

Anvikshiki

The Indian Journal of Research

Bi-Monthly International Journal of All Research

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Subscriptions

Anvikshiki, The Indian Journal of Research is Published every two months (January, March, May, July, September and November) by mpasvo Press, Varanasi. U.P. India. A Subscription to The Indian Journal of Research : Anvikshiki Comprises 6 Issues in Hindi and 6 in English and 3 Extra Issues. Prices include Postage by Surface mail, or For Subscription in the India by Speed Post.

Airmail rates are also available on request. Annual Subscriptions Rates (Volume 10, 6 Issues in Hindi, 6 Issues in English and Few Special Issues of Science 2016):

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Office Time : 3-5 P.M. (Sunday off)

Journal set by : Maheshwar Shukla, maheshwar.shukla@rediffmail.com

Printed by : mpasvo Press

Date of Publication : 1 January 2016



Maneesha Publication
(Letter No. V-34564, Reg. 533/2007-2008)
B-32/16-A-2/1, Gopalkunj, Nariya, Lanka
Varanasi, U.P., India

Anvikshiki
The Indian Journal of Research
Volume 10 Number I January 2016

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PRINT ISSN 0973-9777, WEBSITE ISSN 0973-9777

THE PATHWAYS TO EMPOWERMENT: EDUCATIONAL STATUS OF WOMEN IN INDIA AND NEPAL

CHANDRIKA SONI*

Declaration

The Declaration of the author for publication of Research Paper in The Indian Journal of Research Anvikshiki ISSN 0973-9777 Bi-monthly International Journal of all Research: I, *Chandrika Soni* the author of the research paper entitled THE PATHWAYS TO EMPOWERMENT: EDUCATIONAL STATUS OF WOMEN IN INDIA AND NEPAL declare that , I take the responsibility of the content and material of my paper as I myself have written it and also have read the manuscript of my paper carefully. Also, I hereby give my consent to publish my paper in Anvikshiki journal , This Research paper is my original work and no part of it or it's similar version is Published or has been sent for Publication anywhere else. I authorise the Editorial Board of the Journal to modify and edit the manuscript. I also give my consent to the Editor of Anvikshiki Journal to own the copyright of my Research Paper.

Introduction

South Asia is one of the oldest civilizations in the world where people from different races, religions, cultural, languages etc coexist over a long period of time. South Asian countries include the nations of India, Bhutan, Afghanistan, Pakistan, Sri Lanka, Maldives, Bangladesh and Nepal. In other words, all South Asian Countries are the member of South Asian Association for Regional Cooperation (SAARC), which was constituted on the recommendation of Dhaka Conference in 1985.

A mutual misunderstanding among member nations has created a big question mark in achieving its objectives. There are numerous challenges exist for the entire region, they are especially related to poverty, health, education, gender disparity, income inequality and other fields too. If this region can face the challenges of Education then they may be able to resolve other challenges too. But at present also many South Asian Countries still is unable to achieve their Millennium Development Goals (MDGs). As we know that Illiteracy of girls and women is posing great challenges for this region. It was clearly mentioned in UN Millennium Development Goals (MDGs) that it not only requires enrollment in institution but also to ensured that “all boys and girls can have a complete as well as full course of primary education”.

Education plays an important role not only for an individual but also for countries such as India and Nepal. “Education should become a force for the nation’s character building” it was stated by Shri Narendra Modi, Hon’ble Prime Minister of India. With the help of Education country can achieves the

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growth, individuals are able to get a meritorious job opportunities, improve their standard of living, enhances the skill and ideas, earns better income, reduces the inequalities, etc. Overall, education enhances the Human resources. It was rightly said by our first Prime Minister Pt. Jawaharlal Nehru that “If you educate a man you educate an individual, however, if you educate a woman you educate a whole family”.

This paper is all about Education and empowerment of Women in South Asia with special emphasis on India and Nepal only.

Nepal and India

Social Welfare Association of Nepal (SWAN) is a non- governmental and non- profit making organization which was established in 1994 so as to support the underprivileged people of Nepal. SWAN works for providing basic right to education as well as scholarship (Kalpana Karki Basnet, Annual Report on Education and Child Development Programme 2012/2013). National Center for Educational Development (NCED) in Nepal is an apex body for Human Resource Development, which was established in 1993 under the Ministry of Education (MOE). This Centre mainly deals with the teacher training, management, capacity development and professional trainings. There are various programme initiated in Nepal report for providing girls fellowship like in Nepal National Education Planning Commission (NNEPC) Report (1955); Equal Access for Women Education Project (EAWEP), 1971; High Level National Education Commission (HLNEC), 1999; etc. (www.nepalpolycynet.com/ Educational Resource and Development Centre Nepal (ERDCN))

Education can be treated as an agent to bring a change in the status of women. In order to make girls more literate as well as educated, Government of India has initiated various programmes for different levels of education such as Sarva Shiksha Abhiyan (SSA), Kasturba Gandhi Balika Vidyalaya (KGBV), Beti Bachao, Beti Padhao, Mahila Samakhya (MS), Rashtriya Madhyamik Shiksha Abhiyan (RMSA), etc (Annual Report 2014-15, Ministry of Human Resource Development, Government of India).

Importance of the Education in Current era

In 12th five year plan, it was mentioned that education is the most important lever for social, economic and political transformation. So, its main focus is on providing “quality education for all” i.e. for all segment of the society. This becomes clear that every segment of the society can improve their condition/ standard of living through education by participating in productive activities for an economy.

Importance of education for women also cannot be overlook. Several studies have proved that education works as a proxy for improving the social status of women, autonomy and condition in the society. Education is an important key enabling factor for the empowerment process (Mason, 1986). Education is milestone of women empowerment and rural development. The word “Education and employment” can be used as the alternate of “women empowerment” but according to Malhotra & Mather (1997) both Education and employment are the helping factors of Women Empowerment.

Traditionally, Education was treated as one of the important enabling factor in bringing up the movement so as to include the women into the mainstream era. Direct expectations from the education can be perceived for the development of a society is through the reduction in the disparity among individuals. Thus, we can say that Education is basic right of every individual, and even it is also included as one of the right in the Universal Declaration of Human Rights. According to the Universal Declaration of Human Rights, “Everyone has Right to Education”.

According to World Declaration on Education for All, 1990- “The focus of basic education must, therefore, be on actual learning acquisition and outcome, rather than exclusively upon enrolment” (UNICEF ROSA, 2011).

In Dakar Summit of World Educational Forum which was held in 2001, the aim was analyzed and the aims of Declarations on Education for All were re-established. In this Summit, it was accepted that education should be treated as one of the important basic human rights as well as it must ensure sustainable development.

Literacy of women increases the interaction with the mainstream structures of power. Self confident women must be empowered through educational practices so that they will be able to enter and participate in the public sphere (Ghose, 2002).

Education also plays an important role in the overall development of human being. It develops the feelings of self independence, autonomy and rights to prosperity. It also uplifts the condition, autonomy and the level of women. The word “Education and employment” can be used as the alternate of “women empowerment” (Mason, 1986). Balk (1997) studied the relationship of women’s education and decision making among married women and control over resources, autonomy and mobility. The study concluded that except the mobility factor others three factors positively affected the empowerment. One of the studies concluded that educated women are able to maintain good position not only in the family but also outside the family. Educated Women are more able to maintain self confidence, dynamism, necessary guts, and inner vigor to confront challenges in life. They also played better role to take care of the family’s health, education and nutrition of child and become the productive part of the development of a society and also for a country (Barman & Saurikhia, 2011).

Ashraf & Ahmad (2012)’s study concluded that being illiterate and less educated Muslim women face high ratio of disease, malnutrition, ill health, large size of the family, low family income, self confidence, dynamism, necessary guts, and inner vigor to confront challenges in life. Several Studies concluded that there is positive effect of education on women empowerment either in terms of their status or earning capacity.

Sai Sujatha & Brahmananda Reddy (2009) states that Education plays a positive role in the decision making power of women towards like increase the age of women at marriage, increase the use of contraceptive, reducing the large number of child birth, etc. Even it was reflecting from the data of NFHS-1 and NFHS-2 is that the proportion of child birth is relatively high among the illiterate women as compared to educated women. It was being clear from one of the studies is that there is a positive relationship between education and fertility behavior (Fahimi & Moghadam 2003). In other words, more education reduces the fertility decision among the women, increases the age of marriages, population growth, etc but from other studies it was concluded that there is a negative relationship between fertility behavior and educated women (Moursand & Kraval, 2003).

Bloom et al (2001)’s study focuses on the different dimension of women autonomy and their effect on maternity health care utilization in context of North Indian City. The study concluded that highly educated women are more aware towards prenatal care as compared to uneducated/ less educated women.

Suguna (2011)’s study concluded that women education not only helps in the development of half of the human resources of the society but it also improves the quality of life at home as well as outside. An educated woman knows the importance of education and because of those reason women always promotes the education of not only boy but also of a girl. And this will helps in the reduction of infant mortality rate in the society. It was stated that Education of women is the most powerful tool for bringing changes in the society. Education improves women status within the family, reduces the inequalities, etc. Modern education empowers the women but still rural women are lagging behind the urban women. It was concluded that without empowering women rural development is not possible (Sonowal, 2013).

One of the studies was done in the context of Bangladesh society by Sultana et al (2009), concluded that the role of women education have little impact on the Purdah system. But it cannot continue their education and as well as job. Education and employment play an important role in determining women's input in financial decisions they are largely immaterial in determining household decisions related to social and organizational matters. Only rural women can successfully overcome the traditional barriers of family and as well of society and they are able to get education (Mather & Mather, 1997).

It was seen that in order to improve the country's economic achievement, women's skill and educational attainment is relatively better as compared to men but then also it is unable to reduce the gender earning gap (Mohanty & Tripathy, 2005). Dixon (1978) examined what represent the status of women. It was found that status of women represents the degree of women's access to material resources (including food, land, income, wealth) as well as to social resources (including knowledge, power, and prestige) within the family, in the community, in the society, in the economy at large.

Jeebhoy (1995)'s study concluded that there is a positive role of education on women cognitive ability. The study explained that access to education can bring changes in cognitive ability which is essential to women capacity to question, to act for better conditions of their lives, to increase their knowledge, generate new ideas, etc.

Beena & Mathur (2012) examined the role of ICT Education for women empowerment. The study concluded that ICT enhance the awareness among women for their better lives. ICT empowers the women in various areas like social, educational, personal, psychological, political, technological and economical and it also have some amount of disempowerment which is due to internal and external reasons.

Bhandari (2014) examined the status of women education in Indian context. In this paper it was stated that Education is an important tool for empowerment. It has been regarded both as an end and a means of realizing other desirable goals too. It also develops the personality and rationality of individuals, qualifies them to fulfill certain economic, political and cultural functions and thereby improves socio-economic status not only for an individual but for country as well. Education is regarded as major instrument for changing women's' subjugated position in the society. But in spite of various policies and programmes initiated by government for girls' education and education to all, still India has a large population of illiterate females.

Manjrekar (2003) stated that why it is big contemporary challenges for women education in current scenario? How to re-engage the women's movement with education to have a better society ahead? Almost part of the challenges about gender and education lies in the uncovering dialectical linkages between the formal education system and larger social and economic processes and their impact on girl's and women's lives.

Das & Pathak (2012)'s studies makes an attempt to explain the main aims of the Millennium Development Goals (MDGs) such as to eliminate gender disparity in education which has to be achieved by 2015, with special emphasis on girl's position in the society. The study concluded that for better society ahead it requires the principles of non- discriminations, equity, and justice as well as universalization of education than only it will improves.

Daragad & Lakshmi (2014) the study was to assess the factors influencing social skills and behavior among school children from Dharwad district of Karnataka state. It was found that there is a significant difference between the age and social skills and behavior of school children. In addition, type of family and religion too influences the social skill and behavior of school children.

Human Development Index and its components: India and Nepal

The UNDP Human Development ranks countries on basis of measuring human development by combining indicators of Life expectancy, Education and Income into a composite Human development Index (HDI). The HDI classifies the world into four broad segment of very high, medium and low human development.

T A B L E 1 *Human Development Index (2014)*

HDI rank	Country	Human Development Index(HDI) (Value) 2013	Life Expectancy at birth (Years) 2013	Mean year of Schooling (years) 2012	Expected years of Schooling (years) 2012	GNI per capita (2011 PPP \$) 2013	Human Development Index(HDI) Value 2012
135	India	0.586	66.4	4.4	11.7	5,150	0.583
145	Nepal	0.540	68.4	3.2	12.4	2,194	0.537

Source: Human Development Reports, 2014

For the study we have taken only two South Asian countries, such as India and Nepal. India comes under Medium Human Development segments but Nepal comes under Low Human Development category. Table:1 clearly shows that India ranks 135th out of 187 countries whereas Nepal ranks 145th (HDI). Since 1980, the per capita income of the countries is measured in 2011 purchasing power parity basis in dollars, India is comparatively better as compared to Nepal. India scores below the average HDI value for South Asia, as well as the average HDI value of countries in the Middle HDI range.

