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M.P. Institute of Social Science Research, Ujjain

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Nutrition and Health Status of Women and Children of Pahari Korwa Tribe in Chhattisgarh

Rajesh Mishra *

Pahari Korwa is one of important primitive tribes of Chhattisgarh living in seclusion on hill tops with hardly any aspirations towards life. They largely depend on hunting, fishing and forest produce for their livelihood. There is high level of malnutrition among women and children of Pahari Korwa tribe caused due to extreme poverty and poor outreach of welfare programmes of government in the area occupied by Pahari Korwas. Women are continuously engaged in heavy works during their pregnancy and even till the time of delivery causing large number of still births in the area. They are completely deprived of any special nutrition care and rest during pregnancy. The proportion of institutional delivery is still in single digit. More than half of women suffered reproductive tract infections. Three fourth of women were found nutritionally at risk in the area. Child malnutrition is rampant high in the area with about two third children falling in underweight category out of which three fourth of children are in severely underweight category which shows alarming situation of child malnutrition in the area. About one third of sampled women experience child death during their reproductive span. Shortage of adequate food and nutrition, primitive social customs, poor outreach services and malnutrition are major factors contributing towards high infant and child deaths in the area.

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Nutrition and Health Status of Women and Children of Pahari Korwa Tribe

Chhattisgarh is a tribal dominated State with 30.6 per cent of tribes in total population of 2.55 crores as per Census 2011. The State has a total of 42 scheduled tribes and all have been enumerated in Census 2001. Pahari Korwa tribe mainly resides in Korwa and Katghora area and their origin is hilly area of Chhota Nagpur. They are mainly found in three districts – Sarguja, Jashpur and Bilaspur. But Government of India has identified seven primitive tribal groups in Chhattisgarh. Pahari Korwa is one of the primitive tribes of Chhattisgarh.

The Korwas were the first inhabitants of Korwa town and Korwa district. Pahari Korwas are largely nomadic in nature. But their presence is also found in Mirzapur (UP) and Palamu (Bihar). People of this tribe live in small kinships on top of hills. They like to live in isolation and loneliness. They have no social life. They are self centred and have no dependency on each other because they mostly depend on forest produce for their food and livelihood.

They are a branch of Kolarian tribe and speak Mundari language. According to anthropological description of family, they belong to Austro-Asiatic family. The tribe has two sub-tribes known as Pahari Korwa and Dihari Korwa. They have medium to short height and have a dark brown or black skin. They are afraid of the magical performances and magic has an important role in their socio-religious life. They believe in supernatural powers. Their important Gods are *Sigri Dev*, *Gauria Dev*, *Mahadev* and *Parvati* and main deity is *Khudia Rani*. They worship goddess for recovery from illness, better crops, safety and to overcome natural calamities. They believe in magic and witch magician (witch craft).

The main sources of livelihood of Pahari-Korwa tribe are hunting, fishing and collection of minor forest products like Sal, Mahua, Gum, Tendu leaves, Amla, Harra, Bahera etc. In rainy season they gather some forest roots, leaves and vegetables. Nowadays they do cultivation but with primitive techniques. They have marginal land for cultivation and they work as agriculture labourers also.

Culturally, they are a very interesting tribe but they are one of the most secluded and dying tribes which has lost its aspirations towards life. They hardly get one time food. There is high level of malnutrition among women and children of Pahari Korwa tribe caused due to extreme poverty and poor outreach of welfare programmes of government in the area occupied by Pahari Korwas. Shortage of adequate food and nutrition, primitive social customs, poor outreach services and malnutrition are major factors contributing towards high infant and child deaths in the area.

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The population of Pahari Korwa tribe in three districts of Bilaspur division declined between 1961 and 1981 (as per census data) which created an impression that the tribe is on the verge of extinction. In view of this, state government conducted a special survey in 1993 which revealed that there is positive growth rate of population in Pahari Korwa tribe of Bilaspur division. But as per a study conducted by Tribal Medical Research Institute, Jabalpur, the fertility rate among Pahari Korwa tribe is lower than other tribes in the area. As per the Hill Korwa Development Agency, the total population of the tribe was 27,107 in year 1994 (Sharma, 2007). The state government has banned terminal method of family planning in Pahari Korwa tribe to protect the population from extinction which is adversely affecting health and nutritional status of women and children and is also contributing to high infant and maternal deaths.

Irrespective of population growth, Pahari Korwa tribe is confronted with absolute illiteracy, poverty, poor health conditions, high infant and maternal mortality and exploitation. Malnutrition, poor health conditions and non-accessibility of health and nutritional services are major factors contributing to high infant, child and maternal deaths in the area. High morbidity and mortality compounded with malnutrition among women and children are outcome of varied social, economic, geographical and programmatic problems confronted by Pahari Korwas.

The present study was carried out in Sarguja district of Chhattisgarh. The four blocks viz., Rajpur, Lundra, Ambikapur and Batoli were purposively selected keeping in mind higher concentration of Pahari Korwa tribe in these blocks. Total 22 villages were randomly selected from these four blocks for the data collection under the study. Because of scarce and scattered population in the villages, it became necessary to select 22 villages so as to cover a sample of 300 women with last child below five years of age.

The study was conducted with the objectives to assess health and nutritional status of women and children in Pahari Korwa tribe and also to analyse factors responsible for high morbidity and mortality among them.

Health and Nutrition Status of Women

Women are vulnerable group of society and suffer from social, economic and nutritional deprivation. The situation of tribal women is more dismal. The lifestyle and food habits of tribals are different from that of their rural neighbours. They mainly depend on minor forest produce and manual labour for livelihood. Their food consumption pattern is dependent on the nature and varies from extreme deprivation (in the lean seasons) to high

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intakes (in the post-harvest period). This often leads to poor dietary intakes and results in malnourishment. Malnutrition in women can result in reduced productivity, slow recovery from illness, increased susceptibility to infections and a higher risk of adverse pregnancy outcomes. A woman's nutritional status has important implications for her health as well as the health of her children.

The common beliefs, customs, practices related to health and disease in turn influence the health seeking behaviour of the community. There is a consensus agreement that the health status of tribal population is very poor because of their isolation, remoteness and of being largely unaffected by the developmental processes going on in the country.

Work during Pregnancy

The pregnancy is considered as a normal phenomenon by Pahari Korwa women. As such no special care is taken by tribal women during their pregnancies. They continue all their routine activities including own farming and wage labour, cooking, fetching water, bringing firewood, care of children and family etc. till labour pain starts. It can be seen from Table 1 that all women (100 per cent) under study performed routine activities such as fetching water, cleaning house, cooking and 93.3 per cent women were bringing firewood from the forest. For bringing firewood, women have to walk long distances and carry heavy load on their head. Almost 88.3 per cent women performed agricultural activities on their own land. More than half of the women (58.3 per cent) were working as agricultural labourer followed by 36.3 per cent women engaged in other labour work during their pregnancy. It was also found that 66 per cent women performed heavy work during the last month of pregnancy and even on the day of delivery.

Table 1
Type of Work Performed During Pregnancy

S. No.	Type of work	No. of respondent (N=300)	%
1	Bringing firewood	280	93.3
2	Fetching water	300	100.0
3	Cleaning home	300	100.0
4	Cooking food	300	100.0
5	Agriculture (Own Land)	265	88.3
6	Agriculture labour	175	58.3
7	Other labour work	109	36.3

Note: The figures indicate multiple responses of the respondents.

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Food Intake during Pregnancy

Generally, tribal pregnant women do not take any special or additional food during pregnancy. It was found in the study that only 35.3 per cent pregnant women consumed additional or special food during their pregnancy, which includes *dalia*, locally available fruits, eggs, and green leafy vegetables. Number of meals was increased by some women during pregnancy. Information on intake of different food items during pregnancy was also elicited. The responses were recorded on the basis of consumption of food items 3-4 times in a week. Since rice is the staple food of the area, it is consumed by all women almost everyday. About 69 per cent women consumed pulses. The percentage of consumption of other food items was found to be relatively low. This clearly indicates that the diet of Pahari Korwa women during pregnancy was deficient in micronutrients and it has direct bearing on the development of children.

Complications during Pregnancy

Pahari Korwa considers child birth as natural phenomenon and do not pay much attention and care during pregnancy. Women continue all routine tasks during pregnancy, which also include heavy and strenuous work. This not only affects growth and development of child but also affects the health of women and often results in complications during pregnancy. Total 125 out of 300 women (41.6 per cent) faced complications during their last pregnancy. Weakness/fatigue during pregnancy was faced by 32 per cent of women. It is a result of multiple factors such as poor nutritional status, inadequate food intake and poor dietary practices, lack of proper rest, multiple pregnancies, ignorance etc. Around 28 per cent women had fever during pregnancy. Swelling on face, feet and hands was reported by 22 per cent women followed by 10 per cent women having vaginal discharge during pregnancy. Very few women (4.3 per cent) faced convulsions during pregnancy.

Treatment for Complication during Pregnancy

Regarding the treatment of complications during pregnancy, it was interesting to note that 64.8 per cent women (81 out of 125) took treatment from different places. Majority of women (40.8 per cent) went to government hospital and almost 33.6 per cent women approached faith healers for treatment of complications. It is closely followed by 31.2 per cent of women who took medicines from medical shop without consulting any doctor. This may harm developing child in her womb and even adversely affects the

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health of women during pregnancy. Almost 21.6 per cent women consulted *vaidya* and 18.4 per cent women treated themselves with locally available herbs in their area.

In absence of proper care during pregnancy, women may face abortion or still births. It has not only physiological implications on women but also affects her mental status. It was found in the study that more than half of women (55.0 per cent) under study had faced still births in their reproductive span.

Delivery Practices

Pahari Korwa women perceive delivery as a normal phenomenon and no advance preparations are made by them. Nine months are added to the month of last menstruation to estimate the expected delivery date. Elderly ladies of family and untrained traditional birth attendants, called *Dai* usually assist in deliveries. It was found that 91.7 per cent of deliveries were done at home out of which 76 per cent were done by untrained *Dai*. Almost 15.7 per cent deliveries were done at home by trained personnel.

The percentage of institutional deliveries was found to be very low (8.3 per cent) as compared to national average (38.7 per cent) and Chhattisgarh (14.3 per cent) figures as per NFHS-3. It can be attributed to inaccessible area, religious faiths and poverty of Pahari Korwas. Use of delivery kit is not popular among Pahari Korwa tribe. Only 21.6 per cent birth attendants used safe delivery kits. Among Pahari Korwas, the umbilical cord is cut with a bamboo piece if the newborn is a male child and with blade or knife in case of girl child. The use of bamboo is linked to the belief that the boy will grow up to hunt with bow and arrow made up of bamboo. It was found in the study that blade was used in majority of the deliveries (45 per cent) and it is closely followed by bamboo piece (42.3 per cent) to cut umbilical cord of the child. Almost 9.3 per cent women used knife and 3.4 per cent used sickle to cut umbilical cord. The use of such instruments may cause infection to the child.

In tribal communities, deliveries are generally conducted under unhygienic condition which often leads to infection in mothers and newborn. Hence, there is need to encourage institutional deliveries and proper hygienic conditions under the supervision of trained health personnel in case of home deliveries to reduce maternal, neo-natal and infant mortality.

The findings of the study show that 91.7 per cent of deliveries were conducted at home. The practice of post-natal care of mother and child is almost missing in the Pahari Korwa tribe. After delivery the mother and the

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child are given a bath with warm water. The mother is then given turmeric powder mixed with water to drink to warm the body and *Kulthi Dal* (a local lentil) and rice to eat.

Rest Taken by Women after Delivery

Proper rest and care of mother after delivery is very crucial for the health and well being of mother. Information on rest taken by women after delivery was elicited. It was found that 33 per cent women took rest for less than 15 days after delivery and 51.3 per cent women took rest for 15-30 days and only 12.7 per cent were on rest for 30-45 days after their delivery. This clearly shows that Pahari Korwa women hardly receive any post-natal care and resume their routine work soon after the delivery.

Table 2
Duration of Rest Taken by Women after Delivery

S. No.	Duration in Days	No. of Respondents	%
1	<15	99	33.0
2	15-30	154	51.3
3	30-45	38	12.7
4	45-60	9	3.0
	Total	300	100.0

In tribal communities no consideration is given for rest during and after pregnancy. Almost 73.3 per cent women responded that they had not taken any additional or special food after delivery and resumed their routine activities soon after delivery. Since majority of the families are nuclear, hence there is no choice for women but to work. Economic condition of the family is another factor that compels them to work and help in sustaining family. Hence, there is a need to generate awareness on the importance of post-natal care of mother and its implications on the health and well being of mother and child.

Reproductive Tract Infections (RTI) among Women

The prevalence of reproductive tract infections (RTIs) among women is common in our country and it has ill effect on overall health of women. RTIs are known to cause pelvic inflammatory disease (PID), infertility and maternal as well as neo-natal morbidity. However, in the present study, it was not possible to examine women clinically for the presence of RTI, hence information was obtained on the basis of symptoms related to reproductive tract infections. The response rate on this subject was poor because of low level of education and hesitations in responding to such questions which are

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socially not shared by the women of the tribe. In total, 124 women responded on this subject; out of which 82 (66 per cent) stated the presence of any symptom showing RTI.

Percentages are worked out with respect to total women who had suffered from any RTI (82). It can be seen from above figure that vaginal discharge was common symptom found in women (61.0 per cent) followed by 46.3 per cent women with urine infection. Pain in lower back and abdomen were reported by 32.9 per cent women and is closely followed by 31.7 per cent and 29.3 per cent women having itching and irregular periods respectively. Only 17.1 per cent women reported excessive menstrual bleeding as symptom for RTI. The overall picture shows high prevalence of RTI among women in the area. Hence, there is need to strengthen RTI control programme in tribal area and to create awareness among women on this issue.

Nutritional Status of Women

The nutritional status of women was assessed on the basis of three indicators namely height, weight and body mass index (BMI). Women with height less than 145 cms and weight less than 45 kgs are considered as malnourished. The height of an adult is an outcome of several factors, including nutrition during childhood and adolescence. Woman's height can be used to identify women at risk of having a difficult delivery, since small stature is often related to small pelvic size. The risk of having a baby with a low birth weight is also higher for women who have a short stature.

The height and weight measurement are used to calculate the body mass index (BMI). The BMI is defined as weight in kilograms divided by height in meters square (kg/m^2). A cut off point of 18.5 is used to define thinness or acute under nutrition and BMI of 25 or above indicates overweight or obesity. BMI of 17.0-18.4 indicates mild thinness and below 17.0 indicates moderate/severe thinness. The findings of the study indicated that 26.4 per cent women under study were underweight (BMI < 18.5). Out of which, 14.3 per cent were mildly thin and 12 per cent were moderately or severely thin.

It was found that only 26.4 per cent women are underweight in the area which seems unrealistic when compared with state average of 43.4 per cent underweight women as per NFHS-3. The data were further analysed and it was found that this under estimation is due to lower average height of women in Pahari Korwa tribe. As per definition (NFHS-3), women with height less than 145 cm and weight less than 45 kgs are considered

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nutritionally at risk. Based on this criterion, it was found that 74 per cent women were having weight less than 45 kgs and 46.6 per cent women were under 145 cms in height. Combining these two parameters, it was found that 41.7 per cent women have both weight and height less than minimum standards of 45 kg and 145 cm.

The nutritional deprivation not only affects the health of the women but also health of foetus and the child. The widespread poverty, illiteracy, poor maternal and child health services, malnutrition, absence of safe drinking water and sanitary conditions, ineffective coverage of national health and nutrition services etc. have been some major factors contributing to the dismal nutritional condition of women of the Pahari Korwa tribe. Hence there is a need to improve nutritional status of women by intervening appropriate health and nutrition programmes both during adolescence and adulthood.

Health and Nutritional Status of Children

Breastfeeding and Complementary Feeding

From the nutritional standpoint, children below the age of five years constitute a vulnerable segment and suffer the highest rate of morbidity and mortality. The prevalence of malnutrition particularly among pre-school children is a major public health issue and an alarming global problem affecting about one-third of world's population. It has caused substantial proportion of child deaths every year specifically in backward areas like Chhattisgarh. Inadequate food habits along with traditional socio-cultural and biological activities lead to a high proportion of child under-nutrition.

Breastfeeding Practices

Infant feeding practices have significant effects on both mother and child. Breast feeding is the healthiest way for a newborn child to get the best nutrition and is important for the physical and mental development of children. It improves the nutritional status of young children and reduces morbidity and mortality. Breast milk not only provides important nutrients but also protects the child against infection. Breast-feeding is considered as the first of four strategies promoted by UNICEF for improving infant and child survival. This may enhance child survival up to three years of age even in undernourished children. In the present study, it was encouraging to note that all 300 women covered had breast fed their children.

The Government of India recommends that breast feeding should be initiated immediately after childbirth. Information on initiation of breast feeding was obtained and it was found that almost 89.3 per cent women

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initiated breast feeding within 24 hours after the birth of the child which is higher than the state average of 63.6 per cent as per NFHS-3. Almost 8.4 per cent of women initiated breast feeding within six days after the birth of the baby. Only one woman commenced breast feeding after a month due to personal reasons.

In the first few days after delivery, the breast yields a clear yellowish secretion known as colostrum. The colostrum (first breast milk) is highly nutritious and has antibodies that protect the child from infections. It was encouraging to note that 92 per cent women gave colostrum to their child. However, the importance of colostrum was known to only 39 per cent of women. Hence, there is a need to create awareness in the community on such vital issue concerning children.

Child should be exclusively breastfed for the first six months of life and complementary feeding should be started after six months of age in addition to continued breast feeding. The finding of the study revealed that 79 per cent of women have exclusively breast fed their child for six months. Information regarding the duration of breastfeeding was also gathered. Total 245 women responded on this issue. It can be seen from following figure that more than one-third of women (35.6 per cent) breastfeed their child till two years. Around 28.6 per cent women responded that breastfeeding was done till six months. It is closely followed by 21.6 per cent women who continued breast-feeding till one year. Very few (6.1 per cent) women have done breast feeding for more than three years.

In view of the findings of the present study, there is an urgent need to educate mothers regarding advantages of breast feeding, especially exclusive breastfeeding during the first six months, importance of colostrum and timely introduction of complementary feeding.

Complementary Feeding

Introduction of complementary food from six months of age is critical for the child's growth and nutritional status. The purpose of complementary feeding is to complement the breast milk and sustain the growth and development of the child. In the present study, 248 women responded on this subject. It was found that 67 per cent women initiated complementary feeding after six months followed by 27.4 per cent of women who initiated complementary feeding before six months of age. Almost 5.6 per cent women started complementary feeding after one year. Late introduction of complementary feed may affect nutritional status, growth

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and development of child and it often results in under nourishment of the child.

An attempt was also made to gather information on type of complementary feed consumed by the child and frequency of its consumption. However, quality data could not be obtained on this issue due to lack of education and limited food options but it was found that rice and *Sukdi* are mainly consumed by the child. Other food items commonly consumed by the children are Pulses, '*Lakda*' and '*Bhaji*'. It was also found that children consumed these food items twice or thrice a day.

Care of Newborn and Young Children

Since most of the women recommence their routine activities after delivery, care of newborn and young children is a matter of concern. Total 288 women responded about the care taker of children when women go out for work. It was found that 65.3 per cent women took their children at work site so as to breast feed them at worksite. Sometimes they take elder children at worksite to take care of newborn and young children. Almost 24.7 per cent children were cared by their maternal and paternal grandparents.

Table 3
Care of Newborn and Young Children

S. No.	Care taker	No. of Respondents	%
1	Parents	35	11.7
2	Elder siblings	18	6.0
3	In-laws	39	13.0
4	Brother and sister	6	2.0
5	Husband	6	2.0
6	Take child at worksite	196	65.3
	Total	300	100.0

Nutritional Status of Children

Nutritional status plays a vital role in deciding the health status particularly in children. Nutritional deficiencies give rise to various morbidities; which in turn may lead to increased mortality. Developing countries like India, account for about 40 per cent of undernourished children in the world and it is largely due to the result of dietary inadequacy in relation to their needs. In India, children living in backward areas, urban slums and those belonging to the socially backward groups like scheduled castes and tribal communities are highly susceptible to under nutrition. But the condition is worst among the scheduled tribe communities.

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To assess the nutritional status of an individual or population, anthropometry is widely recognised as one of the useful techniques because it is highly sensitive to detect under nutrition. In the present study, last child of the respondent was weighed and measured. Weight of the child was obtained using Salter scale and adult platform weighing scale as per requirement. Assessment of exact age is very important to assess nutrition status. Generally exact age assessment in tribal communities is very difficult due to ignorance, illiteracy and lack of any written records. The age of children were ascertained from the immunisation card as most of the women had immunisation card of their children with them. Those women who were not having immunisation card, age of their children was estimated and cross checked from the reference to the events remembered such as some important festivals, storm, flood, visiting of some eminent personalities, sibling in the family, horoscope etc. The age of the child was recorded in complete months.

Weight of total of 300 children (150 boys and 150 girls) was obtained and it was plotted on new WHO growth standards for boys and girls separately. Table 4 presents nutritional status of 0-5 years children as per new WHO growth standards.

Table 4
Nutritional Status of Children (0-5 years)
as per New WHO Growth Standards

S. No.	Sex	Normal		Moderately Underweight		Severely Underweight		Total Number
		No.	%	No.	%	No.	%	
1.	Boys	62	41.3	32	21.3	56	37.3	150
2.	Girls	56	37.3	31	20.7	63	42.0	150
	Total	118	39.3	63	21.0	119	39.7	300

It can be seen from the above table that nutritional status of children is very poor in Pahari Korwa tribe. It is alarming to note that 37.3 per cent boys and 42 per cent girls fall in the category of severely underweight which is very high as compared to state and national averages. Around 60.7 per cent children were found underweight as per the study which is much higher than the state average of 47.1 per cent as per NFHS-3. The percentage of severely underweight girls (42 per cent) was higher than that of boys (37.3 per cent). The high level of malnutrition among children is also attributed to poor ICDS in the area. It was observed during the data collection that anganwadi centres functioning in the area are not able to provide effective coverage to different hamlets inhabited by Pahari Korwas. Far flung hilly

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areas spread over large geographical distances make it very difficult for children to visit AWC for complementary nutrition and also for AWW to reach to such areas.

The problem of under nutrition among tribal children needs to be addressed through comprehensive preventive, promotive and curative measures. The community needs to be educated about environmental sanitation and personal hygienic practices and also proper child rearing, breast feeding and weaning practices. A comprehensive child survival programme with complementary feeding, growth and development, monitoring and timely treatment of ailments needs to be devised and implemented ensuring community participation.

Health Status of Children

The health status of children in any society can be measured by morbidity, mortality, nutritional status and overall performance of children in day-to-day life. The health status, well being and physical and mental development of children are dependent on proper health care practices. In Chhattisgarh like other backward states, a large number of children below one year die annually. Many die during pre-school years or become handicapped due to childhood diseases or lack of adequate nutrition. Poverty, illiteracy, malnutrition, poor sanitation conditions, lack of infrastructure, inaccessibility to health institutions have contributed to the poor health status of children.

Morbidity Pattern

Generally children suffer from cough, cold, pneumonia, fever, diarrhoea etc. during childhood. Childhood is the most vulnerable period in the life of an individual as children have less resistance and are more susceptible to infections. The poor sanitary and hygienic conditions prevailing in the area aggravate the situation. The following table presents the prevalence of disease or health problems faced by the last child of the respondent in the age group 0-5 years with the reference period of last one year from the date of the survey. It was found that 176 out of 300 children (58.6 per cent) had fallen sick during last one year from one or more of diseases as listed in table 5.

Nutrition and Health Status of Women and Children of Pahari Korwa Tribe

Table 5
Health Problems Faced by Last Child (0-5 years)

S. No.	Health problems	No. of children (N=176)	%
1	Diarrhea	38	21.6
2	Pneumonia	35	19.9
3	Fever	154	87.5
4	Jaundice	5	2.8
5	Typhoid	5	2.8
6	Tetanus	1	0.6
7	Other	21	11.9

The figures indicate multiple responses of the respondents.

Fever was the most common health problem faced by majority of the children (87.5 per cent). Almost 21.6 per cent children suffered from diarrhoea followed by 19.9 per cent children having pneumonia. About 11.9 per cent of children faced other health problems, which include convulsions, measles, parasitic infestation, skin infections etc. Only 2.8 per cent children suffered from typhoid. The high morbidity of children below the age of five years is closely linked with care received by children and environment in which they grow.

Treatment Practices

Following figure presents the treatment pattern of last child who had fallen sick (176 out of 300) during last one year. The findings of the study indicated that majority of children (40.3 per cent) received treatment from government hospital. Almost 33.5 per cent children received treatment from faith healers. It is attributed to the fact that faith healers are locally and easily available for treatment of common ailments at nominal charges. Almost 25 per cent children consulted local untrained doctor followed by 17 per cent of children who took treatment by herbs locally available in their area.

An effort was also made to review the difficulties faced by families in getting treatment such as distance, non availability of health facilities, discrimination by health personnel, commutation and transportation, lack of time and money etc. Following figure gives information on difficulties in getting treatment for health problems faced by children.

Multiple responses were received about the difficulties faced in getting treatment for the children. It was found that distance of health facility/centre (75.5 per cent), costly private treatment (59.0 per cent) and lack of money (55.1 per cent) were the major hurdles in getting treatment for children.

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Infant and Under Five Mortality

The level of infant mortality is a sensitive index, not only of the health status of a country but also of its social and economic development. It also reflects the general standard of living of the people and effectiveness of interventions for improving maternal and child health in the country. Infant Mortality Rate (IMR) denotes death of infants before completion of one year of their life per 1000 live births.

Table 6
Parity-wise Infant and Under Five Deaths

S. No.	Parity	No. of live births	Number of Infant and Under Five Deaths during Reproductive Span of Women	
			Infant Deaths (0-1 Yrs)	Under Five Deaths (0-5 Yrs)
1	I	252	30	48
2	II	226	22	28
3	II	164	19	27
4	IV	106	12	15
5	V and Above	104	17	18
	Total	852	100	136

It was found that 31.3 per cent women (94 out of 300 sampled women) in the present study have experienced death of their child below five years of age during their reproductive span. It can be seen from table 6 that maximum death of children was reported in first parity births. It is alarming to note that 136 children died (15.9 per cent) under five years of age out of total 852 live births registered during entire reproductive span of 300 women. Though it would not be appropriate to work out IMR based on such a small sample of 300 households but data depicts high level of infant and child deaths in the Pahari Korwa tribe. Low age at marriage, poor nutritional status of women, illiteracy, ignorance, poverty, poor utilisation of maternal and child health services, home delivery by untrained personnel etc. are some factors contributing towards high infant and under five mortality in the community.

Table 7
Parity-wise Infant and Under Five Mortality Rate per 1000 Live Births

S. No.	Parity	Infant Mortality Rate (0-1 Yrs)	Under Five Mortality Rate (0-5 Yrs)
1	I	119	190
2	II	97	124
3	II	116	165
4	IV	113	142
5	V and Above	163	173
	All Parity	117	160

Nutrition and Health Status of Women and Children of Pahari Korwa Tribe

The above table presents infant and under five mortality per 1000 live births for the entire reproductive span of women because it was not possible to compute these rates on annual basis with such a small sample. Though this data can not be compared with standard Infant Mortality Rates and Under Five Mortality Rates computed annually, but it gives a real picture of high level infant and under five mortality in the area. Infant and under five mortality rates presented here can be considered as moving average for last 10-15 years because majority of children belong to mother of age-group 20-35 years. It is obvious from the following figure that infant mortality rate is higher for first parity births but very high for fifth and above parities. Under five mortality also follows similar pattern.

Causes of Infant and Child Death

Information was elicited from mothers (respondents) on the causes of infant and child deaths. Women cited fever (44 per cent) as the most common cause of death of child below five years of age. About 22 per cent children died due to diarrhoea and vomiting. Jaundice, pneumonia, malaria, premature birth and low birth weight babies were other causes for death of children as reported by women. In case of 10 per cent child deaths, exact cause of death was not reported.

There is an urgent need to educate and create awareness among Pahari Korwa tribe to increase acceptability and utilisation of maternal and child health services by strengthening IEC activities. The important thrust in reducing mortality is to encourage people for institutional deliveries and home deliveries under supervision of trained health professional which can be achieved by strengthening health delivery system in the tribal areas.

Conclusion

Based on the above discussions and findings, it can be concluded that women and children of Pahari Korwa tribe are confronted with very poor health and nutrition conditions and suffer from alarming morbidity and mortality situations. They are aloof and secluded from the mainstream. The community at large is poverty ridden resulting in poor dietary intake of women and children. The other important factors contributing towards high malnutrition and infant and child mortality are very low female literacy, early age at marriage, low institutional delivery, poor new born and child care services, poor complementary feeding, low institutional delivery, deep rooted social customs and taboos and widespread consumption of alcohol by men, women and children. The areas which require urgent attention and

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intervention are food insecurity, poor outreach of ICDS and health programmes in the area inhabited by Pahari Korwas.

The problems of tribal areas can not be addressed by standard routine health and nutrition programmes. There is need to develop specific strategies for implementation of nutrition and health care programmes in accordance with problems, needs and priorities of tribal areas. There is need to develop targeted programmes on health and nutrition exclusively for primitive tribes like Pahari Korwas. The outreach of existing ICDS and health programmes in the area are in very pathetic state which needs immediate attention of the state machinery.

