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International Academy of Urban Dynamics

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All India Institute of Local Self-Government (AIILSG), established in 1926 has been actively working in the field of urban development management and is a diligent partner in promoting the cause of local governance in India and overseas.

The Institute has been the steadfast friend, philosopher and guide to Urban Local Bodies (ULBs) across the Country. For more than eight decades it has contributed to the principles and practice of urban governance, education, research and capacity building. It has designed and developed a vast array of training literature and courses and trained more than 1.5 million stakeholders in diverse areas of urban governance and urban services delivery.

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The Academy offers strategic contribution to urban vision, policy and planning across countries and cities through multi-level research, documentation, debate, advocacy and capacity-building. It aids the crafting of innovative solutions to urban challenges through sharing, networking, dissemination and advisory services.

The Organization has embraced certain values including a pervading quest for excellence, perpetual learning, and the sharing and interpretation of knowledge that is grounded in ethics and truth. IAUD would undertake non-partisan analysis and evaluation of situations, facts and figures and render advice that is non-adversarial in intent and positive in content with a view towards better alternatives.

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Editorial

Urban Mobility; a battle we must win

"A developed country is not a place where the poor have cars. It's where the rich use public transportation." Gustavo Petro, a former mayor of Bogota said. The City, the capital of Columbia, under Petro and other leaders, is known for ushering in sustainable and environment-friendly mobility including its bus rapid transit system and large network of bicycle tracks.

The subject of efficient public urban mobility solutions is occupying the minds of urban planners and policy makers all over the world including India. There is increased engagement among planners, local governments, citizens and civil society to address this issue. The already precarious situation with respect to air quality in Indian cities is pushing planners to reduce the number of vehicles on the roads and to usher in 'Green' mobility mainly electric mobility. Other issues including congestion and road safety are equally severe. All these will get increasingly challenging as urbanisation becomes the defining trend of the future. The so-far adopted solutions like more roads, better roads, flyovers and elevated roads will, many argue, only serve to increase the number of cars and other private vehicles.

The essential elements of efficient public transport are well articulated in SDG Target 11.2 - *By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons.*

Some very significant dimensions of public transport flow out of the above statement. Availability, affordability and accessibility are among these and will be key ingredients to create a menu of successful public transport options. In terms of availability, planners need look at rail-based options, buses, IPT, and first and last-mile connectivity all integrated in a seamless manner. Rail based options such as the metro could be most effective in cases of city-airport/railway station connectivity and city-industrial township routes, where time-predictability of the journey is important and there could be assured ridership. However rail-based solutions are serving cities in other situations too; the best example being Mumbai and its suburbs. Here the suburban rail system carries the citizen over 30-50 kms to the city centre and back home to the suburbs, serving about 8 million people every weekday. Bus services are available in almost all cities, run by the local body or the state transport utility. However, the operations are marred by losses with operators curtailing routes or withdrawing services such as air-conditioned buses on 'viability' concerns. Looking at public transport services through the viability lens could be short-sighted in the context of a sustainable future for our cities.

As regards affordability, it is a rather unwelcome situation that in most cities today, using a personal motorcycle is cheaper than taking the bus. Several cities around the globe have realised this and have proposed free public transport especially in times of very poor air quality. Anne Hidalgo, Mayor of Paris stated “To improve public transport we should not only make it more extensive, more regular and more comfortable, we must also rethink the fares system.” She has been a votary of free public transport in the city. Elsewhere in Europe, three German ministers including the environment minister, Barbara Hendricks wrote earlier this year, “We are considering public transport free of charge in order to reduce the number of private cars”. “Effectively fighting air pollution without any further unnecessary delays is of the highest priority for Germany,” the ministers added. The example of Mumbai's suburban rail is relevant in this context. The fares, specially with the monthly or quarterly pass, make the commute highly affordable and therefore much preferred. With over fifty percent of Mumbai's population using the services, the resulting passenger density on these approximately 3000 services is the highest

anywhere in the world. The situation can be rather chaotic and frightening during the peak hours; it resulted in about 8 deaths per day on railway tracks in 2017. Despite this, it is most preferred because it is quick, efficient, reliable and above all highly affordable. We must find resources to fund public transport services so that these services are viable while at the same time keeping fares affordable. A cess on every litre of motor fuel sold, a cess on vehicle sales, more realistic parking fees (no free parking on streets), can all help discourage private vehicle use and encourage use of public transport.

Another important dimension which planners should keep in mind is accessibility calling for 'inclusive' design of systems. While there are some provisions for women such as reserved compartments in suburban trains and special buses, much remains to be done. Access to city buses for physically challenged is limited or non-existent. Access for people with wheelchairs, walkers and mothers with prams is rare. We must ensure that mobility limitations do not become a major impediment to economic inclusion for the differently abled.

To sum up, availability of affordable and inclusive public transportation will be the hallmark of successful cities. Different modes carefully stitched together to create a seamless and efficient network for effective mobility will go towards green mobility and a sustainable future. It is a tough battle no doubt; but a battle we must win.

A Synoptic Review on Population Ageing

Sowmyashree K. L & B. N. Shivalingappa

Abstract:

Population ageing is one of the main themes, which have received attention in the fields of population studies at present. It has gained more importance in recent years, because the world at present is experiencing more rapidly than ever before the process of population ageing. Therefore recent years have seen abundant growth of interest in ageing, because it is a multi-disciplinary subject. Because of its multi- disciplinary nature the different aspects of population ageing have been studied by scholars of different disciplines like, geography, economics, sociology and psychology. The present study is an endeavor to review the literature on population ageing to give a synoptic view of it. The reviews have been divided in to three different characteristic features of ageing (first section related to Demographic aspects, second section related Socio-Economic characteristic features of ageing, and final section related to Health features of ageing).

Key words: Review, Population Ageing, Demographic, Socio-Economic, Health

Introduction

The world has witnessed some silent changes in the structure of its population since the last century the impact which is most significant to every individual. The greatest change which could be called an achievement of the last century is the drastic decline in fertility and mortality and improvement in life expectancy and greater longevity. The result of this greatest achievement is an increase in aged population throughout the world. Nowadays many of the developed and developing countries are facing the problem of aged population. In fact population ageing is one of the major challenges for all countries.

It is a multi-disciplinary subject therefore, in the recent years one can see abundant growth of interest in ageing. Due to its multi-disciplinary

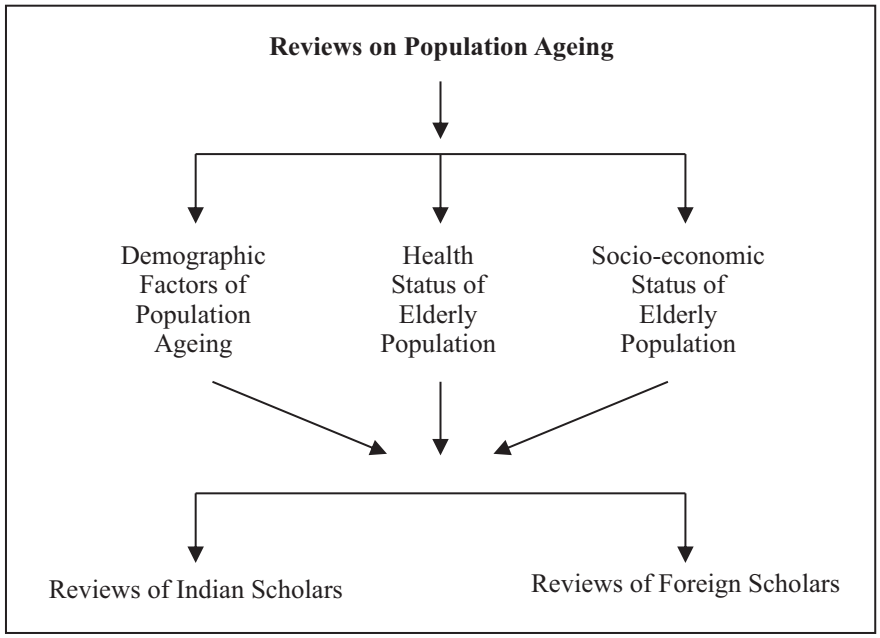
nature different aspects of population ageing have been studied by scholars from different disciplines, such as Geography, Economics, Sociology and Psychology. As a result, the literature concerning various aspects of population ageing has been enriched to a great extent. An attempt is made in this paper to review the literature on population ageing to give a synoptic view of it.

1.1 Synoptic Review on Population Ageing

The reviews of literature on population ageing are classified into three sections. There are,

- Demographic factors and their impact on population ageing,
- Socio-economic factors and their impact on the elderly population and
- Studies relating to the health of the elderly.

Chart 1 - Model of Review of Literature



1.1.1 Research Papers relating to Demographic Factors of the Elderly

The process of population ageing is a multi-facet phenomenon having various dimensions such as demographic, socio-economic and spatial. Demographic dimension is one of the important dimensions among them because different regions have difference in the intensity of the process of population ageing. Therefore in this section an attempt has been made to review the literature relating to demographic factors of elderly.

1.1.1a: Review of Foreign Literature

Bhim P. Subedi (1996) made a study of the geo-demographic context of population ageing in Nepal, during the period from 1952 to 1991; this study was based on the census and vital statistics. The author has used ternary diagram to show the trend of different age groups in different time periods. He found out the aged population growth, dependency, median age and life expectancy of the elderly population and he also revealed that the process of ageing of population is mainly determined by the trend of fertility, mortality and migration. The study however, does not deal with the other aspects such as, socio-economic condition of the elderly people.

Ik Ki Kim (1996) described the process of population ageing in conjunction with the demographic transition in Korea and also dealt with the changes in the characteristics of population and family structure, changes in the demographic status of population ageing, and living arrangements of the elderly. The study revealed that the share of elderly population, and old age dependency ratio increased along with the development of demographic transition. The study observed that the proportion of the elderly living alone has sharply increased while the proportion of those living with family members has consistently decreased. Further, the study also found that an increasing number of Korean elderly would suffer from financial difficulties because of their children's avoidance or inability to provide financial support. The study, however does not deal with the status of male and female elders separately.

Fubin Sun (1998) in his article, analyzed the pattern of aged population growth in China from 1950 to 1990, based on secondary data. He analysed trends and patterns of aged population growth and dependency ratio of both in rural and urban areas and also examined the causes for the population ageing and consequences of growth of population ageing. The study reveals that the growth of aged population of China is on the increase, especially in the rural areas.

Radhoane Gouiaa (2004) analysed the elderly in Tunisia from 1956 to 1994 and examined the growth of population ageing (male and female) and socio-economic, health and living status of elders in the country. He revels that the elderly population had increased from 4.1% in 1956 to 8.3% in 1994 and life expectancy also increased from 67.1 years in 1984 (male 66.1 and female 68.2) to 71.1 in 1994 (69.3 for males and 73 for females).

He also reveals that, around 45% of the elders have good health and more than half of the elders have chronic diseases, 6% of them have at least 3 chronic diseases and 17.6% have 2 diseases and nearly 31% of them have one disease.

David E. Horlacher (2002) in his paper discusses the demographic issues relating to the ageing of the population in Japan. He attempts to analyse the demographic development of the Japan viz., fertility, mortality, life expectancy and also focuses on the aged population growth and causes for declining fertility and mortality trends in Japan.

Mohammad Mainul Islam (2006) explores the mortality trends and pattern of China, India and Japan through descriptive methods by comparing and analyzing the mortality indicators - CDR, IMR and life expectancy at birth over time in last 50 years. The mortality trend in India and China has decreased from 1995 to 2000-05.

The study indicates that the overall extent of mortality in Japan is low having highest life expectancy (81.9) and lowest IMR and CDR (both 3.2) India is having highest CDR (8.8) and lowest life expectancy (63.1) at birth and China is in between where increasing life expectancy at birth (72.5) and decreasing death rates (25.1 in 1950 and 6.8 in 2000-05).

Slawomir Kurek (2007) analysed population ageing from geographical research perspective with focus on four main aspects of population ageing. The first aspect of geographical approach consider theoretical aspects in connection with demographic transition theory, the second deals with cognitive aspect and examines territorial distribution of the level and dynamics of ageing; the third one is an application aspect connected with socio-economic consequences of population ageing and the last aspect is the use of projections as well as methodological aspects connected with its measurement and classification.

Population division department of Economic and Social affairs, U.N. Secretariat, (2007). In this report on diversity of changing population age structure in the world presents an

overview of trends in population ageing, thus providing the demographic basis for the examination of the social, economic and policy implications. Most of the data are derived from the 2004 revision of world population prospects and discuss the changing age (young, adult and old) distribution in the world in generally ageing population in particular and their living status also analysed.

It reveals that most countries of the world are advanced in the demographic transition and having more number of the elderly population and some of the countries have starting and second stage of the transition with high fertility and mortality and higher number of young population. But in 20 years LDCs will be the home of 71% of the world older persons.

Suntoor R (2012) compares the changes in the age structure and demographic development in Mauritius based on secondary data. The study found that Mauritius has completed its demographic transition in less than four decades and also revealed that the fall in mortality and fertility rates have led to an improvement in life expectancy of the population and consequently, increases in the share of old age population. The study however, does not give any detailed information about the cause and consequences for population ageing.

1.1.1b: Review of Indian Literature Relating to the Demographic Factors of Population Ageing

In recent years some developing countries are also facing the problem of population ageing. In the near future most or all of the less developed regions will experience high growth of older population and over half of it will be in South–East Asia, namely in India and China. Therefore, in these countries, greater amounts of literature have appeared relating to population ageing.

Yusuf Khan and Sawant S. B (1989) studied the spatio-temporal variation of dependency burden in Maharashtra, India. The study investigated about dependent population, vital rates, urbanization, working population, age at marriage, etc. This analysis was restricted to 1951 - 1981 period and they had applied stepwise regression analysis. The analysis brought out the socio-economic and demographic situation in the region and showed that about 82.37% of the population was dependent. This high dependency was mainly affected by infant mortality rate and life expectancy.

The authors found that during the 100 year period 1881-1981, Indian dependent population was higher in north eastern region while it was lower in northern and southern India in 1981.

Tripati (1989) studied the age structure of the Kols in Manipur block (Uttar Pradesh). This study was purely based on primary data which were collected from a field survey in 1987. Twenty villages were selected as samples on the basis of stratified random sampling method. The main purpose of the study was to examine the age and sex structure of the Kols population. He found that young population was greater than other groups, with young males outnumbering the young females.

Irudhay Rajan (1989) has examined the problem in the process of population ageing in Kerala. The study was based on secondary data. The data have been collected from Census of India, age tables, estimation report by Mari Bhatt and Irudhay Rajan of the Centre of the Development Studies Trivandrum and Bureau of Economic and Statistics, Kerala for the period from 1901 to 1981. The vital statistics (birth and death rates) was used to find out the growth trend of aged population in the study area. He also analysed the age structure and pattern of aged population distribution both in rural and urban areas. He found that Kerala has more aged population growth in India and the female population is predominant at older ages. However he does not give the spatial variation of aged population distribution of the study area.

Leela Gulati (1993) has conducted a study on population ageing and women in Kerala State. The study examines the ageing of the female population in the state of Kerala in light of current and future demographic trends as well as the social and economic implication of this process. The study stated that nowhere in Indian states is the demographic transition as advanced as in Kerala. The population growth of Kerala is rapidly declining with a high average age at marriage, a high level of family planning acceptance and fertility control. The population is also fairly well advanced in terms of literacy and educational attainment and moderately successful in inducing social change. Therefore, this study concluded that, ageing of the population has been increasing in Kerala.

Daksha C. Barai (1997) emphasized the impact of population change on older age groups in India since 1901 to 1991 and examined the demographic causes (CBR, CDR, Life Expectancy), consequences (dependency, sex ratio, labour force) and related issues.

The study reveals that decline of growth rates of population in India in the face of modernization and development has its impact on the growth of the older population.

P. S Nair and S. Santhosh (1997) attempted to make a micro level study of ageing of population in Trichur

District of Kerala. To find out the socio-economic characteristics of the elders, multi-stage sampling method was followed (random sampling) to draw the samples of elderly population from rural and urban districts and 500 aged persons were enumerated.

The study has highlighted the lack of popularity of old age homes; majority of the elders desire to live with their children rather than to be in old age homes.

Mamedova M (2004) made a simple study on population ageing in Azerbaijan Republic during 1990 to 2002. He found that, the country is experiencing the demographic transition from high birth and death rate to low birth and death rate and increasing life expectancy. Therefore it will lead to increase in the share of older population in future decades.

