govt. spons ored insura nce sche me	govt./ PSU as an empl oyer	Empl oyer supp orted healt h prote ction (othe r than govt /PSU )	arrang ed by househ old with insura nce compa nies	Ot her	
Rur al	85.9	12.9	0.6	0.3	0.2	0.1	10 0.0
Urb an	80.9	8.9	3.3	2.9	3.8	0.2	10 0.0

Source: NSSO Report, 2017-18



**B. Model Formulation for health care accessibility**

To examine the factors determining the accessibility of health care facility a binary logistic analysis has been made where use of primary health centre is taken as the dependent variable and caste, education, occupation, monthly per capita consumption expenditure, distance and communication facility are taken as explanatory variables.

The following logistic regression model has been applied to examine the above mentioned indicators determining the accessibility of primary health care service. The binomial logistic model applied here can be written as

$$Y_i = \ln(P_i/1-P_i) = \beta_0 + \beta_1 X_{1i} + \beta_2 X_{2i} + \beta_3 X_{3i} + \beta_4 X_{4i} + \beta_5 X_{5i} + \beta_6 X_{6i} + \beta_7 X_{7i} + U_i \text{ ----- (1)}$$

$$i = 1, 2, 3, \dots, n$$

Where,

**Dependent variable:**

$Y_i$  = Whether to use primary health care service not.

1 = Using PHC

0 = Not-using

**Independent variable:**

$X_{1i}$  = Caste of the  $i^{\text{th}}$  respondent

$X_{2i}$  = Size of the household of the  $i^{\text{th}}$  respondent

$X_{3i}$  = Education of the  $i^{\text{th}}$  respondent

$X_{4i}$  = Occupation of the  $i^{\text{th}}$  respondent

$X_{5i}$  = Distance between the place of residence and PHC of the  $i^{\text{th}}$  respondent

$X_{6i}$  = Communication facility between the place of residence and PHC of the  $i^{\text{th}}$  respondent

$X_{7i}$  = Monthly per capita consumption expenditure of the  $i^{\text{th}}$  respondent

$U_i$  = Error term, where  $U_i \sim (0, \sigma^2)$

$\beta_0$  represents the constant term includes in the model.

$\beta_1, \beta_2, \dots, \beta_7$  are regression coefficient for each of the explanatory variables.

Rewriting the equation (1) as

$$Y_i = \beta X + U_i \text{ ----- (2)}$$

Where,

$$\beta X = \beta_0 + \beta_1 X_{1i} + \beta_2 X_{2i} + \beta_3 X_{3i} + \beta_4 X_{4i} + \beta_5 X_{5i} + \beta_6 X_{6i} + \beta_7 X_{7i}$$

Even if the dependent variable is a binary variable taking the value of 1 (User) and 0 (Non-user), Linear Probability Model (LPM) cannot be used. This is because of the following reason –

1. In LPM model, the probability value must necessarily lie between 0 and 1. But there is no guarantee that the estimators will lie between 0 and 1. So this is the real problem with OLS estimation of the LPM.
2. The error term in LPM deals with heteroscedasticity which makes its significance test doubtful.

As such, LPM model cannot be used for modeling dichotomous variable. The other models to analyse the above are the logit and probit (Gujarati, 2015). While dealing with binary response variable logit model is highly suitable, so this study also follow the same technique.

Since the decision of using or not using Primary Health Care service depends on an unobservable frequency of vulnerable to disease Index  $I_i$  depending on the above explanatory variable that is caste, size of the household, education, occupation, communication and monthly per capita expenditure of the respondent. The index can be written as

$$I_i = \beta X + U_i \text{ ----- (3)}$$

Here,  $i = i^{\text{th}}$  respondent,  $U$  = Error term

$$\beta X = \beta_0 + \beta_1 X_{1i} + \beta_2 X_{2i} + \beta_3 X_{3i} + \beta_4 X_{4i} + \beta_5 X_{5i} + \beta_6 X_{6i} + \beta_7 X_{7i}$$

So, it can assume that  $Y_i = 1$  (Respondent uses PHC), if  $I_i \geq 0$

$$Y_i = 0 \text{ (Respondent doesnot uses PHC), if } I_i \leq 0$$

This means if Respondent's disease Index  $I$  exceeds minimum level index  $I$ , the respondent uses PHC but if it is less than  $I$ , the respondent doesnot use PHC.

To make this willingness operational, the willingness to use PHC i.e. ( $Y=1$ )

$$P_i(Y_i=1) = P_i(I \geq 0) = P_i(\beta X + U_i) \geq 0 \text{ ----- (4)}$$

$$= P_i[U_i \geq -(\beta X)]$$

Since the distribution of  $Y_i$  impacts this probability and the distribution of  $Y_i$  rely on the probability distribution of  $U_i$ , let us assume that this probability distribution is symmetrically around its mean value. So the equation becomes

$$P_i(U_i \geq -\beta X) = P_i(U_i \leq \beta X) \text{ ----- (5)}$$

$$\text{As such, } P_i = P_i(Y_i=1) = P_i(U_i \leq \beta X) \text{ ----- (6)}$$



Since the logit model follows the cumulative logistic distribution, so the equation of using PHC is

$$P_i = 1/(1+e^{-Z_i}) = e^{Z_i}/(1+e^{Z_i}) \quad (7)$$

Here,  $P_i$  means the probability of using PHC ( $Y_i=1$ )

$$Z_i = \beta_1 + \beta_2 X_i + U_i \quad (8)$$

On the other hand, the equation of not using PHC is

$$1-P_i = 1/(1+e^{Z_i}) \quad (9)$$

Since  $Z_i$  ranges from  $-\infty$  to  $+\infty$ ,  $P_i$  ranges between 0 and 1 so,  $P_i$  is nonlinearly related to  $Z_i$ .

Thus, we can write taking equation (8) and (9)

$$P_i/(1-P_i) = 1+e^{Z_i}/1+e^{-Z_i} \quad (10)$$

Here  $P_i/(1-P_i)$  is simply odd ratio in favour of using PHC i.e. the ratio of the probability that a respondent wishes to use PHC to the probability that it will not use PHC.

Taking the log of equation (10), we get

$$L_i = \log(P_i/(1-P_i)) = Z_i = \beta_1 + \beta_2 X_i + U_i \quad (11)$$

Here,  $L_i$  is known as the odds ratio which is linear function of  $X_i$ ,  $\beta_1$  and  $\beta_2$ .

Table -X: Description of the explanatory variable

Variable	Definition	Value
Dependent variable	Whether people go to PH or not	1 if they use, 0 if they do not use
Use of PHC		
Explanatory variable	Caste of the sample households	1 if general, 0 if otherwise
1. Caste ( $X_{11}$ )		
2. Size of the household ( $X_{21}$ )		
3. Education ( $X_{31}$ )	Education of the Respondent	1 if up to 6 and 0 if 6 and above
4. Occupation ( $X_{41}$ )	Occupation of the respondent	1 if service, 0 if otherwise
5. Distance ( $X_{51}$ )	Distance between the place of residence and PHC	1 if upto 10 km, 0 if above 10 km
6. Communication ( $X_{61}$ )	Communication facility between the place of residence and PHC	1 if own vehicle, 0 if otherwise
7. MPCE( $X_{71}$ )	Monthly per capita consumption expenditure in Rs	

In the above table 1.2, the results of the estimated logistic regression model present. The independent variable caste, size of the households, education, occupation, distance, communication are constructed as dummy variable and for each category of variables, one reference group is given. That is, the result shows the impact of one characteristic of the individual on the probability of seeking primary health care service, in comparison with reference category. The category, for which value has been assigned as 0, represents the reference category. For the dependent variable monthly per capita consumption expenditure log transformation has been done.