T A B L E 2 *India And Nepal (Hdr-2014)*

Country	GNI per capita (2011 PPP \$)2013	HDI rank2013	GII Rank2013	Female to Male ratio of HDI2013	GDI Rank2013
India	5,150	135	127	0.828	132
Nepal	2,194	145	98	0.912	102

Source: Human Development Reports, 2014

According to UNDP's Human Development Report, 2014, the largest Gender gap in HDI is observed in South Asia which is approximately 17 % and India is among the list of worst nations regarding gender equality. When India's Human Development Index is adjusted for Gender inequality, it becomes South Asia's worst performing country. Table- 2: clearly states that Nepal which is poorer than India and also have lower HDIs, all do comparatively better than India when it comes to Gender equality i.e., Nepal ranks 98th in Gender Inequality Index (GII) and 102th in Gender- related Development Index (GDI).

Education

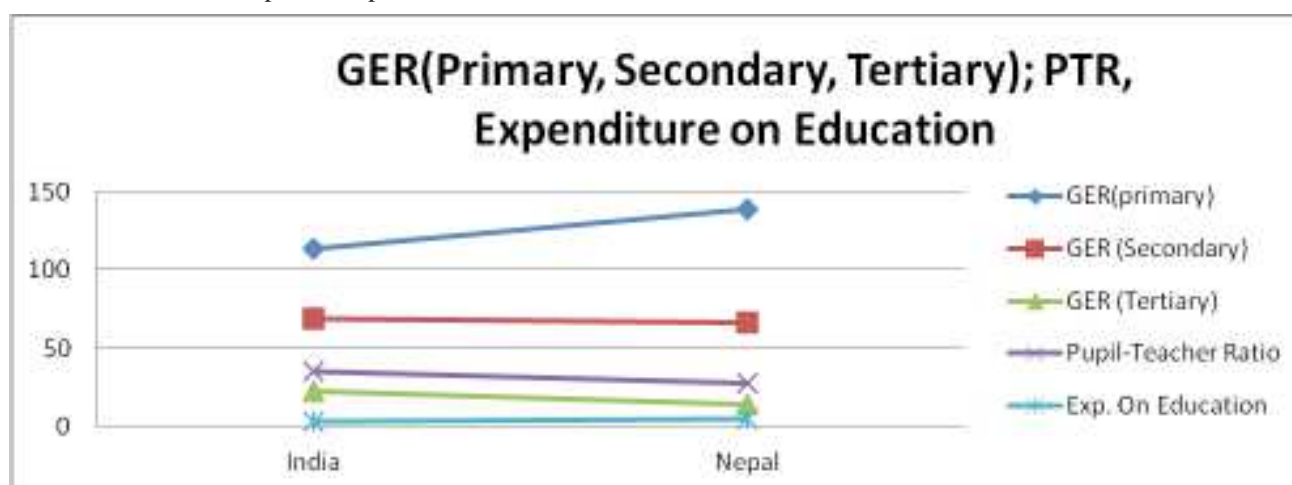
Education plays an important role for developing Human Resource. Gross Enrollment Ratio (GER) determines the number of students enrolled in school at several different grade levels. It is use to show the ratio of the number of students who live in that country to those who qualify for the particular grade level. UNDP's Human Development Report, 2014 defines Gross enrolment ratio (GER) as total enrolment in a given level of education (pre-primary, primary, secondary or tertiary), regardless of age, expressed as a percentage of the official school-age population for the same level of education; Pupil-teacher ratio (PTR) as average number of pupils per teacher in primary education in a given school year and Education

expenditure on education as total public expenditure (current and capital) on education, expressed as a percentage of GDP.

TABLE 3 *Ger (Primary, Secondary Or Tertiary); Ptr; Education Expenditure On Education: India And Nepal*

Country	GER-Primary (% of primary school-age population) 2003-2012	GER-Secondary (% of secondary school-age population) 2003-2012	GER-Tertiary (% of tertiary school-age population) 2003-2012	Pupil-Teacher Ratio (number of pupils per teacher) 2003-2012	Expenditure on Education (% of GDP) 2005-2012
India	113	69	23	35	3.3
Nepal	139	66	14	28	4.7

Source: Human Development Reports, 2014



We can compare GER at different level between India and Nepal from above table-3. It clearly shows that GER of Primary education level, Nepal is at better position as compared to India, but when we talk about GER of Secondary as well as Tertiary education Level, India is comparatively at better position as compared to Nepal. Now if we compared the Pupil Teacher ratio (PTR) then India is comparatively at better position than Nepal at approximately 35. But if we look expenditure amount which is spend on education, then for India it is approximately 3.3 % of GDP whereas for Nepal it is approximately 4.7 % of GDP. So, we can say that Nepal spend more amount on education as compared to India.

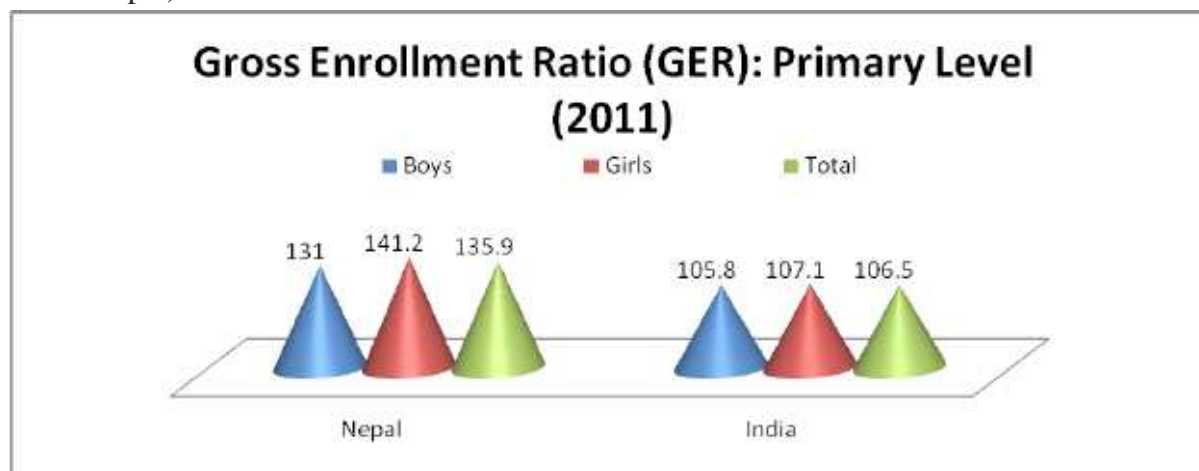
TABLE 4 *Gross Enrollment Ratio (Ger): Primary Level*

Country	Year	Boys	Girls	Total
Nepal	2010	134.5	144.8	139.5
	2011	131.0	141.2	135.9
India	2010	115.4	116.7	116.0
	2011	105.8	107.1	106.5

Source: School Education Statistics, 2011-12 & 2010-2011, Ministry of Human Resource Development Bureau of Planning, Monitoring & Statistics, Government of India School Level Educational Statistics of Nepal, Consolidated Report 2011 (2068), Ministry of Education, Government of Nepal

Table-4 clearly shows that in India, Gross Enrollment Ratio (GER) is decreasing from 116.0 in 2010 to 106.5 in 2011. In Nepal GER is 139.5 in 2010 and 135.9 in 2011. GER (primary education level) of Nepal is comparatively better from India for both male as well girls. In addition too, Comparatively

GER is better for female as compared to males at primary level of education in both countries (i.e., India and Nepal).



Conclusion

There are various regional groupings in the world and SAARC is one of them. India is the largest country in the region as compared to Nepal, in terms of its geographical territory, population, resources, etc. But then also the situation becomes worse when we compared with Nepal on Gender related issues such as on the basis of education, inequality, etc.

In order to improve the condition in South Asia especially in India and Nepal, we have to empower the girls through education, and then only the country as well as the region will develop. It is very important to say that women can be empowered through justice but not through equality.

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“ROLE OF SELF HELP GROUPS IN THE ECONOMIC EMPOWERMENT OF WOMEN IN JHARKHAND”

MD. ABDULLAH*

Declaration

The Declaration of the author for publication of Research Paper in The Indian Journal of Research Anvikshiki ISSN 0973-9777 Bi-monthly International Journal of all Research: I, *Abdullah* the author of the research paper entitled “ROLE OF SELF HELP GROUPS IN THE ECONOMIC EMPOWERMENT OF WOMEN IN JHARKHAND” declare that , I take the responsibility of the content and material of my paper as I myself have written it and also have read the manuscript of my paper carefully. Also, I hereby give my consent to publish my paper in Anvikshiki journal , This Research paper is my original work and no part of it or it's similar version is Published or has been sent for Publication anywhere else. I authorise the Editorial Board of the Journal to modify and edit the manuscript. I also give my consent to the Editor of Anvikshiki Journal to own the copyright of my Research Paper.

Abstract

“Gaon Bade To Desh Bade” is the dictum of National Bank for Agriculture and Rural Development(NABARD) which is very true for a country like India whose 70% population resides in 6,38,345 villages and 24 crore poor are engaged in microenterprises. Poverty in India is widespread with the nation estimated to have one third of world's poor. As highlighted by the Nobel Peace Award Laureate and former Russian President Mr. Mikhail Gorbachev, the imperatives for a better future are—“peace, fighting poverty, promoting global social justice and common wealth and protecting environment”. A rapid growth took place in the 1980s and the early 1990s. With the SHG linkages programme introduced in 1989, the NGO sector has been recognized as a crucial partner, recognizing the strength of the NGOs in organizing the community and the potential in saving and credit programmes both under the linkage programme and other credit delivery innovations. The concept of NGOs, SHGs and social welfare are not new. India has a glorious tradition of voluntary organization. In the pre – Independence Day, Rabindranath Tagore in his santiniketan experiments showed how rural development could be brought about by integration of education and culture. Gandhiji in his wardha experiment showed how village industries could bring about the development of the poorest section of the people in this country. (Malik – 1995) After independence too, there was a lot of talk about the role of NGOs, SHGs and people's participation when we started our planning process in the early 50s. The British Government in India spent minimum resources on social welfare programmes and so voluntary agencies played an important role destitute, women and children.

Keywords: empowerment, government, development, poverty alleviation.

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1. Introduction

Meaning and Concept of Empowerment: The concept of women’s empowerment is the outcome of several important critiques and debates generated by the women’s movement throughout the world, particularly by the third world feminists. Its source can be traced from the interaction between feminism and the concept of “popular Education” developed in Latin America in the 1970’s (Walters; 1991). The concept of women’s empowerment has its roots throughout the world in women’s movement. The ‘empowerment’ approach was first clearly articulated in 1985 by Development Alternatives with women for a New Era (DAWN). This term received prominence in early nineties in western countries. In India the central Government in its welfare programmes shifted the concept of development to empowerment only in the Ninth Plan (1997 – 2002) and observed the year 2001 as ‘Women Empowerment Year’.

Definitions: According to Adams (1996), “Empowerment is the means by which individuals, groups and communities to take control of their circumstances and achieve their own goals, there by being able to work towards helping themselves and others to maximize the quality of their lives. Dubhushi (1997) considered empowerment as exercising control over ones lives, firstly on resources of financial, physical and human and secondly on beliefs, values and attitude. The social work Dictionary (Barker, 1991), defines empowerment as “the process of helping a group or community to achieve political influence or relevant legal authority”.

Economic Empowerment of Women in India: Indian constitution in its fundamental rights has provisions for equality, social justice and protection of women. These goals are yet to be realized. Still women continue to be discriminated, exploited and exposed to inequalities at various levels. So the concept of empowerment as a goal of development projects and programmes has been gaining wider acceptance.

By empowerment women would be able to develop self- esteem, confidence, realise their potential and enhance their collective bargaining power.

Constitutional guarantees, legislative measures and policies advocating women’s concern and presented in the various Ministries, documents namely women and child Development, Science and Technology, Ministries namely Health and Family Welfare, Labour, Rural Areas and Employment, URBAN Affairs AND Employment, Agriculture and welfare had listed out their programmes and achievements.

Planning commission (1999-2000) had given specific emphasis on empowerment of women, besides the continuation of the important initiative programmes live Rural Women’ Development and Empowerment Project (RWDEP) was introduced in the state of Uttar Pradesh, Madhya Pradesh, Bihar, Haryana, Karnataka and Gujarat for a period of five years. The overall objective of the project is to enable empowerment of women by establishing Self Help Groups which will improve the quality of their lives through greater access to and control over resources.

In order to alter the scenario the year 2001 has been declared as the year of Women Empowerment and in order to help women focused on issues of importance, each month had a theme as follows:

Women Empowerment Year, 2001

Month	Theme
January	Human right for women
February	Economic empowerment of women
March	Social empowerment of women
April	Women in difficult circumstances
May	Women and technology
June	Women and governance

July	Women and education
August	Women and health
September	Nutrition
October	Women and media
November	Entrepreneurship in women
December	Vision for the future

Economic Empowerment of Women Through Self Help Groups: The economic empowerment of women through Self Help Groups (SHGs) would lead to benefits not only to the individual women and women groups but also for the families and community as a whole through collective action for development. These groups have a common perception of needs and impulse towards collective action. Empowering women not just for meeting their economic needs but also through more holistic social development.

Origin of Self Help Group Movement: The concept of SHG serves the principle “by the women, of the women and for the women”. The origin of SHG is from the brain child of GRAMIN BANK of Bangladesh, which was found by the economist, prof. Mohammed yunus of Chittagong University in the year 1975. This was exclusively established for the poor.