Sudesh Nangia and Abhay Kumar (2005) examined the spatial and temporal changes in the age-sex structure of India's population by studying in detail the shift in each age-cohort from 1881 to 2001. The study also examined the variations in the pattern of age-sex structure between the two regions of India with diverse demographic profiles – the four northern states (Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh) and the four southern states (Andhra Pradesh, Karnataka, Kerala, Tamil Nadu). The study is based on the hypotheses that a slow but gradual decline in fertility and a rise in the expectancy of life at birth have changed the age-sex composition of India's population; different age-cohorts exhibit different demographic responses to the impact of fertility and mortality change in the population; and change in age-structure is more pronounced in the demographically developed states than demographically under developed states. The study found that the spatial pattern of the change in the age-sex structure is also at variance. Southern states have experienced faster change in the age-sex structure of the population than the northern states. Cohort-wise, change is more visible in the 0-14 and 60+ age groups than the productive age-group.

Chandrashekara and Sannashiddannanvar S.S (2007) in their article analysed the growth of aged population and the changing balance between different age groups in India, from 1961 to 2001 using census data. They revealed that the female aged population was more predominant at older ages because of higher life expectancy than the male aged population.

They have also analysed the spatial pattern of distribution of aged population in Indian states, using ageing index. The index varies from state to state depending upon their

social, economic, medical and financial condition of the regions and southern states like Kerala, Tamil Nadu have more population ageing index than the other states. However this study does not give the detailed information about the cause factor of population ageing.

Chandrashekara and Angadi P. (2007) in their article analysed the growth of aged population in the world and in India. They have attempted to analyse the spatial pattern of aged population in the Indian states and also dealt with the problems and policies of old age population, especially focusing on aged women.

They found that female population was predominant at older ages and also the socio-economic status was poorer than the male aged population. However this study does not focus on the rural-urban differences of the population ageing in India.

Soumitra Basu and Prabir Kumar Das (2008) attempted to examine the demographic, health and psycho-social implications of population ageing in the Indian context based on secondary sources. The study found that the ageing process has been influenced by the socio-economic development of the society and positive solutions to meet the challenges of ageing for the next millennium. The study also revealed that the life expectancy, old age dependency and ageing index and share of old age population have increased and also the fertility, mortality rates started to decrease in the country.

Lekha Subaiya and Dhananjay W. Bansod (2011) explained the demographic study of older population in India based on the 2001 census data. The analysis is carried out by clusters of states which are experiencing population ageing at varying degrees. The study revealed that the share of elders' population especially female elder population in India has been increasing from 1971. The study also found that southern states have high share of elderly population. Therefore government needs to promote harmony between development and demographic change by increasing the economic and social sources of support for the elderly.

Sangeeta Kumari and T. V. Sekher (2012) examined the status of elderly widows of India in terms of their living arrangements, economic dependency, health conditions, and well-being based on secondary data. The study found that three-fourths of widows are economically fully dependent on others. About 12 percent of widows are forced to live alone. 14 percent of widows report unmet needs for food, clothing and medicine, and one-third of the widows felt that their

health status was very poor. The majority among elderly widows faces deprivation on many counts - they are aged, they are women, they are poor, and they are widowed.

Sumanash Dutta (2012) identified the path of ageing, its feminization and urbanization process in Assam, the state which was one of the fastest growing regions of the subcontinent in terms of population growth in the 20th century. The results of the study reveal that the ageing process among the male and female populations in both rural and urban areas of the state accelerated from 1981 and it appears to be faster among the females in the rural areas of the state. The study also found that the rate of growth of male and female population, in all age groups, is much higher in urban areas than what is prevailing in the rural areas of the state. The results further indicate that the state has not yet entered into the stage of feminization of ageing process and there is a clear indication of the beginning of feminization era of population ageing in the state in the recent past.

Population ageing is mainly determined by demographic factors like fertility, mortality, migration and life expectancy of the people. There are a number of studies dealing with population ageing in India and abroad. Some relevant studies have been briefly reviewed in this chapter. The main difference between these studies is that in Indian literature the elderly population is defined as those who are 60 years and above. This is normally adopted in most of the Indian studies. On contrary, in the studies of overseas scholars, 65 years and above is determined as comprising old age population because of the differences in life expectancy in MDCs and LDCs.

All these studies had concentrated on broad analysis of the process of population ageing (growth, pattern, causes and consequences) at macro level, taking regions, states and countries as a unit of the study. Those studies revealed that, the ageing process was mainly affected by decrease in fertility, mortality and increase in life expectancy, and also showed that, it differs from one region to another.

1.1.2 Studies Relating to the Health of the Elderly

Ageing is always related with decline in physical capacity, biological deterioration and psychological failure which affect adversely the health status. Therefore the health status of the elders is supposed to be the major concern of any society. Therefore the literature related to health of the elders has gained significance. Hence there are a number of studies dealing with the aspect of health status among the elderly people in different regions. A brief review of some of the Indian and foreign studies is given below,

1.1.2a: Review of Studies related to Health status of Elderly by Foreign Scholars

There are many attempts made to find out the health status of the aged population in the world. A brief review, is given below:

Hale and Cocharan (1986) theoretically examined gender differences in the health attitudes among the elders. Physical health was recognized as one of the major factors in the psychological adjustment of older adults. The relationship between physical and mental health was more pronounced for males than females. The result also indicated that this gender difference was due to the greater difference in socio-economic conditions of the elders.

Population Reference Bureau (2010) contributed to understand the characteristics of China's oldest old (aged 80 and over) population growth and challenges in their health care needs. The study found that the oldest old population in urban areas is more likely to suffer from frailty than those living in rural areas. Heart and other health problems like diabetics and obesity have been increasing among aged people. The study also revealed that the share of oldest old population which relies on family for support is particularly high, with about 71% among males and 89% among females. Finally, the study concluded that the Chinese government has pledged about 1.5% of country's GDP total (Gross Domestic Product) to health care over the next few years and to provide basic health insurance to rural communities. The study does not deal with the policy implications and recommendations.

Linda et al (2011) analysed the situation of America's aging population based on different secondary sources collected from the population bulletin of America. In 2011 America had 40 million elders aged 65 and above, but this number is projected to increase to 89 million by 2050 and oldest old population will also increase from 15 million to 19 million in the same period. The study found that the disability among the oldest old has been declining from the 1980s, whereas disability was increasing because of obesity among the middle-aged (50-64) and young old (60-69). Around 33% of adults aged 45-64 engaged in no physical activity during their leisure time. This percentage was 38% for 65 - 74 year old, and increased to 55% for people aged 75 and older. The study mainly focused on characteristics of the oldest old population rather than the other old age groups, young old, adult old, etc.

Hom Nath Chalise (2012) provided some information about the socio-demographic and health status of the Nepalese elderly. The data for this

study was collected from a cross-section survey undertaken in Kathmandu in 2005. A total of 509 people aged 60 years and above living in a ward of Kathmandu Metropolitan City were interviewed using structured questionnaire. The result shows that the mean age of the study population was 69.6 years. Nearly 70% of the elderly were widows. Fifty-one percent elderly were illiterate. The study also found that 85% elderly were living with their children, 6% living with spouses and only 3% elderly were living alone. Major chronic health problems of elderly were blood pressure (23.4%), diabetes (13.2%), respiratory problem (12.8%), arthritis (9.4%), back pain (8.4 %) and heart disease (4.9%). Further, this study found functional difficulties with at least one of the ADLs (Activities of daily Living viz., eating, bathing etc.) was 8.1% and at least one IADLs (instrumental Activities of Daily Living such as shopping, travel etc) was 32.8 in the population aged 60 years and above. Finally, the study suggested that appropriate policy be framed for the elderly to improve their quality of life.

Nurizan Yahaya (2012) examined the impact of housing environment and neighborhood safety towards quality of life among older persons in Malaysia in 2005. Data was derived from the mental health and quality of life of Older Malaysians. For this study, 298 elders were selected. Different scaling techniques were used to identify the quality of life and also regression analysis was used. The study found that the respondents consisted of 50.4% females and 49.6% males with more than half (56.4%) living in urban areas, while 43.6% were staying in rural areas. In terms of ethnicity, the Malays represented a majority 58.3%, followed by the Chinese (24.8%). The rest of the respondents were represented by the Indians (4.8%) and other races (12.2%). The ethnic composition does not reflect the population composition of Malaysia, partly because the rural nature of the sample may have resulted in a higher percentage of Malays. Almost two-thirds (72.6%) of the respondents were young-old (60 to 74 years), 22.6% were old-old (75 to 84 years), and 4.9% were oldest-old (more than 80 years). Finally the study concluded that safety issues influence the perception of quality of life among older Malaysians after health, income and level of education.

1.1.2b: Review (Health of Elders) of Indian Literature

Elders in LDCs like India suffer from increasing number of health problems such as diabetics, heart problems, blood pressure, asthma, joint pain and also more psychological problems, especially in rural areas. Some of the literature is reviewed below:

Jayashree V (1988) assessed the physical and psychological problems and life satisfaction of elders of a

random sample of 300 urban (Mysore city) aged men and illiterate population. The data was analysed with the help of co-relation, regression, etc. The study found that the elders had more physical distress than psychological distress because of their poor economic condition. However, the study does not explain the physical and psychological differences by gender. It only concentrates on elder urban men.

Indira Jai Prakash (1999) analysed the aged economic and health conditions in India based on secondary information. The study found that the total number of blind persons among the older population was around 11 million in 1996, nearly 60 percent of older people are said to have hearing problems in both urban and rural areas. The hearing loss and resultant communication problems adversely affect the well-being of older people. The prevalence rate of mental morbidity among those 60 years and above was estimated at 89 per 1,000 population and about 4 million for the country as a whole.

The study also revealed that 40% of elders were workers in 1991. Around 60 percent of male and 65 percent of female elderly have been working as agricultural labourers. In urban areas, retired men were holding part time jobs to supplement their incomes. A vast majority of women are housewives, and as such, 'invisible workers', dependent on their families. Women's work is hardly quantified and monetized.

Indrani et al (2002) in a paper, have used the HDIS (Human Development Indicator Survey) house hold level data on the elderly, to investigate their health status and health-seeking behavior, with special emphasis on gender differentials in rural areas of India. The study did not find out pure gender effects on health – care seeking behavior in rural India. However, the data revealed that women may be more vulnerable than men due to reasons such as lack of productive employment and income, their widowhood status and low education, all of which make them dependent on others.

NSS Sixtieth Round (2004) report was based on the enquiry on 'morbidity and health care' with state sample. The report covered morbidity, hospitalization and immunization which constitute the curative and preventive aspects of the general health care system, utilization of health care services provided by the public and private sector and the expenditure incurred by the households for availing these services. The report also analysed the condition and problems of the aged persons.

Irudhay Rajan (2005) analysed the population ageing and health of aged population in India, between

1961 and 2001. This study was based on secondary data. The main objective of the study was to examine the health condition of the elderly people both in rural and urban areas. He analyzed the growth of elderly population and dependent population in different states of India and the study also focused on the marital status, living condition and health status in India dividing the country into 8 parts viz., east, south, west, east, north hills, north-east, north-west and union territories.

He found that in each region there are differences in regional patterns of the ageing process and problems of the elderly. He also reveals that in the rural areas the elderly population has been increasing more than in urban areas and the social and economic status of the rural elderly population was poor compared to their of urban counterparts.

Dayabati Devi and Amrita Bagga (2006) in their study of the north-eastern districts (Assam and Manipur) of India made a psychological, biological, anthropological analysis of aged women. This analysis reported that there are significant changes in physical and biological characteristics and health condition among different age groups of elderly women. A gradual increase was noticed in the frequency of occurrence of chronic diseases, disability, etc. as ageing proceeds further. For their analysis they used different statistical measurements like, regression, percentage, correlation (ANOVA T-test etc.).

Anindya Jayanta Mishra (2008) studied about the elders staying in old age homes. There are 30 old age homes in Orissa, of which 6 homes were chosen for the purpose of the study. Four homes are run by the government with the help of NGOs and two of them are run by Christian missionaries. The primary data was collected from field survey. The field survey was conducted during the December 2001 - August 2002 period, selecting 55 residents; of these 32 were males and 23 were females.

The study examines the socio-economic background of the residents and their reasons for seeking asylum in old age homes. The study also analysed daily activities of home residents and their physical and mental health. The findings showed that most of the residents came to stay in the home because there was nobody to take care of them. It also revealed that the majority of the home residents were in the age group of 66-70 and most of them hailed from villages. However, the study does not give detailed information about the facilities provided by the old age homes and also about the residents (socio-economic and health etc.)

Somnath Chatterji, et al. (2008) attempted to analyze the health of aged population in China and India. This study was based on primary data collected with the help of multistage cluster sample. This survey was conducted in China in 2002 and in India in 2003. In China, the survey was carried out in Gansu, Gaungdong, Hebei, Hubei, Jingsu, Shaanxi, etc. while in India, the survey was carried out in the states of Assam, Karnataka, Maharashtra, Rajasthan, Uttar Pradesh and West Bengal. It has made valid comparisons across the two countries.

They mainly examined the health and economic conditions of the elderly both in India and China. They reveal that a majority of the Chinese (95.6%) enjoyed better health compared to the Indians (92.8%). However, the study did not concentrate on the different aspects of the health condition of the elderly.

Mukesh Kumar, et al (2008) explored the health and morbidity status of 68 residents, aged 60 years and above, residents of four old age homes run by various trusts located in the city of Surat. The authors follow the interview technique employing a semi-structured discussion schedule containing variables on socio-economic aspects; diseases and disability profile, health care seeking behavior, dietary patterns, physical and leisure activities, dignity and also variables regarding homes for the elderly. The study reveals that majority of the respondents were males (54.4%); aged 71 years and above (63.2%); had received primary education (48.5%); were employed in the past (45.6%) or were housewives (39.7%); never married (69.1%); spouse was alive (29.8%); had children (47.1%); had been staying at the old age home for more than 3 years (58.8%). The study also found that the majority (70.6%) of these elderly were deeply affected by the rejection by their families and infrequent visits by their relatives, friends or children. About 25% of the elders were suffering from joint pain and immobility.

Vasanathamani. G and Parimala. J (2008) studied the health status and dietary practices of selected groups of elderly living in old age homes. The present study was carried out by selecting the elderly in three old age homes namely, Neyam, Missionaries of Charity and Mother Care Centre located in Coimbatore City. A total of 50 elders in the age group of 60-90 years were selected. This comprised 10 from Neyam, 18 from Missionaries of Charity and 22 from Mother Care Centre. The sample included 16 male and 34 female subjects and data were collected through interview, covering socio-economic and dietary pattern of the selected elderly.

The result of the study revealed that the number of female inmates living in the institutions was greater compared to male elders and some of the elders are working in different jobs and some of the elders have different type of health problems.

Rajeshwari (2009) analysed the health problems of aged in India. The main objectives of the study are to examine the growth of aged people by sex in India since 1961, to study the health problems of rural and urban aged by sex and also to examine the economic dependency of rural and urban aged by sex based on secondary data of Census of India and National Sample Survey (1998).

The study reveals that a higher proportion of both rural and urban elderly persons suffered from the problem of joint pains. However, in this category elderly women were more than men. The second hierarchical health problem of aged was cough, in which men have outnumbered women. Three-fourths of rural and urban elderly persons are economically dependent on their children.

Reeta Kumar and Aradhana Srivastava (2009) have analyzed the social support and mental ill health among older housewives. The study mainly assessing the perception of received social support and mental ill health of elderly housewives in the age group of 50 years and above, based on the samples, consisted of 35 housewives in the age group 50-60 years and 35 housewives ageing 60 years and above, belonging to similar socio – economic status and they used correlation, t-test, mean and standard deviation to show the relationship between ill health and lack of social support for the elderly housewives.

The result shows that mental ill health is higher among older as compared to younger housewives and perception of availability of social support is similar between both the younger and older housewives.

Rajbir Singh and Dinesh (2009) have analysed the health conditions and subjective well-being in middle aged and older adults. A random sample of 132 rural participants from Rohtak Division (Haryana), above 55 years of age (male-64, female-68) was taken for the study and data were analysed by using descriptive statistics and two-way analysis of variance. The result revealed that older adults reported less somatic complaints and psychological distress as compared to middle-aged adults.

Lena A, et al (2009) have studied the health and social problems of the elderly and their attitude towards life and the study carried out in the field practice area of the department of community medicine in South India. A

total of 213 elderly patients who attended the outreach clinics were interviewed using a pre-tested schedule. The study found that around 73% of the patients belonged to the age group of 60-69 years old. Nearly half of them were illiterate, around 48% felt they were not happy in life, a majority of them had health problems such as arthritis, diabetes, asthma, cataract and anemia.

The result of the study showed that there is a need for geriatric counseling centers that can take care of their physical and psychological needs. The stringent rules for eligibility to social schemes should be made more flexible to cover a large population.

Chandana Sarmah and Bapukan Choudhury (2011) identified the problems of Assamese elderly living in Guwahati City and also assessed the living status of elders, their care providers and satisfaction level in the cares offered based on primary data. For the study, 280 elders were selected. The study found that 13% of elderly women and only 2% of elderly men were living alone and 43% of male elders and 33% of female elders were fully active. The study also found that only 22% of the elders were greatly satisfied with their children (men 25% and female elders 19%).