Table - XI: Determinants of Accessibility of Primary Health care facility Dependent Variable-Accessibility of PHC.

Regressor	B	Wald	Exp. B
Caste (C <sub>i</sub> )	-.151	.032	.832
Size of the family (S <sub>i</sub> )	-.726	.972	.472
Education (E <sub>i</sub> )	-1.732	3.859 **	5.580
Occupation (O <sub>i</sub> )	-.092	.013	1.034
Distance (D <sub>i</sub> )	-1.536	4.219 **	.195
Communication (Co <sub>i</sub> )	2.897	1.884**	16.738
MPCE (M <sub>i</sub> )	-25.576	23.946 ***	.000
Constant	93.013	23.314	1.459E42

Source: SPSS Calculation

Cox & Snell R<sup>2</sup> = .739Nagelkerke R<sup>2</sup> = .864

Hosmer and Lemeshow Goodness of fit test statistic = .973

\*\*\* implies 1% level of significant

\*\* implies 5% level of significant

Estimated result of the logistic regression model shows that out of the 7 influencing variable included in the model, only 4 variables such as education, communication, distance and MPCE are found to be significant factors determining the accessibility of primary health care facility. However, Nagelkerke test and Hosmer and Lemeshow goodness of fit test statistic shows that model is good fitted.

The study found that an increase in the education of the respondent decrease the accessibility of primary health care facility by 1.732 units.

So far as relationship of distance between the place of resident and PHC with accessibility of primary health care facility is found to be significant. The coefficient for distance is being -1.536. The negative sign indicates if the distance between the place of residence and PHC increases the likelihood of accessibility of primary health care facility decrease. Another factor which is found to be highly significant is the MPCE. It is also found to be negatively significant with the accessibility of primary health care facility. It is found that if MPCE increase accessibility of primary health care facility decrease by -25.576 units. This reveals that increase in consumption expenditure increases the ability to purchase health care necessities. So, with improved ability, people switch from public to private facility.

### C. Role of ICT in health care sectors

Role of ICT is indispensable in the present world, since the technology has changed the world's scenario transforming into a sophisticated world. The growing importance of ICT has considerable effects on healthcare. The use of ICT increases the quality of healthcare services, enhances the patient's security and decreases the operation and administrative cost. The user friendly telecommunication devices by a majority people have reduced the communication gap. As such, people find convenient while availing health care services since accessibility to information has become easy using ICT. Today, healthcare sectors has faced numerous problems such as storing the medical record of the patient, maintaining Hospital Information System, maintenance of medical equipment, medication error and so on. A poor ratio of doctor to patient results in an inefficient and expensive delivery of health care services. Information and Communication Technology (ICT) could play an important role in improving the efficiency and making healthcare more affordable. Through ICT the distance between urban and rural have been can be shortened. Right communication channel would become easy for a doctor to deliver treatment to the patient living anywhere around the world. The study found that one of the most important indicators of accessibility to health care service is distance between the place of resident and the place of hospital. So, in general, rural areas do not have adequate and well-developed hospitals and so it lacks proper health care awareness. Poor Communication and transportation also become a disadvantage for the rural patients to arrive at hospitals on time. This can be reduced by installing proper communication channel and a numerous life can be saved.

The use of ICT in healthcare can be categorized into four as follows,



- Health & Education
- Hospital Management System
- Health Research
- Health Data Management

The application of ICT in Health education leads awareness among the public about the communicable diseases, health status, prevention measures and various current diagnostic & therapeutic procedures. This gives a freedom to the people to choose the best hospitals and doctors to approach for treatment and to have their life in a healthy way.

The use of ICT can make the Hospital management successful. The successful Hospital management helps to conquer the challenges faced by the Hospital. ICT improves the patient safety and satisfaction through proper management, get updated to the latest technology.

Through the use of ICT in healthcare research, it is possible to take the preventive measures to cure and reduce the spread of diseases. Further, new technology in diagnosis reduces the time and cost. The effective health care service can be possible through the use of ICT and helped in the elimination of traditional healthcare systems.

The ICT can also help for electronic storage of medical data. Information can easily be recovered through ICT. With the help of ICT, the data can be transferred to the patient or to the Doctors for consultation.

India has many success examples in the application of ICT in healthcare. This is because of using latest technologies in different field.

The use of Personal Digital Assistants (PDA), a pilot based project, is a perfect example of this by ANMs who are important links in the primary healthcare system as seen by the NRHM. This has reduced paperwork and increased data accuracy by making it certain that the data is available in electronic form, even in rural areas with restricted broadband connectivity. The PDA transfers data through wireless communication networks which will be entered into a larger database using the internet later on.

In Tamil Nadu, HIS has strengthened the information practices in primary healthcare with the objective to improve processes concerning healthcare delivery for the rural community in an effective and efficient way. This system helps the health staff to work on computers which in turn leads to better management of the health sector and improves the delivery of healthcare services to the needy people.

Aarogyam is a health programme which was launched in UP as an end-to-end community-based digital health mapping project. This project allows the citizens residing anywhere in India to access their health profile information using any telecom network. The programme helps for a future healthcare strategy by providing a health database.

Gram vaani is another such technology in the delivery of health care services which has built innovative voice applications for organizations working in health care sector to automate and manage their processes efficiently.

Under NRHM, Mother and Child Tracking System (MCTS) is another project which focusses on keeping a track of each pregnant woman, from registration to post-natal care.

Another example is GVK EMRI which handles medical emergencies through the 108 Emergency Service. It is an emergency call response centre which provides free service to the people. This 108 ambulance service has been seen across various states of India like Goa, Andhra Pradesh, Uttarakhand, Gujarat, Tamil Nadu, Assam, Karnataka, Madhya Pradesh, Meghalaya, Chhattisgarh and Himachal Pradesh. Therefore, it is believed that this GVK EMRI has improved the Healthcare services remarkably in these states, especially in remote areas.

Another such example is eVIN (Electronic Vaccine Intelligence Network) which is an indigenously developed technology system in India that digitizes vaccine stocks and monitors the temperature of the cold chain through a smartphone application. eVIN supports the Government of India's Universal Immunization Programme and provides real-time information on vaccine stocks and flows, and storage temperatures across all cold chain points in these states.

Thus, Information & Communication Technology has pivotal role in the development of Healthcare system. So, the health sector too has to use ICT efficiently to bring in more changes and elevate the healthcare to a much higher level which is important for the country's development.

## CONCLUSION

From the above it can be concluded that Government hospitals are unable to cater to the healthcare needs of such a large population of India and therefore private players are making significant investments in the hospital industry. Large investments by private sectors are likely to contribute significantly to the development of India's healthcare, which covers majority of the total market in the year to come. But, since private health care is not accessible to poor or economically weaker section, government should play a significant role to ensure health protection of weaker section.

The key challenges in the delivery of healthcare service are low quality of care, poor accountability, lack of awareness, and limited access to facilities. In this case, technology plays a crucial role to facilitate this. The main purpose of the present study is to study the indicators determining the accessibility of health care service. The primary health centre can be considered the institutional core of the rural health services in such a vast populated country. They are created to function as important elements of the overall economic and social development programmes. Government as well as private sector comes forward so far till today to meet the demand of the



rural people. Although Poor or economically weaker patients cannot bear the expenses of health care so they prefer to go to rural health institutions. On the contrary, those institutions could not fulfill the satisfaction of economically well people as those who can incur higher health care expenditure often choose urban centric private health care. From the above discussion it can be concluded that education, communication, distance between the place of residence and primary health centre and monthly per capita consumption expenditure were significant element for determining accessibility of primary health care service. The government should think about the public expenditure to improve the health infrastructure for the betterment of at least those who cannot bear health care expenses, since health is most important factor that determines human capital of a nation. So, it can be said, "Health is wealth and so good health of citizens is the wealth of a nation".