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Strategic Conceptualisation and Planning Transformation for e-Governance Implementation

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ICT implementation in public sector is undergoing a colossal transformation with the advent of sophisticated and reliable technology solutions, ably complimented by briskly maturing service delivery process models. The e-Governance (and Digital India) roadmap framed by respective State and Central Governments in the last decade bears testimony to the fact that citizens can expect a radical shift in Government functioning; resulting in noteworthy upliftment of policy framework mechanisms. A robust implementation strategy encasing the best practices and lessons learnt is therefore essential during the conceptualisation and planning phase of any e-Governance initiative to ensure the efficacy and attainment of the overall vision. The key benchmarks of such a strategy would encompass a redefined procurement charter, customised implementation model, reformed financial/payment framework and efficient governance/monitoring mechanism. In this paper, these essential planning phase parameters and possible solution to the bottlenecks and deadlock circumstances are discussed in detail.

Introduction

The implementation of e-Governance project is an extremely intricate process demanding provisioning of hardware and software,

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networking, data digitisation, process re-engineering, change management and several other complex procedures in a very regulated Government environment (Bhatnagar, 2002). Therefore the efficacy, dependability and consistency of the planning phase are important evaluating criteria while monitoring the success of any e-Governance initiative. "Strategic planning for project management is the development of a standard methodology for project management, a methodology that can be used over and over again, and that will produce a high likelihood of achieving the project's objectives" (Kerzner, 2001:16).

The learnings attained via implementation of 33 Mission mode projects (Central and State level) under NEGP (refer DeitY website, Ministry of Communications and IT, GoI) in recent years need to be translated and incorporated in upcoming deployment models. This would ensure the readiness of the Government units to tackle the risks and issues encountered in the past and avoid any 'deadlock' situations during implementation. According to Heeks (2003), nearly 50% of e-Governance projects are partial failures and 35 per cent total failure. While the list of challenges and bottlenecks is long and might be of distinct nature due to the environmental dependencies; still a structured analysis of the same would elucidate four broad categories of pain areas that beckon substantial diligence during the planning phase.

These four categories are:

1. Procurement -Infrastructure and Services
2. Implementation and Technical Solution Deployment
3. Legal Financial/Payment Model
4. Governance and Monitoring

In this paper, a quantitative based approach elucidating several e-Governance implementations (MMPs) across Central and State level has been utilised to investigate the potential threats and their possible solutions across aforementioned categories during the planning stage. These broad categories are a function of several sub-components, each of which is an important activity/factor during the deployment stage. A study of these sub-components highlights the underlying issues; further leading to a diagnostic solution (facilitated by best practices) to address these concerns (Rabaiah and Vandijck, 2009). Thus, directly ensuing better fund utilisation, on time delivery and superior quality of solution implementation. Guidelines have been drafted in accordance with the roles and responsibilities of major stakeholders in a typical e-Governance initiative viz., state/department, SI/vendors and consulting partners.

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In the subsequent sections, each of the above planning phase modules have been explained in detail.

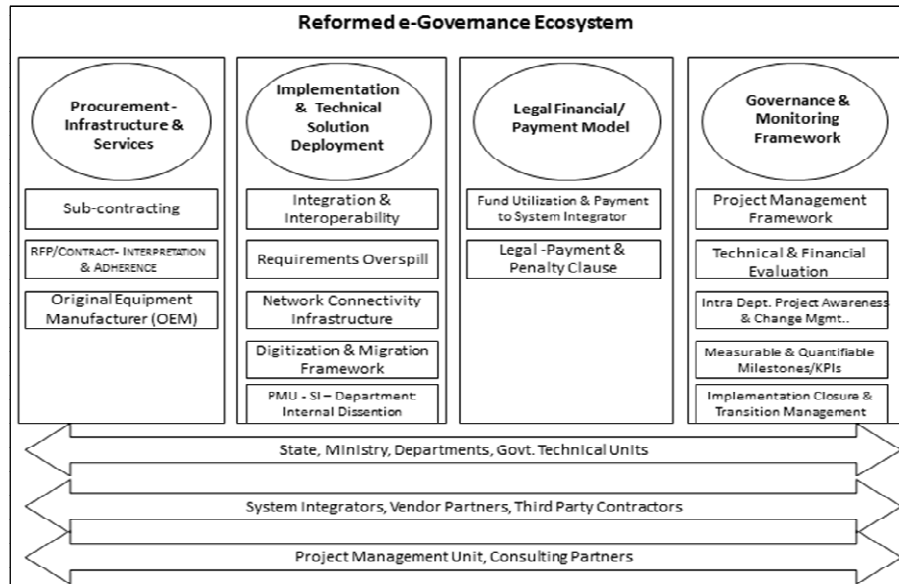


Figure compiled by Author

Procurement-Infrastructure and Services

Sub-Contracting

The geographical scope of e-Governance project demands deployment of resources-human and infrastructure at remote locations; quite distant from the regional offices/headquarters of industrial stalwarts. Since most of the IT organisations do not have the desired level of regional penetration; hence they resort to subcontracting of project components viz. data digitisation, site preparation of network and IT infrastructure, training etc. These subcontractors are local/regional vendors who deploy compromised quality resources to maximise their share that they leverage from large IT houses. Many e-Governance projects have witnessed unwarranted delays due to performance issues of the sub-contractors (Song, 2004; Reddick, 2010). In many cases, these subcontractors delay the compensation to their employees; thus resulting in the stoppage of services. In scenarios, where there is no such hindrance the quality of the deliverable is always under scrutiny. In extreme cases, these subcontractors further delegate (subcontract) the services to some other vendor; creating a chain or 'multiple tier subcontracting architecture'. It is to be understood that with

each delegated level of subcontracting the value and quality of the services depreciate exponentially. Let us take an example, consider a scenario where the primary system integrator says 'X Technologies' is charging Rs. 100 to the State for digitisation of one government record. Now X technologies has subcontracted this service to Y at Rs. 50; thus X is still able to leverage Rs. 50 from the transaction. Further, Y has subcontracted to Z at Rs. 30. Assuming that there is no further subcontracting involved, we observe that a service which was valued at Rs. 100 by the state has been delivered in equivalence to Rs. 30 service due to multiple levels of subcontracting. Evidently the state experiences an inferior quality product delivered in spite of paying a premium amount for the same.

The project champions need to envisage this scenario proactively in the planning phase and draft reasonable guidelines/norms in the RFP/contract. In accordance with the scope of e-Governance implementation; the state/department needs to perform due diligence as to how many layers of subcontracting can be permitted. Unless deemed necessary, the state can choose to avoid any subcontracting at all depending upon the geographical scope, project anatomy, and environmental characteristics. In cases where subcontracting cannot be avoided; the primary system integrator should be the single point of contact for the state. Under no circumstances; SIs should engage the state/departments to deal with the subcontractors. The state would hold the primary SI responsible for any deviation committed by the subcontractors and may penalise accordingly. The SIs should be mandated to guarantee uninterrupted and consistent service quality benchmarks and seek approval from the department in lieu of appointment of any subcontracting agency. The state/department would not be dependent or liable to honour any financial transactions committed by the primary SI to the subcontractors. All such commitments between the SI and third party contractors would be deemed as their internal affairs where state/department has no concern/jurisdiction.

RFP/Contract- Interpretation and Adherence

A Request for Proposal (RFP) is an invitation for suppliers, often through a bidding process, to submit a proposal on a specific commodity or service.

This document contains:

- 1) Project requirements including service levels, implementation plan, functional and technical and hardware requirements.
- 2) Terms and conditions.

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- 3) Legal terms governing the contract between procurement entity and the selected vendor.

It has become a standard industry practice by system integrators and consulting firms to propose superior resources (human and infrastructure) in the technical bid but deploy mediocre supplements during the implementation stage for e-Governance projects. The RFP/contract are considered as a single source of truth but it has been observed that SIs/consulting firms/vendors typically interpret the clauses in their favour to realise unreasonable advantage (Ujaley, 2016). The final resources that are deployed are no way close to the proposed list. Resources are replaced without taking necessary approval from the department. The client facing team can somehow be deemed acceptable but these services firm maximise their profits by deploying below par less experienced resources in the backend group. Due to scarcity of domain consultants, the deliverables submitted by system integrator are of extremely low quality. When challenged by department, SIs tend to suspend work and demand additional compensation for augmentation of resources (Khan and Srivastava, 2014). Further, physical infrastructure at end locations viz., network equipment, desktops, printers etc. are also of an altered make and model vis-à-vis agreed in the contract resulting in huge opex cost during operations and maintenance stage.

It is very important to ensure clarity of RFP/contract clauses to avoid future litigations. Multiple checkpoints and monitoring units should be activated that spans from the central to bottom of the pyramid i.e., district level. These monitoring units operating at ground level need to be educated and empowered with basic project management skills so that issues are reported and escalated in a timely frequency. The state/department also needs to be sensible during the procurement stage by quoting requirements in line with their business necessity so that vendors/SIs are also benefitted in the process. If the demands are unreasonable then the SIs (in pursuit of winning the Bid) might promise something that cannot be fulfilled; resulting in a 'deadlock situation' during later phases. Hence, the state/department need to be extremely cautious during the technical and financial bid evaluation stage in order to ensure that bidders are neither 'under quoting' nor 'over quoting' for any service or product.

Original Equipment Manufacturer (OEM)

OEMs (Original Equipment Manufacturers) have an obligation to ensure uninterrupted supply of committed physical infrastructure at project

sites. Depending upon the sanctity and assurance of this agreement between the OEMs and SIs; contract is awarded to respective party during the bidding process. However, OEMs do not shy away from dishonouring this agreement in cases where they are threatened by external environmental factors having a direct impact on their margins. A very common example of the same is observed during the exchange rate fluctuation in global economic scenario (Kandil and Mirzaie, 2003). During the procurement stage, the hardware and software are priced in accordance with the current/ongoing currency (dollar) valuation. Further at the time of delivery if global market undergoes appreciation in currency values then the OEMs try to pass on this loss to the SIs; who in turn transfer the same to their respective government clients. It may be noted here that the SIs/OEMs will never transfer the profits to their clients in case of currency fluctuations in their favour; however they expect the clients to bear the brunt in unfavourable situations. In other cases, it is also observed that SIs request departments for a change in make and model of original OEM product; because the products of make and model that were agreed in the contract have reached 'End of Life' and an upgraded/substitute version is only available in market (Khan and Srivastava, 2014).

Rational observation of the above situations says that global macro-economic situation is unpredictable and most of the clients have a responsibility to support the vendor partners/OEMs from excessive burden. At the same time, departments need to ensure that they are seeking undertakings from the OEMs and SIs during the award of contract to ensure these deviations are minimal. In cases where the products need to be substituted, a superior version should be offered with null/negligible price difference. The guaranty/warranty clauses need to be appropriately reviewed to avoid any litigation during the operations and maintenance phase.

Implementation and Solution Deployment

Integration and Interoperability

Integration of government departments/functions is gaining traction due to the focus on reducing data duplication and simplification of public service delivery gateways. Depending upon the feasibility and business need, department need to choose between COTS and bespoke technology alternatives to facilitate such complex business processes integration. The respective departments needs to collaborate and reach to an agreement regarding the data, infrastructure and human resource etc. sharing models

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(Goldkuhl, 2008). If the project chooses to avail COTS product; then a detailed study needs to be conducted to understand the feasibility of the offered functionalities vis-à-vis government business process under consideration. Some of the government units also apt to re-engineer their business process to align with the product functionalities and transform their public service delivery mechanisms. In most of the e-governance projects, the COTS product has to undergo significant level of customisation to meet the business need. This would encompass not only technological handshake but a cultural integration as well. State data centres, reusable software components, NSDG, SWAN, e-Mission teams are steps in the right direction to build a congenial platform for promotion of integration initiatives.

Requirements Overspill

The state/department needs to be careful while outlining the scope of any e-Governance implementation. Integrating a myriad of business functions within a single implementation is a magnificent vision but can be a trap if not planned meticulously. It is commonly observed that departments go for a big bang full-fledged e-Governance implementation and fail to achieve even the basic outputs and outcomes in the process. The requirement gathering phase should be structured meticulously in order to capture the priority objectives and avoid too much customisation. Each of the requirements should be clearly documented and signed off periodically to avoid any scope creep and subsequent delays. In case of mammoth scope, the project should be phased accordingly without congesting all the project requirements in one single release. It has also been observed that departments sometimes prolong the sign off process of technical documents like business requirement specifications, functional requirement specification, technical requirement specification etc. further contributing to the delay in the implementation phase.

Network Connectivity Infrastructure

Network connectivity at end locations is the backbone for supporting e-Governance projects. In a developing country, most of the network service providers do not have the desired level of regional coverage. Further, both leased line and wireless networks come with own set of prominent challenges; especially in remote regions. Service providers like BSNL who have penetration and coverage in remote locations are flooded with service requests. Some of remote locations experience service availability once in a day or week. Maintenance of routers, switches, LAN

cables etc. is another major challenge. Many projects like 'Crime and Criminal Tracking and Networks System' have resorted to offline mode of the application as an alternative solution to maintain service continuity. With the implementation of SWAN and other initiatives; these primary networking issues need to get resolved (Rao, 2004). A backup network aided with streamlined maintenance cycle is needed at all Government bodies to avoid any service disruption. Considering the impact of network failure, strict adherence of the SLAs is expected from the service providers.

Digitisation and Migration Framework

In the first phase of e-Governance adoption, most of the government units aspire to start the journey by digitisation of their respective departments' records. Considering the scale of services delivered to the masses on a daily basis; it is an extremely lengthy procedure to convert the existing records into its digital equivalent (Dilmegani, Korkmaz and Lundqvist, 2014). Further, the physical condition of the paper records makes it even more challenging to decipher the content. In states, where government records have already been digitised in the past; a new e-Governance implementation would impart that the old records need to be migrated from the legacy applications to the more recent ones. It is very important to ensure that the exact paper content is being replicated into the system without any error. Since most of the digitisation personnel are external parties having a very limited understanding of government functioning; hence a domain expert from department must be present at digitisation centres to help decipher the terminologies and content. Multiple levels of data verification must be performed to minimise the possibility of errors. The department might choose to digitise records spanning between a particular time frame. Due measures need to be taken to ensure data security because in most cases third party vendors are hired by department/SIs and the technical infrastructure viz., desktops, storage etc. is deployed by these third party agencies/subcontractors. Department must ensure that these agencies are not allowed to store any data permanently as it would violate the data protection commitment of the Government towards the citizens. The entire digitisation activity should be performed under the supervision on department's 'Digitisation in-charge' for that particular centre. The digitisation in-charge should also be responsible for resolving issues on site and report daily progress of the activity. During the verification activity, systematic approach should be adopted for data analysis and the SI should not be burdened by rejecting the entire data set in case of minor errors which

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can be easily corrected; SI should be given due opportunity to cleanse the data wherever possible. The roles and responsibilities of Government vis-à-vis System Integrator in case of subcontracting as already been explained in the earlier sections.

PMU-SI-Department: Internal Dissention

Consulting firms are hired by the department to lend technical expertise and facilitate/streamline the project management activities. They are expected to manage/monitor the project progress and report to department in case of any deviations. The hired consultants who constitute/represent the 'Project Management Unit' are responsible and answerable to department if they fail to track/report any existing lacuna in the project. Subsequently, these Project Management Units deviate from their primary responsibility of facilitation and transform into 'Fault Finding Investigation Units'. There is always a tussle between Consulting Firms and SIs during the lifespan of the project. The department personnel who are in charge are under constant ambit of financial audits by duly appointed Government bodies; hence they choose to abide by the consultants advice in most cases. Therefore, the focus shifts from the original intent of 'implementing the project' to 'scrutinising the performance of the SI/vendor'. In order to avoid this situation, department should ensure to link the payments of the consulting firms with the project milestones (as in the case of SI); however due precaution should be observed to ensure that there is no unethical handshake between the SI and consulting firm for their menial benefits. Further, departments need to appreciate and respect the SIs as their vendor partners and should refrain from choking them in difficult circumstances. In a PPP model, Government bodies are expected to relax their bureaucratic culture and leverage upon the best practices (service delivery models) offered by the private industry partners.

Legal Financial/Payment Model

Fund Utilisation and Payment to System Integrator

Although, substantial funds are pumped into e-Governance and modernisation initiatives by respective Ministries; yet the low fund utilisation status in most of the states signify that the funds have not been disbursed into pre-allocated heads due to stringent payment terms imposed by the Government units on the vendor partners. In the last 10 years, most vendor partners have undergone substantial pressure and some of them have even distanced themselves from Government line of business. As a

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result, many e-Governance projects go for retendering due to the less number of bidders. The payment process is cumbersome which takes months and sometimes years to seek the necessary approval in the bureaucratic chain. In the absence of 'liquid cash', some vendor partners/SIs are even forced to quit the project implementation and thus undergo huge losses in the process (Ujaley, 2016). Some of the vendors are further blacklisted on grounds of non-performance by respective state/departments which implies that they will succumb to unfavourable risk of 'negative market reputation' in their other line of businesses too. On the other hand, a glimpse of corruption can also be noticed as each signoff authority expects some favours before they provide their consent/approval. It is also observed that centrally driven projects witness more success as compared to the state implementations.

Legal Payment and Penalty Clause

Most e-Governance projects prefer fixed bid concept vis-à-vis time and material model. The stringent financial clauses imply that payment could be initiated only after successful completion of a major milestone. Consider a case where the SI is expected to deliver desktops at 1500 police stations of the state; going by the clause if SI fails to deliver even one desktop in any single police station then the entire payment could be stalled. Further, too many 'show cause' notices and penalty clauses does not help the cause either. The need of the hour is a 'prorata mode' of payment which means that the SI is paid immediately for the quantum of work accomplished. The existing projects can switch to this model if they find that their SI is reeling under the stringent payment clauses specified in the contract.

Governance and Monitoring

Project Management Framework

The knowledge of project management concepts is extremely low among officials constituting the e-Government Project team (Raza, Shah, Khan and Khalil: 2011). Barring a few departments/projects such as engineering and irrigation-government projects cease to follow standardised project management implementation frameworks. Project progress is monitored between one meeting to another and the tasks listed between the projects 'steering meetings' are only undertaken on priority. A structured 'Governance mechanism' and 'Escalation Matrix' need to be established for immediate resolution of issues. Monitoring teams need to be established at Central, State, District levels; these teams should be leveraged with modern

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project management technology suites and required technical expertise. These teams should be further accountable to any quality deficit or deadline failure. The monitoring team at different levels should meet frequently to monitor the progress and report risk/issues pertinent to the project.

Technical and Financial Evaluation

Technical and financial evaluation are important gateways that determine the success/failure criteria of e-Governance projects. Most of the time there is negligible difference in the technical and financial proposal of the bidders; hence they resort to 'street smart' ways of fine-tuning/interpreting the RFP criteria to gain edge over the competitors. It may be noted that these measures might not be deemed unethical as they fall (abide) within the RFP clause/requirements without violating any terms and conditions. Let us see an example - it is becoming a common practice of the SIs to quote the hardware with an escalated cost in comparison with other enabling factors such as software customisation, data digitisation, training, change management etc. Now according to the contract clause, SI will receive bulk of the payment on the basis of hardware delivery and commissioning only and other associated activities mentioned might languish. Thus, the SI tries to minimise the risk by allocating high prices for less risk items such as hardware delivery and commissioning; and quote less price for complicated activities viz., software customisation, data digitisation, training, change management etc. Such an agreement might increase the risk of SI leaving the work incomplete in the middle of project execution after receiving bulk of the payments.

Intra Department Project Awareness and Change Management

Injazz J. Chen, Karen Popovich, 2003 mentioned about the three pillars of business transformation viz., people, process and technology. We have to understand the fact that technology is just an enabler and the primary duty/purpose of the Government departments is to deliver public service. A survey conducted by IBM (Making Change Work Study: Continuing the enterprise of the future conversation from IBM Global CEO Study, 2008) highlights the fact that changing organisational culture, mindsets and attitudes is the biggest challenge during the course of the projects. The task becomes even more challenging if we add factors such as shortage of manpower, lack of skilled resources, bureaucratic and complex governance culture. In some cases, the officials pose huge resistance as they have apprehensions about the change; in other cases they are threatened by

the refined, transparent and non-bureaucratic ways of working. Top leadership commitment, employee engagement, honest and timely communication are the key factors to instill positive culture of change within the department. These need to be complimented by efficient training programmes/workshops and adjustment of performance measure for successful delivery; monetary and non-monetary benefits also show positive results in some cases. Handholding support is provided at few places (E-District, Passport Seva and CCTNS Projects) in order to acquaint the officials with transformed mechanisms/channels of public service delivery. The identified personnel for training also known as 'Change Agents' need to be taken into complete confidence as the department's adoption of the change largely depends upon the word of mouth imparted by these change agents. Appropriate infrastructure arrangements need to be facilitated for such training programmes as these are the initial forums where department officials get a first-hand view of the things to come.

Measurable and Quantifiable Milestones/KPIs

KPI determination is the basis of setting milestones in a project. The November 1981 issue of Management Review journal contained a paper by George T. Doran which coined a term called S.M.A.R.T. way to write management's goals and objectives. The milestones and KPIs are interlinked to the payment schedule so each parameter should be clearly elaborated to avoid any misinterpretation. The performance criteria and SLA need to be specifically outlined to set benchmarks accordingly. All the project stakeholders need to be duly educated about the relevant KPIs; further they should be communicated about the progress of each parameters in due course of time. Departments should refrain from constraining the SIs for non-achievable KPIs.

Implementation Closure and Transition Management

Typically the SI is obligated to execute the operations and maintenance for 2-3 years before complete handover to department. Cases where in depth level of technical expertise is deemed necessary, department may choose the same or different vendor to continue the operations. state/department not only needs to ensure a safe technical transition but also smooth legal and financial closure with the existing vendors. The state needs to prepare a transition plan wherein they focus on the stability of the systems in the first phase; service improvement in the second and resource optimisation in the last phase. A comprehensive checklist encompassing

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staffing requirements, knowledge transfer, risk assessment, quality management, etc. need to be adhered and accomplished for a successful closure. The guaranty/warranty clause should be relooked and special provisions need to be made regarding data transfer/protection. Finally, questionnaire and surveys may also be initiated among the target audience to determine the impact of project and identify the areas of improvements.

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Dynamics of Electoral Politics in Punjab: A Study of Amritsar Parliamentary Constituency

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The paper is a modest attempt to examine ground level analysis of the outcome of 2009 and 2014 parliamentary elections in Amritsar constituency. It also makes a brief overview of electoral history of Amritsar parliamentary constituency since 1952.

This paper is divided into three parts. Part I gives a brief information about the history of general elections in the Amritsar parliamentary constituency since 1952. Part II overviews the outcome of 2009 and 2014 general elections in Punjab. Part III analyses the performance of political parties in 2009 and 2014 general elections in Amritsar parliamentary constituency. There were very specific reasons for selecting Amritsar constituency for the study. This constituency remained the hotspot in 2014 parliamentary elections because of the direct fight between the then leader of the opposition in Rajya Sabha, Arun Jaitley of the BJP and the former chief minister of Punjab Capt. Amarinder Singh of the Congress. It was one of the 44 parliamentary seats which were won by the Congress in 2014 elections.

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Moreover, Amritsar district touches international border line in north-west and includes many border villages making it crucially important.

Part-I

The Congress party remained a dominant force in the Amritsar parliamentary constituency since 1952 and has won this seat for 10 times out of total 16 parliamentary elections. It lost this seat first time in 1967 to Bharatiya Jan Sangh (BJS) when its candidate Yagya Dutt Sharma defeated the Congress candidate Sunder Singh Majithia. The reason of this defeat was that the Hindu voters of the constituency resented at the Congress' concession of Punjabi Suba demand which came into existence on November 1st 1966 (Brass, 1977). The Congress lost second time in 1977 when there was anti-Congress wave in the north India because of internal emergency in the country. In the 1977 elections, the Akali Dal in alliance with newly formed Janata Party and CPM won all the parliamentary seats whereas the Congress drew blank. It also lost in 1989 to independent candidate Kirpal Singh who won the seat after defeating Congress candidate Rangunandan Lal Bhatia. In these elections, the Congress got only two seats i.e., of Gurdaspur and Hoshiarpur out of total 13 seats in Punjab. The failure of Rajiv-Longowal Pact of 1985, assassination of Sant Harchand Singh Lonogwal and terrorist violence in the state were considered to be the causes of defeat of the Congress (Shakoor, 1990). In 1998 election, the BJP for the first time successfully contested Amritsar seat after making an alliance with the SAD. The BJP was again able to win this seat in 2004 as well as in 2009 elections. The cause of loss of the Congress in 2004 elections was that people particularly farmers were unhappy with state government's performance particularly in favour of the farmers. Moreover, during these elections, Sarb Hind Shiromani Aakali Dal (SHSAD) and SAD (Democratic) merged with the official SAD which ultimately gave benefit to the SAD-BJP alliance (Kumar, 2005). In 2009 elections, the BJP won with little margin of 6858 votes. The following table shows performance of parties in Amritsar parliamentary constituency since 1952 onwards:

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Table 1
Performance of Parties in Amritsar Parliamentary Constituency

Year	Winner	Party/Alliance	Votes polled/Vote (In percentage)
1952	Gurmukh Singh Musafir	Congress	86382 (47.87)
1957	Gurmukh Singh Musafir	Congress	113899 (43.89)
1962	Gurmukh Singh Musafir	Congress	125033 (39.75)
1967	Yagya Dutt Sharma	BJS	104035 (31.75)
1971	Durga Das Bhatia	Congress	182177 (53.38)
1977	Baldev Parkash	BLD	238020 (49.92)
1980	Raghunandan Lal Bhatia	Congress	293085 (59.48)
1985	Raghunandan Lal Bhatia	Congress	249303 (48.99)
1989	Kirpal Singh	Independent	272427 (47.03)
1992	Raghunandan Lal Bhatia	Congress	142896 (60.46)
1996	Raghunandan Lal Bhatia	Congress	268490(41.03)
1998	Daya Singh Sodhi	SAD-BJP	361133 (56.07)
1999	Raghunandan Lal Bhatia	Congress	296533 (50.29)
2004	Navjot Singh Sidhu	SAD-BJP	394215 (55.38)
2009	Navjot Singh Sidhu	SAD-BJP	392046 (48.13)
2014	Capt. Amarinder Singh	Congress	482876 (47.9)

Source: Compiled from the statistical reports of Punjab Lok Sabha Elections 1951-2014 Election Commission of India (ECI)

Table 1 explains the history of parliamentary elections in the Amritsar Constituency since 1952. Gurmukh Singh Musafir of the Congress party successfully contested the Amritsar seat consecutively three times. He got 47.87 per cent of the total votes polled in 1952 elections whereas his political rival Hukam Singh of the SAD got 30.02 per cent. The margin of vote percentage between the winner and the loser was more than 17 per cent. In the 1957 elections, the Congress secured 43.89 per cent of the total votes polled which was 4 per cent less than the previous election whereas Krishan Lal of the BJS secured 29.88 per cent of the total votes polled. Sohan Singh of the CPI got 26.23 per cent of the total votes polled in this constituency. It is to mention here that the SAD did not contest elections separately as it merged with the Congress in these elections (Brass, 1977). In the 1962 elections, Gurmukh Singh Musafir of the Congress again won by securing 39.75 per cent of the total votes polled. The other candidate i.e., Narinder Singh of Akali Dal secured 35.17 per cent votes while Krishan Lal of BJS got 21.75 per cent of the total votes polled.

Sunder Singh Majithia of the Congress came second in the 1967 elections and secured 28.31 per cent of the total votes polled. The margin between the BJS (winner party in that election) and the Congress was 3 per cent. In the 1971 elections, Durga Das Bhatia of the Congress got 53 per cent of the total votes polled, an all time high secured by any candidate in

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Amritsar parliamentary elections since 1952. Karnail Singh of the SAD was runner up with 23.22 per cent votes and Baldev Parkash of the BJS could get only 21.74 per cent of the total votes polled. The margin of vote share between the Congress and the SAD was about 30 per cent. The Congress won all time high votes because the popularity of the BJS among Hindus had continued to decline (Brass, 1977). Baldev Parkash of Bhartiya Lok Dal (BLD) under the Janata Party won the Amritsar seat by securing 49.21 per cent of votes in the 1977 elections. While Congress candidate got 44.67 per cent of the total votes polled.

The Congress candidate Raghunandan Lal Bhatia successfully contested the Amritsar seat by five times i.e., in 1980, 1985, 1992, 1996 and 1999. In 1980, he got an unprecedented victory by securing 59.48 per cent votes whereas Janata Party (JNP) candidate got 36.82 per cent of the total votes polled. In 1985 elections, the Congress won Amritsar seat with 48.99 per cent of the total votes polled followed by the JNP and the BJP candidates with 28.35 per cent and 11.45 per cent respectively. Though the 'Operation Blue Star' in 1984 tarnished the image of the Congress party but the assassination of Indira Gandhi by her Sikh body guards created a sympathy wave in favour of its candidate in Amritsar parliamentary constituency which was dominantly an urban seat. The Congress candidate Raghunandan Lal Bhatia again won by securing 60 per cent of the total votes polled. He remained unchallenged winner in 1992, 1996 and 1999 parliamentary elections. He was defeated by Daya Singh Sodhi in 1998 and by Navjot Singh Sidhu in 2004 and 2009 elections.