Mani A (2011) studied depression among aged people in Therapaati village, Dharapuram, based on primary data collected from 30 old age people. Descriptive and inferential statistics was used for the analysis. The study found that 86% of the respondents have mild depression and13% had moderate depression.

The studies cited above highlighted that the health of the elderly people varies between MDCs and LDCs in rural and urban areas and between males and females etc. mainly because of the socio-economic condition of the elders.

1.1.3 Studies relating to the Socio-Economic Factors of the Elderly

The socio-economic characteristics such as literacy rate, working condition, sex ratio at older ages and living status of elders are very important which shows the conditions of the elders in both family and society. A review of some studies (Indian and foreign) focusing on the socio-economic factors and their impact on the life of elderly is given below.

1.1.3a: Review of Foreign Literature concerning Socio-Economic Characteristics of Elders

The literature related to socio economic conditions of the elders were reviewed as below.

Jenny de Jong Gierveld (1998) analysed the living arrangements of older persons and marital status of

different regions in Europe. Data for this study was collected from the Dynamics of Ageing project, initiated and executed by the Population Activities Unit of the Economic Commission for Europe in Geneva. The study provided a comprehensive picture of some characteristics of the living arrangements of older persons in four countries in Europe and that new ideas, attitudes and demographic behaviour are not restricted to young adult persons, but are also found in the lives of persons aged 50 and over. New behavioral patterns such as divorce and living alone, unmarried cohabitation are becoming more widespread among the elderly in Europe. In accordance with the central ideas of the second demographic transition, these trends started in the countries of north-western Europe, followed at some distance by the southern European countries.

Sidney B. Westley (1998) analysed the economic condition of the Asia – Pacific regions of Japan, Taiwan, South Korea, Thailand and Indonesia. The study found that the proportion of elderly Japanese indicating children as an income source has fallen from 30 percent in 1981 to 15 percent in 1996. Only 4 percent of elderly Japanese in 1996 listed children as their primary support. In the 1950s and early 1960s, saving rates in East Asia and Southeast Asia have supported unusually high investment rates, making a strong contribution to the region's economic growth. In 1993, gross domestic saving was 36% of gross domestic product (GDP) in Thailand, 35 percent in South Korea, 33 percent in Japan, and 31 percent in Taiwan and Indonesia compared with 15 percent in the U.S. Both Taiwan and South Korea have public pension systems with very broad coverage. Singapore and Malaysia also have particularly strong pension systems.

The study also revealed that in Indonesia, by contrast, less than 20 percent of the labour force is covered by public or private pension schemes. In Thailand, coverage is about 10 percent. In 1960, 60 percent of Japanese men aged 65 and older was seeking employment; this figure dropped to 37 percent in 1995. In Taiwan, the proportion of the elderly who work is much smaller than in Japan, and in Indonesia and Thailand the proportion is much larger, though each country has experienced a similar downward trend. Elderly women are much less likely to be employees in South Korea, both elderly men and women are more likely to be employed today than they were in the past. A significant proportion of elderly South Koreans are employed in agriculture particularly, as young people leave the countryside to seek employment opportunities in urban areas.

David E. Horlacher (2002) in his paper analysed the present demographic trends of population ageing, and overall population growth of Japan. He has also attempted to give an account of the status of the elderly viz., marital status, economic status, house hold condition, health status and health care services provided by the government.

David E. Horlacher and Landis Mackeller (2003) analysed the economic consequences of the process of population ageing based on different secondary sources. The study found that the share of old age population was 17.5% in 2000. It is expected to increase to 32.3% by 2050. The share of young age population decreased from 14.5% to 13% in the same period. The study suggested that policy implications such as making more efficient use of the labour force, providing incentives for savings, containing against investing abroad, promoting the education of young people, limiting commitments for public pensions.

Monica Ferreira (2004) analysed the ageing population in Africa. It is one of the poorest regions in the world. Chronic poverty, scarcity, disease, epidemics and humanitarian crises are realities of the context in which Africans grow old. Urbanization and other demographic forces are propelling social changes which impact family structures and their capacity to sustain individuals in old age. An expansion of formal care and support systems to benefit older persons is unlikely in the near future. Health care services are under-resourced and often inaccessible to older clients. The feasibility of achieving high standards of care in the low-income economies of African countries is considered with special reference to geriatric care.

The study concluded that indigenous solutions and strategies need to be developed to meet the support and care of elderly Africans.

Peter Bujari (2004) in his paper attempted to review the current situation of old people in Tanzania with national health policy of 1990/2002 on aspects of ageing through a discussion to delineate issue related to demographic transformation, disease in a geriatric perspective, changes in traditional values, community perception of old people and their implications towards achieving healthy ageing.

Department of Socio-Economic Affairs, United Nation (Population Division-2007) has made a study of the world population ageing in different countries. This study has focused on the demographic determinants (causes, consequences and growth), demographic profile (age and sex structure and changing balance

between different age groups) and socio-economic characteristics (marital status, economic status) of the elderly population in the whole world and different countries in the developed and developing regions. It concluded that the developed regions had more proportion of aged population than the developing regions. Socio-economic factors indicate whether the status of elderly is good or bad. Most of the elderly people in rural areas suffer from poor socio-economic status, especially the aged female population.

Faisal Ahmmed Md. (2009) in his paper attempted to present the pattern and perspectives of the Manipuris of Bangladesh which systematically explores the indigenous system; its value, traditions and customs towards older people and also focused on how the modernization, socio-economic development, demographic transformations, declining social and religious values, influence the older people and their tradition.

Mary Mceniry (2009) has examined the degree of to which there is evidence to support the conjecture that differences in the evaluation of mortality in the developing world during the 20th century and to examine this conjecture they selected a cross-national sample of adults 60 years and older using data from major studies on ageing in Latin America, the Caribbean, Asia, Africa, the U.S.A, the U.K and the Netherlands. For the data analysis they used multivariate models.

Oshio Takashi (2011) investigated how family and social relations affect the life satisfaction levels of elderly men and women in Japan. His study was based on primary data. For this 3,063 Japanese elderly adults (1,565 men and 1,498 women) were selected from a sample. The study found that life satisfaction is more closely associated with family and social relations in old age. Women elders are more sensitive than men to co residence and contact with family members, especially parents-in-law, as well as to social relations with others in the community, while men become much more depressed than women following a divorce or widowhood.

1.1.3 b: Review of Indian Literature related to Socio-Economic aspects of Elders:

The elders in Indian society were used to receiving a lot of prominence in the family in the older days because of strong bondage. But due to changes in the family values, leading to loosening of the bondage, the elders are not getting as much importance as they used to earlier, which is responsible for drastic changes in the socio- economic and health status of the elders. Following important literature reveals the socio-economic changes in the status of elders.

Chanana H.B and Talwar P.P (1989) have attempted to analyse the population ageing and socio-economic and health implications in India, during the period of forty years from 1961 to 2001. He mainly focused on the growth of aged population and social-economic status of elders.

He found that the rural aged population growth was more than in the urban area and the socio-economic status of the males were better than the female elderly in both the areas. However the study has not given the detailed information about the socio-economic aspects of the elderly.

Shivamurthy. M and A. R Wadakannavar (2001) in a study presented the governmental and the non-governmental care and support for the elderly population in India and also focused on the factors affecting the care and support for the aged in families and perceptions of the aged regarding the care and support they are getting from their family members. For this purpose the data were collected from a survey of the aged persons conducted in four villages of North Karnataka.

The studies highlighted that the government of India has expressed its concern in this regard by preparing the national policy on the older persons and the central, state government and non-government organizations have already introduced a number of schemes to provide care and support to the elderly. The study found that family support is playing the most vital role in India, especially in rural areas.

D.P.Singh and Princy Yesudian (2007) made a study on aged senior citizens in India from 1951 to 2001, using secondary data collected from decennial census and NSSO. The study examines the spatial pattern of population ageing, both in rural and urban areas in India in the light of present and past demographic trends, as well as the social and economic implication of this process.

The study revealed that nearly 60% of elderly women are widows both in rural and urban areas and 0.5% of elderly people are living in old age homes and 4.7% of them live alone. Workers and work participation of the elderly people in rural areas (42.6%) is almost double that in urban areas (25%). The authors also found that more than 90% of the elders are economically dependent on their children. The study, however, does not give the causes for the process of population ageing and also the consequences of this process.

Gangadhara B.Sonar and Siva Prasad (2007) made an effort to understand the socio-cultural, psychological, economic, physical and health aspects and their association

with youngsters or family and life satisfaction among the elderly in couple of villages and old age homes in Gulbarga District of Karnataka State. For this purpose chi-square test was used. The study revealed that the relation between the young and old is increasingly becoming materialistic and the elderly with poor economic conditions certainly face differences with the young members. However, the study explained more theoretically rather than data analysis.

Prafulla Chakrabarti (2008) analysed the variation in the nature of involvement in productive ageing by age of some selected women (4 women were selected from each district) belonging to different socio-economic backgrounds of 4 villages in different districts of West Bengal, namely 24 Parganas(s), Hooghly, Howrah and Purulia. The study examined the role these women play in productive processes in their respective households and society. The study revealed that ageing for many a rural woman is neither a curse nor a blessing. They are not a liability to the family but certainly human assets who also help in ushering in social change. However the study only focused on aged women and not men.

Akshaya Kumar Panigrahi (2009) analysed the socio -economic and demographic correlates of the living arrangement choices of older persons in the state of Orissa. For this study data was taken from the 60th round of the National Sample Survey. The study focused on the relationship between socio-economic variables and living arrangements of elders. The total sample size for Orissa was 1,238 old persons, with 660 males and 578 females. Both bivariate and multivariate techniques with Pearson's chi-square test statistics were used for the analysis. The study found that the majority of the elderly (51.5 per cent) were in co-residence or lived with their spouses and children; roughly, one-third lived without the spouse but with children and a small proportion i.e. 2.5% lived with other relatives and non-relatives. The study concluded that with the changing socio-economic and demographic scenario, increasing education and income and a simultaneous decline in fertility, there is a likelihood of a higher proportion of elderly Indians living alone in the future. Finally the study suggested the framing of better policies and programmes for the needs of those elderly who live alone. However the work does not deal with the old age sex ratio, which is also one of the factors which influence the elders living condition in society.

Uche C., et al (2009) in their paper identified why many of the social research guidelines had to be changed in demography of ageing research. In this paper they attempted

to understand the methodological requirements in demography of ageing research; methodological triangulation was used to collect data. This includes questionnaire, focus group discussion, in-depth interviews, case histories and documentary analysis. This was to provide data on both social gerontology and demography of ageing. They interviewed more female respondents than their male counterparts.

The study discovered that older persons who worked in the informal sectors of the economy were more economically better than those who worked in the formal sectors; it was also discovered that gerontological researches are more time consuming than fertility researches. The paper concludes that demography of ageing research is probably easier in developed countries than in developing countries and the paper emphasized a shift in focus to the impact of old age on the older persons.

Chaidana N (2011) theoretically explained the empowerment of the aged and their rehabilitation in India and also gave strategies for the economic, familial and other problems (Provident Fund, Old age pension scheme for senior citizens, etc.).

Sangeeta Kumari and Sekher T.V (2012) made a study on Indian elderly widows and their living arrangements, economic dependency, health status and well-being based on the secondary data. For this study 34,831 aged persons were selected, of which 13,278 are widows. The study revealed that three-fourths of widows are economically fully dependent on others. About 12% of widows are forced to live alone. Nearly 14% of widows report unmet needs for food, clothing and medicine, and one-third of widows felt that their health status was very poor. The study also found that the majority among elderly widows face deprivation on many counts; they are aged, they are women, they are poor, and they are widowed. However the study only focused on elderly women.

1.2 Conclusion

At the global level, different agencies like the World Population Bureau, United States Socio-Economic Affairs and Gerontology had carried out various research works on population ageing. In our country, many scholars from different disciplines like psychology, sociology, economics and anthropology have studied different aspects of ageing. But there is less literature available in geography in general and population geography in particular. Only a few Indian scholars have made a geographical analysis of the process of population ageing and the socio-economic status of elders at lower

levels, viz., village, taluk levels. Therefore the present work is one of the pioneer works on this count.

There are more studies dealing with the socio-economic, health and demographic status of the elders in India and outside.

Among the early studies on ageing Vijay Kumar and Surynarayana (1974), Chanana and Talwar P.P (1989) have studied the socio-economic status and problems of aged. In recent years many scholars like Shivamurthy (2001), Singh (2007), Prafulla Chakrabarti (2008), Akshaya Kumar Panigrahi (2009) and Uche C (2009) also carried out studies on literacy rate, living arrangements of elders at different levels.

The literature on demographic aspect of population ageing is important because the process of population ageing is directly influenced by the demographic factors such as fertility, mortality and life expectancy. Therefore, many scholars abroad and in India have been analyzing the demographic aspects of population ageing. Some of them are, Yusuf khan and Sawant S.B (1989), Tripati (1989), Irudhay Rajan (1989), Leela Gulati (1993), Bhim P. Subedi (1996), Ik Ki Kim (1996), Daksha C. Barai (1997), P.S Nair and S. Santhosh (1997), Fubin Sun (1998), Chandrashekhar Aronkar (2000), David E. Horlacher (2002), Radhoane Gouiaa (2004), Mamedova .M (2004), Sudesh Nangia and Abhay Kumar (2005), Mohammad Mainul Islam (2006), Slawomir Kurek (2007), Chandrashekara and Sannashiddannanvar S.S (2007), Chandrashekara and Angadi .P (2007), Soumitra Basu and Prabir Kumar Das(2008), Sanku Dey and Sankar Goswami (2009), Lekha Subaiya and Dhananjay W. Bansod (2011), Suntoor R (2012), Sangeeta Kum ari and T.V.Sekher (2012). These studies will be helpful for further analysis for scholars in future.

Studies related to demographic transition and population ageing were conducted by a few scholars such as Ik Ki Kim (1996) and Slawomir Kurek (2007).

Certain studies like Linda (2011), Hom Nath Chall (2012), Nurizan Yahaya (2012), Indira Jai Prakash (1998), Jayashree (1988), Indrani (2002), Dayabati Devi and Amrita Bagga (2006), Anindya Jayanta Mishra (2007), Somnath Chatterji (2008), Mukesh Kumar (2008), Vasanthamani G (2008), Rajeshwari (2009), Ruta Kumar and Aradhana Srivastava (2009), Rajbir and Dinesh (2009), Lena (2009) carried out studies on physical and psychological health conditions of the elders. An important factor is that a greater number of health related studies was carried out by Indian scholars.

Only a few studies related to spatial analysis of population ageing are available. Bhim P.Subedi (1996), Fubin Sun (1998), Sudesh Nangia and Abhay Kumar (2005), Chandrashekara and Sannasiddannavar (2007), Irudaya Rajan (2005) have made an attempt in this sense.

Leela Gulati (1993) and Reeta Kumar as well as Aradhana Srivastav (2009) have attempted study on aged women population and Sangeet Kumara (2012) made a study on elderly widows and their status. These studies were helpful in formulating policies for elderly women. Anindya Jayant Mishra (2007), Vasanthamani and Parimala (2008) and Mukesh Kumar (2008) have made important studies on old age homes of Orissa, Coimbatore and Surat respectively.

Scholars like Irudhay Rajan (1989), Leela Gulati (1993) and Nair P.S and Santhosh (1997) have made attempts to study the aged population of Kerala, where the share of old age population to total population is the high among the Indian states. Shivamurthy and A.R Wadakannavar (2001) made a primary study to analyse the socio-economic status of four villages in North Karnataka. Gangadhara B.Sonar and Siva Prasad (2007) analysed the inter-relationship between elders and youngsters in two villages of Gulbarga district and Jayashree (1988) analysed the physical and psychological health of aged men in Mysore city.

It is fairly evident from the review of related research that a number of attempts have been made to study the process of population ageing and also socio-economic and health status of elderly in different regions largely at macro level such as country or state level. However, much effort has not been made at micro level. Therefore, the present study is a humble attempt to analyse the relationship between the stage of demographic transition and the growth trend of population ageing at micro level and to examine the relationship between causes of population ageing and growth of aged population both in rural and urban areas, covering Mysore district as a whole and taking taluks, in addition to this villages and wards in urban areas as units of analysis.