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## A Comparative Study on Socio-Economic Status and Expenditure Pattern of Tribal Farmers

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### Abstract:

Agriculture is the main source of livelihood in Assam and it contributed over 19 per cent to state domestic product (SDP) in 2010-11. But the farmers are still suppressed class even after seven decades of Independence. This may be for various reasons. In Assam Majority farmers are from tribal population where their living standard is very low. So, the present study reveals the Socio-economic Status and expenditure pattern of Tribal Farmers of sonitpur district of Assam. The study area has been chosen Thelamara circle of the district. The data has been collected on the basis of personal interview by survey method to each of the farmer through a predetermined questionnaire. A total sample of 80 farmers has been collected purposively from four different villages of the circle. The study revealed that Tribal farmers are very poor farmers with low literacy and knowledge about agricultural methods in comparison to non Tribal farmers.

**Keywords:** Tribal farmer, Non Tribal farmer, Agriculture, Sonitpur, socio-economic, Expenditure pattern, Consumption

both for their livelihood. We all know that more than 85% people of Assam live in villages where majority of them largely depends on farming. In Assam, the agriculture sector has not been developed significantly. This has greatly affected the Tribal farmers of the state compare to other farmers since a significant number of tribal populations lived in Assam.

The tribals owing to their life style and community habits and habitats have not been able to keep pace with the modern society. Tribals are not as advanced as the people of rest of India (Sikha Deka and et al, 2017). Thus majority of the Tribal population had to struggle to earn their livelihood. Poverty compelled people to be thrifty. Wages earned by the people were very low and therefore, income earned from these works was very less. Thus under this critical condition people were unable to have quality food and some were not able to get two meals a day.

Further, the subsistence life of the Tribal people hinders the standard of living and socio-economic activities. Because of subsistence level of life, the people of this region were deprived of status in the society too.

### I. INTRODUCTION

Agriculture is the main source of livelihood in Assam and the agriculture sector contributed over 19 per cent of the state income to state domestic product (SDP) in 2010-11. But the farmers are still suppressed class even after seven decades of Independence. This may be for various reasons. In Assam Majority farmers are from tribal population where their living standard is very low in comparison to non tribal farmers. A tribe is a social group usually with a definite area, dialect, cultural homogeneity and unifying social organization (Winick, 1956). India has 8.6% tribal population which is more than 104 million (Census, 2011).

In Assam more than 70 percent of the state's population depends on agriculture as farmers, as agricultural labours or

### II. REVIEW OF LITERATURE

Chakravarty and patnaik (1989) found that absolute income level of household or its income trends is more significant in determining its consumption and investment expenditure in consumer durable goods, luxury goods and valuable assets.

A study team undertaken by the Planning Commission in 1969 revealed that the Tribal Welfare Policy should aim at the progressive development of the social and economic life of the tribals with a view to their gradual integration which a rest of the community on a footing of equality within reasonable distance of time.

Sharma (1978) revealed that the hilly areas and tribal areas constituted special problem areas as they were backward and



inaccessible and also were neglected and exploited for centuries.

Parag Das (2015) studied that the main problems of the rural farmers are the chronic poverty, illiteracy, lack of mechanisation, scarcity of HYV inputs, lack of capital formation, flood and drought, poor agricultural marketing facilities and lack of knowledge about demandable crops or the absence of commercialization of agriculture sector.

Sikha Deka and et al (2017) found that Tribal people are very poor farmers with low literacy and knowledge about agricultural methods and they grow only rice, tea and oranges without any awareness.

### III. CONCEPTUAL FRAMEWORK

#### Brief description of variables

**Food expenditure:** Food expenditure is considered to be basic for the daily life of the farmers. Since it is fixed expenditure, it does not impact on increasing total expenditure.

- **Size of vehicle:** Possession of vehicle significantly influences the total expenditure of the tribal farmers.
- **Clothing and wearing expenditure:** The frequency of buying clothings and wearing impacts the total expenditure of the tribal farmers
- **Total Income:** It is quite obvious that expenditure of the family depends on the total income of the family members.
- **Size of family:** Total expenditure of farmers also relies on size of family members.
- **Size of school going children:** The number of school going children affects the total expenditure of the family. The greater the number of number of school going children larger will be the amount of expenditure

### IV. RESEARCH GAP

Various research paper, journals and dissertations have been reviewed and it is found that very little research has been carried out on the socio-economic status of Tribal farmers. The lower living standard of the tribal farmer in comparison other farmer also evokes the concern for the present study.

### V. RATIONALE TO THE STUDY

Tribal population takes a great position in the population structure of Assam. Tribal population attracted the government policies of either central or state government since a long time. But, the government policies to the tribal population are not so effective since tribal farmers believed to be living lower standard life in the region. The causes of lower standard of the people are multiple but very little study has been done in the problems of tribal farmers. It is believed that

after the research of tribal farmers it will rationalize the policies of policy makers in an effective way.

### VI. OBJECTIVES

The present study based on the following objectives.

1. To compare the socio-economic characteristics of Tribal and Non Tribal farmers.
2. To investigate the important factors affecting Expenditure pattern of Tribal farmers.
3. To investigate the causes of low standard of tribal farmers.

### VII. METHODOLOGY

#### A. Data Source

Present study is based on both primary and secondary data. Primary data is collected based on survey sampling method purposively investigated from sonitpur district of Assam. The secondary data is collected from district census data, Statistical Handbook of Assam, Census 2011.

#### B. Line of Analysis

- To fulfill the first objective, Percentage, Tabulation, Graphs has been used.
- To fulfill the second objective, OLSE Model run by SPSS software has been used.
- To fulfill the third objective, Qualitative description method has been used.

#### C. Sampling Design

Three stages of sampling design has been followed for the present study.

- **Stage1:** The thelamara circle of Sonitpur district has been chosen for the study.
- **Stage 2:** Four Villages namely; Dhekielowka Kachari Gaon, Kalamatigate, Borjuli and Patidoi bherela has been selected for the present study.
- **Stage 3:** Total 80 samples has been collected from the study area where 40 of them from Tribal farmers and 40 samples from Non Tribal farmers.

### VIII. PROFILE OF THE STUDY AREA: SONITPUR DISTRICT

The Sonitpur district is situated between Brahmaputra River and Himalayan Fothil of Arunachal Pradesh. The district is in the site of Northern corner of Assam, bounded to the north by the Arunachal Pradesh, to the east by Biswanath district, to the south by the Brahmaputra River, and to the west by Darrang District. It is spread over an area of 5324 km<sup>2</sup> on the northern bank of Brahmaputra, the life line of Assam. The total geographical area of the district is 271729 hectares which is only 6.8% of Assam. Whereas according to Census 2011,



Sonitpur had population of 1,924,110 which is 6.17% of total population of Assam.

The population growth of the district over the decade 2001-2011 was 15.55% which is less than 18.11% of the previous decade 1991-2001. According to census of 2011, the literacy rate of the district is 67.34% which is more than the previous literacy of 59.03% in 2001.