Navjot Singh Sidhu successfully contested the seat consecutively three times i.e., general elections 2004, by-elections 2007 and general elections 2009 under SAD-BJP alliance. He won this constituency for the first time in 2004 with a huge margin of 109532 votes by defeating R.L. Bhatia who represented the constituency for five times as said earlier. But, Navjot Singh Sidhu had to resign from the parliament in 2006 as he was convicted by the Punjab and Haryana High Court in a murder case. The decision of the high court was later on stayed by the Supreme Court. After getting stay from the court, he again contested the bye election that was held in February 2007 as alliance candidate and defeated Surinder Singla of the Congress party with a margin of 77626.

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Part-II

2009 Elections and 2014 Elections: An Overview

The 2009 general elections in India were divided into five phases and the elections for 13 parliamentary seats in Punjab were conducted in two phases i.e., in 4th and 5th phase. The elections for four parliamentary constituencies namely Ferozepur, Bathinda, Sangrur and Patiala from the *Malwa* region were held in the fourth phase i.e., on 7 May 2009 and in the remaining nine parliamentary constituencies namely Gurdaspur, Amritsar, Khadoor Sahib, Ludhiana, Hoshiarpur, Jalandhar, Fatehgarh Sahib, Faridkot and Anandpur Sahib were held in the 5th phase i.e., on 13 May, 2009. The notable features of these elections were the delimitation of the boundaries; the increased number of reserve constituencies from three to four and four successful women candidates, two each belonging to SAD and the Congress. The victory of the alliance in 2009 parliamentary elections from Amritsar made it clear that inspite of the Congress wave in the state, the alliance candidate managed to win this seat, though with a narrow margin of 6858 votes. In this election, BJP candidate got 48.13 per cent of the total votes polled by defeating the Congress candidate Om Parkash Soni who also secured 47.29 per cent votes. His victory in these elections was mainly due to the massive support he received from the four rural legislative assembly constituencies, the traditional stronghold of Akali Dal (Sekhon, 2011).

On the other hand, a single day election to elect members of the 16th Lok Sabha from Punjab was held on April 30, 2014 and the results were declared on May 16, 2014. A record of 70.6 per cent of the total (1,96,08,008) electorates voted in these elections, about 1 per cent higher than the 2009 Parliamentary elections in the state. The number of contestants in 2014 elections was 266 including None of the Above (NOTA). On the other hand the total number of contestants in 2009 elections was 218. Initially, it seemed that one would have bi-polar contest between the Shiromani Akali Dal-Bhartiya Janata Party (SAD-BJP) alliance and the Congress in 2014 elections but the impressive entry of the Aam Aadmi Party (AAP) into Punjab politics by winning four seats in the *Malwa* region of Punjab made the fight triangular. The victory of the AAP has initiated a new beginning of a political process by breaking the monopoly of two traditional political forces i.e., the SAD-BJP alliance and the Congress. The AAP reaped a good harvest against anti incumbency of Congress led UPA government at the centre and SAD-BJP alliance government in the state (Sekhon, 2014). Though the Bahujan Samaj Party (BSP) put up its candidates in all the parliamentary seats in Punjab but it failed miserably to make even its presence felt in the

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state. The architect of *Sanja Morcha* and president of Peoples' Party of Punjab, Mr. Manpreet Singh Badal an estranged nephew of Parkash Singh Badal who contested on Congress ticket from Bhatinda, lost with a meagre 19,000 votes from the SAD-BJP alliance candidate Harsimrit Kaur Badal. The later is daughter-in-law of erstwhile Chief Minister Parkash Singh Badal and wife of erstwhile Deputy Chief Minister Sukhbir Singh Badal. The ruling SAD-BJP combine in the state managed to add only one seat to its 2009 tally by winning six Lok Sabha seats with SAD winning four and the BJP winning two seats respectively, with the remaining three seats going to the Congress (See Table 2).

Table 2
2014 Parliamentary Elections Results in Punjab

Party	Seats Contested	Seats won in 2014	Change from 2009 (In seat)	Vote (In per cent)	Change from 2009 (In per cent)
Congress	13	3	-5	33	-12.23
SAD (Badal)	10	4	-	26.4	-7.25
BJP	03	2	+1	8.6	-1.09
AAP	13	4	+ 4	24.5	24.5

Source: Analysis of Election Commission of India. Data by CSDS Data Unit, New Delhi

Table 2 explains the outcome of 2014 parliamentary elections and change of seats and vote share from 2009 elections in the state. The SAD's performance in these elections was almost a repeat of the previous elections in 2009 as it could win the same number i.e., four seats. While it has retained Khadoor Sahib, Ferozpur and Bhatinda seats, it has won Anandpur Sahib seat and lost Faridkot which is a reserve constituency. The BJP increased its tally from one seat in 2009 to two in these elections. Its candidates won from Hoshiarpur and Gurdaspur seats while its high profile candidate Arun Jaitely suffered a humiliating defeat from congress candidate Capt. Amarinder Singh with a huge margin of more than one lakh votes in 2014 elections. The Congress suffered the most in these elections as it could get only three seats against eight in the last elections i.e., one each from three regions of the state though having the highest vote share.

Part-III

Amritsar Parliamentary Constituency: An Analysis of 2009 and 2014 Parliamentary Elections

Before going to analyse the results of 2009 and 2014 elections in Amritsar Parliamentary constituency, an outlook about the constituency is required here. Amritsar parliamentary constituency is one of the three

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parliamentary constituencies of *Majha* region in Punjab. The other two are Gurdaspur and Khadur Sahib. Amritsar constituency covers the huge area of border-belt near the Indo-Pak international border. There are nine assembly segments in this constituency. Out of these nine assembly segments, four are rural and five are urban. The Ajnala, Attari, Majitha and Raja Sansi are rural segments whereas Amritsar North, South, East, West and Central are urban. The urban-rural divide remained visible in the constituency in 2009 and 2014 elections. The Congress made extensive gains in the urban constituencies while the SAD-BJP alliance particularly the SAD performed well in the rural constituencies (Kaur, 2014).

The result of the 2014 general elections was very different from the past elections not only at national level but also at regional as well as local level. There was 'Modi Wave' in almost all over India but the electorates of Amritsar did not go with that but gave the mandate in favour of Congress after one decade. The massive campaign of the BJP which saw the ruling Badal family showing its complete support to Arun Jaitley could not change voter's opinion over them. The strong anti-incumbency factor against SAD-BJP coalition helped the Congress to win this seat. The following table describes the party position in 2009 and 2014 general elections:

Table 3
Party position from Amritsar PC in 2009 and 2014 Elections

Party	In 2009		In 2014	
	Votes Polled	Votes (In Percentage)	Votes Polled	Votes (In Percentage)
Congress	385188	47.29	482876	47.94
SAD-BJP	392046	48.13	380106	37.74
AAP	-	-	82633	8.20
BSP	11108	1.36	5870	0.58
CPI	-	-	12902	1.28
Others*	26137	3.22	40222	4.01
NOTA	-	-	2533	0.25
Total	814479	100	1007142	100

* Others include other parties and independents

Source: Compiled from the statistical reports of General elections 2009 and 2014, Election Commission of India (ECI)

Table 3 shows the electoral performance of political parties in 2009 and 2014 parliamentary elections in Amritsar. In 2014 elections, the total electors in Amritsar constituency were 14,77,262 whereas 10,07,142 voters exercised their voting right and voting turnout was 68.18 per cent. There were 23 candidates who contested the elections but the main fight was among (not between the traditional contenders of Congress and SAD-BJP

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alliance) Congress, ruling SAD-BJP and the Aam Adami Party (AAP) which put on an impressive performance in state politics. Moreover, a total of 2533 voters, for the first time, exercised the NOTA option in 2014 general elections. On the other side, in the 2009 general elections, there were a total of 12,41,099 registered electors in this constituency out of which 8,14,479 exercised their voting right and the voting turnout was 65.63. A total of 14 candidates contested the elections. But the major fight was between two political parties i.e., Congress and ruling SAD-BJP coalition. Both elections took place in a peaceful way barring some sporadic incidents.

In the 2009 elections, the popular schemes of the state government for the rural people helped the SAD-BJP alliance particularly to garner support for the alliance candidate. The ruling SAD-BJP candidate Navjot Singh Sidhu defeated the Congress candidate Om Parkash Soni (sitting member of legislative assembly from Amritsar-West) with a narrow margin of 6858 votes from the Amritsar constituency. The fight was neck-to-neck. The alliance candidate Sidhu got 3,92,046 votes out of total 8,14,479 votes polled whereas, O.P. Soni got 3,85,188 votes. But the political scenario was different in 2014. Capt. Amarinder Singh of the Congress party got 4,82,876 votes (47.94 per cent) whereas Arun Jaitley of the BJP managed to secure 3,80,106 votes which was 37.74 per cent of the total votes polled. The difference of votes between the two candidates was 1,02,770. The AAP has emerged as a major contender to the traditionally dominant parties in the state though it could not put on an impressive performance in Amritsar due to the poor campaigning in the constituency, specially in the rural segments. The party received more support in urban segments of the constituency than the rural ones. It, however, managed to get 82,633 votes which was 8.20 per cent of the total valid votes. The performance of the BSP in the elections was very dismal in the state inspite of large number of *dalit* population. It's candidates in Amritsar Parliamentary seat got only 11,108 (1.36 per cent) votes in 2009 and 5870 (0.58 per cent) in 2014 elections. As far as the performance of other parties particularly the left and independent candidates was concerned, the picture was dismal.

The following Tables 4 and 5 explain assembly wise verdict in 2009 and 2014 elections in Amritsar Parliamentary Constituency respectively.

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Table 4
Assembly wise Lead in 2009 in Elections

Assembly Segments	SAD-BJP	Congress	Lead
Majitha*	52956	32555	SAD-BJP -20401
Rajasansi*	57578	42329	SAD-BJP -15249
Ajnala*	47109	39095	SAD-BJP -8014
Attari (SC)*	48351	42591	SAD-BJP -5760
Amritsar-South	35998	34161	SAD-BJP -1837
Amritsar-West (SC)	36008	56905	Congress-20897
Amritsar-Central	35145	45209	Congress-10064
Amritsar-East	33075	41406	Congress-8331
Amritsar-North	45800	50908	Congress-5108
Postal	26	29	
Total	392046	385188	

* Indicates rural assembly constituencies.

Source: Office of the Chief Election Commission

Table 5
Assembly wise lead in 2014 in Elections

Assembly Segments	Congress	SAD-BJP	AAP	lead
Amritsar West (SC)	65042	28085	13739	Congress -36957
Amritsar East	60058	27860	11857	Congress -32198
Amritsar South	50306	28409	14583	Congress -21897
Amritsar Central	52757	33761	7059	Congress -18996
Amritsar North	63393	44667	13045	Congress -18726
Attari (SC)*	55595	45655	7988	Congress -9940
Ajnala*	49200	48844	4643	Congress -356
Majitha*	39550	60201	5742	SAD-BJP -20651
Raja Sansi*	46953	62575	3963	SAD-BJP -15622
postal	22	49	14	
Total	482876	380106	82633	

* Indicates rural assembly constituencies

Source: Compiled from the statistical reports of general elections 2014 (Election Commission of India).

Explaining Assembly wise Verdict

Table 4 explains the assembly wise lead of political parties in the 2009 elections. It was found that the SAD-BJP alliance was ahead in all four rural assembly seats and had slender edge in one of the urban seats (Amritsar South). On the other hand the Congress party took lead in the remaining four urban constituencies. It is to mention here that in the 2007 assembly elections, the Congress could win only one seat each in urban and rural constituencies while the alliance captured remaining seven, two by the BJP and five by the SAD. And in the 2012 assembly elections, the SAD-BJP alliance was ahead in six assembly segments i.e., Ajnala, Majitha, Amritsar

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North, Amritsar East, Amritsar South, and Attari and remaining three Amritsar West, Raja Sansi, and Amritsar Central won by Congress party.

Table 5 shows that in the 2014 elections, SAD-BJP alliance managed to secure a lead in just two rural segments i.e., Raja Sansi and Majitha. The Congress party got majority of votes in seven of the total nine assembly segments including all urban segments. The Congress party made extensive gains in the urban constituencies as its lead in these assembly constituencies increased to over 1.25 lakh votes as compared to 45,000 votes last time i.e., in 2009 elections. The Congress gained in four assembly segments from 2009 general elections. These are Ajnala, Attari (SC), Amritsar East and Amritsar South with the vote percentage of 44.3 per cent, 46.7 per cent, 57.2 per cent and 51.5 per cent of the total votes polled respectively. The three segments out of the remaining five where it suffered defeat, the loss percentage was less than 1 per cent as compared to 2009 elections.

The Congress party candidate Capt. Amarinder Singh got the highest lead of 36,957 votes against SAD-BJP alliance candidate Arun Jaitley in Amritsar-West (SC) assembly segment. This constituency is represented by Congress MLA Rajkumar Verka. In the last general elections, the Congress was also in lead in this constituency by over 20,000 votes. The party candidate Om Parkash Soni defeated alliance candidate Navjot Singh Sidhu with a huge margin of 20,897 votes which was the highest margin in any assembly constituency in Amritsar parliamentary constituency in 2009 elections also. During 2007 assembly elections, Om Parkash Soni defeated the BJP candidate Rajinder Mohan Singh Chhina with a margin of 12103 votes. He had represented this constituency from 1997 to 2012 till it was reserved for scheduled caste candidate. He has stronghold in the area as he had done a lot of development works as first Mayor of Amritsar in early 1990s.

The Congress performed well in Amritsar East. This assembly segment was created in place of Verka - a semi urban constituency during the delimitation process. It was a reserved constituency before the delimitation process. In the 2014 general elections, Arun Jaitley lost to Amarinder Singh by 32,198 votes in this constituency which is represented by BJP MLA Navjot Kaur Sidhu (wife of former MP Navjot Singh Sidhu). She kept herself away from active campaigning due to intra party rivalries and also denial of ticket to her husband. The Congress party took a lead of over 8000 votes in the 2009 general elections in this segment while it was represented by the SAD in the state legislature. The SAD candidate won this seat in 2007 assembly elections with a margin of over 18,000 votes defeating

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the sitting Congress candidate Raj Kumar. But, it could not maintain its supremacy in the parliamentary elections with the changing of demographic structure of the constituency. A large number of villages on the periphery of Amritsar were included into the newly created parliamentary constituency Khadoor Sahib. On the other hand, the sitting MLA Dalbir Singh did not show much interest as the constituency has been declared unreserved, having least chances to get party ticket to contest from here.

In Amritsar South segment, which is represented by SAD, Capt. Amarinder Singh took a lead by 21,897 votes in 2014 elections despite the fact that the ruling alliance had given a jolt to the Congress by inducting its leader Navdeep Singh Goldy into the SAD fold ahead of polling. In the 2009 elections, the alliance candidate Navjot Singh Sidhu won from this segment with the narrow margin of 1837 votes. This assembly constituency is represented by SAD MLA Inderbir Singh Bolaria who won bye-election which was held in May 2008 due to the death of his father Raminder Singh Bolaria who was sitting MLA. He defeated the Congress candidate Navdeep Singh Goldi with a huge margin of 22,233 votes. Though, the Congress succeeded to increase its vote share in the constituency but failed to get majority like other urban constituencies.

Majitha is one of the two segments where SAD-BJP alliance took lead in both 2009 and 2014 elections. The SAD-BJP alliance candidate Navjot Singh Sidhu got the highest lead of more than 20,000 votes against the Congress party candidate Om Parkash Soni in 2009 elections. This constituency is represented by Bikramjit Singh Majithia, brother-in-law of Deputy Chief Minister Sukhbir Singh Badal and cabinet minister in the erstwhile government. Bikrimjit Singh Majithia entered the state politics by contesting 2007 assembly elections and defeated Congress candidate Sukhjinder Raj Singh Lalli with a huge margin of 23,008 votes. During his short stint as cabinet minister and being close to the Badal family, he brought many development projects in his constituency like construction of roads, water supply, up-gradation of schools etc. He wields enormous power in the area being a brother-in-law of Sukhbir Badal, new president of the SAD. The SAD appointed him election incharge of alliance candidate for the Amritsar parliamentary seat in 2014 election. It is said that he made the election in his constituency a prestige issue and worked day and night to garner support in favour of the alliance candidate. The SAD-BJP candidate took a lead of 20,651 votes in this assembly segment.

In Amritsar Central assembly constituency, despite the BJP's hope to gain the seat after the induction of senior Congress leader Prof. Darbari Lal

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into the party a day before the polling, Arun Jaitley trailed by 18,996 votes (The Tribune, 2014). The Congress also took lead of 10064 votes in the Amritsar-Central assembly segment in 2009 elections where Lakshmi Kanta Chawla was sitting MLA and minister in ruling Akali-BJP government. The lead of the Congress candidate was more than 10,000. Earlier, the BJP won this seat with a margin of over 3,000 votes in 2007 assembly elections. Amritsar north segment which is considered to be the stronghold of BJP and is represented by BJP MLA Anil Joshi, the alliance candidate trailed by 18,726 votes. The Congress also gained a lead of over 5,000 votes in the 2009 elections in this assembly constituency.

The second assembly segment where alliance could manage a lead of 15,622 votes is Raja Sansi in 2014 elections. The alliance candidate also performed well in the last general elections inspite the fact that it was represented by Congress MLA Sukhbinder Singh Sarkaria. The alliance candidate got a lead of 15,249 votes in this constituency in 2009 elections. The factionalism in the Congress was the major factor of its defeat as Sukhbinder Singh Sarkaria was also in the race of getting ticket for Amritsar parliamentary seat. The party high command allotted ticket to Om Parkash Soni which was not liked by the supporters of Sarkaria. On the other hand, the ruling alliance appointed Vir Singh Lopoke (the defeated SAD candidate in 2007 assembly elections) as Chairman of District Planning and Development Board Amritsar. He was also made the incharge of the parliamentary election in this constituency. Though he himself was defeated twice in 2007 and 2012 assembly elections, but succeeded to provide a lead of over 15,000 votes to the alliance candidate in this election.

The Congress also took lead in Ajnala and Attari (SC) assembly segments which are represented by Akali MLAs. Capt. Amarinder Singh took lead of 9,940 votes from Attari, the stronghold of Cabinet Minister Gulzar Singh Ranike. The electorate of Attari gave verdict in favour of alliance candidate in the last elections. This assembly segment is bordering the Indo-Pak border and was reserved for scheduled caste candidate and is a traditional SAD bastion. The Congress also took a slender lead of 356 votes in Ajnala assembly segment in 2014 elections. In the 2009 elections, the ruling alliance candidate took a lead of more than 8,000 votes in this constituency which is represented by the Akali MLA.

Though there are various factors which determined the outcome of the 2009 elections in Amritsar parliamentary constituency but the visible trend seemed to be that there was a clear divide in the voting behaviour of the urban and the rural electorate. The vote bank of the SAD in the rural area

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not only remained intact but also got consolidated as it took lead in the Raja Sansi assembly constituency where the sitting MLA belonged to the Congress party. The gain of Congress is more confined to the urban areas which were represented by the BJP. The Congress *mantra* of declaring Manmohan Singh as the prime minister worked well in the urban area than in the rural area. The popular schemes of the state government for the rural people helped the SAD particularly to garner support for the alliance candidate. Some of the prominent schemes like providing free electricity and canal water to the farmers, free electricity to the *dalits*, distribution of *Atta-Dal* at very low price to the people living below poverty line, old-age pension, *shaguns* to the daughters of the *dalits* at the time of their marriages etc. were considered to be beneficial for the ruling party in the rural areas of this parliamentary constituency in 2009.

In addition to this, in 2009 the delimitation of boundaries before the parliamentary election also helped the alliance candidate as two assembly segments Batala and Qadian (earlier part of the Amritsar PC) were added to the Gurdaspur parliamentary constituency. The Batala constituency is an urban constituency having substantial number of Hindu population which mostly voted in favour of Congress candidate. This delimitation helped the Congress to win the Gurdaspur parliamentary seat with a thin margin of 8342 votes but helped the alliance candidate to win the Amritsar seat. It was like a zero sum game for the BJP as it contested from both PCs i.e., Amritsar and Gurdaspur. It is to mention here that in the 2009 elections, Amritsar parliamentary constituency was the only one, which was won by the BJP party out of three seats allotted to it in Punjab. The BJP candidate won this seat only with the support of its alliance partner SAD with its lead in the rural areas. The remaining two seats Gurdaspur and Hoshiarpur were lost to the Congress party whereas in the 2014 elections, BJP won Gurdaspur and Hoshiarpur seats but lost Amritsar seat to the Congress.

Though there was anti-Congress and pro-Modi wave in the country but outcomes of 2014 elections in the state were absolutely opposite to the national trend. The results of 2014 elections in Amritsar parliamentary constituency did bring out the huge anti-incumbency wave against the SAD-BJP regime in Punjab, which could not be neutralised by the Modi wave. This strong anti-incumbency factor in the state made it difficult for the BJP but helped the Congress to win that seat. The defeat of the alliance candidate was also due to the failure of the local factionalism in BJP and in fighting between the alliance partners at the grassroot level. The alliance leaders failed to woo the voters which finally benefitted the Congress. Moreover,

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Punjab politics is not religion free politics because the political parties always try to woo voters on religious lines among many other factors. Fielding its top Sikh leader from this constituency which has more than 60 per cent Sikhs gave an advantage to the Congress. The outsider factor also worked as Capt. Amarinder Singh (former chief minister of Punjab) knew more about the ground realities of Punjab than Arun Jaitley who came from Delhi. The voters were more familiar with Capt. Amarinder Singh. He raised local issues like drug abuse, high prices of sand and gravel, sanitation and stimulated people against the rule of SAD-BJP government (Sekhon, 2014).

The recent trends in the electoral politics show challenging times ahead for the alliance. The defeat of the BJP in Amritsar and its claim for bigger share in decision-making process in the state has strained the relationship of the alliance. The emergence of AAP in the present scenario of state politics is also a big challenge ahead for the traditional power contenders.

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Hindi Cinema: Changing Portrayal of Female Characters

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During its awesome journey of 100 years, the Indian Cinema has been a witness to a sea-change in the presentation of the female protagonists. Showing many shades, the portrayal of women not only touched the lives of the audiences but also showcased the strength, beauty and complexity that define a woman. The picture of woman presented by the Hindi Cinema is changing in more than one sense. Women still play the same role as wife, mother, beloved or vamp, but the presentation has changed a lot. The aim of this paper is to locate this journey of changes in the portrayal of female characters in Hindi cinema with a focus on some representative Bollywood films.

Introduction

Cinema is a very powerful medium of reflecting the culture and ethos of any society. Bollywood or Hindi film industry is one of the biggest film industries. Hindi cinema has been a major point of reference for Indian culture in this century. It has shaped and expressed the changing scenarios of modern India to an extent that no preceding art form could ever achieve. Hindi cinema has influenced the way in which people perceive various

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aspects of their own lives and has a very great impact on the mind sets, thinking, apprehensions and the prejudices of general public.

Although Indian cinema continues to change and evolve, reflecting new trends in gender relations, at least in very traditional Indian cinema women who live by these traditional norms are portrayed as happy and ethical. Women who go against these rules of narrative and culture in film are punished and seen as immoral. These roles and constructions of women are reflected in a great deal of popular Indian cinema.

Women in Indian cinema, ranging from cult movies and celluloid blockbusters like *Sholay* of the 70s to the more recent which engages itself with serious gender issues continue to be portrayed and presented as either damsels in distress to be rescued by knights in shining armour, or demented feminists, or just plain simple belly-shaking glamorous dolls, whose sole ambition in life is to attract the attention of accomplished males. Events seldom catapult women characters of the Indian cinema to a white-hot spotlight. They are dumped into the quagmires of tension packed fireworks of the home-prison or the ambitious exploitations of heaters and killers, lovers and betrayers. The women are shown as having no sphere of their own, no independent identity, and no living space. They go down in collective memory as organic imperfections, ramshackle, rickety, unhinged creations, mere fictional constructs of the 'fragile handle with care' male ego (Jain and Rai, 2002: 66).

Truth of face and truth of fiction are incompatible, yet they are curiously blended in Indian cinema to present a homogeneous reality which has the unmistakable stamp of male authoritative hegemony. The male characters of Indian cinema, i.e., the heroes and the villains (those over energetic sharks) move around the space of the movie like players in a deadly choreographed game of chess with the women characters as the sacrificial pawns. As the stories progress towards expected and anticipated endings, Indian cinema proves again and again that its women characters will always need something more than the brains which God almighty has given them. Their loves, their dreams, their unexpected destinies shall always oscillate vacuously between the pluralisms of culture and traditions, paradoxes of progress and representational emporia (Jain and Rai, 2002: 67).

The vitalising power of the women characters is always absolutely ignored. The two areas on which I wish to focus attention are, firstly, the mother's role, inheriting all the power and status of the 'mother goddess' tradition of Indian culture and secondly, women characters trapped in secondary roles as somebody's wives, somebody's daughters or somebody's

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love interests but never their own selves i.e., never as women, an individuals in their own right. Also I want to focus on the image of Vamp and Heroine, two opposite characters which were very distinguish in early Hindi cinema but now a days the parting line between heroine and vamps are getting blurred, so it's really interesting to locate the changes in female character over the decades.

The Journey of Hindi Cinema with Gender Perspective

India was first exposed to motion in 1896 when the Lumiere Brothers' Cinematograph showed six soundless short films on July 7th in Bombay. Harishchandra Bhatvadekar shot two short films in 1899, which were exhibited with Edison's projecting kinescope. Throughout the first two decades, the trend continued with filmmakers such as Hiralal Sen and Thanawalla, Madan and Abdullah Esoofally, and others. Dada Sahib Phalke produced India's first indigenous silent film, *Raja Harishchandra*, in May of 1913, which enabled the film industry to truly arise. By 1920, the Indian Cinema was becoming part of society (Sherafat, 2013).

Bollywood films emphasise tradition and family values as well as mythological stories. More often than not they have moral themes where good triumphs over evil. These traditional and ethical ideas carry over to projection of women as well. In order to understand this representation of women, one must first know the history and general themes prevalent in the Bollywood film industry, as well as the role of women in traditional Indian culture, and how both the traditional and unconventional Indian women are portrayed in films. Talking specifically about movies that centred on women, most early Indian films in the pre-independence era explored traditional culture, folk culture and mythology. These would employ foreign actresses because Indian women were hesitant to expose themselves to the camera. Though women were ubiquitous in popular cinema, they were inevitably denied depth or dimension. This could be attributed to the fact that the audience was pre dominantly male and so were the filmmakers and technicians. In the fast changing scenario of the post-independence years, the portrayal of women showed some change. The position of women in society is an important index of the progressiveness of the society in general. Cinema is a mimesis of life and thus, movies are indispensable in studying this index. Film scholars and especially those with a feminist bent have read into the portrayal of women in cinema (Ghose, 2006). In traditional Indian society, women have only three roles: the daughter, the wife, and the mother. During childhood, females are subjects of their father, during youth

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they are subjects of their husband, and upon death of their husbands, they are subjects of their sons. If a woman attempts to separate, or becomes somewhat independent from her father, husband, or sons, she is shunned and reprimanded. This connection is shown in the ancient and influential text *Manusmriti*, a text of classical ethical codes whose laws are the roots of Hinduism, and central to traditional Indian beliefs. These roles govern the lives of women in traditional Indian society, and are articulated in Indian popular cinema as well (Dissanayake and Gokulsing, Moti, 1998).

The Hindi movies have essentially been male-centric, leaving little space for the women to evolve as an independent character. Traditionally women have been reduced to a mere spectacle in the movies, pretty faces objectified for their beauty. In Indian cinema, women have been relegated to the passive position in film after film, as 'bearer, not the maker of meaning', merely an appendage to the man, the wielder of power! (Mulvey, 1999:834) The change is undoubtedly slow. Still the mainstream cinema shows women as glam-dolls whose sole ambition in life is to attract the attention of accomplished males. What Budd Boeticher says about the narrative cinema in the west also applies here: "What counts is what the heroine provokes, or rather what she represents. She is the one, or rather the love or fear she inspires in the hero, or else the concern he feels for her, who makes him act the way he does, in herself the woman has not the slightest importance" (Mulvey, 1999: 837). The stories played out on the screen are the men and their conflicts, their dreams, their aspirations, their tragedies, their revenge, their desires and their heroism. The women exist only in relation to the men, as their mothers, their wives, and especially their lovers. The examples are not difficult to find- *Singham*, *Dabaang*, *Gajini*, *Agneepath* etc. The male-centric movies fully exploit women's physical beauty and sensuality. Most of the talented actresses have to work within tighter limits, in smaller and more repetitive roles (Mistri, 2014: 537).

The history of Hindi cinema presents a woeful picture of discrimination and marginalisation of women. However, filmmakers like Bimal Roy, Guru Dutt, Mehboob Khan, Satyajit Ray, Rituparno Ghosh, Basu Bhattacharya, Hrishikesh Mukerjee, Hritwik Ghatak, Madhur Bhandarkar and many others have marked an exception with their brilliant presentation of women excelling beyond their roles as wives, mothers or beloveds.