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Public Shaming of Juvenile Offenders: A Means of Social Control In Ekiadolor Community, Ovia North East Local Government Area, Edo State, Nigeria

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Abstract

Shaming, an age-long practice of social control has recently taken a new dimension with the advent of the social media where people upload all sorts of video including those of shamed persons for the viewing pleasure of the world. Some scholars have argued that its effectiveness as a means of control when used by close relatives and friends is not in doubt but it becomes counterproductive when applied by unfamiliar persons. It is against this background that this study examined the relevance of shaming as a means of social control against the calls for its proscription. The study utilized the restorative justice theory in its explanation of the issue of shaming. The design was cross sectional and involved the use of both the qualitative and quantitative methods of data collection. Ekiadolor community consists of quarters which were clustered into two from where four hundred and twenty respondents were sampled. 26 in-depth interviews were purposively conducted amongst respondents. A descriptive analysis of the quantitative data collected was undertaken using frequency distribution while manual content analysis was used for qualitative data collected from the field work. Findings from this investigation showed that shaming is an ineffective means of social control; violates the rights of the shamed and injures their social dignity and reputation. Based on the findings of the study, there is the need to legislate against its use while the mass media should enlighten the citizenry on its adverse social consequences.

Key words: Shaming; social control; presumption of innocence; social dignity; human rights

Introduction

Societies the world over have means of social control which are often times well laid down. In the pre-colonial era, the different communities

that now make up Nigeria had in place, ways by which they enforced law and order, although this is now commonly referred to as the informal means of social control. On the attainment of independence, the Nigerian state embraced a formal criminal justice process which consists of the police, courts and prisons. This became the means of social control and was expected to checkmate incidents of criminality. Recent occurrences seem to suggest that there is a surge in crime as people now live in fear of being attacked, robbed, raped, kidnapped or have their houses burgled, with the state and its apparatus of criminal justice unable to rise up to its constitutional responsibilities (Obarisiagbon, 2017).

Roach (1995) notes that there has been great concern amongst scholars to differentiate between formal and informal social control as well as point out the various social conditions in which these forms of social control exist. Radcliffe Browne (1952) states that formal social control connotes the broad institutional expression of the collective or accepted definition of appropriate behaviour. On the other hand, the informal social control relates to all interpersonal influence or evaluation of conduct related to people in a particular group. Implied in this distinction is the fact that, formal social control emphasizes due process, the rule of law in accordance with the criminal justice process. This would appear to be the exact opposite of the informal social control where allegations of violations of citizens' right, human dignity and the likes have most times been unattended. In spite of these abuses and flaws in the informal social control, Kinzelbach and Lehmann (2006) note that there is robust academic evidence that shaming, an informal means of social control can have a positive impact on crime solution in targeted states.

Statement of the problem

Crime is a universal phenomenon which exists in all known human societies however, with varying degrees of occurrence depending on the established means of social control. In Nigeria, both the formal and informal means of social control are used to curb criminalities with more emphasis on the criminal justice process (formal social control). Even though the informal social control is primarily a civil measure aimed at regulating the behavioural pattern of people, it would appear that this practice, despite the criticisms that have been leveled against it, still thrives in several communities, particularly in southern Nigeria. As Braithwaite (1999) notes, sanctions imposed by relatives, friends or a personally relevant collective have more effect on criminal behaviour than those imposed by the state after the observance of due process- rule of law.

The importance of informal sanctioning in curbing juvenile criminalities has over the years been stressed by scholars who have held that what close friends and relatives would think of them is a major form of social control (Zimring, and Hawkins, 1973, Tittle, 1980).

No doubt, public shaming as a way of punishing offenders particularly juveniles has the ability to positively affect their behaviour hence, its continued use as a means of social control. However, the worries and concerns of scholars appear to be on the effect shaming has on the juvenile offenders. Mitrous (2010) notes that when an individual albeit an offender is shamed in public, it may strongly injure his or her social dignity and reputation. The truth is that a lost or damaged reputation may have very serious implications on the ability of a juvenile to be engaged in the community at whatever level.

It is glaring from the above that opinions are sharply divided on the effectiveness of shaming as a means of deterring offenders. The question remains as to how effective shaming is. Similarly, there are those who believe in its efficacy, not forgetting that the measure tends to have serious negative implications. This then forms the basis for this study. The study consequently sought to resolve these issues.

Brief review of related literature

Meaning and nature of shaming

The concept of shaming is a form of social control which has universal usage. It takes place when an individual goes against the norms of the society and others immediately respond by openly criticizing, avoiding or ostracizing him. It is a major source of public or social order even though it is the very opposite of the law. Modern states believe in the rule of law and due process with an offender's right intact and respected. On the other hand, shaming does not follow due process and is triggered by a perceived act of wrong doing with no one taking responsibility for establishing what occurred. People just respond instinctively and often harshly.

Shaming is as old as man, and this is because it has been used over the years by all known societies, state authorities and communities. The Romans were noted for branding a letter signifying the crime committed on the forehead of the offender. This was meant to announce to the world, and spoil the identity of the offender (Mitrou, 2010). Tanquey (1995) and William (1993) note that shame has a critical role in social control and self-reputation and that it is a way of deterring people from committing crime and other inhibiting moral transgressions and deviant behaviours.

In Nigeria, the term shaming is very much practiced and not an imported social phenomenon. Communities have different ways of shaming an offender. Some of the traditional methods used by individuals and the communities include flogging in public.

Some of these practices still exist till date even though the media and criminal justice system have almost taken over the shaming process. The social media in Nigeria today is agog with videos and pictures of men in their nudity being shamed by the public. In this sense, shaming is amplified through the mass media in the name of crime control and entertainment (Kohm, 2009).

The state, through the criminal justice system makes press releases or public notices concerning incidents as a practice of law enforcement. By so doing, a state agency condemns the suspect in the full view of the society for engaging in unlawful and repugnant acts. The case of Evans, the suspected Nigerian millionaire kidnapper readily comes to mind here. Used in this way, shaming amounts to a formal tactic of punishment itself, rather than an unintentional by-product or outcome (Pratt, 2000). The question remains whether the right of the offender has not been violated as the courts have not made any pronouncement on their culpability.

Justification for shaming and social implications

The central or main function of shaming is to expose the offender by inflicting personal, psychological, as well as social cost on him with the belief that by so doing, further commission of the act will cease. This perhaps explains why Giddens (1991) noted that shame is an important role in self-regulation in its capacity to establish or modify a person's behaviour and thoughts, usually as a result of an act or commission, or a sense of a personal family or defect which will elicit contempt or derision from others. To this extent, shaming as a means of social control is justified and effective.

However, several scholars have canvassed the view that shaming of juveniles should be outlawed, as it is counter-productive in the prevention and management of crime in society. For as Karp (1998) and Maxwell and Morris (1999) note, stigmatization which is basically shaming, shuns offenders and treats them as outcasts and may provoke a rebellious and criminal reaction from them. To that extent, it has been criticized as unnecessarily regressive as shaming scars the offenders with humiliation, depression and anger, all of which leads them further down the path of criminality and violence (Garfinkel, 1956).

Solove (2007) has argued that the fact that an individual is portrayed in public as an offender or a suspect as the case may be; in some ways injure his or her social dignity and reputation. This by extension leads to a lost or damaged reputation which has the social implication of impacting on his or her ability to engage in the society in future. In the same vein, Nussbaum (2004) believes that shaming affects the psychology of a suspect as the process is traumatic and leads to loss of self-image, pride, ego and mental well-being.

Studies have shown that public shame complicates grief processes and that this results in negative psychological problem and an inability to resolve painful traumatic issues, especially, where self-blame is evident (Stroebe, Stroebe, Schoot, Schut, Abakoumkin, 2014). Beyond this psychological effect of shaming, there is a gradual social withdrawal that is linked to shaming. This is because, when adverse evaluation of one's self exists, there is the tendency to abuse drugs and ultimately there will be an increase in recidivism (Tanney, Stuewig, Mashek and Hastings, 2011).

There is a universal acceptance of the concept of presumption of innocence. The 1999 constitution of the Federal Republic of Nigeria in very clear terms, lays the foundation for this principle of law while also emphasizing the right to personhood, dignity and privacy. No matter the offence committed, suspects should not be deprived of their human rights. Shaming largely infringes on a suspect's reputation, privacy and dignity and more importantly, the long established principle of law- presumption of innocence, which means the right of an accused to be presumed innocent until a court of competent jurisdiction convicts him or her. As Quintard-Morenas (2010) notes, shaming an individual or offender publicly, violates the presumption of his or her innocence as well as his fundamental human right to dignity and privacy.

In all of these, where does shaming lead us to? Is shaming an appropriate, necessary or efficient means of social control in Nigeria? Murphy and Harris (2007) would answer the following question by wondering if shaming publicly plays any significant role in deterring non-compliance with the law. Studies reveal that choices about compliance are influenced by multiple variables and more significantly that deterrence-based enforcement strategies sometimes generate future resistance to compliance with the law (Murphy and Harris, 2007). This view finds support in the assertion by Harel and Klement (2005) when they argued that wide range use of shaming sanction is likely to erode their effectiveness and their extensive use

especially as a substitute for traditional law enforcement actions may underlie their deterrent effect.

Theoretical orientation

This study adopted the restorative justice theory in its explanation of the concept of shaming as a means of social control in Nigeria. The theory owes much to Braithwaite's (1989) idea of reintegrative shaming. To him, shaming refers to a social process used in expressing disapproval and which is intended to invoke remorse in the individual being shamed, by those who are aware of the shaming.

The central thesis of this theory is based on the general assumption that the way a person is shamed determines to a large extent whether there will be an increase in recidivism or desistance. Implied in this is that, the shame carried out by close friends and relatives is more productive than those whom the shamed has no social relation with or do not value. He distinguishes between reintegrative shaming and disintegrative shaming and believed that the former is more productive. The theory of restorative justice is linked to Braithwaite's (1989) reintegrative theory of shame.

Restorative justice refers to a variety of practices that seek to respond to crime in what is seen to be a more constructive way than through the use of conventional criminal justice approaches. It seeks to engage offenders with the aim of helping them to appropriate the implication of their acts and the effects they have on their victims. In a sense, it encourages appropriate forms of reparation by offenders towards their victims as well as seeking reconciliation where possible with the victims and the reintegration of the offender with the society. Restorative justice sees crime not as a violation of a general legal category but as a harm to individual and social relations and as the name restorative justice suggests, seeks to redress or address the harm already caused (Consedine, 1995 and Ness and Strong, 1997).

In relation to the topic under focus, shaming as used in Ekiadolor community, southern Nigeria is meant to be restorative and not disintegrative. It seeks to make the offender feel some pain that will make him not to go back to the offence rather to the community where he can contribute his quota in some meaningful ways.

Methods and materials

The instruments that were utilized for data collection in this study involved 420 structured questionnaires and twenty-six in-depth interview guide. The questionnaire was divided into two sections. Section one sought demographic characteristics of the

respondents while section two sought answers/information regarding the social consequences of shaming as a means of social control in Ekiadolor community, Nigeria. Ekiadolor community consists of quarters which were clustered into two for the purpose of this study. The streets in the selected quarters were randomly selected and numbered as well as the houses in the selected streets. Using the random sampling technique, the houses with odd numbers were picked as being the respondents. Thus, 215 questionnaires were administered in each of the selected quarters.

Out of the four hundred and thirty (430) questionnaires that were administered, four hundred and twenty (420) questionnaires were returned, found useful and therefore used for analysis. This however represents a return rate of 98% and is considered significant. For the purpose of efficiency and thoroughness, two field assistants were recruited and trained. The field assistants were involved in the pre-test of the instruments and also the collection of the required data used for the study.

A complementary qualitative data collection method that is the in-depth interview (IDI) guide was also used in the study. The in-depth interview (IDI) guide consisted of research questions and probes that sought first-hand information regarding the effects of shaming as a traditional social control mechanisms in Ekiadolor community, southern Nigeria. The study used descriptive statistics to analyse the retrieved questionnaires. The frequency tables and simple percentage were employed in presenting and interpreting the quantitative data. The qualitative data from the in-depth interview conducted was analysed using the manual thematic content analysis with regards to its validity. This thus enabled adequate extrapolation to be made based on the objective of the study.

Table 1: Demographic characteristics of respondents

	FREQUENCY	PERCENTAGE (%)
Sex		
Male	267	64
Female	151	36
Total	**420**	**100**
Age		
21-30	104	25
31-40	186	44

	FREQUENCY	PERCENTAGE (%)
41-50	104	25
51-60	21	5
61 and above	5	1
Total	**420**	**100**
Religion		
Christianity	268	64
Islam	2	0.4
African Traditional Religion (A.T.R.)	150	36.7
Total	**420**	**100**
Educational level		
Primary	190	45
Secondary	206	49
Tertiary	24	6
Total	**420**	**100**
Marital status		
Married	375	89
Single	35	9
Divorced	10	2
Total	**420**	**100**

Source: field survey, 2017

Table 1 summarizes the results of the demographic characteristics of the respondents. It shows that among the 420 respondents who participated in the study, 64% of them were male while 36% were female. 25% were in the 21-30 years age range, 44% were between 31-40 years while 25% were between 41-50 years and 5% were 51-60 years and only 1% was 61 years and above. 64% of the respondents were Christians, 0.4% were Muslims and 36.7% practiced African Traditional Religion (ATR). On educational status, 45% of the respondents had primary education, 49% had secondary education while 6% had tertiary education. On marital status, 89% of the respondents were married, 9% were single and 2% were divorced.

Table 2: Social implications of shaming

Effects of shaming on individuals	FREQUENCY	PERCENTAGE (%)
Violates the presumption of innocence in law	54	13
Leads to loss of human dignity and reputation	48	11
Leads to labeling and hardens offenders	32	8
All reasons stated above	286	68
Total	**420**	**100**

Source: field survey, 2017

Table 2 reveals that 13% of the surveyed population believed that shaming violates the presumption of innocence in law, 11% held that it leads to loss of human dignity and reputation 8% agreed that shaming leads to labeling and hardens offenders and 68% went for all the stated reasons. The finding of this study validates the previous works of Quintard-Morenas (2010) that shaming an offender violates the presumption of his or her innocence as well as his/her fundamental human right to dignity and privacy; Solove (2007) that when an offender is shamed it injures his or her social dignity and reputation and Garfinkel (1956) that shaming scars the offenders with humiliation, depression and anger, all of which leads them further down the path of criminality and violence.

The result of this study is further collaborated by the view of one interviewee when he asserted that:

As a means of social control, shaming people is like taking the law into our hands. Lawyers call offenders suspects and they only become offenders when the court finds them guilty as charged. So shaming makes the suspect a convict from the word go and this is not good enough as it violates the rights of the person to what lawyers call "presumption of innocence".

(IDI, Male, Lecturer, 14th July 2017)

Another interviewee simply puts it thus:

For me, I believe that shaming affects a person's image and self-esteem. When a person is shamed publicly, he loses self-respect and becomes belittled in the eye of the public to the extent that he may find it difficult to mixe a s i l y with his mates. As a child, I was shamed by my parents for lying against an uncle. Honestly speaking, I found it

very difficult to go out. I had to stay indoors for up to a week because I was stripped naked in public.

(IDI, Female, Hairdresser, 16th July, 2017)

One farmer noted that:

Shaming people achieves either of two things. It deters them from committing crimes in future or simply hardens them. A young boy close to our house is always being shamed and yet has not stopped stealing. The effect of shaming is to label them as bad and once people see themselves as bad, they will continue to do bad things.

(IDI, Male, Farmer, 18th July, 2017)

Table 3: Effectiveness of shaming

Does shaming deter crime	FREQUENCY	PERCENTAGE (%)
Yes	180	43
No	240	57
Total	**420**	**100**

Source: field survey, 2017

Table 3 shows that 43% of the surveyed population agreed that shaming deters crime while 57% were in the negative. This finding is further given credence to by the studies of Karp (1998) and Maxwell and Morris (1999). They noted that stigmatization which is basically shaming, shun offenders and treats them as outcasts and this may provoke a rebellious and criminal reaction from them.

The result of this study is further corroborated by the view of one interviewee when he asserted that:

This method of social control is not effective at all. I used it on my children and to be sincere, it did not work until I had to talk to them one on one before they stopped taking my money without my consent.

(IDI, Male, Trader, 20th July, 2017)

Another interviewee simply puts it thus:

As a young boy, I used to drink my dad's 'ogogoro' (hot drink)without his permission and whenever he discovered it, he wouldask my senior ones to parade me from one end of the street to theother, telling everybody what I did. Looking back now, I would say it did not stop me from continuing taking his drinks.