Table 1: Distribution of Workers

	Nos. of Farm Families	In Percentage
Large farmers	12,728	12 %
Small farmers	39,245	37 %
Marginal farmers	38,184	36 %
Landless farmers	15,910	15 %
SC farmers	9,281	8.75 %
ST farmers	14,118	13.3 %
Total	1,06,067	

Source: Census, 2011

The total number of farm families are 1,06,067 out of which 12% is Large farmers, 37% small farmers, 36% marginal farmers, 15% landless farmers, 8.75% SC farmers and 13.3% ST farmers. It is seen that Majority of the farmers are small and marginal farmer.

## IX. RESULTS AND DISCUSSION

### A. A comparison of Socio-economic status of Tribal farmers and non tribal farmers

Since this study is a comparative study, it is very essential to know the conditions of the farmer based on whether they are tribal or not. Here information is collected regarding the

socio-economic conditions and educational attributes of the people from the study region. Socio-economic status comparison of Tribal farmers and non tribal farmers has been categorized into five indicators i.e. Literacy, Types of house, Land holding pattern, Credit borrowing and means of agriculture. Since these indicators greatly influence the living standard of the farmers.

#### Literacy of the Farmers

Literacy play pivotal role in determining an individual's status and activities. It cannot be denied the fact that there is correlation between the caste, economic status and level of education. Moreover, Education is an essential factor of dignity and to social change and progress.

Table 2: Education farmers

Literacy	Tribal Farmers		Non Tribal Farmers	
	Frequency	In percentage	Frequency	In percentage
Up to 10 standard	20	50%	12	30%
Up to 12 Standard	8	20%	25	62.50%
Graduates/Post Graduates	3	7.50%	2	5%
Non literate	9	22.50%	1	2.50%

Source: Field survey

The table 1 shows that majority of Tribal farmers i.e. 72.50% have the qualification less than 10 standards in comparison to Non tribal farmers. On the other hand, 62.50% of Non Tribal farmers have qualification of 12 standards where it is only 20% in case of Tribal farmers. This indicates that Tribal farmers have lower literacy rates in comparison to Non Tribal farmers.

#### 8.1.2 Types of House

Type of house is considered as the indicator of standard of living of farmers. In the study area, everyone has their own houses. But, the types of house in which they live is presented in the following table.



**Table 3: Types of house possess by farmers**

Types of house	Tribal Farmers		Non Tribal Farmers	
	Frequency	In percentage	Frequency	In percentage
Kachha House	26	65%	5	12.50%
Semi Pucca Houses	6	15%	15	37.50%
Pucca Houses	3	7.50%	17	42.50%
PMAY	5	12.50%	3	7.50%

Source: Field Survey

It is found that 65% of Tribal farmers live in Kachcha house where as only 12.50% of Non Tribal farmers live in kachcha house. The living standard of Tribal farmers is seen as low in comparison to non Tribal farmers in the study area.

#### Land Holding Pattern

The farmers are classified on the basis of land holding pattern. The land holding pattern of study area has been analysed in the following table. It is revealed the study that majority of Tribal farmers are marginal and small farmers where they owned less than 2 hectares of land. On the other hand, majority of Non Tribal farmers are large farmers where they possess more than 2 hectares of land.

**Table 4: Land holding pattern by the farmers**

Types of Farmer	Size of Land holding	Tribal Farmers		Non Tribal Farmers	
		Nos	In %	Nos	In %
Marginal	<1 hectares	10	25%	4	10%
Small	1 to 2 hectares	25	62.50%	22	55%
Large	> 2 hectares	5	12.50%	24	60%

Source: Field study

#### Credit Borrowing

Credit borrowing is the main factors that affect the agriculture productivity of farmers. It is seen that majority of the Tribal famers borrow money from money lender

(37.50%) whereas Non Tribal farmers borrow money from banks (55%).

**Table 5: Credit Borrowing by the farmers**

Types of borrowing	Tribal Farmers		Non Tribal Farmers	
	Frequency	In percentage	Frequency	In percentage
Banks	10	25%	22	55%
Money lender	15	37.50%	5	12.50%
SHG	10	25%	8	20%
Non borrower	5	12.50%	5	12.50%

Source: Field Study

#### Means of Agriculture

It is found from the present study that 65% of Tribal farmers use traditional method of cultivation whereas only 10% Non Tribal farmers use traditional method of cultivation.



Table 6: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the estimate
1	.923	.973	.713	4.92

Source: SPSS Calculation

Table 7: Co-efficient

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(constant)	79.308	16.885		4.721	.624
FD	.768	.310	.588	2.481	.025
Vh	1.082	.261	-.898	-4.137	.001
CW	1.789	.352	.748	5.086	.511
FS	36.961	25.692	-.270	-1.439	.000
SC	.004	.016	-.037	-.260	.003

a. Dependent Variable: TE

Source: SPSS Calculation

### B. Expenditure pattern of Tribal farmers

In order to investigate the important factors affecting the expenditure pattern of Tribal farmers, the study uses one regression model by taking Total Expenditure as dependent variable. The regression model is estimated using Ordinary Least Square Method. The model used for the present study is given below:

$$TE_i = \beta_0 + \beta_1 (FD_i) + \beta_2 (VH_i) + \beta_3 (CW_i) + \beta_4 (FS_i) + \beta_5 (SC_i) + U_i$$

Where,

#### Dependent Variable:

TE = Total Expenditure per year of the  $i^{th}$  tribal farmers.

#### Independent Variable:

$FD_i$  = Expenditure on food

$VH_i$  = Vehicle owned

$CW_i$  = Expenditure on Clothing and wearing, Medical

$FS_i$  = Size of family members

$SC_i$  = Size of school going children

$U_i$  = Error term

### Analysis of the results

The model summary is presented in the following table.

From the table it is found that the  $R^2$  value of the model is

0.973 which indicates that the independent variables explain 97.3% variations in the dependent variables. It means the model give a very good fit.

It is found that coefficient of the explanatory variables such as vehicle owned and size of the family are 1.082 and 36.961 respectively which are significant at 1% level of significance. The estimated coefficient size of the school going children is .004 which is also significant at 5% level of significance. The other explanatory variables expenditure on food and expenditure on clothing and medical not significant which implies these factors do not impact on total expenditure of the tribal farmers significantly.

### C. Causes of low standard of Tribal farmers

**Lack of employment:** Majority of tribal farmers depends on agriculture depends on agriculture. Since tribal people possess no skill or training, so there is no alternative employment opportunities as well. 96% tribal farmers in the study area believed that there is no employment opportunity and they have to indulge on agriculture for this reason.

**Seasonal nature of agriculture:** Since most of the tribal farmers opted tradition way of farming, so they have to depend on monsoon for their crop sowing. Further, in the study region, majority people have to remain idle throughout the year since in agriculture farmers have to work only 2-3 months of a year. More than 60% tribal farmers have no works except from agriculture, so they have to struggle for which they have low level of living standard.

**Poverty:** Poverty of the farmers causes further low standard of living since they are not in a position to adopt expensive and modern technology of farming. It is observed from study that 35% of tribal farmers are resource poor in the study region where they do not have own means of agriculture.

**Indebtness of the farmers:** Majority of the tribal farmers



used to borrow money from money lender and other non-institutional sources and the interest rate is very high on this. So, they are prone to indebtedness or vicious circle of poverty since a lion's share of their income has to be used as the repayment of loan. 37.50% of tribal farmers used to borrow money from money lenders for their agricultural activities. This causes the lower standard of living among tribal farmers.