Self Help Group is a small economically homogeneous and affinity group of rural poor which is voluntarily ready to contribute to a common fund to be lent to its members as per group decision, which work for groups solidarity, self-group, awareness, social and economic empowerment in the way of democratic functioning. The Self Help Group movement became a silent revolution within a short span in the rural credit delivery system in many parts of the world. It has been documented that nearly 53 developing countries including India, have taken up this on a large scale. In 1997, World Micro Credit Summit at Washington converged the developed and the developing countries to tackle the serious problem of poverty by using micro credit as a tool to empower the poorest sections. A global movement has been launched to reach 100 million of the world’s poorest families by the year 2005.

Persons / Institutions Help in the Formation of SHGs: DADA, Non Governmental organisation (NGOs) Social Workers, Health Workers, Village Level Workers, Bank Personnel, Farmers Clubs under the Vikas Volunteer Vahini (VVV) Programme of NABARD play a very important role in the formation of SHGs.

Concept of Self Help Group: ‘All for all’ is the principle behind the concept of Self Help Groups (SHGs). It is mainly concerned with the poor and it is for the people, by the people and of the people. SHGs a mini voluntary agency for Self-help at the micro level has been a focus on the weaker section particularly women for their social defence. SHGs has got great potential in creating awareness on day-to day affairs, promoting in saving habit, developing self and community assets, increasing the income level, increasing the social power etc. The concept of SHGs generates confidence, self-Scrutiny and self- reliance.

Self Help Groups (SHGs) formed in rural India usually consisted of fifteen to twenty (15-20) members hailing from a certain locality with similar socio-economic backgrounds. The unregistered groups operated on the principles of mutual trust, co-operation and inter dependence. Preference in membership was offered to the poorest of the poor, handicapped, widowed, deserted and dalits. It is important that people from poor households are made aware and made to recognize the significance of collective efforts in solving problems that seem impossible with individual efforts, by voluntarily deciding to put their efforts together to help increase their access to financial services, economic services like technology, training in skill and enterprise management, material support and marketing facilities etc. According to an objective household wealth ranking, approximately correlated to the

national poverty line, 51% of members are poor (below the poverty line); another 32% are ‘borderline’ (above the poverty line but vulnerable to risk). Scheduled Castes (SC) and Scheduled Tribes (STs), recognised as structurally poor, are 55% of members. Widows, also a vulnerable and under-privileged group were found to be 10% of SHG members. Data on other economic and social indicators reflect the poverty profile: 38% of SHG members work as casual labourers; though 29% work in own agriculture, and 17% are engaged in a non-farm enterprise. Schooling levels of SHG members are very low: 74% had no schooling, 11% had some adult education to become ‘neo-literate’, 15% had some schooling (mainly at primary level).

The leaders were selected from members of the group. Where there was nobody to help the helpless mass the concept of “Self Help” could be introduced. Hence, it would be enable them to comprehend the need and to design the remedial measure accordingly. One of the significant features of “Self Help” is, to make people not to rely on the government or non- governmental organisation to improve the infrastructure facilities needed the village. Hoping to achieve this target SHG women are making collective efforts. SHG leaders are more likely to be better off and have some schooling compared to overall members. Nevertheless, the majority of leaders too are illiterate – 60% compared to 74% of members overall. Fifty-one percent of the SHGs are ‘functionally literate’ defined as ‘over half the members have completed at least primary schooling’. Forty-nine percent are ‘illiterate’ meaning that all members have no – or less than primary – schooling. In as many as 30% of the SHGs, none of the members have had any schooling at all a proportion which is especially high in Rajasthan (55% of sample SHGs) and much lower in AP (5% of sample SHGs). Low literacy has implications for record keeping and accountability.

Objectives of Self Help Groups (SHGs): The following are the main objective of Self Help Groups;

- > To inculcate the habit of saving and banking habit among the rural women.
- > To build up trust and confidence between the rural women and the bankers.
- > To develop group activity so that various welfare and developmental programmes can be implemented in a better way with the participation of there women groups.
- > To achieve women and child welfare programme goals by actively involving these women groups in universal Immunization Programme, Small family norm, Universal Elementary Education etc.

Programme Route of SHGs in India: There is a very strong role for civil society organizations in this process. The state cannot, and should not, empower women. What the state can do is to create enabling conditions which legitimize a change in women conditions which legitimize a change in women’s position (srilatha, 1997). In promoting SHG movement both Governmental and non-governmental agencies are involved. SHG movement had been designed to benefit women, especially in rural belt, towards providing them social status and identify. Hence, central Government had invited the state Government to involve in the SHG movement. A two-day conference of Rural Development Ministers of different state was held at Hyderabad on 23-24 June, 2001 to launch at least one SHG or self-employment activity in each of the 14 lakh habitation in the country by 2004. In India, Tamil Nadu and Andhra Pradesh had been successful in SHG movement. Therefore the Central Government had asked the State Government of Orissa, Bihar, Jharkhand, Chhattisgarh, M.P, and U.P. to provide the same momentum for their development. The model given on page 3 was followed in all over India.

Programme Route of SHG's in India

Self Help Groups in Jharkhand:

	Total no of SHGs	Total saving amount in Rs. By SHGs	Total loan amount in Rs. By SHGs	Total loan amount under microfinance, Rs.
Nationwide	7960349	655141.45 lakh	1653476.87 lakh	3634000.18 lakh
Jharkhand	89603	6721.75 lakh	12741.07 lakh	35955.95 lakh

Table1. According to data up to march 2012

As the figures suggest that Jharkhand has 89603 number of SHG s by march 2012 and its number should has been increased by now to some fold mainly due to financial inclusion policy of Government and initiative by NGO s. And total amount Rs. 6721.75 lakh has been saving amount by March 2012 and there is steady rise in that and it is basically very small amount of total number of SHG s (7960349) and total amount (Rs. 655141.45 lakh) is there as savings in financial institution to the SHG s nationwide so it suggest that Jharkhand as a state need to do more to improve upon it.

Figures say that Jharkhand has 12040 numbers of SHG s by March 2012. Commercial banks have been more active and they have big share of microfinance sector. And total amount Rs. 12741.07 lakh has been loan amount by March 2012. And it is basically very small amount of total number of SHG s under microfinance (1147878) and total amount (Rs 1653476.87 lakh) disbursed by financial institution to the SHG s nationwide.

As table suggest that Jharkhand has 63336 number of SHG s by march 2012 and its number should has been increasing and doing well in terms of outstanding amount remain to Financial institutions which has been Rs. 35955.95 /- lakh to the commercial, Regional and Cooperative banks. It is very small amount compare to the grand total amount (Rs. 3634000.18 /- lakh) to total numbers (4354442) of SHGs outstanding to other states and nationwide. As above table says that cooperative banks are not active as much they should be Jharkhand in microfinance sector.

As NABARD report 2011-12 says that savings of SHGs and SHGs under SGSY Scheme in different public sector banks and how public sector banks have been helpful in implementing financial inclusion policy of Government. It is not surprising to see State bank of India is prime lending and saving institution for SHGs but interestingly Bank of India is also doing well microfinance sector in Jharkhand. Banks such as IDBI bank and Punjab & Sind Bank has negligible presence in Jharkhand in Microfinance sector. There are 697419 members in 58856 SHGs and Rs. 5133.13 /- lakh has been the total saving in public sector banks in Jharkhand which is miniscule if it one compare with other states like Andhra Pradesh or Maharashtra. It also constitutes very small part of total saving nationwide in all public sector banks. Numbers does explore that only Jharkhand Gramin bank and Vananchal Gramin Bank as regional rural banks active in Jharkhand which shows that lack of participation of sister regional banks of public sector banks in Jharkhand in context of microfinance and savings in Jharkhand.

According to NABARD public sector banks are working in Jharkhand how much loan has been disbursed by banks in Jharkhand. It has already shown by other table and above one as well that State bank of India and Bank of India are the major banks that are working in microfinance sector in context of loan disbursement and other banking activities which is working towards financial inclusion and rural development. Total numbers of 6245 SHGs are there who has taken loan from the public sector banks in Jharkhand and loan amount is up to Rs. 6404 lakh has been disbursed through banks and it is improving day by day. As figures shows that how public sector banks are working in Jharkhand and loan has been outstanding by banks with in Jharkhand. It is also can be seen by other table and above one as well that State bank of India, Bank of India and Allahabad bank are the major banks that are

working in microfinance sector and maximum amount has been outstanding to them. There are numbers of NGOs are working in Jharkhand in Microfinance sector which include SHGs empowerment and rural development. And to be specific by March 2012 there are 135 NGOs are working in Jharkhand towards SHGs empowerment and rural development.

2. Research design and methodology

The present investigation has adopted exploratory nature. The exploratory design was selected due to the very nature of the issues, respondents, and type of question rose, for generating data. The nature of data obtained for the present study is qualitative in nature. The study is an exploratory in nature as it has attempted to describe the psychological, social and economic benefits enjoyed the members by participating in self help groups. The data/information was collected from 20 self-help groups in Gumla Districts of Jharkhand.

Sources of Data; The study was base on both primary and secondary data. The primary data was collect through two interview schedule, one for SHGs and another for SHG's members. The secondary data was collect from books, journals, websites and records of District Office. The data were collected from self help group's members through interview schedule.

Sampling Selection; The information collected directly by the researcher from 100 respondents' from as primary data and other details collected from text books, reports, websites etc from as secondary data. This micro-level study was conduct among women of 20 Self-Help Groups. A total of 100 women (members of SHGs) were selected comprising four persons randomly from every group and one animator from each group purposively. Interview schedule was utilized as a tool of data collection as most of the respondents were semi-literate. The sampling design is formulated for the purpose of primary data. Gumla district in southern part of the Chota Nagpur Plateau region of Jharkhand is selected purposively for the following reasons:

- > Gumla district experienced a spurt in non-governmental organizations and self help groups. The district stands unique with regard to promotion of self help groups.
- > Gumla district is one of the backward district of Jharkhand state in terms of the levels of female literacy, female employment and other socio-economic parameters.
- > Familiarity and proximity of the district makes convenient for conduct of the study.

3. Discussion

The study has been conducted in ten blocks .They are Bishnupur, Ghagra, Chainpur, Dumri, Raidih, Gumla, Bherno, Basia, kandara and palkot. With in the study area again two panchayats from each block and two villages from each panchayat have been selected. A total sample of 100 beneficiaries had been selected for the study. The distribution of the respondents according to their age has been presented in data. The data reveals that there are one respondent (1 per cent) below the age group of 20 years and only one respondent (0.33 per cent) in the age group of 60 years, 53 respondents (41 per cent) are in the age group of 30-40 years followed by 35 respondents (31.67 per cent) in the age group of 20-30 years.

It can be observed from the above data that most of the SHGs women (41 per cent) are in the age group of 30-40. The response among young women below 20 years is only 1 per cent. Here it highlights the need of motivating young women towards formation of SHGs.

Schedule Tribes being the predominant caste in Gumla district, it is not surprising to note that majority (68.36 per cent) of the respondents are tribes. Only a small per cent (4.96 per cent) of Schedule Caste and rest of Muslims and Christians are found as respondents in the study.

According to the data, 92 respondents (97.33 per cent) have the power to take decisions in important issues and 8 respondents (2.67 per cent) have no decision making power. This shows that the higher percentage of women have the decision making power on important issues.

According to the data, regarding movable and immovable property 15.33 per cent of the respondents have the decision making power and only 5.67 per cent of all members of the family including the respondents have the decision making power.

According to the data, regarding savings 18 per cent of the respondents have decision making power and 5.67 per cent of all members of the family including the respondent have the decision making power.

Regarding expenditure 15.67 per cent of the respondents have the decision making power and 5.67 per cent of all members of the family including respondents have the decision making power. Regarding house hold articles 15.67 per cent of the respondents , regarding children's education 15.33 per cent, children's marriage 15 per cent, regarding family planning 16.67 per cent and with regard to where to live and how to live 16.67 per cent of the respondents have the decision making power.

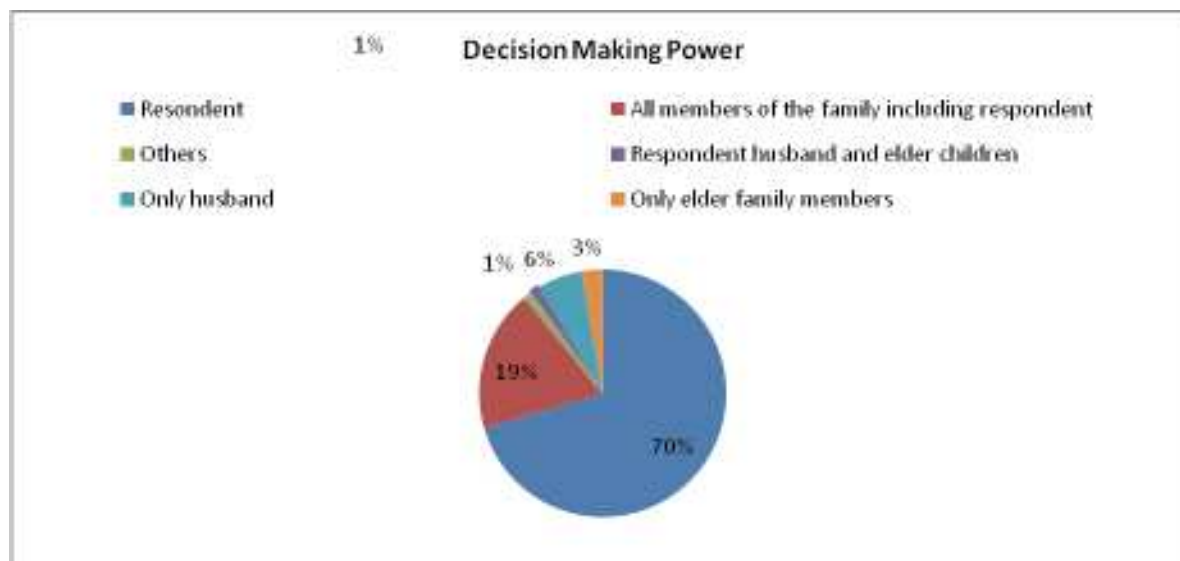


Fig 1 Distribution of the respondents according to the decision making in the family

Distribution of the respondents according to the group meetings. Conduct of the group meetings is most important in SHG's. According to the data 93 respondents (93.33 per cent) attend the meetings monthly, 4 respondents (4 per cent) attend fortnightly and 3 respondents (2.66 per cent) attend the meeting weekly.