Issues-based films with convincing and often having central female characters are in fact a proud part of the Indian cinema. Iconic directors such as Satyajit Ray, Shyam Benegal and Hrishikesh Mukherjee exclusively made such films through the 1960s and 1970s, a genre widely hailed as the Indian

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new wave or parallel cinema. The films like *Bhumika* and *Nishant* by Shyam Benegal are good examples of such attempts to looking at women's issues more seriously and avoiding some stereotype (Bhuthalia, 1984). Today many of the directors making parallel films on women such as Sai Paranjypte, Prema karnath, Aparna Sen, Deepa Mehta, Mira Nair, Meghna Gulzar and Nandita Sen. Box office success and the associated money continue to elude these directors. Yet their films (Mehta's *Fire, Earth, Water*, Nair's *Monsoon Wedding* and *Kam-Sutra*, Meghna Gulzar's *Filhaal*, Nandita Sen's *Firaq*, Aparna Sen's *Paroma* and *Mr. and Mrs. Iyer*) are no less than the revered classics of Ray or Benegal. Women have played a number of roles in Hindi movies: the mythical, the Sati-Savitri, the rebel, the victim and victimiser, the avant-garde and the contemporary. The definition of an ideal Indian woman is changing in Hindi cinema, and it has to change in order to suit into a changing society.

Traditional Roles vs. New Identity

In the 69 years since Independence, Indian cinema has gone through a lot of changes including a shift from classic mythological blockbusters to 'Bollywoodised' remakes of Hollywood's successful films. Women in the Indian film industry have played an important role in the success of individual films. Their roles however have changed overtime, from being dependent on their male counterparts to very independently carrying the storyline forward.

Before 1931, the Bollywood films did not have any sound. The first Bollywood film released in 1913, named *Raja Harishchandra*, directed by Dadasaheb Phalke without any female artist, female characters was portrayed by male actors. Ardeshir Irani only first introduced sound in 1931 in the film *Alam Ara*, which was a huge success commercially. The very first coloured Bollywood film was *Kisan Kanya* released in 1937, directed by Ardeshir Irani but it was not as commercially successful as could be with the introduction of sound (Agarwal, 2014). In early days, Indian cinema focused on mythological stories and great epics such as *Raja Harishchandra*, *Sita Swayamwar*, *Meerabai*, *Pavitra Ganga*, *Radhe Shyam*, *Sati Madalsa*, *Sati Savitri*, etc. The golden era of Bollywood films was from the 1950s to the late 1970s. This was the time when, an India, which was rural but had rich and vibrant traditions, was portrayed. Films showcased the relationships, customs, norms and ethics of Indian society. The issue of poverty was addressed during this time. The audiences could easily identify themselves with the on-screen characters whose lives reminded them of their own. Some examples

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of films from this era include *Kaagaz ke Phool*, *Mother India*, *Pakeezah*, *Half Ticket* and *Padosan*. There are a few films from this golden era of Bollywood film-industry so popular that people from the later generation still remember them. This was also the time when the women were playing a very important role in the films holding a lot of responsibility on their shoulders to sell the films in the market. Women were given an equally dominant role in the Hindi films along with the male actors (Burra, 1981).

During the 1980s, there was the beginning of the action era, an era that brought a lot of changes. The Bollywood heroines lost their strength and space to the hero. One such example is of the film, *Mirch Masala* directed by Ketan Mehta in 1989, showing this changing role of women in the Indian cinema. But at that time mostly she was reduced to being a glamorous component of the films, dancing around trees, being kidnapped, raped or killed. In the recent history of cinema the body became an essential part of a success of an actress. Later came the period of the 1990s bringing about more changes seen in the Hindi cinema. By this time came several films showing the changing role of female component of Indian Cinema. During these times we can see many female characters that are seem to be modern, working professionals, sensuous, liberated one but still they are shown to be rather incompetent and naive, they are dependent on male characters specially on the hero, wooing him, comforting and supporting him that is the only work she does in the movie. She happily plays the role of home maker and sacrifices her dreams for the sake of the family. We can see the characters like that in many movies like Juhi Chawla as office worker and Amrita Singh as business women in *Raju Ban Gaya Gentleman*, Madhuri Dixit as police officer in *Khalnayak*, Again Madhuri as computer engineer in *Hum Apke Hai Koun*, Raveena as a journalist in *Mohra*, Juhi Chawla as a doctor in *Deewana Mastana*, Sonali Bendre as a doctor in *Hum Sath Sath Hai* and many more they all are working professionals but they are hardly shown at their working places, they are always shown in the household performing their duties as lover, wives, daughters or seeing as wooing or comforting the heroes. Writing in *G*, an Indian film magazine, Monica Motwani states "the heroine may have metamorphosed over the years, but she still cannot break away from the shackles of certain norms set by Hindi cinema years ago". In the '90s their roles were beginning to change drastically - they became more substantial. Being an actress became much more than just playing eye candy and dancing around trees and all this was happening simultaneously with the changing roles of women in the Indian society. Women were getting liberated and independent. They were better educated and had innumerable

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employment opportunities and this was reflected in Indian cinema (Rai, 2013).

But it was the films released in the first decade of the 21st century that redefined the Indian woman in the world of cinema. From movies like *Astitva*, *Lajja*, *Chandani Bar* and *Page 3* in the early years to *Dor*, *Turning 30*, *Fashion* and *No One Killed Jessica*, *Dirty Picture*, *Kahani* in the latter half, their characters were as strong as that of the male protagonists, and more profound. She could be anything from a shrewd politician to a bold journalist to a prostitute or a super-successful entrepreneur. The role of the Indian female was revolutionised in cinema—just like in real life. She became this fierce, successful, dominating, independent and ultramodern woman of today.

Mother's Character in Hindi Cinema: Traditional Maa to Modern Mom

Let's start this journey of change with some cinematic mother's character during the time phase. Recently the character of mother in Indian Cinema has got completely changed. When we remember earlier mother's character of women we got a picture of a miserable soul who always weeping, wailing and all giving and all forgiving, a peasant resisting a lusty landlord or money lender (*Mother India*) and if she is rich, a devoted wife who could not defy her husband (*Ram aur Syams*), a suffering ailing mother, often widowed or abandoned and struggling to bring up her offspring with dignity in the face abject poverty (*Awara*, *Ganga Jamuna*), a very strict and authoritarian mother (*Junglee*, *Khoobsurat*), and on the other hand a nasty step mother (*Bahurani*, *Rajkumar*) along with a cruel mother in Law (*Dahej*, *Sau Din Saas ke*). From Leela chitins, Achla Sacdeva, Lalita Powar and Sulochna to Nirupa Roy, Kamini Kaushal, Dina Pathak and Rakhi, they all portrayed an image of a giving mothers who suffered a lot and sacrificing the self, they provoked an image in our minds which is that of furrowed forehead, worn *sari* and drooping shoulders. The portrayal of mothers onscreen, however, has undergone a sea change over the years. For decades every film necessarily revolved around an all-sacrificing, helpless mother, waiting for death to relieve her from sufferings.

Nargis symbolised such mothers in *Mother India* following which all the mothers had the same clichéd roles to play. Representing both motherhood and Mother Earth, who also nurtures and occasionally punishes, Nargis immortalised the Indian mother on celluloid. Next were Sulochana Devi and Nirupa Roy. They epitomised the perfect mothers - of those times. All they had to do was shed tears, look helpless and play a

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positive character. Nirupa was the favourite onscreen mother for super stars and was an important element in the film's climax. Remember *Deewaar*, *Amar Akbar Anthony* and *Muqaddar Ka Sikandar*? A couple of years back she was felicitated with a lifetime achievement award by a popular film magazine. Other memorable mothers include Waheeda Rehman in *Trishul*, Raakhee in *Ram Lakhan*, Nutan in *Karma* and Sharmila Tagore in *Aradhana*. The film directors were better able to bring out the contrast between their younger, happier days. For the likes of Waheeda, Raakhee, Nutan and Sharmila, portraying aging mothers meant more artistic fulfilment (Khanna, 2014).

A bad onscreen mother was almost always a stepmother, who nonetheless enjoyed the love and trust of the hero. Even if the mother did not get along with the daughter-in-law, her love for her son was seldom questioned. Often referred to as the mother of all vamps, Lalita Pawar reigned the arena of badness and impiety for nearly three decades in the Hindi film industry. She was particularly famous for playing wicked mother-in-law in almost all family drama films. Shashi Kala, Bindu and Aruna Irani also played the evil mother-in-law conspiring against main protagonists.

In the 1990s a new avatar of onscreen mothers emerged with Reema Lagoo (*Maine Pyar Kiya*) and Farida Jalal (*Dilwale Dulhania Le Jayenge*). From 'MAA', Bollywood mother became 'MOM'. She was no longer a weepy, white-clad woman. Instead, she dresses glamorously in traditional splendour, loved her little jokes and even breaks out into a couple of dance numbers at weddings. From being treated as goddesses, they became their son or daughter's best pal and confidante. These mothers urge their children to follow their heart, go after their love, give up a job and occasionally, even leave home (remember Farida in *Dilwale Dhulania Le Jayenge* and Jaya Bachchan in *Kabhi Kushi Kabhi Gham*). Today, audiences mostly come across mothers playing a successful single parent. They symbolise the mothers of today's times who are no more restricted to do the household chores but venture into the big bad world. Thankfully, the baton has now been passed to mothers like Shabana Azmi, Lilette Dubey, Ratna Pathak Shah and Dimple Kapadia, who are gradually bringing with them the belief that their own happiness is as important as their children's.

From *Mother India* (1957) to *Ki and Ka* (2016), the portrayal of on screen mothers have undergone a sea change. Swaroop Sampat- playing the mother of Kareena Kapoor in *Ki and Ka*, when her onscreen daughter Kareena declares that she found the man she wants to marry Sampat responded to her with the teasing remark, "Sex ho gaya na? Important before

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commitment". Hindi cinema, it would seem, has truly arrived in the age of the New Movie Mothers. We have clearly left far behind us those anxious *matajis* who wept or threatened their way through their offspring's romantic adventures.

This new kind of maternal figure is one whose love of her children does not lead up to a new, palpable sense of herself. She might be a working, independent, single mother like Ratna Pathak Shah as Savitri Rathore in *Jaane Tu Ya Jaane Na* (2008), trying her best to raise her son as a thoughtful feminist, away from the shadow of his patriarchal family. She teaches in a college, reads Naomi Wolf with her feet up, wears Indo-Western clothes and admits that she does not feel like cooking on an off day. So would the son make some omelette please? She is not a sacrificing mother, nor a superefficient housekeeper. Or new age Bollywood mother might be more tragic, romantic character, like the intensely sexual mothers brought luminously to life by Taboo in *Haider* and *Fitoor*.

Before her, there was Kirron Kher, probably the first mother to be allowed humour, whims and laughter. The mother she played in *Hum Tum* is that of an ambitious Punjabi matron speaking broken English. Her role really introduced a refreshing change. The jeans-clad Dimple Kapadia in *Pyaar Mein Twist* played the mom every daughter dreamt of having.

In *Vicky Donor* (2012), the scene between Dolly and her mother-in-law sharing a drink has become the most talked about act of the film. Dolly is an everyday mother, not a very radical character. It was a family without a father, where the mother is everything. She is progressive. She works and relaxes herself over a drink with her mother-in-law. Shoojit Sircar, the director of the film confesses to have drawn the character of Dolly from his mother who was suffering from insomnia. Sircar suggested her to share a small drink with him that relaxed her and made her sleep soundly. Sircar says the Punjabi ladies on his Facebook have sent him thank you messages for liberating them from the Bollywood imposed moral template. "If you had not shown women drinking, they would have continued to offer us soft drinks!" That the audience loved the two women in *Vicky Donor* and appreciation of other maternal role was a sure indication that the audiences have been ready for a real mother for a long time (Mistry, 2014: 538).

Changes in the Portrayal of Wife's Character in Hindi Cinema

In traditional Indian Society, there are certain prescribed roles which regulate the conduct of women. For example, the conception of the woman as Sita is prevalent in Indian society and film. Sita is a character in the

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Ramayana, one of the great epics, which embodies values and the differences between right and wrong. She is the wife of Rama, who is representative of many virtues including honour, courage, and loyalty. Much of Indian popular cinema is influenced by the Ramayana and the Mahabharata, another epic, which involves the hero Lord Krishna. Sita is the ideal woman and wife that see her husband as an idol. Indian popular cinema represents this role of the ideal wife's admiration and unfaltering respect.

Also, according to the *Manusmriti*, an ancient classical work dealing with laws, ethics, and morality, a woman should be subject to her father in childhood, in youth to her husband, and when her husband is dead, to her children. Within the guidelines of the Manusmriti, women do not enjoy independence. Women are supposed to adhere to the role of a happy figure who takes care of the household. They are supposed to be obedient to their husbands and go to every length to honour them even after death.

As movies reflected the culture and belief of its society, so these traditional views regarding the ideal wife is one of the most used in Indian movies. Main lead heroines are always an ideal wife and an ideal lover who always support her husband or wooing her beloved, give him comfort whenever he lost and defeated by odd situations or villains and she is ready to suffer just for following him. The image of Sita has been repeatedly evoked in many films. Through the idea of loyalty and obedience to the husband, Hindi cinema successfully institutionalised patriarchal values. Films like *Dahej* (1950), *Bahurani* (1963), *Gouri* (1968), *Devi* (1970), *Pati Permeshwar* (1988) etc. depicted women as passive, submissive wives as perfect figures and martyrs for their own families (Tere, 2012).

As the dutiful wife these women silently bore the injustices and infidelities of their husbands and emerged in patriarchal eyes as ideal wives. In *Sahib, Bibi aur Ghulam* produced in 1962, Meena Kumari played the role of the Choti Bahu, the younger daughter-in-law, of a feudal family in Bengal. Her debauched husband ignores her and spends most of his time at the house of a prostitute. To win him back she employs the most extreme ploys and even agrees to drink alcohol with him - taboo to the traditional Hindu woman. Soon she becomes an alcoholic and her husband turns away from her in horror and disgust - a classic case of double standards. Ultimately she commits suicide. Nutan was the other archetypal wife who suffered the most unimaginable horrors but did not utter a word against her husband - her lord. A versatile actor who had in the 1950s portrayed more realistic women, Nutan in the 1970s and 80s did a series of almost reactionary films such as *Devi* (1970) which were big hits with the audience. The men applauding the

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ideal wife and women empathising with the suffering of the celluloid devi (Bharucha, 2002).

Gradually the women have been getting their due. The neglect of women in Hindi movies during the 1960s and 1970s hurt them and they made a back entry through the art cinema in the 70s and the parallel cinema in the 80s. Shabana Azmi was the pioneer of the new woman during these decades who denied to suffer silently and who wanted to be heard. She would not tolerate an unfaithful husband and would not hesitate to leave him, as Shabana Azmi did in *Arth*.

Astitva (2000) has been pitched as a film which explores the unconventional, the desires of a married woman who has long been neglected by her husband. The film is a revelation in the sense that it makes a strong statement about the hypocrisy in the society. The film questions the realm of patriarchy which may not necessarily commit violence but manifest domination in other forms like denial of space and freedom and subjugation. The society needs to accept these forms as patriarchal domination and not just focus on violence. The protagonist Aditi (Tabu) emerges in the end as a strong woman with her own thoughts who rather than seeking forgiveness from her husband, chooses to walk out and live life on her own terms (Bagchi, 1996).

In 1997 Rani Mukherjee made her debut in the film *Raja ki Ayegi Barat* where her character was raped by Shadab Khan. The court sentenced the rapist to marry the victim. After marriage, the husband makes several attempts to murder her. By the end of the movie the man discovers the goodness of the woman he had raped and tortured and thus marries her again. Fourteen year later, Mukherjee played Meera, a character in *No One Killed Jessica* who asks her lover to 'fly solo' in the mid of their love-making when her job demands to leave immediately. Shona Mishra of *Luck by Chance* dares to reject her ex-boyfriend who has come to make amends with her after realising his mistake in dumping her. Shona rather chooses to live alone in her tiny studio acting in TV soap opera. Silently the image of the woman is changing in popular cinema. They are being projected as real and contemporary women. They are not projected as an ideal sati savitri wife, or an ideal, all sacrificing daughter-in-law (Mistry, 2014: 537).

But still the stereo typical image of ideal women specially wife is not broken yet although it become feeble, a recent movie *Hamari Adhuri Kahani* (2015) is a good example of these kind of dilemma where the main lead Vidya Balan is a typical wife suffered and oppressed by her husband who stamps her as his property, once she tried successfully to break those chains

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and start living as an independent woman, meanwhile she met other male character and experience true love and respect, a new life is lying ahead of her but at that moment her husband comes back and reminds her of the duties of a wife and *Saat Janmo ka rishta* and she chooses to returned back with her husband and leave her true love with a guilt. It shows how difficult it is to break the age old chain of patriarchal values. However, some recent movies broke this mindset and portrayed some strong women characters that represent the modern independent Indian women (Like *Mrityudand*, *Satta*, *Corporate* etc.).

Heroine vs. Vamp: Changing Role and Image

Another popular portrayal of women in Indian movies is the character of a vamp, which is exactly the opposite of the role of an ideal wife or mother. The vamps were characterised as women who showed disrespect for traditional values by emulating Western women. Furthermore, they were shown drinking, smoking, partying, visiting nightclubs and being promiscuous. Thus, they portrayed the characteristic traits of an immoral person, with unacceptable and offensive behavior that was punishable (Dissanayake and Gokulsing, 2004). The basic difference between the heroine and the vamp demonstrates how the 'Madonna' and the 'whore complex' functions in Indian community. Madonna, symbolises the girlfriend/wife/mother and, therefore, has to perform all the rules associated with sacred traits in contrast with the vamp, who is a whore, and as usual is expected to be unchaste and impure (Nandkumar, 2011). There is a very clear distinction shown between the portrayal of heroine and the vamp, the good girl and bad girl. In some films like *Aan*, *Ziddi*, *Janwer*, *Lawaris*, *Mard* portrays the main leads heroine as a modern, spoiled, bold and independent woman who does what she wants to and the hero comes as a saviour who makes her understand the real place of an ideal woman, as Saira Banu a 'foreign'-returned girl- a smoker, a spoilt-brat, was shown in Manoj Kumar's *Purab Pashchim* and then was taught a lesson by the hero and the same story also goes for above mentioned movies. The good ones are always shown as the very nice girls. The image of an ideal daughter or wife or daughter-in-law was used in different avatars with only a change of name and location. The popular cinema has drawn heavily upon Indian mythology for its popular appeal. It mainly shares the interests and values of male prejudice, dramatising male fantasies of the female. Hence a woman is depicted either as an angel or as a monster.

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Despite both these diverse images of women being portrayed on the celluloid, there is one thing in common: these actresses have to be beautiful and sensual. Irrespective of the roles played by a woman, she always serves as an 'object of desire' for men (Pendakur, 2003). Women in commercial Indian films are often seen dancing in 'tribal dresses' or in a 'wet saree' to cater to men's erotic fantasy (Dissanayake and Gokulsing, 2004). This 'wet saree dance' was described by Richard as 'legitimised by a sudden, torrential downpour that soaks the woman's flimsy saree, and allows for a very provocative and tantalising exposure of the female body' (Sarkar, 2012). The Indian cinema industry also objectifies women according to the male gaze, in most of 'masala' movies women are objectified, playing the role of the Hero's love interest. The Bollywood industry demands that female stars sport a svelte figure, sharp features, and fair skin tone.

During 70s and 80s sexy cabaret numbers, nautch girls, sky-high heels, loud makeup and exaggerated hairstyles, all these things belong to the fraternity of vamps and item girls like Helen, Bindu and Aruna Irani, who dominated the Indian film industry. That was an era where vicious vamps played a pivotal role in the success of a film. Audience shared an awkward love-hate relationship with these female villains who smoked and drank and did everything that our ideal *Bhartiya naaris* would not even dare to think. They were the quintessential bad women, who dressed provocatively, danced sensuously and attempted to seduce men with their sultry eyes. They grabbed more eyeballs and money than the leading ladies owing to their oomph factor and sizzling dances. They were not only perfect in portraying negativity on screen but also brought much needed entertainment and spice to the films.

Shashikala was majorly seen as the second lead in the film who connived and plotted against all other characters, specially the heroine. She played either the vivacious carefree or completely negative characters with equal charm and ease. Helen was the undisputed Cabaret Queen of India in the 1970s and 80s. With her iconic performances in cabaret numbers like *Piya tu ab to aaja* from 'Caravan', *Aa jaane jaan* from 'Inteqam', *Mehbooba Mehbooba* from 'Sholay' and *Yeh mera dil* from 'Don', she became the Golden girl of Indian film industry. Her anglicised looks proved useful in emphasising the character gap between the modernised vamp and the conventional heroine. During the period of 70s, Helen had a monopoly in item songs and vamp scenes. Though, she was not a vamp in true sense but she played quite westernised and free-spirited characters in her films. Much later, in the early 70's, Bindu, Aruna Irani and Padma Khanna tip-toed into

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Helen's monopolised space on the dance floor. From her sizzling cabaret in the song, '*Mera naam hai shabnam*' from *Kati Patang* to her portrayal of Villain's moll as '*Mona Darling*' in *Zanjeer*, Bindu excelled in everything. She was known to be the sex symbol of seventies and applauded for her mesmerising performances in films like *Imtihaan* and *Hawas* where she enacted the role of seductress and nymphomaniac respectively. Just like Bindu, Aruna Irani also performed variety of roles ranging from a seductive item girl to devious mother-in-law in more than 300 Hindi films. She became the most popular vamp in the industry who outshined not only in acting but also dancing (Kapoor, 2013).

However, scenario changed and good became the new evil. With the introduction of westernised female protagonist in our films, the popular vamps of yesteryears took a backseat. A pair of dusky, long, lissom legs took the bold walk in to the Bollywood's arena. She left all rules behind - discarding the tightly-wrapped saree, the festooned headgears and the typical *sati-savitri* image. Zeenat Aman with her perfect body, cosmo chic looks, seductive appeal and all of that oomph, she had filmmakers eating out of her hands. Encyclopedia of Hindi Cinema wrote, "Zeenat Aman had a definite impact on the characterisation of the heroine in Hindi films. With films such as *Hare Rama Hare Krishna* and *Yaadon Ki Baraat*, she fashioned the image of the youthful and westernised woman in Hindi cinema" (Gulzar & others, 2003). Of course, her portrayal of the village belle in *Satyam Shivam Sundaram* exposed her real talent, and she was labelled nothing short of the 'sexiest symbol' of Indian cinema. At a time when heroines swore obeisance to their husbands and lovers on screen, Zeenat dared to essay a clutch of off-kilter roles- she was the opportunist who deserts her jobless lover for a millionaire (*Roti Kapda Aur Makaan*), the ambitious girl who considers aborting her baby to pursue a career (*Ajnabee*), the happy hooker (*Manoranjan*), the disenchanted hippie smoking away her life with a dum (*Hare Rama Hare Krishna*), the girl who falls in love with her mother's one-time lover (*Prem Shastra*), and a woman married to a caustic cripple but involved in an extramarital relationship (*Dhund*) (Raheja, 2002). Well, for those who did not like it too spicy, there was Parveen Babi to bridges that chasm, the perfect mix of sugar 'n' spice, glamour 'n' gusto, oomph 'n' innocence. Parveen Babi and Zeenat Aman were foremost among the few heroines, who questioned the existence of vamps in the late eighties. With their drastically different roles in *Deewar* and *Hare Rama Hare Krishna*, they changed the entire equation of new age heroines. When asked about her sex-symbol image during her reign in Bollywood, Ms Babi asserts, "Zeenat and I

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had full-fledged roles right from our first films. They might not have been pivotal roles, but they were not item-songs and dance numbers either. We were the only ones who broke the trend of the archetypal heroine's role, and even carried off roles of modern dancers in clubs during an age where the audiences' were not exposed to such things." When probed on to reason why some brilliant dancers like Helen and Bindu were never offered meaty roles, Babi promptly turned to say, "They were in the bracket of cabaret dancers. They came in to the industries as dancers; they did not know what acting was all about when they stepped in here. There's a difference between cabaret item dancers doing a brief role for a film, and a lead actress doing a few dance numbers besides her main role." That was setting the record straight for the revamped image of the new-age sex divas (Mukherjee, 2003).

Sometime afterwards, in the 90s especially, the line between the heroine and vamp disappeared. The heroine dressed as boldly and moved as provocatively as the bad girl of old times. Some critics opined that as an effect of globalisation and consumerism where mass production demanded heroines to become more ornamental than real woman. She might be shown dancing in snow-covered Switzerland or Austria but basically sticks to the ideal woman Indian males fantasise about which is being a homemaker.

Decades after Zeenat and Parveen Babi vanished from the silver screen, Indian cinema wakes to find another sultry sex-goddess rise in its horizons. The Bong Bombshell- Bipasha, showing off a *jism* to die for. Almost like Zeenat incarnate. The dynamism, the boldness, the same fire in the belly, making it without mentors and godfathers in the industry, paving her own path, steering her own career, she did not twitch an eye; get convulsive pangs of being ignobly slandered by the industry, by covetous co-stars, or the snooping eyes of the media when she gave the nod to do the bold negative role in Pooja Bhatt's *Jism*. It's rare find that a lead actress portrays the uncanny bad-woman role, in a film that crosses the bedroom line with sexotism, passion and the dark side of desire. As Ms. Babi believes, "There's nothing wrong with a film that brings to fore human feelings like lust, desire and passion, as long as it retains its youthfulness, class and aesthetic value". (Mukherjee, 2003).

Also the advent of disco age caused a decline in the role of female antagonists since the item songs got replaced by disco songs, mainly centred around the female leads. As the bollywood dynamics changed further, the act of ferocious vamps completely vanished. Actresses like Kajol and Priyanka Chopra came out of their comfort zone and experimented with negative roles in films like, *Gupt* and *Aitraaz* respectively.

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Modern cinema heroine now possesses all the ability and opportunity to portray a mix of positive and negative shades on the screen. But still, the poise and elegance of yesteryears vamps is beyond comparison to anybody. Love them or hate them, but we can never ignore their cosmopolitan impact on the Hindi films. Even Bipasha Basu's (Nishigandha Dasgupta) in Madhur Bhandarkar's *Corporate* had the negative shades. She is an ambitious girl wanting to be successful at any cost to get rid of her past bad experiences. In her supreme confidence she does not mind indulging in industrial inquiring on a rival company. She gets caught but the audience is left sympathetic to her problematic situation.

Women on screen have become bold enough to talk about their sexuality and they can use their sex appeal to get work done. It has become difficult to debate about the exploitation and subordination of women when they have started using bodies for their own advantage. There has been a shift in women's sexuality from being objects to subjects. Such women might be considered as femme fatale in many cases. Movies like *Jism* (2003), *Aitraaz* (2004), *Ishqiya* (2010), *Pyaar Ka Punchnama* (2011) and the recent *The Dirty Picture* (2011), all showed how women not only understood their gender and sexuality but also used it to get favours. With changing times, traditional values and beliefs regarding all aspects of our life have changed, and cinema being a cultural variable reflects on these changes too. On closer scrutiny, however, these modern looking women in Hindi movies are not devoid of traditional Indian values. A female-centric film and a film that is progressive in its portrayal of women are two different things. For example, Priyanka Chopra's character in Madhur Bhandarkar's film *Fashion* portrays a woman exercising her sexual freedom who invariably comes to an unhappy end. Vidya Balan played the role of Silk in *The Dirty Picture* who is an independent and spirited woman.

With the changing roles the dressing of women on screen has also changed a lot. The simple sari has come a long way. From Meena Kumari dressing up in a sari that covers her entire body, we now have the modern, navel-showing sari worn by Priyanka Chopra where she has a bikini top as a choli in *Dostana*. Earlier the heroine would dress up for the hero, now she dresses up for the audience. Hindi movies often implied that girls in western clothes neglect home and do not work hard. The traditional girl was more of a homebody and often not interested in a career. Girls who dress western are often shown to be spoilt. They drive cars rashly, are arrogant and it requires a decent Indian man to come and teach them a lesson. Soon this spoilt brat is

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tamed by the hero and she becomes obedient. Asha Parekh in *Ziddi*, Saira Bano in *Poorab aur Pashchim* are some examples of it.

Bollywood movies started to improve in the last decade or so in this regard. They do not always show girls in western dress as sluts, but the sluts invariably wear western clothes. Even if a heroine wears mini skirt, she often has to prove her Indianness. In *Kuch Kuch Hota Hai* Rani Mukherjee, a London returned girl in a micro-mini proves her Indianness by singing a devotional Hindi song. We have moved on since then. For example, in *Dhoom* (2004) Abhishek's wife (the character played by Rimi Sen) is shown sexy, dressed in skimpy western attire but is hardworking and loving and fortunately for her, she does not have to prove her Indianness by conducting *poojas* and dressing herself in *sari*. That was like a fresh air and broke the stereotype.

In number of films we find strong women characters trying to establish an identity of their own, be it as a single mother (*Paa*), a foul-mouthed journalist (*No One Killed Jessica*), lady vengeance (*Kahaani*, *Ishqiya*), a murderess (*Saat Khoon Maaf*), a career woman (*Fashion*, *Corporate*), a lovesick manipulator (*Tanu Weds Manu*) or a rebel survivor (That Girl in Yellow Boots). These are the new vamps, the anti-heroines – protagonists whose life does not depend on the presence of a 'hero'. Unwedded mothers are not thrown out of the house and humiliated but were accepted by their families and friends like in *Kya Kehna* (2000), *Salam Namaste* (2005), *Paa* (2009), etc. (Mistry, 2014: 538).