## X. CONCLUSION

In the present study, it was observed that the tribal farmers are socio-economically backward as compared to the non-tribal farmers in the study area. So as to eradicate the problems of tribal farmers, it is necessary for the policy makers to identify and quantify the socio-economic factors which are inhibiting their growth and development. The tribal farmers due to their lower living standard have not been able to keep pace with the modern society. Tribal farmers are not as advanced as the other farmers of Assam.

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## THE CONCEPT OF ENVIRONMENT AND ITS IMPACT WITH RELATION TO MEN

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### Introduction:

The surrounding or external conditions influencing the development and growth of mankind, animals, plants and living organisms may be defined as environments. The Webster's Universal College Dictionary (2000) defines the environment as "the air, water, minerals, organisms, and all other external factors surrounding and affecting a given organism at any time". The term Environment is understood not as an area surrounding a small place but as one that affects the existence and survival of the organisms it surrounds<sup>1</sup>.

The term environment comes from the French word „environner“ which means to encircle or to surround. In common sense parlance, environment means the surroundings. However, in size and spread it could differ widely from species to species. Therefore, what constitute environment for man could be quite different for anaerobic bacteria. Moreover, the meaning of environment will widely in its connotation in the micro-scale or in the macro-scale. For example, the micro-environment of man could constitute his home, the food he takes or the air he breaths from the immediate surroundings, whereas the macro-environment would mean the general climatic conditions he lives in or the general rise in world temperature conditions that is likely to affect him etc<sup>2</sup>.

Geographers have inherited the idea of environmentalism from Greek philosophers that nature is all-powerful and not only directed but determined all the human activities. With this background, the concept of „determinism“ or „environmentalism“ has been developed in geography.

Environment becomes clear from the stanza in *Isho-Upanishad* which states:

“Esh Vasyamidang Sarba Yat Kiyacha Jagatyang Jagat I

Tena Tayktena Bhujjiya Ma Gridha Kasya Sviddhanam II” 1/1 (Eshopanishad)

<sup>1</sup> Eugene .T. Environmental Economics, Vrinda Publications (P) LTD, Delhi,91, P.19

<sup>2</sup> A.C.Mohapatra, S.K.Barik, C.S. Rao, Man and Environment, Star Publishing House Shilong, P-1



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## BRIEF STUDY OF CULTURE OF TRIBAL PEOPLE IN ASSAM

*Dr. Shyamal Chandra Sarkar*

*Assistant Professor, Dept of Philosophy, Pramathesh Barua College, Gauripur*

### Abstract

Culture is a greater satisfaction and efficiency of the physical, vital and mental life of man in society. It is the consciousness of life created by philosophy and religion, art, poetry and social and political institutions. Vital element is essential to every culture. According to Sri Aurobindo, "No anti-vital culture can survive". It is a complex phenomenon which includes many things. It includes both material as well as non-material things acquired by men.

Culture can be used to convey various meanings. It stands for beliefs, ideas, customs, law, morals, art and other capabilities and skills acquired by men and women as a member of the society. The traditions and taboos, beliefs and behaviour of scheduled tribes are reflected in their Rituals and Festivals.

Assam is a land of fairs and festivals. Most of the festivals celebrated in Assam have their roots in the diverse faith and belief of her inhabitants, but a spirit of accommodation and togetherness characterizes the celebration of all festivals. The major religious and social festivals celebrated in Assam are 'Brahmaputra Beach Festival', 'Elephant Festival', 'Bihu', 'Baisagu', 'Ali-Aj-Ligang', 'Baikho', 'Bohaggiyo Bishu', 'Ambubashi Mela' and 'Jonbil Mela' and so on. The people of Assam also celebrate Holi, Durga Puja, Diwali, Swarwati Puja, Lakshmi Puja, Kali Puja and the birth and death anniversaries of Vaisnava Saints. The Ojapali dances of non-Vaisnavite origin are usually associated with the Serpent Goddess Manasa etc. The tribes of Assam follow these festivals in their respective names.

**Key notes:** Introduction, history of Culture, the Rituals and Festivals, Cultural practices of the tribes of Assam, Festivals of Tribal people of Assam.

### Introduction

Perhaps the most important method of social development that man has devised so far is culture and civilization. It is a method for greater satisfaction and efficiency of the physical, vital and mental life of man in society, through a mass of social institution which stimulate mutual co-operation in men through social laws and customs<sup>1</sup>. Culture is dynamic. It represents identity and community. To understand culture, one needs to understand things as languages and gestures, personal appearance, social relationships, religion, philosophy and values, family customs, education and communication systems. It is a complex system of values, traits, morals and customs. But, not all cultures are alike. According to Sri Aurobindo, "The culture of a people may be roughly described as the expression of consciousness of life which formulates itself in three aspects. There is a side of thought, of ideal, of upward will and the soul's aspiration; there is a side of creative self-expression and appreciative aesthesis, intelligence and imagination; and there is a side of practical and outward formulation<sup>2</sup>".

### Objectives of the Study

The objectives of the study are:

- To attempt to reveal the introduction of Culture.
- To attempt to explain the brief history of Culture.
- To attempt to reveal the Rituals and Festivals.
- To explain Cultural practices of the tribes of Assam
- To attempt to explain some Festivals of Tribal people of Assam.

### Methodology

The method of the present study is analytical in nature which is based on the primary and secondary sources. Secondary sources contain books, journals, leaflet, data collection from website documents published from research institutes. Books, particularly on the culture in Assam are supplied a greater source of information.

Primary data collected by the meeting of some social workers and also in interview with renowned persons helped fruitful analysis and authenticity of the topic.

### Review of literature

A good number of literary works are available in culture in Assam. But only little works have been done specially on culture of tribal people of Assam. No serious academic exercise has been done particularly on culture and its practices among the tribal people of Assam.