(IDI, Male, bicycle repairer, 24th July, 2017)

Conclusion and recommendations

Without doubt, shaming as an informal means of social control has over the years been practiced particularly for juvenile offenders who go against the norms of society. This study has revealed however, that there is a tremendous waning in its efficacy as a means of deterring the commission of crime in Nigeria. More worrisome as the study revealed is the fact that it abuses the fundamental human rights of offenders as well as affecting their psychological and emotional being, human dignity and reputation which in effect has serious social consequences on the ability of the juvenile offenders to be engaged by the society in future. Based on the findings of this study, it is suggested that:

1. There is an urgent need for legislation against the use of shaming as a means of correcting juvenile offenders. This is particularly because; it violates the presumption of the innocence of offenders;

2. The media should sensitize the public against the social ills inherent in the use of shaming as a means of correcting juvenile offenders. Social ills like the violation of human dignity and reputation as well as psychological and emotional trauma on the part of the shamed should be stressed so that people can avoid its use;

3. Means of social control like public shaming, beating and flogging should be introduced in the school curriculum in civic education. The consequences of each of them should be explicitly explicated so that teachers, parents and students will be abreast of those means of social control that are considered normal, unacceptable and or counterproductive;

4. In corollary to the above, local governments should organize workshops in different communities to enlighten and sensitize parents on the positive and negative effects of the various and varied means of social control. These workshops can be organized under the auspices of Joint Parents Teachers Associations (JPTA) of both primary and secondary schools in communities; and

5. The government through the appropriate agency should apprehend those who perpetuate the act of shaming juvenile offenders particularly in the communities. Those who parade juvenile offenders stark naked along the road as a means of correcting them, should be apprehended and prosecuted.

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Panchayati Raj – Empowering Democracy at Grass Root Level in India

I. Subramanyam

Introduction

The term "Panchayat" literally means a council of five. The principle of the panchayat is "Panch Parmeshwar" which means God speaking through the five. The institution of panchayat has existed in India since ancient times. The village was an autonomous republic and its affairs were governed by the panchayat. It was usually a democratically constituted body as its members were chosen by the people. Its members, being the elders of the village community, commanded respect and their decisions were obeyed. The villagers led a corporate life and the panchayats not only looked after their needs but also settled their disputes, legal as well as social. It functioned through committees which looked after different aspects of rural life, such as, the maintenance of tanks and gardens, and enforcement of law and order. The life practically remained undisturbed by the political changes. Will Durant, the American thinker and historian, writes, "The village community in ancient India the panchayat system is the prototype of all forms of self-government and democracy that have ever been evolved in various parts of the world." During the medieval period, the Muslim rulers did not interfere with the working of the panchayats. They simply ignored their existence. As such, during the Muslim period the panchayats deteriorated considerably. But, the East India Company and the British were largely responsible for the decay of these self-governing institutions. The new system of land tenure which recognised only the individual, the rapid means of transport and communication which ended the political isolation and economic self-sufficiency of the villages, and the centralised system of administration and justice contributed to the decline of the panchayats. "With the shakeup of the country's political and economic foundations, the social structure began to show signs of disintegration. The social and economic ties built up

through the ages by the panchayats were broken. The panchayats themselves also degenerated. Instead of being agencies of social good, they became instruments of exploitation in the hands of rich and influential people.

Mahatma Gandhi, says that the Sarpanch is the ruler-servant of the village. As such, Gandhiji always advocated the introduction of Gram Swaraj or village republics. He said, “My idea of village Swaraj is that it is a complete republic, independent of its neighbours for its own vital wants, and yet inter-dependent for many others in which dependence is a necessity” He wrote in the Harijan, "Indian independence must begin at the bottom. Thus every village will be a republic or panchayat, having full powers. In this structure composed of innumerable villages, there will be ever widening, never ascending circles." It is for this reason that some people believe that panchayats are Panch Mukh Parmeshwar, and Pandit Nehru has characterised these as "grassroots of democracy and a factor for national integration." The dawn of independence lent new urgency to the movement for popularising the panchayats. The makers of the Indian Constitution stressed the need to revitalise and rehabilitate them.

The Constitution of India of the 26th November, 1949, which came into operation on the 26th January, 1950, establishes a sovereign democratic republic. It has incorporated the concept of Mahatma Gandhi regarding panchayats—the basic units of democracy. Article 40 of the Constitution lays down: "The state shall take steps to organise village panchayats and endow them with such powers and authority as may be necessary to enable them to function as units of self-government." Local Government is a state subject. Therefore various state governments have passed different laws laying down the composition, powers functions and resources of the panchayats in their respective states.

Democratic Decentralisation

In 1957, the Committee on Plan Projects appointed a team under the leadership of Balwantrai Mehta to study and report on the Community Development Programme and National Extension Service. The report, which was published the same year, contains an interesting chapter on democratic decentralisation. It provides for a three-tier system for the rural areas. At the bottom there should be the village panchayats. The village panchayats should be grouped for a higher level of government called the samitis. The various samitis in the district should have a higher level of government called the Zilla Parishad. The Zilla Parishad should cover the whole of the rural area of the district. The purpose of

this three-tier system is to encourage direct participation of the people in the administration and economic matters.

The recommendation of the Balwantrai Mehta Committee Report was accepted by the National Development Council in 1958. The Government of India left the necessary legislation to be enacted by the States. But, it laid down five broad principles for the guidance of the states: (1) It should be a three-tier structure of local self-governing bodies from the village to the district, the bodies being organically linked up. (2) There should be a genuine transfer of power and responsibility. (3) Adequate resources should be transferred to the new bodies to enable them to discharge their responsibilities. (4) All development programmes at these levels should be channelled through these bodies, (5) The system should be such as will facilitate further devolution and dispersal of power and responsibilities in the future.

On the basis of the guidelines provided by the Mehta Committee Report, Rajasthan was the first state to adopt the three-tier system on the 2nd October, 1959—the birth day of Mahatma Gandhi. Then Andhra Pradesh followed it. Now almost all the states have adopted the system. Under the scheme, the adult population of the village forms the Grama Sabha. It is a sort of village "parliament" It elects a body of about five persons called the panchayat. It is the "cabinet" of the village government. It is guided and advised by a higher body called the Panchayat Samiti which is at the block level. The Samiti, which is an intermediary body between the Village Panchayat and the Zilla Pariahad, is composed of representatives of the panchayats within the block area. Government officials working in the block are placed at the disposal of the Samiti. The block is the unit of development, and the Samiti is its policy making and implementing body. The Samiti prepares and executes development plans for the block. It also supervises the working of the panchayats in its area. The next and the highest body is the Zilla Parishad, at the district level. The presidents of Samitis, the local members of state legislature and of Parliament constitute the Parishad. The Parishad along with the District Collector and the technical officers of all the government agencies at the district level guides and assists the samitis. It is a coordinating body exercising general supervision over the working of the samitis and advising the government on the implementation of the development schemes.

Powers and Functions of Panchayats

The functions of the panchayats are legislative, executive and judicial. They pass bye-laws for the good governance of the village on any matter assigned to them. The breach of the

bye-law or order of the panchayat is punishable with a fine. The panchayats have mainly administrative duties. The Panchayat Act prescribes a number of obligatory functions and also discretionary functions. Obligatory functions are those which a panchayat must perform and discretionary functions are those which a panchayat can undertake if it so desires. The judicial functions are also performed by the panchayats.

The important obligatory functions include (a) construction, repair, maintenance, "Cleaning and lighting of public streets, (b) medical relief, (c) sanitation and taking curative and preventive measures to remove and to stop the spread of an epidemic, (d) up-keep, protection and supervision of any building or other property belonging to Gram Sabha, (e) registration of births, deaths and marriages, (f) regulation of places for the disposal of dead bodies, (g) regulation of markets and fairs, (h) establishing and maintaining of primary schools for boys and girls, (i) construction, repair and maintenance of public wells, tanks and ponds for the supply of water for drinking, washing and bathing purposes, (j) regulation of the construction of building, (k) assisting the development of agriculture, commerce and industry, (l) maternity and child welfare, (m) allotment of places for storing manure and for tanning and curing of hides, and (n) the administration, of civil and criminal justice.

The important discretionary functions of panchayats are: (a) planting and maintaining trees on the sides of public streets and in other public places, (b) filling in of insanitary depressions and levelling of land, (c) organising volunteer force for watch and ward, and for assisting Gram panchayat and Nyaya panchayat in the discharge of their functions and for the service of summons and notices issued by them, (d) assisting and advising agriculturists in the obtaining and distribution among them government loans and in the repayment thereof and in the liquidation of old debts, (e) establishing of improved seed and implement stores, (f) relief against famine, floods and other calamities, (g) establishment and maintenance of Akhara for wrestling and other places of recreation and games, (h) arranging for public radio sets and gramophones, (i) establishment of libraries and reading rooms, and (j) making arrangements for the seizure and disposal of stray cattle, stray dogs, wild animals.

Nyaya Panchayat

In addition to their administrative functions, the village panchayats have been vested with judicial functions. Before we examine their functions, it is desirable to say a few words regarding their constitution. In some cases the village panchayat is also given the judicial functions, but in most of the

cases a separate body known as Nyaya panchayat, which is also called Adalti panchayat in some states, is constituted exclusively for judicial functions. In the state of Uttar Pradesh the state government has divided the rural area of the district into a number of circles. Each circle consists of a group of village panchayats. There has been established a Nyaya panchayat for each circle. The State appoints usually five persons as Nyaya panchas. In some states the Nyaya panchas are elected by the panchas of village panchayats in the circle. The panchas elect from among their number two persons who are able to record proceedings, one as Nyaya Sarpanch and the other as Nyaya Sahayak Sarpanch. If the Nyaya panchayat fails to elect these two officials within the prescribed period, the state nominates a person as the Sarpanch and the other as Sahayak Sarpanch. The term of every member of the Nyaya panchayat is five years which can be extended by the state by one year. The Sarpanch and the Sahayak Sarpanch may resign their office in writing. In case of a casual vacancy in the Nayaya panchayat due to death, resignation, removal, or any other cause, it shall be filled in the same manner for the unexpired term of office.

The Nyaya panchayats are empowered to try criminal cases of minor nature such as petty thefts, trespasses, encroachments of public property, wrongfully restraining any person, assault or the use of criminal force, criminal breach of trust and cheating. They have no jurisdiction over cases involving public servants. No legal practitioner is permitted to appear before a panchayat to plead or act for any party in judicial proceedings. It is similar to the judicial system found in the Mughal period. Dr. Beni Prasad writes, "Mughal justice had a silver lining; it had no lawyers."

Panchayats are vested with the power of levying a number of taxes. House tax, professional tax, tax on property and tax on vehicles are the taxes which are most commonly levied. Other sources of income include fees from regulatory and remunerative enterprises such as markets, slaughter houses and cattle ponds. State grant and loans form important sources of revenue. It is generally felt that the sources of income of the panchayats are very inadequate for meeting the responsibilities imposed on them. A number of suggestions have been made to increase the income of the panchayats, for example, the laud revenue of the area should be handed over to them, and the State grant should be increased.

Staff

Panchayats need permanent staff to carry out the responsibilities that are being increasingly entrusted to them.

The Secretary of the Panchayat who is also the Secretary of Gram Sabha-is appointed by the state government in most of the states, but is appointed by the panchayats in some states. The Secretary is always an educated person and occupies a key position in the administrative set-up of the panchayat.

At present to the people of India let us ensure maximum democracy and maximum devolution. Let there be an end to the power brokers. Let us give power to the people. These were the words of Prime Minister Rajiv Gandhi on 15 May 1989 when he introduced the first ever amendment (64th) to the Constitution to give constitutional status to the panchayats. More than twenty nine years have passed. We have amended the Constitution and created the new generation of panchayati raj. It is universally accepted that the parliament or state assemblies constitute the super structure of democracy and the local governments, which are nearer to the people, are the base. In order to give power to the people, strong vibrant local governments (panchayats and municipalities) are a necessary sine qua non. It took more than 110 years after the Ripon Resolution (1882) gave the status of self-government for local bodies and 84 years after Gandhiji began to champion the cause of Gram Swaraj, for panchayats to get constitutional status on 24 April 1993 through the 73rd (Constitution) Amendment Act, thereby becoming the "institutions of self-government." When the Lok Sabha and Rajya Sabha passed the two amendments to the Constitution (73rd and 74th) on 22 and 23 December 1992, it was hailed as "historic" and beginning of a silent revolution. By all accounts it was a radical piece of legislation in form and content. To begin with, this period has not been altogether disappointing. Given the severe social and political constraints - social inequality, caste system, patriarchy, feudal setting, illiteracy, uneven developments - within which it had to function, the new Panchayati Raj had set in motion a silent social revolution that would transform India.

Importance of New Panchayati Raj

Constitutional bodies like the State Election Commission, State Finance Commission in all states are now firmly in place. The SECs have taken up the panchayat elections seriously giving a lot of credibility to the grassroots level democratic process.

We have also witnessed a steady progress as far as the inclusion of excluded sections of our population in the decision making process from village to the district level is concerned. Women have got the maximum mileage. Today more than 10 lakh women are elected to these Panchayati Raj bodies every five years and more

than three times that number are contesting elections. This is not a mean achievement in a hierarchical and male dominated society like ours. The common refrain that it is the men folk in the families who control the women elected members may be partly true but studies show that the situation is rapidly changing. One-third of all the panchayats and municipalities at various levels have women presidents. As years go by, the number of women getting elected from general constituencies is also increasing. The Scheduled Castes and Scheduled Tribes are equally securing their due share in the local bodies.

As local self-government bodies have come into existence throughout the country, their functioning has come under scrutiny. A congenial climate for taking governance to the doorsteps of the people is slowly being created. A major achievement of this process is that patronage and clienteleism are slowly shifting from traditional castes and families to political parties and ideologies.

Many states, taking advantage of the prevailing situation, have gone for innovative and creative experiments in local governance, planning and rural development. The people's participation in local plan in Kerala is an illustrative case in point.

By creating a separate Ministry of Panchayati Raj, the UPA government has taken the correct and much needed step. The Ministry has done exceptionally well in its first five year term to keep the banner of Panchayati Raj aloft. The seven round tables the ministry organized in 2004, the activity mapping it initiated, the charter of demands prepared by the panchayat representatives for presenting to the Prime Minister and President of the Congress party on 24 April, 2008, and the documents the Union Minister signed with 22 Chief Ministers were very special. All this has come after a long slumber of 11 years.

Salient Features of Panchayati Raj System (After 73rd Amendment)

The 73rd Constitutional Amendment was enacted to reform the Panchayati Raj system, in order to further strengthen democratic process in India. The Amendment was meant to provide constitutional sanction to establish democracy at the grassroots level as it is at the state or national level.

Its main features are as follows:-

- The Gram Sabha or Village Assembly as a deliberative body to decentralize governance has been envisaged as the basic foundation of the Panchayati Raj system. The Amendment empowered the Gram Sabha to conduct social audits besides its other functions.

- A uniform three-tier structure of Panchayats at village (Gram Panchayat, intermediate or block (Panchayat Samiti) and district (Zilla Parishad) levels.
- All seats in a Panchayat at each level are to be filled by elections.
- Not less than one third of the seats for membership and office of chairpersons of each tier should be reserved for women.
- Reservations for Schedule Caste and Schedule Tribes have to be provided at every level as per their population in the Panchayats.
- To promote bottom up planning, the district planning committee in each district has been provided constitutional status.

The state legislatures have been given powers to decide on the composition of Gram Sabha and Gram Panchayats. Therefore, powers, functions and composition of Gram Panchayats are determined by state governments in line with local needs.

Gram Sabha is the basic foundation of Panchayati Raj system. A village with not less than 1500 population forms Gram Sabha and every adult becomes a member of it. If the population is less than that, such villages are grouped together to form a Gram Sabha. The functions of Gram Sabha change from time to time as prescribed by respective states.

The basic difference between Gram Sabha and Gram Panchayat is that, while Gram Sabha constitutes each adult member of a village, Gram Panchayat is the executive members elected by the Gram Sabha to work for the village development.

The 73rd Amendment to the Constitution, made effective from April 1993, has institutionalized the Panchayats as the units of local self-governments and the date marks a major milestone in the history of decentralization of political power to the people. Panchayats are critical for preparation of context specific plans to address poverty, local infrastructure and socio-economic needs. Strengthening of the Panchayats through manpower, office, space, ICT etc. is therefore, critical.

The efforts of the Ministry have been to strengthen the capacity of the Panchayats in delivering the services which they are intended to provide to the people and to support states to devolve powers to the panchayats and to promote transparency and accountability. The Panchayat Raj Ministry undertook these functions during 2014-15 through its flagship programme of Rajiv Gandhi Panchayat Sashaktikaran Abhiyan (RGPSA). During the year, the Ministry

could sanction more than 75,000 personnel at the Gram Panchayat level, 2037 new Panchayat Bhawans and 19,741 computers for Gram Panchayats. Training for nearly 17 lakh Panchayat Elected Representatives was also approved. Strengthening of Panchayats through RGPSA also supported good governance and improved service delivery at the grassroot level for the poor strata of the society. As representation of Scheduled Castes, Scheduled Tribes and women is mandated in Panchayats, the strengthening of Panchayats implies strengthening of pro-poor institutions, which has a long term impact on pro-poor programmes and activities.

Road Ahead for further Deepening of Democratic Decentralistion at Grass Root Level

A five pronged strategy has been given below, which is, if implemented in letter and spirit would enable Panchayats become more strong and their elected representatives would be more knowledgeable and assertive in performing their task at local level.