Conclusion

On the positive side, there are a chunk of film-makers who have reacted against the stereotypes set by mainstream cinema and have dared to explore subjects from the women's perspective. Contemporary films like *No One Killed Jessica* (2011), *Cheeni Kum* (2007), *Chameli* (2003), *Ishqiya* (2010), *Paa* (2009) and *Dirty Picture* (2011) have pictured extraordinary themes and portrayed women as central to the story line. These films have forced creators to take a fresh look at the different roles played by women and introspect into the kind of typecast that were being perpetuated earlier. It is also to the credit of the current crop of actresses who have not been hesitant to accept bold roles. Actresses like Vidya Balan (*Paa*, *Dirty Picture*, *Kahani*, *Ishqiya*) and Konkona Sen Sharma (*Page 3*, *Wake Up Sid*, *Life in a Metro*, *Mr. and Mrs. Iyer*) have led this change of direction. Other actresses like Nandita Das, Tabbu, Richa Chadda, Swara Bhasker etc have also appeared in strong and independent roles which for the time being shifted the camera's focus

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from the women's body to her identity as an individual. Such actresses have challenged the norm. In the past years something of a change seems to be occurring in terms of how women are getting portrayed in Indian cinema, in Bollywood specifically, films like *Kahani*, *Paa*, *English Vinglish*, *Piku*, *Tanu weds Manu returns*, *Queen*, *Neerja*, *Mary Com*, *Dum Laga ke Haisha* etc., are the examples of strong women characters and it is to the credit of the script writers too that they are projecting women as real and contemporary. Actor-producer Dia Mirza, says, "as our audiences evolve, so do our filmmakers and their ability to tell stories showcasing women in interesting avatars. The new India is eager to celebrate women characters that are nuanced, entertaining and most importantly, real. Eventually it will always be the story that is the clincher, and it's great to see that we find more and more women now taking our stories forward."

However, Bollywood still retains its very Indian value and sticks to the traditional customs and life of people in India. A number of female actresses, directors, writers, technicians have successfully proved themselves and achieved a great place and success. This development indicates that the female component in the film industry has made its presence known not just in the films but also in the real world. The role played by women in Indian cinema serves as a role model for other women with fewer opportunities to follow. With Bollywood being a big successful industry, the female characters played in their movies allow Indian women to relate themselves easily with these female characters. It is thus possible to view the cinema as a genuine symbol for society and this perception helps to understand the society in a better way.

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Social Media: Political Campaigns and Elections

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Social media has triggered a new revolution in the political campaigns and electoral process and in addition tuning up participation, transparency and accountability through debate and discussion. These new forms of media assumed a central role in attracting voters and especially the new generation of young adults. Social media helps political parties and candidates to reach more effectively large number of voters in a short span of time. The paper highlights the use and rise of social media in the arena of politics and its impact in general and on political participation by the general public.

Social media has influenced many aspects of our life be it education, culture, administration, marketing, business or politics. The technology revolution which is known as internet has changed the world by connecting people across the globe. Today youth is increasingly using number of social sites such as Facebook, Twitter, WhatsApp, Blog and LinkedIn as platforms for communicating with friends, family and colleagues. Social media's quick development shows its influence on society. It is a crucial part of the advancement of information and communication technologies. Social media has been able to make profound impact by means of news, interaction,

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learning and marketing. Various news channels and tweet provide updates on significant happenings all over the world. The news quickly gets passed around the networks in ways never experienced before. People in different cities, countries and continents can keep in touch effortlessly and social media creates an opportunity to experience different cultures and exchange opinions. It has become a significant part of modern civilisation. It is changing existing information behaviour by giving users access to real-time online information channels without the constraints of time and space.

Since use of the internet has become widespread, individuals use this tool in the political realm of their lives. Printing press, radio, television and the internet have provided useful outlets to give messages out to the citizens. With each advancement, the availability of information has been expanded, making citizens better informed and making the voting process more democratic. Participating in the new technologies is imperative for politicians to stay updated and remain competitive.

With higher literacy rates, politicians have the opportunity to gain the attention of a larger audience. The development of the printing press and newspaper chains has made newspapers a prime resource for media coverage. Television entered the scene, threatening to change the entire landscape of campaigning. It was considered to be capable of providing information to an even broader audience than the previous technologies and bringing politics to the masses with greater accuracy and even faster speed. The latest wave of technology, the internet, has given political campaigning a facelift and has dramatically changed its pattern. It has changed campaigning more than the printing press, radio and television combined. American politicians have campaign websites, to raise fund online, blog, e-mail to citizens and participate in a host of other activities, all made possible by the internet. A citizen can visit a candidate's website, review that platform and then visit an opposing candidate's website and review that platform. The websites of most candidates' also allow visitors to e-mail questions, allowing citizens to communicate with the candidate. Another unique characteristic of the internet, which radio and television do not offer, is that citizens can be interactive with one another and deliver online. All this can be done inexpensively, conveniently and easily on a global scale. It increases the likelihood that citizens will become more engaged and involved but can also increase polarisation (Selvaraj, 2014). In addition to this, online fund raising is a primary motivation of candidates. Internet donors can make a donation anytime as easily as making an ATM transaction.

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A closer look at the presidential campaigns of Barack Obama will reveal the role of social media in his elections. The 2008 Obama Presidential campaign made history. Not only was Obama the first African American to be elected president, but he was also the first presidential candidate to effectively use new media as a major campaign strategy. In 2008, his campaign managers used social media effectively by sending voting reminders on twitter and interacting with people on facebook. And through meetup.com, he launched virtual get-together with voters in many different locales simultaneously. When Obama announced his candidature in 2007, Twitter had just started and there was no i-phone till then. He was quick to pick up an innovative media source to make his presence felt and effectively marketed by himself. He made use of social media platforms such as Facebook and My Space to identify and communicate with supporters around the country. His 'Ask Me Anything' campaign on Reditt became one of the most threads of all times. While Obama pushed the boundaries of political campaigning online, from raising online contributions to active tweeting, his opponent John McCain was hardly online. Again in 2012, Obama was up against Mitt Romney. While Romney did spend approximately \$5 million, Obama spent over \$47 million on digital campaign (Kaur and Kaur, 2013). One of the key components of the Obama's digital campaign was his website 'barackobama.com' - a social network, where volunteers could sign up, enrol their friends and neighbours and thus increase the width and depth of Obama's digital campaign. His strategy was highly successful and effective in 2008 and 2012 elections. Following him, Hillary Clinton and Donald Trump have entered instagram and snapchat to reach the increasing number of the younger generation who use this social media channel.

Social media is now being seriously considered by the Indian political parties as a means to reach out to the electorate. It provides platform for e-participation of voters and truly democratise the elections. According to a report India has surpassed Japan to become the world's third largest Internet user after China and United States. On June 2014, India had more than 243 million internet users as per data shared by Internet and Mobile Association of India (IAMAI), which is whooping 28 per cent more compared to that of June 2013. The use of social media is significantly complex. Even though use of social media has several challenges such as security, privacy, accuracy but at the same time it provides the opportunities for sharing, collaboration, and engagement of users which is provided by the medium of social media. Social media platforms, such as twitter, facebook

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and youtube provide new ways to encourage citizens to get involved in political life, where elections and electoral campaigns have a central role.

The active online presence of politicians and involvement of citizens helps democracy by initiating discussions and debates and helping citizens vote for the best candidate. Further this opens the platform to more active democracy, where elected representatives are more accountable to the voters. Everyone is recognising this new and powerful medium to interact with the masses and make them participate thereby enabling better communication. Indian politicians, be it young or old have started experiencing the impact of social media in one form or the other. Now, almost every political party makes use of the social media to get its message across to the masses. Political campaigns are in no way just limited to buttons and banners for politicians to reach their constituents. The new political arena is full of commercial messages, blog posts, and hundreds of tweets. Through social media, politicians are now able to constantly display their message through endless commercials and see direct responses to their actions via facebook.

Social media played a vital role in India's 16th General Election. According to a report published in April 2013 by the Internet and Mobile Association of India (IAMAI) and the Mumbai based Iris Knowledge Foundation, Facebook users will wield a tremendous influence over the results of the polls in 160 of India's 543 constituencies (Anandapriya and Krishnaswami, 2015). During the 2004 General Election, social media usage in India was little. As per indiaonlinepages site 2014, 50 per cent of population is below 25 age group and 65 per cent is below 35 age group. This population is either studying in college or working in various companies such as IT companies, BPOs, research centres and various other sectors or are either entrepreneurs. Their busy schedule has created a virtual distance between television and radio especially with respect to acquiring or sharing information. The youth is tech-savvy and loves being connected with updated trends and topics, which is possible by using laptops, desktops or the most favourite network connected mobiles. Nowadays, facebook has 93 million users and twitter has an estimated 33 million accounts in the country.

India's 2014 Lok Sabha election is being called a social media election. During this election all political parties and candidates have extensively used social media in order to mobilise voters. The main social media giants - Facebook, Twitter, YouTube, WhatsApp, Instagram and Google have played major role, for political parties and candidates competing with each other in breaking the news, spreading their message

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through these outlets in addition to those via classical media sources such as newspaper, radio and television (Vonderschmitt, 2012). Increasingly, politicians and elected officials are realising the power of social media for communicating political information and interacting with citizens.

In recent times, Indian political landscape has seen two major national parties, Indian National Congress and Bharatiya Janata Party fighting an online political battle. As per the report published by India Today political parties unleashed a poll blitzkrieg never seen before in the history of independent India. Online propaganda was aggressively used against each other. Each and every medium was used to wage war of words. One tweet led the other to respond immediately. The most famous tweets from both sides were, BJP calling Rahul Gandhi as *Pappu* and Congress calling Narendra Modi as *Feku* (Wani and Alone, 2014). Both the parties tried to downplay the achievement and exaggerate the failures of each other. Both sides claim to have large number of followers. The political parties have their own websites which did not exist some years back and some of them also use other social media to interact with people. With every party having its own website and leaders being active on different media it makes the citizens feel that the politicians are within their reach. The need to take appointments or to wait for them to talk is no longer required. The leaders are accessible at the click of a button.

Even though politicians still use posters, cut-outs, fliers, and personal rallies to reach and win over voters, still with the changing trends political parties are becoming tech-savvy and realising that social media is the only way to reach out to the youth. The urban development rate is growing day by day which increases the number of facebook followers. It is said that facebook will provide a new vote bank for politicians. Candidate and a party which could leave its impression on facebook have definitely seen the positive results (Satpathi and Roy, 2011). This explains the need for a well-defined strategy specially designed for social media to make their campaigns more effective.

Taking a leaf from US President Barack Obama's campaigns, India's parties are using tools to crunch the insurmountable amounts of information social media generates. The number of smartphone users is growing in India that is how most of the country's web users go online. That's why whatsapp is being used by the BJP and the Congress to send photos, videos and messages to the voters. No other medium gives as much simultaneous mass reach as mobile phones give in India today. One of the BJP's most unique electioneering tools allows potential voters to listen to Modi's rally speeches

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on their phones from anywhere in India. All the prime political parties made their presence felt on the internet through their IT cells.

For 2009 Lok Sabha social media usage in India was little. Compared to the previous Lok Sabha and Assembly elections, the 2014 Lok Sabha elections saw the maximisation of the usage of social media tools. The parties invested money on social media unmindful of the outcome. The report says that the leading parties Bharatiya Janata Party (BJP) and Congress party have set this at 500 crores and 400 crores respectively (Wani and Alone, 2014). From the very beginning the BJP has the maximum presence in social media. The BJP started using social media even before 2009 general election. Narendra Modi who was the Prime Minister candidate of BJP and all other members of BJP had a very high popularity and an outreach to general public through the use of social media as compared to other parties. Narendra Modi, popularly known as *NaMo*, has the highest number of followers on twitter and Facebook. He has been effectively using social media to disseminate information and remain in touch with the young population of India. He has often quoted that power of social media should be harnessed to involve youth in democratic process.

Modi turned social media post 2002 or *Godhra* incident. As the mainstream media began almost a hate campaign against him, Modi began depending more on the new tools to reach out people so that he could express his thoughts (Asha and Usha Rani, 2014). He has been able to strike a chord with citizens through the extensive use of Net. Modi's page 'I support Narendra Modi' and whatsapp number were launched to boost up the campaign. His website *www.narendramodi.in* consisted of his promotional material, audio and video prints of campaigns updates on his public rallies and daily engagements, news photographs and youtube videos. *NaMO* websites were created besides getting connected to the people using other tools such as Facebook and Twitter. Modi is hyper active on both these platforms. Even on the last day of the polling on May 12, 2014 he had put a long thought cum thanking note (Pande, 2015). Several other senior BJP leaders as Sushma Swaraj, Rajnath Singh and Arun Jaitley actively tweet to a strong following. L.K. Advani of BJP has his own blog.

Aam Aadmi Party (AAP) which is a newly formed political party is very active on social media channels. It was observed that even though AAP and BJP were fighting against each other on social media but the Congress party realised its importance quite late (Narasimhamurthy, 2014). Rahul Gandhi who is one of the icons of youth in India has used almost every social medium apart from actual communication to interact with the people

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and especially the youth. He has used social networking websites like facebook to talk to people and prominent people as well as common man at the same time. He also writes blogs to share his views with people. Shashi Tharoor of Congress Party was one of the first politicians to start tweeting. In 2009, he showed that politicians can connect well with the computer literate masses by tweeting. Now there is hardly any major political leader who does not have account on the micro-blogging site.

Twitter had its own 'Tweeter Election' for election 2014. It is not just the candidates; even the media and citizens were using the twitter platform extensively. Fifty six million election-related tweets were gathered till the end of the election. Each of the poll days saw between 5.4 lakh and 8.2 lakh election-related tweets. The twitter results show that the most popular parties and candidates were AAP's Arvind Kejriwal, BJP's Narendra Modi, and Rahul Gandhi from Congress. The Congress and the BJP conducted Google Hangouts for its prime leaders to engage in conversation with their party workers and select group of citizens. It provided the leaders to express their mind as well as take questions.

Table 1
Social Media Strategy of Political Parties to Win Elections 2014
with Special Reference to BJP, Congress and AAP

Party Strategy	BJP	Congress	AAP
Facebook Pages	Ek hi Viklap Modi -Vote for change -I Support Narendra Modi -Narendra Modi for PM -Mission 272+	Congress Party -Indian Youth Congress -Congress India -Youth for Congress -NSUI	Aam Aadmi Party -AAP for Hope -India against corruption -Arvind Kejriwal for Hope -IITian AAP
Twitter	#abkibaarmodisarkar #mission272+ #Imodi #BJP2014 #Bharatiyajantaparty #Votefornamo	#VoteforRG #VoteforRahulGandhi #Voteforcongress #Indiancongressparty #Congress2014 #Congressagainstcorruption	#Vote for AAP #Arvindkejriwal4change #AAPpopularity #Thunderclap #AAPforhope #Indiadaagaintscorruption
Bloggng	Bjporg.blogpost.com	www.aiccblogpost.com	www.aamaadmiparty.org/blog
Google 3D	Yes	No	No
Google Hangout	Yes	Yes	Yes
Door to Door	Yes	Yes	Yes
YouTube	www.youtube.com/user/BJP4India	www.youtube.com/user/congresspartyindia	www.youtube.com/AAP

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Party Strategy	BJP	Congress	AAP
Websites	www.bjp.org www.bjpdelhi.org www.narendramodi.in	www.inc.in allindiacongress.com	www.aamaadmiparty.org arvindkejriwal.co.in
Others	Pamphlets, Billboards, Paper ads, TV ads, Chai pe Charcha, Road Show, Missed Call	Pamphlets, Billboards, Paper ads, TV ads, Road Show and Hoardings	Pamphlets, Road Show, Give a Missed Call and join AAP

Social media has become the new battleground for political parties to unleash their election propaganda and assimilate young, technology-friendly voters into their fold. Parties have well chalked out plans for tapping this sizeable section of vote bank, through their formidable social media cells, an indispensable part of any party's composition. The battle to conquer the throne of Delhi was not just played out through public rallies, a fierce contest for the crown was fought parallel on the virtual social media platforms between the contesting trio- AAP, BJP and Congress. In order to popularise the election campaign, Congress and AAP have made good use of social media in Punjab for recently held Assembly elections of 2017. Akalis are reportedly using a private social media to propagate their election campaign. Congress party decided to hire a professional agency the Indian Political Action Committee (IPAC) run by Prashant Kishor for its election campaign.

Social media literacy is becoming a sign of forward-looking and development oriented leaders, ready to take up new challenges in a globalised world and in India. No doubt the educated population that makes use of the internet for online activities in India is less when compared with the uneducated segment of the population. But due to increasing technology and the smart phone culture spreading in rural areas, the population as a whole can bring about a revolution of sorts through social media if utilised properly. The last General Elections clearly illustrated the extent of voters' involvement in the political process through social media. The 2014 verdict and the process leading to it has shown that apathy of the young towards elections, leading political parties playing vote-bank, divisive politics and political leaders becoming smug and self serving on assuming power is a thing of past. Today, the young educated Indians backed by technology are highly ambitious, optimistic and wish to participate in the electoral process which in turn has impacted the elections scene. In many ways social media is also leaving a mark on governance.

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Social media has rapidly grown in importance as a forum for political activism in its different forms. Personal communication via social media brings politicians and parties closer to their potential voters. It allows politicians to communicate faster and reach citizens in a more targeted manner and vice versa, without the intermediate role of mass media. Social media channels in India have become increasingly popular components of our younger generation's lives in today's modern society. It provides for new generation to communicate, exchange message, share knowledge, and interact with each other regardless of their distance that separates them. The social media links people across the nation regardless of differences and geographical boundaries. The compression of time and space, the convergence of media and the effects of globalisation have made the nation more interactive. New generations are feeling more comfortable in use and access of social media for communicating and building relationships online.

The advent of social media has enabled an unprecedented empowerment and engagement of the 'aam aadmi' for expressing political opinions. A positive development of social media emergence has been that the youth is talking about the political issues. Earlier the political discussions were restricted only to those who read newspapers, watched news channels or participated in discussions in *nukkad* of a village or clubs. But now, social networking has made the youth of India to sit up and discuss political issues. They spend time to analyse and discuss politics. They now have views on the happenings of political events and they also influence the administrative decision making. But getting the youngsters together to vote in elections and using social media as a platform to help political parties is still a pipeline dream. It may take decades in India to replicate USA in the use of social media campaigning and to influence the voters. Social media revolution in the Indian political space is real, tangible and accelerating. Though it may not bring in huge changes immediately, but still it will play an important role in creating political awareness, which in itself is a huge step forward for a developing country like India.

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Trends and Pattern of Healthcare Outcomes: A Study of Empowered Action Group States

Anjali Dash*

Empowered Action Group (EAG) states have been affected by high rate of poverty, malnutrition, infant and maternal mortality rate as compared to others. Indian Government has been focusing more to develop these EAG states. Morbidity and mortality reduction, and improvement in quality of life of the population is an ongoing challenge for health-care sectors. Since independence the country has made a significant progress in improving the health status through national programmes, still health outcomes are not satisfactory and far from achieving MDGs. However, it is necessary to know that, why the health outcomes are poor in EAG states? How can we improve health outcomes by existing healthcare policies and programmes? Therefore, main objectives of this paper are: to analyse pattern of health outcome like mortality and morbidity situation of the study areas; to examine healthcare strategy and health infrastructure in the study areas; and to emphasise spending on healthcare sector by the Indian Government. The paper explains that how economic, socio-cultural, environmental, administrative, demand for and supply of health services, and evaluation affect the health outcomes either directly or indirectly.

Background

Health is a major issue, especially in developing countries. According to WHO, health is complete physical, mental and social wellbeing and absence of infirmity. Health is a productive asset that influences economic growth significantly. However, good health is also recognised as

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an end in itself, valued by those who own it. Health is a part of the basic human capabilities (UNDP, 1997) and an integral part of welfare that can easily be stretched to health (Sen, 1999). Ill health disproportionately afflicts the poor; especially the poor have no insurance against risks of ill health (World Bank, 1993). Ill health not only reduces productivity but also increases their poverty level by leading to an out-of-pocket expenditure on morbidity (Dash, 2014). Freedom from illness and freedom from illiteracy are two most important ways for people to escape from poverty (World Bank, 1993).

The gap in public resources for health between rich and poor is different in different states. This has threatened to expand existing gaps in healthcare system and health outcomes. The states of Kerala, Punjab, and Tamil Nadu are spending twice on public health per person as compared to Odisha, Bihar and Madhya Pradesh. As in other countries, public spending on preventive health services is a lower priority than curative care and curative services themselves are highly pro-rich. Existing capacity and resources are inadequate, particularly for health and education (Murthy et al., 1990). India requires a state regulated, decentralised and participatory rural healthcare policy to improve the health status of the society to fulfil the Millennium Development Goals (MDGs).

Since Independence, India has built up a sizeable health infrastructure and health personnel at primary, secondary, and tertiary care level in public, voluntary, and private sectors. Yet India lags behind many other developing countries in terms of health status and outcomes (World Bank, 1993). Infant Mortality Rate, Crude Birth Rate, Crude Death Rate and Total Fertility Rate are relatively high in developing country like India (UNDESA, 2013). Maternal Mortality Rate is also high. It is far from achieving Millennium Development Goals by 2015. Few districts of the Indian country still have about 100 per cent maternal and child deaths. Not only rural but also urban slums have been affected by various kinds of diseases and are far away from achieving the MDGs.

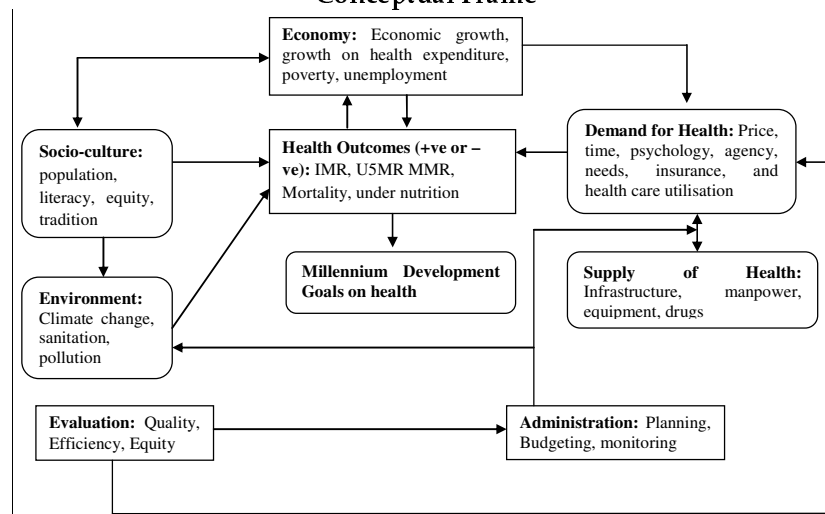
Among the Indian states, most prominent are eight Empower Action Group (EAG) states. These eight EAG states are: Uttar Pradesh, Uttarakhand, Madhya Pradesh, Chhattisgarh, Rajasthan, Odisha, Bihar and Jharkhand. These EAG states are highly focused states because of high mortality, morbidity, fertility, poverty, illiteracy and low employment generation.

Objectives

This paper has following objectives: (i) to examine trends and pattern of health indicators like mortality, morbidity, etc., (ii) to examine impact of health outcomes by poverty, literacy and unemployment, (iii) to examine health care strategy and health infrastructure of the EAG states, and (iv) to emphasise spending on healthcare sector by the government.

Understanding of the Study

Figure 1
Conceptual Frame



Source: Partly from Ph.D. thesis, Dash A., 2015

Health outcomes are broadly affected by economic factors: economic growth, growth on health expenditure, poverty, and unemployment; socio-cultural factors: population, literacy, equity, and tradition; environmental factors like climate change, sanitation, and pollution; demand for health factors: price, time, physiology, agency, needs, insurance, and healthcare utilisation; supply of health factors: infrastructure, manpower, equipment, and drugs, administration: planning, budgeting, monitoring, evaluation factors: efficiency, equity, and quality of health care services. All these factors affect each other with major effects on health outcomes mortality, morbidity and nutrition of the EAG states. These factors do not support to achieve MDGs (see Figure 1).

It can be seen from the conceptual frame that MDGs on the issue of health are not achievable due to external factors which the health outcomes. Growth of economy in India is slower as compared to other developing

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countries. Poverty and unemployment are economic components affecting the demand for health in general and overall health outcomes. Unemployment leads to poverty. What could be the nutritional status of the poor people who are unable to get a proper meal in a day. Delay in seeking treatment is also expected to be high among poor income class because of out-of-pocket expenditure. Poor people borrow money for health related issues at high interest rate but when they are unable to repay the money, they fall in poverty trap. Most of the time, they lose their assets. Not only poor, but middle income class also faces the same problem on the fronts of out of pocket expenditure and poverty trap.

Due to poor health care services like health infrastructure, manpower, equipments, and drugs, demand for health is reducing. People are less utilising public health care services. Consequently, supply of health care is reducing due to poor demand for health. If patients will demand the services and give suggestions for improvement it can become better. But in some studies it has been found that patients are not satisfied with the services provided in public health institution. Supply of health may be affected by poor administration like poor budgeting and monitoring programmes in health system. However, evaluation of implemented programmes should focus highly on quality, efficiency and equity of services.

Environment also affects the health outcomes. Environment gets affected by various socio-cultural factors. According to World population data, India is the second highest populous country followed by China. But as compared to China health outcomes are poor in India. Literacy rate is also not satisfactory. Increasing population is increasing environmental pollution by using vehicles etc. Illiterate people are less concerned about hygiene and thus are vulnerable to various kinds of diseases. They are less aware of free government health care facilities so they utilise the services less. However, morbidity increases and chances of high mortality would be more especially in high focus states (EAG). Overall, it creates poor health outcomes and less achievable universal access to health care. EAGs states are less likely to achieve Millennium Development Goals.

Methodology

This research paper is based on secondary data. To identify change of rate of population, literacy, working population including main and marginal worker, and total fertility rate was used Indian Census data. For health indicators like mortality, morbidity, and health infrastructure data

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have been used from National Family Health Survey, Annual Health Survey, Sample Registration System, District Level Household Survey, Reproductive Health Survey, National Rural Health Mission annual report, and Data from Health Management Information System. To comprehend the spending on service sector like public health data of Union Budget given by RBI have been used.

Results and Discussion

Population of EAG States

Every year Indian population has increased more than that of other countries except China. During 2001-2011, around 18 per cent Indian population has increased. Proportion of rural living population is higher than urban. Table 1, indicates that more than 70 per cent population is living in Rural India and 22 per cent in Urban area during 2000-01. But this proportion has gone down in rural India and increased in Urban India in 2011 (Census of India, 2001: 2011). In EAG states, population rate is high in Uttar Pradesh which is not only highest among EAG states but highest among all the states. But population growth rate is high in Bihar where about 90 per cent people live in rural area and lesser proportion resides in urban area.

Table 1
Population of EAG States by Resident of India

State	2001			2011			Difference
	Total	Rural	Urban	Total	Rural	Urban	
Bihar	82998509	90	10	104099452	89	11	25.4
Chhattisgarh	20833803	80	20	25545198	77	23	22.6
Jharkhand	26945829	78	22	32988134	76	34	22.4
Madhya Pradesh	60348023	74	26	72626809	72	28	20.4
Odisha	36804660	85	15	41974218	83	17	14
Rajasthan	56507188	77	23	68548437	75	25	21.3
Uttar Pradesh	166197921	79	21	199812341	78	22	20.2
Uttaranchal	8489349	74	26	10086292	70	30	18.8
India	1028610328	72	28	1210854977	69	31	17.7

Source: Census of India, 2001 and 2011.

Among the EAG states the growth rate of population is less in Odisha. Increase in urban population is high in Jharkhand (34 per cent) followed by Uttarakhand in 2011. Population increases with reduction in Total Fertility Rate. Still TFR is high in EAG states except Odisha and Uttarakhand (AHS-1).

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Educational level of EAG States

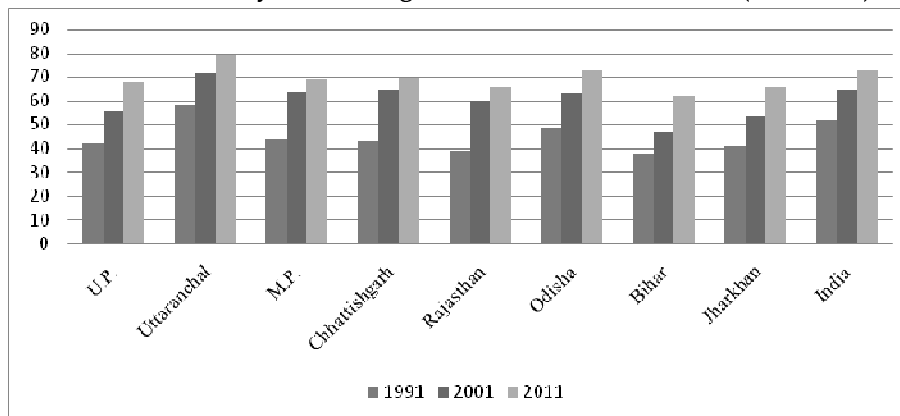
Education is another important component affecting to the health outcomes. Literacy rate of India is increasing slowly. It increased from 18 per cent in 1951 to 73 per cent in 2011 (Census of India). Table 2 and Figure 2 shows the trends of literacy rate among the EAG states and nation on the all India level. Increase in literacy rate is slower in EAG states. Among the EAG states literacy rate has increased in Uttarakhand i.e., from 19 per cent in 1951 and 79 per cent in 2011. After bifurcation from Uttar Pradesh literacy rate has increased faster in Uttarakhand. It may be due to faster development in Uttarakhand. From 1971 to 2011 literacy rate is lower in Bihar as compared to others.