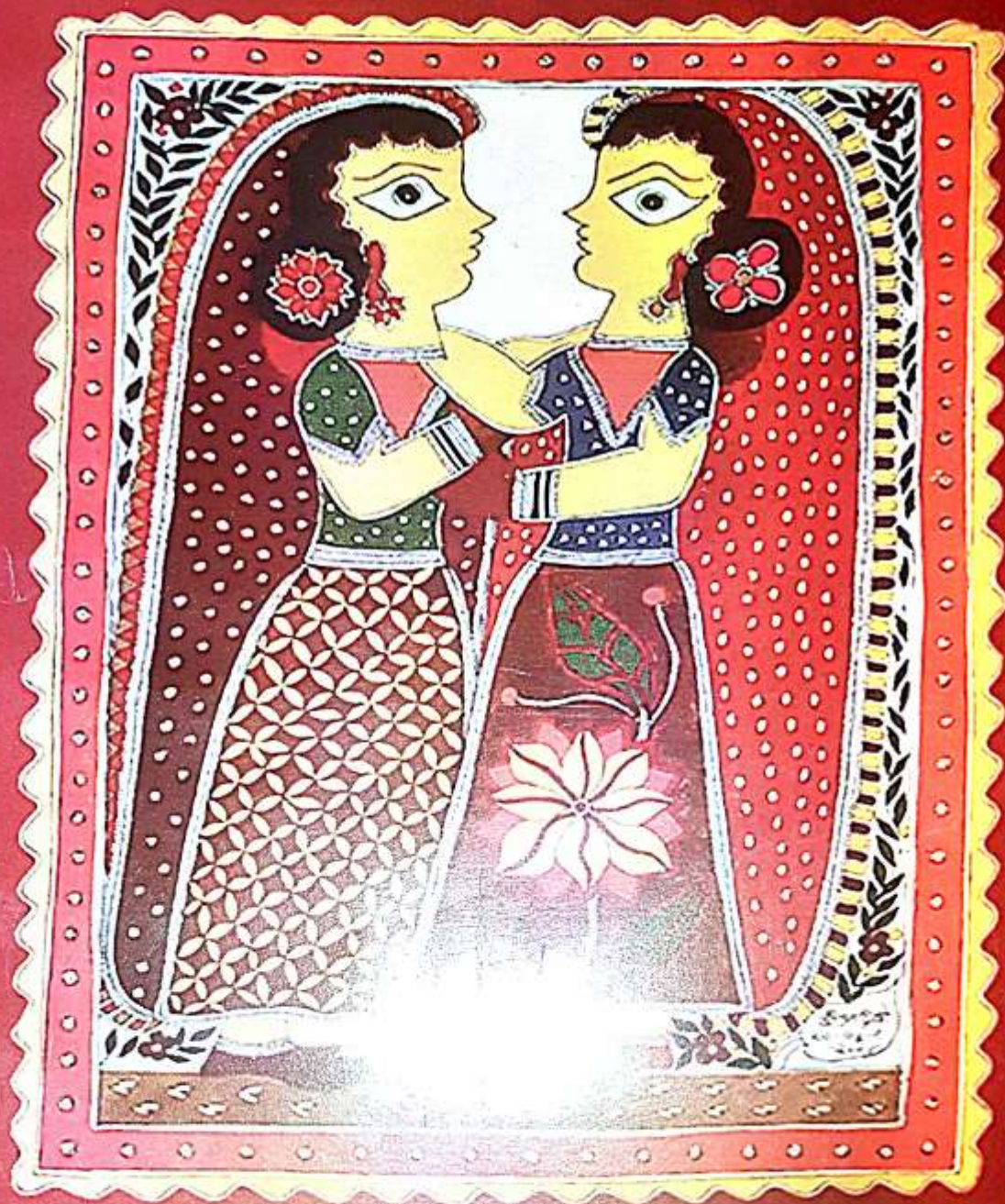
<sup>1</sup> Sharma RamNath, Social Philosophy, Kedar Nath Ram Nath, Delhi, P.233

<sup>2</sup> Murphy G., Personality, P. 129



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# The Concept of Marriage and its Practices among Boro-Kacharis and Mishing Tribes in North East Assam : A Study

Shyamal Chandra Sarkar

Akhitarul Islam

Marriage is one of the important events of both male and female. They begin conjugal life through marriage. Marriage gives protection to a woman. It is found since ancient period. A family becomes identified as a consequence of marriage. Marriage normally precedes the establishment of a family. It is a spiritual bond of a man and a woman. It is not only a moral institution but also a religious contract among many communities. There are various stages of marriage according to Morgan, viz. consanguineous marriage, Group marriage, Syndesmian marriage, Patriarchal marriage, Monogamy marriage. Marriage is divided into the forms of polyandry, polygyny, group marriage and monogamy. But, later on, group marriage was eliminated from this list.

The Boro-Kacharis are one of the major indigenous tribe of North East India. They strictly followed clan exogamy in their marriage system. Boro-Kacharis contract marriage by negotiation (Hathachuni), widow remarriage is also found in their society. Bride-price also prevails among Boro-Kacharis marriage system.

There are other major tribes in the plains of Assam who are known as Mishing. Clan exogamy and tribal endogamy are followed in their marriage system. Marriage within the same clan is strictly prohibited in their society and same sub-clan marriage is also prohibited in their society. They are monogamous. The Mishing practise two types of marriage, namely, Midang (arranged marriage) and dugla-lanam (gandharba vivaha). Bride-price is allowed in their marriage system.

**Keywords:** *Marriage, evolution, forms, practices, of Boro-Kachari and Mishing tribe.*

## **Introduction:**

Marriage is a very important event in the life of a woman. Matrimony in course of time is followed by maternity, and its recurrence makes the women periodically helpless and absolutely dependent on her husband. Marriage, therefore, determines the fate of a



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## A BRIEF STUDY OF WOMEN AND THEIR EDUCATION IN INDIA

*Dr. Shyamal Chandra Sarkar*

*( Assistant professor Dept. of Philosophy Pramathesh Barua College, Gauripur )*

### Abstract:

India is a country where lived with highest philosophical and ethical right. Here, both male man and women achieved equal status in their life and education. Male man and women went hand to hand in every aspect of their educational and religious rite during Vedic period. At that time, women students are classified into Brahnavadinis and Sadyodvahas. Brahnavadinis are treated as high excellence in scholarship. Boys and girls both enjoyed Upanayam ceremonies. Vedic educated and grown up women themselves can select their husband. Maitreye, Sanghamitra, Atreyi, Reva, Roha, Madhabi, Anulakshmi, Pahai, Vaddhavahi, Lopamudra, Viswavara, Sikata, Nivavari, and Ghosha etc. are the examples of educated women at early period. Ordinary girl who unable to go higher education were achieved education from their parents or local teachers. Sudra varna are faced problem in to some extent neglect in medieval Assam. Girls were encouraged to teach music, dancing and painting in ancient period. In Vedic age, wife occupied high position. Women faced trouble in their life in medieval period, but in Gandhian era and after independence, the position of women became change tremendously. They have got fundamental right the equality of sexes. Women have got right to participate not only in education but also in every aspect of social and religious rites. Women have got relief from Sati, child marriage, polygamy marriage etc. in aid of some social reformer.

Key notes: Introduction of the status of women, position of women status in Vedic period, Female Divinities, the Changes in the status in Women, Demands of modern women

### Introduction:

India is a country that has always preached and lived the highest philosophical and ethical doctrines of equality and fraternity, of universal love and solidarity. Hence, according to our age-long Indian tradition, there is no distinction between male man and woman. It is also asserted in some places with due dignity that no distinction between male man and woman is ever tolerated by our holy books; even not a woman is said to be superior to man. *Stri chavisesat*<sup>1</sup> (The scripture does not discriminate between male man and woman); *Samkaro bi atmani samavaiti, na strainam paurusam va vibbagam apekshate*. (Genius inheres in the soul-it makes no distinction between male man and woman)<sup>2</sup>

<sup>1</sup> Katyayana Sr. S., 1, 1.7., Ahmed Kasim Ali, Status of women in India, EBH Publishers, Guwahati -1, P.1

<sup>2</sup> Rajasekhara. *Kavyamimamsa* (G.O.S), p. 53.



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# The Women Characters of Shashi Deshpande: A Study

Ashikur Rahman

The main purpose of this paper is to focus on the concept of ineffectuality on the part of woman. Regardless she is a mother, wife, daughter or a sister, our society always wants to see her passive, cowardly and weak. With the help of Shashi Deshpande's novels it has been tried to focus on the transformation towards which our community is moving but still there are miles to cover to this changed world where a women gets respect and treated commonly with men. Shashi Deshpande maintains an extraordinary position among the modern and upcoming Indian English writers. Women starving for love, affection, understanding and respect is the main theme of her novels. The crucial battle is between the traditional rules and her personal satisfaction and happiness leads to defeat and quitting. According to Shashi Deshpande, any women regardless married and have so many responsibilities have all the right to live her life as she wants with all the due respect, happiness, satisfaction and can develop her qualities and can fulfil her dreams.