Distribution of the respondents according to the place of meetings. According to the data, 48 respondents (46 per cent) meet in the residence of group leader. 38 respondents (36 per cent) meet in temple, 9 respondents (13 per cent) meet in school and 5 respondents (5 per cent) meet in community hall whenever they have meetings.

Distribution of the respondents according to the category of self-employment that women are engaged in sequel to empowerment in SHGs. According to the data, 29 respondents (29 per cent) are engaged in pickle/papads/eatable items followed by 20 respondents (19.67 per cent) engaged in handicraft and silk tassel, 17 respondents (16.33 per cent) engaged in business, 15 respondents (14.67 per cent)

engaged in sheep, goat and cattle rearing, 10 respondents (10 per cent) engaged in dairying. The rest of the respondents are engaged in cultivation, tailoring and traditional occupation.

Conclusion

The self help groups (SHGs) are informal voluntary association of people formed to attain a collective goal, people who are homogenous with respect to social background, heritage, caste or traditional occupations come together for a common cause to raise and manage resources for the benefit of group members. ‘All for all’ is the principle behind the concept of self help groups. It is mainly concerned with the poor and it is for the people, by the people and of the people. SHGs, a mini voluntary agency for self help at the micro level has been a focus on the weaker sections particularly women for their social defense. SHGs has got great potential in creating awareness on day-to-day affairs, promoting in savings habit, developing self and community assets, increasing the income level, increasing the social power and development. The concept of SHGs generates self confidence, self security and self reliance.

Self help groups broadly go through three stages of evolution:

- > Group formation
- > Capital formation through revolving fund and skill development.
- > Taking up economic activity for income generation.

SHGs is therefore, small economically homogeneous and affinity group of rural poor which voluntarily agrees to contribute to a common fund to be lent to its members as per group decision, which works for group’s solidarity, self and group awareness, social and economic development in the way of democratic functioning.

Notwithstanding the above challenges, it may be concluded through collective action and social ideology of development. SHGs are fast emerging as “Women’s Movement” throughout the nation and especially in Jharkhand where 48 per cent of such SHGs in country have been formed. The activism with women’s movement has influenced policy and planning of the government for development and empowerment.

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<http://www.empowerpoor.org>

MARXISM REVISITED

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Declaration

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Even though socialism is inspired by a humanitarian ideal of social reform and expresses a revolt against social inequalities for Marx and his followers, their socialism is different from those of other kinds and that is why they named their form of socialism “Communism”¹.

The basic aim of Marx can be summed up in a simple way by saying that it mainly is, concerned about abolition of private ownership. But this aim is not based on sentiments as in socialism but on a realistic idea of the inevitable direction of laws on which human society is advancing under the pressure of evolution. This law according to Marx and his followers is the law of dialectical movement by which Hegel tried to explain *apriori* logical ideas and the objects of nature and their evolution. The only difference is that Hegel held this law to be the universal reason or the idea which underlies all. Marx and Engels held it to be the law of motion which belongs to matter and is the basis of all reality thus we find Marxist ideal of socialism and materialism, in Hegel’s dialectic, that is why it is called Dialectical Materialism because it believes that it is important to look at all social phenomena in the historical perspective which is the dialectical way of regarding things as products of a continuous series of antecedents and as precursors of things to come².

In an effect to project themselves as objective and scientific the communists take a materialist point of view of socialism. Therefore it is sometimes called scientific socialism, applying this dialectical method to the economic structure of society Marx discovers the different economic stages through which human society passes which can be understood dialectically as a continuous process. The contradiction inherent to every stage is the reason of opposition of one stage against the other in other words it is inherent in the economic structure of society that there exists the exploiter and the exploited.

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History shows three stages the slave, feudal and the capitalist. In the first a master exploits his slaves till he is not overthrown. This ushers the feudal system where feudal lords or landowners get labourers to work on the land paying them in cash or kind but still the labourers are not the owner's of the land. Now once again opposition brings out the friction between the two. But once again there are two classes namely the owners and the labourers. This is in a more organized form than before. This is called capitalism³. In this capitalist state Marx is most interested, he uses all his knowledge to show that capitalism, which is prevailing all over the world is heading towards its downfall because capitalism itself embodies certain contradictions. According to Marx, greed for profit increases, the capitalist tries to increase production by employing more and more workers whom he trains to get more and more profit. For the sale of the increased goods he searches for fresh markets but since all this is done for personal advancement it ultimately hurts his own interest because the labourers all unite and overthrow the capitalist. Business requires communication, thus it is possible for labourers to share their grievances and so it ultimately helps them to unite.

In the dialectic evolution of society it is the economic factors which constitute the basis, or the driving force. The system of economic relations that is, the relations into which the different members of society enter for producing the necessary objects of life, is what governs the society of a particular stage. This theory of determinism is called economic determinism. Marx believed that social consciousness in a particular stage is the product of the economic conflict present in that society. The various aspects of that society reflect on the conscious level, the unconscious economic conditions into which the people of a society exist, these ideas are reason why there is conflict in society and this leads to change according to the dialectical process. But Marx did not believe in Determinism. He merely means that man is born in a pre-existing society where he always has to struggle which leads him to find a middle path which persists for some time and then again becomes covered with conflict and yet again fresh adjustment are required⁴.

Man can hasten or slow down the process but he cannot prevent it. Marx is a great defender of revolution or overthrow. According to Marx there are only two classes in society of "have's and have nots" namely the exploiter and the exploited. According to him even the philanthropists and true humanitarians are merely exploiting society so even they should be overthrown. People who organize charity are all participants in exploitation because they actively or otherwise delay the attainment of a classless society and only increase suffering. It would be better to intensify suffering in order to bring it to an end⁵.

This is the reason why the Marxist is strongly against religion. Marx was of the opinion that religion helped people to tolerate sorrow hoping one day redemption would come by itself. A false belief on justice of God, miracles and life after death is nothing but results of helplessness. So religion is nothing but an economic reflection of society. Because man is not conscious of the economic factors that determine his physical existence he feels helpless before the world which appears to him in the disguise of fate which seems to be ruling his destiny so he seeks religion hoping to obtain some help. But according to Marx religion is false it means nothing. The rise of economic knowledge will root out religion. When communistic socialism is established religion will automatically be ruled out by consciously planned controlled economic relations among people who consider themselves equal. It is best to bring on a classless society to overthrow religion.

With regard to moral values Marx believed that morals are nothing but a reflection of the economic struggle. Morality according to the communists, is also based on class. There are no eternal moral laws. All moral ideals were made in order to fool and cheat the poor and labour class. They were made for the benefit of the upper class. In order to defeat the labour and to weaken their resolve moral laws were made by the rich capitalists to suit their own benefits⁶.

If we analyze Marx and his principles we find that he is not self consistent firstly it does away all *apriori* principles and depends entirely on material empirical historical events therefore his theory provides us with relative theories constantly open to modification by future events Engels criticizes eternal truths by saying that the progress of science has proved that final, ultimate, truths are extremely rare. Even in exact sciences like mathematics and logic final truths are arrived at with great difficulty. In social history repetition of conditions is an exception therefore knowledge is essentially relative it depends on relationships and their consequences. These conditions are very changeable and short lived. On the basis of the above mentioned observations of Marxism, it logically follows that even by all knowledge of all the causes and their effects in the history of society we can still never predict the future of humanity. So we can never be sure if ever really the kind of classless society imagined would even emerge in the social history of the world⁷.

We can also question that would the overthrow of the capitalist system lead to its end? The capitalist is supposed to be someone who grabs the property produced by labourers. Thus there are two sides the capitalist and the labourers. If property of both is taken away and social property is produced then it would amount to synthesis. In other words capitalism would be in affirmation. Labour would mean non capitalist or negation of capitalism and synthesis would mean social property or negation of both capital property and labour property. In ordinary formal logic this would mean affirmation (negation of negation) this would lead back to capitalism. Since capitalist and labour are both common members of a classless society. It is still possible that there would be certain owners of capital who would run economic establishments.

In so far as religion is concerned, it is true that the feeling of helplessness and ignorance is cause of religious belief. But to think that with the rise of science religion will disappear is not true because man's power of knowing the forces of nature are so limited and his efforts are so insignificant and futile that helplessness can never vanish. Materialism generated by Marxism is certainly not the answer to religion and to the feeling of desolation and helplessness. If religion is dogmatic and fanatic so is Marxism. It equals the intolerance and short sightedness of religious bigots.

Finally, the Marxist argues that morality is nothing but a product of class struggle. In other words, the moral ideals originate from convenience everything is relative so where is the use of moral laws. But then if everything is material, futile circumstantial and relative why should the capitalist be denounced for his arrogance and exploitation? He is denounced because he goes against what is right and moral. In fact if morality would be ruled out Marxism itself would lose its sheen. It is the immorality of the capitalist which forms the ground for Marxism. There would be no question of talking about rights since the concept of right itself is a moral ideal. So is the case with social justice which is again a moral concept likewise equal opportunity and brotherhood are also ideals as is the classless society. If everything is a historical fact then the very roots of communism are based in ignorance. Human sympathy and fellow feeling are all ideals. Because they were flouted and ignored by the capitalist Marxism came into existence. Thus refutation of morality clearly shows that the fundamentals of Marxism are not properly thought out. Thus we see that Marxism was born with flaws which caused its downfall. Even though Marx's philosophy formed the basis of social change which brought about the rule of the working classes and socialization of national wealth in some countries and it seemed to appear as an alternative to capitalism. It was a practical philosophy for the weak and the deprived. It was also a philosophy which was applied to daily life in some countries. But even though it proved profitable in certain countries. And still is seen to be profitable in China. The inherent flaws which I have stated above gradually given way to its downfall resulting practically in its end.

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ALIVE BODY AND DEAD SOUL: A PSYCHOLOGICAL INSIGHT IN TO RAPE

BHARTI RAI*

Declaration

The Declaration of the author for publication of Research Paper in The Indian Journal of Research Anvikshiki ISSN 0973-9777 Bi-monthly International Journal of all Research: I, *Bharti Rai* the author of the research paper entitled ALIVE BODY AND DEAD SOUL: A PSYCHOLOGICAL INSIGHT IN TO RAPE declare that, I take the responsibility of the content and material of my paper as I myself have written it and also have read the manuscript of my paper carefully. Also, I hereby give my consent to publish my paper in Anvikshiki journal, This Research paper is my original work and no part of it or its similar version is Published or has been sent for Publication anywhere else. I authorise the Editorial Board of the Journal to modify and edit the manuscript. I also give my consent to the Editor of Anvikshiki Journal to own the copyright of my Research Paper.

Abstract

According to a survey conducted by Bureau of Justice Statistics, Office of Justice Programs, Department of Justice:

Lifetime Rate of Rape /Attempted Rape for women By Race:¹

- All women: 17.6%
- White women: 17.7%
- Black women: 18.8%
- Asian Pacific Islander women: 6.8%
- American Indian/Alaskan women: 34.1%
- Mixed race women: 24.4%

The statistics mentioned above denote the physical tortures inflicted on woman reduced to number of bodies which can be counted in numbers. But the point under consideration is that does this statistics literally depict the torture inflicted over a woman's body and the soul of a woman? A United Nations study recently concluded that "physical attack is often accompanied by sexual violence and rape, the psychological effects of which are perhaps more serious than rape by a stranger given the breach of trust that such conduct involves." The statistics that have been reduced to numbers are merely the counting of physical assaults and thus represent only the tip of the iceberg. The major part of the problems remains submerged wherein a woman is unable to liberate herself from the shackles of the heart rending memories that tear her soul to shreds.

Violence does not occur as an isolated incident in the lives of abused women and young girls. Physical brutality, as well as mental torture, usually occurs on a regular basis causing incalculable suffering and inflicting deep scars on the victims, the victims' families and on society as a whole. Women's physical

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and mental health is often permanently damaged or impaired, and in some cases violence can have fatal consequences. The present paper seeks to explore the stigma attached to rape that leads to death in life, an alive body with a dead soul.

Already we have discussed so much of statistics, now what I feel needs to be discussed is what is the emotional, psychological and societal status of the female after rape. I would like to share some excerpts from some of the interviews of rape survivors.

1. At first I couldn't say the following words without getting a lump in my throat and tears welling in my eyes. Today these jarring words roll off my tongue.

"I was gang raped."

I start a lot of speaking engagements with that sentence. You think you get nervous talking in front of a crowd? Try sharing intimate details of the worst event in your life with complete strangers.