Table 2
Trends of Literacy Rate among EAG States

States	1951	1961	1971	1981	1991	2001	2011
Bihar	13	22	23	32	38	47	62
Chhattisgarh	9	18	24	33	43	65	70
Jharkhand	13	21	24	35	41	54	66
Madhya Pradesh	13	21	27	39	45	64	69
Odisha	16	22	26	34	49	63	73
Rajasthan	9	18	23	30	39	60	66
Uttar Pradesh	12	21	24	33	41	56	68
Uttaranchal	19	18	33	46	58	72	79
India	18	28	35	44	52	65	73

Source: Census of India and Economic Survey of India 2014-15.

Figure 2
Trends of Literacy rate during Post Globalisation Period (1991-2011)



Source: Census of India.

During post globalisation era literacy rate is growing up faster. Literate women can take proper care of their family health. In fact ANC care

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services increase with increase in educational level (NFHS-3). However, education of mother is very important. According to Census of India, female literacy rate has increased over the years, which is really a positive sign.

Workforce population and poverty line of EAG States

Employment status of any household plays an important role for standard of living. Only 40 per cent of Indian population is working population during 2010-2011 which was 33 per cent in 2000-01 (Census of India).

Table 3
Working population of EAG states and India

States	2001			2011		
	Total	Main	Marginal	Total	Main	Marginal
Bihar	35	72	28	33	62	38
Chhattisgarh	49	68	32	48	81	19
Jharkhand	41	58	42	40	52	48
Madhya Pradesh	46	70	30	43	72	28
Odisha	43	60	40	42	61	39
Rajasthan	44	70	30	44	70	30
Uttar Pradesh	34	69	31	33	68	32
Uttaranchal	39	70	30	38	74	26
India	33	93	7	40	75	25

Source: Census of India, 2001 and 2011.

Out of working population, more than 70 per cent are main workers and 25 per cent are marginal workers. Proportions of marginal workers have increased from 7 per cent in 2001 to 25 per cent in 2011 (Table 3). Progress in employment status is slower in India. Among the EAG states working population is more in Chhattisgarh and less in Uttar Pradesh (Census, 2001). But proportion of main workers is high in Bihar and low in Jharkhand i.e., 72 per cent and 58 per cent respectively in 2001. In 2011 census proportion of main workers is high in Chhattisgarh and low in Jharkhand. According to NSSO 68th Round, workforce participation rate is high in Chhattisgarh. Around 40 per cent population of Chhattisgarh is living below poverty line (NSSO, 68th round). During 2004-05 poverty line was high in Odisha. Poverty affects human life and health status of the people. In another way productivity of ill person is lower which reduces family income.

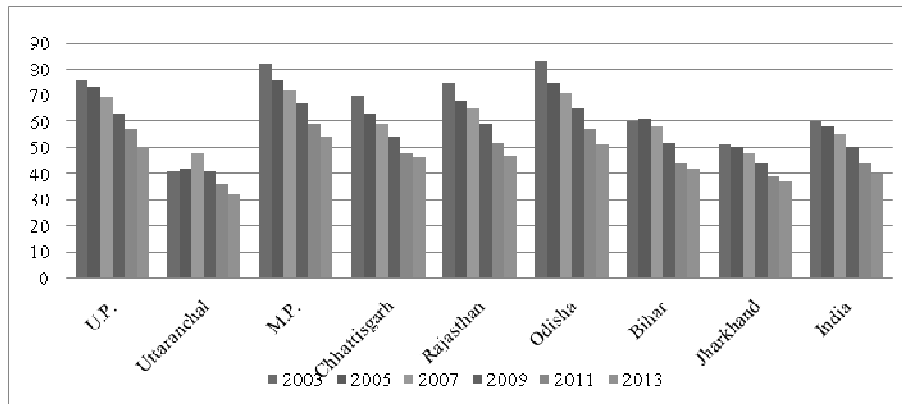
Health Outcomes of EAG States

Mortality and morbidity situations of any ailing person are major determinant of health outcomes. Maternal health care is important to reduce

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child mortality as well as maternal mortality. Figure 3 is the evidence of trends in Infant Mortality Rate during 2003 to 2013 among the EAG states. IMR of Odisha was apparently high in 2003 as compared to other states but in 2005 when National Rural Health Mission was launched, this proportion was lower than Uttar Pradesh. In 2011 IMR is high in Madhya Pradesh.

Figure 3
Trends of IMR of EAG States



Source: SRS various years.

Table 4
Crude Birth Rate of EAG states (Per cent)

States	2003	2005	2007	2009	2011	2013
Bihar	30.7	30.4	29.4	28.5	27.7	27.6
Chhattisgarh	25.2	27.2	26.5	25.7	24.7	24.4
Jharkhand	26.3	26.8	26.1	25.6	25	24.6
Madhya Pradesh	30.2	29.4	28.5	27.7	26.9	26.3
Odisha	23	22.3	21.5	21	20.1	19.6
Rajasthan	30.3	28.6	27.9	27.2	26.2	25.6
Uttar Pradesh	31.3	30.4	29.5	28.7	27.8	27.2
Uttaranchal	17.2	20.9	20.4	19.7	18.9	18.2
India	24.8	23.8	23.1	22.5	21.8	21.4

Source: SRS various years.

Crude Birth Rate is the proportion of birth rate. In 1921 population in India was high with high IMR and CBR which is called great divide year, thereafter IMR, CBR, CDR reduce. Reduction of CBR is comparatively slower. Table 4 shows that in pre-NRHM years CBR is high in Uttar Pradesh which becomes still higher in post-NRHM year 2011. But in 2013 CBR is higher in Bihar i.e., 27.6. Reduction of death rate is also slower in EAG states (Table 5).

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Table 5
Crude Death Rate of EAG (Per cent)

States	2003	2005	2007	2009	2011	2013
Uttar Pradesh	9.5	8.7	8.5	8.2	7.9	7.7
Uttaranchal	6.5	7.4	6.8	6.5	6.2	6.1
Madhya Pradesh	9.8	9	8.7	6.7	8.2	8
Chhattisgarh	8.5	8.1	8.1	8.1	7.9	7.9
Rajasthan	7.6	7	6.8	6.6	6.7	6.5
Odisha	9.7	9.5	9.2	9.2	8.5	8.4
Bihar	7.9	8.1	7.5	7	6.7	6.6
Jharkhand	8	7.9	7.3	7	6.9	6.8
India	8	7.6	7.4	7.3	7.1	7

Source: SRS various years.

Table 6
Trends of Sex Ratio in EAG States (1951-2011)

States	1951	1961	1971	1981	1991	2001	2011
Uttar Pradesh	908	947	940	936	936	962	963
Uttaranchal	940	907	876	882	876	898	912
Madhya Pradesh	945	932	920	921	912	919	931
Chhattisgarh	1024	1008	998	996	985	989	991
Rajasthan	921	908	911	919	910	921	928
Odisha	1022	1001	988	981	971	972	979
Bihar	1000	1005	957	948	907	919	918
Jharkhand	961	960	945	940	922	941	948
India	946	941	930	934	927	933	943

Source: SRS and Census of India various years.

Sex composition of population is another important feature of India's population. It is generally observed that all over the world there is an excess of male birth over female birth. The number of females per 1000 males in India was 946 in 1951 and 927 in 1991 again in 2001 it was 933 and in 2011 it increased up to 943. It is observed that there is a trend in favour of feminine population in EAG states. Sex ratios in EAG states are almost higher than nation. Table 6 shows that only sex ratio is smaller in Bihar and Uttarakhand. Sex ratio of Bihar was 1000 in 1951 but it reduced at 918 in 2011 (Census 2011). Similarly for Chhattisgarh, it was 1024 in 1951 and 991 in 2011 same like Odisha. Sex ratio of Uttar Pradesh increased from 908 in 1951 to 963 in 2011. In Rajasthan there is not much variance in trends.

Maternal Health Outcomes of EAG states

According to Indian constitution mean age of marriage is 21 for boys and 18 for girls. Why does mean age matter? In early stages of India when people were highly illiterate child marriage system was applicable. But in

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later stage people became aware and also advancement took place in the medical sciences. According to medical scientists before legal age of marriage body is not supportive to give birth to a baby. However, women who get married before 18 years are not in productive age and chances of infant as well as maternal mortality can be high. It has already been proved by medical scientists; however marriage below 18 years for girls and 21 for boys is illegal.

Table 7
Percentage of Person Marriage below Legal Age

Sates	Boy<21			Girl<18		
	RCH-2	DLHS-3	AHS-1	RCH-2	DLHS-3	AHS-1
All India	20.7	23.0	NA	28.0	22.0	NA
Bihar	42.6	43.0	20.0	51.5	46.0	20.0
Chhattisgarh	30.2	29.0	11.0	31.1	21.0	6.0
Jharkhand	35.6	32.0	14.0	43.8	19.0	18.0
Madhya Pradesh	42.8	41.0	19.0	43.5	29.0	13.0
Odisha	14.7	13.0	5.0	14.0	19.0	6.0
Rajasthan	51.2	48.0	30.0	49.4	40.0	22.0
Uttar Pradesh	45.0	43.0	17.0	41.4	33.0	9.0
Uttarakhand	13.4	9.0	5.0	9.8	6.0	3.0

Sources: RCH-2, DLHS-3, and AHS-1.

Table 7 shows that all over India around 21 per cent boys get married in illegal age during 2002-04 years which increased to 23 per cent in 2007-08. But for girls it has reduced from 28 per cent to 22 per cent. Among the EAG states marriage before legal age is higher in Bihar which was 51.5 per cent in 2002-04 (RCH-2) and 46 per cent in 2007-08 (DLHS-3) but in 2010-11 it became high in Rajasthan. Data show that this ratio is extremely low in Uttaranchal, 13.4 per cent in 2002-04 to 9 per cent in 2007-08 and 3 per cent in 2010-11.

Ante Natal Care

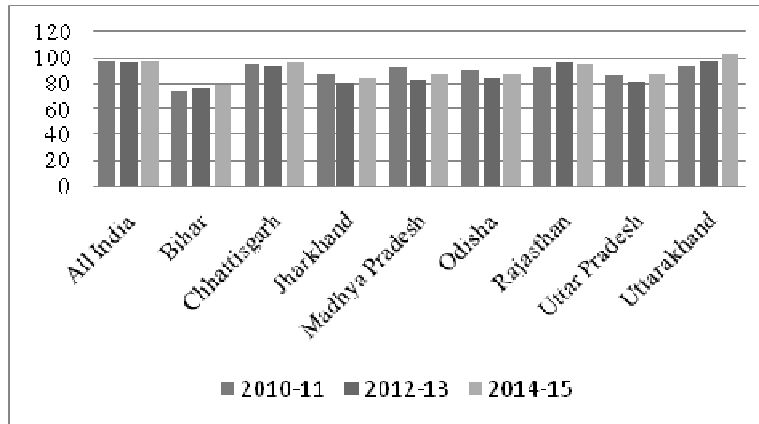
Ante Natal Care (ANC) is the care given to pregnant mothers so that they have safe pregnancy and a healthy baby. It also helps in minimising complications of pregnancy, post partum and neo-natal periods. The purpose of ANC is to care for pregnant mothers and to have all births attended by trained health workers, and to identify pregnancies where risk is high and provide special care for the mother and the infant. There is a large body of evidence from routine statistics and special studies to suggest that women who have received pre-natal care experience lower rates of maternal mortality. ANC can also play a role in identifying danger signs or predicting

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complications around delivery by screening for risk factors and arranging for appropriate delivery care when indicated.

Figure 4

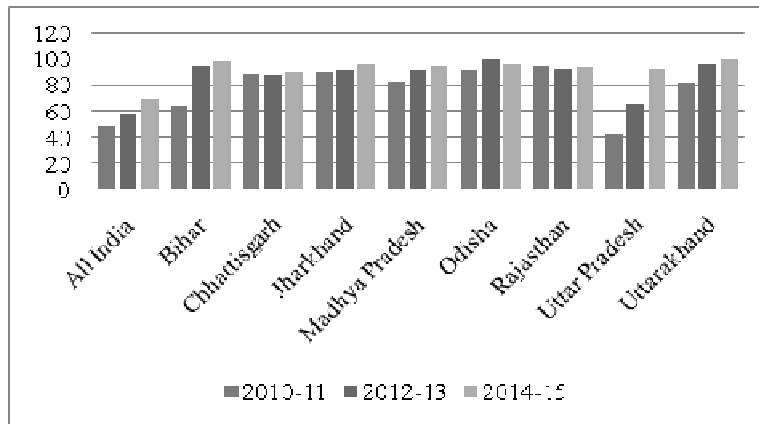
Percentage of ANC Registered to Estimated Pregnancies



Source: HMIS, India.

Figure 5

Percentage of Women Registered to Total ANC



Source: HMIS, India.

For better mother and child health care ANC registration is important. All pregnant women should have ANC registration. Performance of ANC registration was good during 2010-11 but it came down during 2012-13 and again moved up. Performance of ANC registration is poor in Bihar and Uttar Pradesh among all others EAG states (Figure 4). Figure 5 shows that women registered to total ANC is improving from 2010-11 to 2014-15 in Bihar and Uttar Pradesh which is a good indication for better health.

Trends and Pattern of Healthcare Outcomes

Table 8
Sources of ANC Services Availed in EAG States (Per cent)

State	RCH-2						DLHS-3			
	Any	At Home	ANM	Govt. Facilities	Private	ISM	Any	Govt. Facilities	Private	Community base facilities
All India	73	6	18	33	30	5	75	55	36	10
Bihar	38	2	3	6	28	2	59	24	44	33
Chhattisgarh	79	11	33	32	22	1	80	44	25	5
Jharkhand	52	3	9	13	30	5	56	26	44	7
Madhya Pradesh	74	18	21	29	21	2	62	52	27	8
Odisha	76	7	13	45	14	9	84	59	15	6
Rajasthan	68	11	19	39	16	2	57	76	20	4
Uttar Pradesh	58	10	21	27	18	2	64	49	26	27
Uttarakhand	63	8	26	39	13	3	55	69	22	8

Sources: RCH-2 and DLHS-3.

Now question is that where did they avail the ANC services. Due to lack of data we compare this indicator between RCH-2 (2002-04) and DLHS-3 (2007-08). According to RCH-2, more than 60 per cent women received ANC by any sources but it reduced in 2007-08 i.e., 55 per cent. Out of eight EAG states, in case of Madhya Pradesh and Rajasthan ANC received from any sources has been reduced but utilisation of government facilities has increased (Table 8). Utilisation of ANC services comparatively improved more in Bihar which was a deprived state in India due to poverty. After NRHM, ANC services are also available in community base health facilities and now a days they are available at ANM, AWW, ASHA centres. Community base facilities are found more in Bihar and Uttar Pradesh, especially in remote rural areas.

Table 9
ANC Care indicators for better health of mother (Per cent)

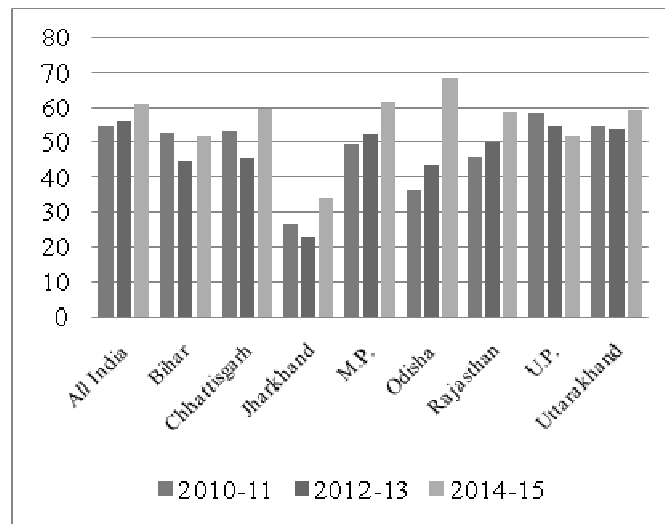
State	RCH-2(2002-04)				DLHS-3(2007-08)				AHS-1(2010-11)				HMIS(2014-15)			
	1 st	3+	TT	Full	1 st	3+	TT	Full	1 st	3+	TT	Full	1 st	3+	TT	Full
All India	40	50	80	16	45	50	73	19	NA	NA	NA	NA	61	77	82	NA
Bihar	22	20	75	5	24	26	58	5	44	34	84	6	52	63	90	NA
Chhattisgarh	38	49	79	12	39	51	78	30	66	57	90	20	60	84	83	NA
Jharkhand	28	33	71	10	31	31	55	9	56	56	86	13	34	67	78	NA
Madhya Pradesh	33	35	78	6	34	34	60	9	67	68	95	13	61	81	79	NA
Odisha	39	47	84	16	48	55	82	23	63	76	95	19	69	88	90	NA
Rajasthan	30	33	69	5	33	28	55	7	53	48	84	9	59	73	84	NA
Uttar Pradesh	22	25	70	4	25	22	63	3	42	30	81	4	51	69	85	NA
Uttarakhand	26	28	71	11	34	32	53	16	60	52	84	11	59	80	90	NA

Sources: RCH-2, DLSH-3, AHS-1 and HMIS.

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Figure 6

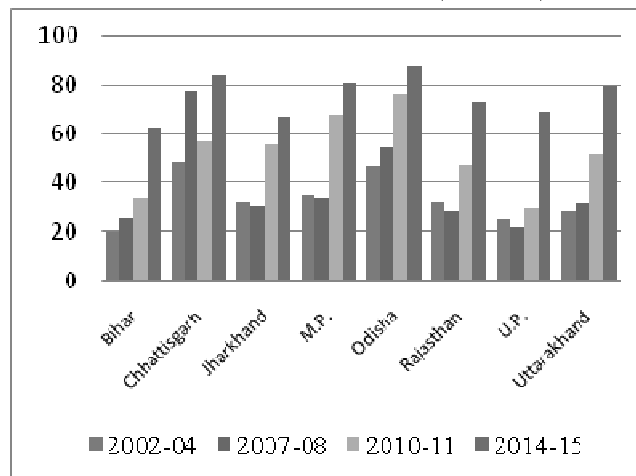
Women Registered in 1st Trimester among Total ANC Registered (Per cent)



Source: HMIS, India

Figure 7

Women Received 3+ ANC (Per cent)



Sources: RCH-2, DLHS-3, AHS-1, And HMIS.

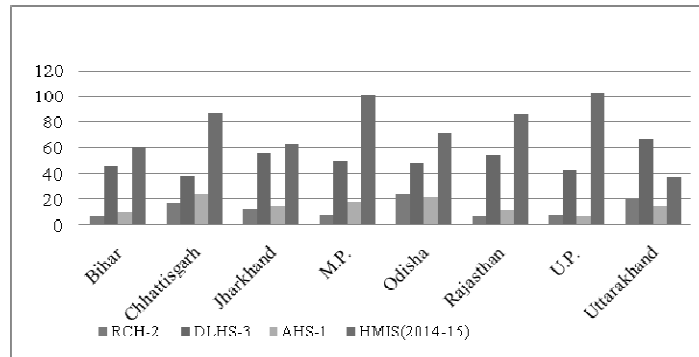
ANC registration and ANC received in 1st trimester are also important for new born children and to avoid delivery related complication. Table 9 indicates that performance of ANC services received at least in 1st trimester and 3 and above has improved in 12th and 13th Five Year Plan.

Trends and Pattern of Healthcare Outcomes

During 2002-04 less than 40 per cent women received ANC during 1st trimester which was extremely low for Bihar and Uttar Pradesh. Somehow this ratio increased during 2007-08, still Bihar and Uttar Pradesh lag behind. The performance for all states during 2014-15 was better (more than 50 per cent) except Jharkhand which lagged behind (34 per cent). Similarly 3 ANC received by pregnant women was also not better up-to 2010-11 but it increased faster after 2010-11. Among all the EAG states development in mother health through ANC services is faster in Odisha (Figure 6 and 7).

Apart from other measures, prescribing Iron/Folic Acid (IFA) tablets for 100 days to pregnant women is also a crucial indicator of better health care of mother and child. These tablets provide iron to the pregnant women and also help the growth of child. Figure 8 clearly shows that consumption of adequate amount of IFA tablet improved from 2002-04 to 2014-15. This proportion is high in Uttar Pradesh, Madhya Pradesh and Chhattisgarh. Faster development in consumption of IFA tablet is high during 2007-08 to 2014-15 in Uttar Pradesh followed by Madhya Pradesh and Chhattisgarh. Consumption is less in Uttarakhand, Jharkhand and Odisha.

Figure 8
Percentage of Women Consumed Adequate IFA



Sources: RCH-2, DLHS-3, AHS-1 and HMIS, India.

Severe anaemia and hyper tension during pregnancy may also create problems for both mother and new born child. According to HMIS data, severe anaemia cases have declined from 9 per cent in 2010-11 to 3.4 per cent in 2014-15. During 2010-11, women of Bihar and Uttar Pradesh suffered more from severe anaemia i.e., 29 per cent and 15 per cent respectively. It reduced during 2012-13 in Bihar and 2014-15 in Uttar Pradesh (HMIS). Less than 6 per cent women for hyper tension during pregnancy. This proportion

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was high in Rajasthan (5 per cent) during 2010-11, Madhya Pradesh (6 per cent) during 2012-13, and Uttar Pradesh (6 per cent) during 2014-15 (HMIS).

Delivery Care

Access to institutional delivery care is an important component to be achieved for universal utilisation of health care. To reduce home delivery systems, promotion of institutional delivery services at rural level is required (Exavery et al. 2014). Delivery at home must be done by a skilled health worker. Reduction in maternal and child mortality can be possible by proper institutional delivery. Various studies found that due to lack of institutional delivery chances of MMR and IMR would be high. They also found that due to lack of quality of care in government health institutions utilisation of private hospital is increasing.

Table 10 shows the trends of delivery at institution and home. According to RCH-2, among the EAG states, institutional delivery was more prevalent in Odisha. But during 2007-08 and 2010-11, Madhya Pradesh overtook Odisha by 47 and 76 per cent respectively.

Table 10
Trends of Institutional and Home Delivery Care of EAG states

State	Institutional delivery				Home delivery				Home delivery By skilled person			
	RCH-2	DLHS-3	AHS-1	HMIS	RCH-2	DLHS-3	AHS-1	HMIS	RCH-2	DLHS-3	AHS-1	HMIS
All India	41	47	NA	87	59	52	NA	13	7	6	NA	29
Bihar	23	28	48	76	77	72	52	24	9	4	18	20
Chhattisgarh	20	18	35	74	80	82	65	26	11	12	40	26
Jharkhand	22	18	38	79	77	82	62	22	7	7	25	23
Madhya Pradesh	28	47	76	89	72	52	24	12	10	3	26	28
Odisha	34	44	71	89	64	55	28	12	14	7	21	12
Rajasthan	31	45	70	95	68	54	30	5	19	7	32	59
Uttar Pradesh	22	24	46	73	77	75	54	27	8	6	22	43
Uttarakhand	24	30	50	78	76	69	49	22	12	5	32	42

Source: RCH-2, DLHS-3, AHS-1 and HMIS, India.

Up to 2010-11 institutional delivery was less than 40 per cent in Chhattisgarh and Jharkhand but proportion of home delivery also increased simultaneously (Table 10).

According to HMIS 2014-15, Rajasthan state is about to achieve 100 per cent institutional delivery followed by Madhya Pradesh and Odisha. Rajasthan government is trying for safe motherhood and child healthcare.

Trends and Pattern of Healthcare Outcomes

Home delivery by skilled persons is high in Rajasthan i.e., 59 per cent followed by Uttar Pradesh.

Trends during from 2010-11 and 2014-15 shown in table 11 reveal that throughout this period percentage of institutional deliveries to total ANC registrations and total reported deliveries have increased at national level. Percentage of institutional deliveries to total ANC registrations increased from 59 per cent to 61 per cent whereas total reported deliveries in institution rose up from 79 per cent to 87 per cent (HMIS India). Across all EAG states institutional deliveries have increased.

Table 11
Trends of Institutional Delivery to Total ANC Registrations and Total Reported Deliveries (2010-11 to 2014-15)

	Percentage of Institutional Deliveries to Total ANC Registration			Percentage of Institutional Deliveries to Total Reported Deliveries		
	2010-11	2012-13	2014-15	2010-11	2012-13	2014-15
All India	58.9	60.5	61	79.1	83	86.8
Bihar	54.6	58.7	56.7	85.6	76	76.2
Chhattisgarh	51.6	46	54.7	54.7	61.8	74.1
Jharkhand	45.2	60.1	63.8	58.8	71.2	78.5
Madhya Pradesh	66.1	65.2	63.6	83.9	85.2	88.5
Odisha	64.3	78.3	76.5	82.2	87.4	88.5
Rajasthan	64.8	70	70.3	88.5	92.3	94.9
Uttar Pradesh	46.1	40.9	45.5	58.4	62.8	73.4
Uttarakhand	42.2	53.8	57.5	61.6	71.4	78.3

Source: HMIS, India.

Women discharged from health institutions in less than 48 hours of delivery are also at risk of child and maternal mortality. According to Janani Suraksha Yojana and Janani Shisu Suraksha Yojana, mother and child should stay in hospital at least 48 hours after deliveries but in most of the cases patients are discharged in less than 48 hours. During 2010-11, 72 per cent women discharged in less than 48 hours which is reduced up to 55.5 per cent in 2014-15. Proportion of women discharge in less than 48 hours is high in Jharkhand and Bihar i.e., more than 90 per cent (Table 12).

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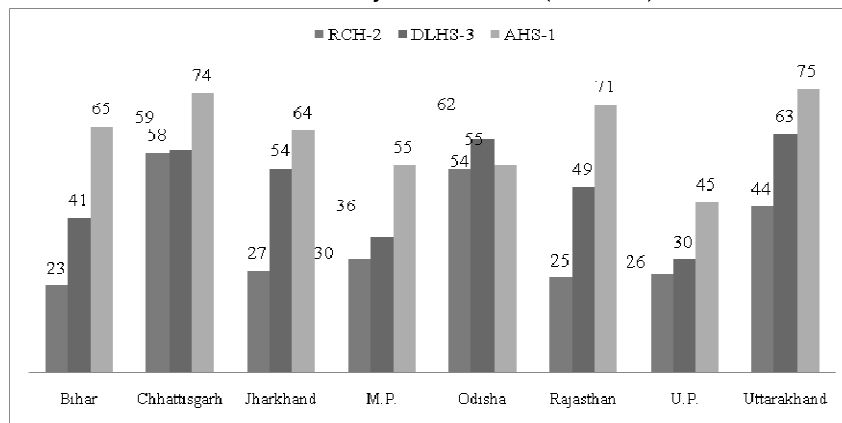
Table 12
Post Natal Care of EAG States (Per cent)

	Percentage of Women discharged in less than 48 hours of delivery to Total Reported Deliveries at public institutions			Percentage of Women receiving post partum check-up within 48 hours of delivery to Total Reported Deliveries			Percentage of Women getting Post Partum Checkup between 48 hours and 14 days to Total Deliveries		
	2010-11	2012-13	2014-15	2010-11	2012-13	2014-15	2010-11	2012-13	2014-15
All India	59.5	63.9	52.2	57.4	67.3	69.3	36.8	50.8	56.3
Bihar	71.7	87.1	90.2	42.9	55.4	54.6	18.4	36.7	36.7
Chhattisgarh	65.2	54.4	39.7	36.3	68.2	76.6	25.1	42.8	49.2
Jharkhand	82	102.7	90.9	56.5	63	66.8	41.1	40.8	37.6
Madhya Pradesh	50.8	38.3	13.1	72.1	73.3	87	39.6	44.3	59.2
Odisha	68	75	67	65.3	62.8	66	65.2	75.7	85.4
Rajasthan	61.5	83.2	19.1	57	70	72	44.7	52.1	52.6
Uttar Pradesh	68.6	76.2	74.7	52.3	56.9	56.4	36.3	37.4	38.7
Uttarakhand	72.3	68	55.5	59.6	71.5	79.8	41.3	46.2	59.9

Source: HMIS, India.

Child Healthcare and Nutrition

Figure 9
Children Fully Immunised (Per cent)



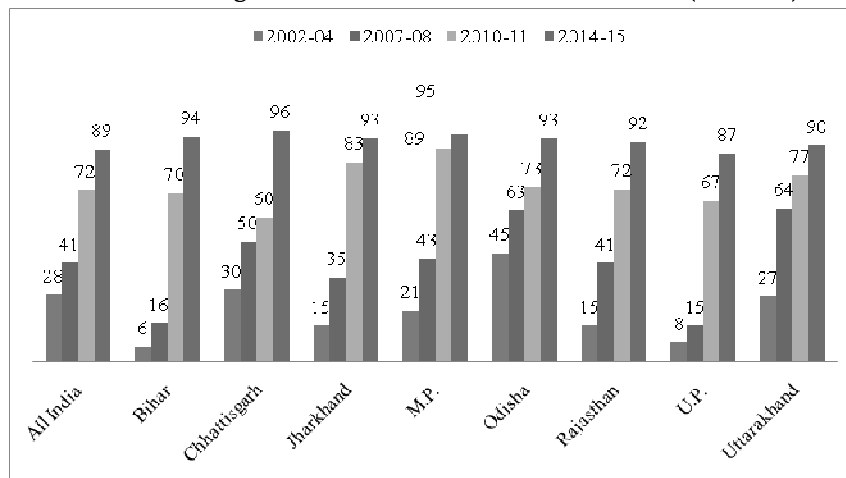
Sources: RCH-2, DLHS-3 and AHS-1

Immunisation is the major indicator of child healthcare. A child is considered fully vaccinated if she or he has received one dose of BCG vaccine, three doses each of DPT and polio vaccine, and one dose of measles vaccine. BCG protects against tuberculosis and should be given at birth or during first clinic contact. DPT protects against diphtheria, pertussis

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(whooping cough), and tetanus. DPT and polio vaccines are given at approximately 6, 10 and 14 weeks of age. The measles vaccine should be given at or soon after the child reaches nine months of age (WHO). Government has issued card to all mothers for vaccination. Figure 9 shows that in RCH-2 only 25 per cent of children get fully vaccinated in Bihar whereas it is 55 per cent in Chhattisgarh. In DLHS-3 this immunisation was low at less than 40 per cent in Uttar Pradesh and Madhya Pradesh as compared to more than 60 per cent in Uttarakhand and Odisha. During 2010-11 almost more than 50 per cent children are vaccinated. Only Uttar Pradesh lagged behind among EAG states. Child immunisation in Odisha has declined from 2007-08 to 2010-11.