**Keywords:** *Indian Women, Traditional Rules, Male dominated society, Feminism, Shashi Deshpande*

It was the year 1983 when the writer Shashi Deshpande was born in Dharwad, India. She is the second daughter of famous dramatist and Sanskrit professor, Shriranga. Shashi Deshpande graduated in Economics from Mumbai at the age of fifteen. After this she gained a degree in Law from Bangalore. She gave her primal years of her marriage in the care of her two young sons, and simultaneously took a course in journalism and worked for a magazine as well for some time. In the year 1970 she began her writing career seriously. Shashi started her career writing short stories which later got developed in writing novels. 'The Legacy' which was published in the year 1972 was her first collection of short stories and that was also prescribed for graduate students in the University of Columbia.

Shashi Deshpande has completed her M.A. in English Literature and lives with her husband who is a pathologist by profession and both lives in Bangalore. She is appreciated as the most talented contemporary Indian women writers in English. Since, 1980's Shashi Deshpande is the most versatile Indian English writer and a winner of Sahitya Academy



award. Individuality of educated Indian middle class women has been explored in the novels and short stories of Shashi Deshpande. Indian women who is trapped between the male dominated society and her own aspirations has been displayed in her novels in a very sensible manner. Domestic situations and the relationship of man and woman within marriage is the main focus in her novels.

Shashi Deshpande writes about people around her and not about politics or poverty of India. Characters of her novels are so real that we feel them like our own family or people we know. Therefore the novels and stories she writes match with the reality of life of people. Her stories are full of sympathy, humanity and understanding especially of the women. Her stories want women to remain herself as a normal human being rather than playing a role of daughter, wife or a mother.

Female writers faced a lot many struggles to put their voice placed in society in the nineteenth century. From the past couple of years many historians, experts and even women have worked hard to change this common feeling of bitterness in reference to women writers. Stand has been taken by the women writers expressing their uneasiness to several factors of life identical to that of their male fellows, the social unfairness, and search of identity. It is assumed, accepted and inevitably claimed that the appearance of women in the tentative field either from the domestic or professional point of view it is unquestionable and irreversible.

Stories also reveal the pain and problems of women imprisoned between male domination and custom at the same time her self-respect, identity and freedom. Out of all contemporary Indian writers in English, Shashi Deshpande appears as a renowned name. However, at the beginning she started writing short stories, she also writes four children's books and six novels. She is the expert of this type of writing is shown from this collection. Her English is simple and natural, and are without any craftiness. Her stories are mostly women-centered, women who are imprisoned in male-dominated society, women who is a daughter, a wife and a mother, a woman who is suffering loneliness and failure in life. Shashi Deshpande does not call herself a feminist and does not have any objective to become a promoter of hindrances of middle class Indian women. Her stories and novels presents reality of the society the way it is, beyond any clear censorious claim on the way it is obliged to be. Women characters in her stories are much stronger as compared to male character. Male character when compared to women males are weak and powerless. In spite of high education levels and economic independence women are treated as less powerful than men even in modern times were shown in her stories.

Woman is allowed to gain education and do a job but is not allowed to go out of traditional framework and how a woman give her life as a mother and wife is showed in her stories. Women's educations and goals do not allow them to fit in the socially established channel which outcomes as their isolation and detachment is proved by her stories. After reading her stories young women of current generation can identify themselves with the



characters and can feel comfortable. She also writes about well-known mythological characters like Amba and Bhima, disputes of Draupadi and Kunti from the Mahabharat are also refigured and reinterpreted in her stories apart from the stories of common woman. The feelings and emotions of women are illustrated from the point of view of men in Epics and Vedas as they were written by men, but the feeling of women can be understood by women only in this situation. Shashi has tried to controvert with representatives present in mythology and has tried to display the emotional disturbance of women of our Epics and Vedas through her stories. Stories of Deshpande can be classified as the as the mirror that shows the practicality after analyzing the defeated condition of a women of Indian society and the stories that heal the position after drawing the women's valuable insistence of herself. But any women moving from the conventional norms are not seen in her stories. The relationship of mother, daughter and wife are generally seen in her stories in short family centered stories. The importance is given to the problems faced by the women as a wife, daughter and a mother. She talks about how important is the human relationships are and also says that being a mother or a wife is not a burden but when there is a lot of pressure on a women with lot of rules and regulation then it becomes a burden for her. Although she writes about woman's suffering in a male dominated society, but does not like her to be called as feminist writer as it sound very narrow sense of words. Deshpande does not want to show men as only wrongdoers and women as only victims, rather she is just concerned about human relationships. She do not want herself to be called as a women writer and her work as woman work, but in her thoughts she think herself as a feminist. Shashi Deshpande wants her to be known as established writer. In one of her interview she said that I am a feminist but do not anyone to call her a feminist writer, her main focus is on women, but there is a difference in the way of looking them as human beings and not as just women who always suffers and she writes about the issues faced by woman at personal and communal levels.

Shashi Deshpande tries to display woman of modern India and in search of meaning of herself and the relationship that are primary to women. Her novels deal with the journey of self-identity of a woman. The complicacies of a relationship in which man and woman are involved especially in the frame of marriage. The character named **Jaya**, as shown by Shashi Deshpande in "*That Long Silence*" is not a silent sufferer. A woman plays different roles in her life as a mother, daughter and wife but has never been able to claim her own identity. In "*The Binding Vine*" **Mira** hated the way her mother use to surrender herself to her husband and do not have her own identity. Women associated to middle class family and their inner world is narrated in her novels (Bhatt, 2012). Feminist nature of Shashi Deshpande is not pessimistic or dishonest. Only after analyzing significant problem of a woman, Deshpande goes beyond view point of feminism. For her feminine appeal to woman's problems she was known to be sensible and natural person. In '*Roots and Shadows*', of Shashi Deshpande the state of character **Indu** represents the larger situation of woman in conventional Indian society where the new concept of western education, economic independence and globalization have completely shaken the roots of old Indian culture and



social values. Shashi Deshpande's positive and broad-minded side can be seen from her novels where she has represented woman as a person who use to get involved in her problems rather than getting detached Fathima (2012). All the novels of Shashi Deshpande are dealing with the problems of the women. Even for the love and sex the women of modern India is in the condition of total confusion. Today's women always suffers due to the imbalance between the expectations and demand of the tradition as she has developed different attitude towards the life where there is sometime rejection of tradition and betraying the same, and in this condition it is only women who suffers, and she questions and looks for the answers. In Shashi Deshpande's novel *'In The Dark holds no Terrors'* the character of **Sarita (Saru)** and her feeling of homelessness is a confirmation of her sense of isolation. She leaves her home twice in the novel in an attempt to get free, when victimized by Manu. Shashi Deshpande is competent in dealing to give full answers of the unrealistic attitude in the aspirational manner which is very important for any educated modern women to live a happy life (Rajwanshi, 2016).