Immediately after the attack, I went to the police. I went to a hospital and got a rape kit. The next day, all four men were in jail. The backlash started soon after.

I wasn't named in the media, but many people knew it was me. Friends and family turned on me. I received death threats. So did my two young sons. All I had left were my children and parents. I clung to life and fought off thoughts of suicide. The district attorney said she needed my help to get a conviction, but I didn't feel strong enough to testify. Charges were never filed.

It's embarrassing and extremely difficult for me to expose my pain, but I have this story for a reason. I need to share it because people need to understand I'm a regular person. I go to the grocery store, I pay my water bill, I attend parent-teacher conferences. I'm a rape survivor. It wasn't my fault. I'm not some random Jane Doe. I could be your co-worker or your friend. I am someone's mother, someone's daughter, someone's sister. I'm just like you. When it comes down to it, we are all human beings and we all deserve love and respect

2. "I didn't want anyone to know what happened to me, especially my parents. They're older and they wouldn't understand. I thought that if I made a police report, my family would find out.

3. In a victim-impact statement that she read in court years later, Amanda described the terrible toll the abuse had on her.

"At the age of 14, I couldn't eat, I was having panic attacks, I couldn't study, I couldn't sleep. And when I did sleep I had nightmares. I was putting blankets over my windows to avoid anyone being able to see in. Every day I had to drag myself out of bed, and then there were days I just couldn't."

4. Reading the statement in court, she told the man: "It has taken me years to overcome the effects as a result of the crime you committed. I have not been able to have a relationship, as I don't feel comfortable trusting men. I am even suspicious of receiving gifts, as I fear the ulterior motive," she said.

5."It has traumatised my family, because they feel they failed to protect their little girl."

"When everyone else was out partying, I was having panic attacks and too terrified to go outside. I was seeing my sexual assault counsellor several times a week, just to cope. Filling the bin with tissues because I couldn't control my tears. I had to learn basic techniques: I had to learn how to sleep, how to study, how to have relationships - all the other things people take for granted. I was filled with anger, confusion and fear.

"As a result of the crime you have committed I felt repulsive, disgusting, embarrassed, humiliated, ashamed and I loathed my own body."

When she reached the last line, she stood up and looked directly at him. "This might be a victim impact statement, but I am not a victim, I am a survivor

6. *Sitting on a cot on the semi-terrace outside her room, 20-year-old Kiran (name changed) pulls the strings of the jute chaarpai, murmuring in rage. It is anger tempered by the presence of her mother-in-law in the courtyard downstairs. It has been five months since Kiran has gone out to answer nature's call alone. Women like her are not trusted to be allowed out alone even for that. Kiran was raped by four men repeatedly over four days in different parts of Haryana like Panipat, Sonapat and Kurukshetra before being dumped at the Panipat Railway Station. That was on 28 September 2012. Last month, on 24 April, she was sentenced to a ten-day imprisonment. "The judge, my father, my brother, my husband, my mother-in-law and the biraadari—they are collectively raping my head. Still," says Kiran.*

The month she was raped, 12 more gangrapes were reported. Yet, in many quarters, her case has become a cautionary tale—the risks of a woman, especially one of a 'lower caste' landless community, exerting her free will and demanding justice.

In caste terms, Kiran is a Dhanuk.

Things Not To Say To Someone Who Has Been Raped

"Were you drunk?"

"What were you wearing?"

"Men can't be raped."

"It's your fault."

"Why aren't you getting over this faster?"

"You're wallowing."

"That wasn't rape."

"You were leading him/her on."

"You shouldn't report it - it's only going to make it worse for you."

"You're overreacting."

Physically: Seek medical attention - even if you do not want to take the assault to the police, you must be seen by a doctor to receive care for any injuries and to be tested (and receive treatment) for any sexually transmitted infections. (*Read more about sexually transmitted infections.*)

Even though you may have the intense desire to shower, before showering go see a doctor so he or she can collect evidence to try and convict your rapist. Even if you do not want to press charges right away, you may change your mind later. Chances are, your rapist has or will attack someone else. This evidence could be the difference between a conviction and another rape on another person.

Do not throw away or wash the clothes you were wearing at the time of attack. Place them in a sealed plastic bag to take to the police.

Emotionally:

You are not alone - one out of every six women and one out of every 33 men have been the victim of a rape.

Remind yourself that every person responds differently to a rape or sexual assault - and that all feelings, ranging from depression, to humiliation, to fear, to confusion, to anger, to numbness, to guilt, to shame. All of these feelings, however unpleasant, are normal.

The rape was NOT your fault. Self-blame is common among rape victims. Rape victims tend to feel as though they are somehow responsible for the rape. It's not true - the only person responsible for the sexual assault is the person who committed the rape.

It may take quite some time to rebuild trust in other people. Being the victim of a rape shatters your sense of trust and it's not something easily rebuilt - like anything else, it takes time.

If you're finding that you're having a particularly difficult time coping in the aftermath of the rape, don't be afraid to find a local counselor who specializes in rape and sexual assault.

Confide in a trusted loved one about your feelings. Don't keep them bottled inside because you feel you should be "strong" for other people. Let them know how you're hurting and what they can do to help.

Mentally:

Recovering from a rape or sexual assault is a long, complicated experience. Do not feel guilty if you cannot simply "get over it."

Part of healing from a rape or sexual assault involves regaining feelings of control over your environment. In addition to all of the other complicated feelings after a rape, feeling out of control is not uncommon. The rape took away your control - you must fight to bring it back.

Rebuilding feelings of safety, trust, control and self-worth can take quite a long time - that is okay.

Don't hesitate to ask for help. If you need help from a counselor or therapist, if you need help finding a support group, if you need help going to the grocery store and getting chores done, ask someone for help. There is no shame in admitting you cannot do it all alone.

Write out your feelings. Don't hesitate to keep a private journal of your thoughts or contribute a post or three to The Band.

Support:

Find - and join - a support group for victims of rape and sexual assault. It can be very healing to be among people who understand the feelings you are dealing with.

Ditch anyone who doesn't take you seriously or tries to play down what happened to you. Listening to that kind of garbage will only make you feel worse - like you need THAT in your life.

Being raped can make you feel unsafe. It may make you feel like you're not brave any more - like you want to hide out from everyone to stay safe. Don't be afraid to ask a friend or loved one to go with you when you begin to go out again.

There is no right or wrong way to heal. Everyone has their own way of healing.

How To Help Someone Recover From A Rape or Sexual Assault

Your friend or loved one has been attacked and violated in one of the most horrifying of ways. You feel powerless, angry, and unsure of what to do next.

Here are some tips for helping a loved one recover from a sexual assault:

Right After The Sexual Assault: Encourage your friend to see a doctor and receive proper medical attention after a sexual assault. He or she may need treatment for STDs or pregnancy testing after the assault.

Encourage - but do not pressure - your friend to report the attack. If your friend does not want to report the rape, respect that decision as his or hers to make.

Shortly After The Rape: Listen, listen, listen to your friend who has been raped. He or she may try to go over and over the assault, replaying it in his or her mind. Listen without judgement as often as your friend would like.

Assure your loved one that he or she is not to blame for the rape. Expect to do this often as your loved one tries to work out why he or she was the victim of sexual assault.

Reassure your friend or loved one that you will be by their side no matter what. Your door is always open and you're always just a phone call away.

Reassure your loved one that no one "deserves" to be sexually violated or raped.

Remind your friend that there is no right or wrong way to feel after a rape. Many of the emotions of a rape victim can be confusing - especially to the victim of the sexual assault.

Long Term Help After A Rape: If your friend seems to be having a particularly hard time recovering from the rape, gently suggest that he or she speak to a counselor trained to help victims of rape.

Help your friend seek therapy for the assault by finding a list of local therapists or support groups that specialize in working with the victims of sexual assault. Often, while very depressed, it is hard for a rape victim to take these steps on his or her own.

Remind your friend who has been through a sexual assault that he or she is not to blame - the guilt and the what ifs can plague a person who has been assaulted for a long time.

Expect that your loved one will experience many emotions following a rape or sexual assault. Feelings of anxiety, fear, humiliation, shame, guilt, anger, numbness and confusion are common following a sexual assault.

Give them time - if your loved one indicates that he or she is still struggling, remind them that there is no timetable for recovering from a rape. Recovery is a slow, gradual process.

If your loved one is a male who is admitting that he was raped, take extra care to reassure him that *you believe him*. Many people do not believe that men can be the victim of a rape - this could not be farther from the truth. Men and women can both be the victim of a sexual assault. (*Read more about male sexual assault.*)

Help your loved one who was raped to feel that they are now safe. It may take time for a rape victim to feel safe; to begin to participate in activities when they are ready - this is okay. If they ask for your companionship to various activities - including support groups - be sure to provide it if you can.

Allow your loved one to make choices for him or herself. Being raped is the ultimate type of loss of control over their environment. Don't step in and try to take charge - allow your friend or loved one to make their own decisions as a way to begin the road to empowerment.

Ask - rather than assume you know best - how best you can help your friend. This can help your friend begin the path to recovery and begin to rebuild trust.

It's natural to be overprotective of a loved one who has been raped - however, your loved one may not appreciate being treated with "kid gloves" or coddled. Play it by ear - you know your loved one best - and if all else fails, ASK them what they want and need from you.

If you are having a hard time coping with the feelings that the rape has stirred up inside you, consider talking to a therapist or counselor about how to manage your OWN feelings.

Lastly, but most importantly, we being human beings need to create an atmosphere which gives respect to woman. Being mothers, sisters and friends and similarly being brothers, friends and and a family member as well as a citizen of the state we need to be sensitive enough to feel the pain of a woman who has been violated sexually

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TRADITION AND MODERNITY: A DISCOURSE ON INDIAN CULTURE AS REPRESENTED IN NARAYAN'S THE GUIDE

KOEL HAZRA*

Declaration

The Declaration of the author for publication of Research Paper in The Indian Journal of Research Anvikshiki ISSN 0973-9777 Bi-monthly International Journal of all Research: I, *Koel Hazra* the author of the research paper entitled TRADITION AND MODERNITY: A DISCOURSE ON INDIAN CULTURE AS REPRESENTED IN NARAYAN'S THE GUIDE declare that, I take the responsibility of the content and material of my paper as I myself have written it and also have read the manuscript of my paper carefully. Also, I hereby give my consent to publish my paper in Anvikshiki journal, This Research paper is my original work and no part of it or its similar version is Published or has been sent for Publication anywhere else. I authorise the Editorial Board of the Journal to modify and edit the manuscript. I also give my consent to the Editor of Anvikshiki Journal to own the copyright of my Research Paper.

"I am up against the system, the whole method & approach of a system of education which makes us morons, cultural morons, but efficient clerks for all your business and administrative offices. This education had reduced us to a nation of morons; we were strangers to our own culture and camp followers of another culture, feeding on leavings & garbage..." - R K Narayan

RK Narayan has always been particular about the representation of Indian culture and tradition in his novels. India and Indianness are common tenets found in his work. We hardly find any foreign (read western) intervention in his novels written either in pre- independence era or post- independence era. Narayan was out and out an Indian and cherished Indianness to a large extent. He was a prolific producer of simple writing and thereby wafting the Indian sentiments through his works to a point *ne plus ultra*.

Narayan was born at that time when the British period firmly ruled India and in his later years he witnessed independence and saw India growing as a free nation. The British Raj gifted India with an extensive educational system and the people of the subcontinent embraced that with enthusiasm. The English also gifted the people of subcontinent with a vast literature that their language created which later on proved to be a productive legacy. Though Narayan chose the language of the British Empire as his medium of expression, he clothed it with a literary tradition-tradition of India, which continues to delight us to this day.

The novels of RK Narayan serve as a rich field for the assertion of Indianness. There is also an active simultaneous tendency to subvert the colonial legacy. A close reading of almost all his novels like *The Financial Expert*, *Swami and Friends*, *The English Teacher*, *Bachelor of Arts*, *Vendor of Sweets* show that they hardly contain any important British character and they are quite marginal. There is clear

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reversal of role. For the purpose of effective contrast, we may refer to novels of Rudyard Kipling or EM Forster where the British colonizers are given a dominating role and the sub continental colonized are shifted to the peripheral margin. But it is Narayan who interchanges the position, thereby taking the insiders to the out and outsiders to the in. Mr. Ebenezer, the script teacher of Albert Mission school is the only non-Indian character portrayed in *Swami and Friends*. He talks ill of Hindu Gods and Hindu religion. Swami's father protests to this in strong and stringent words and complains to the head master of the school.

"I hear that he (Mr. Ebenezer) is most insulting and provoking in his references to the Hindu religion. It is bound to have a bad effect on the boys." (Swami and Friend, 6)

Through this protesting voice, Narayan tries to put forward a dominant force which the subalterns try to impose on the colonizers.

This subversion of colonial legacy and practice is operative in *The Guide* also. It frames the picture of simple rustic setting and life of Indians and the gradual but inevitable changes that intervene the tranquil milieu of the then India. The novel contains a singular non-Indian character, Mr. James J Malone, an American, who appears almost at the end of the novel. He is a producer of films and TV shows and he comes to Mangala to shoot the scenes of Raju's fasting and self sacrifice for the sake of the people of his country. Mr. James plays no role in the main plot. Much similarity is found in another novel by Narayan, *The Vendor of Sweets* where half-American half-Korean, Grace, a post graduate in Domestic Economy from Michigan University lives with Mali without being married and tries hard to transform herself into an impeccable Hindu wife. This endeavour is vocal of Narayan's refusal to accept the white people as superior to Indians. He not only tries to de-centre the colonial lords but relegate them to the position of the marginals.