Figure 10
Breast Feeding within an Hour to New Born Child (Per cent)

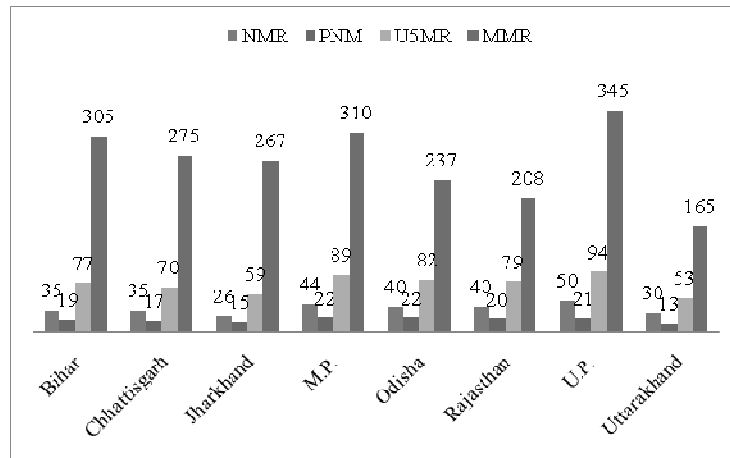


Sources: RCH-2, DLHS-3 and AHS-1

Breast feeding is important for better nutritional status of the infant. Breast feeding within an hour after delivery is most essential for child growth and good health. Figure 10 shows that during 2002-04 less than 30 per cent women fed their child within an hour. This proportion is less in EAG states. Less than 10 per cent women of Bihar and Uttar Pradesh feed their children within an hour. But performance in Odisha was better as compared to the national average. It might be due to increased awareness of people of Odisha along with their traditional knowledge. During 2007-08 this ratio increased faster in Uttarakhand (64 per cent). In 2010-11 years more than 60 per cent and during 2014-15 more than 80 per cent women were feeding their children. Poor health of mother and child has resulted in cases of increasing mortality (Figure 11).

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Figure 11
Mortality Rate of EAG states



Sources: Annual Health Survey, 2010-11.

Morbidity Situation of EAG state

According to NSSO 60th Round of morbidity and health care, number of persons reporting ailment (per 1000 population) is lower in EAG states as compared to developed states like Kerala, Punjab, West Bengal and Andhra Pradesh. This proportion is comparatively higher in Kerala (NSSO 60th round). It may be due to high aged population. Ailing persons do not always get their ailment medically treated and some time resort to self medication, home remedies or no treatment. This type of situation has been found to be more in backward states like EAGs. As most of the people are below poverty line and tribal in EAG states, they may be neglecting their health. In female cases also this type of negligence is found to be more. Majority of reasons are no treatment, *jhola chhap* treatment, delay in seeking treatment ailment not considered seriously due to lack of finance etc. (NSSO 60th round; Dash 2012). This proportion is higher in rural areas of India.

Morbidity situation of EAG states can be determined in Table 13. Patients mainly suffer from disability, injury, acute illness and chronic illness. Disabled population per lakh is high in Odisha and low in Chhattisgarh i.e., 1990 and 1148 during 2010-11. In the same year minor and major injury cases respectively are high in Odisha (AHS-1). Proportion of acute illness is high in Bihar followed by Uttar Pradesh which is high due to Diarrhoea, ARI and fever patients. Population of Odisha, Madhya Pradesh and Chhattisgarh is also suffering from acute illness. Similarly, patients of Bihar, Uttar Pradesh and Odisha suffer from chronic illness. Hypertension is

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high in Odisha and Uttarakhand whereas T.B., Asthma and Arthritis and chronic illnesses are high in urban areas of Bihar and Uttar Pradesh (NSS 60th Round).

Table 13
Morbidity Situation of EAG State per 100,000 Populations

States	Acute Illness				Chronic Illness					
	Diarrhoea	ARI	All Fever	Any	Diabetics	Hyper-tension	T.B	Asthma	Arthritis	Any
Bihar	2093	3048	7111	12898	277	699	479	914	1529	8755
Chhattisgarh	1107	2877	5193	9746	563	574	195	441	603	4107
Jharkhand	429	805	3856	5537	371	486	260	232	754	4349
Madhya Pradesh	1256	1341	5699	9304	356	687	169	372	674	4446
Odisha	836	964	6689	9550	604	1185	139	535	258	6636
Rajasthan	647	297	2165	3547	135	277	108	300	287	2201
Uttar Pradesh	1187	3017	7571	12561	287	498	290	565	996	7390
Uttarakhand	675	1983	5225	8448	669	1005	189	550	1358	8005

Source: AHS-1, 2010-11.

Table 14
Treatment and Sources of Treatment of Diseases (Per cent)

States	Acute illness*		Chronic Illness*			Govt. Hospitalised**		Govt. Non-Hospitalised**	
	Total	Govt. Facilities	Sought Treatment	Regular Treatment	Govt. Facilities	Rural	Urban	Rural	Urban
Bihar	98	10	83	51	9	14.4	21.5	5	11
Chhattisgarh	94	20	82	50	23	53.5	49.3	15	20
Jharkhand	93	11	78	53	16	46.6	31.2	13	24
Madhya Pradesh	88	17	77	55	25	58.5	48.5	23	23
Odisha	96	52	91	59	52	79.1	73.1	51	54
Rajasthan	96	36	85	65	47	52.1	63.7	44	53
Uttar Pradesh	98	4	91	50	10	26.9	34.2	10	13
Uttarakhand	96	13	88	61	26	43.1	31.4	18	35

Source: *AHS-1, 2010-11, **NSS 60th Round, Morbidity, Health Care and the Condition of the Aged. 2006.

Past studies show that major source of treatment for illness is government hospital for poor and tribal households as they do not have adequate financial resources for treatment. But figure shows that NSS and AHS utilisation of government health facilities is lower in backward states in both hospitalised and non-hospitalised cases. Treatment through government health facilities increases from higher to lower caste and class. But in case of private treatment it reverses. As an evidence table 14 shows that utilisation of government healthcare facilities is lower in both

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hospitalised and non-hospitalised cases. This proportion is high in hospitalised cases. Government facilities are utilised more by people of Odisha and lesser in Bihar as compared to other EAG states.

Health Infrastructure

To achieve universal health coverage Indian government has formulated various health infrastructure schemes especially for remote rural people. The sub-centre is the most peripheral institution and the first contact point between the primary healthcare system and the community. Each sub-centre is manned by one Auxiliary Nurse Midwife (ANM) and one male Multi-purpose Worker. A Lady Health Worker (LHV) is in charge of six sub-centres each of which are provided with basic drugs for minor ailments and are expected to provide services in relation to maternal and child health, family welfare, nutrition, immunisation, diarrhoea control, and control of communicable diseases. PHC is the second tier and CHC is upper most in health infrastructure (India Infrastructure Report, 2007). Table 15 depicts the functional health care facilities in EAG states where performance is better in Uttar Pradesh, Rajasthan and Odisha. But performance in Bihar is not satisfactory. Number of PHC increases by reducing CHC which may not be a good indicator of good health. Most of the facilities are not available at PHC level. Shortage of human resources is also a major issue in government health institutions. Quality of care might not be satisfactory. Due to all these drawbacks utilisation of government health institutions may be lower than private ones.

Table 15
Trends of Healthcare Infrastructure of EAG states (Nos.)

	2004			2005			2012			2014		
	SC	PHC	CHC	SC	PHC	CHC	SC	PHC	CHC	SC	PHC	CHC
Bihar	10337	1648	101	10337	1648	101	9696	1863	70	9729	1883	70
Chhattisgarh	3818	516	116	3818	517	116	5111	755	149	5161	783	157
Jharkhand	4462	561	47	4462	561	47	3958	330	188	3958	330	188
Madhya Pradesh	8835	1194	227	8874	1192	229	8869	1156	333	8764	1157	334
Odisha	5927	1282	231	5927	1282	231	6688	1226	377	6688	1305	377
Rajasthan	9926	1675	298	10512	1713	326	11487	1528	382	14407	2082	567
Uttar Pradesh	18577	3640	294	20521	3660	386	20521	3692	515	20521	3497	773
Uttarakhand	1525	299	36	1576	225	44	1848	257	59	1847	257	59
India	142655	23109	3222	146026	23236	3346	148366	23940	4833	152326	25020	5363

Source: indiastats.com

Health Financing

Healthcare financing is another indicator of health outcomes. Expenditure on social sector, especially in health is less in India as compared

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to other nation. Table 16 gives us the evidence that less than 1 per cent spending on medical and public health out of total GDP in India. Total expenditure was found less than 5 per cent on medical and public health throughout 2000-2001 to 2012-13. In Bihar this trends was as high as 5.9 per cent during 2000-01 but went down to 3.1 in 2004-05 and again went up to 4.4 per cent in 2007-08 and fell in 3.5 per cent in 2012-13 subsequently. Similarly in Madhya Pradesh this proportion was high in 2000-01. In Chhattisgarh and Jharkhand this ratio was high during 2001-02 and 2005-06. In Odisha this proportion was always below four per cent. Comparatively growth in health expenditure was satisfactory in Rajasthan, Uttar Pradesh and Uttarakhand. Indian government has launched various health financing schemes like Rashtiya Swasthya Bima (RSBY) card to reduce out-of-pocket (OOP) expenditure of the patients, still it has not performed properly as most of the people are not aware of this. Private healthcare treatment is too expensive than government institutions where OOP expenditure is substantially higher.

Table 16
Percentage Expenditure on Medical and Public Health and Family Welfare
(Revenue Expenditure and Capital Outlay as
Ratio to Aggregate Disbursement)

Years	Bihar	Chhattisgarh	Jharkhand	Madhya Pradesh	Odisha	Rajasthan	Uttar Pradesh	Uttarakhand	India	Share to GDP
2000-01	5.9	4.1	NA	5.1	4.2	5.2	4.0	3.1	4.6	.7
2001	4.9	4.3	4.9	4.1	3.7	5.2	3.6	4.4	4.4	.7
2002	4.2	4.0	4.2	4.1	3.8	4.2	3.8	3.8	4.0	.7
2003	3.8	3.6	4.1	3.3	3.2	4.0	2.7	3.4	3.4	.6
2004	3.1	3.3	3.7	3.1	4.0	3.7	3.8	3.9	3.4	.6
2005	4.5	3.4	6.9	3.4	3.0	4.4	5.1	4.6	3.9	.6
2006	4.2	3.5	6.3	3.8	3.1	4.1	5.7	4.8	3.9	.6
2007	4.4	3.2	5.0	3.5	3.5	4.0	4.8	4.6	3.8	.6
2008	3.5	3.5	5.1	3.4	3.5	4.8	4.7	4.5	3.9	.6
2009	3.5	3.7	4.4	3.3	3.8	4.8	5.0	3.9	4.2	.7
2010	3.3	3.6	4.1	3.6	3.5	4.8	4.8	4.9	4.2	.6
2011	3.5	3.8	3.8	3.2	3.2	5.1	4.4	4.9	4.2	.6
2012	3.5	3.7	3.1	4.0	3.7	4.8	5.0	4.9	4.3	.7

Source: RBI, various years of India Budget.

Way Forward

From the results it can be concluded that still there is need to focus more on the EAG states. Among the eight states Bihar lags behind in literacy

Dash

and in some health indicators. But IMR and neo-natal mortality rate are found to be more in Odisha followed by Madhya Pradesh and Uttar Pradesh in various years. Performance of ANC care services is better in Uttar Pradesh and Bihar but down in case of Odisha. This might affect the maternal and child health resulting in high IMR. 100 per cent women did not receive 3 ANC check-ups and they also neglect the post-natal check-ups. Consumption of IFA tablet is also not satisfactory in EAG states. Only Madhya Pradesh and Uttar Pradesh have achieved 100 per cent IFA tablet consumption during 2014-15. In case of institutional delivery only Rajasthan is about to achieve MDG goals. 100 per cent child immunisation is still not achievable especially in Uttar Pradesh, Madhya Pradesh and Odisha. Morbidity situation is also not good in these states. Due to poverty in most of the cases illness has not been treated in time (Dash, 2014). Utilisation of government healthcare facilities during illness is also lower. They prefer private healthcare treatment. Quality of health infrastructure and services may be the reason of this less utilisation of public health services. But expenditure in private treatment is higher as compared to government which caused high out of pocket expenditure by the patients.

For better healthcare NRHM was launched in 2005 and JSY for mother-child care. To produce safe motherhood and childhood *Janani Shishu Suraksha Karyakaram* has been started in 2011. Its main motto is to provide free diagnostic, transport, medicine and diet during delivery and up to 30 days after delivery. Still beneficiaries are not satisfied with the services and due to occurring out of pocket expenditure especially for diagnostics. In most of the health centres adequate medicines are not available there and also health specialist post lying vacant. Doctor-patient ratio, patient bed ratio are also not satisfactory. Utilisation of RSBY card is also not satisfactory.

After overview of all one can imagine how universal health coverage can be possible. Alma Ata declared Health for All by 2000 which was not achievable then National Health Policy came in 2002, NRHM in 2005, and now universal health coverage has come up. Besides these policies and programmes a number of other programmes have been implemented to reduce mortality and morbidity and also high focus has been placed on the backward states like North East and EAGs. Still it has not achieved the target of Millennium Development Goals by 2015. Except the goals of poverty reduction and goal of improvement in literacy across the gender to some extent. But in most of the districts poverty and illiteracy rates are higher than the prescribed MDG targets. If we analyse these eight EAG states on district level then we see most of the districts have high poverty, illiteracy, MMR

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and IMR. However, district level primary study is essential to explore these issues. To achieve MDGs goals and better health outcomes first of all we should re-evaluate all the policies and programmes rather than implement new ones. If ever any policy is required then it should be in district and for tehsil level because when the services reach from state to district then to tehsil and villages chances of negligence may be more. Expenditure on healthcare sector should be increased. There is need to create awareness among the people about utilisation of RSBY card. Evaluation of quality of services in public health institutions is very important to reduce morbidity and mortality pattern of backward states. JSSK scheme should also be properly implemented. Public Private Partnership may be most useful in remote areas where government institutions are situated far away.

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Prevalence of Child Labour in Lock Industry of Aligarh District of Uttar Pradesh

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Child labour is an inhuman behaviour towards the childhood which is caused due to social attitude, cultural factors, level of education, poverty, nature of labour market and inadequate and ineffective labour laws and governing bodies. Child labour is aptly described as symptom and not the problem in a developing country like India. Poverty is one among the main factors that compels the children to opt for work so that their family can bear the cost of survival in this era of globalisation where the living status has become very costly and expensive. This study focusses on the involvement of child labour in lock industry of Aligarh (Uttar Pradesh).

Introduction

The concept of child labour is a widely discussed phenomenon on national and international levels. It refers to the exploitation of children who are working under some pressure and condition. It is really unfortunate that they are forced to undertake work which is physically, psychologically and morally damaging for them. Child labour is a cause and consequence of poverty, lack of education and unawareness. As, poverty compels the parents to send their children to work instead of sending them to school in

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the hope that they would earn some money and contribute to family's income (Prognosis Study on Child Labour, 2012). In India, child labour is quite prevalent and deeply rooted in Indian economy since ages and it is not possible to eliminate easily. Though, the children who live below poverty line are unable to take advantage of their childhood and are denied of their rights to survival and development; education, leisure and play; standard of living, personality development etc. Childhood is an important stage where the future of an individual is shaped through formal learning and interaction with others. So, child labour is defined as the children who are working in any factory or in any type of occupation below the age of 14 years (Subbaraman, 2010). According to the International Labour Organisation (ILO) "child labour includes children permanently leading adult lives, working long hours for low wages under conditions damaging their health and their physical and mental development, sometimes separated from their families, frequently deprived of meaningful educational and training opportunities that could open up for them a better future" (IPEC Study, 2013). The innocent children are employed by industries or individuals who put them to work under gruelling circumstances. In India, child labour is prevalent in both the sectors i.e., primary (agriculture) and secondary (industrial sector). Although, in industrial sector especially the unorganised units have a high ratio of child labour because it is easily available at low wages. Hence, the problem of child labour has posed a serious challenge before nation so the government has adopted various proactive measures to tackle with this problem.

Table 1
Census Data on Child Labour from 1971 to 2011

Year	No. of working children below the age of 14 years
1971	10753985
1981	13640870
1991	11285349
2001	12666377
2011	4353247

Source: Census of India and Ministry of Labour and Employment, 2011

Besides this, there have been ups and downs in the magnitude of child labour as shown in table 1 where the employment of children was figured as 43,53,247 in 2011 as compared to 2001 data i.e. 1,26,66,377. From 2001 to 2011, the ratio was reduced by 83,13,130 which proved to be a significant achievement for India. This has happened due to the necessary steps taken by government through strict enforcement of legislative

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provisions along with simultaneous rehabilitative measures. On the other hand, the state and district level governing bodies are directed to conduct regular inspections and raids to detect the cases of child right violations. As poverty is the root cause of this problem so along with the elimination of child labour, poverty eradication has also been emphasised by government. Table 1 showing that in 1991, 1981 and in 1971 child labour ratio was quite high up to about 1,12,85,349; 1,36,40,870 and 1,07,53,985 respectively.

A recent study conducted by ILO shows one-third declining trend in child labour since 2000 i.e., from 24.6 crore to 16.8 crore children till November, 2015. Whereas, the Asia and the Pacific region still have almost 7.8 crore (9.3 per cent) of child labour which however, continues to be less than the Sub-Saharan African countries. The incidence of child employment in Sub-Saharan countries is very high in World as analysed by ILO that is about 5.9 crore (21 per cent). Among all, India is out of the ranking of top 10 countries in world (ILO Survey Report, 2015). Overall, the term child labour is a serious challenge all around globe which should be completely eradicated from the society. The trend of child workforce participation in country is high in rural areas. Table 2 reflects the National Sample Survey Organisation (NSSO) data of rural-urban participation of working children in country from 1993-94 to 2009-10.

Table 2
Rural-Urban Participation of Children (in millions)

Year	Rural	Urban
1993-94 (50 th Round)	11.6	1.7
1999-00 (55 th Round)	8.8	1.4
2004-05 (61 st Round)	7.0	1.5
2009-10 (66 th Round)	4.2	0.7

Source: Compiled from NSSO Data

The data in the table reveal that since last two decades the child workforce participation in rural areas has reduced to a large extent. As, the magnitude has declined from 1.16 crore in 1993-94 to about 42 lakhs in 2009-10 approximately. In urban areas a significant proportion of working children has also declined i.e., from 17 lakhs in 1993-94 to 7 lakhs in 2009-10. Therefore, according to table 2 the number of working children is much higher in rural areas than urban areas in all rounds of NSSO from 50th to 66th round. This is because most of the child labour belongs to poor families where incidence of poverty is high and are socially excluded. Table 3 shows the state-wise analysis of child labour as per Census 2001 to 2011 in which it is evident that the labour force participation of working children below the

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age of 14 years has declined in most states from the year 2001 to 2011. However, Lakshadweep (UT) has the lowest participation i.e., only 28 in 2011 among all whereas, Andhra Pradesh, Bihar, Gujarat, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Punjab, Rajasthan, Tamil Nadu, Uttar Pradesh and West Bengal have the highest incidence of child labour (see table 3). This study mainly focusses on the employment of child labour in lock industry of Aligarh hence the case of Uttar Pradesh will only be explained here. As per the Census 2011, the overall participation of children in the state was 8,96,301 as compared to 19,27,997 in 2001 which decreased approximately by 10,31,696 in 10 years.

Table 3
State-Wise Analysis of Working Children

S. No.	Name of State/UT	No. of Working Children	
		2001	2011
1	Andaman and Nicobar Island	1960	999
2	Andhra Pradesh	1363339	404851
3	Arunachal Pradesh	18482	5766
4	Assam	351416	99512
5	Bihar	1117500	451590
6	Chandigarh (U.T.)	3779	3135
7	Chhattisgarh	364572	63884
8	Dadra and Nagar H.	4274	1054
9	Daman and Diu (U.T.)	729	774
10	Delhi (U.T.)	41899	26473
11	Goa	4138	6920
12	Gujarat	485530	250318
13	Haryana	253491	53492
14	Himachal Pradesh	107774	15001
15	Jammu and Kashmir	175630	25528
16	Jharkhand	407200	90996
17	Karnataka	822615	249432
18	Kerala	26156	21757
19	Lakshadweep (UT)	27	28
20	Madhya Pradesh	1065259	286310
21	Maharashtra	764075	496916
22	Manipur	28836	11805
23	Meghalaya	53940	18839
24	Mizoram	26265	2793
25	Nagaland	45874	11062
26	Odisha	377594	92087
27	Pondicherry (U.T.)	1904	1421
28	Punjab	177268	90353
29	Rajasthan	1262570	252338
30	Sikkim	16457	2704
31	Tamil Nadu	418801	151437
32	Tripura	21756	4998

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S. No.	Name of State/UT	No. of Working Children	
		2001	2011
33	<i>Uttar Pradesh</i>	1927997	896301
34	Uttarakhand	70183	28098
35	West Bengal	857087	234275
	Total	12666377	4353247

Source: Compiled from Census of India

Uttar Pradesh (UP) was considered to be the largest state in child labour participation till 2011 as per Census of India because the state has congenial industrial ambience (well-suited place) which is predominantly famous for small scale and cottage industries such as pottery, glass works, leather footwear, brass and aluminium, hardware, hosiery cotton, bangles, locks, sports goods, knife making, bags manufacturing, toy industry, gems and jewellery, the die-casting and several others. These industries belong to the unorganised sector hence they are not bound by any laws, rules and regulations which in turn leads to large number of child employment at low wages (UP Directorate of Industries, 2014). The lock industry is situated in Aligarh district which is one of the traditional cottage and small scale industries of India. Aligarh district is also known as *Tala Nagari* i.e., the Lock City of India. Being unorganised in nature the lock industry employs more and more child labour from inside or outside the district. According to District Industries Centre Annual Report of 2013, there are 5000 (approximately) lock factories functioning in Aligarh i.e., both registered and unregistered units. These units together provide employment to about 2,00,000 people out of the district total population of 36,73,849 (Census of India, 2011).

Child Labour in Lock Industry

Aligarh district is situated in western part of the state and lies in the middle portion of *Doab* i.e., in between the fertile area of rivers Ganga and Yamuna. The district has a total area of 3700.4 sq.km. which is located at 27.88A°N latitudinal extension to 78.08A°E longitudinal extension having an average elevation of 178 meters. It has 1/3rd of Muslim population out of the total population of district and is famous for world's second largest Muslim University i.e., Aligarh Muslim University after the renowned Al Azhar University in Cairo. As far as, the total population of Aligarh till 2011 was 36,73,849 people as compared to 6,69,087 people in 2001. So, from 2001 to 2011, there is net addition of 30,04,762 people in total population that means the net decennial growth of population is 22.78 per cent as compared to 22.15 per cent in 2001. The city is divided in two parts that i.e., Old City and the

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Civil Line. The population is high in Old City and this is very congested with old structured houses and *havelis*. This part is inhabited by both Muslims as well as Hindus who mostly belong to the working class and middle class with unhygienic living environment. Aligarh city is the administrative headquarter of Aligarh District, Aligarh Police Range and Aligarh Division. For administrative purposes the district has been divided into five tehsils named as Koil, Khair, Gabhana, Atrauli and Iglas.

Aligarh district is the largest manufacturer and supplier of locks in India. Lock is the symbol of safety and security against crime and burglary. The proper history of lock making started almost 155 years ago in 1860 when the British government organised a workshop where workers got training about how to make metallic locks for postal department. Since then, in 1870, a gentleman from England established a firm i.e., 'Johnson and Company' (British Company) in city where the lock was imported from England for sale in Aligarh on commercial scale. In 1950, Surendra Kumar; an advocate by profession started manufacturing locks in a very systematic way by importing machine and techniques from foreign markets. As time went by, Aligarh became the hub of lock production and now is known by the name of *Tala Nagari* (i.e., the Lock City of India). Though, Surendra Kumar is always remembered as a mentor of lock manufacturing in India. Some of the popular locks that are produced in city are Jemco Locks, Rose Locks, Godrej Locks, Link Locks among others. These companies manufacture varieties of locks like five lever lock, bicycle lock, combination lock, cylinder lock, pin tumbler lock, electronic lock, padlock, mortise lock, wardrobe lock, electromagnetic locks and many more (Jain, 2003). However, the lock industry is more labour intensive so it hires large number of children to work. But, in past several years, the lock industry is facing acute shortage of manpower due to the migration of skilled workers to other states. The main reason of migration is fewer wages and no provision of proper facilities to workers. The wage structure varies from unit to unit according to the nature of work, age, experience or skill. Hence, in this situation the firms directly or through contractors try to absorb more children for work at low wages (Sekar and Mohammad, 2001). According to the Industrial Department Survey of Aligarh Muslim University in 2012, the industry employs approximately 10,000 to 40,000 children in various processes of lock making which are very hazardous in nature. The reason behind their employment is poverty, illiteracy, familial issue, traditional and paternal business etc. While working in industry they suffer from various diseases and other health issues like fever, tuberculosis, bronchitis, asthma, pneumoconiosis, cold,

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cough, body-ache, fatigue, weakening of eyesight and others. There have been numerous studies conducted on employment of child labour in lock industry which focussed on the magnitude of child labour, their reasons of employment and the fallout of legislations to protect them. So, out of existing literatures some are reviewed here in order to validate this study:

Burra (1987) in her study 'Exploitation of Child Workers in Lock Industry of Aligarh' emphasised on the engagement of child labour in lock industry. They are made to work for longer hours of around 12 to 14 hours a day; they inhale quantities of metal dust, emery powder and chemicals which causes health problems to them. As far as, many child workers are paid piece wages to absence of uniform wage structure and less bargaining power. In her another study 'Born to Work: Child Labour in India', Burra (1995) examined that lock industry does not fall under the Factories Act, 1948 due to its informality. Hence, it can employ as many as children on work. They work in very bad conditions and in hazardous activities such as electroplating, policing, spray painting, hand presses, buffing machines etc. which are injurious to health resulting in number of problems.

The National Safety Council (1996) conducted study on 'Safety and Health of Working Children in Lock Industry of Aligarh: Trade Union Intervention' which provides information of the safety and health hazards of workers employed in various processes of making lock. According to survey, there were approximately 10,000 children below the age group of 14 years employed in various activities. As far as, the locks are made in both factories and in houses on contract basis where the workplace condition is very bad causing many diseases to them. Therefore, this study conducted to find out the prevailing situation of workers and outlined some measures to be adopted that include safe working methods, practices and modifications.

Laskar (2000) in his study "Child Labour in Aligarh Lock Industry" has talked about the employment of child labour in the city. This industry is mainly a small scale industry where manual labour and hand work are predominant. The child labour is engaged on large scale in various activities depending upon their age and skill. They have joined the workforce due to their socio-economic compulsions.

The other studies that have been conducted to focus on the employment of child labour in lock industry include Child Labour in the Home-based Lock Industries of Aligarh (2001) by Sekar and Mohammad, Child Labour in Lock Industry of Aligarh City (2001) by Abdul Wahab, Child Labour in Lock Industry of Aligarh (1995) by UP Development Systems Corporations and few others. After analysing the existing literature,

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it is evident that very few studies have been conducted till now in the wake of child labour engaged in lock industry. Hence, this study has tried to fill the gaps between the past and present studies and develop new insights for future generalisations by locating the existing problems. The study is based on primary data with the objective to examine that on what grounds the children are employed in lock industry. The size of sample is 60 and the respondents are selected from some specific areas where the lock making is highly concentrated such as Shahjamal, Sarai Miyan, Turkman Gate, Delhi Gate, Ghas Ki Mandi, Bhojpura, Haathi Pul, Usman Para, Tila, Upper Kote, Tan Tan Para, Sarai Bibi, Rasal Ganj, Sarai Kaley Khan, Industrial Estate Area, Nai Basti, Jamal Pur, Nagla Masani, Khai Dora, Manik Chowk, Sarai Rehman, Alam Bagh, Sheikahn, Purani Kachari, Sasni Gate, Jai Ganj Sabzi Mandi, Tali Para, Mehfooz Nagar and Talanagri. On the other hand, the interview has been administered to conduct survey because it ensures the reliability of data unlike questionnaire.