Constitutional Amendment:

There is need for Constitutional amendment, which should aim at removing discrepancies in the allocation of functions, finances and functionaries and establishing organic links between and among the tiers of the panchayats, preparation of decentralised plans and making Extension Act effective.

Demand for De facto Decentralization

Effective demand for de facto decentralization from panchayat leaders is also important. For this, social mobilisation is required. Social mobilization could be done only through a social movement from greater autonomy of the panchayats in discharging their responsibilities. The political parties should also accept effective decentralization as one of the issues in their election manifestos and panchayat leaders use that for pressurising the political parties to implement the same.

Basic Infrastructure

Basic infrastructure like office building may be provided to the panchayats. The midterm appraisal of the lllh plan indicates that out of the 2, 32, 638 Gram Panchayats, 78, 868 (34%) have no buildings and 59, 245 (25%) require major renovation. Now, in such a situation, one can imagine the level of discussion that could take place in the villages where society is divided on caste and class basis.

Decentralized Plan

Panchayats are expected to prepare decentralised plan, which is basically integrated area plan. For

effective decentralised plan, Gram Panchayats may be reorganized demographically and geographically to make them viable institutions for local development. Besides, Gram Panchayats must have a full- fledged secretariat where all local officials relating to various departments sit and villagers instead of going to the house of panchayat president visit the panchayat secretariat.

Training and Capacity Building

Training and capacity building is a process of empowerment of people/communities/organizations to take up activities for their development. In fact, capacity building has two components namely competence and commitment. Competence denotes training which comprises three things - knowledge, skill and attitudes. The commitment denotes not the chalta hai (can work) syndrome, but the concern and commitment on the part of the trainers and others, who are involved in the process of the capacity building for developing human resources engaged in local development.

Conclusion

The above analysis shows that not much power has been given to the Panchayats even after two decades of its implementation of the Central Act in the country. Marginalised groups have got the seats in the local governance but they are not as effective as they should be due to caste/prejudices and lack of capacity for governance. Remedy lies in organic organization of Panchayat leaders to assert and bargain for the empowerment of local self-governments and democratic decentralization at grass root level.

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Urban Local Bodies and Solid Waste Management

S. K. Kataria

Solid waste simply meaning garbage or trash or rubbish, has become a big nuisance and herculean management task for local authorities across the globe. That is why it is generally said that – ***"there are few things certain in life- death, change and waste."*** Solid waste may include paper, bottles, rocks and stones, concrete, rubber, plastic and polythene material, metal items, dirt, animal dung, green wastes, glass items, clothing, animal carcasses, chemical waste, electric and electronic items, kitchen, factory,- office and household items, construction and demolition wastes, hospital wastes and many other things which need recycling or disposal. Solid waste directly affects health, hygiene, sanitation and overall development of a modern society.

It was Prof. J. S. Bajaj committee set by the erstwhile Planning Commission in 1995 which extensively studied the problem of municipal solid waste (MSW) in the country and found that the management of urban waste has been a neglected area in the development process in India. The committee observed that a very large amount of Indian waste is organic and with moisture content that attracts flies and rodents which ultimately creates a chain of health problems. In 1996, a PIL-writ petition was filed by Almitra H. Patel and others in the Supreme Court of India and after several hearings the court ordered the government (ministry of urban affairs and employment) to constitute a committee on solid waste in class I cities in India. The committee **(Asim Barman Committee)** submitted its report in March, 1999 and underlined the apathetic attitude towards management of urban solid waste in country. The committee suggested the constitution of a Technology Mission to provide technical support, monitoring and follow-up. Some progress was made through Jawaharlal Nehru National Urban Renewal Mission (JNNURM-2005-14) and from 2015 onwards

Smart Cities Mission and Swachh Bharat Mission are dealing with management of solid waste.

Solid Waste Management Rules, 2016 defines solid waste as - "solid or semi-solid domestic waste, sanitary waste, commercial waste, institutional waste, catering and market waste and other non residential waste, street sweepings, silt removed or collected from the surface drains, horticulture waste, agriculture and dairy waste, treated bio-medical waste excluding industrial waste, bio- medical and e-waste, battery waste, radio-active waste generated in the area under local authorities and other entities."

Various components of solid waste on the basis of sorting and separate storage are the following-

1. Biodegradable waste including agriculture and dairy waste.
2. Non-biodegradable waste including recyclable waste.
3. Non recyclable combustible waste.
4. Sanitary waste and non recyclable inert waste.
5. Domestic hazardous waste.
6. Construction and demolition waste.

General Classification of Solid waste – Solid waste typically may be classified as follows-

1. Garbage: decomposable waste from food.
2. Rubbish: non-decomposable waste, either combustible (such as paper, wood, and cloth) or noncombustible (such as metal, glass, and ceramics).
3. Ashes: residues of the combustion of solid fuels.
4. Large waste: demolition and construction debris and trees.
5. Dead animals.
6. Sewage-treatment solids: material retained on sewage-treatment screens, settled solids, and biomass sludge.
7. Industrial waste such as chemicals, paints, and sand.
8. Mining waste such as slag heaps and coal refuse piles.
9. Agricultural waste namely farm animal manure and crop residues.
10. E-waste: electronic gadgets comprising computer, cell phone, etc.
11. Bio medical waste - hospital based biological and non biological wastes.

Solid Waste in India

It is estimated that on an average, Indian cities produce 62 – 65 million tonnes of municipal solid waste per annum, out of which only 43 million tonnes is collected and 12 million tonnes is treated and 31 million tonnes is dumped in landfill sites. Press Information Bureau of Government of India pointed out in a press release (April 05, 2016) that 62 million tonnes of waste is generated annually in the country at present, out of which 5.6 million tonnes is plastic waste, 0.17 million tonnes is biomedical waste, hazardous waste generation is 7.90 million tonnes per annum and 15 lakh tonnes is e-waste. The per capita waste generation in Indian cities ranges from 200 grams to 600 grams per day. The release underlined the fact that 43 million TPA (tonnes per annum) is collected, 11.9 million is treated and 31 million is dumped in landfill sites, which means that only about 75-80% of the municipal waste gets collected and only 22-28 % of this waste is processed and treated and it was also estimated that the waste generation will increase from 62 million tonnes to about165 million tonnes in 2030 and to 436 million tonnes by 2050.

If cities continue to dump the waste at present rate without treatment, it will need 1240 hectares of land per year and with projected generation of 165 million tonnes of waste by 2030, the requirement of setting up of land fill for 20 years of 10 meters height will require 66,000 hectares of land. As per a report of the Task Force of erstwhile Planning Commission, the untapped waste has a potential of generating 439 MW of power from 32,890 TPD of combustible wastes including Refuse Derived Fuel (RDF), 1.3 million cubic metre of biogas per day, or 72 MW of electricity from biogas and 5.4 million metric tonnes of compost annually to support agriculture.

Plastic and Polythene Waste

Plastic and polythene items are widely used in every sector of industry and domestic life due to their low cost, user-friendly look and utility. Packing items, jars, sachets and carry bags litter the public place and ultimately pollute the environment. It is believed that a polythene carry bag would take 1000 years to decompose totally and meantime the soil and land become infertile on one hand, and on the other hand the stray animals eat polythene items as food, blocking their digestive system. Indian cities generate about 15000 tonnes of plastic waste every day which is thrown in drains, rivers, seas, lakes, ponds, canals, crop fields, and streets. Only 9000 tonnes of plastic is recycled every day and the remaining plastic ultimately reaches landfills. India hosted 'World Environment Day (5 June, 2018)' and the theme was 'beat plastic pollution'. After promulgation

of 'Plastic Waste (Management and Handling) Rules, 2011' a little awareness has been created and state governments' initiatives have been noticed in the last decade to manage plastic and polythene waste. About 20 states of India have banned the production and sale of polythene bags less than 50 microns. Interestingly, many courts have given different verdicts on polythene ban.

Hospital Waste

Medical waste, both biological and non biological is increasing very fast in India's government and private hospitals. About 60,000 health care providing organizations are producing every day very hazardous waste including human organs, bones, infectious cotton and bandages, sharp knives and needles, plastic syringes, gloves and tubes, glass bottles and vials, insecticides, mercury containing items like thermometer, propane cylinders, rags and various poisonous injections and pharmaceutical items. It is estimated that about 770 tonnes of hospital or medical waste is generated every day in India and it is increasing at the rate of 7 % annually. India is a signatory to Basel Convention, Stockholm Convention and Minamata Convention to control hazardous waste for environment protection. However, the fact is that 95 % of small health centres and 19 % of big hospitals do not have the facility of incinerator to burn infectious waste. Most of the health centres do not follow the colour based collection of waste in different dust bins for safe disposal.

E- Waste and Chemical Waste

Electronic items and gadgets are considered as a modern indispensable facility as well as a nuisance in terms of disposing of these items immediately or in the long term. Items like computers and its accessories i.e., monitors, printers, scanners, central processing units, photocopying machines, keyboards, type writers, cell phones, chargers, batteries, remotes, UPS, digital cameras, CDs, DVDs, headphones, televisions, transistors, refrigerators, LCD/Plasma, CFL lamps, audio-visual equipment, air conditioners and other office and household electronic items are included in this list. India produces now about 15 lac metric tonnes of e-waste every year which was 1.47 lac metric tonnes in 2005 and 8 lac metric tonnes in 2012.

Non-ferrous metals consist of metals like copper, aluminum and precious metals like silver, gold, platinum, palladium and so on. The presence of elements like lead, mercury, arsenic, cadmium, selenium, hexavalent chromium, and flame retardants beyond threshold quantities makes e-waste hazardous in nature. Similarly, in industries a large amount

of lithium and lead batteries, fluorescent bulbs, and cathode ray tubes, mercury containing devices, nuclear and thermal power ash, paints, solvents, pigments and many other waste items are generally disposed of without any security measures.

Swachh Bharat Mission

Swachh Bharat Mission is a flagship programme of Narendra Modi government. *Swachh Bharat* (Clean India) mission was launched on October 2, 2014 with the aim to clean up streets, roads, colonies, markets, houses, offices, public places and every corner of the country. Eliminating open defecation (by 2nd October, 2019 - the 150th birth anniversary of Mahatma Gandhi) is the core concern of the Mission through the construction of toilets. *Ek kadam swachhta ki or* (one step towards cleanliness) is the motto of the mission and it fulfills the United Nations Sustainable Development Goal number 6. The mission has 1.96 lakh crore rupees (US dollar 30 billion) outlay for constructing 90 million toilets in rural areas because still 525 million (as in 2017) people practice open defecation, the highest in the world. Before this mission there have been many other sanitation schemes and programmes in the country including Comprehensive Rural Sanitation Programme (1999) and Total Sanitation Programme (2012) which was renamed as *'Nirmal Bharat Abhiyaan.'* However, no significant change has been observed in unhygienic conditions and negligent behaviour of Indian people.

Under *Swachh Bharat Abhiyan* the vehicle (with a typical song – *Swachh Bharat ka irada kar liya hamane*) approaches each house every day to collect garbage. The vehicle has two separate sections for dry and wet garbage but instead of following its purpose and utility, most people mix the garbage and deposit it in any section. Surprisingly, the garbage collection agency's employees do not follow the standards and usually dump all types of garbage at one place.

Role of Local Bodies

Under three tier system of government in India, the municipal bodies in urban areas and *Panchayati Raj* institutions in rural areas are mainly responsible for health and sanitation related issues at grassroots levels. The twelfth schedule of the Constitution of India entrusts 'solid waste management (entry number-6)' as a function of municipal bodies in urban areas, however no such function or task has been earmarked in eleventh schedule for *Panchayati Raj* institutions for village sanitation and conservancy. Scientific disposal of solid waste through segregation, collection, treatment and disposal in an environmentally sound manner minimises the adverse impact

on the environment. The local authorities are responsible for the development of infrastructure for collection, storage, segregation, transportation, processing and disposal of municipal solid wastes. As per information available for 2013-14, compiled by CPCB, municipal authorities have so far only set up 553 compost & vermi-compost plants, 56 bio-methanation plants, 22 RDF plants and 13 Waste to Energy (W to E) plants in the country.

Rapid urbanization, materialistic life styles and infrastructure development activities have created a big problem of management of solid waste. With the ever increasing population and urbanization, waste management has emerged as a huge challenge in the country. Not only the waste has increased in quantity, but the characteristics of waste have also changed tremendously over a period, with the introduction of many new gadgets and equipment. The main task of the local bodies is related with the effective implementation of various rules formulated by the Union Ministry of Environment, Forest and Climate Change. There are more than two dozen rules and regulations which aim to control, handle and manage various types of solid wastes. They include mainly -

1. Solid Waste Management Rules, 2016
2. Plastic Waste Management Rules, 2011
3. Hazardous Waste (Management, Handling and Transboundary Movement) Rules, 2009
4. Batteries (Management and Handling) Rules, 2003
5. Bio Medical Waste (Management and Handling) Rules,1998
6. E. waste (Management) Rules, 2016
7. Construction and Demolition Waste Management Rules, 2016

The most desirable and compulsory functions of municipal bodies include the management of the solid waste and to fulfill the aspirations of the citizens. Not many local bodies have been able to discharge this function effectively. The foremost problem is lack of trained and committed human resources, financial resources crunch, lack of modern equipment and of course the will to accomplish such a tedious task on a daily basis. The relevant public policy or legislations, rules and regulations for waste management are framed by the Ministry of Environment, Forest and Climate Change as well as by Central Pollution Control Board and National Green Tribunal and the same are executed by local government bodies in the field, so the problem of coordination among various government agencies arises.

Solutions

The simplest way of management of solid waste relies upon popular 3 Rs - Reduce, Re-use and Recycle to ensure sustainable development. But sanitary landfills are considered as the cheapest and traditional place for disposing of the solid wastes. The waste items can be recycled, reused or modified in many other ways. We can produce electricity, fertilizers, biogas and many other items by re-use of wastes. The municipal solid waste can produce 8 million tonnes of nitrogen, phosphate and potassium every year.

We can learn from the experiments and innovations successfully implemented by various countries. It is interesting to know that Sweden imports solid waste to feed its 32 recycling plants which supply heat to 8 million houses. Similarly, Germany imports trash to keep 'waste to energy plants' running. Australian **'smart big belly bins'** segregate wet and dry solid waste automatically and these dust bins are operated through solar power, while Colombia government offers prizes to the citizens when they deposit their plastic garbage into a machine put up for recycling by local authorities. During the 1950's Germany had about 50,000 land fill sites which have been reduced to 300 by imposing penalties on traditional garbage dumps in 2005.

Effective implementation of various legal provisions may play a decisive role in the management of solid waste both in urban and rural areas. Time has come to make a common policy for urban and rural areas because the Indian villages are converting into towns very fast and solid waste is now a big problem for a *Panchayat* to handle effectively.

Municipal Solid Waste (Management and Handling) Rules, 2000 have been replaced by new regulations made in 2015 and notified on April 08, 2016, which are now applicable in the country. As per the press release by the Government of India, the following salient features of **Solid Waste Management Rules, 2016** need to be widely disseminated -

1. The Rules are now applicable beyond municipal areas and extend to urban agglomerations, census towns, notified industrial townships, areas under the control of Indian Railways, airports, airbase, port and harbour, defence establishments, special economic zones, State and Central government organizations, places of pilgrims, religious & historical importance.

2. The source segregation of waste has been mandated to channelize the waste to wealth by recovery, reuse and recycling.

3. Responsibilities of generators have been introduced to segregate waste into three streams, Wet (Biodegradable), Dry (Plastic, Paper, Metal, Wood, etc.) and domestic hazardous wastes (diapers, napkins, empty containers of cleaning agents, mosquito repellents, etc.) and handover segregated wastes to authorized rag-pickers or waste collectors or local bodies.

4. Integration of waste pickers/rag-pickers and waste dealers/ Kabaadiwalas in the formal system should be done by state governments, and self-help groups, or any other groups to be formed.

5. No person should throw, burn, or bury the solid waste generated by him, on streets, open public spaces outside his premises, or in the drain, or water bodies.

6. Generator will have to pay 'User Fee' to waste collector and for 'Spot Fine' for littering and non-segregation.

7. Used sanitary waste like diapers, sanitary pads should be wrapped securely in pouches provided by manufacturers or brand owners of these products or in a suitable wrapping material and shall place the same in the bin meant for dry waste/non- bio-degradable waste.

8. The concept of partnership in Swachh Bharat has been introduced. Bulk and institutional generators, market associations, event organizers and hotels and restaurants have been made directly responsible for segregation and sorting the waste and managing it in partnership with local bodies.

9. All hotels and restaurants should segregate biodegradable waste and set up a system of collection or follow the system of collection set up by local body to ensure that such food waste is utilized for composting/bio-methanation.