The pictorial representation of the life and idylls of Indian villages and the rustics that are serene, peaceful, unchanged, uncontaminated constitute an important feature of Narayan's "India". It is symbolized by Malgudi. Narayan's fictional world created on Malgudi serves as the microcosm of India. In *The Guide* there are two locales- Malgudi and Mangala. Mangala is the actual setting; Malgudi is a part of recollection and consciousness. The hero is common to both the locales. Mangala with its natural setting and its simple rustics represents the age old rural India.

RK Narayan is an avid worshipper of Hindu religion and he propagates the Oriental Philosophy in almost all his novels, *The Guide* being no exception. In Hindu philosophy the realisation of the truth comes after going through the acid test of "illusion" or "Maya". The ability to perceive reality is the end product of experience. Performing God's work with no thought of reward will result in the purification of the illusory "Maya". Rosie acts as an illusion in Raju's life. She drives him away from the daily grind of normal life.

"Thousands of persons must have said the same thing to her since, but I happened to be the first in the line. Anyone likes to hear flattering sentiments, and more than others, I suppose dancers. They like to be told every hour of the day how well they keep their steps. I praised her art whenever I could snatch a moment alone with her and whisper in her ear, out of range of that husband of hers. Oh! What a man. I have not met a more grotesque creature in my life. Instead of calling herself Rosie, she could more logically have called him Marco Polo..." (The Guide, 58)

But later Raju realises and is disillusioned. He then raises himself from an everyday tour guide to the level of a spiritual guide thus leading to a transition in his life. This transition in Raju's life can be seen as the absolute freedom or "moksha" as stated in Hindu Philosophy.

To assert the spirit of Indianness, Narayan has very efficiently and consciously exploited the sociological image of a “swamiji”. The blind faith of the Indian masses in sadhus and religious men is depicted in their acceptance of Raju as aswami. Though circumstance forces Raju into the role of a spiritual guru but he has a true discipline. Narayan also very realistically depicts the blind faith of Indians to worship sadhus and give them offerings. They fast, sacrifice in expectation of a survivor who will bring them good life. The sacrifice of life for social and spiritual good, an ideal of Indian philosophy is portrayed through all this. Raju epitomizes this Indian belief. He becomes an altruistic swami with true feelings for those who have fed him. To liberate himself from ego, he spends his days muttering prayer. According to Indian philosophy, happiness can be restored by conforming to traditional views and any deviation can create disorder and unhappiness. This concept is well illustrated in the novel. Raju seduces Rosie and thus disorder is brought down in his life. But later on by becoming a sadhu, harmony, peace and order is brought back to his spiritual life. He makes a long painful journey from deviated traditional morality to confirmed traditional beliefs. He thus regains a spiritual birth.

The picture of Indianness in the novel cannot be better understood without Narayan’s vivid illustrations of the village school. The coexistence of the fashionable, westernized Albert mission school and the traditional “pyol” school is an instance of the juxtaposition of the old and the new. But the local Indians feel comfortable to send their children to the “pyol” school with its respected but not well paid teachers; the foulmouthed school master sitting on a cushion with classes running simultaneously; boys shouting and getting caned. This point out the fear and hesitation to accept foreign culture in the minds of a post-colonial common man and Raju’s father is no exception. He sends Raju to the village school instead of the mission school.

Despite modernization Indian faith and tradition are ultimately triumphant. Narayan writes back Indian histories and legacies through the characters of Raju, Rosie and Marco. Raju stands for the man’s faith in Indian tradition. The simple and rural poverty widen up his perspective in contrast with his urban life with Rosie and he gains spiritual faith and peace. Rosie comes from a family of Devdasi or temple dancer. Narayan reminds us of the indigenous South Indian tradition of temple dancing. Later her career as a “Bharat Natyam” dancer, her grand success as an artist of Indian classical dance is just a means to highlight the rich traditional Indian culture in the novel. Marco embodies a modern man appreciating the Indian heritage. He is an educated hybrid. He oscillates between the two opposite poles of liberated west and traditional India. But the fact is he cannot liberate himself from the stringent orthodox attitude of the married Indian man. His chauvinistic outlook does not allow his wife Rosie to dance in public and he feels no moral and cultural compunction to stifle the artistic self in Rosie.

The character of Rosie lightens up a new perspective of study. She is a very strong woman providing a bright scope of study of emancipation of a new woman. She experiences a conflict between strong yearning for individual fulfillment and traditional norms. In traditional India, a woman has no scope to express her talent on the outer front but Rosie through her rebellious attitude makes her own way with a sense of pride and dignity.

The plight of the agro-Indian villagers is represented vividly in *The Guide*. Drought leads to inevitable famine, dying cattle, lack of water, hoarding by merchants, riots, penance, pujas and sacrifice to the God. Raju’s mother is a simple rustic believing in social conformity. The village school master, Velan and other similar minor characters in the novel form an essential part of the traditional Indian life.

Thus Narayan’s unchallenging expertise in up keeping the Indian culture and tradition thereby the subversion of the colonial legacy has been made prominent in his *The Guide*. The representation of the main or minor characters, the setting and the psychic manifestation conform to the stringent illustration of the rich tradition and culture of India.

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INDEX OF ACCESS TO HEALTH CARE SERVICES

TULIKA TRIPATHI*

Declaration

The Declaration of the author for publication of Research Paper in The Indian Journal of Research Anvikshiki ISSN 0973-9777 Bi-monthly International Journal of all Research: I, *Tulika Tripathi* the author of the research paper entitled INDEX OF ACCESS TO HEALTH CARE SERVICES declare that, I take the responsibility of the content and material of my paper as I myself have written it and also have read the manuscript of my paper carefully. Also, I hereby give my consent to publish my paper in Anvikshiki journal, This Research paper is my original work and no part of it or its similar version is Published or has been sent for Publication anywhere else. I authorise the Editorial Board of the Journal to modify and edit the manuscript. I also give my consent to the Editor of Anvikshiki Journal to own the copyright of my Research Paper.

Abstract

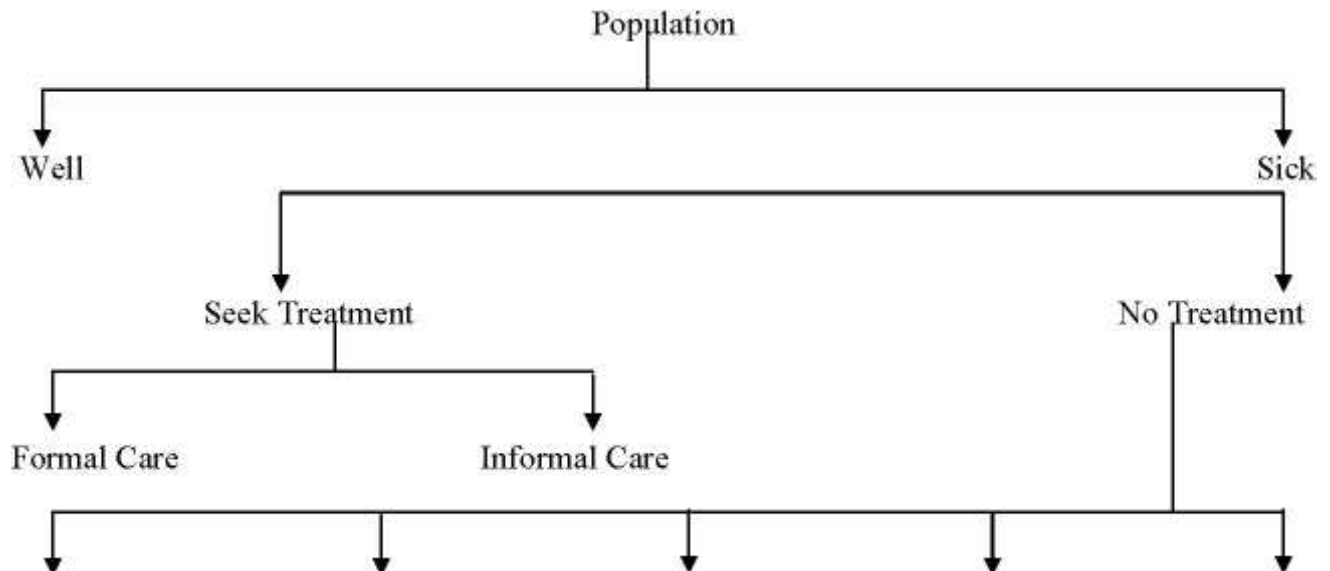
The promotion of an inclusive health system is considered to be a policy priority of any government. However the concept of inclusive growth has been recently a vehemently discussed issue and also an important theme in the agenda of 11th five year plan. However, literature lacks a comprehensive measure that can be used to measure the extent of inclusiveness of individual under the network of health service system. This paper recognizes that access to health care services is multi-dimensional and therefore it attempts to construct an index by capturing the various dimensions of health care in one single digit lying between 0 and 1. While 0 denotes complete access to health care services, 1 indicates complete in-access to health care services. This proposed index is easy to compute and is comparable across the various regions at a particular time. Thus the proposed study focuses on the section of the population which is sick and don't have access to health care. It shows that India has become increasingly an unequal society. Health being the prime requisite for life, the inequality in health sector bears high importance in policy makers' agenda. There exists inequality in supply side of health services as well as in demand side of the health services. The present study analyses the inequality in access to health care service among various states of India on the basis of conceptualized health accessibility index for different states taking availability, affordability and acceptability of health services in account. There are systematic variations in accessing health care between urban and rural areas, as well as between males and females in each sector and among the various region of country. However this variation among the states is subject to the states intervention. Motivated by this fact the present study explores inter-state variation in access to health care services in India and on that basis attempts to examine the relevant factors that might have resulted into differential access to health care services for all and inherent inequality in health demand in Indian states. Therefore the present study is an attempt to explore the role of public resources in determining the perception of the individuals about their own health and their demand for health care services i.e. accessibility, affordability and acceptability.

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1. Introduction

Ethical arguments, supporting equal access to healthcare generally try to justify a right to healthcare for all (Prasad & Santhiyamala 2006, Bloom & Canning 2003), mainly stem from and constituted in John Rawls (1971) 'equal opportunity' account. These efforts typically focus on either the right to a decent minimum of healthcare, or equal access to adequate health care facilities (Beauchamp & Childress, 1994).

In an apparently liberal and democratic society the access to health and to stay within formal health care system are limited by so many institutional and macro level factors. It is well known that in most multi ethical developing societies, certain groups and women are silenced. It gets worsened when states play a minimal role in providing social services and basic amenities to their people. Therefore the phenomena of some states reporting higher access to health care services and others reporting very low access to health care services is accredited to either lack of demand from individual's side or lack of affordable health services to the individuals. Moreover people may react differently to health issue even if they face same problems. While this reaction can be explained by cultural and institutional factors which is well documented in the literature, it also depends on the direct choices that they make which can be further influenced by many factors like health infrastructure, health expenditure, community level awareness, government's health policy for making health accessible to all etc. There could be various reason for the low value placed on accessing health care facilities in-spite of high economic returns. This includes macro level variables mediating equal access to health care i.e. state health policy, state's budget on health care services, health infrastructure (personnel and physical), community level awareness (literacy rate of the society), poverty ratio and urbanization. Health facility not only cures the disease but also provides the preventive measure from diseases to the population. Therefore universal access to health care is a basic human right and the most important requirement for the masses. This study focuses on the section of the population which is sick and don't have access to health care-



Access to Health Care Services

Therefore the broad objective of this study is to assess the inter-state variation in access to health in India. However the specific objectives are as follows :

- To construct inaccessibility index for major states of India.
- To examine the trend in inter-state variation in access to health care services over time.
- To find out determinants of access to health care services at the macro level.

2. Defining Access to Health Care Services: Some Conceptual Issues

Access is the opportunity or freedom to use a health service and its utilization. When an individual makes an explicit and informed decision to exercise his/ her freedom to use health care it is regarded as health care accessibility [Gilson & Schneider, 2007]. Most of the literature takes access as timely use of health facilities. Access has been defined as the coverage of health facilities and its utilization. The physical existence of health care facilities is necessary but not a sufficient condition for access. Apart from the physical existence, the people's ability to utilize those facilities and the quality of care available effectively determines the actual access. Moreover, the access to health care is also influenced by the attitude of the people to receive medical service, their knowledge about disease and the awareness of medical facilities [Simon, 2008]. Therefore the access to health care can be defined as 'the potential and actual entry of a group of population into the health and health care delivery system (US Congress, 1988). In other words, it is 'the timely use of personal health services to achieve the best possible health outcomes including preventive care and ongoing care for health problems or emergencies (Berman, 2001). Some of the indicators taken for access to health services are immunization coverage, percentage of institutional delivery etc.