Table 4
Educational Qualification Children below 14 Years

Qualification	No. of Respondents	Percentage
Illiterate	45	75
Up to Primary	15	25
Total	60	100.0

Source: Primary Survey, 2015

Table 4 shows that out of 60 samples only 25 per cent (i.e. 15 members) of workers are educated up to primary level; whereas, 75 per cent (45 members) are illiterate. This low level of education is one of the big push factors behind the working of children in lock industry. Due to poverty they are sent by their parents to work so that they can add to family income. These respondents mostly belong to the Other Backward Class (OBC), general category and Schedule Tribe (ST).

Table 5
Caste Composition Child Labour

Caste	No. of Respondents	Percent
General	19	31.6
OBC	33	55
ST	8	13.3
Total	60	100.0

Source: Primary Survey, 2015

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The figure in table 5 reveals that 55 per cent (33 members) of workers belongs to OBC and 31.6 per cent (19 members) to unreserved category (i.e. general). Apart from this, only 13.3 per cent (8 members) belongs to Schedule Tribe. This is because the lock industry is captured mainly by Muslim population; where Muslims either belong to General or OBC category¹.

Structure of Occupation

Lock making involves various processes in its manufacturing in which some are very dangerous and hazardous for health and some are very simple and quite safe. Table 6 is examining the involvement of child workers in different processes of lock making. 21.6 per cent and 6.6 per cent of workers are found to work in assembling of locks, packing and spray painting process respectively.

Table 6
Distribution of Workers by Nature of Work

Name of Occupation	No. of Respondents	Percent
Assembling of Locks and Packing	13	21.7
Spray Painting	4	6.7
Lathe-machine	10	16.7
Worked on Buffing Machine	5	8.3
Key Making	8	13.3
Moulding	5	8.3
Other (Bracket Maker, counting of locks, helper, polishing of locks, etc.)	15	25
Total	60	100.0

Source: Primary Survey, 2015

While, 16.7 per cent and 8.3 per cent of workers each are engaged on lathe-machine, buffing machine and in moulding of locks which are not very hazardous in nature. While 13.3 per cent and 25 per cent (see table 6) of workers are employed in key making and other activities such as bracket-maker, counting of locks, helper, polishing of locks, in dispatch of product, receiving of raw material etc. These processes are safe and easy to perform so mostly the children are preferred more in comparison to adults. For these activities the wages vary from company to company as well as across the skill and knowledge of workers. Therefore, table 7 unveils the monthly income of respondents in which majority of 63.3 per cent (38 members) of workers is getting below Rs. 3000 per month. Whereas, only 36.7 per cent (22 workers) is earning in between Rs. 4000 to Rs. 6000 per month.

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Table 7
Monthly Income of Respondents

Monthly Income	No. of Respondents	Per cent
Below 3000	38	63.3
4000-6000	22	36.7
Total	60	100.0

Source: Primary Survey, 2015

These wages are lower than the minimum subsistence level wages but the child workers are ready to work at such a low wage because of their parents wishes. They are trapped to work since they do not have any bargaining power and knowledge regarding their rights. In this study, it is also found that the workers are not permanent as they are hired on contractual basis where the duration of employment is extended after a particular time period say for example - one week, 14 days or after a month.

Wage and Working Hours

It has already been discussed that the structure of wages in lock industry is not uniform in nature as they are paid on both i.e., piece-rate and per day basis depending upon the nature of work, age, experience etc. as is shown in table 8; in which 55 per cent of respondents get wages on per day basis and the remaining 45 per cent get on the basis of piece-rate.

Table 8
Basis of Wage

Wage Base	No. of Respondents	Per cent
Piece-Rate	33	55
Per Day	27	45
Total	60	100.0

Source: Primary Survey, 2015

The piece-rate wage is paid in the process of key making, assembling and counting of locks, moulding etc. Whereas, the worker who works on spray painting, buffing machine, lathe-machine and polishing of lock processes are paid on per day basis of wage. According to Factories Act, 1948 the workers cannot work for more than 48 hours in a week and not more than 9 hours in a day. Since, the lock industry is an unorganised sector, it does not follow the rule of Factories Act and asks the workers to work for longer hours which also results in several types of health problems faced by the workers. The data in table 9 show that out of 60 child workers; 80 per cent (48 members) work within the specified time limit i.e., 5 to 8 hours in a

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day; while 20 per cent (12 members) of them work for about 9 to 12 hours a day.

Table 9
Duration of Working Hrs. Per Day

Working Hrs. Per Day	No. of Respondents	Per cent
5-8 Hr.	48	80
9-12 Hr.	12	20
Total	60	100.0

Source: Primary Survey, 2015

This is a situation where a worker wants to go after 9 hours but is not allowed to go in order to complete the given task in time by employer (since they are paid for this). In lock industry the workers are obliged to work for long hours as they do not have any other choice. Although, while working for long hours in unsafe, unsanitary and unhealthy working conditions the children face various health issues as shown in table 10.

Table 10
Suffered from Diseases

Diseases	No. of Respondents	Per cent
Hearing Loss	9	15
Skin Related Diseases	11	18.3
Cutting of Fingers and Back Pain	20	33.3
Bronchitis and Cold	7	11.7
Other (Dental Discolouration, Malaise, Dermatitis, Body-ache, Fatigue, Vomiting, Nausea, Headache etc.)	13	21.7
Total	60	100.0

Source: Primary Survey, 2015

The data in table 10 exhibits that 15 per cent (9 members) of labour is suffering from hearing loss; while 18.3 per cent (11 members) have skin related issues. These health issues are caused due to unsanitary working conditions; the workers have to work with heavy machines and chemicals. On the other hand, 33.3 per cent and 11.7 per cent of workers opined that they are suffering from frequent finger cuts and back pains (always) because they sit in one posture on machines or for other tasks for long duration with improper lighting facilities. However, the bronchitis and cough occur due to dust and fumes of hazardous chemical such as potassium cyanide, sodium phosphate, sodium silicate, hydroelectric acid, sulphuric acid etc. On the other side, 21.7 per cent of them suffered from other problems like dental discolouration, malaise, dermatitis, body-ache, fatigue, vomiting, nausea etc.

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These occur due to almost all the processes of lock making because as a whole lock making is very hazardous.

Conclusion

As a whole, the lock industry is completely unorganised in nature but some of its manufacturing units are registered or some are unregistered with the District Industry Centre (DIC). The incidence of child labour is high in unregistered units because they are not bound by any type of laws. Whereas, in registered units the ratio is low due to the regular inspections by the government officers and police. But in general, the industry is not covered under the Factories Act or under any other act which can prevent child labour. Lock making is a traditional and an age old business of city so its skill is well-known for the people of district. In this situation the huge mass of population is engaged in the lock making since two to three decades where it has become their traditional and generational business of a family. This is also one of the big reasons of child labour because the family members allow their kids to learn the skill of making locks instead of sending them to schools. Moreover, their financial condition is not very good to afford the expenditure of education due to poverty. In some cases where the bread earner died, children accompany their mother, brother or sister in making of locks so that they bear the cost of survival. As, in the wake of child labour many measures were adopted by the state as well as local government but none of them proved to be successful in complete eradication of this problem. The measures that were adopted in past are Children (Pledging of Labour) Act, 1933, Employment of Children Act, 1938, The Bombay Shop and Establishments Act, 1948, The Indian Factories Act, 1948, The Apprentice Act, 1961, Bidi and Cigar Workers (Condition of Employment) Act, 1966, Child Labour (Prohibition and Regulation Act), 1986, State Shops and Establishments Act, Supreme Court's Judgement, 1996.

These acts are adopted in favour of abolition of child labour which are also applicable to lock industry of Aligarh. But due to improper implementation and ignorance and lack of seriousness these Acts have failed to check the employment of children. In order to withdraw children from work place, it is necessary to provide employment to the adults. This may compensate the earning of working children. Employment may be given according to the skills of the adults. For this purpose collective efforts of entrepreneurs and government machinery are required. Poverty alleviation programmes should also be implemented to help in reducing poor economic condition of people living below the poverty line. A well organised welfare

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scheme should also be implemented properly to rehabilitate the working children. At last, it can be said that under such prevailing situations it is difficult to eliminate child labour from lock industry. Since, it is only possible through a co-operative effort of District Authorities, Assistant Labour Commissioner, Non-Government Organisations (NGOs) and community leaders etc. which may bring the change.

End Notes

1. No existence of SC and ST in Islam.

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Socio-Demographic Characterises of School Dropouts in Mahbubnagar District of Telangana

Deepak Kumar Dey^{*}

The fourth goal of United Nations Sustainable Development Goals (SDGs) is to ensure inclusive and quality education for all and promote lifelong learning'. Deprivation from basic education may lead to limited income and resources to ensure a sustainable livelihood in future. As per District Information System for Education (2013-14), Mahbubnagar district topped the chart (53.2 per cent) of school dropout rate in Telangana, about 38.2 per cent of children in the state who had enrolled in Class I did not reach Class X, and thus remained deprived of basic education. In order to improve retention of children in the schools, it is important to understand the socio-economic background of school dropout and their families. In this regard field survey was conducted in 18 villages of six Mandals of Mahbubnagar district of Telangana state. Results of the study revealed that both boys and girls are equally vulnerable to dropouts in the age group of 6 to 18 years. An overwhelming majority of the total school dropouts were from government schools. The dropout increased steeply in the age group of 15 to 18 years. Data indicate that being a member of socially downtrodden group increases the chance of a drop out. The article emphasises on drawing innovative strategies to make successful implementation of free and compulsory education from Kindergarten (KG) to Post Graduation (PG) as contemplated in the newly created Telangana state.

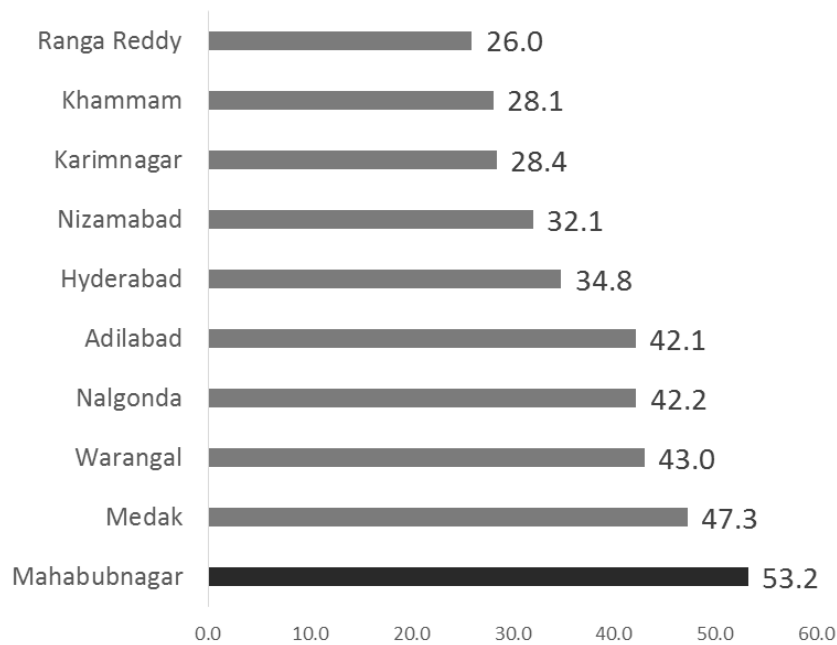
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Introduction and Context Setting

The United Nations Sustainable Development Goals (SDGs), officially known as Transforming our World: the 2030 Agenda for Sustainable Development, are an intergovernmental set of aspiration Goals with 169 targets. One of the Goals of SDGs is to 'Ensure inclusive and quality education for all and promote lifelong learning'. Obtaining a quality education is the foundation to improving people's lives and sustainable development.

Education is recognised as a basic input for empowerment of individual and overall development of the society (Reddy and Rao, 2003). After 69 years of country planning, enormous funding and promises, total literacy remains to be a distant dream. Several initiatives for encouraging children for education by the union and state government have resulted in improvements in the overall enrolment ratio which, however, has not been successful in retention of children to their desired level.

Figure 1
Dropout Rate at Secondary Level (I-X) 2013-14 (%)



The problem of dropout has been continually troubling the education system not only in India but in other developing countries also.

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According to the report of Indian Institute of Education (2004), dropout does not mean mere rejection of school by children. It leads to wastage of the funds invested in school buildings, teachers' salaries, equipment, textbooks and so on. It also means the existence of some deficiencies in the organisation of the education system. Number of school dropouts varies from country to country and even across various regions of the same country. School dropout is caused by many factors. Among many factors, some have greater influence as compared to the others (Basumatary, 2012). The reasons for drop out may be many like, failure in academics, non-availability of schools, inaccessibility of schools, teachers' behaviour/school environment, financial problems, lack of interest in both parents and child etc. (Govindaraju and Venkatesan, 2010).

The state government provides schooling facility to school-aged population, which stands at 61.78 lakh children. During 2014-15, there are 43,208 schools of various managements functioning in the state. The District Information System for Education (DISE) data for 2013-14 academic year collected across the 10 districts of Telangana present a pathetic situation of primary education in the state of Telangana. Mahbubnagar district topping the chart (53.2 per cent) of school dropout rate in Telangana. About 38.2 per cent of children in the state who were enrolled in class I did not reach Class X, thus remained deprived of basic education. In a study, Sikdar and Mukherjee specified 20 reasons for school dropouts (Sikdar and Mukherjee, 2012). If the drop out situation continues at the same rate, future of dropout children and adolescents is in dark and is also expected to give limited contribution to achieve one of the desired goals of SDGs.

Both statistical data and empirical researches suggest that children from better off households are more likely to remain in school, whilst those who are poorer are more likely never to have attended, or to drop out once they have enrolled (Hunt, 2008). Besides, income shocks are also associated closely with poor people. Poor people, besides being with an empty wallet, are also often prone to income shocks, which in turn lead to withdrawal of children from schools.

As most of the children studying in government schools belong to low socio-economic status. The present article has policy relevance more in the context of free and compulsory education from Kinder-Garten (KG) to Post Graduation (PG) contemplated in the newly created Telangana state. Researchers have also gathered that most of the evidences on dropouts are giving blanket reasons irrespective of geographical, gender and social settings that affect the children in different ways.

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Kainuwa et al. (2013) state that low socio-economic status and low educational background of parents negatively affect academic achievement of children because they both prevent access to vital resources and create additional stress. Keeping this in mind, researchers have attempted to review the socio-economic characteristics of school dropout families and of their children. This article would be of particular interest to the newly created state Telangana. The continuous rejection dropouts experienced while in school and from society after they dropped out leads to psychological dysfunction in adulthood (Kaplan, Damphousse, and Kaplan, 1996). Researchers have explored the negative relationship between dropping out and specific mental health consequences including rebelliousness and delinquency (Bachman, 1972), self-esteem and depression.

It is expected that this article will support Sarva Siksha Abhiyaan' (SSA) and 'Rashtriya Madhyamik Siksha Abhiyaan' (RMSA) to draw innovative strategies to support low SES families to retain their children in the school and improve their capabilities to take interest in education with their children. Researchers have looked into key characteristics of dropout families like age of the children, migration pattern, family support system, annual income, delinquent behaviour of child, educational status of parents, social protection benefits. This will help them to predict dropout in advance.

Brief Profile of Mahbubnagar District

The state of Telangana, in Southern India, is divided into 10 districts. Mahbubnagar is the largest district by area. This district is predominantly a rural district with 85 per cent of the population living in the rural areas with a population of 40.5 lakhs. The Scheduled Caste and Scheduled Tribe population was 7 lakhs and 3.6 lakhs respectively accounting for 17.5 per cent and 9 per cent of the total population of the district (Census 2011). The basic indicators of Mahbubnagar district revealed that it is one of the lowest per capita income districts in the state of Telangana. It is also lagging behind among all other districts of the state in all the three indicators of human development i.e., education, health and standard of living; even though the literacy rate improved over the years, it still has the lowest female literacy rate of 45 per cent (Census 2011). As per National Sample Survey, 68th Round, in the age group of 6 to 18 years, the Net Enrolment Rate for rural boys was 75 per cent and rural girls was 76 per cent whereas urban boys was 93 per cent and urban girls was 94 per cent in the district. The current attendance rate among 6 to 18 years' boys was 82 per cent and among girls

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was 80 per cent in the rural areas whereas in the same age group, for urban areas, it was 97 per cent for boys and 95 per cent for girls in this district. However, Mahbubnagar district topping the chart (53.2 per cent) of dropout rate in Telangana (District Information System for Education, 2013-14) against 38.2 per cent of state average of students enrolled in Class I who do not reach Class X, thus remaining deprived of basic education.

The above data show clear disparity between rural and urban areas. Looking at the disparity and the disadvantaged situation in rural areas, the study was primarily focused on the rural areas of Mahbubnagar district.

Operational Definition

Under normal circumstances, dropout indicates continuous absenteeism of a child in school. But the duration of absenteeism varies according to the adopted frame of time.

For the present study, it is understood and considered that any child aged 6 to 10 years, 11 to 14 years and 15 to 18 years who is absent in class continuously for one calendar month (30 days) for any reason is a dropout and does not meet any of the following exclusionary conditions: transfer to another public school, private school, out-of-state, a correctional institution, or a state or district approved education programme; temporary absence due to expulsion or school approved illness; or death.

A never enrolled is a child aged between 6 to 10 years, 11 to 14 years and 15 to 18 years who failed to enroll in formal schools.

Study Methodology

Mandal-wise drop-out data in the age group 6 to 18 years in Mahbubnagar District during 2013-14 were provided by Education Department of Telangana State. Researcher has used rural Mandal-wise details of 2011 census population to calculate drop-out rate of children in the age group 6-18 years as a percentage of population in the age group seven years and above.

The sample selection is at three stages i.e., selection of Mandals; selection of villages within the selected Mandals and selection of households where the children aged 6 to 18 years dropped out of educational institution. Mandals are selected based on the dropout index generated for the purpose. Random sampling was adopted in the selection of villages within each of the selected Mandals.

Thus, the final sample comprises of 18 villages spread over in six rural Mandals of Mahbubnagar district. The sample Mandals are

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Mahbubnagar, Bujinepally, Addakula, Bawabpet, Utkoor and Pangal. A listing survey was conducted in the sample villages of Yerravalli, Kadur, Manganur, Bijinapalle, Vaddemanu, Nandipeta, Sankalamaddi, Kandur, Deepalle, Yemmanagandla, Karoor, Teegalapalle, Yergatpalle, Kollur, Nagireddipalle, Panagal, Sakhapur and Alvarala, to identify the dropout children in the age group of 6 to 18 years and all those who dropped out are considered for the detailed study. Among all, 401 households were identified for school dropout and selected for the study.

Findings of Field Study

The results of household survey of children in the age group of 6 to 18 years spread across villages in six rural Mandals is discussed in subsequent paragraphs.

Dropout Children by Social Category and Gender

Data indicate in table 1 that out of 401 school dropout children, about 45 per cent are girls and 55 per cent are boys respectively. It was evident that both boys and girls are equally vulnerable to school dropouts.

Table 1
Dropout Children by Social Category and Gender

Social Categories	All Children		Boys		Girls	
	Total	Dropouts	Total	Dropouts	Total	Dropouts
Schedule Caste (SC)	26%	11%	25%	10%	26%	11%
Schedule Tribes (ST)	5%	17%	5%	17%	6%	18%
Backward Caste (BC)	60%	7%	61%	8%	58%	7%
Other Castes (OC)	9%	6%	9%	5%	10%	6%
All	100%	9%	100%	9%	100%	8%

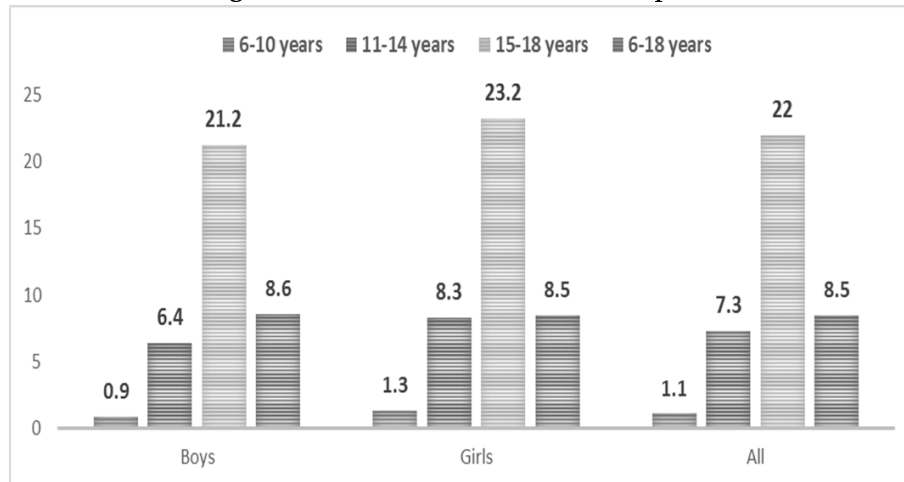
As per table 1, among all the social categories, the highest proportion of households belonged to backward caste (BCs) and the lowest proportion of households are from scheduled tribe (STs). Accordingly, 60 per cent children belong to backward caste followed by schedule caste and other castes. Though the ST population and their children are less in the sample villages, but registered maximum per cent school dropouts whereas among all dropouts, 51 per cent children belong to backward caste families.

Magnitude of School Dropout by Age and Gender of Dropouts

The school dropouts and never enrolment rate among 6 to 10 years old children is negligible at (1.1 per cent) and among 15 to 18 years is (22 per cent). Overall, dropout increased steeply in the age group of 15 to 18 years.

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Figure 1
Age wise Distribution of School Dropouts



The dropping out in the age group of 15 to 18 years is observed across social categories making it clear that there are other factors, which are influencing dropping out. The study indicates that being a member of socially downtrodden group increases the chance of being a drop out. In all age groups and social categories, girls are dropping out more than boys indicating that being a girl is a drawback while continuing education. This was observed in all sample Mandals, irrespective of social category and gender, however, slightly higher for girls (Figure 1). In short, a little over one fifth of the children aged 15 to 18 years dropped out from school.

Age and Discontinuation

Regarding the educational status of all the children in the age group 6 to 18 years in these households, researchers found that about 94 per cent of the total dropout children were studying in government institutions when they dropped out. The per cent of never attended school children is about 3 per cent only, but it is a concern to note that majority of the ST children are never enrolled. This is true across all social categories and also irrespective of the economic status of the household. Of those enrolled, little over one third only are in the government schools.

- A child's studies were interrupted about 1.2 times in a year in the cases of SC, ST and BC categories due to health and work related reasons.

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- The average number of days in a year in which the interruption of studies occurred was 23 and it is the highest among BC 33 respectively.
- The child was enrolled in Class-I at about an average age of 5.2 years, which is almost the same across all socio-economic classes.
- The child dropped out in Class VII and VIII. In the case of STs, the child dropped out in Class V and VI as against Class XIII and IX in the case of OCs.
- The average age at which child dropped out was 12.3 years. As expected the child dropped out at the ages of 11 and 13 years in the cases of ST and OC categories. In the cases of SC and BC categories, the child dropped out from school at the age around 12 years.

Dropout Locations

Among the six sample rural Mandals, highest level of dropping out is observed in Utkoor and Mahbubnagar Mandals. Here, considerably higher levels of dropping out is observed in the age group of 11 to 14 years which means, they would not have completed secondary level schooling or might not have pursued higher secondary level schooling. Dropping out at primary school level is also high in these Mandals.

In Utkoor Mandal, out of the three sample villages, all villages have primary schools in their locality and for higher education they have to go outside their village. The travel includes minimum 1.5 to 2 kilometres of walk one way and bus ride for secondary schooling and above. In Mahbubnagar Mandal, out of two sample villages, one village has primary school, but there is no proper road to reach the village. The other village has up to high school within the village and is located close to Mandal headquarters which have all educational institutions.

In the 15 to 18 years age group, Utkoor and Nawabpet Mandals reported nearly one-third of the children dropping out. In dissection, it is as high as 59 per cent among SC children at Utkoor Mandal and 50 per cent for OC children from Nawabpet Mandal. Meanwhile, a little over one tenth of children dropped out from the school from Pangal Mandal with two third children being from ST categories. From Nawabpet Mandal, all four sample villages report availability of primary school in the village. For further school education, the children have to walk or travel minimum 3 kilometres.

From Pangal Mandal, one sample village boasts of several educational institutions up to college level and is a centre where students from neighbouring villages also come to study.

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Family Demography

An analysis of the link between highest educational qualification achieved by any member in the household and the school dropouts or never enrolled in the same household in different age groups of the children indicates that those households in which a member is educated above secondary level, the dropouts and never enrolled are negligible irrespective of the age group.

The most susceptible factors include being ST or SC children, poor educational background of the household members in particular below secondary level, being a girl and transition of schooling stage from lower to higher level (upper primary to higher secondary level) are at increased risk of dropping out from school.

- About 46.3 per cent of the total sample population covered were children (6 to 18 years age group). ST category reported higher per cent of children among them (52 per cent).
- The average sample household size is five member with household size being relatively high among OC (six members) and ST (six members) categories.
- The average household sex ratio was 921 with ST category reporting lowest at 762 and highest by SC category at 1008. The lowest quintile has the sex ratio of 1110.
- Considering social category dimension, little more than half of the dropout children belong to BC category; one-third of the children belong to SC category; around 9 per cent and 5 per cent of the children belonged to ST and OC category respectively.

Parental Education and their Occupation Level

Majority of the drop out children have illiterate parents. About 94 per cent of mothers and 82 per cent of fathers of dropout children are illiterate. In general, illiteracy is more concentrated among SC, ST and BC categories. This finding is consistent with Ersado (2005), educational level of household members is influential particularly on children and it determines their access to schooling. Parental education and retention in school have been linked together by putting forward many reasons and opinions of scholars. It has been observed that non-educated parents cannot provide the support or often do not appreciate the benefits of schooling (Juneja, 2001).

The main occupation of parents of the drop out children is labelled as workers that include both agricultural and non-agricultural labour. About

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61 per cent fathers and 68.5 per cent mothers are engaged in labour work for income. A large majority of these workers belong to SC and ST categories.

More females are engaged in labour work from these households indicating the precarious nature of their income level. The respective data for SC category are 76 per cent male and 87 per cent among female and for ST category is 61 per cent male and 74 per cent female.

Social Protection Mechanisms Accessed by Dropout Households

Being welfare state, social protection coverage provided through different government agencies are accessed by majority of the households. Union government and the state government provide several social protection mechanisms to support the marginal and vulnerable population. The average annual consolidated gross income of dropout family is Rs. 96,477 and median value is Rs. 78,000 only. The food supply through the Public Distribution System is one of the most prominent in direct service deliveries. About 96 per cent of the dropout child households accessed food supplies provided through PDS.

Strategic Framework for Social Protection by UNICEF states that cash payments in exchange for labour in public works projects, with the aim of increasing household income often reduces seasonal or temporary vulnerability. Mahatma Gandhi National Rural Employment Guarantee Act/Scheme (MGNREGA) was one such programme in India.

About 68 per cent of the households are accessing Mahatma Gandhi National Rural Employment Guarantee Act/Scheme (MGNREGA) with BC households leading with highest involvement at 72 per cent.

Households also received benefits to a lesser extent from drinking water scheme (34.6 per cent), pension (36 per cent), health related schemes (15.8 per cent), sanitation scheme (8.4 per cent) and skill improvement (2.5 per cent).

Approximately, 50 per cent of the total households reported children getting/accessing mid-day meals provided at school and 55 per cent households reported receiving one or other benefit from the school.

Migration in the Families of Dropout Children

Migration is a risk mitigation strategy for the families. It may be due to push or pull factors – distress at origin or search for better opportunities in destination. Nevertheless, migration is recognised as a major factor for dropping out from school as the parents take the children along with them leading to discontinuation of schooling. Whether the household migrated as

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a whole or partly or individually, it is observed that the effect falls on the children too.

They may stop education in the place of origin or under relatives' care who may not be concerned with the child's well-being or the destination place may have different languages followed in schools or other economic matters push them to work or take care of household chores.

It was revealed that 26 per cent of the households reported migrating for more than two or more months at a stretch during the last one year with highest among ST categories (36 per cent). Approximately, 21 per cent households migrated as a family, 16 per cent households migrated with few children leaving others at village and in 16 per cent by single parent alone. About 46 per cent households experienced parents leaving the children behind in the village in the care of grandparents or relatives.

Conclusion

The sample study clearly describes that the features of majority of households having dropout children do not vary widely. They display features of households with low income based on daily income displaying less capacity to meet income shocks. Low level of education in the family and low status in community ascribed through the social categorisation are also notable features. These findings were consistence with the study results of Kainuwa et al. (2013) that low socio-economic status and low educational background of parents negatively affect academic achievement of children because both prevent access to vital resources and create additional stress at home.

The characteristics of dropout families indicates risk zones which will help us to do predictions and plan out for innovative interventions. Looking at the profiles of children and their household characteristic in the study, it is clearly evident that parents with low educational attainment may not be in a position to provide supportive supervision to their wards due to insufficient knowledge and respects towards education, resulting in reduced monitoring and involvement in their children's educational life, in turn, may lead to discouragement and eventually children dropping out.

Therefore, it is important that government should concentrate more in strengthening the functioning of the school management committees in letter and spirit; creating awareness among parents and children on the importance of education through NGOs, engaging community level activists, and through publicity; counseling parents and teachers to handle children delicately by not scolding or by physical punishment; and implementing the

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prevention of child marriages act in true spirit by highlighting the importance of girl child education for the benefit of society and for future generation and most importantly, design, implement and track integrated social protection package for the low socio-economic status of households.

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