10. All Resident Welfare and Market Associations, gated communities and institutions with an area >5,000 sq. m. should segregate waste at source - into valuable dry waste like plastic, tin, glass, paper, etc. and handover recyclable material to either the authorized waste pickers or the authorized recyclers, or to the urban local body.

11. The bio-degradable waste should be processed, treated and disposed of through composting or bio-methanation within the premises as far as possible. The residual waste shall be given to the waste collectors or agency as directed by the local authority.

12. New townships and group housing societies have been made responsible to develop in-house waste handling, and processing arrangements for bio-degradable waste.

13. Every street vendor should keep suitable containers for storage of waste generated during the course of his activity such as food waste, disposable plates, cups, cans, wrappers, coconut shells, leftover food, vegetables and fruits and deposit such waste at waste storage depot or container or vehicle as notified by the local authority.

14. The developer of Special Economic Zone, industrial estate, industrial park to earmark at least 5% of the total area of the plot or minimum 5 plots/sheds for recovery and recycling facility.

15. All manufacturers of disposable products such as tin, glass, plastics and packaging or brand owners who introduce such products in the market shall provide necessary financial assistance to local authorities for the establishment of waste management system.

16. All such brand owners who sell or market their products in such packaging material which are non-biodegradable should put in place a system to collect back the packaging waste generated due to their production.

17. Manufacturers or brand owners or marketing companies of sanitary napkins and diapers should explore the possibility of using all recyclable materials in their products or they shall provide a pouch or wrapper for disposal of each napkin or diaper along with the packet of their sanitary products.

18. All such manufacturers, brand owners or marketing companies should educate the masses for wrapping and proper disposal of their products.

19. All industrial units using fuel and located within 100 km from a solid waste based RDF plant shall make arrangements within six months from the date of notification of these rules to replace at least 5% of their fuel requirement by RDF so produced.

20. Non-recyclable waste having calorific value of 1500 K/cal/kg or more shall not be disposed of on landfills and shall only be utilized for generating energy either through refuse derived fuel or by giving away as feed stock for preparing refuse derived fuel.

21. High calorific wastes shall be used for co-processing in cement or thermal power plants.

22. Construction and demolition waste should be stored, separately disposed of, as per the Construction and Demolition Waste Management Rules, 2016.

23. Horticulture waste and garden waste generated from one's premises should be disposed as per the directions of local authority.

24. An event, or gathering organiser of more than 100 persons at any licensed/unlicensed place, should ensure segregation of waste at source and handing over of segregated waste to waste collector or agency, as specified by local authority.

25. Special provision for management of solid waste in hilly areas: Construction of landfill on the hill shall be avoided. A transfer station at a suitable enclosed location shall be setup to collect residual waste from the processing facility and inert waste. Suitable land shall be identified in the plain areas, down the hill, within 25 km. for setting up sanitary landfill. The residual waste from the transfer station shall be disposed of at this sanitary landfill.

26. In case of non-availability of such land, efforts shall be made to set up regional sanitary landfill for the inert and residual waste.

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The Local Government Quarterly invites contributions in the form of articles and research papers from its readers and well-wishers.

Contributions may be e-mailed to us in digital form as a Word file.

Articles could normally be between 3000 and 4000 words, though we do not wish to limit the size. As we print in black and white, tables, charts, graphs, images, etc. need to be compatible. We reserve the right to edit for sense, style, space, etc.

Contributors may e-mail their articles to:
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Assessment of Capacities of Panchayat Raj Institutions to administer the Grass Root Health System in Karnataka: Some Preliminary Observations

D. C. Nanjunda

Abstract

It is usually understood that decentralization of health services would result in greater community participation. With the 73rd and 74th amendments to the Indian Constitution in 1993, the process of decentralization was set into motion. Many analysts thought that this was a panacea for all the ills of the local administration. Basically, with these amendments, it was visualized to deepen the democratic foundations of the country. Studies done on NRHM suggested that for the improvement of the rural health care system, there is a need for an effective implementation of the health care programmes through PRIs, controlling of corruption at the managerial level, political commitment, active involvement of public, strengthening of public-private partnerships and NGOs. There were mixed reactions both from the legislatures and bureaucracy assuming that PRIs may deprive them of hitherto enjoyed power. However, with regard to the transfer of power, responsibilities and funds, the states have taken lukewarm steps. These are very essential ingredients for the smooth functioning of the PRIs. PRI needs strong human resources which transfers the ideas into action. This study has been done funded by ICMR New Delhi to assess the capacities of Panchayat Raj institutions to administer the grass root health system in Karnataka.

Key words: PRI, Health, Grassroots, PHI, Progrmame, NRHM

Background

If we go through the outcomes of the National Rural Health Mission (NRHM) achievements based on various reports, the actual reduction in rates of certain health problems is significantly dissimilar. Prevalent rate of certain health problems still exists in the rural parts. Also a critical analysis of the variance between planned and actual cannot be made (at the state/district/taluk levels) to show the effect of the programme. For example

planned reduction in infant mortality rate and maternal mortality rate is so impractical that the definite levels of accomplishment cannot be evaluated in an appropriate way in the given circumstances. In considering the achievement and impacts of the multifaceted set of health activities conducted in NRHM, exact procedure indicators have to be geared up to comprehend whether the right type of approach is being followed or not. NRHM has evolved a multifaceted, but wide-ranging health database that covers a diversity of process and health indicators and role of PHCs, CHCs and the health workers. Also we found that the indicators used to gauge the achievement and impacts of some special health related activities are rather insufficient to portray the factual condition on the ground. Therefore, planning and documents with respect to the current decentralization and role of PRIs and evaluation of the implemented NRHM programmes has to go a long way beyond the subjective experiences. The present point of the health decentralization and its impact and contribution in improving primary health are not understood through the indicators framed to gauge those impacts (Banerji, 2005; Sinha, 2009).

Both the National Health Policy (2002) and National Population Policy of Government of India (2000) emphasized the role of the PRIs in the rural health care system. Even the National Rural Health Mission (NRHM) recognizes the critical role to be played by the PRIs in planning, implementation and monitoring of the NRHM programme. PRIs have a central role to play in improving the health status of the rural poor. The functionaries play a pivotal role in providing quality health care to the rural poor and disadvantaged sections and this can succeed if the functionaries are accountable to the PRIs.

Various NRHM related studies found that functions of PRIs at various levels require proper planning and trained staff. Capacity building needs gender sensitivity and accountability. Reports have established that there are enough reasons to propose that PRI commitment in developing key health indicators will become a reality. Further, to accelerate the process and to make it more effective, calls for strengthening of various prime factors related to the sustainable health development and empowerment of all the levels of Panchayats focusing on grant, planning, personnel and the fundamental health infrastructure. Experts felt PRIs engagement at all levels is possible when an accessible instrument to realize active community participation in every NRHM programme is possible (NRHM reports 2012 and 2013 and the reports of PRI and HFW programmes, 2013).

Objective

To assess the effectiveness of Panchayat Raj Institutions (PRI) in managing the rural health care system, with special reference to the implementation of the NRHM programme in selected districts of Karnataka State and the effectiveness of administration of the institutional quality health care delivery system.

Methodology

The study has been done in seven selected districts of Karnataka on both PRIs and PHIs. Regarding PHI, data was collected from 21 sub centres, 14 Community Health Centres, 28 Primary Health Centres, and 7 Districts Hospitals from all the seven districts. Here a total of 215 different health officials from various health institutes have been contacted for the data collection. Regarding PRI a total of 7 Zilla Panchayats, 14 Taluk Panchayats and 28 Gram Panchayats at various levels had been selected from the seven districts. A total of 250 respondents relating to the Panchayat have been contacted for the study for data collection. Data have been collected through 1. Survey Questionnaires and 2. Focus Group Study. Data has been analysed using SPSS and the hyper research software.

Results

a. Public Health System in Karnataka

Karnataka has a unique public health system. A new integrated public health policy is also introduced recently (2017). The Public Health institutes are having dual role (1) control (2) responsibilities. In Karnataka, poor public health status is because of extensive poverty and lack of proper rural health infrastructure. Public health system is struggling to extend quality health care delivery for the rural poor. Governments are having a variety of approaches in this regard but are not so successful yet. Health care cost is also going very high these days. Private health sector is rising sharply. Health decentralization has brought health services to the door steps. Transfer of public health institutes to the PRIs has led to the active participation of the people in the management of the health institutes. Now government is planning to introduce single health assurance programme called 'Arogya Suraksha Yojana' merging all other health schemes.

b. Relationship between PRIs and the PHIs

Our study says positive change can be seen after the interventions of the PRIs in the public health system. With

many examples we have noticed that PRIs' involvement has shown good result in the southern parts of the State as compared with the northern parts. PHIs are being upgraded completely now even though it is very slow. PRIs also have a good coordination with the PHIs in the case of health care management. Because of this involvement, today PHIs are showing accountability to the community. However, PHIs are not administratively under the full control of the PRIs and there are dual controls and responsibilities. Hence, a cordial relationship between PRI and PHI is highly essential today. This relationship needs to be more constructive in nature. When we had an interview with the PRIs, majority of them stated that they have the capacity to manage the rural health service delivery. But at the ground level that is not true. Health related issues are not being properly discussed in the various platforms like Grama Sabha, health committees and working group. We also noted that health committees have played a major role in forming the village health plans. It is a good sign too. We found that around 73% of the PRIs have stated that they have the ability to respond effectively to the different local health needs. However we found only 31% of PRIs are discussing various health issues during the meetings and only 39% of PRIs show interest in having special debates on the health issues in their meetings. Almost all the meetings are being conducted without having any valid quorum. In majority cases these types of meetings end abruptly.

c. Rural Health Infrastructure

There are urban-rural inequities and regional inequities within the State. The seven districts of North Karnataka namely, Yadgir, Gulbarga, Raichur, Koppal, Ballary, Bidar and Bagalkot and one district in South Karnataka, namely Chamarajanagar have poor health indicators, compared to other districts. Our study shows that PRIs and PHIs are jointly working in delivering quality rural health service since last 20 years. Decent level of success in these efforts can be seen. In this survey we found considerable improvement reflected regarding the rural health infrastructure. About 64% of PHCs and 47% of CHCs have been upgraded. Budget analysis shows substantial investments made to upgrade the rural PHIs. Around 32% of PHIs have procured new equipment. As per the survey, supply of drugs has improved considerably in more than 17% of Sub-centres (SCs), 67% of Primary Health Centres (PHCs) and 41% of Community Health Centres (CHCs). However many CHCs (48%) are working without X-ray, scanning and ECG facility. Moreover, the number of district hospitals is very less compared to the state population. District and Taluk hospitals in North Karnataka have a lot of institutional

problems including the shortage of manpower, drugs and equipment. District hospitals are functioning under heavy pressure of the patients. Majority of the district and taluk hospitals are not very successful in catering to the needs of the patients. Around 43% of district hospitals do not even have functional operation theatres. They do not have enough beds and space to treat the patients. We found 57% of PRIs have entered into public private partnership informally (with NGOs) to improve rural health centres. Now, in some parts of the state rural PHIs are being run by the NGOs and some foundations with the Government approval for providing quality health care service. We found CHCs/PHC's are not functioning or are not equipped, at the optimum level. Technology upgradation of the PHCs/CHCS is very slow.

d. PRI led NRHM Projects and Efficient Management System

NRHM is a flagship programme especially for the rural population. Our survey shows about 83% of PRIs have implemented various NRHM programmes through the PHIs. Some of the programmes like maternal health care, controlling communicable diseases and immunization programme have achieved 100% success rate. As a part of the NRHM programme, PRIs need to create different health standing committees. However, only 57% of PRIs have created such health committees in the respective panchayats. Field survey shows none of the panchayats is focusing on blindness control programme, vector borne diseases control programme, etc. Around 66% of panchayats have taken measures for the effective implementation of the NRHM by mobilizing financial and human resources. We also found 45% of PHCs have their own health programmes. They are getting help from the local NGOs in this regard. Drug supply has been improved considerably. It is because of PRIs role. PRIs are strictly monitoring the drugs supply to the health centres. Around 27% of PRIs have adopted innovative ideas of health related projects by using donations from the local industries. A few panchayats have started health care units especially for the old age persons under the guidance of PHIs. Declining expenditure for preventive and promotive health such as nutrition, immunization and antenatal care have been seen over the last few years. We found around 25% of CHCs do not provide 24x7 delivery services, 25% of CHCs do not have operation theatre facility and only 23% of CHCs offer Comprehensive Emergency Obstetric Care. Critical facilities such as blood banks, ICU, dialysis and trauma care, counselling services and enhanced laboratory facilities are still lacking in many CHCs.

e. Health Committees – The Real Strength of the PRIs

There is a provision in the Panchayat Raj Act to create various health standing committees in each PRI system. As per the Act, Village Health and Sanitation Committee (VHSC), Nutrition Committee and Arogya Suraksha Committee need to be created at every PRI level. Field survey shows majority panchayats have constituted Arogya Suraksha Samithis (ARS). However, more than 57% panchayats have not created VHSC and nutritional committees yet. Also the study shows that around 71% of Taluk panchayats and 81% of Zilla panchayats have standing committee on health and education but these are not functioning properly. Certain Taluk and Zilla panchayats are having their own health projects. These health projects are being implemented with the help of PHIs. Knowledge about functioning of the health committees by the PRI members does not seem to reflect either the clear jurisdictions of the PRI members as regards need for interventions in the health sector or does it sound efficient means of bringing in changes if needed to progress health care provisioning among the local people. Majority grama panchayats have not yet created any standing committees on health. Taluk level health committees are also not doing well here. Institutions like VHSC, ARS and RKS, which are said to be the pillars of the community-based monitoring are and active involvement of GPs/TPs under NRHM have not happened effectively. Committee members are involved in various other political activities. VHSCs are still not considered as a subcommittee of the GP. This has undermined the role and importance of the Gps.

f. Karnataka has no Unified Public Health Act

There were 4 hospitals and 24 dispensaries in the state under the British administration which were handed over to the Government of Mysore State in 1884. The Karnataka Health Systems Development Project (KHSDP) was implemented over a five year period from 1996 to 2001. Karnataka State does not have any unified public health act. The public health acts in the state are outdated. In 2017 government has introduced 'Integrated Public Health Policy' for the State. In Karnataka there are a few acts which need to be merged into new public health acts. Government of Karnataka has introduced a few separate public health acts like (1) Notifiable diseases act; (2) Karnataka public health act 2006; (3) Karnataka prevention of communicable diseases act 2000, and (4) Prohibition of smoking in public places act 2001. Also government has enacted some other health related acts like, food act,

maintenance of mutton stalls/markets and control of HIV/AIDS. Now government is planning to introduce separate public health care act for the effective health care delivery in the State. We found lack of a unified Public Health Act is the main hurdle for several problems in the public health delivery system in Karnataka.

g. Accountability of the Health Personnel

After transferring of the powers to the PRIs, health personnel are being monitored by the PRIs at the various levels. Various health providers and health officials are responsible to the PRIs now. PRIs normally take disciplinary action against the health officials if it is required. About 52% of the health officials opine that PRI members are under-skilled and are always only involved in politics. Hence, they are not willing to be made accountable to the PRIs. Also around 50% of them opine that PRIs should not be given any powers relating to the public health system. We found at Taluk and Zilla panchayat level, health officials are largely accountable to the PRI system. Hence, large numbers of health projects are being implemented at taluk and district levels. Health officials are also playing a vital role in framing taluk and district health plans and their implementation. Health officials are normally being invited to attend meetings of the health committees and budget related meetings. Health staff is responsible for the successful implementation of any health scheme under the supervision of the PRIs

The Problems of Public Health System in Karnataka

PRI is a statutory body to deliver rural health care system. However, this is only possible if PHIs are strongly efficient. Both PRIs and PHIs must have enough efficiency in various aspects to deliver effective and quality health care.

h. Problems of PRIs in Strengthening PHIs

Around 50% of respondents opine that PRIs are basically not skilled enough to provide required inputs in the management of the PHIs. PRI members usually do not visit health institutes in their jurisdiction. Also they are unnecessarily intervening in functions of the health department. PRIs need to play a vital role in upgrading the PHCs/CHCs and providing health infrastructure but this is not happening in the rural areas. Health department is not giving grants on time. It is found that PRIs are spending money for creating fundamental infrastructures in the villages like roads, buildings, community halls and temples to gain votes. It is nothing short of 'vested interest'. We found hospital management committee is not

pressurizing PRIs to create required health infrastructure. We suspect conflict of interest between PRIs/ PHIs over here. We think dual role of PRIs like control and responsibilities is largely affecting efficiency of the PRIs in case of health care delivery systems. Around 32% of respondents say ego clash between PRI and PHC/CHCs officers are very common and hence works are pending. PHI staff is under-estimating PRIs. Health officials opine PRI members are not well educated. Majority of them have studied up to high school/Pre-university only. Hence they are not qualified enough to handle complicated health management issues and they will try and dominate the health staff. It has caused major impact on improving health system in the rural parts of the State. In some cases PRIs are intentionally not releasing grants on time for the PHIs to pay water, electricity bill, etc. This is also a hurdle for quality health care delivery by the PHIs. Some of the health officials believe they are not completely dependent on the PRIs and they can take some independent decisions whenever required. Hence, sometimes health officials do not share valid health information with the PRIs. Sometimes health officials do not like to attend any meetings. On the other hand PRI members also accuse PHI officials for various reasons. They say PHI staff is not properly guiding the health standing committees. Doctors are not responding properly to the PRIs' demand. They also intervene in the selection of the health providers like ASHA, purchasing equipment, etc. Taluk and district health officials say locations of the new PHCs/ CHCs will be decided based on the elected members opinion which is a bad precedent. We also found that PHIs officers are not ready to take up any extra work assigned by the PRIs during emergency. Around 23% PHI staff says PRIs always blame PHC/CHCs staff for outbreak of any epidemics in the rural parts.

i. Role of Standing Committees

Standing committees on health are important and vital committees in PRI system. Arogya Raksha Samithi is an integral part of the PRI system in Karnataka since 2006. Almost all panchayats (96%) have this committee today in Karnataka. This committee is involved in only infrastructure and utility planning issues. They are not very effective in giving quality service to the patients. Around 47% of these committees are involved only in purchasing essential items for the panchayats. They are not discharging their statutory duties effectively. They do not conduct meetings regularly. Moreover, in many cases these ARSs are not functioning to their full capacity.