Deshpande has not been much concern to the current aspect of the modern educated earning women, their arrangements and disturbances, rather her novels deal with the troubles and struggle of Indian middle class women and responses given by women by her silence which the mode of her communication. *"The Binding Vine"* was published in 1993 is a novel with a difference. Contrary to the other women character, the character of this novel **Urmila** has an encouraging and supportive family, she loves her husband and is happy being married to him. In this novel she decides to fight for another women's battle. In novel *"That Long Silence"* **Jaya** and husband moves from cozy and comfortable house to a small and old fashioned house. Jaya getting confined in an old house becomes an introvert. Problems and struggles of educated Indian middle class women is the backbone of stories of Shashi Deshpande and she has very finely dealt with the same in her novels Kanchana (2016). Social world of complicated relationships have been presented in the novels of Shashi Deshpande. In the course of their life women's are the sufferers of the gender difference. Personality of a women is blocked by male portion of the family but also by the female section. Their male-controlled mind set always overcome their bluntness, kindness and revolution countering unfair treatment towards them. In novel *"Matter of Time"* Husband leaves his home and wife Sumi with three teen aged daughters, Sumi then moved to her paternal home with her daughters but the same is not liked by her mother as she thinks that after marriage husband's house is the only house for a woman. In this male-dominated society even the well-educated modern women are getting victimized (Ashalata and Usha, 2014). Shashi Deshpande has made a common world in which a genuine circumstances of the inner view of the Indian women strongly displayed through the means of illusions and beliefs. How man has taken the world in himself deeply and actively is shown by the illusion. It articulates the fact in a meaningful image. Many traditional worlds have smashed to create a new world from their point of view for the women writers like Shashi Deshpande. The misconception used by Shashi looks appropriate to her vision of life. In novel *"The Dark Holds No Terrors"* in this novel character **Sarita** is a career women who in the daytime



is a doctor and at night is a trapped animal in the hands of her husband. Overall, it is woman's view point that is showcased but there is barely any reference of emotionalizing and overemphasizing of woman's problems (Jaishree, 2018).

Shashi Deshpande understands how tradition of our community is narrow-minded and partial against women. Hence, she is famous for constructing powerful women supporters who reject to get dominated by male of the society and face their life with bravery and power. In "*That Long Silence*" **Jaya** comes up as a conquering new woman who has learned the means to overcome cruelty and ultimately utilize her powers and abilities not only for personal fulfilment. Freedom brings in commitment as well as loneliness. Hence, human beings seriously want freedom when encircled by people but require people to get free from lonely life (Panda, 2017).

Woman is under domination at any stage of life, it may be under her father, her husband or her son. Marriages are known to be the transfer of dominance from father to husband. The enslavement of conventional marriage are strong and there is scope of avoidance due to which woman looks for support and shelter in enchantments, despotism and mental enslavement which usually leads to physical weakness or deaths. The social fundamental values that has been participating in the constancy of woman concealment ensures that the unrecognized sufferings of a woman becomes a part of their lives and they become the silent sufferers all over there life. In "*The Binding Vine*" Kalpana the second important character is a rape victim but belonging from a poor family her mother wants to close the whole matter (Sekhar, 2016).

Family is an institute in itself, everything starts here and anything that occurs outside the family embodies in the family. The homely environment totally melodious and blessed by the standard ethics of the community is constantly seen with conflicts, dictatorships and misbehavior. In "*Roots and shadows*" Indu got stuck between the old age traditions and her own individual views. The complicated nature of human relations is examined regardless it is inside the family or outside the family in social margin. Deshpande created her own stories that consist of various moves of wrongdoings and crimes that bring in the disputes of man, woman, material, feelings, sex, ethics, individual and social. Hence, the steps of reconstructing and destruction remains in the novel in a story form (Saravanan and Agalya). Male-dominated community the presence of a women is drained and restricted and this is very well known to her supporters. Her supporters searching for individuality inside the married life were captured between tradition and modernity. The readers are left in no doubt after reading her novels that presents a real picture of a women as mother, daughter and a wife who are in search of their identity as well as sexuality. In "*The Binding Vine*" **Urmi** has mentioned about her mother-in-law **Mira** who is a victim of marital rape, and is stuck in an unhappy marriage (Lakshmi and Arvinda, 2017).

Shashi Deshpande is not a complete feminist, she tries to feature established rebellious ideas regarding depiction of female voice and fight for their individuality. Shashi



Deshpande's "*That Long Silence*" **Jaya**, the character, is a well-read woman, blessed with literary sensibility though nurtured in silence. Jaya is a modern, convent educated, fluent English speaking woman and a creative writer who symbolizes the emerging new woman conscious of her status in the society. She also kindly give stress on the requirement to become constructive and take steps towards attaining identity and create better existence in this modern world Sundariand Kanitha (2017).

It is love and understanding with the help of which we can battle with the problems of life at the same time sorrows of her novels gives us anger and shocks. Novels of Shashi Deshpande makes us understand that diversity is absolutely basic to interventionism. Topics of her novels are many a times conflicts, not logical even though disbursing other registered accords both are victims and agents, agents who bring a fetch a transformation in the conventional picture of womanhood. In "*The Dark Holds No Terrors*" the character **Sarita** occupies the centrist position because she is financially more secure and can fend for the family. But Manufinds it difficult to occupy a peripheral position (Bakayaraj, 2017). It is not a common women's voice but an intellectual voice of her that is Shashi Deshpande through her stories and novels. Western audience is not catered to magic realism, or concession to marketability, no themes etc. It has been three decades since when she is writing about human difficulties. Common and ordinary people who we might meet on the streets and our society is the main part of her novels. In "*Roots and Shadows*" she has displayed a series of girl-children, where each girl faces a different problem within the family circle. They are Mini, Akka and Indu. It is human being that is behind her characters but it is true that she writes mainly bout women and her difficulties of life Bakayaraj (2017).

From the study it can be concluded that the woman that Shashi Deshpande wants to present in her novels is different from the one who is suppressed, silent and struggler in various phases of life. She want women to break their silence and fight for their identity and respect in this male dominated society. Women are intelligent who can fulfill their dreams and goals and can build homes by their strength and power and pursue their career at the same time. They can remove all their doubts, confusions and misconception and can see the truth from their journey of self-examination and self-discovery. Supporters who shape their life as per their potential is tried to be presented in the novels of Shashi Deshpande.

A female supporter who has tried for find out their identity and individuality and has ultimately reached to the resolution and has become the voice of modern women is also shown in the novels of Deshpande. Comprehensively Deshpande's novels present a picture of Indian middle class women who is bounded between the relationships it may be as a wife, a mother, a daughter or sister. Shashi Deshpande's novels shows that she is very sensitive and is totally understand the imbalance between male and female in the community. Her novels mainly bother about women's fight for herself. After being involved in so many relationships like a mother, a wife, a sister a women feel burden on herself as she is trapped between the traditional rules and not been able to live her with freedom and not able to



fulfill her dreams and goals. Every person on this earth is equal and should get all the rights to live their life on their own rules and regulations. The image of women's inner self is the main and powerful point of Shashi Deshpande's novels. Her supporters are those women who are under pressure to find their identity and are constantly in hunt to explain them. In the past it was difficult for women to put her voice in the society, but now she has learned how to create her own individuality, how to fulfill her dreams even after so many responsibilities of life being a mother, daughter or a wife. In her interviews Shashi Deshpande have mentioned that she do not want herself to be known as a feminist writer, even though she writes mainly about women's suffering in the male-dominated society. Her stories recommend that common life of Indian middle class women are full of compromises. Therefore they develop the tendency of self-withdrawal. Several relationships and dimensions of family relations have been seen in one of the survey of her novels, there are daughter and mother, daughter and father, sister and brother, and in-laws, but the main focus is on husband and wife because that is the base and platform of any family and it is that relationship from where new relations start and give a shape to the family. There are joint families where there are uncle and aunty, their children and other relatives all these relationships are pictured in a very sensible and practical manner. The supporters of Shashi Deshpande are not very courageous but they are women who are in trouble who are trying to put their voice in society and trying to get their identity and respect. The society which is male-dominated and male-controlled are pictured in her novels where women are afraid of their husbands and other male members of the society. Society where preference to sons are more than given to daughters. Shashi Deshpande do not want to show men as only criminals or villains and women as only sufferers or victims rather she is just bothered about the relationships and the love and respect that is required from both the sides male and female. ■

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