Thus the access to health includes three factors: availability, affordability and acceptability. Health care availability is the condition of existing health care facilities. It refers to the physical existence of health care services at the right place and at the right time, which can only be ensured by the government. But only the existence of health infrastructure does not ensure its use by the individual, rather it also depends on the financial access of services i.e. cost of health care and again individual's ability to pay for the cost of health care plays major role in ensuring the access to health care services to all. It is capacity to buy health care services and consequently low cost of health care services makes it easily affordable to all regardless of their money income. Affordability is another issue but dealt separately in terms of high cost of health services, and health shocks and taken as cause of in- accessibility of health services rather than taking it as a constitutive part of access to health services. Besides these two factors another important factor is the acceptability of the health care services and it is the social and cultural distance between health care systems and their uses. It can be regarded as the willingness to buy health care services. Acceptability is a subjective thing which can be improved by literacy and awareness and knowledge about health programmes and their benefits to the individual. Acceptability is generally used in the literature in terms of awareness of medicines diseases and acceptance of vaccines. However, these variables incorporates availability affordability and acceptability, but does not bifurcate it to understand where in access to health services are occurring, and therefore they are unable to make any policy suggestions. These studies can explain the part of the population having access to these services, but they cant give the explanation of percentage of population without coverage of health services.

As pointed out above, access to health constitutes availability, affordability and acceptability. Most of works on access to health do so by looking at certain health outcomes, i.e., differential health outcomes are taken as denoting differential access. This is a too broad a generalisation to have any operational

significance for policy making. Suitable tailoring of policy requires an understanding of relative roles of above three components in determining access or in-access to health. Moreover, to evaluate changes over time and space involves a comparison problem. This can be overcome by designing a suitable indicator of access to health, which shall be an aggregation of separate indicators on availability, affordability and acceptability. This is done in next section.

3. Developing an Index of Access to Health Care Services (HAI)

Several indicators have been used to assess the coverage of health care services. The most commonly used indicator has been the number of individuals per hospitals and number of individuals per bed. Some other indicators are number of doctors (per million), number of man power (per million), per capita health expenditure by government and individuals. Such indicators provide only partial information on the inclusiveness in the health system of states. A much more important dimension of an inclusive health system is the usage of the health services in terms of affordability and acceptability. As evident from Table 2, any single indicator fails to adequately capture the extent of access to health care services for individuals. Thus, a comprehensive measure is required, which should be able to incorporate information on several aspects (dimensions) of accessibility of health care services, preferably in one single number, so that it can be used to compare the levels of inclusiveness of health system across socio- economic groups and across states/provinces within countries at a particular time point. It can be used to monitor the progress of policy initiatives for universal access to health care in a country over a period of time. Further, such a measure can be useful to address questions on prerequisites of an inclusive health system. Some of the questions raised are role of state and social infrastructure like education, sanitation, transport and urbanization etc in providing health care to its people. In order to investigate such questions empirically, a robust and comprehensive measure of inclusive health system is required. A good measure of inclusive health system needs to be constructed on the basis of mainly three criteria. First it should incorporate information on as many aspects (dimensions) of individual's inclusion in health system as possible. Second it should be easy and simple to compute. And thirdly it should be comparable across regions (Sarma, 2008).

In this paper, we propose an index of Health Access (HAI), which satisfies all the above criteria. The proposed HAI takes values between 0 and 1, zero indicating universal access to health care services and one indicating least inclusion in access to health care (complete exclusion from formal health care providers). Such an index, in our view, will be most useful for policy makers and academic researchers.

Health Accessibility Index is constructed taking into account the three dimensions of availability, affordability and acceptability of health services. It uses the technique of Displaced Ideal (Nathan, Mishra and Reddy, 2008), which is the inverse of the Euclidian Distance from the ideal. The DI method is based on the concept that the better system should have less distance from ideal. In a three- dimensional HDI space the ideal I, denotes full attainment on all the three dimensions, (In present context $A_v^2=1$, $A_f^3=1$ & $A_c^4=1$). Inverse of normalized Euclidian distance from the ideal gives-

$$HAI = 1 - (\sqrt{((1-A_v)^2 + (1-A_f)^2 + (1-A_c)^2)})/\sqrt{3}$$

Where $[(1-A_v)^2 + (1-A_f)^2 + (1-A_c)^2]$ is Euclidian distance from the ideal, dividing with $\sqrt{3}$ normalizes it in the three dimensional space and then subtracting the normalized distance from unity gives the inverse. Thus the lower the distance from the ideal the higher is HDI^{DI} (Nathan et. al, 2008 p.7). Under the DI technique the complementarities in different dimensions are captured so that lacking in one dimension can't be compensated by the higher value attained in another dimension unlike in the linear

average technique of HDI. This means that a position closer to uniformity is rewarded and a position away from uniformity is penalized. Moreover the DI method also signals the country for movement towards the ideal point through the unique ideal path. That means for a given distance from the current actual position, maximum increment in HAI should move along the lining of the actual position with the ideal point.

²Av=Proportion of Population Health Services are unavailable. ³Af=Proportion of Population Health Services are unaffordable.

⁴.Ac=Proportion of Population Health Services are inaccessible. ⁵HAI= Health Accessibility Index.

4. Computation of HAI for Major States of India

4.1. *Data*; The data is compiled from three sources namely, National Sample Survey 60th and 52nd rounds, National Health Statistics 2004 and National Health profile 1994. The present study is based on the unit data sets of NSS from its 60th round survey during January-June 2004 of morbidity and utilization of health services and 52nd round survey from July 1995 to June 1996 on health care.

4.2 Results;

Dimension 1 (Availability of Health Care Services): The services of an inclusive health system should be easily available to its users. Availability of services can be indicated by the number of hospitals (per 1000 population) and/or by the number of Beds per 1000 people, or the number of Doctors, health workers per 1000 population. As opposed to the government report of availability of health network the present study takes the individual reporting on availability of health centers, which incorporate not only the availability of hospitals but also other facilities like doctors, health workers at the service-providers end.

Dimension 2 (Acceptability of Health Services): In some states despite of wide network of health service providers, a number of people are nonetheless making very little use of the services. Thus, mere availability of hospitals is not enough for an inclusive health system rather it is more important that health services are adequately utilized also.

Dimension 3 (Affordability of Health Services): Given the fact that a large percentage of population of India is below poverty line it is essential and desirable also that health services should be such that it can appear in the budget of each individual.

HAI for three dimensions for 15 states of India has been calculated for year 1995-96 (52nd round) and year 2004 (60th round). Lower value of index denotes better access to health. First, we calculate HAI based on 60th round (2004) of NSS. Kerala leads with the lowest value of HAI followed by Gujarat (2), Madhya Pradesh (3), Haryana (4) and Andhra Pradesh (5). These five states belong to the lowest HAI group (HAI values of 0.06 or less) with the highest number of individuals having better access to health care services. Another ten states, viz., Karnataka, Tamil Nadu, Bihar, Orissa, Assam, Punjab, Maharashtra, Rajasthan, Uttar Pradesh and West Bengal are with higher value of HAI (between 0.10 to 0.19) denoting lower access to health care services. It is surprising to note that among all these states West Bengal ranks lowest with HAI value of 0.1950. Interestingly, Madhya Pradesh, one of the five BIMARU states, ranks third in the accessibility index with HAI value of 0.0930 (Table 1). To compare relative performance of these states, we calculate HAI for 52nd round of NSS (1995-96) also. This analysis shows some interesting results. Out of major 15 states 6 states have deteriorated in terms of access to health services from 1995-96 to 2004. These states are Tamil Nadu (shifted downwards from 2nd ranking to 7th), Assam (from 3rd to 10th), Maharashtra (from 7th to 12th) West Bengal (from 9th to 15th), Rajasthan (from 10th to 13th), Uttar Pradesh (from 11th to 14th). This deterioration needs to be placed in

the context that during this period these states have witnessed decline in NSDP and increasing burden of population etc. However two states namely Kerala and Haryana are static in their position with 1st and 4th rank respectively. However, HAI value for these two states has increased in absolute terms between 1995-96 and 2004, indicative of overall increase in in-accessibility to health services for these states. Gujarat, Andhra Pradesh and Karnataka have experienced relative as well as absolute improvement (table 1, 2 & 3). However, the upward shift in ranking of the BIMARU states like Bihar, Madhya Pradesh and Orissa is surprising. Overall, it may be surmised that in-accessibility to health has risen between 1995-96 and 2004. However, its incidence varies from state to state. This is only natural to expect as this period has been one of the worst period for health sector in India.

T A B L E 1 *Indicators and Index of Inclusive Health System - using data on 3 dimensions of Access to Health Care Services- 2004*

States	Un-Availability	Un- Acceptability	Un- Affordability	In- Accessibility Index
Kerala	0.0133	0.0093	0.1957	0.0687
Gujarat	0.0661	0.0288	0.1897	0.0923
Madhya Pradesh	0.1004	0.0101	0.1761	0.093
Haryana	0	0.1026	0.1932	0.0952
Andhra Pradesh	0.0372	0.0258	0.2469	0.0976
Karnataka	0.0192	0.0331	0.2776	0.1021
Tamil Nadu	0.0513	0.0258	0.2502	0.1035
Bihar	0.082	0.0164	0.2389	0.1075
Orissa	0.0797	0.0185	0.2392	0.1076
Assam	0.1541	0.042	0.1442	0.112
Punjab	0.0225	0.0267	0.3442	0.1182
Maharashtra	0.0705	0.0172	0.302	0.1212
Rajasthan	0.1024	0.04	0.2831	0.1357
Uttar Pradesh	0.2115	0.0508	0.2481	0.1657
West Bengal	0.2229	0.0316	0.3658	0.195

T A B L E 2 *Indicators and Index of Inclusive Health System - using data on 3 dimensions of Access to Health Care Services- 1995-96*

State	Un- Availability	Un- Acceptability	Un- Affordability	In-Accessibility Index
Kerala	0.0289	0.0124	0.1033	0.0474
Tamil Nadu	0.0196	0.0458	0.1895	0.0819
Assam	0.1277	0.0529	0.0896	0.0896
Haryana	0.0556	0.0556	0.1667	0.0911
Gujarat	0.2623	0.0492	0.0164	0.1027
Andhra Pradesh	0.0466	0.0667	0.21	0.1048
Maharashtra	0.0918	0.0386	0.2126	0.1113
Karnataka	0.1053	0.0585	0.1988	0.1189
West Bengal	0.078	0.0165	0.3215	0.1287
Rajasthan	0.0972	0.0417	0.2639	0.1291
Uttar Pradesh	0.1085	0.0587	0.2463	0.1342
Bihar	0.0542	0.0181	0.3876	0.1371
Madhya Pradesh	0.239	0.0488	0.161	0.1460
Punjab	0.0345	0.1379	0.3103	0.1532
Orissa	0.2285	0.0319	0.2162	0.1541

T A B L E 3 *Change in the States Ranking over the Period*

States		Ranking of the states- 52 nd round	Ranking of the states- 60 th round
Kerala	=	01	01
Tamil Nadu	↓	02	07
Assam		03	10

Haryana	=	04	04
Gujarat		05	02
Andhra Pradesh		06	05
Maharashtra		07	12
Karnataka		08	06
West Bengal		09	15
Rajasthan		10	13
Uttar Pradesh		11	14
Bihar		12	08
Madhya Pradesh		13	03
Punjab		14	11
Orissa		15	09

Determinants of Access to Health Services

Important for the health of the population was once thought to be are the social and economic conditions that make people ill and in need of medical care while medical care thought to be act as a prolonger of survival and improve prognosis after some serious diseases (Wilkinson & Marmot, 2003). Therefore these social and economic determinants of health are discussed a lot in literature. Nevertheless, the part of universal access to medical care is clearly one of the social determinants which have been overlooked by the researchers as well as policy makers. The interaction between individual capacity and public resources in the determination of health is largely ignored in the literature on the study of inequality in access to health care services. They mainly come up with the identification of certain group which are being excluded from the ambit of health policies and facilities and the potential determinant in the literature is traced out to be the individual's education, money income, employment and rural residence. None have focused on public resources available in the society which put constraint by limiting individual's choice. In an apparently liberal and democratic society the access to health and to stay within formal health care system are limited by so many institutions and provision of public resources.

There are studies (Mukharjee & Karmekar, 2008) mainly dealing with the socio-economic aspect as a determinant of health accessibility ignoring the important aspect of supply side of health services available to the individuals. Studies like Wagstaff (2002, 2004) and Filmer & Pritchett (1999) provide stronger evidence linking government health expenditure to health outcomes. Bokhari, Gai and Gottret (2007) also came up with similar conclusion in their study of under five mortality and maternal mortality as an example of an outcome of secondary care. They also concluded that education and roads variables have positive correlation with health outcomes.

There are also studies documenting the precarious situation vis. a vis. the provision of public health facilities in India. But most of them focus on access and quality issues which deter people from utilizing government health services. Recent studies have also investigated the links between non utilization and administrative factor, such as absenteeism among the health staff in the rural areas as well as the presence of alternative informal sources of medical care (Banerjee, Deaton and Duflo, 2004). But none have investigated the role of public resources in an area as a potential determinant of the individual's decision about access to health care services.

Therefore, it becomes important to delineate demand as well as supply forces having a bearing on access to health. In order to look at the determinant of inter-state variation in the health care accessibility this study uses panel data Regression Analysis.

Model Estimation: Individual's decision is more influenced by public resources like state's arrangement for health facility, health infrastructure, enrollment ratio, poverty ratio, health expenditure, water, sanitation, and urbanization than by individual differences and money income.

Specification of Variables: Dependent variable: Accessibility Index Value.

Independent variables: Net State Domestic Product, States Health Policy taken as dummy, Population Served Per Sub Center, Population Served Per PHCs, Population Served Per CHCs, Population Served Per Govt. Hospital, Population Served Per Govt. Hospital Bed, Poverty Ratio, Literacy Percentage. These variables confine both the health-promoting environment and the opportunities it generate for improving individual capability to achieve good health and to be free from escapable morbidity and premature death.