Village Health and Sanitation Committee (VHSC): This health committee plays a vital role in the village planning process yet is not up to the mark. This committee must monitor

the functioning of health institutes but many cases as we found they are not doing so. These committees, our study shows, have been involved in health awareness programme, diseases mapping, medicine supply and other prevention activities but not in the proper and effective direction. These committees need more skilled personnel and they need proper guidance also from the PHI staff.

Village Nutrition Committee: This committee is involved in just awareness creation programme about nutritional issues among the rural folk. It is not doing any survey or promoting available local foods which can be used to overcome nutritional problems of the local people. This committee is not properly constituted in many PRIs even now.

Rogi Kalyana Samithis (RKS) in taluk hospitals are not involved in any significant work. Even in the health plan preparation this RKS is not playing any role. Basically RKS must maintain accounts also. However, majority of RKS are not doing this task. The situation of many Taluk hospitals is quite pathetic today with many problems. Also we came to know that members of RKS are not accountable to the system. It is also learned that RKS standing committee is not using its powers rightly. We noticed that RKS is giving enough resources only for other activities. Basically all these committees must play very constructive role. But in majority (43%) cases they have just become fund disbursing body. They are not mediating between PRI and the PHIs. These committees should be instrumental in solving the financial management of the panchayats but it is not happening here.

It is evident that the PRIs have a critical role regarding planning, implementation, and monitoring of the NRHM programme. Success of the NRHM depends considerably on the proper and sustained functioning of the Gram, Block and District level Panchayats. In every case the Village Health Committee should play the vital role as an integral part of the NRHM scheme. PRIs through Village Health Committees should ensure coordination between the Gram Sabha, the community and other stakeholders. The Village Health Committee is expected to organize and maintain village level data about the NRHM beneficiaries under the control of the Gram Panchayats. It is found that engaging the Gram Panchayat and other stake holders in the setting up and supervising of the Village Health Plan creates transparency and accountability within the NRHM programme. It is also felt that the Village Health Committees should work closely with both Panchayats and the community. Committee working with the Gram Panchayat should ensure easy access by every needy person to the NRHM

scheme on time. These committees may prepare an action plan and maintain village level data of persons benefited by the NRHM with assistance from Gram Panchayats. This kind of engagement of the Gram Panchayats in planning and monitoring the data of the NRHM beneficiaries will lead to precision and responsibility of every stakeholder relating to the scheme. Beyond the functionaries of each of the line departments, the only institution at the village level which can coordinate all these functions is certainly the PRIs. (Bheenaveni, 2007).

j. Upgradation of PHCs and CHCs

Under NRHM, up-gradation of the PHCs/CHCs is being done regularly. In the last two years more than 150 PHCs have been up-graded to 24x7 PHCs. Such up-gradation will ensure that PHCs have necessary operation theatre, labour rooms, new medical instruments, etc. Some of the PHCs will also be converted into CHCs. The major issue is involvement of politicians in this upgradation resulting in a lot of politics. Influential politicians will bring pressure on the health department to upgrade more number of PHCs and CHCs in their constituencies. Sometimes these politicians show interest to up-grade PHCs in the village/hobli from where they can get more votes. In some cases upgradation is being done without giving any medical infrastructure to the PHCs. More than 70% of CHCs do not have scanning machines, ventilators or ECG facilities. Though they have X-ray machine it is found not functioning properly. Basically PRIs should meet the expenses of water, power and telephone charges of PHCs/CHCs. Such expenses should be met out of the different heads like utility fund and development fund. We found a few PRIs (28%) have not paid water and power bills of PHCs over the years. Different heads of expenditure have been created in the PRIs for different purposes. However, certain PRIs are using money from one head for purposes other than for which money from that head is supposed to be spent.

k. Problems with the Health Personnel

PHIs need required and qualified doctors and other health workers for health care management. Manpower is an essential item for the proper functioning of PHCs and CHCs. Our study shows around 37% of PHCs don't have required medical officers/doctors. In some cases single doctor is taking care of two or more PHCs. Some PHCs (27%) do not even have nurse and pharmacist. The actual number of doctors available is less than the sanctioned posts. CHCs and taluk level hospitals are severely running short of specialists. Even casualty medical officer's posts are left vacant in more than 85% of taluk level hospitals. In

many CHCs posts of health workers also have been left vacant. Government is ready to pay over one lakh rupees as salary per month, but doctors are not showing any interest. Recently government has brought a bill that doctors who graduate from the government medical colleges should work at least 3 years in the rural hospitals; if not they would need to pay a fine. Inspite of this, young doctors are not showing interest to serve in the rural hospitals. Moreover, unauthorized absenteeism among health staff is also a big problem in the rural areas. The posts of paramedical staff are also vacant in many hospitals since last 10 years. Doctors who are serving in the PHIs are also undertaking private consultancy in some other places. Hence, no one can expect 100% commitment from these doctors. Therefore there is a conflict of interest among those who are working in the PHIs and also doing the private practice. Moreover, PRIs have failed in monitoring the health personnel properly. We also found that those who are undertaking private practice are not showing interest in admitting 'in–patients' in their respective PHCs/ CHCs because if they admit 'in patients', they would be required to take care of the patients day and night so they cannot concentrate on their private practice. In some cases, we have noticed that doctors encourage patients to get treatment in their private clinic. More than 37% of the health staff accused PRIs involvement in the irrational transfers of the health personnel. Political parties play a bad role here. Corruption also plays a part in getting suitable postings. Doctors would like to get transferred to the place where they can happily undertake private practice. We also found some CHC doctors working as consultants in the reputed private hospitals. PRIs have failed in controlling this practice.

l. Problems of Integration of the Health Systems

In Karnataka each district has at least one Government District Ayurvedic hospital. Also each district has one or two government ayurvedic dispensaries (like PHCs). Some of the private colleges are running homeopathic courses too. There are some private ayurvedic hospitals and colleges in some districts in the state. However, government ayurvedic dispensaries have their own internal problems. About 14% of government ayurvedic dispensaries are operating from rented buildings without having any proper basic facilities. PRIs are not showing interest in developing these institutions. In some districts Indian systems of medicine have been integrated into the normal health system but are not very effective. We found Indian systems of medicine have had significant impact in improving health status of the rural people. To overcome some of the unavoidable

issues, PRIs must have some separate plans. In order to integrate Indian systems with other systems of medicine into one ambit, NRHM proposed the co-location of the AYUSH doctors with the allopathic doctors. However, this has only been partially achieved and several gaps remain in administratively and financially integrating AYUSH into the mainstream health services in line with the National Health Policy and internationally accepted guidelines in the state.

m. Maintenance of Buildings and Equipment

Though some of the PHCs and CHCs have required equipment, it is not being properly utilized. PRIs have no special manpower or grants for the maintenance of the medical equipment. Idling of equipment is also an issue of concern. Buildings are not properly maintained in some PHCs. In some CHC hospitals, X-ray machine is available but there is no radiographer; laboratory is available but no technician. Equipment worth lakhs of rupees is going waste without proper maintenance in many CHC hospitals. Further we found 57% of hospitals do not have good facilities for storage of drugs. Lack of sufficient storage space is also a major problem in many PHCs. Freezers and refrigerators are not available in majority hospitals (45%). If available there is no 24x7 power supply. Medicines and vaccines are being unscientifically stored in many hospitals. About 41% of CHCs and PHCs do not have any separate place to store drugs safely. Date expired medicines are being disposed irrationally in many cases. Proper temperature and humidity are not being maintained to preserve certain vital and expensive medicines. In many PHCs operating from old buildings, rain water was found leaking into the room where medicines are stored. In some of the hospitals, OT is not working properly since last 5-8 years. Some CHCs have large numbers of health staff without any workload.

Conclusion

It is quite evident that positive role of the PRIs is necessary in improving the quality health care services, especially through ensuring enhanced turnout of the health workers at the local level, as well as exerting ethical and moral force on the ground level health staff not to evade work in case of extra work because of various components of the NRHM programme. Contribution and participation of the local communities has played a vital role in a number of instances like supply of the various materials, drugs and other equipment. Such efforts will help the local health workers by bringing the deficiencies in the valuable materials and facilities to the attention of higher authorities. Moreover the PRIs can also play a key and significant role by assuming vital duties of monitoring of various health

care issues under the purview of the NRHM programme. Clear expression of functions of the PRI at various levels requires proper planning and trained staff. Capacity building needs gender sensitive and accountability. Majority experts felt PRIs' engagement at all the levels is possible with active community participation and wide reach of NRHM programme basically to the marginalized, vulnerable poor who have been socially excluded. Further, locating NRHM functions within the gram Panchayat and implementing NRHM through a village health committee/Gram Sabha will facilitate the process and make health for all an achievable reality. Frequent exchange of various ground issues between concerned PRI members and government health professionals may be helpful as a tool in breaking social and cultural hurdles in implanting the various public health programmes.

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Report Review

A New Textiles Economy: Redesigning Fashion's Future

Produced by the Ellen MacArthur Foundation

India hosted the UN World Environment Day on 5th June 2018 with the theme 'Beat Plastic Pollution'. The world has realised the enormous problem being caused by plastic waste and hence the theme was very apt. Plastic waste damages the marine eco-system through dumping, results in hazardous consequences on human and animal life by entering the food chain, and causes huge headaches to local bodies in managing waste and thus the ban on plastic in many states in India.

There are other similar materials of daily human use which are already sending alarm bells ringing. Among them is cloth or clothing, more specifically man-made materials which are mostly non-bio-degradable. Cloth or clothing is an integral part of the daily lives of every single human being on the face of this earth. Clothing is necessary in order to cover and protect us; at a higher level it is an expression of our likes, tastes and preferences. Cloth in other forms is an integral part of the equipment in our kitchens, bathrooms, bedrooms and offices too. Therefore cloth, like plastic is an integral part of our lives. However, cloth or clothing especially the man-made variety presents a stubborn challenge in terms of the waste generation it results in. This subject is dealt with in a special report titled ***A New Textiles Economy: Redesigning Fashion's Future.*** The Report has been produced by the Ellen MacArthur Foundation, A new textiles economy: Redesigning fashion's future, (2017, http://www.ellenmacarthur foundation.org/publications).

Notwithstanding the wide-ranging benefits of cloth and clothing, the report observes that "…the way we design, produce, and use clothes has drawbacks…". The report notes that "large amounts of non-renewable resources are extracted to produce clothes that are often used for only a short time after which the materials are mostly sent to landfills or incinerated". Textile and garments manufacturing is a very large industry in many countries and some developing country economies get a tremendous boost from this sector, notably through exports. India, Bangladesh and Sri Lanka are among the economies which generate large scale employment and economic output in the textiles sector.

The report in its Executive Summary points out to the negative outcomes of the sector in its present form, saying "…this take-make-dispose model has numerous negative environmental and societal impacts. For instance, total greenhouse gas emissions from textiles production, at 1.2 billion tonnes annually, are more than those of all international flights and maritime shipping combined. Hazardous substances affect the health of both textile workers and wearers of clothes, and they escape into the environment."

Part I of the report presents the situation as it is now – The Case for Rethinking the Global Textiles System Starting with Clothing.

Some interesting facts

The report puts forth some interesting facts and figures. For example, it states that utilization of clothing has dropped everywhere, more sharply in some countries. For the world as a whole it dropped 36 percent compared to 15 years ago. In China the drop has been 70 percent in the same period. The reasons are 'fast fashion', i.e., fast changing fashion, greater availability of wider choices and possibly also due to greater affordability / lower prices. In other words there is great underutilization of clothing. In our view, this underutilization must also be seen in the context of significant technology advancements in the sector which have, inter alia, endowed fabrics and accessories with much greater durability. Therefore while the potential useful life of a garment has increased, its utilization has dropped. The report puts the economic loss arising due to such under-use at US$ 460 billion each year.

In another interesting piece of data, it states that less than one percent of material used to produce clothing is recycled into new clothing. This non-recycling of large amount of material is estimated to cost more than US$ 100 billion each year.

It goes on to state that the textile industry relies largely on non-renewable resources, about 98 million tonnes of oil annually. This includes the inputs for making the synthetic fibres, fertilizers to grow cotton, and chemicals to produce, dye, and finish fibres and textiles. The textile industry also depends to a great degree on availability of cotton. The cultivation of this cotton uses around 93 billion cubic metres of water annually.

The report has worked out the future impacts too. If things continue as before, by the year 2050 oil consumption would be 300 million tonnes a year (against 98 million tonnes now). Microfibres added to the ocean could increase by 22 million tonnes between 2015 and 2050. And

the textile industry's share of the carbon budget could go from 2 percent to 26 percent out of the targeted 2 percent global temperature rise.

The New Circular Economy

Part II of the Report articulates its vision for a new system which is environmentally benign.

Here it advocates a new system for the sector based on the principles of a 'Circular Economy'. The report outlines its vision stating, "In a new textiles economy, clothes, textiles, and fibres are kept at their highest value during use and re-enter the economy afterwards, never ending up as waste".

This new textiles economy comprises four 'ambitions', namely

1. Phase out substances of concern and microfibre release
2. Increase clothing utilization
3. Radically improve recycling
4. Make effective use of resources and move to renewable inputs

Against each of the above, the report has articulated detailed initiatives and interventions to realize these objectives. There are some interesting case studies too.

A very substantive part is the Appendix A called Overview of Common Textiles Materials.

This Appendix lists out the various different fibres used in the industry along with the advantages and disadvantages of each of the fibres

They are:

Plastic based fibres:
-Polyester
-Nylon
-Acrylic
-Elastane

Cellulose based fibres:
-Cotton
-Viscose
-Lyocell
-Bast fibres (linen, hemp, jute)

Protein based fibres
-Wool
-Silk

The report is a very valuable document for all urbanists, especially those in the field of Solid Waste Management and Sustainability. It offers in-depth analysis of the subject of cloth/clothing/textile/fibre waste, their impacts, possible corrective measures and more. It is a valuable addition to the inventory of knowledge on the subject of waste management.

V. Vijaykumar

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OBJECTIVES

The main emphasis of the Institute's work is to see that the local bodies can contribute more effectively to the development process and provide the citizens with better living conditions by meeting their aspirations in terms of required amenities, infrastructure and better environmental conditions, thus contributing to social and economic development of the society as a whole by better management of the human settlements. While these are the long-term objectives, the immediate ones are:

- To advance knowledge of the principles and practices of Local Government by conducting research and by organising training courses and programmes at various centres in India for officials and elected representatives in the local bodies.

- To strengthen and improve Local Government Institutions by improving their performance through education, orientation and bringing them together for common endeavor by organising specialised conferences, conventions and seminars.

- To make available a platform for members of local bodies and officials for exchange of views and ideas related to urban development and administration.

- To represent the views of local authorities supported by research work to the concerned higher authorities from time to time.

- To publish bibliographies, articles, books and other literature on matters of interest to local bodies.

- To publish journals, bulletins and other literature on different aspects of Local Government and on the working of Local bodies in different states.

- To undertake research studies in public administration, problems of local bodies and also in related topics of urban and environmental factors and arrange for their publication etc.

- To establish and maintain an information-cum-documentation service for local bodies.

- To undertake consultancy assignments in various areas of urban development and problems of local bodies with a view to improve and develop organisational, managerial and operational efficiency.

In view of the above, the Institute has been collaborating with the relevant government departments, Central and State, Universities, Organisations and Research Institutions. The work of the Institute covers several aspects involving a multi-disciplinary teamwork.

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