TABLE 4-	Beta	Sig.
(Constant)		0.0006
Per capita Expenditure	-0.0709	0.0662
Literacy Ratio	-0.0637	0.1306
Population per Sub Center	-0.0267	0.3356
Population per PHC	-0.0189	0.5619
Population per CHC	0.0581	0.0171
Population per hospital	-0.0247	0.5193
Population per hospital bed	0.0504	0.1383
Poverty Ratio	0.0006	0.9796
Dummy time	0.9461	0.0000
Adjusted R Square – 0.9903		Durbin Watson – 1.35

a. Predictors: (Constant), Dummy Time, Population per CHC, Poverty, Population sub center, population PHC, population hospitals, population hospital bed, Per capita Expenditure, Literacy Ratio.

b. Dependent Variable: In- accessibility Index

When all variables entered simultaneously using enter method the whole model predicts 99.4 % total variance in explaining variation in index of access to health among the states. However the close examination of individual B weight suggest that State Policy variable is positively and highly correlated with index of access to health among 15 major states this pattern suggests that if state's policy changes in the same pattern the in-accessibility index will increase which indicate that after 1995 the policy shift has deteriorated the accessibility of health services of the individual these pattern can be regarded to the entry of high cast health service providers, price hike in medicine and medical examination, public private partnership, reduction in governments budget etc. As confirms by β value (-0.709) of Per capita public expenditure which has negative impact upon in access to health services. It suggest that one unit change in per capita public expenditure will reduce the inaccessibility by 0.070. Other variable like literacy, population PHCs, poverty and population per hospital are negatively correlated with inaccessibility index. It suggests that improvement in health infrastructure will increase the access to health services. In the light of the result of this analysis re-affirms the previous studies done on the determinant of access to health care services where literacy health infrastructure and poverty are taken as a measure determinant of access to health care. Sub center per 1000 population and community health center per 1000 population also showed negative sign as a determinant of in- accessibility index at .33 significant level denoting that the increase in number of Sub centers and Community health centers will increase the access capacity of health services of the individual, though the quality care and staffing at these center is great matter of concern for accessing these facility which can't be incorporated in the present work.

5. Conclusion

This paper, attempts to propose a robust Index of Health Accessibility (HAI) using the data on individual reporting. This multidimensional measure is developed in line with well known development indexes such as HDI, HPI, GDI, GEM,

HDI^{DI} and IFI. HAI can be used to compare the extent of inclusiveness of health services across different regions and to monitor the progress of the regions in terms of inclusiveness in health services. Such an index is also beneficial in order to address pragmatic issues on the association between inclusiveness of health services and policy variables or individual characteristics apart from the cross validation of other indexes like Human development Index. HAI measure is based on the data on individual's reporting for access to health care services. The results show that a very small number of states can achieve near universal access to health care services. However a large number of states including several developed states like West Bengal, Punjab and Maharashtra have very low levels of access to health care services for its individuals. Though this paper attempts to look at inclusiveness of health care services in different states on the basis of four dimensions namely availability of health providers, long waiting, no faith in health facility and affordability, but some of the potential indicators couldn't be included owing to lack of data. These indicators are like quality of care people are getting, distance they have to cover to avail the health facility etc.

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RESOURCE SHARING IN INDIAN UNIVERSITY LIBRARIES

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Declaration

The Declaration of the author for publication of Research Paper in The Indian Journal of Research Anvikshiki ISSN 0973-9777 Bi-monthly International Journal of all Research: I, *Vivekanand Jain* the author of the research paper entitled RESOURCE SHARING IN INDIAN UNIVERSITY LIBRARIES declare that, I take the responsibility of the content and material of my paper as I myself have written it and also have read the manuscript of my paper carefully. Also, I hereby give my consent to publish my paper in Anvikshiki journal, This Research paper is my original work and no part of it or its similar version is Published or has been sent for Publication anywhere else. I authorise the Editorial Board of the Journal to modify and edit the manuscript. I also give my consent to the Editor of Anvikshiki Journal to own the copyright of my Research Paper.

Resource sharing is the need of the hour due to ever increasing and diversified information needs of the users and no library can have all types of resources. The Information Centres of UGC, Document Delivery Centres of INFLIBNET and other National Documentation centers are playing catalytic role to fulfill the information needs of academicians and researchers of India. Due to ever increasing subscription cost of learned journals and the stagnant library budgets universities are forced to share their resources to serve the users using modern information communication technologies. There is a need to develop healthy atmosphere and willingness to share the resources as well as to apply marketing strategy in resource sharing.

Introduction

Concept of resource sharing is found in the form of Inter Library Loan since beginning, its roots can be traced as far back as 200 B.C. when Alexandria Library shared its resources with Pergamum Library. There had been resource sharing agreements among the Universities of Lund, Abe and Greifswald in 1740. Indian university libraries are sharing its resources from beginning in the form of cooperative acquisition, cataloguing and inter library loan at local level using union catalogues, but later on it is changing from transferring whole document to required portion of document in the form of photocopy or ultimately in the form of electronic copy.

Present hybrid libraries are serving to its users in manual and electronic mode. Most of the Indian university libraries are hybrid in nature and BHU Library is one of them. BHU Library is having traditional

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resources and adopted modern information communication technologies to serve the users in effective way. It is providing traditional services like circulation, photocopying service and modern services like access to online information resources including Online full text Journals, e-books, Electronic document delivery service, etc. In the age of networking, library is the member of IFLA, ILA, IASLIC and INFLIBNET.

Ever increasing subscription cost of learned journals, decreasing value of the Indian Rupee against major foreign currencies and the stagnant library budgets during the last one decade or so are some of the major factors that have compelled our universities and other libraries to reduce their collection of journals to a very minimum level. This is directly and indirectly has been affecting the academic and research work in the universities in our country. To over come this situation and to make optimum use of the existing collection of some of our resourceful libraries in support of academic and research work, there is a need of symbiosis between marketing and resource sharing or resource sharing through marketing.

Laws of Resource Sharing

Seven laws of resource sharing described by Kaul are as follows :

1. Library Resources are for use.
2. Documents in standard database form are the Dynamic Resources for global sharing.
3. Every resources its user.
4. Every user his or her share of the resource.
5. Minimize the Non-use period of documents-in-demand.
6. Automated delivery mechanisms of resources will progressively grow.
7. Resource Sharing is a global phenomenon.

If the above laws of Resource Sharing are carefully followed, the users of the participating libraries shall be greatly benefited and there shall be an optimum use of the resources available in these libraries.

Resource Sharing over INTERNET

Increasing use of World Wide Web technology to access information has created a growing demand for documents to be delivered via the internet. With the advent of Internet, major libraries are now available online accessible from any part of the world. No library today, can hope to hold every item required to meet the needs of its users under the crisis faced due to resource crunch. Hence, sharing of resources using computer networks has become a necessity. Now a days various university libraries are having web OPAC, which are very helpful in resource sharing. BHU Library under INFLIBNET Programme established its Document Delivery Centre and agreed for resource sharing with all Indian Universities.

UGC-INFONET program for Universities, NLIST program for colleges and Open source initiatives fulfilled the information needs of academicians and demand of EDDS reduced.

International Scenario

Most of the library suffered due to reduction in economic resources, human resources and they feel the only solution to survive is cooperation, coexistence and get the solution in the form of resource sharing. They develop consortia/ networks/ associations to share the resources. The Nation-wide lending service of the British Library, coupled with the successful functioning of the Joint Academic Library Network (JANET) enabled academic libraries in Britain to provide satisfactory service to its users even at a time

of severe financial constraints. OCLC and RLG (Research Library Group) are meeting the needs of researchers through successful resource sharing.

Indian Scenario

UGC and INFLIBNET have established few information centers to serve the Academic and Research community of the nation. Besides this there are number of national institute who shared their resources with other libraries and also applied marketing strategy in supplying of information.

UGC: The following three Information Centres were established by UGC :

1. *National Information Centre, SNDT Women's University Library, Mumbai* for Sociology, Women's Study, Home Science, Special Education, Library & Information Science, Gujarati Language and Literature.
2. *National Centre for Science Information(NCSI) Indian Institute of Science, Bangalore* ; NCSI, a UGC Inter-University Centre for Science Information, to serve the researchers and academicians in the University and colleges all over the country. It covers subject areas of Science and Engineering. The Centre helps the researchers to get the full text research papers through BLDSC, UK or NLA, Australia to supplement the IISc Library collection.
3. *National Social Science Information Centre, MS University of Baroda*; It is established by UGC to serve the students, researchers and academicians in the university and colleges all over the country. It covers subject areas of Economics, Education, Political Science, Psychology and Inter/multi disciplinary subjects.

INFLIBNET Centre

INFLIBNET is trying to fulfill information needs of the researchers / Scientist and faculty members through following Six Document delivery Centres. The geographical area is allocated to each of the centre, but if any document is not available in nearest one than one can approach the other centers also.

1. *Banaras Hindu University, Varanasi*; Arunachal Pradesh, Assam, Bihar, Jharkhand, Manipur, Meghalaya, Nagaland, Sikkim, Tripura Uttar Pradesh, & Uttaranchal.
2. *University of Hyderabad, Hyderabad*; Andhra Pradesh, Chattishgarh, Madhya Pradesh, Orissa, West Bengal
3. *Indian Institute of Science, Bangalore*; Karnataka, Kerala, Lakshadeep, Pondicherry, Tamilnadu
4. *Jawaharlal Nehru University, New Delhi*; Delhi, Haryana, Rajasthan
5. *Punjab University, Chandigarh*; Chandigarh, Himachal Pradesh, Jammu & Kashmir, Punjab
6. *Tata Institute of Social Science, Mumbai*; Diu and Daman, Goa, Gujarat, Maharashtra

Request & Delivery modes

Request can be send by phone, email, fax or by post and requested material will be delivered using any one of the following options depending on requester's need and payment by electronic delivery using email, or Fax or Speed post / courier/ Normal post or by hand, if the user personally visits the DDC.

Charges for DDS

Most of the services are running on No profit No loss basis. The Document Delivery Service is open to any one who is working or studying in the academic and research institutions, government departments and other public funded organizations. Requests from profit making and commercial organizations will also be met. However, the priority will be given to the request coming from INFLIBNET member institutions. Preferably, the request for availing the service should be made through the respective

library. The fee for the service is charged depending on the type of members and mode of delivery. The following fee in general is being charged by all the Six Document Delivery Centres.

For INFLIBNET Member Libraries

Electronic Document Delivery using Internet options. Rs. 5.00 upto 5 pages or part thereof and Rs.5.00 for subsequent 5 pages or part thereof.

Photocopy. Rs. 10.00 upto 5 pages or part thereof and Rs.10.00 for every subsequent 5 pages or part thereof.

Fax/Courier/Speed Post. Rate charged for photocopy plus actual charges of Fax/Courier/Speed Post

The procedure and charging system may different in other DDS institutes from INFLIBNET. As per earlier study of Unnikrishnan and others, few institutes are charging Rs.1000/- in advance for DDS and few are providing free of cost, but these practices are not satisfactory. He wrote providing free DDS or charging One thousand in advance, both are not proper/ good practices. There should be some nominal charge to run the service smoothly and there is no need of advance payment, if users sent the query through Librarian or Library may become the member of any DDS institute to provide facility to its users.

Other National Institutes for DDS

Before present document delivery service of INFLIBNET, the following institutes have been providing DDS in India for example – NISCAIR (earlier INSDOC) Marketing and Customer Service Division; NASSDOC; National Informatics Centre (NIC) Bibliographic Information Service Division & MEDLARS INDIA Division; NCSI, Indian Institute of Science, Bangalore; National Information Centre of SNDT Women's University Library, Mumbai; IIT Libraries and other institutes also.

DELNET (Developing Library Network) :Delnet was established as a metropolitan Area Network to serve the libraries in Delhi region but now it become a major library network in South Asia. DELNET at present has 5340 libraries as its members, of which 251 libraries are in Delhi, 5065 outside Delhi in 33 States and Union Territories and 24 in overseas countries. Delnet serving its members through effective document delivery service. Delnet offers access to about two million books and other documents through a number of union catalogues, union lists and other databases that are accessible through the Internet. Earlier the BHU Library is the member of this network and availing its facilities to serve valuable users of our library. The accessibility of Delnet online bibliographical databases are available through internet. (<http://www.delnet.nic.in>)

Conclusion

We are going positively towards resource sharing, because now a days everybody feels the necessity of this type of collaborative & cooperative endeavors. There is a need to develop some tools like Union catalogue, Online Public Access Catalogue, WEBOPAC to know the availability of resources. INFLIBNET is playing role as a national agency in formulating unified policies and payment procedure for all Document Delivery Centres. It may be suggested that such services should be brought to the notice of readers in all the universities. There is need to give wide publicity and strengthen such services in India.

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- Website of INFLIBNET* : <http://www.Inflibnet.ac.in>
- Website of UGC* : <http://www.ugc.ac.in>
- Website of DELNET* : <http://delnet.nic.in>

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RICHARDSON, G. (1985), 'Judicial Intervention in Prison Life', in M. Maguire, J. Vagg and R. Morgan, eds., *Accountability and Prisons*, 113-54. London: Tavistock.

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